



**ASA**

*Serving Australian Anaesthetists for 75 years*

**Item No: 5**  
**AGM 070909**

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## REPORT OF THE PRESIDENT OF THE AUSTRALIAN SOCIETY OF ANAESTHETISTS FOR THE 68<sup>TH</sup> AGM – 7 SEPTEMBER 2009

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### **1. In memoriam**

During the past year we have lost two contributors to the Society and the anaesthetic community.

#### **Sydney Giddy OAM**

Past Victorian Committee of Management Chair Dr Giddy was recognised in 2008 with an OAM for his services to anaesthesia and the local Ballarat community.

#### **Dorothy Ffoulkes-Crabbe**

In 1995 Professor Ffoulkes-Crabbe became an Honorary Member when she was the ASA's Overseas Visitor to its National Scientific Congress in Melbourne. She was a great contributor to the WFSA and to anaesthesia in Western Africa.

### **2. Awards and Honours**

#### **Brian Pezzutti**

In the Australia Day awards Dr Brian Pezzutti was awarded the Conspicuous Service Cross for outstanding achievement.

#### **Stephen Gatt**

In May Professor Stephen Gatt was awarded the Fellowship of the Royal College of Anaesthetists in recognition of his outstanding contribution to anaesthesia worldwide.

### **3. Office Bearer changes**

Dr Andrew Schneider completed his two-year term as the Victorian Chairman and was succeeded by Dr Antonio Grossi. Andrew's lively contribution to Council meetings is missed. Queensland Chairman Dr Paul Cook has just completed a three-year term and has been replaced by Dr Gerry Turner. Similarly Paul's contribution, particularly his informative reports, will also be missed.

Dr Aileen Donaghy completed her time as Chair of Salaried Specialist Advisory Committee her contribution over the last five years has been greatly appreciated. Professor Stephen Gatt has taken over the renamed Public Patient Advisory Committee (see below).

### **4. 75th Anniversary**

WA - A/Prof. David A. Scott

SA & NT – Dr Steve Bolsin

### **5. Activities**

This year has represented an unprecedented phase in government consultation keeping not only the headquarters but also many committee members very occupied. I wish to thank all those that have contributed to these submissions that include:

- a. National Registration & Accreditation Scheme (NRAS)** – The NRAS represents a most radical change to medical registration and accreditation. The Society lobbied both independently and jointly with the AMA and other professional associations. Whilst a number of changes have been made there are still concerns over the power the Ministerial Council will have in relation to accreditation standards for medical education and training. If changes are not made then quality and safety of medical care will be in jeopardy. The current *Health Practitioner National Regulation Law 2009* requires amendment in each State to ensure that

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medical accreditation and training is driven by appropriate standards not by workforce supply. The other major area for concern is that of mandatory reporting – the thresholds, the implications for the reporter and the management of reported registrants.

- b. National Health & Hospital Reform Commission (NHHRC)** – The final report has been released and essentially has many recommendations – over 150 – around the goals of access and equity, a redesigned healthcare system and a flexible and improving system. The direct implications of this report remain to be seen
- c. National Maternity Services Review** – To date has not directly affected anaesthetic practice.
- d. Draft Code of Professional Conduct** – The Code has now been promulgated with some changes as a result of consultation.

Other activities have included our ongoing interaction with other professional bodies:

- e. ANZCA** – We have continued to communicate with the College on a regular basis to ensure that we are aware of each other’s opinions and are able to work collaboratively on issues of mutual interest. Whilst we do not necessarily agree on all issues we are mindful that there is no benefit in contradiction.
- f. NZSA** – We have continued to work closely since last year’s successful CSC in Wellington. We now have reciprocal membership registration arrangements at continuing education meetings run by the Societies.
- g. CIG** – This annual meeting, this year in Vancouver, with the Presidents and Vice Presidents of the AAGBI. The CAS and the ASA (US) continue to provide us with valuable information.

## **6. Finances**

The last year has represented unprecedented time in the financial world that has required not only difficult investment decisions but also stringent budgetary measures. This resulted in only a small budget deficit. I wish to congratulate our Honorary Treasurer, Michael Tuch, for his continuing dedication and assiduous management of our finances. Financial Controller Ms. Christine Ingate and Executive Director Mr. Peter Lawrence have ably supported him.

