



Australian
Society of Anaesthetists

Item No: 4
Meeting Ref: AGM250905

**REPORT OF THE PRESIDENT
OF THE AUSTRALIAN SOCIETY OF ANAESTHETISTS
FOR THE ANNUAL GENERAL MEETING 2005
ACN 095377370 ABN 56790794313**

INTRODUCTION

I wish to firstly acknowledge all the assistance I've received over the last 12 months. In particular I wish to thank Peter Lawrence and his superb team in the Secretariat and the members of the ASA Executive and Council and the Chairmen of all the Society's Committees. The Society has had another busy, productive and enjoyable year with a large number of people giving up their time to benefit the membership. I am proud indeed to be the President of such a magnificent team.

THE SECRETARIAT

Peter Lawrence has played a huge role this year in fostering a happy and efficient team at the ASA headquarters. There have been a number of staff changes as is inevitable and he has recruited some outstanding people to fill those vacancies. I am delighted to announce that we have concluded the purchase of Suite 602, which is contiguous with the other offices at the ASA headquarters. This will allow us to expand which has become impossible in the existing office space. One of the new positions now possible would be to have someone play an active role in the development of submissions. These are becoming more numerous and more an imposte on our office bearers.

The new Suite is in excellent condition and our occupation of it will be able to occur with minimal disruption of the activities of the Secretariat. We shall take our time to decide how to best use the new space.

NON-MEDICAL ANAESTHESIA PROVIDERS

This issue has occupied a substantial amount of the time of the Society's Executive and Council over the last year. We have been aware for many years of the desire of non-medical practitioners to participate in activities that have been traditionally done by medical practitioners. However there has been an increase in the push for this to occur particularly from some academics in the Nursing profession. The driving force for this proposal is the mis-founded belief that alternate providers of anaesthesia care will be able to provide a cheap solution to the difficulties that presently exist in attracting and retaining anaesthetists to certain anaesthesia positions nationwide.

The Society has taken the view that this is an issue solely about the standard of anaesthesia care. The Society's view is that anaesthesia in Australia is the safest in the world and it is directly attributed to the fact that that anaesthesia care is provided by highly trained doctors who are dedicated exclusively to one patient from the beginning to the end of their anaesthesia. Any lowering of standard will, we believe, inevitably lead to an increase in anaesthesia morbidity and mortality.

The most high profile advocate of non-medical anaesthesia providers has been the QLD Premier, Peter Beattie, who has proposed this as a solution to the QLD anesthesia workforce problems in their public hospitals.

I have written to the former Health Minister, Mr Gordon Nuttall, and then Jim Bradley, Peter Lawrence and I met with him on 28 June 2005. We have recently received correspondence from the new QLD Health Minister. It appears the issue of the substitution of medical practitioners with non-medical health care providers is to be progressed through a committee at which the QLD AMA has representation. The Society has been invited to provide one of the two representatives on that working party. We have suggested Dr Bradley. That suggestion has been supported by the AMA.

The Society has provided submissions to the Forster enquiry and what was the Morris enquiry in QLD. There has also been a submission prepared and presented to the Productivity Commission's enquiry into workforce. All of these submissions clearly state the Society's position with respect to non-medical anaesthesia providers. The position taken has been consistent and has been to emphasize



Australian
Society of Anaesthetists

the reduction in anaesthesia safety that would nearly certainly eventuate if the proposal was to be implemented.

The Society has also developed a position statement, PS10, on Alternate Providers of Anaesthesia Care. Plus we have developed a Member Advisory on 'Anaesthesia and Sedation for Diagnostic and Interventional Medical Procedures'. These documents are aimed to give our office bearers and our members clear direction with respect to the Society's position on this issue.

I have also written to the new AMA President, Dr Mukesh Haikerwal, to the new QLD AMA Chairman, to the Chairman of COPS, Don Sheldon, to the President of the College of Surgeons and the President of the Australian Association of Surgeons. As you would expect all the responses I have received have been extremely supportive. Professor Don Sheldon, the Chairman of COPS, has written to Premier Peter Beattie and has released a press release opposing the introduction of nurse anaesthetists.

The President of the Federal AMA, the QLD AMA Chairman, plus Martin Culwick and myself have all jointly signed a letter to Premier Beattie expressing our opposition to the proposal.

A lot therefore has been done and a lot will continue to need to be done, as I don't expect this issue to be resolved quickly. There is I believe a national agenda to substitute doctors when it is possible to do so with nurses or other alternative options. The perception is that it is a cheaper and more available workforce option. Both of these views are quite likely to be incorrect.

WORKFORCE AND SURVEY COMMITTEE

The problems of attracting and retaining anaesthetists to public hospitals is another issue that has occupied much of the Society's attention over the past year.

The Society remains critical of the way the 'Area of Need' process is invoked in some jurisdictions. Over half the area of need positions for anaesthetists are in major teaching hospitals and large regional centres where there's been no attempt to offer attractive terms and conditions so as to attract and retain Australian anaesthetists to the positions, but rather the 'area of need' process has been invoked as a cheap solution whereby they import anaesthetists from often third world countries paying them far less than they would need to pay an Australian to work in those institutions. In some jurisdictions such as Queensland these imported doctors are not even required to be assessed by the relevant College but rather the Medical Board rubber stamps their medical licenses without any assessment process occurring. It is hardly surprising when tragedies occur. This is best exemplified with the Bundaberg fiasco with the surgeon, Dr Patel.

