

Australian Society of Anaesthetists

Bylaws

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1. PREFACE

1.1. Interpretation

Bylaws of the ASA amplify and qualify the ASA Constitution and incorporate guidance for the good order and administration of the Society.

Where a Bylaw conflicts with the ASA Constitution, the latter is to prevail. These Bylaws are authorised by the ASA Board of Directors.

2. MEMBERSHIP

2.1. Membership Subscription Guidelines

In keeping with the Australian Society of Anaesthetists (ASA) Constitution regarding the classes of membership the following conditions shall apply:

2.1.1 Associate members' subscriptions:

- 50% of the Ordinary membership rate

2.1.2 Continuing Active Ordinary membership subscriptions:

- 50% of the Ordinary membership rate

2.1.3 Continuing Active Associate membership subscriptions:

- 50% of the Associate membership rate

2.1.4 Continuing Retired Ordinary membership:

- complimentary membership of the ASA.

2.1.5 Continuing Retired Associate membership:

- complimentary membership of the ASA.

2.1.6 Retired Ordinary membership subscriptions:

- 25% of the Ordinary membership rate

2.1.7 Retired Associate membership subscriptions

- 25% of the Associate membership rate

2.1.8 Trainees, registered with the Australian and New Zealand College of Anaesthetists (ANZCA) are eligible for trainee membership. The rates are: after 12 months of Pre-vocational Medical Education and Training (PMET 2 - complimentary subscription), Basic (BTY1 and BTY2 - complimentary subscription) or Advanced (ATY1, ATY2 and ATY3 varying rate as per table below). Trainees who are recognised by the ANZCA as undertaking part-time training (Advanced) are entitled to a 50% reduction to the rate that they would otherwise be due.

2.1.9 Overseas member subscription shall be 50% of their current membership rate, excluding the GST.

2.1.10 Spouse member subscription:

- 50% of the Ordinary membership rate

2.1.11 Part time member subscription:

- 50% of their current membership rate

2.1.12 Suspended membership: upon application a member may apply for suspended membership.

The ASA may vary the amount and/or proportion of membership subscriptions from time to time.

2.2. Membership rates table

MEMBERSHIP TYPE	RATE
ORDINARY MEMBERSHIP	
Ordinary	100%
Continuing Active Ordinary	50% Ordinary Rate
ASSOCIATE MEMBERSHIP	
Associate	50% Ordinary Rate
Continuing Active Associate	50% Associate Rate
RETIRED MEMBERSHIP	
Retired Ordinary	25% Ordinary Rate
Continuing Retired Ordinary	Complimentary
Retired Associate	25% Associate Rate
Continuing Retired Associate	Complimentary
TRAINEE MEMBERSHIP	
PMET2	0%
BTY1 and BTY2	0%
ATY1 and ATY2	25%
ATY3	50%
GENERAL	
Overseas	50% Current Rate
Spouse	50% Ordinary Rate
Part time	50% Current Rate
Life	Complimentary
Honorary	Complimentary
CONSIDERATION BY BOARD	
Maternity/Paternity	
Membership Suspension	
Years of Membership	

2.3. Application for membership

Application for membership of the ASA shall be made on the prescribed form. The application for membership is to be proposed by an Ordinary, Continuing or Retired member of the ASA and forwarded to the State Secretary or State Chair for endorsement. Upon endorsement the completed documentation is to be forwarded to the Membership Assistant. Upon receipt the application will be acknowledged and processed appropriately with the application being put before the next Council and Executive meetings. Applicants are to be informed of the acceptance or otherwise of their application as soon as practical after ratification by Council or Executive.

2.4. Extraordinary membership types

Where a member is seeking a special rate of membership, they are required to indicate such on the membership renewal form.

2.4.1 Spouse

Where a couple who are both Ordinary members are in a permanent relationship, one member is eligible for a 50% reduction to their subscription.

2.4.2 Overseas

Where a member is residing outside Australia or New Zealand for greater than six months, they are eligible to apply for overseas membership.

2.4.3 Part-time

Where a member is working two half days or less per week in anaesthetic practice for 12 months or more, they are eligible to apply for “part-time” membership.

2.4.4 Maternity/paternity

Requests for maternity/paternity reduction in fees will normally be addressed through suspension of membership or consideration of part-time membership.

2.4.5 Suspension

Where a member wishes to cease paying their subscription for whatever reason, they may apply for suspended membership.

2.4.6 Retired

Applicable when a member retires completely from anaesthetic practice.

2.4.7 Years of membership

This is for continuous membership unless there are reasons acceptable to Council.

2.4.8 Part year cessation

Members who either commence or suspend their membership during the year shall receive a pro rata payment or fee calculated dependant on the calendar month.

2.4.9 Method of applying for cessation or change of status of membership

Members who change their status will have fees levied in accordance with clause 2.3.8. If entitled to a refund, the value of refund will be credited to membership in subsequent years.

2.5. Subsidised membership subscriptions and registration

2.5.1 New Ordinary/Associate/Trainee 5 Members who successfully introduce a new Ordinary/Associate or Trainee 5 to the ASA are entitled to a discount of 10% off the following year's subscription or the equivalent value as a donation to the ASA Benevolent Fund as recognition of this sponsorship. Each new introduction receives a 10% discount for example, if a member sponsors ten new members in a year, they would receive complimentary membership for the following year.

2.5.2 Complimentary National Scientific Congress (NSC) registration for New Fellows who have been at least "Training 5" members of Group of ASA Clinical Trainees (GASACT). GASACT members, who have maintained continuous membership of GASACT, on receiving their Fellowship are entitled to complimentary NSC registration (as published without supplementary activities or workshops) once, within the first two years of becoming an "Ordinary" member of the ASA. This excludes travel, accommodation and sundry expenses.

2.6. 50 years of membership

2.6.1 The ASA recognises extended membership (50 years or more) with a certificate and a lapel badge.

2.6.2 In calculating the duration of membership, the commencement date is considered to be the date that Council approved membership through to the completion of 50 years. It is not necessary for membership to be continuous throughout this period but the cumulative period of membership is to be equal or greater than 50 years.

2.6.3 The Executive Director is to advise the President and Council at the last Council meeting each year of the date when members will become eligible for the recognition in the forthcoming year. The President will write to each member a month before their 50th Anniversary to arrange a suitable date and location for the presentation of the certificate and lapel badge. It would be normal for this presentation to occur at a social function associated with an ASA State meeting or the NSC. Members awarded the 50 year badge will be recorded as such in the membership database and their names will be published in the following ASA Newsletter.



Image Enlarged



Actual Size

10. APPENDICES

10.1 Guidelines for Sponsorship of Speakers

The ANZCA, ASA and NZSA have a mutually-agreed policy regarding sponsorship of speakers at their major and regional meetings.

All speakers who accept sponsorship (from the meeting, the organisation or the HCI) must disclose this sponsorship in all printed material related to the meeting and at the beginning of their presentation. **This applies particularly to speakers accepting sponsorship from the Health Care Industry.**

The sponsorship policy for Fellows and members is as follows:

- At the major annual meetings, Fellows and members who are invited to speak on the program will not be sponsored from the meeting budget, by the organisation or by the HCI with the exception of:
- A small number of suitably-qualified Fellows or members who are invited to be keynote speakers at the meeting and may be sponsored by the meeting budget, the organisation or by HCI. Generally, keynote speakers should be chosen by the organisers and then suitable HCI sponsorship should be sought.
- Keynote speakers offered by the HCI will be accepted at the discretion of the organising committee in consultation with the ASM Officer, NSC Officer or NZSA Education Officer, keeping in mind the balance of the meeting and the potential for conflicts of interest.

10.1.1. Regional meetings

At regional meetings, local Fellows and members who are invited to speak on the program will not be sponsored with the exception of a small number of suitably-qualified Fellows or members from other regions who are invited to be keynote speakers.

10.1.2. SIG meetings

At SIG meetings, Fellows and members who are invited to speak on the program will not be sponsored with the exception of a small number of suitably-qualified Fellows or members from outside the SIG who are invited to be keynote speakers at the meeting.

10.1.3. Industry sponsored sessions

The policy for industry-sponsored sessions (such as “breakfast sessions”) is that these sessions must be conducted in accordance with the Medicines Australia Code of Conduct or New Zealand equivalent.

Fellows or members who are invited to speak at these sessions must:

- Discuss their involvement with the meeting organisers to ensure against conflicts of interest.
- Disclose at the session any sponsorship that arises from their participation in the session.

10.1.4. Material

In relation to promotional or educational material (such as CDs or printed material) which arise from an HCI-sponsored session in the main program of meetings permission to publish any material arising from a presentation must be sought from the organisation (ANZCA or the ASA), as well as from the sponsored speaker.

10.2 Acronyms

AAGBI	Association of Anaesthetists of Great Britain and Ireland
AAS	Australian Association of Surgeons
ACCC	Australian Competition and Consumer Commission
ACRRM	Australian College of Rural and Remote Medicine
ACE	Anaesthetist Continuing Education
ACECC	Anaesthesia Continuing Education Co-ordinating Committee
ACSQHC	Australian Council for Safety and Quality in Health Care
ADF	Australian Drug Foundation
ADF	Australian Defence Force
ADSC	Australian Day Surgery Council
AGM	Annual General Meeting
AGPTP	Australian General Practitioners Training Program
AHMAC	Australian Health Ministers Advisory Council
AIC	Anaesthesia and Intensive Care
AILC	Anaesthesia Industry Liaison Committee
AIM SIG	Anaesthetists in Management Special Interest Group
AIMS	Australian Incident Monitoring Study
AIMS	Australian Institute Medical Scientists
AMA	Australian Medical Association
AMA DiT	Australian Medical Association Doctors in Training
AMWAC	Australian Medical Workforce Advisory Committee
ANZCA	Australian and New Zealand College of Anaesthetists
ANZICS	Australian and New Zealand Intensive Care Society
ANZTADC	Australia and New Zealand Tripartite Anaesthesia Data Committee
ARFG	Audit Remuneration and Finance Committee
ASURA	Australian Symposium of Ultrasound and Regional Anaesthesia
AON	Area of Need
AOSRA	Asian Oceanic Society of Regional Anaesthetists
APSF	Australian Patient Safety Foundation
ASA	American Society of Anesthesiologists
ASA (US)	Australian Society of Anaesthetists
ASIC	Australian Securities Investments Commission
ASLG	Anaesthesia Services Liaison Group
ASM	Annual Scientific Meeting (for ANZCA)
ATP	Australian Trade Practices
CAS	Canadian Anesthesiologists Society
CC	Communications Committee
CCPP	Credentials and Clinical Privileges Project
CIG	Common Issues Group
CMBS	Commonwealth Medical Benefits Scheme
CME	Continuing Medical Education
COM	Committee of Management
COPS	Council of Procedural Specialists
CPD	Continuing Professional Development

The ASA... representing Australian Anaesthetists, since 1934

CPMC	Committee of Presidents of Medical Colleges
CSC	Combined Scientific Congress
CTEC	Collaborative Training and Education Centre
DOD	Department of Defence
DOH	Department of Health
DVA	Department of Veterans Affairs
EAC	Economics Advisory Committee
EO	Education Officer
FMRC	Family Medicine Research Centre
GASACT	Group of ASA Clinical Trainees
GAT	Group of Anaesthetists in Training
GPAC	General Practitioner Anaesthetists Committee
GMCT	Greater Metropolitan Clinical Taskforce
GPET	General Practice Education and Training
GPRA	General Practice Registrars Association
HALMA	History of Anaesthesia Library, Museum and Archives
HC	Honours Committee
HCILC	Health Care Industry Liaison Committee
HDU	High Dependency Unit
HR SIG	History and Resuscitation Special Interest Group
IARS	International Anaesthesia Research Society
IBNR	Incurred But Not Reported
ICAA	Institute of Chartered Accountants Australia
ITOE	Intraoperative Transoesophageal Echocardiography
JCCA	Joint Consultative Committee on Anaesthesia
JFICM	Joint Faculty of Intensive Care Medicine
MBCC	Medicare Benefits Consultative Committee
MBS	Medicare Benefits Schedule
MDO	Medical Defence Organisation
MOPS	Maintenance of Professional Standards
MSAC	Medical Services Advisory Committee
MSC	Marketing and Sponsorship Committee
NAPA	National Association of Private Anaesthetists
NEEM	National Education and Events Manager
NH&MRC	National Health and Medical Research Council
NSC	National Scientific Conference
NSCFC	National Scientific Congress Federal Committee
NSCOC	National Scientific Congress Organising Committee
NYSSA	New York State Society of Anesthesiologists
NZSA	New Zealand Society of Anaesthetists
ODEC	Overseas Development and Education Committee
OTS	Overseas Trained Specialist

PIAC	Professional Issues Advisory Committee
RACS	Royal Australian College of Surgeons
RAG	Retired Anaesthetists Group
RA SIG	Regional Anaesthesia Special Interest Group
RDAA	Rural Doctors' Association of Australia
RVG	Relative Value Guide
RVS	Relative Value Study
SIG	Special Interest Group
SSA	Staff Specialist Advisory council
SSAC	Staff Specialist Advisory Committee
TPA	Trade Practices Act
UMP	United Medical Protection
VMO	Visiting Medical Officer
WFSA	World Federation of Societies of Anaesthesiologists
WSC	Workforce and Survey Committee

10.3 Suggested Proforma for Adjudication of Registrar Prizes

Australian Society of Anaesthetists

Name of Award
Reviewer's Rating Form

APPLICANT/S	SCIENTIFIC PROJECT TITLE	Eligible For
To be filled in to send to adjudicator	To be filled in to send to adjudicator	To be filled in to send to adjudicator

Please circle one appropriate rating for each category.

RATING DESCRIPTORS	CONTENT				PRESENTATION		
	Structure	Originality	Scientific Merit	Clinical Relevance	Clarity	Time	Ability to answer questions
Outstanding	7	7	7	7	7	7	7
Excellent	6	6	6	6	6	6	6
Very Good	5	5	5	5	5	5	5
Good	4	4	4	4	4	4	4
Fair	3	3	3	3	3	3	3
Marginal	2	2	2	2	2	2	2
Poor	1	1	1	1	1	1	1

Comments

<p>Reviewers Name:</p> <p>Total Score:</p>

Adapted from the ANZCA Reviewer Rating Form with permission.

3. COMMITTEES

3.1 Guidelines

The ASA uses the 'committee system' to investigate issues, develop concepts and policies, deliver advice, provide services and generally meet the needs of members of the Board of Directors and the ASA Constitution. There are four tiers of ASA committees:

3.1.1 Tier 1 - Board of Directors:

- Council
- Executive Committee

3.1.2 Guidelines for Directors:

- A director is to exercise his or her powers and discharge his or her duties with care and diligence
- A director is to at all times act in good faith for the benefit of the ASA as a whole and for a proper purpose
- A director is to avoid situations in which there is a real and sensible possibility of conflict between his or her personal interests and the interests of the ASA
- A director must not improperly use his or her position to gain an advantage for him or herself or others, or to cause detriment to the ASA
- A director must not improperly use information obtained as a result of his or her position to gain an advantage for him or herself or others, or to cause detriment to the ASA
- A director must not exercise his or her powers for an improper purpose, being a purpose other than that for which the powers were conferred
- A director will generally not be at liberty to disclose in the public arena information regarding the affairs of the ASA that has been received as a result of their position as a director, unless such information is already in the public arena
- Confidential information is information that a director receives that is not available to the public or the general ASA membership
- Confidential information (including Board papers) received by a director (in the course of his or their duty) remains the property of the ASA and should not be disclosed, unless such disclosure has been authorised by the ASA, or is required by law
- A director must not disclose the content of discussions at Board meetings outside of appropriate and responsible circles within the ASA with a legitimate interest in the subject of the disclosure, unless that disclosure has been duly authorised by the ASA, or is required by law
- A director generally must not engage in conduct or make any public statement likely to prejudice or harm the ASA's interests, unless the director believes in good faith that it is in the best interests of the ASA as a whole to make such a statement

3.1.3 Tier 2 - Principal Committees (in order) Board and Officer:

- Individual States and Territory Committees
- Economics Advisory Committee (EAC)
- Professional Issues Advisory Committee (PIAC)
- Communications Committee (CC)
- The Editorial Board of Anaesthesia and Intensive Care

- Education Officer

3.1.4 Tier 3 – General Committees and Groups (alphabetical order):

- Audit, Remuneration and Finance Committee
- Awards, Prizes and Research Grants (APRG) Committee
- General Practitioner Anaesthetists Committee (GPAC)
- Group of ASA Clinical Trainees (GASACT) Committee
- History of Anaesthesia, Library, Museum and Archives Committee (HALMA)
- Honours Committee
- Investment Committee (IC)
- Marketing and Sponsorship Committee (MSC)
- National Scientific Congress Federal Committee (NSCFC)
- National Scientific Congress Organising Committee (NSCOC)
- Overseas Development and Education Committee (ODEC)
- Public Practice Advisory Committee (PPAC)
- Retired Anaesthetists Group (RAG)

3.1.5 Function of Committees

The *ASA Constitution* defines and describes the role of the ASA Council, Executive Committee and State and Territory sections. The role of all committees is to support the ASA Council in achieving the “Objectives” of the ASA. The President is an ex-officio member of all committees and groups and has voting rights, while the Executive Director is an ex-officio member of all committees and groups without voting rights.

Council will review the role and need for each committee and group on an annual basis and whenever the need arises. In accordance with the *ASA Constitution*, Council will confirm the membership of all ASA committees and groups annually.

Each committee and group is to address issues that fall within their “Roles and Responsibilities” as described in these Bylaws. All committees and groups are empowered to communicate directly with the Council and Chairs and should provide a report to the Council (face to face meetings unless otherwise requested). They should also meet the requirements addressed below.