## **7. Anaesthesia and Intensive Care**

The Journal continues to thrive however there are some changes to the Editorial Board. Dr Alan Duncan will retire as Chief Editor. Dr Rod Westhorpe will retire from the Editorial Board in September but will continue to contribute the Journal cover note and photos. Dr Michael Corkeron has been appointed as a new Intensive Care Editor. The appointment of a new Chief Editor is reaching conclusion.

## **8. Committees**

- a. EAC** – Andrew Mulcahy and his committee have had another busy year as can be seen from his report. The activities of this committee are broad and recently have included workshops for practice managers. These have been very successful and are free to members’ practice managers.
- b. PIAC** – Jim Bradley has continued his stewardship of the committee providing stimulating debate, contributions to the various submissions and revision of our Position Statements.
- c. ODEC** – Rob McDougall and his committee have continued to support anaesthesia (both service and education) in Fiji despite the difficult environment. Their other activities benefit not only the South Pacific but also Mongolia.
- d. SSAC** – Staff specialist conditions for each state and territory have been updated on the website. Due to the changing face of practice in the public sector and the blurring at the margins with public patients being moved from the public to the private sector it was felt that a broader approach to the issues faced by those in the public sector. A new committee as foreshadowed earlier in my report is being formed under the chairmanship of Professor Stephen Gatt is now seeking members.

- e. **Workforce & Survey** – The report by Access Economics jointly commissioned by the ASA and ANZCA was completed. Richard Grutzner’s analysis highlighted the difficulty in the collection and interpretation of such data for such long periods into the future. The ASA will continue to monitor workforce issues.
- f. **Communications Committee** – This committee has continued with its updating of the ASA’s communication styles in all areas. The last undertaking has been the development of a new website that is in its final phase of development and should be launched by the end of September.

## 9. ANZTADC

This tripartite project has made great progress under Martin Culwick’s direction. Pilot sites in Australia and New Zealand having been established, the data set in its final stages of refinement and protection under the various jurisdictions being obtained.

## 10. General Practitioner Anaesthetist Locum Service (GPALS)

The GPALS project funding has now been approved by the Department of Health and Aging and the development of guidelines for the project is well underway. It is hoped that this initiative will not only provide holiday, education and respite opportunities but will also increase the retention and recruitment of GP anaesthetists to rural and remote areas.

## 11. Motions

The AGM will be asked to consider five members that the Council believes are worthy of the Society’s two highest forms of recognition, the Gilbert Brown Award and Life membership.

## 12. Conclusion

I would like to thank our Executive Director, Peter Lawrence who leads a team of dedicated staff for whom nothing is too much trouble. This year has seen a period of consolidation at headquarters. Peter and the team with their application to our operations have enabled us to weather the recent economic travail in the best shape possible. Without their dedication we would not have our achievements to reflect upon.

Finally I wish to thank all ASA office bearers for their contributions and support over the last twelve months. I would particularly like to acknowledge the contributions of the State and Committee Chairs and that of the Federal Executive who have all diverted time from their families, practices and leisure activities to ensure we continue our achievements.

The ASA has represented anaesthetists since 1934. I would encourage all of you to become involved in the Society. I, as would the Chairs of the State Committees, would love to hear from anybody who feels they would like to contribute.

Dr Elizabeth Feeney  
**President**

**REPORT OF THE HONORARY FEDERAL TREASURER  
OF THE AUSTRALIAN SOCIETY OF ANAESTHETISTS  
FOR THE 68<sup>TH</sup> ASA AGM – 7 SEPTEMBER 2009**

**INTRODUCTION**

Once again the conservative approach by the Society, both in its budgetary process and in its investment philosophy, has resulted in a steady outcome for the last financial year. The Trading Position for the year showed a surplus of \$64,647 compared with a deficit of \$33,771 in the previous year.

**FINANCIAL REPORT FOR 2008-2009**

Despite the operating surplus for the year, the Society’s assets showed a decrease of \$21,825. This is due to accounting principles that require the Society to take into account the change in value of its investments. With capital losses of \$643,564, even though largely unrealised, the bottom line is significantly affected in a negative manner. As an aside I would mention that the value of our Headquarters at Edgecliff is recorded at cost, a figure significantly below market value.