The Society for at least the last three years has been attempting to warn of the likelihood of disasters occurring due to the abuse of the area of need process. Last September, Society representatives met with the Federal Minister for Health, Mr Tony Abbott and explained it to him in great detail. He was sympathetic but maintained it was outside his jurisdiction so he was unable to do anything about the problem.

Some months ago I wrote to all the State Health Ministers and the Federal Health Minister about the area of need process, I was highly critical of the way it was used in some jurisdictions such as Queensland. I've received responses from all those Health Ministers. Some were quite supportive of the position I took in my letter and others were less so.

The Society has been particularly active in Queensland where there has been particular difficulty in attracting and retaining anaesthetists to public hospitals. In our meeting with the former Health Minister, Mr Gordon Nuttall, we suggested that the Society would be prepared to act as a facilitator for all the interested parties to try to develop solutions to the difficulties presently encountered in attracting anaesthetists to QLD public hospitals. With the passing of Gordon Nuttall and appointment of a new Minister of Health in QLD, correspondence received from the new Minister indicates that a



Australian
Society of Anaesthetists

working group to address the anaesthesia workforce problems is being established and we have been invited to supply nominees to that working group. He doesn't however take up our invitation to facilitate the whole process. Nevertheless, we do have representation and hopefully this working group will be productive.

Problems exist in other areas of Australia, in particular NSW rural public hospitals where there are many anaesthetists dissatisfied with their terms and conditions of employment. Lismore is a particular problem. The NSW ASA State Chairman, Liz Feeney, and her Committee has been heavily involved in attempting to convince the State Government that they cannot be shackled with one industrial award for all doctors throughout the State. They need to develop arrangements for each craft group and each area of the State, which identify their particular needs and problems.

The Society is attempting to establish on its website a section on workforce which would carry details of the terms and conditions available for anaesthetists in public hospitals throughout the country. This will be collated through information gained in the next membership survey and other sources, and will hopefully be of value to members who are either looking for employment or who are undergoing a renegotiation of their present arrangements.

I encourage you all to take the time to complete the various surveys that are circulated by the Society. The information is used in many ways to assist us in our negotiations with various bodies. It is undoubtedly true that the more information we possess the more effective we can be in our negotiations.

SOCIETY FINANCES

I wish to congratulate the Honorary Financial Treasurer, Dr Michael Tuch, on his expert management of the Society's finances. The Society has never been in such a strong financial position and it's in no small part due to his work along with the very careful and conscientious attention to the Society's finances of Peter Lawrence and Deborah Jones.

ECONOMICS ADVISORY COMMITTEE

Dr Andrew Mulcahy and his Committee have yet again had an amazing successful year as a direct result of hundreds of hours of work aligned with skillful negotiations. The most outstanding achievement of the Economics Advisory Committee was the substantial increase in payment to anaesthetists for their care of veterans. This was considered by the Government to be an increase of 20%. It certainly brings to the average anaesthetists many times more annually than is the cost of their subscription to the ASA. This one achievement if nothing else was ever achieved by the ASA for the members would on average far exceed in direct income that which they spend on their Society subscriptions. As I've said before there is no investment that you make in your life, which has the financial return which one gains from their ASA annual subscription.

The EAC is continuing to fine tune the Department of Veterans' Affairs new arrangements plus is heavily involved in a large number of improvements to the Medicare Benefits Schedule that will be introduced on the 1st November 2005. It is also continuing to negotiate the introduction of a collection of consultation items for anaesthetists that are long over due and have never existed. Negotiations for anaesthesia consultation items in the Medicare Benefits Schedule first commenced in 1991. I'm more hopeful than ever before that we will finally achieve appropriate recognition for the consultations performed by anaesthetists.

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

The ANZCA and the ASA are continuing to communicate with each other on a regular basis so as to ensure each organization is aware of the other's activities and opinions on issues of mutual interest. This particularly applies to Non-Medical Anaesthesia Providers and the Area of Need issues. Although not always totally agreeing we have been careful to not contradict each other in our statements and our documents.



Australian
Society of Anaesthetists

Our strategy at present is to pursue the Non-Medical Anaesthesia Providers issue separately from the College, however to keep each other well informed of our activities at all times.

NEW ZEALAND SOCIETY OF ANAESTHETISTS

This here has seen the introduction of regular teleconferences between the NZSA and the ASA and is I believe, an excellent initiative. Part of the business conducted, has been the agreement to have the NZSA to adopt the ASA's Journal 'Anaesthesia and Intensive Care' as its house journal. This will have great benefits for both the ASA and NZSA. I'm delighted that we have been able to successfully conclude these negotiations. There will be one or two New Zealanders appointed to the Editorial Board and all members of the NZSA will receive a copy of the 'Anaesthesia and Intensive Care' as part of their annual subscription. The New Zealand Society will be on the masthead of the journal.

The other major topic of discussion has been the planning of a Combined Scientific Congress between the ASA and NZSA in 2008 in Wellington. These plans are proceeding well. A memorandum of agreement is nearing completion.