3.1.6 Requirements:

- Report to and act under the direction of the Council
- Work within the Strategic Plan of the ASA
- Prepare annual business plans of proposed activities and work within the approved budget
- Identify issues, monitor developments, devise appropriate strategies for resolution and advise the Council
- Produce policies for consideration and Council endorsement (if appropriate)
- Consult with external organisations and lobby governments when requested by Council
- Prepare responses to external organisations and governments when requested for consideration by the Council
- Develop and maintain effective relationships with appropriate external organisations and departments of governments
- Consider and respond in a timely manner to issues referred to them by Council

- Comply with the ASA Trade Practices Act Compliance Guidelines
- Co-opt members for specific tasks
- Meet as frequently as required to achieve Council's requirements through either teleconference or face to face meetings
- Record the determinations of their meetings and provide written reports to Council
- Provide an annual report on their activities by the time of the AGM, which will be incorporated into the ASA Annual Report

Where established with other organisations joint committees, groups and sub committees are to have, as a minimum, Terms of Reference (as per bullets below) and they are to provide reports of their meetings to the Council. The current joint or external Committees administered by the ASA are:

3.1.7 Tier 4 – Joint Committees, Groups and Subcommittees:

- Anaesthesia Industry Liaison Committee (AILC)
 - To ensure continuity and consistency through liaison of the two organisations and the HCI
- Anaesthesia Continuing Education Co-ordinating Committee (ACECC)
 - Refer to the ACECC Charter
- ASA/ANZCA Liaison Committee
 - To ensure continuity and consistency through liaison of the two organisations
 - Membership of the Committee shall be the President and Vice President of each organisation. The ASA President shall be the initial Chair. A dedicated secretary will be appointed by the ASA. The position of Chair and secretarial support may rotate at the discretion of the President's
- ASA/NZSA Liaison Committee
 - To ensure continuity and consistency through liaison of the two organisations
 - Membership of the Committee shall be the President, Vice President, Immediate Past President and Executive Director/Officer of each organisation. The ASA President shall be the initial Chair. A dedicated secretary will be appointed by the ASA. The position of Chair and secretarial support may rotate at the discretion of the President's
- Australia and New Zealand Tripartite Anaesthesia Data Committee (ANZTADC)
 - Refer to ANZTADC Memorandum of Agreement (MoA)
- History and Resuscitation Special Interest Group (HR SIG)
 - Refer to the SIG Constitution
- Regional Anaesthesia Special Interest Group (RA SIG)
 - Refer to the SIG Constitution

Council may establish working groups for specific purposes and with a limited tenure. These groups will be required to provide progress reports to the Council. Working groups may eventually develop into a standing committee at which time they will be identified formally by a bylaw.

3.1.8 Support for committees and groups

The Executive Office of the ASA Headquarters provides secretarial support for committees and groups. Additionally, each State Committee has separate secretarial support, some provided jointly with the ANZCA and some provided by contractors or agents. As a principle, each committee will have a dedicated secretary. Indicatively, support includes, but is not limited to:

- Organisation of meetings or teleconferences
- Preparation of agendas and minutes
- Preparation of correspondence on behalf of the Chair
- Preparation and advice on the committee's budget and expenditure
- Please refer to The Executive Office Policies and Procedures for further information

3.2 Council

3.2.1 Background

The ASA was founded in 1934 at Hadley's Hotel in Hobart by a small group of seven. The first President of the Society was Dr Gilbert Brown who was responsible for the suggestion that a Section of Anaesthetics be included in the 1929 programme in Sydney for the Australian Medical Congress (BMA).

3.2.2 Structure

The Council comprises a President (who shall act as Chair), the Immediate Past President, the Vice-President, the Honorary Federal Treasurer and eight Councillors (consisting of a representative from each State or Territory and the Executive Councillor)¹.

3.2.3 Role and responsibilities

Clause 6 of the *ASA Constitution* describes the structure, role, responsibilities and objectives of the ASA Council and the ASA Executive Committee.

3.3 Executive Committee

3.3.1 Structure

The Executive Committee is designed to effectively manage the ASA business as each member of the Executive Committee is allocated an area of responsibility or portfolio. These portfolios are business areas. A member of the Executive Committee holding a specific portfolio is expected to liaise directly with the relevant staff member at the ASA Headquarters on matters within their portfolio.

¹ ASA Constitution 2009, clause 6.1

Portfolios are general in nature and are provided here as a guide only; they may change from time to time as business changes or at the request of the Council.

3.3.2 Role and responsibilities

The role of the Executive Committee is to conduct the business of the company (The Australian Society of Anaesthetists Ltd) between meetings of the Council and to fill any vacancy on the Executive or on any Committee appointed by the Board of Directors. All members of the Executive Committee are Directors of The Australian Society of Anaesthetists Ltd (with the exception of the Executive Director).

As Directors, members of the Executive owe a fiduciary duty to the ASA over their private interest or the interests of their portfolio. In particular, Directors² have a duty to:

- Act in good faith in the best interest of the ASA
- Act with care and diligence to avoid a conflict in their position and/or and interest
- Not misuse information obtained through their position as a Director

As the Executive Committee may conduct business on behalf of the other Directors the members have an additional responsibility to ensure that material³ decisions taken do not expose the other Directors

² ASA Constitution 2009, clause 6.3

³ Acts that affect the financial viability, reputation, legal status, Constitution or may lead to an offence being committed are considered material.

of the ASA to risk. Accordingly, any resolutions that potentially expose the ASA that are taken by the Executive Committee cannot be effected until three business days after the draft minutes of the relevant meeting have been circulated to Council. Material issues would normally be considered and referred by Executive to the next Council meeting unless the delay would have a significantly detrimental effect on the ASA.

3.3.3 Executive Committee members' roles:

3.3.4 President

- Chair of the Board of Directors⁴
- ASA's representative externally
- Authority for correspondence on behalf of the Council
- Co-signatory for ASA accounts
- Ex-officio member on all ASA Committees

3.3.5 Vice President

The Vice President assists the President in some or all of the above roles.

⁴ ASA Constitution 2009, Paragraph 6.1

3.3.6 Immediate Past President

In the event of the Office of the President becoming vacant, he/she assumes the role until the next Annual General Meeting (AGM). Also he/she is to chair the APRG Committee.

3.3.7 Honorary Federal Treasurer

The role of the Honorary Federal Treasurer is to:

- Recommend the appointment of an auditor for the ASA at each AGM
- Chair the Investment Committee (IC), ensure that the Board is provided with an appropriate investment strategy and implement the strategy approved by Council
- Inform Directors of the financial status of the ASA at each face-to-face Council meeting; to approve the Annual Financial Report and Directors' Report
- Immediately advise Directors if he becomes aware or suspects that the ASA is insolvent or will become insolvent through any means
- Chair the Audit, Remuneration and Finance Committee (ARFC) Partake as a member of the Marketing and Sponsorship Committee (MSC), Overseas Development and Education Committee (ODEC) and NSC Federal Committee (NSCFC)
- Authorise with at least one other Director, the Company Secretary and the Financial Controller the operation of the Australian Society of Anaesthetists Ltd accounts in accordance with the decisions and directions of the Board. These accounts must carry the caveat that at least two signatories are required to authorise transactions
- Authorise the opening of investment accounts with financial institutions in the name of the Australian Society of Anaesthetists Ltd in compliance with the Board's approved Investment Strategy
- Authorise (in conjunction with one of two other Directors) initial capital purchases by the ASA of between \$500 and \$10,000. Amounts over \$10,000 require Council approval with a revised budget
- Provide direction and guidance to the Financial Controller for the good management of the ASA's accounts
- Periodically review the financial records of the ASA

3.3.8 Executive Councillor

The Executive Councillor supports the Board by overseeing membership policies, procedures, reporting and initiatives.

3.3.9 State and Territory Representative

This Director is responsible to represent the views of State and Territory Chairs to the Executive Committee.

3.3.10 Executive Director

The Executive Director is the Company Secretary and a member of the Executive Committee, but is not entitled to vote. He/she is a representative on all ASA committees/working groups on an ex officio basis.

The Executive Director is responsible to the Board for the:

- Management of all aspects of the ASA's headquarters, employees and finances
- Due notification of Board meetings
- Recording of minutes of the Board meetings
- Conduct of all subsequent correspondence of the Board
- Preparation of the Annual Report

- The Board's general compliance with all relevant legal, financial and business requirements and specifically, the Corporations Act

3.4 Individual State and Territory Committees

3.4.1 Structure

Each State and the Australian Capital Territory constitutes a State or Territory Section of the ASA. Each Section has a Committee of Management that is known as the 'State' Committee of Management, for example, NSW Committee of Management. This title may be abbreviated to NSW Committee, etc. The only exception is South Australia where the title is South Australia and Northern Territory Committee of Management by mutual agreement of the ASA members in the respective State and Territory. Details on the Committees of Management are found in the *ASA Constitution*, Clause 6.6 "Proceedings of the Board of Directors".

3.4.2 Role and responsibilities

The ASA Constitution outlines that the affairs of each State or Territory Section shall be managed by a Committee of Management and, in doing so shall:

- Conduct affairs of that Section in accordance with the ASA Constitution and ASA Bylaws
- Control the finances of that Section in so far as local commitments are concerned using for this purpose the funds allowed for that year by the Board of Directors from the Capital Fund of that Section, which shall be administered centrally by the Federal Office
- Appoint and instruct Committees as may be required
- Prepare an Annual Report on the activities and of receipts and expenditure of that Section and submit the same to the Executive Director and Honorary Federal Treasurer respectively, within three months of the end of the preceding financial year

3.5 Economics Advisory Committee (EAC)

3.5.1 Background

The EAC was established in 1991 as a result of the amalgamation of the Fees Committee and the Relative Value Guide (RVG) Committee. At its' outset it had a Chair, Dr Gregory Deacon and just one other member, Dr Peter Hales.

3.5.2 Structure

Membership shall include the Economics Advisory Officer who will be Chair, the State Economics Advisory Officers, a SSAC Representative, a GASACT Representative and up to five other members as recommended by the Chair and approved by Council. The Anaesthetic Craft Group representative, the President and the Executive Director will also be co-opted onto the Committee.

3.5.3 Role and responsibilities

The EAC and its officers are responsible for advising the Council on all financial matters relating to the practice of anaesthesia and through the Council, advising members and associates. They should also be able to answer complaints or enquiries from patients or their agents relating to financial matters through the Secretariat.

3.6 Professional Issues Advisory Committee (PIAC)

3.6.1 Background

The Professional Issues Working Group was established in 2004 out of the 'medical indemnity crisis' and dealt with increasingly complex and enduring issues. In 2005, Council approved the reestablishment of the PIWG as a Committee, the Professional Issues Advisory Committee (PIAC). In 2010, PIAC subsumed the Workforce and Survey Committee (WSC), and assumed its responsibilities including in particular regular survey of the Society membership.

3.6.2 Structure

Membership of the committee includes the Chair, President, Vice President, Immediate Past President, Executive Director, up to six other members representative of the States and Territories with appropriate skills, experience and interest in professional issues, plus an ANZCA representative. The Chair will be appointed by the Council and is expected to hold the appointment for a period of three or more years.

3.6.3 Role and responsibilities

The role of the PIAC is to provide advice to the Council and members on professional issues. This includes, but is not restricted to:

- Clinical practices and standards
- Clinical Credentialling and privileging issues
- Professional indemnity insurance
- Continuing professional development
- Professionalism
- Workforce and survey issues. Workforce and survey issues include but are not limited to:
 - Determining the appropriate distribution of anaesthetists (specialist and non-specialist) necessary to satisfy national and regional demand
 - Determining the reasons why the number of anaesthetists may be at variance to the ideal
 - Suggesting strategies to attract and retain anaesthetists to areas that are inadequately serviced by anaesthetists
 - Managing the regular member survey that the Council uses to inform itself on the membership profile
 - Approving workforce related surveys to members that are initiated from or through the Secretariat. All other surveys should be approved by the Communications Committee
 - Providing reports to Council, as required, on information gathered from members' surveyed

3.7 Education Officer (EO)

The position of Education Officer was established in August 2008 following the dissolution of the Education Committee.

3.7.1 Role

The role of the EO is to assist the ASA Council to promote education and training in anaesthesia and related disciplines by ensuring all educational activities are appropriate, integrated and efficacious.

While the EO is not responsible per se for the execution of member educational activities she or he has oversight of them, including:

- The scientific programme of the NSC
- Continuing Medical Education (CME) Meetings for which the ASA has part or full responsibility
- Overseas development activities that involve education
- ASA education programs, such as iamonline, Part 0 and Part 3 Courses

3.7.2 Responsibilities of the Education Officer

The EO is responsible to encourage stakeholders to achieve the ASA's educational objectives by developing and implementing policies, coordinating the ASA's educational activities, integrating the ASA's educational resources with those of ANZCA through the medium of ACECC and advising the ASA Council on educational issues. Specifically the EO should:

- Set the educational objectives for the ASA and encourage the effective marketing of educational activities
- Coordinate the national framework of CME meetings in conjunction with ANZCA
- Be accountable for the Education Budget
- Provide a written report to each Council face-to-face meeting (three times per year) and attend the CSC Council Meeting on educational achievements
- Develop and integrate the educational initiatives of the ASA
- Maintain a national resource centre for course and presentation syllabi and teaching materials
- Represent the ASA's position at ACECC meetings in conjunction with the ASA President.
- Advise Council on all aspects of continuing education
- Liaise with the following Committees to ensure cross communication:
 - Editorial Board of Anaesthesia and Intensive Care
 - NSC Federal Committee (NSC FC)
 - NSC Organising Committee (NSC OC)
 - Overseas Development and Education Committee (ODEC)
 - State and Regional Committee CME representatives
 - Regional Anaesthesia Special Interest Group (RASIG)
 - History and Resuscitation Special Interest Group (HRSIG)
 - Group of ASA Clinical Trainees (GASACT)

The EO may request teleconferences or one face-to-face meeting of education stakeholders each year.

3.8 Communications Committee (CC)

3.8.1 Background

The CC was established in 2006 in recognition of the importance of effective communications between the ASA, its members, governments, the public, medical organisations and service providers. The CC absorbed many of the functions of the previous Publications Committee.

3.8.2 Structure

Membership of the CC consists of two members of the ASA Council, the Executive Editor of the ASA Newsletter, up to two members nominated by Council (preferably with electronic publishing expertise),

a member of GASACT, the Business Services Manager, Publications Manager and the Marketing and Communications Officer. Council will appoint the Chair of the CC for a period of two years.

3.8.3 Role and responsibilities

The role of the CC is to advise Council on all aspects of communications within the ASA. Where appropriate, the CC is to propose standards, guidelines and styles for the various products used by the ASA to communicate externally and internally.

Responsibilities include preparation and annual review of the *ASA Style Guide*, a brief guide to the standards and styles to be employed on all ASA materials and the ASA website. The *ASA Style Guide* includes, but is not limited to guidance for:

- The ASA logo and any other logos employed or shared by the ASA
- ASA templates for correspondence and committee documentation
- Newsletter and Annual Report
- Websites (ASA, AIC, GASACT and ACECC)
- Media releases
- Brochures and published policies
- Membership forms
- Certificates, medals, honour boards and badges
- Marketing and display materials

Content of the published material remains the responsibility of the committee commissioned or responsible for preparing the material.

Additionally, nominated members of the CC are to exercise oversight of the ASA's websites for their relevancy, consistency and currency on a two monthly basis. Responsibility for maintaining the websites and their respective pages remains with the respective ASA staff member.

The Chair of the CC will include a review of the websites in his or her reports to Council. The CC will also establish the guidelines for media or marketing campaigns requested by the Council. The CC normally meets at the ASA National HQ as required but at least four times a year.

3.9 The Editorial Board of Anaesthesia and Intensive Care (AIC)

3.9.1 Structure

Membership shall include the Chair of the Editorial Board, who is the Chief Editor, Editors (other than the Chief Editor); Executive Editor, Editors, Editor Book Reviews and other members of the Editorial Board who are appointed by the ASA Council on the advice and recommendation of the Editorial Board.

3.9.2 Role and responsibilities

The Editorial Board is appointed by the ASA Council to oversee production of the *AIC Journal*.

3.10 Audit, Remuneration and Finance Committee

Council may establish an Audit, Remuneration and Finance Committee (ARFC) to oversee the finance and risk management processes of the ASA. The ARFC was introduced in August 2008

3.10.1 The ARFC is responsible to:

- Monitor the operational and financial performance of the ASA and make appropriate recommendations to Council to improve processes
- Review (at least annually) the risk management strategies of the ASA including the appropriateness (specifically IT database management and security) of all insurance policies
- Recommend to Council the appointment and terms of engagement of external auditors
- Review the annual financial statements with the Financial Controller (and with the external auditors – if required) and to make recommendations to Council whether these should be accepted
- Review and recommend the percentage increase for honoraria, membership fees, advertising and subscription rates for ASA publications and the scale of remuneration increases for ASA staff in conjunction with the preparation of the annual budget
- Assess the draft budget prior to its being referred to Council
- Oversee internal audit process

3.10.2 The ARFC is composed of:

- Honorary Treasurer - Chairman
- President
- Vice President
- Executive Director

The ARFC may co-opt members, staff or other advisers to the committee to provide assistance.

3.10.3 ARFC Powers

The ARFC has unlimited access to the auditors and to senior management of the Society and to any documentation which is required in the fulfillment of its responsibilities.

The Committee shall also have the ability to consult independent experts where they consider it necessary to carry out their duties.

3.10.4 ARFC Meetings

The ARFC shall meet by teleconference or face-to-face, as required.

3.11 Awards, Prizes & Research Grants (APRG) Committee

3.11.1 Structure

Membership shall include the Past President, who will be the Chair, Federal Scientific Programme Officer, Education Officer and such other members as appointed by the Council.

3.11.2 Role and responsibilities

The role of the Committee is to oversee the Society Awards, Prizes & Research Grants process and to recommend to Council persons to be Awarded ASA Awards, Prizes and Research Grants in relation to educational activities and to appoint adjudicators approved by Council (see Section 4 of these Bylaws).

The Chair of the APRG Committee may also recommend changes to the APRG Bylaws as the circumstances dictate.

3.12 General Practitioners Anaesthetists Committee (GPAC)

3.12.1 Background

The General Practitioner Anaesthetists Group (GPAG) was formed by a resolution of Council at its meeting on 23 September 2005. The group was endorsed as a Committee in June 2006.

It is agreed that in Australia, anaesthesia should be performed by a medical practitioner who is appropriately trained and qualified. A specialist anaesthetist is a medical practitioner who is trained and qualified to the level of Fellowship of ANZCA. A non-specialist anaesthetist or GP Anaesthetist (GPA) is a medical practitioner who is trained, experienced and possibly qualified in anaesthesia but not to the level of Fellowship of ANZCA.

In rural and regional areas of Australia, anaesthesia frequently has to be performed by GPAs because of the shortage of specialist anaesthetists or because the size of the population cannot support a specialist anaesthetist. As a consequence, it is recognised that Australia will have a requirement for and dependency on GPAs providing anaesthetic services in rural and regional areas for the foreseeable future.

3.12.2 Structure

Membership of the GPAC is open to all ASA Associate members who are GPAs.

Membership of the committee should include a Chair, appointed by the ASA Board and expected to hold the appointment for a period of three or more years, the Immediate Past President, Representatives from each of the States and Territories and up to two Rural Doctors Association of Australia (RDAA) representatives.

The Chair of the GPAC is empowered to co-opt members with specific skills to contribute to projects or papers from time to time.