Below is a comparison of some significant financial data for the last two years

	<u>2009</u>	<u>2008</u>
Trading position for year	\$ 66,647	-\$ 33,771
Surplus from CSC/NSC	\$ 84,651	\$256,629
Income from Interest & Investments	<u>\$472,441</u>	<u>\$655,491</u>
	\$621,739	\$878,349
Investment Strategy losses for the year	<u>\$643,564</u>	<u>\$924,170</u>
<b>DEFICIT</b>	<b>\$ 21,825</b>	<b>\$ 45,821</b>

The full Financial Report has been published on the ASA Website and copies are available for members from the ASA Booth.

**INVESTMENT STRATEGY**

As previously advised, Council approved an Investment Strategy that was initiated in March 2007. This targeted what was then seen as a conservative return of 8% by investing in Managed Funds (with an S&P rating of 4 and 5) spread throughout the various investment sectors. It is history that shortly afterwards, the Global Economic Crisis impacted the investment market scene. The Investment Committee has actively managed the Investment Portfolio to mitigate losses whilst still complying with the terms of the Investment Strategy. The Investment Portfolio has shown a loss for the year of 4.47%. Since inception some 27 months ago, the overall loss is 8.4%.

**2009 SUBSCRIPTION RATES**

The Society’s Budget is framed in the March to May period for the following financial year. As the annual subscription covers a calendar year, this results in a decision on subscription rates having to be made some 9 months prior to implementation. The Budget for 2010 was made during a time when economic predictions were for a significant recession, increasing unemployment and continuing negative sentiment with respect to the Stock Market. As such, a conservative and restrained budget was approved. Taking into account that the increase in subscriptions over the previous 5 year period had been about 5% in total (having been subsidised by operating surpluses and earnings on

investments) and that projected earnings from investments would fall (interest rates at historic lows), Council has approved an increase in member subscription rates for 2010 of 6%.

**FINANCIAL CONTROLLER**

Finally, my sincere thanks to Ms Christine Ingate, our Financial Controller who continues to bring an increase in the clarity and timeliness in the reporting to Council

Dr Michael Tuch  
**Honorary Federal Treasurer**  
25 August 2009



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## REPORT OF THE EXECUTIVE DIRECTOR OF THE AUSTRALIAN SOCIETY OF ANAESTHETISTS FOR THE 68<sup>TH</sup> AGM – 7 SEPTEMBER 2009

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### 1. Introduction

- a. The last year has been perhaps the most difficult in terms of financial restraint in the face of reducing revenue from our investments. The Treasurer will address the ASA budget but I would like to cover some specific areas that affect the secretariat and support to members.
- b. Fortunately there have been some positive cash flows into the ASA over the year, together with sever restraints on spending that have offset the full impact of the financial downturn.

### 2. Staff and the ASA Headquarters

- a. Our staff numbers have remained static since the last AGM. We have restricted the hours of the curator as part of our operating constraints but otherwise staff expenses closely match last years.
- b. Staff turnover continues to be low with departures due to reasons other than dissatisfaction. We have also reduced the number of managers from four to three and provided the opportunity for internal recruitment and promotion of staff.
- c. Technology also continues to play a large role in the productivity of the office. All correspondence is now managed electronically including scanning on receipt through to operating digital archives. The benefits in terms of less paper waste, easy of filing and recalling are self-evident. Being a relatively small organisation of 16 staff allows us to embrace technology relatively easily and quickly.
- d. The cost of staff is the ASA's single largest outgoing so it is closely managed. I am pleased to report staff costs continue to remain within budget and overall have increased only to accommodate increases to capability.

### 3. Website

- a. In a similar vein we have appreciated the benefits that websites bring to our ability to communicate with members and the public. The Communications Committee has reviewed how we can improve our reach and we are in the process of building a new and very innovative website with a new provider.
- b. The website is at its final test stage and I welcome your comments. The address can be obtained from the ASA booth. Subject to feedback I expect we will launch the new website on 1 October.
- c. The tools that we have found the most use in communicating are our instant surveys and the online newsletters. Both these features will be enhanced in the new website.
- d. We had to defer the upgrade of the Anaesthesia and Intensive Care website this year due to financial constraints. However we will call for tenders for the new site next year subject to the ASA budget guidelines. I expect the project will be in the vicinity of about \$40,000.