PROFESSIONAL ISSUES ADVISORY COMMITTEE

This Committee under the stewardship of Nigel Symons has been very productive again this year. They have had a major input into the position statement on 'Alternate Providers of Anaesthesia Care' plus the development of the member advisory on 'Anaesthesia and Sedation for Diagnostic and Interventional Medical Procedures. In addition they have developed for the first time a Code of Conduct for ASA members. This is a concise and unambiguous document that gives members clear direction as to what is regarded by the Society as appropriate behaviour for its members. It is an excellent initiative and I commend it to the membership.

The PIAC also oversees the IAMONLINE modules, which are the brainchild of Martin Culwick, our QLD State Chairman. They are a superb teaching aid and I recommend any Society member who hasn't logged on to this section of the Society's website to do so. They are an excellent addition to our continuing education and are a source of College MOP points. I would put out a plea for helpers for Martin. Anyone who can lend a hand in the development of further IAMONLINE modules would be greatly appreciated. It is a major project where the responsibility is best shared.

AMA

Over the last 12 months the Federal AMA has initiated a series of meetings of the Presidents of the Colleges, Associations and Societies. These have been an excellent initiative and have always in attendance excellent visiting speakers from various sources of Government such as the ACCC or the Department of Health. It's another example of the benefit of good communication amongst the medical fraternity to ensure we, as much as possible, minimize disagreements within the profession so as to ensure that we are presenting a united front.

OVERSEAS AID SUBCOMMITTEE

Steve Kinnear and his Committee continue to do magnificent work their efforts to improve the quality of anaesthesia in developing countries. This year the Society will be spending over \$100 thousand dollars on overseas aid, a figure which is, to the best of my knowledge, greater per member than is spent by any other Medical College or Association in the world. We can all be justly proud. In particular however we should be both proud and appreciative of the work being done by Steve Kinnear, Rob McDougall and the others on the Overseas Aid Subcommittee. They're doing an outstanding job.

ANAESTHESIA AND INTENSIVE CARE

Our journal remains the jewel in the crown of the Society. A number of improvements have occurred through the year in particular the introduction of online reviewing has been occurring. I wish to thank Alan Duncan, Jeanette Thirlwell Jones and all the Editorial team, plus of course Clarissa Fletcher and Robert Burton-Bradley at the Secretariat for the magnificent job that they all do in the production of what is quite simply a superb scientific journal.



Australian
Society of Anaesthetists

COMMON ISSUES GROUP

The Presidents of the American Society of Anesthesiologists, the Canadian Anesthesiologists Society, the Association of Anaesthetists of Great Britain & Ireland and the Australian Society of Anaesthetists meet annually to exchange information, which is of common interest. These meetings are valuable and we are endeavouring to develop a comprehensive database, which can be shared between the four organizations. Information that is being collected relates to nearly all of the activities of the Society, some of which I have detailed today.

CONCLUSION

Once again I wish to thank all those who have assisted me in my first year as President and encourage all members to become involved in the ASA. It really is most satisfying to do so. One simple measure that every member can do for the ASA is to actively recruit new members, be they registrars or senior anaesthetists who have either let their membership lapse or have never joined.

The Society is only as strong as its members, become a recruiter today!

Do not hesitate to write to me or speak to me throughout the meeting or afterwards so as to give me your feedback as to whether the Society is fulfilling your needs and is heading in the direction you wish us to go. We need the praise but we also need the criticism, so don't hesitate to give us your feedback.

Dr Gregory J Deacon
ASA President
19 September 2005

Item No: 5
Ref: AGM250905

**REPORT OF THE HONORARY FEDERAL TREASURER
OF THE AUSTRALIAN SOCIETY OF ANAESTHETISTS
FOR THE ANNUAL GENERAL MEETING 2005
ACN 095377370 ABN 56790794313**

The past year has been a successful one for the Society from a financial perspective. Due to a substantial surplus, Council was not only able to purchase an additional Unit contiguous with its present headquarters at Edgecliff, but to also determine that there will not be an increase in annual subscriptions for the coming year – 2006.

Financial Performance

Revenue from ordinary activities for the year ended 30 June 2005 was \$3,354,429 – an increase of nearly \$650,000 (24%) over the previous year. With expenses increasing by only 1.17% to \$2,154,763, the Society is able to report a surplus of \$1,199,666 for the year. As well as the surplus, there was an increase in reserves during the year of \$204,860 due to an increase in the value of investments held by the Society. The successful financial performance can be attributed to:

- 1 The outstanding success of the Sydney NSC in 2004. The enormous amount of work by the Conference organisers was reflected in this being the most successful ASA NSC ever.
- 2 Continuing cost savings in the running of the secretariat due to the efficiencies instituted by the Executive Director (Peter Lawrence).
- 3 Continuing improvement in market conditions being reflected in increases in the value of our managed funds and improved returns on our cash assets – up from 5.05% to 5.33%.



Australian
Society of Anaesthetists

Financial Position

Total accumulated funds (net assets) of the Society increased to \$8,430,825 as at 30 June 2005, an increase of some 20 per cent over the year. (It should be noted that our headquarters at Edgecliff are valued at nearly one million dollars more than their book value.)