3.12.3 Role and responsibilities

The roles and responsibilities of the GPAC include, but are not limited to:

- Develop a representative network for GPA
- Represent the interests of the GPA to the ASA membership and Council
- Provide a forum on matters of concern to GPAs
- Facilitate the representation of the ASA in rural and regional fora
- Develop a large membership basis of GPAs

3.12.4 Other

The GPAC will normally meet formally by teleconference, usually three times a year, but more often if necessary. The ASA and the RDAA are encouraged to exchange representatives at their respective Council meetings where issues that affect both organisations are addressed.

3.13 Group of ASA Clinical Trainees (GASACT) Committee

3.13.1 Background

GASACT was formed by a resolution of Council at its meeting on 29 September 2000. The objectives of GASACT are to:

- Give trainees an official independent voice
- Provide a forum for discussion on matters of concern to trainees.
- Seek opinion and advice from trainees
- Determine and attempt to satisfy the needs of trainees.
- Inform trainees of developments in anaesthesia and medicine in general
- Develop a representative network for trainees
- Provide a forum where trainees with future leadership potential can be encouraged to develop their skills
- Assist trainees in determining future career options and advice on entering practice
- Assist trainees industrially, socially, educationally, scientifically and with health and lifestyle issues, with practice matters and politically
- Establish a communication network, including similar organisations overseas
- Develop a large membership base of trainees within the ASA

3.13.2 Accordingly, the roles and responsibilities of GASACT are:

- Prepare annual business plans of proposed activities
- Identify issues, review developments, advise the Council and initiate and support strategies to address in order to achieve the aims of the GASACT
- Develop and maintain working relationships with other organisations
- Review the aims of the GASACT periodically

3.13.3 Structure

All trainees in anaesthesia, intensive care or pain management registered with the ANZCA who are Trainee members can become members of GASACT. GASACT membership ceases when the Trainee member becomes eligible for ordinary membership of the ASA.

The GASACT Committee includes a Chair who is appointed by the members of GASACT and endorsed by Council and a representative from each State or Territory. All members must be GASACT members. Where it is considered that the State GASACT section would benefit from having both a senior and junior representative for that state, it will be considered by the Council.

3.13.4 Elections

3.13.4.1 State GASACT Committee Representatives

GASACT Committee State Representatives are nominated by the remaining GASACT Committee and endorsed by Council. Each elected GASACT State representative position is for a one year term with re-election limited to a maximum of three years. Each GASACT State/Territory Representative is to be a co-opted member of the State/Territory Committee of Management.

3.13.4.2 National GASACT Chair

All members of GASACT are eligible for the position. Nominees are to supply their CV and a (one page) statement of their intentions for the GASACT should they be elected. These documents are then

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circulated to all GASACT members and voting is conducted via email. The Chair is elected by majority vote. If a tie occurs, a second round of voting only for the two tied candidates is conducted by email. If a second tie occurs, the ASA Council determines the successful candidate. The GASACT National Chair is elected annually with re-election limited to a maximum of three years.

3.13.5 GASACT Ex-Officio Positions

The Immediate Past Federal Chair of GASACT remains as an ex-officio member of the Federal GASACT Committee to assist, and if required, advise the incumbent Federal Chair. He or she provides continuity in the management of issues affecting the recruitment, retention and welfare of anaesthetic trainees. Other ASA members may be appointed by Council in ex-officio roles to assist the GASACT Chairman as the requirement arises.

3.14 History of Anaesthesia, Library, Museum and Archives Committee (HALMA)

3.14.1 Structure

Membership shall be a Chair appointed by the Council, the Honorary Archivist, Honorary Librarian, Editorial Board Representative, RAG Chair and up to three others. Secretarial staff involved in the Library, Museum and Archives should attend meetings.

3.14.2 Role and responsibilities

The role of the committee is to preserve, enhance and promulgate the cultural aspects and heritage of anaesthesia for the benefit and enlightenment of anaesthetists in particular and the community in general. In addition HALMA should be responsible for the essential administrative mechanism to support their cultural obligations and to recognise their importance, including acting as a link with the ANZCA on these matters.

3.15 Honours Committee (HC)

3.15.1 Background

The Honours Committee (HC) assists Council to ensure members of the Society are appropriately recognised. The HC reviews and recommends to Council suitable nominations for Society Awards and assists in encouraging nominations for Australian National Honours. The Committee was established in August 2008.

3.15.2 Structure

The HC is chaired by the Immediate Past President and supported by the Executive Director. Past Presidents, Councillors and others may be invited by the chair to assist nationally with nominations.

3.15.3 Role and responsibilities

The HC may also recommend changes to the Society's Awards as required.

The HC meets by teleconference.

3.16 Investment Committee (IC)

3.16.1 Background

The ASA Council established the IC in April 2006 to advise the Council on appropriate strategies for investing ASA funds.

3.16.2 Structure

Membership of the IC shall be the Honorary Federal Treasurer (who shall be the Chair), an Independent Adviser (non ASA member) and the Financial Controller. The President and Executive Director are also members by virtue of their positions in the ASA.

3.16.3 Role and responsibilities

The IC is responsible to provide advice to the Council on investing the ASA's funds. It is responsible for the provision of an Investment Strategy (IS), which is to be reviewed on at least an annual basis. This review would form part of the Budget submission process. The IS will identify, amongst other matters, the investment risks the ASA is prepared to accept, the class of investments considered appropriate and the forecast returns expected from the strategy.

The IC should meet around three times a year. Matters to be considered will include consideration of the relevance of the IS with respect to current market conditions, a review of returns from investments, examination of opportunities available for further investments and recommended amendments to the IS.

The Honorary Federal Treasurer remains responsible for authorising investments in line with the approved IS and recommendations of the IC.

3.16.4 Aims

The aim of the IC is to provide guidance to the Council and to ensure optimisation of financial returns within the constraints of Council's approved IS.

3.17 Marketing and Sponsorship Committee (MSC)

3.17.1 Structure

Membership shall include the Chair of the Committee (not necessarily an elected member of the ASA Board), Honorary Federal Treasurer, NSC Officer, Chair of the APRG Committee, HCI Officer, Executive Councillor, Executive Director, Finance Manager, Marketing and Communications Officer and three members proposed by the Committee Chair and approved by the ASA Council. The Chair will be appointed by the Council and is expected to hold the appointment for a period of at least three years.

3.17.2 Role and responsibilities

The role of the MSC is to develop new and coordinate existing commercial revenue generation for the ASA including sponsorship, advertising and NSC sales; and to create opportunities to increase membership interest and financial commitment to the ASA.

3.17.3 The Committee is responsible for:

- Establishing and maintaining a strong rapport with commercial sponsors, advertisers and investors
- Identifying and developing potential sponsors and advertisers
- Coordinating current commercial arrangements to ensure optimised returns for the ASA including offering holistic packages

3.18 National Scientific Congress Federal Committee (NSCFC)

3.18.1 Structure

Membership shall include the NSC Officer, who shall be Chair, Federal Scientific Programme Officer, HCI Officer, the ANZCA ASM Officer, Education Officer and Honorary Federal Treasurer. Convenors of forthcoming NSCs and convenors of forthcoming CECANZ and ANZCA ASMs should be co-opted.

3.18.2 Role and responsibilities

The role of the NSCFC is to plan future NSCs. The NSCFC will meet annually during the NSC and on other occasions as required. The NSCFC shall also plan the scientific programme for future NSCs, including subjects and invited speakers in liaison with the NSCOC Scientific Convener for that particular NSC.

3.19 National Scientific Congress Organising Committee (NSCOC)

3.19.1 Structure

The NSCOC shall include a Convener (who acts as the Chair), Scientific Programme Convener (who oversees the PBLD and Workshop representatives), NSC Officer, a Treasurer, HCI Representative, Social Convener, Audio Visual Coordinator, Education and Events Manager, Professional Conference Organisers Representative and any others as appointed by the Chair. Please refer to the NSC Handbook for other variations of Committee members.

This NSCOC should begin planning for a NSC at least three years before the Congress. Therefore, there will be several NSCOCs running at the same time.

3.19.2 Role and responsibilities

The NSCOC is responsible for the successful planning and implementation of a NSC. Planning includes, but is not limited to; invited speakers, guests speakers, social programme, scientific programme, business meetings, audio-visual requirements and sponsorship. The NSCOC should consult with the NSCFC throughout planning of the NSC. Consult the NSC Handbook for further guidance.

3.19.3 Aim

To organise a successful NSC for ASA members incorporating all items identified in the NSC Handbook.

3.20 Overseas Development and Education Committee (ODEC)

3.20.1 Structure

Membership shall be a Chair appointed by Council, the Honorary Federal Treasurer, the Education Officer, the World Federation of Anaesthesiologists (WFSA) Representative and others appointed by the Chair, including Primary Trauma Care (PTC) Coordinators.

3.20.2 Role and responsibilities

The role of the committee is to oversee all aid (educational, financial, material or skill based) outside Australia and New Zealand, which involve ASA members or resources, to act jointly and cooperatively with the ANZCA and the New Zealand Society of Anaesthetists (NZSA) in such activities and to conduct joint activities with other aid organisations.

3.21 Retired Anaesthetists Group (RAG)

3.21.1 Background

The RAG was formed by a resolution of Council at its meeting on 25 October 2002. It followed a meeting of retired anaesthetists convened by Dr Dennis Haywood in February 2000.

3.21.2 Structure and Elections

3.21.2.1 State/Territory RAG

Each State/Territory would be entitled to establish a State/Territory RAG. All eligible members would be entitled to be members of their State/Territory RAG. Each State/Territory RAG is to elect a Chair and secretary at the time of normal State/Territory election of office bearers. These positions may be combined. Appointment is for one year with re-election to a maximum of three years.

The Chair is eligible to be a member of the State/Territory ASA COM. The State/Territory Chair is to be a member of the National RAG Executive. Each State/Territory RAG is to have ordinary meetings as decided by the group with a minimum of one each year with a significant social component. The State/Territory RAG does not receive funding for social events (i.e. participants must fund themselves).

3.21.2.2 Members of RAG may be:

- a. retired from all clinical work, and
- b. an ASA retired ordinary or continuing ordinary member, or
- c. an anaesthetist who holds a fellowship from ANZCA, or
- d. an anaesthetist who previously was a member of one of the Common Issues Group organisations (American Society of Anesthesiologists, Association of Anaesthetists of Great Britain and Ireland, or Canadian Anesthesiologist Society), or
- e. retired NZSA Members, or
- f. an individual who has practised anaesthesia, who because of their merit, is considered by Council appropriate to participate in RAG activities.

3.21.2.3 National RAG

The State/Territory RAG Representatives nominate a National RAG Chair. The National RAG Chair attends and reports at the ASA Council meeting held during the NSC. The National RAG chair is to be elected for one year with re-election limited to three years.

3.21.3 Representation by RAG

Committees, groups and working parties of the ASA are encouraged to consult with RAG as appropriate. When assistance is needed the National RAG Chair will be asked to nominate a liaison person. It would

be hoped that representatives of the RAG would attend meetings of other groups representing retired professionals or correspond with them.

3.21.4 Secretariat support and finances of RAG

The Executive Office is to provide RAG with secretarial support for the two social functions that are held each year (i.e. at the ANZCA ASM and ASA NSC). Other state scientific or other meetings organised by RAG are to be self-supporting.

3.21.5 NSC subsidies

Members of RAG attending the NSC are to be offered significantly reduced registration fees. All members of the ASA, whether associate or ordinary members, who have ceased clinical anaesthetic practice and are eligible for continuing retired or retired membership or are life members are members of the RAG.

3.21.6 Role and responsibilities

- Prepare annual business plans of proposed activities
- Identify issues, review developments, advise Council, and initiate and support strategies to address them in order to achieve the aims of the RAG
- Prepare responses to outside organisations and Government for consideration by the Council.
- Develop and maintain working relationships with other organisations
- Consider matters referred to it by Council
- Work within the budget approved by Council
- Review the aims of RAG periodically

3.21.7 Aims

- Give retired anaesthetists a voice in the Society and maintain communication with them
- Provide a forum for discussion on matters of concern to retired anaesthetists
- Seek opinion and advice from retired anaesthetists
- Determine and attempt to satisfy the needs of retired anaesthetists
- Develop a representative network for retired anaesthetists
- Assist retired anaesthetists socially, with health and lifestyle issues, politically and with financial and estate planning
- Establish a communication network
- Retain retired anaesthetists within the ASA

3.22 Public Practice Advisory Committee (PPAC)

3.22.1 Structure

Membership consists of a chair appointed by the Council, the Economics Advisory Officer, the Chair of GASACT and at least one representative from each of the States and Territory.

3.22.2 Role and responsibilities

The Public Practice Advisory Committee (PPAC) provides advice to Council on the provision of anaesthesia services in the public sector and for public patients treated in the private sector.

The PPAC is responsible to:

- Develop anaesthesia policy for public practice.
- Provide reports on current public practice issues to the Council.
- Co-ordinate with similar organisations (AMA and ASMOF etc,) to ensure effective representation of anaesthetists treating public patients.
- Assist GASACT members through 'linkmen' in training hospitals.
- Assist members by maintaining current awards and conditions for staff specialists and visiting medical officers applicable in each of the States and Territory.
- Develop a higher profile of the ASA in public health facilities.

4. SOCIETY AWARDS

4.1. Introduction

Membership of the ASA is voluntary as is membership of the large number of committees and working groups. Members give freely of their time to assist their colleagues.

The ASA Council is most proud of the contributions by members and others to the ASA, the specialty, the profession and the broader community and recognises them through a range of ASA Honours.

The following awards, medals and certificates are in order of significance:

- Life Membership of the ASA
- Gilbert Brown Award
- Honorary Membership
- Pugh Award
- Presidents' Medal
- ASA Medal
- Certificate of Appreciation

Other awards and citations in recognition of an individual's service to the ASA Council, the Society's Journal, "*Anaesthesia and Intensive Care*" or the National Scientific Congress (NSC) and not in order of significance are:

- Past President's Medal
- Ben Barry Medal
- NSC Citation
- Editorial Board Citation

These Honours and their criteria are described in the following pages.

The President and Vice-President usually present these Honours during the dinner at the NSC or another appropriate time as determined by the President.

4.2. Life Membership

4.2.1. Background

Life Membership was recommended as a membership category for distinguished Australian members in 1963. A postal referendum was held to include this category in the *ASA Constitution*. The first Life Member elected was Dr Harry Daly.

4.2.2. Terms of reference

Life Membership is given to an individual for having given long and distinguished service to the ASA. It is the highest award of the ASA.

4.2.3. Nominations process

Nominations will be accepted from any two members of the ASA. Nominations must be received at least 20 days prior to a Council meeting, directed to the Executive Director and marked "confidential". They must be supported by a written submission specifically describing the achievements of the nominee and

the significance of their achievements. The nomination should also be accompanied by the nominee's curriculum vitae.

Nominations are to be circulated to Council members at least 14 days prior to their consideration at a scheduled meeting. Council without guests is to consider the motion. The Immediate Past President is to introduce each nomination to Council by summarising the merits of the nominee and to propose the motion for approving the award/honour. If the nominator is a member of Council she or he may be invited by the Immediate Past President to provide this introduction.

Following discussion, a secret ballot is to be conducted. If Council is meeting in person this is to be via a voting slip. Alternatively, if Council is meeting by teleconference the voting is to be conducted electronically and anonymously. The Executive Director is to consolidate the votes and advise Council of the result. The motion is adopted when at least two thirds of members of Council present support the motion.

This award is subsequently to be referred to the AGM for approval.

4.2.4. Form of the Award

Life Members will have their name entered on the Honour Board, receive a citation, lapel badge and receive annually a complimentary membership subscription and NSC registration for themselves and their partner.



Life Member lapel badge



Life Members Honour Board

4.2.5. Recipients

- 2009 Richard Bailey, Walter Thompson
- 2007 Gregory Deacon
- 2006 James Bradley
- 2005 Jeanette Thirlwell Jones
- 2004 Peter Lillie, John Russell, Rodney Westhorpe
- 2000 Gregory Wotherspoon, John Roberts
- 1996 Peter Brine
- 1991 Donald Maxwell
- 1990 Thomas Kester Brown
- 1988 Benedict Barry, Brian Dwyer, Ian Steven
- 1985 Patricia Mackay, John Tucker
- 1984 Brian Pollard
- 1982 Reginald Lewis, William Cole
- 1976 Gwen Wilson, Malcolm Newland
- 1974 Leonard Shea
- 1973 Janet Bowen

1972	James McCulloch
1969	Margaret McClelland, Mary Burnell
1967	John Gillespie, John Lamrock
1965	Geoffrey Pern, Arthur Bridges Webb
1964	Geoffrey Kaye, Stuart Marshall, Robert Orton, Lennard Travers
1963	Harry Daly

4.3. Gilbert Brown Award

4.3.1. Background

This award was established in 1969 following a suggestion and donation by Dr Mary Burnell, a Past President of the ASA. It perpetuates the name of the first President of the ASA. Professor Douglas Joseph and Dr Judith Nicholas were the first recipients of the award. They were both awarded the Gilbert Brown Medal in 1969 and were presented with it at the annual dinner in 1970.

4.3.2. Terms of reference

The award is made to an individual who has made outstanding and particularly meritorious service to the ASA and to anaesthesia in Australia. This service is normally in one particular area.

4.3.3. Nominations process

Nominations will be accepted from any two members of the ASA. Nominations must be received at least 20 days prior to a Council meeting, directed to the Executive Director and marked "confidential". They must be supported by a written submission specifically describing the achievements of the nominee and the significance of their achievements. The nomination should also be accompanied by the nominee's curriculum vitae.

Nominations are to be circulated to Council members at least 14 days prior to their consideration at a scheduled meeting. Council without guests is to consider the motion. The Immediate Past President is to introduce each nomination to Council by summarising the merits of the nominee and to propose the motion for approving the award/honour. If the nominator is a member of Council she or he may be invited by the Immediate Past President to provide this introduction.

Following discussion, a secret ballot is to be conducted. If Council is meeting in person this is to be via a voting slip. Alternatively, if Council is meeting by teleconference the voting is to be conducted electronically and anonymously. The Executive Director is to consolidate the votes and advise Council of the result. The motion is adopted when at least two thirds of members of Council present support the motion.

This award is subsequently to be referred to the AGM for approval.

4.3.4. Form of the Award

The recipient of the award will have their name entered on the honour board, and receive a medal in the form of a bronze cast of a sculpture by Andor Meszaros with complimentary membership subscription.