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#### **4. General Practitioner Anaesthetist Locum Scheme**

- a. The ASA has been working with the Department of Health and Ageing (and other interested organisations) over 12 months to evaluate and now operate a locum scheme of rural and remotely based GP anaesthetists. The Scheme is a federal government initiative and is one of three schemes being introduced to assist rural Australia.
- b. There are some constraints on the service but is available for specialists as well as GPs to take up locum positions. If you would like to know more about the eligibility criteria please visit the ASA website or the ASA booth here the NSC.
- c. The project is funded for nearly two years and is based out of the ASA Headquarters in rural Edgecliff. The government is completely underwriting the project to the tune of \$1 million including the cost of administering the program, new staff, equipment and support to the GPAC to provide professional advice.

#### **5. Busy Year**

- a. While financially difficult the year has also been demanding on the Staff. Many junior staff have stepped up to take on new roles and responsibilities. It is always pleasing to be able to report on the high level of capability you have invested in the Edgecliff HQ.

Mr Peter Lawrence  
**Executive Director**



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## REPORT OF THE ECONOMICS ADVISORY CHAIR OF THE AUSTRALIAN SOCIETY OF ANAESTHETISTS FOR THE 68<sup>TH</sup> AGM – 7 SEPTEMBER 2009

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The Economics Advisory Committee (EAC) has had a busy and productive year progressing a wide range of issues of importance to practising anaesthetists. A particular focus of the EAC during the past 12 months has been to improve access for patients to Medicare rebates for anaesthesia services provided in association with anaesthesia. The EAC has also prepared a number of submissions for the Department of Health and Ageing seeking changes or additions to the Medicare Benefits Scheme (MBS) to provide for benefits for a range of new services and conditions as detailed below.

The EAC has continued its annual review of the Society's Relative Value Guide (RVG) and this year a number of changes have been approved by Federal Council from November 2009.

### ULTRASOUND IN ANAESTHESIA

The EAC has been working over the past 2 years to ensure the availability of Medicare benefits for ultrasound services provided in association with anaesthesia. These services mostly relate to one of three areas: cardiac imaging, vascular access and peripheral nerve blocks. While having been initially successful at establishing access to Medicare benefits for non-cardiac anaesthesia ultrasound through MBS item 55054, the EAC has also had significant input into the development of the ongoing Diagnostic Imaging Accreditation Scheme which is gradually being introduced by the Department of Health and Ageing (DHA) and Medicare Australia. The ultimate objective of the EAC is to have all ultrasound services provided by anaesthetists covered by MBS items within the RVG section of the MBS. The Department has proposed a range of new items for the MBS which will cover ultrasound use in conjunction with selected peripheral nerve blocks and insertion of central venous catheters, in association with anaesthesia. These new Medicare items will reside in the RVG section of the MBS and as such, will be exempt from the requirements of the new Diagnostic Imaging Accreditation Scheme. At the time of writing this report the new items are still to be confirmed. Members will be informed of the progress of this important initial step.

In the meantime the EAC has been actively involved in the DI Accreditation Scheme having met with the Department and also having lodged a submission seeking exemption from much of the new requirements for anaesthesia associated ultrasound. As the majority of anaesthesia ultrasound is still covered by MBS item 55054 it is important for the ASA to continue to have input into developments in this area.

After the successful introduction of the new MBS item 22051 covering some of the intraoperative transoesophageal echocardiographic (ITOE) services provided by anaesthetists, the EAC will now be seeking a similar introduction of a new MBS item to cover the remaining ITOE services currently covered by MBS item 55135. As stated above, once these services are covered by an item in the RVG section of the MBS they are then excluded from the requirements of the DI Accreditation Scheme.

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## RELATIVE VALUE GUIDE

Each year the EAC conducts a review of the ASA RVG including any member requests for changes or additions/deletions to the Guide. A number of changes have been adopted by Federal Council on the recommendation of the EAC and will be detailed elsewhere but are summarised below:

1. Changes to 2 existing items and the addition of 4 new items to the section of the RVG dealing with 'anaesthesia for the eye'
2. Increased time unit allocation after 4 hours to 1 unit every 5 minutes or part thereof
3. Changes to both existing ultrasound items (CV800 and CV805) expanding their item descriptors to reflect current clinical applications of ultrasound in anaesthesia
4. The introduction of 2 new items to specifically cover the insertion of peripherally inserted central catheters (PICC lines)
5. A series of new items to cover a range of Pain Medicine procedures that are currently omitted from the RVG. This will involve the introduction of 39 new items with unit allocations such that the ASA maximum supported fee will closely match the AMA fee

These changes will take effect from November 2009.