Use of Surplus

With a continuing increase in activities of the Society it became apparent that the existing headquarters at Edgecliff was fully utilised and would shortly become too small to function efficiently. After considering various alternatives, Council decided that the best option was to purchase another Unit at Edgecliff that was contiguous with the present offices. As a result of this purchase being made at what could arguably be described at a low point in the Sydney property market, being made privately (a lack of agent fees forming part of the negotiation) and being signed on the day after the abolition of NSW vendor tax, the Society was able to purchase Unit 602 at an all up price of \$940,000 (including legals and stamp duty). Whilst there will be further refurbishment costs involved in the integration of the new Unit with our existing accommodation, this will all be covered by our surplus for the past year.

Outstanding Matter

I refer to Note 19 in the Annual Financial Report which refers to a contingent liability regarding the possible payment of some income tax. The background to this matter dates back to 1991 (prior to incorporation) when the Society was issued with an exemption from income tax based on its being a charitable organization. With incorporation in December 2000 and the introduction of the GST, a new application was required to reconfirm the tax exempt status. Whilst an exemption was apparently granted, the question has been raised that the exemption should be on the basis of the Society being a scientific organization. The matter is quite complex. During the past year, the Society was granted ITEC (Income Tax Exempt Status) by the ATO. However, due to some issues being raised by our lawyers, Council decided that it would be prudent for this assessment to be confirmed by a Private Ruling. This is currently being undertaken.

Finally, I should like to thank our Financial Controller, Deborah Jones, for her support of both the Society and myself during the year and Peter Lawrence for his ready availability and sage advice.

Dr Michael Tuch
Honorary Federal Treasurer
12 September 2005

Item No: 6
Ref: AGM250905

**REPORT OF THE EXECUTIVE DIRECTOR
OF THE AUSTRALIAN SOCIETY OF ANAESTHETISTS
FOR THE ANNUAL GENERAL MEETING 2005
ACN 095377370 ABN 56790794313**

Staff and ASA HQ

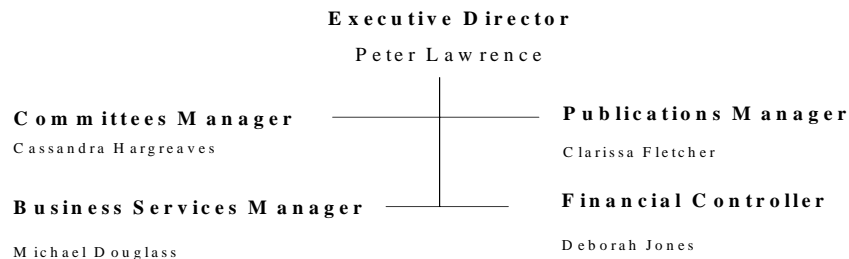
1. 2005 has seen a number of junior staff changes, however we now have a full staff team of 12 (three part time) and one contractor. Importantly, the organizational structure of the ASA Headquarters remains constant with four branches (Finance, Committees, Business Services/Membership and Publications). Each department manager is present at the NSC and we look forward to meeting as many members as possible.
2. 2005 has also been a very successful year financially, which the Treasurer will present to you. I would like to take this opportunity to thank the staff from our



Australian
Society of Anaesthetists

Headquarters both here and back Edgecliff for their diligence and contribution to the efficient running of the office. As a membership based organisation we are acutely aware we are here for one purpose only – you.

Organisational Chart – ASA Headquarters



- I remind you that Office hours are 0900 to 1700 hr (Sydney time). So if you wish to contact me or a member of the staff please telephone us on 1800 806 654. If you find it more convenient to contact us outside of our office hours please forward an email enquiry to mail@fed.asa.org.au, otherwise you can leave a voice message. You can expect a response within two-business days.

Suite 602

- The big news for the Headquarters' staff is of course the acquisition of the adjoining suite to our offices. Suite 602 is contiguous with our existing two suites (603 and 604), which will facilitate any structural changes for access between the suites. The new office is in particularly good condition and has some built in benefits for us including a compactus and mini kitchen. It also has three car spaces on its title, which are in themselves worth a gold mine in Sydney!
- As the President has commented in his report, planning will be undertaken with all staff and a small working group to finalise the layout design to optimise the space in the new and existing suites. The new suite is tenanted until the New Year at which time we will commence limited occupation and the detailed planning. I anticipate we will provide concept drawings of proposed changes in the next Newsletter.



Contact with Members

- During the year a number of letters have been sent to members. By far the most interesting is from the President with updates on political, economic and industrial matters. What is pleasing is the number of positive responses to these letters with members volunteering their assistance or information. I encourage you to increase your interaction with the Society; we are always looking for 'good ideas' and new 'blood' for committees. Please contact me if you feel you can contribute some time (as little as a hour or so a week) to one of the committees.
- We have been reviewing the membership statistics this year, noting with interest the growing number of 30 Year members. While gross membership numbers are increasing gradually the number of Continuing Active (50% reduction in subscriptions) and Continuing Retired (100% reduction in subscriptions) has nearly doubled in the last three years. The moral being is to start early as a member and achieve financial benefits in the longer



Australian
Society of Anaesthetists

term. Any break in membership detracts from achieving a cumulative 30 Year period.