Gilbert Brown Award (front)



Gilbert Brown Award (back)



Gilbert Brown Honour Board

4.3.5. Recipients

2009	Ross Holland, John Lauritz, Haydn Perndt
2008	Steve Kinnear
1996	Richard Walsh
1987	Gwen Wilson
1986	Thomas Kester Brown
1975	Benedict Barry
1971	Douglas Joseph, Judith Nicholas

4.4. Honorary Membership

4.4.1. Background

The Honorary Member category of membership has existed since the early days of the ASA and is the ASA's oldest honour. It was first awarded in 1935 and was at that time reserved for anaesthetists from overseas. Australians were included from 1951 and in 1953. Dr Gilbert Brown was the first ordinary member to receive the Award. In 1963 a referendum was held and it was moved to introduce the Award of Life Membership. Honorary Membership was then bestowed on the yearly overseas visitor. Honorary Membership is awarded at the discretion of the ASA Council, and following a change to the Constitution in 2004, can be awarded to persons other than medical practitioners.

4.4.2. Terms of reference

Honorary membership is awarded to practitioners of medicine or of allied sciences and others associated with the advancement or advocacy of the specialty or profession for their services to the specialty or profession.

4.4.3. Nominations process

Nominations will be accepted from any two members of the ASA. Nominations must be received at least 20 days prior to a Council meeting, directed to the Executive Director and marked "confidential". They must be supported by a written submission specifically describing the achievements of the nominee and the significance of their achievements. The nomination should also be accompanied by the nominee's curriculum vitae.

Nominations are to be circulated to Council members at least 14 days prior to their consideration at a scheduled meeting. Council without guests is to consider the motion. The Immediate Past President is to introduce each nomination to Council by summarising the merits of the nominee and to propose the motion for approving the award/honour. If the nominator is a member of Council she or he may be invited by the Immediate Past President to provide this introduction.

Following discussion, a secret ballot is to be conducted. If Council is meeting in person this is to be via a voting slip. Alternatively, if Council is meeting by teleconference the voting is to be conducted electronically and anonymously. The Executive Director is to consolidate the votes and advise Council of the result. The motion is adopted when at least two thirds of members of Council present support the motion.

This award is subsequently to be referred to the AGM for approval.

4.4.4. Form of the Award

Honorary Members will receive a lifetime of complimentary membership subscription.

4.4.5. Recipients

2006 Roger Kilham
2005 John O'Dea
2002 Peter Gage
2001 Patricia Coyle
1999 Sir Gustav Nossal
1997 Ronald D Miller, James Eisenach
1995 Sven E Gisvold, Joachim Gravenstien, Dorothy Ffoulkes-Crabbe
1994 John Broadfield, Roger Eltringham
1993 Jack Moyers, Felicity Reynolds, Thara Tritrakarn
1988 Ronald Jones
1987 Alastair Spence, A Barry Baker
1986 Robert Merin
1984 John Nunn
1983 F Richard Ellis
1982 Richard Kitz
1981 Peter Baskett, Robert Boas
1980 Kenneth Leighton
1979 Arno Hollmen
1978 John Gibbs, Stanley Feldman
1977 John Downes, Gaisford Harrison
1976 Eugene Cohen
1975 Gordon McDowall
1974 Michael Rosen
1973 Cedric Prys-Roberts
1972 Otto Mayrhofer-Krammel, Margaret Rose, D Lampard
1971 D M Turner, Ronald Katz
1969 Emanuel Papper
1968 James Eckenhoff
1967 Hideo Yamamura
1966 Svante M Holmdahl, Himson Mulas
1965 H Barrie Fairley
1964 C Ronald Stephen, Victor Goldman
1963 G Jackson Rees, Michael Rex
1962 John Eccles, Marion Jenkins, Michael Johnstone
1961 Thomas Gray, William Wylie, Kaye Godfrey, Richard Walsh
1960 Francis Foldes, Ian McLelland
1959 William Mushin
1958 Lucien Morris

- 1957 Geoffrey Organe, Geoffrey Kaye
1956 Prof Ewing
1955 John Gillies
1953 Bernard Johnson, Gilbert Brown
1952 S A Smith, Alan Holmes à Court
1951 Robert MacIntosh, A Charles King, Mark Lidwill, K M Bowden, Jose Avellanal, Mario Gamboa, Guillermina Olite
1947 Zebulon Mennell
1946 Lurette McMechan
1945 Ralph Waters, Paul Wood
1935 Joseph Blomfield, Henry Featherstone, Christopher Hewer, Francis McMechan, Ivan Magill, Rupert Hornabrook

4.5. Pugh Award

4.5.1. Background

In 1997, the William Russ Pugh Sesquicentenary Committee in Tasmania offered a medal to commemorate the sesquicentenary of William Russ Pugh's first use of anaesthesia in Australia, in Launceston. The medal was first awarded in 2002 to Prof John Severinghaus of the USA.

4.5.2. Terms of reference

The Award is made to an individual who has made an outstanding contribution to the advancement of the science of anaesthesia, intensive care or related disciplines.

4.5.3. Nominations process

Nominations will be accepted from any two members of the ASA. Nominations must be received at least 20 days prior to a Council meeting, directed to the Executive Director and marked "confidential". They must be supported by a written submission specifically describing the achievements of the nominee and the significance of their achievements. The nomination should also be accompanied by the nominee's curriculum vitae.

Nominations are to be circulated to Council members at least 14 days prior to their consideration at a scheduled meeting. Council without guests is to consider the motion. The Immediate Past President is to introduce each nomination to Council by summarising the merits of the nominee and to propose the motion for approving the award/honour. If the nominator is a member of Council she or he may be invited by the Immediate Past President to provide this introduction.

Following discussion, a secret ballot is to be conducted. If Council is meeting in person this is to be via a voting slip. Alternatively, if Council is meeting by teleconference the voting is to be conducted electronically and anonymously. The Executive Director is to consolidate the votes and advise Council of the result. The motion is adopted when at least two thirds of members of Council present support the motion.

4.5.4. Form of the Award

Recipients of the award will receive a medal in the form of a bronze cast of a portrayal of William Russ Pugh by Peter Cortlett and Ray Norman and a citation. The award will be presented at a time and place determined by the President.



Pugh medal (front)



Pugh medal (back)

4.5.5. Recipients

2007	William Runciman
2006	Michael Cousins
2002	John Severinghaus

4.6. Presidents Award

4.6.1. Background

This was established and first awarded in 1992. The first recipient was Dr John Roberts.

4.6.2. Terms of reference

The award is made by the President, Vice President and Immediate Past President to a member who has made a significant contribution to the affairs of the ASA.

4.6.3. Nominations process

Individual members may forward recommendations for the President's Award directly to the President. Recommendations and nominations are then considered by the President, Vice President and the Immediate Past President in private. Council is advised of those nominees who receive the unanimous support of the President, Vice President and the Immediate Past President.

4.6.4. Form of the Award

Recipients of the award will receive a medal and citation. The award is presented at a time and place determined by the President.



4.6.5. Recipients

2007	Reginald Cammack
2005	David Fenwick, Andrew Mulcahy, H Des O'Brien, Gregory Purcell, Nigel Symons
2002	Steven Kinnear, Haydn Perndt
2001	Dennis Hayward
2000	Peter Hales, Alec Harris
1999	John Lodge

1998 Michael Hodgson
1996 John Matheson, Rodney Westhorpe
1994 Jeanette Thirlwell
1993 Gregory Deacon, Peter Lillie
1992 John Roberts

4.7. Australian Society of Anaesthetists (ASA) Medal

4.7.1. Background

The ASA Council introduced the ASA Medal in 2006.

4.7.2. Terms of reference

The medal is awarded to an individual who has made a significant contribution to the specialty or the profession. The medal may be awarded to members or non-members and may be awarded for achievements in Australia or internationally.

4.7.3. Nominations process

Nominations will be accepted from any two members of the ASA. Nominations must be received 14 days prior to a Council meeting, directed to the Executive Director and marked “confidential”. They must be supported by a written submission specifically describing the achievements of the nominee and the significance of their achievements. The nomination should also be accompanied by the nominee’s curriculum vitae.

4.7.4. Award process

On receipt of the nomination the Executive Director is to refer the submission to the next Council meeting. The Council will consider the nomination out-of-committee initially. If two-thirds of members support the submission in out-of-committee considerations the Chair of Council is to place the submission as an item of business for the current Council Meeting. On achieving a positive motion to award the ASA Medal, the President will notify the recipient of the honour. The ASA Medal will be presented at a time and place determined by the President.

4.7.5. Form of the Medal

The ASA Medal consists of a bronze medal accompanied by a certificate. Recipients’ names are placed on an Honour Board in the National Headquarters.



ASA Medal (front)



ASA Medal (back)

4.7.6. Recipients

2006 Nerida Dilworth

4.8. Certificate of Appreciation

4.8.1. Terms of reference

The certificate of appreciation is awarded to an individual deserving of recognition for assistance to the ASA in some form. This may be through a significant single event or rendered over a period of time.

4.8.2. Nominations process

Nominations will be accepted from two members of any State/Territory Committee of Management, ASA Committee, Subcommittee or Working Group and accompanied by a short outline of the reasons for awarding the Certificate.

Nominations will be considered at any meeting of the Executive. If the Executive Committee resolve that the Certificate be awarded the recipient will be notified by the President.

4.8.3. Form of the Award

The recipient will receive a certificate.

4.8.4. Recipients

2006 Richard Bailey
2005 Martin Culwick, Mark Sinclair
2004 Michael McGrath
2002 Wayne Morriss, Ray Cook, Nigel Symons

4.9. Past President's Medal

4.9.1. Terms of reference

A medal, being a replica of the President's Medal, will be presented to each President of the ASA on retirement from office.

4.9.2. Form of the Award

The Past President's medal shall be presented at the NSC dinner or other appropriate occasion. Past Presidents will have their name entered on the Presidents' Honour Board, a photograph on display in the ASA Boardroom and receive personal complimentary NSC registration.



President's medal



President's Honour Board

4.9.3. Recipients

2008 Richard Clarke
2006 Gregory Deacon
2004 James Bradley

2002	Michael Hodgson
2000	Rodney Westhorpe
1998	Walter Thompson
1996	Gregory Wotherspoon
1994	John Hains
1992	John Richards
1990	John Ashton
1988	Benedict Barry
1986	Ian Steven
1984	Donald Maxwell
1982	Robert Hare
1980	David McConnel
1978	Peter Brine
1976	Brian Pollard
1974	P Maplestone
1972	Malcolm Newland
1970	R Spiers
1968	Patricia Wilson
1966	Brian Dwyer
1965	Margaret McClelland
1964	R Bennet
1963	Loenard Shea
1962	R Lewis
1960	J Barker
1958	T Crankshaw
1956	J McCulloch
1954	Mary Burnell
1953	E Gandevia
1952	S Marshall
1951	A Robertson
1950	D Renton
1949	Ernest Beech
1947	R Orton
1947	Harry Daly
1946	Gilbert Troup
1939	Gilbert Brown

4.10. Ben Barry Medal

4.10.1. Background

Dr Benedict (Ben) Barry was the inaugural editor of the Society's Journal, *Anaesthesia and Intensive Care*. While he was Honorary Secretary of the ASA, Dr Barry personally investigated the cost of publication of the Journal, sought quotes for printing and approached and gained assurance of financial support in the form of advertising from the HCI. With the assistance of a small Editorial Committee he launched the Journal in 1972 and remained its Editor for ten years. The award of the Ben Barry Medal was suggested by Dr John Roberts to the Editorial Board in 1995. The award was first conferred on Dr Barry in 1996.

4.10.2. Terms of reference

The award is made on occasion to an individual in recognition of an outstanding contribution to the Society's Journal, *Anaesthesia and Intensive Care*.

4.10.3. Nominations process

Nomination is made by the Editorial Board and recommended to Council for approval.

4.10.4. Form of the award

The recipient will be presented with a medal.



Ben Barry medal (front)



Ben Barry medal (back)

4.10.5. Recipients

- 2006 Barry Baker
- 2005 John Roberts
- 2000 Jeanette Thirlwell, Noel Cass
- 1996 Benedict Barry, Brian Horan, Thomas Kester Brown

4.11. NSC Citation

4.11.1. Terms of Reference

The Citation is awarded to the following for their contribution to the NSC:

- The NSC Convenor
- The NSC Scientific Program Convenor
- The Organising Committee (each member receives a copy)
- Any others who have made an outstanding contribution to the NSC

4.11.2. Form of the award

The NSC Convenor, the NSC Scientific Program Convenor and any others who have made an outstanding contribution to the NSC shall each receive a citation (in a scroll). The NSCOC shall receive one framed citation for their contribution. The NSC Citation is the only framed award presented at the AGM or NSC Dinner.

4.11.3. Recipients

Please consult the *NSC Handbook* for past Convenors and past Scientific Convenors.

4.12. Editorial Board Citation

4.12.1. Terms of reference

In 2006, the ASA Council approved that this Citation be awarded to retiring members of the Editorial Board, for services rendered to the Society through membership of the Editorial Board.

4.12.2. Nominations process

Nomination is made by the Editorial Board and recommended to the Council for approval.

4.12.3. Form of the award

Recipients will receive a citation (in a scroll), to be presented at an appropriate occasion. Their names will be entered on an Honour Board to be established and displayed in the ASA Headquarters.

4.12.4. Recipients

2008 Alan Bond

Kester Brown

Tess Cramond

John Ditton

Aldo Dreosti

Malcolm Fisher

Alastair Forbes

D Galletly

David Gibb

Anthony Ilsley

John Keneally

Teik Oh

John Overton

John Paull

Phelim Reilly

Walter Thompson

David Tuxen

L.R.G. Worthley

Robert Wright

5. AWARDS, PRIZES AND RESEARCH GRANTS

5.1. Guidelines

5.1.1. Preamble

The ASA Awards, Prizes and Research Grants have been developed to assist, motivate and recognise the application, expertise and scholarship of ASA members and some others. Please consult the “Terms of Reference” and “Format of Entry” for each award, prize or grant to identify the specific conditions associated with each particular award, prize or grant.

Applicants can apply for more than one award, prize or grant in the same year, but can only receive one award, prize or grant per year, with the exception of the Gilbert Troup Prize. Awarding of the Gilbert Troup Prize does not preclude receipt of other awards or prizes in the same year. They may also apply for any award, prize or grant even if they have had a successful previous application for that award, prize or grant. However preference will be given to applicants who have not previously been awarded the relevant award, prize or grant.

The “major” ASA Awards, Prizes and Research Grants (Jackson Rees Research Grant, and in the past GE Healthcare/ASA Research Grant and the Abbott/ASA Research Grant) have been particularly well received as “start up” awards for those going on to further research, where the receipt of an ASA award has helped establish a “track record” which has facilitated further funding. To that end, each adjudicating panel should be mindful of the desirability of funding “new” researchers where comparable applications are received.

5.1.2. Format of Applications

Applications can be received by hard or electronic copy. Application forms and information concerning the “Terms of Reference” and “Format of Entry” for each award, prize or grant will be available on the ASA website or by contacting the Secretariat. All applications should be submitted to the Executive Director by 1700 (close of business) on (or before) 30 June each year.

All applications will include some or all of the following information, as determined by the Chair of the APRG Committee from time to time:

- a. The name of the applicant (and co-workers, if applicable)
- b. Email, postal and telephone contact of the applicant
- c. The applicant’s departmental and/or academic positions
- d. The name of the project
- e. The aims of the project
- f. The applicant’s curriculum vitae
- g. Details of the applicant’s previous research record
- h. Written and signed confirmation that the work being presented was and will be performed by the applicant
- i. Advice by the applicant as to whether they have previously been awarded any ASA award, prize or grant
- j. The names and telephone numbers of three referees
- k. Where appropriate, a statement confirming Ethics Committee approval

In addition to the above, some applications will need to be accompanied by further information, as determined by the Chair of the APRG Committee from time to time:

- l. A more detailed description of the proposed project, with a synopsis, background, research, analysis and conclusion
- m. An assessment of the relevance of the project, particularly in terms of its clinical application and any future follow up research
- n. A letter of support from the applicant's supervisor, academic Head or Head of Department (HOD)
- o. A detailed budget for the proposed project, including initial assessment of the technical and other assistance desired. The budget must be endorsed by an academic Head or HOD
- p. Advice as to the availability of other supporting equipment and / or technical assistance

5.1.3. Contact with Sponsors of Awards or Grants

Recipients of awards, prizes and grants are to be advised in their letter of notification to liaise directly with the ASA on all aspects of their award, prize or grant. It is inappropriate for recipients to contact sponsors. All enquiries are to be managed through the Chair of the APRG.

5.1.4. Post Research Report

Recipients of research awards or grants are required to provide a synopsis of their research findings to the ASA Council annually with a final report at the completion of the project. When appropriate, Council may invite recipients to present their report at a subsequent NSC. Should a research project be considered by Council to be highly meritorious the ASA will fund travel and accommodation associated with the presentation.

Please refer to each award, prize and grant for specific requirements.

5.1.5. Adjudicating panels

All applications for each award, prize and grant (except the Best Paper Award and Seruvatu Medal) will be considered by panels of at least three adjudicators, appointed by the Chair of the APRG Committee. The Chair of the APRG Committee may be a member of the adjudicating panels. Each adjudicating panel will comprise members of the Society or other suitably qualified individuals who are able to advise the Chair in relation to each particular award. Where an award, grant or prize relies on funding from the HCI (e.g. Diners Club, Abbott/ASA Research Grant, Smiths/ASA Fellowship and LMA PacMed) a representative from that company may also be invited to adjudicate, as determined by the Chair of the APRG Committee

The membership of each adjudicating panel will remain anonymous, but the adjudicators will be acknowledged appropriately each year. All recommendations of the members of each adjudicating panel will be conveyed to the Chair of the APRG Committee who shall advise applicants and the ASA Council in relation to successful and unsuccessful applications.

5.1.6. Administration

All applications should be acknowledged by the Executive Director on receipt. The Chair of the APRG Committee should advise both successful and unsuccessful applicants of the decision of the adjudicating panel in sufficient time to allow attendance to receive their respective awards at the NSC. The Executive Officer will ensure that each successful applicant is invited to attend the subsequent NSC at their own expense (with the exception of the Smiths/ASA Young Investigator Awardees) to be presented with the award, prize or grant. Presentations usually are made at the ASA AGM, NSC dinner or elsewhere as determined by the President and the NSC Organising Committee. A subsequent ASA Newsletter and the ASA Annual Report should include names, photos and other relevant information pertaining to the recipients. All payments of awards should be made by the Financial Controller no later than six weeks after the ASA NSC.

A full listing of past awards is available at Annex A at the end of Section 5.

5.1.7. Timetable

November	Executive Director/APRG Committee Chair confirm awards and monetary value
February to June	Executive Office to ensure advertisements and email broadcasts sent
30 June	Deadline for applications to be received by the Executive Director
June	APRG Committee Chair to establish adjudicating panel for each award, prize and research grant
Late July – Early August	Adjudicating panels to notify recipients of awards to APRG Committee Chair
Early - Mid August	APRG Committee Chair to advise applicants and Council of successful and unsuccessful applications
Late August	Executive Officer to coordinate recipients' presentation details
September to October	Awards presented to recipients during NSC
November	Financial Controller ensures prizes have been paid
December	Report of presentations in Annual Report and ASA News

5.2. ASA PhD Support Grant (2005 -)

5.2.1. Background

The Council approved the ASA PhD Support Grant Bylaw in 2005, in order to assist members of the Society to complete PhDs. Application is open to ASA members only.