## PRACTICE MANAGER WORKSHOPS

After success of the initial series of workshops with a focus on Informed Financial Consent (IFC) it was decided to conduct a further workshop in March of this year in Sydney. This year's workshop was another outstanding success with very positive feedback and full registrations. The workshops are now funded wholly by the ASA at a modest cost and Federal Council has approved a further workshop for the coming year. More details will be announced shortly but the workshop will be in Sydney during March in 2010.

## MEDICARE

The EAC has prepared several submissions for the Department of Health and Ageing (DHA) seeking the introduction of new MBS items for anaesthesia services and conditions. Unfortunately the economic and political climate is currently not ideal for achieving additional funding for medical services but nevertheless discussions have continued. The EAC has specifically sought new items to cover the following services or conditions in the last year:

1. Insertion of peripherally inserted central catheters (PICC lines)
2. Introduction of a pregnancy modifier
3. Introduction of a prone modifier
4. Introduction of a morbid obesity modifier

As stated above, there is also the proposal for the introduction of a range of new ultrasound items into the RVG section of the MBS that is undergoing evaluation. Members will be informed on any progress that occurs with respect to these submissions.

## OTHER ACTIVITIES

The EAC has remained active in a range of other issues, attending meetings, preparing submissions and providing advice to members. Other issues covered by the EAC in the last 12 months include the following:

- Medicare National Compliance Programme (Auditing etc)
- Public patients in Private Hospitals
- Administration (booking) fees
- The Study into the Relative Performance of Public and Private Hospitals

As well as these issues the EAC also assists members with individual billing enquiries, MBS item interpretations, account rejection enquiries and patient complaints.

## THE COMMITTEE

The EAC has had a very busy year responding to the large number of issues outlined in the above report and with countless hours of contributions from the Committee towards each issue. Members may appreciate that as well as the preparation and review of an increasing number of papers and submissions, there are a large number of meetings to be attended that require time off work for individual members of the EAC.

Membership of the Committee includes representation of all states as well as a diversity of anaesthesia practice and viewpoints. This ensures all aspects of any issue are thoroughly explored and a considered approach is finally arrived at. I would like to personally thank all of the Committee for their tremendous support through the year and input to the work of the committee. I would also like to thank the ASA Federal Secretariat for their untiring support, in particular Committees' Assistant Ms. Grainne Mullen and the Executive Director Mr. Peter Lawrence.

The Committee members are:

Dr. Andrew Mulcahy (Chair)  
Dr. Greg Deacon  
Dr. Tim Wong

Dr. Renald Portelli  
Dr. Mark Sinclair  
Dr. Rob Storer  
Dr. David Olive  
Dr. Simon Adamo  
Dr. Waleed Alkhazrajy  
Dr. Cameron Gourlay  
Dr. Liz Feeney  
Dr. Ian Woodforth (AMA rep)  
Mr. Peter Lawrence (Executive Director)

Dr. Andrew Mulcahy  
**Chairman**  
**Economics Advisory Committee**



# ASA

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**Item No: 10**  
**AGM 070909**

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## REPORT OF THE CHIEF EDITOR OF ANAESTHESIA AND INTENSIVE CARE JOURNAL OF THE AUSTRALIAN SOCIETY OF ANAESTHETISTS FOR THE 68<sup>TH</sup> AGM – 7 SEPTEMBER 2009

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### 1. Journal performance

#### a. Subscriptions

- (1). Circulation continues to grow predominantly as a result of ASA and NZSA subscriptions. By contrast, the decline in subscriptions for overseas individuals and institutions continues and the reason is not clear. Other indicators are positive which suggests the decline may be the result of Journal availability through other distribution networks.

#### b. Submissions

- (1). Based on projections from the first six months of 2009, the number of submissions to the Journal is continuing to increase and will nearly treble 2005 levels. The continuing increase in submissions is largely from outside Australia and New Zealand and is mainly in original papers rather than case reports.
- (2). Correspondence to the Journal is increasing at a healthy rate and it is particularly encouraging that a significant component consists of comment from overseas about articles published in the Journal.