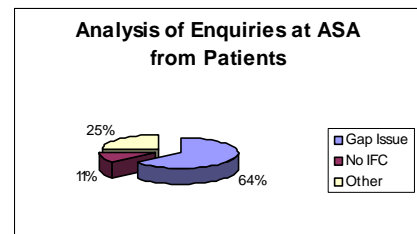
8. And on the topic of extended membership, Dr Mike Hodgson's suggestion to Council to recognise 50 years of membership has been implemented. A lapel pin and a certificate have been produced.
9. We will contact members with 50 or more years service to arrange suitable presentations or to forward the certificate and badge in the year of their 50th anniversary.

Member Survey

10. The Annual ASA Member Survey will be forwarded to members shortly. In an attempt to streamline the process we will be encouraging members to complete the survey on line. A copy of the survey will be forwarded to all members however we ask that you please 'go on line' to complete it. If you don't have access to the Internet you may complete the survey manually and return it to us. We will then enter your completed forms online. As a tangible encouragement to going online, surveys completed online by 1 March 2006 will be eligible to go into a draw for a dozen bottles of the President's personal selection of wine delivered to your Australian address.
11. The information from the annual survey is invaluable. The demographic data helps us prepare submissions to a number of government agencies each year, while your opinions on the Society help us to 'head in the right direction'. The results of this year's survey are available on the ASA web and a summary will be included in the Annual Report, which you should receive with the 8th Edition of the RVG very shortly.

Patient Enquiries

12. Finally, I have prepared a summary of the patient enquiries that I receive each year. Generally patients are satisfied when the mystery of the RVG is unveiled but interestingly the single major concern they initially have is their gap payment. It is not necessarily the size of the gap but the fact that they had not been advised there would be a gap. While the overall number of complaints is low, and those complaints that I cannot resolve on the phone are usually rectified by a member of the Economic Advisory Committee interceding, there is still scope for improving the process of informed financial consent.



Peter Lawrence
Executive Director
9 September 2005

Item No: 7
Ref: AGM250905

**REPORT OF THE ANAESTHESIA AND INTENSIVE CARE EDITORIAL BOARD
OF THE AUSTRALIAN SOCIETY OF ANAESTHETISTS
FOR THE ANNUAL GENERAL MEETING 2005
ACN 095377370 ABN 56790794313**

As suggested at the Editorial Board meeting on Monday September 20, 2004, a full-day meeting was held at the ASA headquarters in Sydney on Saturday June 4, 2005.



Australian
Society of Anaesthetists

Major topics addressed included a detailed assessment of the planned Enhanced Publishing System, which is a total overhaul of our publications system, starting with a newly designed database, then incorporating on-line submissions, on-line reviewing and proceeding through on-line formatting, proofing and production stages to final print and website publication.

Most queries about the new system were very capably handled by Clarissa Fletcher, our Production Manager, while other less easily answered finer points were to be referred to Bob Martin at Icon. Since then, the comprehensive list of questions and answers has been emailed to all Board Members. The conversion to this new system is proceeding.

Under the agenda item, “Benchmarking with other Journals”, suggestions were put forward as to how we might improve on our current publication and presentation. For example, the Board discussed the continuing publication of meeting abstracts and how best to publish these promptly. Journal correspondence on our Journal website was not generally favoured, though it might be a suitable place for critically appraised topics. Single institution surveys were considered less worthy of publication on the whole.

Upgrading of Instructions for Authors is a necessity, with ongoing changes in publishing methods. In line with recommendations of the International Committee of Medical Editors, a paragraph has been added with instructions concerning the registration of clinical trials with the Australian Trial Registry at the NHMRC Clinical Trials Centre at the University of Sydney.

Authors must be advised of recommendations from the International Committee of Medical Journal Editors, such as the registration of clinical trials. Some references to websites of the ICMJE and the Australian Clinical Trials Registry have therefore been included for authoritative information for authors and to emphasise the necessity to conform to other journals’ practices.

Other items discussed by the Board included the need for checking the correct and complete details and the appropriateness of references quoted by authors. However, while we as the Editorial Board endeavour to do this, it is ultimately the authors’ responsibility.

All items discussed are included in the Minutes of the Editorial Board Meeting (Appendix).

The adjudicating committee of the 2004 Best Paper Award has announced the winning paper: Hayes C, Armstrong-Brown A, Burstal R. Perioperative intravenous ketamine infusion for the prevention of persistent post-amputation pain: A randomized controlled trial. *Anaesthesia and Intensive Care* 2004; 32; 330–338. The award of \$2000 to the principal author and certificates to all authors will be presented at the Editor’s session on Monday September 26.

The newly established practice of at least one editorial per issue is an asset to our Journal and at the same time, stimulating great interest and provoking some lively correspondence.

Negotiations between the New Zealand Society and the ASA concerning that Society recognizing *Anaesthesia and Intensive Care* as their official journal have resulted in a mutually beneficial agreement. Acknowledgement will be included on the front cover of the Journal and New Zealand Society members will receive the journal as part of their increased subscription to their society. A representative of the New Zealand Society will be welcomed to the Editorial Board.

Advertising in the Journal, which constitutes a major part (20%) of our income, is noticeably increasing through 2005.

At its meeting on September 26, the Editorial Board will be discussing an interesting proposal we have received for our Journal to join with other Societies journals in a CD Rom venture in the near future.



Australian
Society of Anaesthetists

This would be with *Anaesthesia*, *Canadian Journal of Anaesthesia*, *Acta Anaesthesiologica Scandinavica* and possibly the South African Journal.