5.2.2. Terms of reference

Preference will be given to applicants who can demonstrate that their research will advance the safety, delivery or efficacy of anaesthesia whilst having a favourable impact on society as a whole.

The grant may be used to purchase or lease equipment, facilities or material; fund administrative or scientific support; offset research and other expenses or fund travel and accommodation. The recipient must provide a written report to the Council within six months of completion of the funded activity.

5.2.3. Value

The Grant is funded from Society consolidated revenue and the amount is agreed by the Council. Currently, successful applicants will receive a cash grant of up to \$10,000 each. Up to two Grants may be awarded annually.

5.2.4. Format of applications

See "Format of applications" (above). Applications will address the information listed in points (a) to (p) (above).

5.2.5. Form of the award

The grant comprises a certificate and financial support up to \$10,000 per recipient.

5.2.6. Past Recipients

2008 Nolan McDonnell and Richard Riley
2007 Phillip Peyton
2006 Allan Cyna and Paul Soeding

5.3. Diners Club/ASA Award (2003 -)

5.3.1. Background

The award was established in 2003 and first awarded in 2004.

5.3.2. Terms of reference

The aim of the award is to assist an ASA member to further their professional development by gaining further experience in anaesthesia or a related discipline. The award monies can be used for travel, accommodation, living expenses, research expenses, equipment purchases or similar outlays. The award must be expended within 12 months of being awarded. The recipient must provide a written report to Council within six months of completion of the funded activity.

5.3.3. Format of applications

Applicants must provide:

- A one page written submission with supporting documents outlining how the award would assist in furthering their experience.
- Description of the main activities proposed.
- Personal and patient benefits the applicant anticipates will be achieved through the award.
- Proposed timetable and locations to be visited, if applicable.
- Proposed budget.
- Whether the applicant is intending to undertake the award in conjunction with any other award or grant.

Applications will also address the information listed in points (a) to (k) (above).

5.3.4. Form of the award

As a result of the affiliation of the ASA with Diners Club, Diners Club provides \$5,000 for an award to be provided by the ASA. The award currently comprises a certificate and credit to the value of \$5,000 on a Diners Club card and is awarded annually.

5.3.5. Past Recipients

2009 Maryanne Balkin
2008 Usha Padmanabhan
2007 Steven Cook
2006 Bradley LaFerlita
2004 Glen Hawkins

5.4. Smiths/ASA Young Investigator Awards (1984 -)

5.4.1. Background

The Boots/ASA Young Investigator Awards were first awarded in 1984. They were initiated through sponsorship by Boots Healthcare Australia, subsequently Boots / Portex, now Smiths Medical. In 2005, the title of the award was changed to reflect the latest change in business name to “Smiths/ASA Young Investigator Awards”.

5.4.2. Terms of reference

The agreement between Smiths Medical Australasia and the ASA for the award will be reviewed every year.

The Smiths/ASA Young Investigator Awards provide the opportunity for young investigators working in the fields of anaesthesia, intensive care and pain medicine to attend the NSC of the ASA for the purpose of presenting a research paper.

Applicants must be ASA members who are working in the field of anaesthesia, including intensive care and pain medicine, in recognised institutions.

They must be trainees or specialists who have not held their specialist qualifications for more than five years by the closing date for applications (30 June) each year.

In recognition of the sponsorship of the awards by Smiths Medical Australasia, the ASA will provide:

- Acknowledgement of the sponsorship in the NSC Programme
- Acknowledgement of the sponsorship at the AGM during the presentation of awards
- An annual report on the awards in the ASA Newsletter
- One complimentary full-page colour advertisement provided by Smiths in the November/December edition of the ASA Newsletter

5.4.3. Value

Smiths Medical Australasia will fund up to three awards each year up to the value of \$9,000.

5.4.4. Format of applications

Applicants should provide the full text of the proposed ten minute presentation (approximately three A4 double-spaced typed pages) detailing the methods, results and discussion.

- The applicant should have completed the majority of the investigation in Australia, and not have been a previous recipient of the award
- Applications will also address the information listed in points (a) to (h) (above)

5.4.5. Form of the awards

Each award is comprised of a certificate and a cash prize for three persons to the value of \$5,000, \$3,000 and \$1,000 respectively for recipients judged first, second and third by the adjudicating panel. They are awarded annually. The awards will be presented during the NSC, usually prior to the ASA's Annual General Meeting.

5.4.6. Past Recipients

2009 Vanessa Percival, Katrina Webster, Daniel Lane
2008 James Griffiths, Megan Stait
2007 Maryanne Balkin, Anna McDonald, Chris Mitchell
2005 James Griffiths, David Carman
2003 Hock Lye Tan, Taposh Chatterjee, Sudharshan Karalapillai
2002 Sally Troedel, David McElroy, David Samford, Kevin Parry
2001 Thomas Gale, Sarah Armarego
2000 Michael John Veltman
1999 Christopher Reid, Ellice Hammond, Michael Boquest, Ajay Kumar, Su-Jen Yap
1998 Tony Cho, Colin Goodchild, Elean To, Robert Grace
1997 Susan Lord, Sharon Tivey, Robert Law
1996 David Andrews, Jenny Wheelahan, Karin Jones, Deborah Wilson, Stephen Watts
1995 George Chalkiadis, Julie Clarke
1994 Graham Libreri, James Milross, Stewart Montano, Michelle Mulligan, Mark Priestley
1993 Suellen Walker, Mark Tuck, Richard Halliwell
1992 Peter McCall, David Cook, Michael Henderson, Phillip Mayne, Chris Sparks
1991 Joseph Brimacombe, Michael Kluger, Paul Myles, David Riley, Jane Stahl
1990 Neville Gibbs, Dermot Murphy, John Myburgh, Grant Turner, Rowan Molnar
1989 Peter Dawson, Jeremy Foate, Kate Leslie
1988 Roman Kluger, David Murrell, Michael Paech, John Reeves, Jeffrey Taylor
1987 Michael Reid, Christine Ball, Jane McDonald, Yahya Shehabi

- 1986 Raymond Colman, Phillip Graukroger, Harry Owen, Anthony Sutherland
1985 Derrick Selby, Ronald Woodey
1984 David Hillman, Donn Ledwidge, Christopher Cain, Navaratnam Sivanewaran

5.5. Jackson Rees Research Grant (1963 -)

5.5.1. Background

The Jackson Rees Research Grant commemorates the visit to Australia in 1963 of the late Professor G. Jackson Rees. Following his visit as the Official Visitor of the ASA for that year, he donated a sum of money to the ASA which was placed in a fund entitled the Jackson Rees Research Fund and used, with supplementation from ASA funds, to support a research grant. Application is open to ASA members only.

5.5.2. Terms of reference

The grant is awarded for research projects in anaesthesia or related disciplines such as resuscitation, intensive care or pain medicine and is awarded every two years.

Recipients of the Jackson Rees Research Grant will be expected to provide an annual progress report of the research project and to make a final report as a presentation during the scientific programme of a subsequent NSC.

5.5.3. Value

The grant is provided from the Jackson Rees Fund, with supplementation from ASA funds. The value and conditions of the grant are determined every two years by the ASA Council and reviewed on a regular basis, and at least four yearly. Alternate sources of funding for a particular project are not precluded. At the discretion of the adjudicating panel, more than one application may be supported, should the grant total monies not be exceeded.

5.5.4. Format of entry

See "Format of applications" (above). Applications will address the information listed in points (a) to (p).

5.5.5. Form of the grant

The grant comprises a certificate and a cash amount of \$20,000. It is awarded once every two years.

5.5.6. Past Recipients

- 2009 James Griffiths and Myles Conroy, Christopher Hugh Mitchell
2007 Andrew Davidson
2005 Allan Cyna
2003 Craig McCutcheon
2001 David Wilkinson, Colin Royce, Alistair Royce
1999 Christopher Orlikowski, Ian Cooper
1995 John Loadsman, Julia Fleming
1993 Mark Schneider, Geoffrey Dobb, Stephen Valentine, John Peacock
1991 Patricia Goonetilleke
1987 Robert Webb, William J Russell
1985 Anthony Quail, Peter Moore
1983 C Nancarrow, Laurence Mather, William Runciman, Anthony Ilsley
1981 William J Russell, Derek Frewin
1979 Peter Wilson
1977 John Stapleton, Laurence Mather
1975 John Paull

1972 Thomas Lambert
1970 Tom Torda
1968 Gordon Harrison

5.6. Kevin McCaul Prize (1978 -)

5.6.1. Background

This prize commemorates the late Dr Kevin McCaul who was, for many years, the Director of Obstetric Anaesthesia at the Royal Women's Hospital, Melbourne. He had a major and lasting influence on obstetric anaesthesia throughout Australia. The prize was instituted in 1978 on the occasion of his retirement as Director.

5.6.2. Terms of reference

The prize is administered by the ASA and is offered to ASA members who are registrars in training or junior specialists within two years of obtaining a higher qualification in anaesthesia.. The prize is awarded for a written paper, critical review or essay on any aspect of anaesthesia, pain relief, physiology or pharmacology, with particular reference to the female reproductive system.

5.6.3. Value

The value of the prize is determined by the ASA Council following recommendation from the APRG Committee. Currently the value is \$5,000. The conditions of the prize are determined by the ASA and reviewed on a regular basis, at least every two years.

5.6.4. Format of entry

Applications will address the information listed in points (a) to (h) (above).

The paper should be in a format which would be acceptable for publication in a medical Journal.

5.6.5. Form of the prize

The prize comprises a certificate and monies of \$5,000. The prize is awarded annually.

5.6.6. Past Recipients

2008 Nolan McDonnell and Matthew Keating
2007 Matthew Newman
2006 Sudharshan Karalapillai
2005 James Black
2004 Fergus Davidson
2003 Cameron McAndrew
2000 George Caponas
1998 Richard French
1997 Brian Spain
1991 David Riley
1988 Robertson Burgess
1985 Andrew Day
1983 Felicity Hawker
1982 Bernard Kwan

5.7. Gilbert Troup ASA Prize (1956 -)

5.7.1. Background

The Gilbert Troup ASA Prize commemorates the contribution to Australian anaesthesia by Dr Gilbert Troup of Perth, Western Australia. Dr Troup was the second President of the ASA, from 1939 to 1946. Established in 1956 and first awarded in 1957, the Registrar's Essay Prize (later renamed the Gilbert Troup Award) is the ASA's oldest award - only Honorary Membership existed as an honour before it. The name was changed to the "Gilbert Troup ASA Prize" in 1963, due to the pre-existence of a Gilbert Troup Prize in West Australia.

5.7.2. Terms of reference

The Council, at its meeting in October 2002, changed the requirements for the prize such that it is to be awarded annually to the paper adjudged as the "best paper" presented during the Gilbert Troup ASA Free Paper Session(s) at the NSC. One or more free paper sessions at each NSC shall be designated as Gilbert Troup ASA Prize Free Paper Sessions. Applicants submitting free papers for acceptance at the NSC may elect to be included for consideration for the Gilbert Troup ASA Prize. The 'Call for Abstracts' for the NSC will include an option for inclusion in the Gilbert Troup ASA Prize session.

Free papers submitted for inclusion in the Gilbert Troup ASA Prize session must be based on original research performed in Australia. The principal content of the paper must not have previously been presented at a national meeting in Australia. The presenter must be one of the authors of the paper. Inclusion for consideration of the Gilbert Troup ASA Prize does not preclude receipt of other awards or prizes, unlike other awards, grants or prizes. There will be sufficient free paper sessions nominated as Gilbert Troup Prize ASA Free Paper Sessions to accommodate all papers so submitted. The presenters will be given up to ten minutes to present their paper which will be followed by a question and answer session that will last up to five minutes. The author(s) will be invited to submit a manuscript of the prize-winning paper to *Anaesthesia and Intensive Care*.

5.7.3. Adjudicating panel

The Chair of the APRG Committee appoints an adjudicating panel of three before the NSC to adjudicate the best free paper.

5.7.4. Value

The financial value of the prize is \$5,000.

5.7.5. Format of entry

Papers submitted for assessment for the Gilbert Troup ASA Prize will be in the format required for free papers submitted for acceptance for presentation at the NSC

5.7.6. Form of the prize

The prize includes a medal, known as the Gilbert Troup Medal. It shall be announced and awarded by the Education Officer or the President at an appropriate time during the NSC. The author(s) will be invited to submit the prize-winning paper to *Anaesthesia and Intensive Care* for assessment for publication.



Gilbert Troup medal (front)



Gilbert Troup medal (back)

- 5.7.7. Past Recipients
- 2009 Robyn Gillies and Margaret Perry
 - 2008 Alicia Dennis
 - 2007 Paul Soeding
 - 2006 Colin Chilvers
 - 2005 Brendan Silbert
 - 2004 Andrew Davidson
 - 1999 Julia Fleming
 - 1997 Richard Waldron
 - 1996 T C Kester Brown, John Roberts, Walter Thompson
 - 1994 Alan Stern
 - 1993 Dennis Hayward
 - 1991 Lawrence Ferarri
 - 1990 Kate Leslie, Haydn Perdnt
 - 1988 Sydney Giddy
 - 1987 Tom Torda
 - 1986 Walter Thompson
 - 1984 Richard Willis
 - 1983 Rodney Westhorpe
 - 1982 Peter Kempthorne
 - 1979 Gregory Knoblanche
 - 1978 Peter Brownridge
 - 1975 Andrew Black
 - 1973 David Gibb
 - 1971 Paul Gaudry
 - 1970 John Paull
 - 1969 Richard Catchlove
 - 1968 Michael Marsh, Brian McKie
 - 1967 John Russell
 - 1966 Ronald Thiel
 - 1965 Barbara Slater, Ian Angus
 - 1963 Marshall Barr
 - 1958 Brian Crawshaw
 - 1957 Judith Nicholas

5.8. Jeanne Collison Prize (2007 -)

5.8.1. Background

The Jeanne Collison Prize for Outstanding Research in the Fields of Anaesthesia and Pain Management was established in 2007 following the bequest of \$50,000 by Dr Neville York in memory of his wife Dr Jeanne Collison who was a member of the ASA for 52 years. The bequest provides a prize every second year. The ASA is the custodian of the bequest and will administer it in accordance with this Bylaw.

5.8.2. Terms of reference

The short title of Jeanne Collison Prize for Outstanding Research in the Fields of Anaesthesia and Pain Management is the Jeanne Collison Prize. The Prize is awarded biennially to recognise excellence in original research within Australia in the fields of anaesthesia and pain management. Applicants will be ASA members either with an interest in or sub-specialising in pain management or intending to enter this sub-specialty. The Jeanne Collison Prize will be announced at an appropriate time at the closest NSC.

5.8.3. Value

The value of the Jeanne Collison Prize is \$5,000. The Jeanne Collison Prize is awarded biennially.

5.8.4. Format of entry

See "Format of entry" for research grants under "Guidelines".

5.8.5. Form of the Jeanne Collison Prize

The Jeanne Collison Prize comprises a certificate and financial payment of \$5,000.

5.8.6. Past Recipients

2009 Elizabeth Hessian

5.9. "Anaesthesia and Intensive Care" "Best Paper" Award (1997 -)

5.9.1. Background

The award was originally suggested in 1996 by Dr Dennis Hayward. Further discussions at Editorial Board meetings in 1997 led to the formation of the initial working party and allowed for the inaugural presentation of the award at the October 1998 NSC. The initial award covered original articles published in the 1997 calendar year.

5.9.2. Terms of reference

The award will be presented to the paper that contains the following criteria:

- Scientific content – appropriateness, methodology, quality of measurements, etc.
- Originality.
- Relevance to the practice of anaesthesia, intensive care and pain medicine.
- Presentation - quality of prose, style, figures, tables etc.

5.9.3. Adjudicating panel

The Editorial Board appoints an adjudicating panel of three of its members annually to adjudicate the Best Paper Award. The decision must be made by June of the following year to allow for preparations for presentation at the NSC to be made.

5.9.4. Value

A monetary prize of an amount recommended by the Editorial Board and approved by the ASA Council is awarded to the first author only. This is currently \$2,000.

5.9.5. Format of entry

Qualifying papers are identified and assessed by the adjudicating panel.

5.9.6. Form of the award

The award comprises certificates which are awarded to each author. The monetary prize is awarded to the first author following the NSC and is awarded annually. The award is presented following the presentation of the paper during the Editor's Session at the NSC, which is chaired by the Chief Editor of "Anaesthesia and Intensive Care" a or nominee. Return airfares, accommodation for one night and travel allowances are provided for the first author to attend the NSC. They are only entitled to complimentary registration to the Editor's Session.

5.9.7. Past Recipients

2008 Lewis Fung
 2007 RR Kennedy RR and MM Sakowska
 2006 Kwok Ho
 2005 Kwok Ho, H Ismail, K C Lee, R Branch
 2004 Chris Hayes, A Armstrong-Brown, R Branch
 2003 B Johnson, L Sleigh, I Kirk, M Williams
 2002 A Pollock, E Langton, Karen Couchman, K Stowell, Mark Waddington
 2001 J Binder, W Parkin
 2000 D Fabijan, Richard Morris, G Murray
 1999 Paul Myles, J Hunt, H Holdgaard, Roderick McRae, Mark Buckland, John Moloney, J Hall, Michael Bujor, Donald Esmore, B Davis, D Morgan
 1998 Richard Burstall, Frederick Wegener, Chris Hayes, G Lantry
 1997 Warren Ngan Kee, K Lam, P Chen, Tony Gin

5.10. Seruvatu Medal (1997 -)

5.10.1. Background

The award honours Dr Seresa Seruvatu who was one of Fiji's earliest and most distinguished anaesthetists. He worked in several Pacific region countries and was elected to Honorary Fellowship of the Faculty of Anaesthetists, Royal Australasian College of Surgeons in 1972. The first Seruvatu medal was awarded to Dr Narko Tutuo from the Solomon Islands in 1997.

5.10.2. Terms of reference

The award is made to the anaesthetist who obtains the highest mark in the Diploma of Anaesthesia examination at the Fiji School of Medicine. The qualification is obtainable through the Pacific Anaesthesia Training Program (PATP) in association with the Fiji School of Medicine.

5.10.3. Form of the award

The award comprises a medal, known as the Seruvatu Medal, which is presented at the Fiji School of Medicine graduation ceremony.