#### c. Editorial decisions

- (1). The time from submission to Editor's decision continues to fall and is well within target range of 40 to 50 days.
- (2). Acceptance rates overall have troughed out at 25 to 30%, although remain much higher for Australia and New Zealand (60 to 70%).
- (3). The higher rejection rate for overseas submissions partly relates to the quality of manuscripts and partly to the submission of articles not suited to *Anaesthesia and Intensive Care*.

#### d. Time from acceptance to publication

- (1). The time for acceptance to publication continues to increase and now averages 200 days, a 30% increase since 2005. Strategies to address this trend will be considered by the Editorial Board.

#### e. Financial performance

- (1). Production costs have been contained at 2008 levels.
- (2). Advertising revenue has increased despite the global financial downturn.

### 2. Impact factor

- a. Journal performance as measured by Impact Factor is difficult to interpret as a result of repeated changes to the way it is calculated. The lack of longitudinal data now means that it is impossible to assess the impact of changes such as the EPS, more regular editorials and other measures on performance. Several years with a stable measurement tool will be required to allow that assessment.
- b. *Anaesthesia and Intensive Care's* impact factor for 2009 is 0.848.

### **3. Editorial Board staff changes**

- a. Dr Alan Duncan will retire as Chief Editor in 2009, but will remain as an Intensive Care Editor.
- b. Dr Michael Corkeron has been appointed as a new Intensive Care Editor.
- c. Dr Rod Westhorpe will retire from the Editorial Board at the Darwin NSC. However, Dr Westhorpe will continue to contribute the Journal cover note and photos.

Dr Neville Gibbs for

Dr Alan Duncan

**Chief Editor, *Anaesthesia and Intensive Care Journal***

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## REPORT OF THE 2011 NATIONAL SCIENTIFIC CONGRESS CONVENOR OF THE AUSTRALIAN SOCIETY OF ANAESTHETISTS FOR THE 68<sup>TH</sup> AGM – 7 SEPTEMBER 2009

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### 1. Organising Committee

The Organising Committee of the 70th National Scientific Conference to be held in Sydney (Darling Harbour Convention & Exhibition Centre) has been formed. Members are:

1. Convenor (Chair) – Michael Levitt
2. Treasurer - Dr Murray Selig.
3. Scientific Convenor. David Elliot
4. Workshop Officer/AV Coordinator - Alwin Chuan
5. Workshop Liaison - Clement Fong
6. Speakers Sponsorship Coordinator - Assoc Prof Stephen Gatt
7. Environmental Officer/Problem Based Learning Discussion (PBLD) Officer.- Helen Leggett
8. HCI (and Sponsorship) Representative - Dr Alan Stern
9. Information Technology Officer/ Assistant AV Coordinator - Orison Kim
10. Social Convenors - Simon Zidar, Shrina Begg
11. Publicity and Logistics Officer - Tony Padley
12. Professional Conference Organiser (PCO). Emma Bowyer , ICMS Australia

#### FEDERAL MEMBERS

13. NSC Officer. John Lauritz
14. Federal Scientific Programme Officer Piers Robertson
15. Education Officer. Anthony Coorey
16. National Events Manager. Cassandra Hargreaves

### 2. Professional Conference Organiser

ICMS Australia has been appointed the PCO for NSC 2011

### 3. Dates of Meeting

We have decided to vary the usual ASA and ANZCA practice of organising scientific meetings from Saturday to Tuesday (half day). ASA NSC 2011 will commence on Thursday 8th September with the HCI "bump in", Federal Council Meeting and President's Cocktail Party taking place on Wednesday 7th September 2011. The Conference will conclude on Sunday 11th September at 3pm. The Conference Dinner will be held on the Saturday night 10th September (Venue TBA).

### 4. Logo and Theme for Meeting

The Organising Committee has agreed on a "green" theme driving the meeting with environmental issues dominating. Use of plastics, disposables and excessive printing will not occur at this meeting. Issues associated with the "green theme" are well advanced. We are also planning new approaches and initiatives (well advanced) to the HCI Exhibition to encourage greater use by delegates, there will be a breakfast buffet every morning in the HCI Exhibit to encourage those going to Industry Breakfast Meetings (no charge) to arrive early. No catering will be provided at the breakfast meetings themselves.