All members of the Editorial Board are sincerely thanked for their ongoing enthusiasm and hard work, as are our many reviewers of submissions for publication. Our new Production Assistant, Robert Burton-Bradley has settled into the position well. His obvious competence and journalistic skills are appreciated. We thank both Clarissa and Robert for their continuing efforts.

Alan Duncan
Chief Editor
August 15, 2005

Jeanette Thirlwell Jones
Executive Editor

Item No: 8
Ref: AGM250905

**REPORT OF THE ECONOMICS ADVISORY OFFICER
OF THE AUSTRALIAN SOCIETY OF ANAESTHETISTS
FOR THE ANNUAL GENERAL MEETING 2005
ACN 095377370 ABN 56790794313**

The Economics Advisory Committee (EAC) has continued to monitor closely the introduction of the Relative Value Guide (RVG) into the Medicare Benefits Schedule (MBS) throughout the year. The EAC has negotiated significant changes to the MBS RVG to be implemented this coming November as well as continue work on possible reforms to anaesthesia consultations. With the remuneration increases for specialist services to veterans initially excluding anaesthesia much work was required to bring about the ultimately successful negotiations with the Department of Veterans' Affairs to correct the omission.

Meetings with the relevant Government departments have also occurred discussing pain medicine, medical perfusion, intraoperative transoesophageal echocardiography, intensive care, patient gaps and informed financial consent.

MEDICARE BENEFITS SCHEDULE (MBS)

The RVG in Medicare

The RVG was introduced into the MBS in November 2001 on a cost-neutral basis. After an initial over-expenditure through Medicare requiring an adjustment of the RVG unit value and indexation the full recovery has now occurred (November 2005) with the usual MBS indexation to be applied each year from this November forwards. Whilst MBS indexation was foregone in 2003 this funding is now due to be returned (approximately \$5 million) and will be utilised for the introduction of a raft of new changes and additions to the MBS RVG which will deliver significantly increased benefits for a range of anaesthesia services.

The EAC has negotiated with the Department of Health and Ageing to implement significant increases in the base unit allocation for 6 items which will improve the relativities within the RVG (see full listing below) by providing higher benefits for selected procedures. Further there will be an increased allocation of time units so that one time unit will be generated every 10 minutes after 2 hours anaesthesia time (rather than the previous 4 hours). This will improve the level of benefits for longer anaesthesia. Items that provide benefits for intraoperative epidural and spinal techniques have been re-organised to provide increased benefits in recognition of the complexity of these procedures and the skilled input required from anaesthetists when utilising these techniques. Finally a further 6 new items have been added to the MBS RVG to further improve the correlation between the MBS and the ASA and AMA versions of the RVG.



Australian
Society of Anaesthetists

I have summarised the changes to the MBS RVG below. Please note all MBS item numbers are provisional at the time of writing.

Increased Base Unit Allocations

- Item 20160** - ...*anaesthesia for intranasal surgery* – increase from 5 base units to 6 base units
- Item 20170** - ...*anaesthesia for intraoral procedures* – increase from 5 base units to 6 base units
- Item 20940** - ...*anaesthesia for per vaginal and vaginal procedures...* – increase from 3 base units to 4 base units
- Item 20942** - ...*anaesthesia for ...colporrhaphy* – increase from 4 base units to 5 base units
- Item 22900** - ...*anaesthesia for extraction of tooth...* – increase from 5 base units to 6 base units
- Item 22905** - ...*anaesthesia for restorative dental work* – increase from 5 base units to 6 base units

Increased time unit allocation

One time unit every 10 minutes after the first 2 hours (previously after the first 4 hours)

New RVG items

- Item 21216** ...*anaesthesia for bilateral total hip replacement* (14 units)
- Item 20847** ...*anaesthesia for surgery for ovarian malignancy* (10 units)
- Item 20953** ...*anaesthesia for endometrial ablation or resection in association with hysteroscopy* (5 units)
- Item 20703** ...*anaesthesia for surgery on upper anterior abdominal wall nerves, muscles, tendons and fascia* (4 units)
- Item 20803** ...*anaesthesia for surgery on lower anterior abdominal wall nerves, muscles, tendons and fascia* (4 units)
- Item 22018** ...*Respiratory measurement and monitoring item* (detailed item descriptor has further restrictions) (7 units)

Changed RVG items

To replace MBS items 22030 (2 units) and 22035 (2 units)

- Item 22031** ... *Intrathecal or Epidural injection (initial) in association with anaesthesia and surgery for post-operative pain management* (5 units)
- Item 22036** ...*Intrathecal or Epidural injection (subsequent), using an in-situ catheter, in association with anaesthesia and surgery for post-operative pain management* (3 units)

Consultations

Negotiations have continued with the Department of Health and Ageing on the issue of reform to consultations in the MBS for anaesthetists. This work has been ongoing for more than a decade and always the stumbling block has been the funding required for such a change. Nevertheless recently detailed modeling of different possible structures has been possible with estimates for extra funding required projected at approximately \$5 million. We have stated to the Department that such a structure will not only deliver long overdue recognition of the importance of anaesthesia consultations but could deliver significant patient benefits including better health outcomes, economic savings to the health system, improved efficiencies, better informed consent processes and a reduction in patient gaps.