Seruvatu medal (front)



Seruvatu medal (back)

5.10.4. Past Recipients

2007	Fonmanu “Safu” Manuelli
2002	Mary Tuke
2001	Luke Nasedra, Alani Tangitau
1999	Vandhana Chetty
1998	Uate Babitu, Salendri Mati
1997	Narko Tutuo

5.11. Nerida Dilworth Prize (1987 -)

5.11.1. Background

This prize was first proposed by the Committee of Management (COM) of the WA Section of the ASA in 1985 as the “ASA Registrar Prize”. It was decided to name this prize in honour of Dr Nerida Dilworth. The first award was made in 1988 for a presentation in 1987. Dr Dilworth generously endowed the prize. In 2005, Dr Dilworth further endowed the prize, allowing up to two awards to be made each calendar year. Dr Dilworth has presented the prize on most occasions.

5.11.2. Criteria

Registrars are assessed by a committee on their significant contribution, which can be one or more of the following acts:

- Excellent presentation of scientific material at a WA State Meeting
- Active participation in a special area of either the ASA or ANZCA including, but not limited to: Socio-economic, Administration, or a specific task(s) undertaken at the direction of the ASA or ANZCA
- Outstanding performance associated with the responsibility and commitment to the training of other staff

The assessment committee reserves the right to withhold presenting the prize if the standard of excellence in none of the above criteria are met.

5.11.3. Procedure for Assessing Candidates for the Prize

Registrars will be notified at the beginning of each period that such a prize is awarded and the basis on which the award is made. Notification will be made individually and by general advertisement in WA. The assessment committee will consist of two nominees from the ASA WA COM and two nominees from the WA Regional Committee of ANZCA. The nominees will usually, but not always, be selected from the Chairs, Vice-Chairs, Secretaries or Continuing Education Officers. The Chair of the Assessment Committee shall be decided by a vote from within the Committee. If the Assessment Committee is unable to reach a majority decision in support of one applicant the Chair of the Assessment Committee is to make a unilateral determination on behalf of the Committee. If possible, the prize shall be awarded to a single registrar and not shared between two registrars. The Assessment Committee will decide the basis of the assessment of the prize in consultation with the ASA WA COM and the WA Regional Committee of ANZCA.

The Chair of the ASA WA COM is to endorse the Assessment Committee’s recommendation and as a matter of courtesy notify the Chair of the Awards, Research Grant & Prizes Committee of the federal ASA as soon as practical thereafter.

5.11.4. Administration

The ASA HQ holds in perpetuity the original cash grant (together with interest) for the payment of the Prize. Each year the ASA Annual Report includes a note on the accrued value of the Prize. The ASA WA COM will apply for funds for payment of the Prize through the Executive Director of the federal ASA. This will be organised so the Prize will be available for presentation at the time of announcing the recipient of the Prize.

5.11.5. Value

The value of the Prize is approximately \$400 per period.

5.11.6. Adjudication

See Appendix 10.3 for adjudication guidelines.

5.11.7. Past Recipients

2009	Angela Palumbo
2008	Adrian Regli, Ana Licina
2007	Rik Kapila, Russell Clarke
2006	James Bromilow
2005	Bhavesh Patel
2004	Lukas Tan
2003	Jodi Graham, Jason Wells
2002	Bruce Hullett
2001	Tim Hadlow
1998	Tessa Myer
1996	George Chalkiadis
1992	Chris Johnson
1990	P Graziotti
1989	Robert Marjot
1988	J Pracilio
1987	Richard Riley

5.12. Western Australia ASA/ANZCA Gilbert Troup Prize (1962 -)

5.12.1. Background

The Australian Society of Anaesthetists (Western Australian Section) and the Australian and New Zealand College of Anaesthetists (Western Australian Regional Committee) Gilbert Troup Prize in Anaesthetics commemorates the West Australian anaesthetist Dr Gilbert Troup who was the Second President of the ASA and a pioneer in the establishment of Anaesthesia as a separate discipline in Western Australia. The prize was initially awarded for many years under the auspices of the Australian Society of Anaesthetists and from 2001 has been awarded as a joint prize with the Australian and New Zealand College of Anaesthetists.

5.12.2. Objectives

The prize should foster medical student teaching of anaesthesia, its related disciplines and perioperative medicine. It should raise awareness of the speciality and its image among medical students and recent graduates.

The ASA (WA) / ANZCA (WA) Gilbert Troup Prize is awarded by the appropriate Board of Examiners of the University of Western Australia to the student who obtains the highest mark for the assessment in anaesthesia in IMED6681.2 Surgery Part 1 / IMED6682.2 Surgery Part 2 in the course for the degree of Bachelor of Medicine and Bachelor of Surgery. The assessment will be for the year in which anaesthesia is taught and examined.

5.12.3. Notification

Having determined the successful candidate, the Board of Examiners notifies the Australian Society of Anaesthetists (Western Australian Section) and the Australian and New Zealand College of Anaesthetists (Western Australian Regional Committee) together with the successful candidate.

5.12.4. Value

The value of the prize is determined by the Australian Society of Anaesthetists (Western Australian Section) and the Australian and New Zealand College of Anaesthetists (Western Australian Regional Committee) and is funded jointly and equally. Currently (2009) the value is \$500.

5.12.5. Form of Prize

The prize consists of a certificate and money or book voucher. The prize is awarded annually. The prize is presented at the annual presentation of prizes for the Faculties of Medicine and Health Science. Representatives of the Australian Society of Anaesthetists and the Australian and New Zealand College of Anaesthetists are invited to present the prize to the successful candidate.

5.12.6. Past Recipients

2007	Daniel Anderson
2006	Natalie Campman
2005	David Graeme
2004	Sarah Young
2003	Kavitha Subramaniam
2002	Hui Loh
1998	Emily Gianntti
1997	Dean Peter Klimczak
1995	Pamela Barrett
1994	Su Peung Ng
1992	Sani Erak
1991	Andrew McQuillan
1989	Garth Oakley
1988	Leah Power
1987	Michael Veltman, Paul Langton
1986	Michael Watson
1985	Eric Visser
1984	Giuseppe Cardaci
1983	Joe Kosterich
1982	Myra Brown
1981	Julian Adler
1980	Richard Sallie
1979	Peter Leedman
1978	Rosemary Craen
1977	William Ward
1976	Kenneth Williams, Mark Platell
1975	David Prentice, Michael Hellings
1972	Raymond Lindsey

1971	Keith Black
1968	Joanne Payne
1967	David Durack
1966	Edward Keogh
1965	Agatha van der Schaaf
1962	Bernard Laurence

N.B. No prize was awarded in the following years: 1963, 1964, 1969, 1970, 1973, 1974, 1990, 1993, 1996, 1999, 2000, 2001.

5.13. ASA (Qld) Chairman's Registrars Prize (2009 -)

5.13.1. Background

The Qld Committee of Management of the Australian Society of Anaesthetists awards prizes to registrars on the basis of research/presentations to State CME meetings.

5.13.2. Objectives

The prize should both encourage research and raise awareness of the ASA amongst trainees.

5.13.3. Eligibility

The Prize is open to any registrar in the respective State or Territory who is a member of the GASACT (ASA) and/or an ANZCA trainee during the period of assessment. The registrar is required to be employed in a hospital in the respective State or Territory for the period under assessment.

5.13.4. Assessment and Presentation

The ASA State Committee of Management Registrar Prize is awarded either semi-annually or annually for the best paper submitted by a registrar at an appropriate State/Territory CME meeting. The Chairman (or delegate) in association with an adjudication panel (minimum 3 persons), determines the successful candidate based on a set of criteria, but with an emphasis on clinically relevant research. The Chair of the ASA State Section COM or a distinguished guest will present the Prize at a major State or Territory CME meeting or at the AGM of the ASA State Section.

5.13.5. Joint Awards

In the circumstance of prizes awarded jointly by the ASA Committee of Management and the ANZCA Regional Committee, an adjudication panel with representation from each of these committees as determined locally, will determine the successful candidate. The cost of the award will be shared in equal part.

5.13.6. Notification

Having determined the successful candidate, the Chairman notifies the Australian Society of Anaesthetists (and/or ANZCA) of the name of the successful candidate.

5.13.7. Value

The value of the prize is determined by the Australian Society of Anaesthetists State/Territory Committee of Management (or jointly with the ANZCA Regional Committee where appropriate). Currently the value is \$500.

5.13.8. Form of the Prize

The prize consists of a certificate and money or book voucher.

5.13.9. Adjudication

See Appendix 10.3 for adjudication guidelines.

5.14. ASA (Tas) Chairman's Registrars Prize (2009 -)

5.14.1. Background

The Tas Committee of Management of the Australian Society of Anaesthetists award prizes to registrars on the basis of research/presentations to State CME meetings.

5.14.2. Objectives

The prize should both encourage research and raise awareness of the ASA amongst trainees.

5.14.3. Eligibility

The Prize is open to any registrar in the respective State or Territory who is a member of the GASACT (ASA) and/or an ANZCA trainee during the period of assessment. The registrar is required to be employed in a hospital in the respective State or Territory for the period under assessment.

5.14.4. Assessment and Presentation

The ASA State Committee of Management Registrar Prize is awarded either semi-annually or annually for the best paper submitted by a registrar at an appropriate State/Territory CME meeting. The Chairman (or delegate) in association with an adjudication panel (minimum 3 persons), determines the successful candidate based on a set of criteria, but with an emphasis on clinically relevant research. The Chair of the ASA State Section COM or a distinguished guest will present the Prize at a major State or Territory CME meeting or at the AGM of the ASA State Section.

5.14.5. Joint Awards

In the circumstance of prizes awarded jointly by the ASA State Section and the ANZCA Regional Committee, an adjudication panel with representation from each of these committees as determined locally, will determine the successful candidate. The cost of the award will be shared in equal part.

5.14.6. Notification

Having determined the successful candidate, the Chairman notifies the Australian Society of Anaesthetists (and/or ANZCA) of the name of the successful candidate.

5.14.7. Value

The value of the prize is determined by the Australian Society of Anaesthetists State/Territory Committee of Management (or jointly with the ANZCA Regional Committee where appropriate). Currently the value is \$500.

5.14.8. Form of the Prize

The prize consists of a certificate and money or book voucher.

5.14.9. Adjudication

See Appendix 10.3 for adjudication guidelines.

5.15. Dr Wally Thompson Prize (2009 -)

5.15.1. Background

The Australian Society of Anaesthetists (Western Australian Section) and the Australian and New Zealand College of Anaesthetists (Western Australian Regional Committee) Prize in Anaesthetics will be awarded as a joint prize. It will be awarded for the first time in 2010.

5.15.2. Objectives

The prize should foster medical student teaching of anaesthesia, its related disciplines and perioperative medicine. It should raise awareness of the speciality and its image among medical students and recent graduates.

5.15.3. Assessment

The Dr Wally Thompson Prize will be awarded by the appropriate Board of Examiners of the Notre Dame University to the student who obtains the highest mark for the assessment in anaesthesia. The assessment will be for the year in which anaesthesia is taught and examined.

5.15.4. Notification

Having determined the successful candidate, the Board of Examiners notifies the Australian Society of Anaesthetists (Western Australian Section) and the Australian and New Zealand College of Anaesthetists (Western Australian Regional Committee) together with the successful candidate.

5.15.5. Value

The value of the prize is determined by the Australian Society of Anaesthetists (Western Australian Section) and the Australian and New Zealand College of Anaesthetists (Western Australian Regional Committee) and is funded jointly and equally. The value will be \$500.

5.15.6. Form of the Prize

The prize consists of a certificate and money or book voucher. The prize is awarded annually. The prize is presented at the annual presentation of prizes for the Faculty of Medicine. Representatives of the Australian Society of Anaesthetists and the Australian and New Zealand College of Anaesthetists are invited to present the prize to the successful candidate.

5.15.7. Past Recipients

5.16. ASA Best Poster Presentation Prize (2007 -)

5.16.1. Background

The ASA Best Poster Presentation Prize was introduced in 2007 to recognise the contribution by delegates through their posters at the National Scientific Congress.

5.16.2. Terms of Reference

The Prize is to be awarded annually for the best Poster Presentation at the NSC by a delegate. The objective of the Prize is to encourage delegates to present scientific research in a clear, concise and visually attractive manner. Posters submitted must be based on original research.

All poster presentations will be eligible. The principal content of the poster must not have previously been presented at a national meeting in Australia. The format and medium of the poster is at the discretion of the delegate.

5.16.3. Adjudicating Panel

The Chair of the APRG Committee will appoint an adjudicating panel of a Chairman and up to three before the NSC to review the Posters and adjudicate the best Poster. The criteria for the best Poster will be determined by the Chair of the APRG prior to the panel commencing its assessment.

A formal presentation to the adjudication panel is required. The format of the presentation is for the presenter to provide a brief summary of the research for up to three minutes, followed by a question and answer session of up to eight minutes. The process will be controlled by the adjudicators, but questions will be encouraged from observers.

5.16.4. Format of Entry

At the “Call for Abstracts” for the relevant NSC, applicants are required to nominate their free paper as either an oral or poster presentation for consideration by the Scientific Programme Committee. All free papers in either form of presentation are to comply with the “Entry requirements” as outlined in “Guidelines”. None are automatically accepted for presentation. The Posters accepted for presentation will automatically be eligible for the prize.

5.16.5. Form of the Prize

Subject to the adjudicating panel’s decision three awards may be made. They are: first prize (Certificate and \$1,000), second prize (Certificate and \$500) and third prize (Certificate).

The Prize recipients will be announced and awarded by either the Past President, Education Officer or the President at an appropriate time during the NSC.

5.16.6. Past Recipients

2009 Ian Woodforth, Matthew Newman, Woonkwan Hyun
2008 Paul Soeding
2007 Somrat Charuluxananan

Annex:

A. Past Awards, Prizes and Research Grants

Annex A to Chapter 5 - Past Awards, Prizes and Research Grants

Abbott/ASA Research Grant (1994 – 2008)

1. Background

The Abbott/ASA Research Grant was established in 1994 and first awarded in 1995. Application is open to ASA Members only. This Grant was suspended in 2008.

2. Terms of reference

The grant is designed to facilitate research and to promote innovation in the practice of anaesthesia and related disciplines within Australia.

Preference may be given to projects or studies likely to produce changes in anaesthetic practice, which will contribute to patient care, patient safety and/or the enhancement of anaesthesia.

3. Value

The value of the grant is by agreement between the ASA and Abbott Australasia. The agreed value of the award was \$40,000. The grant is awarded annually. At the discretion of the adjudicating panel, more than one application may be supported, should the grant total monies not be exceeded.

4. Format of applications

See “Format of applications” (above). Applications will address the information listed in points (a) to (p).

5. Form of the Award

The Award was discontinued in 2007. In 2009 Abbott Australasia sponsored one of the ASA PhD Research Grants to the value of \$10,000 as a “one off” agreement.

6. Past Recipients

2008	Michael Paech
2007	Guy Ludbrook
2006	Robyn Gillies
2005	Harry Owen, David Olive
2003	Colin Royse, Michael Paech
2002	Margaret Perry, John Christoudolou, B Bennetts, Neil Street, Guy Ludbrook, Pamela Macintyre, Andrew Davidson, Robyn Stargatt
2001	David Storey, Stephanie Proustie
2000	Colin Royse, Clare Hanavan
1999	Michael Barrington, Mark Reeves
1996	Paul Myles
1995	Rowan Molnar

GE Healthcare/ASA Research Grant (1978 – 2006)

1. Background

The GE Healthcare/ASA Research Grant was first established as the CIG Medishield/ASA Research Grant in 1978. In 2004, the name was changed to GE Healthcare/Datex-Ohmeda/ASA Research Grant to reflect an organisational name change. A further organisational change in 2006 saw a change to the GE Healthcare/ASA Research Grant. The GE Healthcare/ASA Research Grant was suspended in 2007.

2. Terms of reference

The grant was awarded annually to support original research and development within Australia by ASA Members, in a field that is relevant to the interests of GE Healthcare.

GE Healthcare had the right to appoint a suitably qualified expert representative to the adjudicating panel. Recipients of the GE Healthcare/ASA Research Grant were expected to provide an annual progress report and to make a final report as a presentation during the scientific programme of a subsequent NSC.

3. Value

The value of the grant was by agreement between the ASA and GE Healthcare. This agreement was reviewed on a regular basis and at least every three years. The final agreed value of the award was \$30,000 with an additional moiety of up to \$10,000 in technical support. The grant was awarded annually.

4. Format of applications

See “Format of applications” (above). Applications were required to address the information listed in points (a) to (p).

5. Form of the award

The grant comprised a certificate and financial support up to a total of \$40,000.

6. Past Recipients

2006	Michael Barrington
2005	Rowan Molnar
2004	Philip Peyton, Christopher Stuart-Andrews, Gavin Robinson
2003	Andrew Davidson
2002	Kate Leslie, Paul Myles, Kimberley Irwin, Leonard Lee, Andrew Pybus, Uma Srinivasan
1999	Colin Royse
1995	Kate Leslie
1993	Neil Warwick, Torda, Graham
1991	Anthony Ilsley
1990	John Zelcer, Elizabeth Sonnenberg, Jeanette Lawrence
1987	Harry Owen
1984	William J Russell, M R Haskard, D E Mulcahy, D E Davey
1981	C Bertram, Jeanette Lawrence, Andrew Pybus
1979	David Crankshaw

6. EXPENSES AND TRAVEL

6.1. Guidelines

The reasonable expenses of the ASA Council, members of committees, office bearers or ASA staff incurred in connection with the performance of their ASA duties will be paid by the ASA (unless otherwise stated). The following conditions apply:

- Travel is to be authorised in advance, through the ASA HQ, by the relevant committee chair.
- The expense of travelling from his/her place of practice or home and return, including the cost of an economy class airfare will be claimable.
- Directors of the ASA and the Chair of the EAC are entitled to business class air travel when the direct flying time between airports at their residence and the ASA business meeting exceeds or equals an average of three and a half hours or six hours if flying to or from New Zealand.
- Business class air fares may be approved for international travel involving at least six hours flying time.
- The cost of accommodation, meals and incidentals for ASA members and staff travelling on ASA business will be reimbursed in accordance with the Australian Taxation Office's 'reasonable benefits'. These rates are promulgated annually and adopted automatically after promulgation.
- Members and staff are requested to use preferred hotels (ones that the ASA has negotiated competitive accommodation rates).

Procedures for travel administration and reimbursement are detailed in the ASA HQ's Travel Policy. Advice on travel policy is available from the Executive Officer of the ASA. A copy of the Travel Policy will be forwarded to each ASA office bearer on appointment. The ASA will reimburse reasonable expenses incurred by an office bearer's discharge of duties on behalf of the ASA. As a principle, the most economical and direct method of travel should be planned.