The logo for the meeting is as follows:



#### **5. Speakers & Scientific Program**

Several overseas speakers with great potential have been identified and will be informally approached in the very near future. At this stage we have not definitely identified local speakers for this meeting. The committee has decided however not to recruit the usual speakers for this meeting but preferably to discover new talent.

#### **6. Organising Committee Meetings and Budget**

Several meetings have been held to gain an overview and direction of the NSC 2011 Sydney. More detailed planning and micro-management will progress once NSC 2010 Melbourne is further advanced. A preliminary budget has been drawn up. The committee is mindful that the ANZCA Scientific Conference 2011 will be held in Hong Kong, and so NSC Sydney 2011 will be the only major anaesthetic meeting to be held in Australia that year. As a result, delegate attendance and HCI participation will be maximised.

#### **7. Social Program**

An active social program is being developed with the Welcome Reception on Thursday night, a family oriented function on Friday night, possibly at Powerhouse Museum, and the Conference Dinner on Saturday night (possibly Doltone House at Pyrmont). All the mass social functions will be planned within walking distance of the conference at Darling Harbour to preclude transportation costs and difficulties.

**Dr Michael Levitt**  
**Convenor, NSC 2011 Sydney**  
**Immediate Past Chairman, ASA NSW**



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**Item No: 11.1**  
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## REPORT OF THE 2010 NATIONAL SCIENTIFIC CONGRESS CONVENOR OF THE AUSTRALIAN SOCIETY OF ANAESTHETISTS FOR THE 68<sup>TH</sup> AGM – 7 SEPTEMBER 2009

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### VENUES

1. MECC
  - Working on contract and should be signed or well on way by the FC meeting
  - Exhibition area- have been moved to peripheral bays adding some 50 meters to walk from presentation areas.
  - However Plenary area has been moved closer to the Exhibition area largely off setting the loss from above
  - Number and distribution of rooms has been finalised
  - Committee including trade representative, Fiona Van Blerk have inspected the site and were suitably impressed, by the professional set up in the MECC.
2. Dinner Venue- Atlantic
  - Capacity of 1200
  - Have accepted own wine supply for corkage charge enabling us to showcase Victorian wine- at probably a significant saving.
3. Family night at Science Works
  - Committee members have again had a site inspection and feel it should be an entertaining night.

### GENERAL FORMAT

1. Sessions
  - Plan to have 3 sessions with morning tea and late lunch. No afternoon session- modelled on South Africa meeting.
  - Timetable will be:  
0800 to 0945 – morning tea till 1030  
10.30 to 12.30 - lunch 1230 till 1400  
1400 to 1600 for final session
  - Morning sessions will need to be honed down to accommodate breakfast sessions and opening ceremony.
2. Registration
  - Registrations will be on line – we are looking at possibly circulating a short version (hard copy) as reminder but all on line – probably more an outline of the meeting.
  - Abstract book and delegate list on USB sticks – and on line.
  - Non-anaesthetists invited to trade area.

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## **SOCIAL**

- Welcome drinks – in foyer
- Family night – Science works- changed from Sunday for those children going to school on Monday. Felt a more appropriate family night out. Discussed with trade representative, who had no problems, in fact suggested changing HCI drinks to Sunday rather than squeezing them in between academic program and Family night. Looking at quartet in background, and possibly if practical Victorian wine tasting stands.
- Dinner- Atlantic at Docklands – visited by committee who were treated to a very nice lunch(I missed out)!

## **ACADEMIC PROGRAM**

- Have 3 overseas speakers invited and confirmed.
- Program well on way with framework and topics.
- Decided to email invitation to participate with PBLDs and workshops, in an attempt to attract 'new blood' - with good response.
- Looking at partners session(s) for Sunday. The approach was to concentrate on 'Family issues', eg eating disorders, the Y generation, family dynamics.

## **TRADE- PROSPECTUS**

- Mailed and emailed to all sponsors on 5 August.
- By meeting time hopefully also taken up by some.

Generally, I feel we are on track. By the time we actually discuss this report, there will probably be further advances as there is another committee meeting due prior to Darwin. It has been an interesting contrast to being involved in the 2003 meeting, with a greater amount of Federal input, which has been very helpful. I would like to thank Cassandra Hargreaves in particular, though not exclusively, for all the hard work.

**Renald Portelli**  
**NSC 2010 Convenor**  
**31 July 2009**