The Society continues to promote the introduction of a time-based structure based on 4 items using 15 minute time increments. Emergency consultations would have separate items. This is also based on the structure already in use in the ASA and AMA versions of the RVG. The ASA will be meeting with the Minister around the time of the 2005 NSC and a further request for funding will be pursued.

DEPARTMENT OF VETERANS' AFFAIRS

Following the announcement in last years' Federal Budget of an increase for the payments made to medical specialists who treat veterans but excluding anaesthesia services the ASA commenced negotiations to have a similar increase applied to anaesthesia services. Following a detailed submission to the DVA and a series of negotiations it was announced in this years' Federal Budget that there was to be a similar increase for anaesthesia services from July 1 this year. It was further



Australian
Society of Anaesthetists

agreed that from that date remuneration for all DVA services would be determined by the MBS RVG at a unit value of \$27.65. This represents a significant increase in funding for anaesthetists treating veterans and should ensure the continued provision of essential anaesthesia services to these most deserving members of the community.

Unfortunately whilst the majority of anaesthesia services provided to veterans are covered by the new arrangements, a number of services have been omitted, including notably all anaesthesia attendances and consultations. The ASA has been in further negotiations with the DVA to ensure that all services provided to veterans by anaesthetists will receive an increase in remuneration. Following our most recent meetings it is hoped that the new arrangements will finally be complete by November this year. Further communication will be made with members closer to November.

Whilst ultimately there have been delays in the new increased remuneration being applied to anaesthesia services, the final arrangements will deliver significantly improved benefits for treating veterans and have seen a return to a single system of payments utilising the RVG. I would like to thank all members for their patience in this matter.

INFORMED FINANCIAL CONSENT

Following the recent release of a large Government funded study into patient gaps and informed financial consent (IFC) this issue and how anaesthetists deal with it is increasingly gaining prominence. The study gave anaesthetists notoriety as being placed number one in the area of unexpected patient gaps. The Minister has requested both the profession and others in the health industry to do more in improving IFC and anaesthetists are always prominent in any discussion on this topic. Most recently the House of Representatives Standing Committee on Health and Ageing called on the ASA to appear as a witness to discuss IFC and patient gaps with some of the backbenchers taking a quite aggressive line of questioning on the issue. Finally the Australian Consumer and Competition Commission (ACCC) will be this year examining the issue in detail in its annual report to the Senate on anti-competitive practices in the Health Industry.

It should be clear to all members that this issue will not go away and all anaesthetists working in the private sector must embrace good IFC practice in order to ensure financial independence into the future. Members should rest assured that the EAC continues to inform all interested parties of the particular difficulties that the current health system places in the way of IFC for anaesthesia services. Nevertheless it is imperative for all anaesthetists to examine their own practice of IFC and to take steps to improve relevant financial information being available to patients prior to their entering hospital. The EAC plans to increase practical assistance provided to members in this area over the forthcoming 12 months and all members should feel free to contact the ASA for any assistance with IFC issues.

The EAC is planning to discuss further IFC with the ACCC and the Minister in the near future.

REVIEW OF THE RVG

Each year the EAC conducts a review of the ASA RVG including any member requests for changes or additions/deletions to the Guide. This year the EAC has recommended the addition of 4 new items to the ASA RVG. With approval by Federal Council later this year, these items should be adopted into the ASA RVG from November this year and also the AMA RVG.

New Items for Inclusion in the RVG

CV800 (Division V) – THE USE OF TWO-DIMENSIONAL IMAGING ULTRASOUND GUIDANCE TO ASSIST PERCUTANEOUS MAJOR VASCULAR ACCESS involving catheterisation of the jugular, subclavian or femoral vein (Note: this item may be used in addition to the relevant item for vascular catheterisation)

Recommended unit allocation - 3 units



Australian

Society of Anaesthetists

CV805 (Division V) - THE USE OF TWO-DIMENSIONAL IMAGING ULTRASOUND GUIDANCE TO ASSIST PERCUTANEOUS NEURAL BLOCKADE involving the brachial plexus, or femoral and/or sciatic nerve (Note: this item may be used in addition to the relevant nerve block item)

Recommended unit allocation - 3 units

CF742 (Division F) – ANAESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES IN ASSOCIATION WITH IMAGING TECHNIQUES INCLUDING FLUOROSCOPY AND ULTRASOUND.

Recommended unit allocation - 6 units +PM +T

CV019 MEASUREMENT OF THE MECHANICAL OR GAS EXCHANGE FUNCTION OF THE RESPIRATORY SYSTEM, OR OF RESPIRATORY MUSCLE FUNCTION, OR OF VENTILATORY CONTROL MECHANISMS, using measurements of parameters including pressures, volumes, flow, gas concentrations in inspired or expired air, alveolar gas or blood and incorporating serial arterial blood gas analysis and a written record of the results, when performed in association with the administration of anaesthesia

Recommended unit allocation - 7 units

8TH EDITION OF THE RELATIVE VALUE GUIDE

After the successful production of the 7th edition of the RVG, Dr. Mark Sinclair has again teamed up with Mr. Peter Lawrence and the Federal Secretariat to begin production of the 8th edition. It is planned to have the new edition completed by the end of the year and again it will be a comprehensive “one-stop-shop” booklet containing all relevant information relating to ASA, AMA and MBS item numbers, DVA, third-party and worker’s compensation billing as well as containing other useful information.