6.1.1. Specific travel and accommodation arrangements for the NSC

There are a number of business meetings held in conjunction with the ASA NSC each year. Members may only claim expenses if they attend, present or report at one or more of the following meetings:

- Council,
- AGM,
- GASACT, or
- Common Issues Group (CIG)

Additionally, specific office bearers are entitled to claim the following during the NSC:

Office Bearer	Travel Claim Entitlement
President	To attend Council and every day of the NSC while holding office. To facilitate the President's attendance at his/her schedule of commitments, the President may elect to be accommodated on site at the NSC preferred hotel.
Immediate Past President	To attend Council and every day until and including the day of the presentation of Awards and Prizes at AGM
Chief Editor	To attend Council and every day of the NSC while holding office
Treasurer	To attend Council and every day until and including the day of the AGM

Chair of the EAC	To attend Council and every day until and including the day of the AGM
Chair of the PIAC	To attend Council and every day until and including the day of the AGM

6.2. GASACT members travel expenses to Common Issues Group (CIG) Congresses

The benefit of interaction with international peers is recognised by the ASA, particularly with respect to members of the GASACT attending congresses held by societies who are members of the CIG. Conversely, the ASA wishes to recognise international registrars from CIG societies through supporting their attendance at the NSC.

The ASA offers complimentary registration to the NSC annually to one registrar (or anaesthetist under specialist training) from the Association of Anaesthetists of Great Britain and Ireland (AAGBI), American Society of Anaesthesiologists (ASA-US) and the Canadian Anaesthesiologists' Society (CAS).

In return, each of the AAGBI, ASA-US and CAS will provide complimentary registration for one member of GASACT each year to attend their national meetings.

The level of funding for GASACT travel to these overseas conferences will be reviewed by Council annually to ensure it is appropriate. One third of these gross funds will be allocated to travel to each of England, Canada and the United States. If GASACT select only one member to attend a meeting, that member will receive one-third of the gross funds. If more than one member is selected to attend a meeting, one-third of the gross funds will be divided between the selected members. Funding for a meeting lapses if it is not used.

Members of the GASACT are required to write to the President, through the Chair of GASACT, to request funding support. The letter should outline the benefit that attendance by the member will provide to the ASA.

The GASACT Committee will select the members to receive the travel support. If more than one applicant requests support for the same meeting, the GASACT is to forward the letters of request to the President together with their recommendations. It would be highly unusual for a GASACT member to receive support on more than one occasion to attend an international congress or for more than one GASACT member to be supported to attend the same congress.

Recipients of financial support are required to provide a post visit report to the Council within 28 days of their return home.

The Executive Director is the approval authority for GASACT international travel support and the reciprocal complimentary registration for trainees from CIG societies.

6.3. Travel Entitlements for National Scientific Congress Office Bearers

The following table summarises the entitlements for budget planning and travel for office bearers involved in the central planning of future NSCs. From time to time additional travel may be required. Requests should be made in writing to the Executive Director for consideration by the President and Treasurer.

Office Bearer	Site Visit pre-Contract	Site Visit pre-NSC	NSC	ASM
NSC Officer	2 days	2 days	5 days	2 days
SPC Officer	0	2 days	5 days	2 days
HCI Officer	0	0	1 day	0

6.3.1. Explanatory Notes:

- Registration for meeting is paid by members
- Travel entitlement is economy class air
- Accommodation and allowances are at the prevailing published ASA rates and only for actual expenditure

Number equates to number of days and night's travel entitlement (eg, 1 = one day and night)

6.4. International Invited Speakers for the National Scientific Congress – Interstate Visits

International Invited Speakers (IIS) are invited by the President to present at the NSC and undertake an interstate lecture during their visit to Australia. The NSC is responsible for expenses of the IIS to and from the NSC and while at the NSC. The President is responsible for expenses associated with an interstate visit and presentation to ASA members.

IIS are approached 24 to 18 months in advance of the NSC which is before the ASA's budget is approved for the period in which the IIS interstate visit will occur. This Bylaw provides standing budget approval for IIS interstate visits by the Executive Director, within guidelines, in advance of Council's subsequent annual budget approval.

The following guidelines apply to IIS interstate presentations:

- There may be up to three IIS interstate visits per NSC.
- Visits may occur before or after the NSC.
- The presentation must be hosted by a State Committee of Management.
- The IIS interstate visit funding is capped at \$12,000 per NSC and is to cover:
 - Each State visit (approximately \$4,000).
 - Travel (limited to economy class).
 - Accommodation and living expenses (not to exceed the standard provided to members of the ASA Council).
 - One hosted dinner for the IIS (and partner if applicable) supplemented for the guest(s) and host(s) (not to exceed \$1000).

7. POLICIES AND PROCEDURES

7.1. Recognition of Partners of Council Members

Council members and chairmen of senior committees who report to Council provide their time pro bono for the benefit of their colleagues. An honorarium is provided only to the President to partially offset the life style constraints and to acknowledge the significant interruption to their economic and family arrangements.

Partners of Council members are affected through the absence of their spouse at meetings and functions as well the time taken away from family matters to deal with ASA correspondence and issues. Accordingly the Council of the ASA offers the following recognition to the partners of Council members. The benefit is restricted to that prescribed by Section 208 of the Corporations Act 2001. Currently the financial benefit is capped at \$5,000 for a related party (family members) of a Council member in the applicable financial year.

7.1.1. Benefits:

- Complimentary attendance at a 'Partners' Function' held concurrently with the annual Council meeting immediately proceeding the National Scientific Congress.
- Complimentary attendance at Council Dinners (usually held once a year).
- Complimentary return air travel for partners of members who serve on Council continuously for 24 months or more (at the same level of entitlement as their partner) twice a year to attend Council functions.

7.2. Complaint management

7.2.1. Introduction

Any complaint against the ASA or a member is required to be fully investigated and the outcome notified to those affected by the complaint. The ASA complaint handling procedure is derived from Clause 6.9.3 of the *ASA Constitution*. Specifically the Board of Directors may admonish, censure, suspend or terminate the membership of the member for dishonourable conduct or conduct derogatory to the ASA or conduct which is not in the best interests of the ASA or its members and (failure) to observe proper standards of professional care, skill or competence. There is an appeals process.

Complaints against members can originate from a variety of sources including:

- Patients and their relatives
- Hospitals
- Other medical practitioners
- Health funds
- Anaesthetists

The most common complaints received by the ASA Federal Headquarters generally relate to fees. Other matters that may be raised (but very infrequently) concern professional behaviour.

7.2.2. Complaint management principles

Reports or complaints may be in writing but are usually via telephone. All complaints should be referred to the Executive Director, including those made to a State/Territory COM. Subject to the complexity and seriousness of a complaint, the ASA may provide advice to the complainant. In complex situations the complaint may be referred to an ASA Committee, the ASA Council or a suitable expert qualified to investigate the complaint. All referred complaints must be written. The President must be informed of all serious complaints.

Complaints of a serious nature may have several components and these need to be investigated separately by the relevant bodies. The handling of a complaint by the ASA should not interfere, jeopardise or otherwise preclude any remedy at law that may be available either to the complainant or the member. There may exist circumstances in which it is not permissible or desirable that an investigation be handled by the ASA. In this case the Executive Director should seek a legal opinion on the most appropriate method of managing the complaint.

As a principle, complainants should address their issue directly with the individual or organisation they identify as the cause of their complaint. If that action is not successful the complaint should then be investigated by the ASA. A second principle is that natural justice must be applied in all situations. Thirdly, there must be no conflict of interest by the investigating members. Finally, the investigation of a complaint must be documented and records retained.

7.2.3. Procedure for investigation of a complaint

The complaint handling process must be absolutely transparent and follow these steps:

- a. The complainant is advised to discuss the case with the member concerned and hopefully resolve the issue
- b. Where this does not occur or where resolution is not obtained the complainant is requested to put the complaint in writing
- c. Upon receipt the letter is acknowledged and a copy of the complaint is sent to the relevant State/Territory Chair and President
- d. The State/Territory Chair must arrange for the investigation of the complaint, complying with the principles of natural justice
- e. It is preferable that the complaint be investigated by at least two members of the relevant State COM, one of whom is a permanent member of the state investigative panel

7.2.4. The members undertaking the investigation must:

- Provide the member with a copy of the written complaint
- Request a written response from the member
- Where appropriate interview the complainant
- Where appropriate interview the member
- Contact witnesses, review records etc

When the investigation has been completed letters should be prepared providing the complainant and member with the decision of the investigation. These letters should be sent to the Executive Director and the President before being forwarded to the complainant and member to ensure consistency in approach and that there are no legal issues to be addressed.

7.3. Management of Risk

The ASA Council is supported in the management of risk through a number of strategies and processes that are integrated into the Society's business practices. The Audit, Remuneration and Finance Committee (ARFC) is responsible to monitor the operational and financial performance of the ASA including reviewing the risk management strategies and insurance policies.

The ARFC is to consider, at least annually, the potential threats faced by the ASA and recommend the most appropriate management regime. The product of this review is the Risk Matrix. The latter is to be endorsed by the ASA Council.

Similarly the ASA's independent auditor is to be invited annually at the time of conducting the physical control check to comment on the appropriateness or otherwise of the internal controls in place to minimise misappropriation or fraud.

As a general principle the ASA will not undertake financial support of events or functions unless the activity:

- Is consistent with the Objects of the ASA and thus provides a benefit to, or is in the best interests of, members and:
- Is fully financially controlled by the ASA or the services provided to the ASA are through a legally enforceable agreement that the ASA Board has approved, or
- Is under the auspices of ACECC, and
- Provides financial statements at 24, 18, 12, 10, 8, 6, 4, 3, 2 and 1 months prior to the activity as well as an audited statement within three months of the conclusion of the activity.

The Executive Director as Company Secretary is empowered to enter into agreements for arrangements, goods or services that are:

- The result of an approved motion of the ASA Council or Executive Committee, or
- Identified in the approved ASA budget, or
- Not of a material nature.

7.4. Archives policy

7.4.1. Objective

The objective of the ASA archives is to collect, document, preserve, manage and make available the archival records of the ASA, its predecessors, successors and associated organisations.

Records are defined as the documents created to facilitate and record the transactions of an organisation or created by an individual in the course of their personal and professional life. Such records can be in any medium and may include, but are not limited to, paper, electronic and photographic formats. Records should be accompanied by sufficient contextual information (metadata) to allow permanent access to the information they contain.

To achieve this objective the ASA shall appoint an archivist. The ASA acknowledges the importance of professional training in archival management and the desirability of using a professional archivist to manage the day to day running of the archives. The archivist will report to the Executive Director.

7.4.2. The archivist is responsible for:

- Accepting archival material in accordance with the approved acquisition policy
- Identifying records of permanent archival value in the current and non-current records of the organisation and ensuring their long-term survival
- Arranging, describing and documenting the archival material to make it available for reference and research
- Administering the storage and retrieval of archival records and semi-current records, held both at the archives and in off-site storage
- Assisting the administrative staff to determine the retention periods for current records and their orderly transfer to the Archives, semi-current storage or appropriate disposal
- Creating or organising the creation of additional informational records of importance to the Society, including the collection of curriculum vitae of Presidents of the ASA and other notable members and office holders
- Attending HALMA meetings and providing advice and assistance as required

7.4.3. Location

The ASA archives will be located within the property owned or occupied by the ASA or an alternative agreed site. Storage areas provided will adhere as closely as possible to the environmental requirements for long term preservation of the archival records consistent with their format.

7.4.4. Acquisition policy

The ASA archives will accept the archival records of the ASA and of any predecessor or successor bodies and associated organisations.

7.4.5. Corporate, branch and committee records

Secretariat records identified as being of permanent archival value will be transferred to the archives when no longer needed for current use. Records will be retained that meet the legislative, legal and financial requirements of the ASA and provide an historical perspective on the ASA and its activities.

Records identified as being of permanent value may be transferred to the archives when no longer needed for immediate reference. Depositors should consult the 'Guidelines for Transfer' and the archivist before transferring records.

7.4.6. Donations

The archives will accept donations of records relating to the history and function of the ASA. Such donations may include; records in any format, photographs and memorabilia but should be clearly identified and documented. Donations will become the property of the ASA and the donor will be requested to assign ownership and copyright to the ASA.

The ASA retains the right to administer and display such donations as it sees fit and to de-accession or dispose of material deemed irrelevant to the purpose of the archives in accordance with agreements on the donation form.

Due consideration will be given to the personal privacy of individuals but donated material with excessive access restrictions will not be accepted.

The Archivist in consultation with the Council, Executive Director and individual donors will set access restrictions as necessary. In principle records more than thirty years old are available to researchers on request, while written permission from the Executive Director will be required for external researchers wishing to access records less than thirty years old.

No original material may be removed from the archives, and copying will be carried out at the discretion of the Archivist, with consideration given to conservation, privacy and copyright.

7.4.7. Dissolution of the archives

If the archives are to be wound up for any reason, records and artefacts held by the archives will either be transferred in their entirety to a public archival collection or returned to their creators or donors.

7.4.8. Guidelines

7.4.8.1. Transfer of State And Territory records to ASA archives

Records identified as of permanent value should be transferred to the archives when no longer needed for immediate reference. Only records created by the State or Territory and reflecting significant activities of that State or Territory need be transferred. Many records of value to the ASA are already captured at a Council or Secretariat level for example; Applications for Membership, Minutes of Council and Executive Committee meetings. Copies held at State level can be destroyed when no longer needed for reference.

The following should be held on the ASA's file server then transferred to archives on an annual basis, for example at the end of the financial year:

- COM – minutes (confirmed)
- COM – agenda papers
- Subcommittees – minutes (confirmed)
- State Newsletters
- Workshops & conferences organised at State or Territory level – programs, lists of attendees, proceedings (if available)
- Reports and submissions generated at State or Territory level

At their discretion State and Territories may also transfer:

- Photographs of State events & personalities
- Ephemera and memorabilia

The ASA retains the right to administer such transferred records as it sees fit and to de-accession or dispose of material deemed irrelevant to the purpose of the ASA's archives.

7.5. Board members' and key office bearers' professional development

The ASA, in exercising good governance, has a responsibility to ensure members of the Board and key office bearers are prepared for their roles. This is particularly relevant for media and leadership skill development.

Members who hold significant appointments within the ASA are entitled to attend externally delivered professional development programs. Up to six members will be funded each year subject to approval by the Executive Committee and notification to Council.

Applications should be made in writing or email to the Executive Director indicating the program objective(s), duration, cost and schedule. Applications are requested by 31 March each year for inclusion in the budget for the following financial year. The Executive Director is to ensure a provision is made in the ASA budget to cover the expense of this professional development each year. The Executive Director is to arrange payment for programs that are approved. Claims may be made in advance or arrears of attendance once the program is approved.

Members are required to provide a report following their development program indicating the strengths or otherwise of the program, key benefits derived from the program and lessons that are relevant for fellow Board members/key office bearers and the ASA.

7.6. Relation between the ASA and Health Care Industry (HCI)

7.6.1. Guidelines

This policy is based on ASA practice, a mutual agreement between the NZSA and the ANZCA and the Medicines Australia Code of Conduct guidelines. The Policy is necessary to ensure that the ASA follows a consistent approach with the HCI at a state and federal level. The ASA relies extensively on support from the HCI to facilitate education and scientific programs. In return the HCI is expected to obtain benefits from this support.

7.6.2. Approach to HCI

The long-term responsibility for liaising with the HCI will be through the Marketing and Sponsorship Committee (MSC). The MSC's responsibilities include establishing and maintaining close relationships with the HCI, amongst other sponsors, and providing a central single point of contact.

Individual approaches to HCI can create confusion and embarrassment to the ASA. Such approaches may also conflict with strategies or discussions being held with the relevant industry body. Accordingly, all ASA individuals, Chairs and Committees that are coordinating an ASA program are not to approach the HCI for sponsorship or other support without first obtaining the consent of the Chair of the MSC. This can be obtained through the ASA Secretariat by email or letter.

Sponsorship funding includes provision of benefits for program attendees including; venue facility, food and drinks; complimentary or subsidised use of material or an activity with a commercial value; subsidising the attendance of speakers (see below) and non-commercial arrangements for the lease of marketing booths at venues.

7.6.3. Sponsorship of speakers

The ASA endorses the jointly agreed HCI Policy Statement with the NZSA and the ANZCA. This statement is produced in full in the appendices.

7.7. Death of an ASA member

It is normal policy when the ASA is advised of the death of a member that the President will determine the most appropriate form of recognition. This will always include a note in the ASA Newsletter and where information is available, an obituary. Other levels of recognition, including participating in memorial services may be considered by the President.

The ASA does not place death notices unless the individual is an office bearer.

7.8. The ASA Logo

7.8.1. Background

The current ASA badge was adopted in 1978¹. It was the result of an extensive survey of members and a review of applicable motifs, emblems and coats of arms. The badge has subsequently been used as the Society's logo on publications and correspondence, as the centre for medals and certificates and generally on Society memorabilia such as ties and scarves. A trademark is held over the badge. This Bylaw describes the ASA badge and proscribes its use as a logo.

¹ Details on the design of the ASA Badge can be found in Hains J W. The Search for a Symbol. Anaesthesia and Intensive Care, Vol 15, No 1, February 1987 pp 99-106.



7.8.2. Description of the Logo

The badge component of the logo is depicted in Figure 1.



Figure 1 – ASA Badge

The badge consists of two colours: Pantone 871 and Processed Black. When employing the logo these, or colours as close as possible to these, should be used.

The ASA logo consists of the ASA badge with the title of the Society to the right. This is depicted in Figure 2.



Figure 2 – ASA Logo

Times New Roman font size 11 is the ASA preferred typeset and should be used wherever possible. The font may be in bold as appropriate.

7.8.3. Use of the Logo

The logo of the ASA may be used on appropriate documents and material for the benefit of the Society. Chairs of committees may endorse the use of the logo for specific events initiated by their committee. However, the logo cannot be used by another organisation without the approval of Executive Director on behalf of the Board of the ASA. Where the use of the logo is likely to be contentious the matter is to be referred to the Board.

The logo is to be used on all correspondence where it is appropriate to centralise the heading such as minutes, memoranda, Committee agenda, minutes, papers and submission etc. Formal letters and business cards will retain the Badge centrally with the title right aligned for the immediate future.

The logo does not include the term 'limited'. This term, together with the Australian Company Number (ACN), is required to be included in all formal external correspondence. In this case the full Society title is to be used and should be located on the document in a prominent position. An example is in Figure 3.



The ASA... representing Australian Anaesthetists, since 1934

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Figure 3 – Example of formal use of Logo on Letterhead

7.9. Suspension and termination of officer holder's appointments

7.9.1. The Board's power to suspend or terminate appointments

The Board of Directors of the ASA is responsible for the effective and good management of committees, working groups and ad hoc groups as well as representatives appointed by the ASA to represent the ASA within external organisations. Accordingly, the Board is empowered to appoint, suspend or terminate members' appointments to these various roles under Clause 6.5.17 of the *ASA Constitution*.

This Bylaw does not apply to Members of the Board. Members of the ASA appoint Directors at an AGM at the Federal, State or Territory level. The *ASA Constitution* does not empower the Board to rescind these AGM motions. Only actions breaching the Corporation Act are grounds for removal of a Board member (through a Commonwealth judicial process).

Accordingly, Office Holders are expected to stand aside when the continuation of their appointment has or may bring the good reputation of the ASA into disrepute. If, however, the Office Holder is unwilling to voluntarily stand down the Board of Directors may take action for the benefit of the ASA.

The Board may, at its discretion, take action when an Office Holder:

- Knowingly and deliberately fails to comply with the *ASA Constitution*, Company Objects, Bylaws or legally approved Board Determinations
- Fails to effectively perform the duties his or her office
- Abuses the rights and privileges of his or her office
- Is charged and/or convicted of a serious offence
- Is subject to a complaint or charge of a serious nature by a relevant medical board, medical tribunal, registration authority or similar legal body to the extent that the Board considers it inappropriate to continue in their role
- Acts in an unprofessional or unbecoming manner such that it is prejudicial, adverse or damaging to the good reputation of the ASA
- Acts contrary to the interests and culture of the ASA
- Who is a member of the Board, becomes prohibited as a director of a company by reason of any order made under a law of a state, territory or the Commonwealth of Australia

The Board's action to suspend or terminate an appointment is to be consistent with the *ASA Constitution*. This Bylaw is not to be read so as to vary, revoke or dilute the intention of the *ASA Constitution*.

Suspension or termination of the appointment of the Executive Director of the ASA is addressed in Clause 6.1.7 of the *ASA Constitution*.

7.9.2. Procedure

When the Board becomes aware that an Office Holder may have acted or taken action resulting in his or her appointment becoming subject to this Bylaw, the President will request a summary of the circumstances to be prepared by the Executive Director. The summary will be referred to all members of the Board by the most direct means after the President has reviewed it.

A "warning letter" may be issued to the Office Holder containing such terms as the Board may decide. This Letter may invite the Office Holder to demonstrate why he or he should not be suspended or terminated from his or her appointments.

Irrespective of a “warning letter” being issued, and a response received, the President may invite the Directors of the Board to consider a motion to suspend or terminate the appointment of the Office Holder. For such a motion to be successful the Directors of the Board will be given at least 14 days notice of the meeting (which may be a teleconference) and at that meeting a vote of not less than 75% of the Directors present must support the motion.

If the Board determines the Office Holder is to be suspended or terminated from his or her appointment this will be conveyed in writing as soon as practical after the Board’s determination. This letter will include the duration of the suspension and guidelines for an appeals process. The Board’s determination becomes effective immediately and is not stayed pending the outcome of any appeal.

7.9.3. Appeal process

An Office Holder who has his or her appointment suspended or terminated may appeal against the Board’s decision. An appeal must be made in writing within 14 days of being advised of the Board’s decision and provide the Board with:

- A synopsis of the reason for appealing
- Relevant conduct and practice of the applicant since the events that led to the suspension or termination of appointment
- Mitigating circumstances that the applicant considers the Board should consider
- Any relevant evidence of punishment imposed by any Court or other regulatory body on the applicant in relation to the events that led to his or her suspension or termination of appointments
- If applicable, evidence of remorse, contrition and acceptance of responsibility for the event or matter leading to the suspension or termination of appointment
- Any other information the applicant considers relevant

On receipt of the appeal the President will direct an Appeals Committee to consider the appeal. The Appeals Committee will be constituted, and follow the same practices, as specified in Clauses 6.9.5 to 6.9.8 of the *ASA Constitution*.

The Appeals Committee may make any relevant finding. The decision, including the grounds upon which the application has been rejected or accepted, will be notified to the Executive Director and the applicant within five working days of it being made. The decision of the Appeals Committee is final.

7.10. Complimentary registration for Past Presidents of the ASA

On 25 February 2005 the ASA Council recognised the contribution made by the ASA’s Presidents by approving complimentary registration for Past Presidents for future NSC’s.

A Past President is a member of the ASA who has been elected at an AGM of the ASA, and has served as Chair of the ASA Board and is serving, or has served, as the Immediate Past President.

Complimentary registration covers the cost of the registration for the NSC as advertised by the NSC website/brochure. Less than the full registration period may be requested by a Past President. Complimentary registration does not extend to travel, accommodation or social activities (unless the social activities are specified as part of the registration fee). The complimentary registration does not extend to partners nor is it transferable.

Complimentary registration for Past Presidents is administered through the NSCOC. Past Presidents may endorse their registration applications “Past President of the ASA” at the time of submitting their registration application. If online registration does not permit this endorsement the Past President should advise the ASA Headquarters of his/her registration requirements.

The ASA Headquarters will meet the cost of the complimentary registration. The Executive Director is to include an allowance for this registration when preparing the ASA Budget each year.

7.11. Officer Bearers communicating with the media

As the ASA is a national organisation there will be media issues arise that are of both local and national interest. Local issues may rapidly become national issues if they are sensational, emotive or current. The objective of this Bylaw is to optimise media opportunities for the benefit of the ASA.

While all ASA Office Bearers may speak to the media on issues relevant to their portfolio or appointment as an ASA representative, it is prudent that they clarify the current ASA position on the particular issue. This implies that, whenever possible, they contact the Executive Director at ASA Headquarters or President prior to communicating with the media. If this is not practical they should advise ASA Headquarters as soon after the interview as possible of the essence of the interview. This will ensure a consistent and appropriate position is established for the ASA.

NSC Conveners may use media releases to generate public and medical interest in the NSC and the papers being presented. These media releases should indicate embargo dates and times if this constraint is required.

Office Bearers are not required to respond to media requests for interviews if they feel unable to provide an appropriate response. They should advise ASA Headquarters accordingly and a decision to provide an alternative spokesperson or to decline the interview will be made.

If an Office Bearer is approached for a media comment they should establish the reason for the interview before committing themselves or the ASA to the interview.

The ASA may issue media releases which will usually be approved by the President or his/her representative.

7.12. Distribution of Board of Directors’ Meeting Minutes

Board Minutes (which are from either Council or Executive Meetings) are distributed to attendees as soon as practical after the President has approved them as ‘draft’. They are subsequently presented to the next Board (Council or Executive, respectively) meeting for formal approval. After formal approval the Minutes become the official record of the Board of Directors.

Board Minutes are to contain a caveat in the footer that states; ‘These Minutes are the confidential material of the Australian Society of Anaesthetists and are not to be further distributed, published or broadcast without the express permission of the Company Secretary’.

On standing down from the Board, past Board Members and Committee Chairs may be offered or request to continue to receive electronic copies of Council Minutes for a further two years, subject to Council approval.

7.13. Budget Process and Integrity

7.13.1. Introduction

Accountability for the development and management of the ASA budget process lies with the chairman of the various ASA committees and ASA officers who are 'account holders'. The budget is constructed from a 'zero basis'. Recurring expenditure and initiatives are identified and explained by the account holder. Once the budget is approved the account holder is responsible to ensure that the funds are expended in accordance with the original intention.

The following guidance applies to all chairman and officers of the ASA.

7.13.2. Budget Process

- Treasurer convenes a teleconference of cost centre account holders to explain the requirement for this coming budget preparation (early April)
- Committee Chair (account holders) draft their budgets (they receive last year's budget and expenditure to date; they are also to liaise with the ASA HQ departmental managers as part of this process) (mid April)
- Draft budgets are vetted by the Executive Director for consistency (mid May)
- Consolidated Budget is discussed by the Budget Review Working Group (BRWG) and recommendations on subscriptions, salaries, honoraria and fees are agreed (late May)
- Budget is presented by the Treasurer to the Council with recommendations if the BRWG is not able to reach unanimous agreement on all aspects of the draft budget (mid June)

7.13.3. Principles for Budget Preparation

The overriding requirement is to achieve budgetary integrity. The guiding principles are:

- Transparency - should be clear what is being requested and why it is being requested. This is to enable Council members who may be new or not be aware of sufficient corporate history to make an informed decision
- Accuracy – the process by which the costing was estimated should be explained
- Certainty – there should be a high degree of certainty that the projects for which funds are requested will be carried out during the period of the budget

7.13.4. Contingency and Overspending of Budget

As a general rule funds in excess of those budgeted cannot be spent. Committees will not have a 'contingency' fund. However, the Treasurer will manage a consolidated contingency fund. Funds from this source can only be approved by unanimous agreement of the President, Treasurer and the Executive Director.

Funds can only be spent on budgeted items. Committee chairmen cannot authorise moneys budgeted for one project to be transferred to another unbudgeted or under-budgeted project. The previous concept of spending the budget on any project as long as the total spend does not exceed the gross budget for a committee is not consistent with budgetary integrity.

8. GENERAL ADMINISTRATION

8.1. Pacific Island Visitor

8.1.1. Selection

The Overseas Development and Education Committee (ODEC) will make a recommendation to the June Council meeting each year of a suitable Pacific Island anaesthetist to be the Pacific Island visitor for that year. The ASA Council needs to confirm or otherwise the recommendation. The ASA will be responsible for inviting the Pacific Island Visitor in writing and informing them of the terms of appointment.

8.1.2. Terms of the Appointment

The Pacific Island visitor is required to attend the NSC and expected to make a contribution to the scientific programme. Whilst in the country an attachment should be organised by the ODEC for the Pacific Island Visitor to a hospital preferably in the same city as the venue for the NSC.

8.1.3. Funding

The ASA will be responsible for:

- Return airfares between the home of the Pacific Island Visitor and the venue of the NSC at economy rates
- Complimentary registration at the NSC
- Accommodation during the NSC
- A daily living allowance of \$80 including GST for the duration of the NSC

The ASA will consider funding an anaesthetist to act as a locum to allow the Pacific Island visitor to attend the NSC. The ASA will not be responsible for funding the hospital attachment. The ASA may seek funding from the HCI to support the visit or the Pacific Island visitor.

8.1.4. Organisation

The ASA Secretariat through the ODEC and the NSCOC is responsible for the organisation of the visit of the Pacific Island Visitor. A liaison person should be appointed by the ASA to look after the Pacific Island visitor during their visit.

8.2. Honoraria

8.2.1. Background

Honoraria are token payments in recognition of the significant time and effort undertaken by members of the ASA on behalf of the ASA. Honoraria are not intended to reimburse members for loss of earnings but they are recognised as income in the sense they are payment for services without a contract. Payments are taxable as income. No superannuation liability exists with the payment of an honorarium. If members are registered for GST their honorarium is paid inclusive of GST.

8.2.2. Honoraria process

Honoraria recipients will receive their honorarium payment prorated four times a year in retrospect of the previous quarter. If a member starts or ceases their appointment in a quarter they will be paid a pro rata value for the quarter based on the number of days they held the appointment in the quarter. Payments will be made by the last day of each quarter by the Financial Controller. Members are required to complete an acknowledgement of the honorarium with each payment.

The consideration of the Honorarium may be reviewed throughout the year and reduced or terminated by Council at the Council's absolute discretion.

8.2.3. Review Process

Each year in May the Honoraria rate is reviewed by the Audit, Remuneration and Finance Committee as part of the annual budget approval process. The rate is subsequently incorporated into the budget and recipients receive revised rates, as applicable from the September quarter, three months in arrears.

8.3. Scientific and Educational Earmarked Funds (SEEF)

8.3.1. Function of funds

Funds are maintained by the ASA to assist State and Territory Committees of Management to provide opportunities for the conduct of scientific and educational activities for members.

Scientific and educational activities encompass a broad range of opportunities. For the purposes of funding, an activity is one that is recognised as eligible for 'credit' under Continuing Demonstration of Competence (CDC), Continuing Professional Development (CPD) and Maintenance of Professional Standards (MOPS - ANZCA) for attending members, or one that provides a general educational benefit for members as determined by the ASA Council.

For efficacy, CME programs are commonly coordinated and managed in conjunction with the ANZCA through the ACECC.

However, this does not preclude the Council or State and Territory COM seeking ASA SEEF for specific scientific and educational activities to meet local needs.

8.3.2. Accounting

SEEF are held within the general ASA bank account. The balance of SEEF is reported in the *Annual Report* that is presented to members at the AGM.

The Executive Director at each face-to-face Council meeting reports the balance SEEF to date. State Chairs and the ANZCA President attend these Council Meetings. Only Council may approve the transfer of funds from the SEEF.

8.3.3. Seed funding

This Bylaw does not address seed funding, which is for joint ASA and ANZCA CME programs (under the auspices of ACECC). Seed Funding is maintained in a joint account managed by the ANZCA. These funds are sustained at \$20,000 per region with the ASA contributing half the amount. State Committees proposing to organise a CME program should coordinate the activity through ACECC for the seed funding. Interest from the seed fund account is returned to the ASA annually.

8.3.4. Application for ASA SEEF

A member of Council or Chair of a State and Territory COM wishing to initiate a local scientific or education program should apply in writing to the Executive Director. The application should address:

- Theme of the scientific or educational program or activity
- Clinical learning outcomes or benefits to the members of ASA
- If applicable, points for members for maintaining CDC/CPD/MOPS
- Location and date of program or timetable of activity
- Business model of forecast expenditure and revenue for the activity
- Amount of funding sought from the ASA SEEF

Applications will be presented to the next appropriate Council meeting for consideration. When considering the proposal, Council will examine:

- The value of the proposed scientific or educational activity in terms of meeting the Objects of the Society as described in the *ASA Constitution*
- The potential value to individual members and the ASA as a whole in proceeding with the proposal
- Relative equity of regional funding
- The proposed business model and return on investment for the ASA
- The balance of SEEF

8.4. ASA Benevolent Fund

The ASA may create a Benevolent Fund for the purpose of assisting anaesthetists, their families and dependants or any other person the ASA feels is in dire necessitous circumstances during a time of serious personal hardship.

8.5. Publication of ASA Board approved Position Statements

As part of the process of approval by the Board of Position Statements and, to a lesser degree Member Advisories, the approving Meeting (Council or Executive) will specify the level of circulation of the document at the time of approval.

Circulation levels for approved Board documents are below:

Level of Circulation	Circulation Method	Responsibility
Limited Usually applies to Member Advisory	Announcement on ASA Website Distributed by email to members Posted to ASA web page	Executive Officer
Usual	As above Published in the next edition of the ASA Newsletter Reported to ANZCA	Newsletter Editor Executive Director
External	As Above Distributed to: Specified Medical Colleges AMA Specified Medical Associations/Societies Specified Medical Defence Organisations Specified Health Service Providers Specified Government Ministers Specified Government Departmental Officers Others specified by the Board	Executive Director

8.6. LMA PacMed/ASA Visiting Fellowship

8.6.1. Background

This Fellowship was established and first awarded in 2004. LMA PacMed Pty Ltd previously provided funds for a Fellowship to be awarded to a member of the ASA in order to support their further professional development, by gaining further experience in anaesthesia or a related discipline by visiting or being attached to a Professorial or equivalent unit. In 2009 the Fellowship's terms of reference were amended to reflect a broader educational approach.

8.6.2. Terms of Reference

LMA PacMed Pty Ltd provides funds for a Fellowship to be provided to appropriate visiting speaker(s) to present one or more training sessions in urban, rural or remote Australia to further members' safe practice, and knowledge, of airway management. Speakers do not receive payment for their services.

The Visiting Fellowship is arranged by the ASA Education Officer to complement current educational activities organised by the ASA around Australia. The presentation may be integrated into a meeting or may be a one-off presentation supported by complementary practical activities.

Funding is available for travel, accommodation, daily allowance (ASA rates) and venue hire. Funding may be approved for ancillary equipment hire if requested and appropriate.

Visiting speakers are expected to be an ASA member or an anaesthetists who through merit is deemed suitable by the Education Officer to provide the presentation.

8.6.3. Management

The LMA PacMed/ASA Visiting Fellowship will be advertised in each edition of the ASA News (three per year) acknowledging the sponsorship provided by LMA PacMed. Applications will be invited from members and groups of members in each edition. The application will be assessed by the Education Officer on the following criteria:

The number of members who will obtain professional development from the presentation,
The uniqueness of the opportunity provided by the presentation.
The cost benefit of the presentation.

8.6.4. Value

The Fellowship is agreed between LMA PacMed and the ASA. The total value of the Visiting Fellowships is currently \$10,000.

8.6.5. Past Recipients

2008 Alicia Dennis
2007 Leonard Lee
2006 Elizabeth Prentice
2004 Peta Lorroway

9. FORMS

9.1. Appointment of Alternative Director

I, the undersigned, a Director of the Australian Society of Anaesthetists Limited ACN 095 377 370, exercise the power given to me by the Articles of Association of that company and appoint [insert name] of [insert address] to act as Alternate Director for me. This appointment takes effect *immediately/*on [insert date] and extends until *[insert date]
/ * revoked by me.

The appointed Alternate Director is authorised to attend *all meetings during that period/* the meetings of the Council to be held on [insert date] and to attend *all of that/those meetings/
* the part(s) of that/those meeting(s) addressing the question (s) of [insert].

Notice of meeting of the Board of Directors (Council) *is/*is not to be given to the person appointed by this notice.

Circulating resolutions *are/*are not to be sent to the person appointed by this notice.

.....
(Signature)

Dated this day of 2.....

.....
(Name IN BLOCK CAPITALS)

*Delete and complete as required

9.2. Consent to Act

Executive Director
Australian Society of Anaesthetists Ltd
Suite 603
Eastpoint Tower
180 Ocean Street
EDGECLIFF NSW 2027

Dear Sir,

Re: Consent to Act

I hereby consent to my appointment as a Director of the Australian Society of Anaesthetists Limited ACN 095 377 370. In accordance with the provisions of the Corporations Act, I submit the following details;

My Surname and Given names (in full) are:

.....
(Surname)
.....
(Given names)

My usual residential address is:

.....
.....

(c) My date of birth is: / / 19.....

(d) My place of birth:

(In Australia show suburb or town or city and State or Territory; outside Australia show town or city and country.)

Particulars of directorships held in public companies:

.....

If no other directorships are held, indicate so:

.....

(f) My professional occupation is:

Yours faithfully,

.....

(Signature)

Dated this day of 20.....

9.3. Proxy Form

To: The Executive Director
Australian Society of Anaesthetists Limited ACN 095 377 370

I,
of

being an Ordinary Member of the Australian Society of Anaesthetists Limited ACN 095 377 370

hereby appoint
of
or failing that person,
of
as my Proxy to vote for me and on my behalf at the Annual */Extraordinary General Meeting*

I direct that my proxy vote shall be as follows

.....
(Signature)

Dated this day of 2.....

*Strike out whichever is not applicable.