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

THE COMMITTEE

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

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

The Committee members are:

- Dr. Andrew Mulcahy (Chair)
- Dr. Greg Deacon
- Dr. Alec Harris
- Dr. Tim Wong
- Dr. Renald Portelli
- Dr. Mark Sinclair
- Dr. Mark Whitby
- Dr. Ian Woodforth
- Dr. Reg Cammack



Australian
Society of Anaesthetists

Mr. Peter Lawrence

EXTERNAL ASSISTANCE

I would also like to publicly thank a number of people from outside the EAC who have also contributed to and provided support for the work of the Committee. Dr. Jim Bradley and Dr Rob Storer have provided tremendous input to our work despite their other ASA commitments and we thank them greatly for that.

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

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

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

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

EXTERNAL MEETINGS WITH EAC REPRESENTATION

October 2004 – Intraoperative Transoesophageal Echocardiography Working Group

December – Meeting with Medibank Private

December 2004 – Meeting with the Department of Health and Ageing

December 2004 – Meeting with the Department of Veterans' Affairs

February 2005 – Meeting with Minister for Veterans' Affairs

March 2005 – Meeting with President of the RSL

March 2005 – Meeting with MBF

April 2005 – Meeting with the AMA

April 2005 – Meeting with the Department of Veterans' Affairs

April 2005 – Meeting with the President of the Senate – Sen. Paul Calvert

May 2005 – AMA National Conference

July 2005 – Meeting with the Department of Health and Ageing

July 2005 – Meeting with the Department of Veterans' Affairs

July 2005 – Meeting with ASA Lawyers

July 2005 – Meeting with the Department of Health and Ageing

July 2005 – Meeting with the Department of Health and Ageing

August 2005 – House of Reps Standing Committee on Health and Ageing

September 2005 – Meeting with the Health Services Advisory Committee

Dr. Andrew Mulcahy

Chairman, Economics Advisory Committee

11 September 2005



Australian

Society of Anaesthetists

Item No: 9
Meeting ref: AGM250905

**REPORT OF THE PROFESSIONAL ISSUES ADVISORY COMMITTEE CHAIR
OF THE AUSTRALIAN SOCIETY OF ANAESTHETISTS
FOR THE ANNUAL GENERAL MEETING 2005
ACN 095377370 ABN 56790794313**

The PIAC has been involved with numerous issues over the past 12 months. Increasingly we are moving away from indemnity related issues, and into areas related to quality and continuing medical education. This I feel is appropriate given the relative stability of the Medical Defence Organisations (MDO) at the present time.

The Committee has expanded over the past six months and now includes Victorian and Western Australian representatives. The members have differing areas of expertise and interests and each has contributed greatly during the year.

1. Medical Indemnity and related Issues

Most of the MDO's are now reasonably well funded. UMP has, phoenix-like, risen from the ashes and is recapitalising well (note: their IBNR's remain quarantined – and therefore off the balance sheet). A review of “competitive neutrality” performed earlier in the year led to a decrease in subsidies amounting to over \$120 million over the next ten years or so. Some concerns still exist with other MDO's. Anaesthetic premiums have stabilised. Significant diminution however will not be forthcoming until further fund accumulation has taken place and we decrease our risk exposure. We need to push further for increased Risk Management.

A survey done earlier in the year showed:

- 60% of members said that even if they could change their MDO, they wouldn't.
- 75% of members didn't think that State reforms had gone far enough.
- 23% of members qualified for premium support or assistance from the Commonwealth.
- 73% are paying less than 10% of their gross private practice as medical indemnity premium.
- 23% are paying between 11-20%.
- 4% paying between 20-40%.
- 35% have attended a Risk Management program while 65% have not, 77% however would attend if offered.

2. Cognitive Institute

There have been three Masterclasses to date. General feedback has been very positive. These classes are expensive to run, and to date we have had a varying amount of subsidy from the MDO's. Ongoing subsidies are still be finalised. Three more Cognitive Institute Masterclasses are planned in:

- Brisbane – 12 November 2005
- Sydney – 11 March 2005
- Melbourne – 3 June 2005

3. Interactive On-line Modules

The second module (paediatrics) had been released at the end of June and was very successful. ANZCA has awarded 20 CME points for the module. In the future where case scenarios are used, ANZCA has agreed to award a higher point structure. The next module to be released would most likely be the Obesity module, however there are others in the pipeline, which are not quite complete. ASA members are encouraged to log on and complete the modules. It is an effective, easy way to obtain CME points. Remember the service is free to ASA members.

4. Code of Conduct

The “Code of Conduct for Members” has been completed. The document is succinct and very easily read and understood. It ties together a number of AMA, ASA and ANZCA document's. It is envisaged that this document would need to be reviewed each year or two and modifications made as required. Comments and suggestions are welcome.



Australian
Society of Anaesthetists

5. AIMS and APSF

The PIAC has been asked to review the APSF and AIMS. The APSF is currently in a state of what may be described as disarray. We are still awaiting a review being conducted by the ANZCA. In principal I feel the APSF needs support, however they have yet to demonstrate the new system that we are being asked to fund.

In the future there may be a possibility for the ASA, ANZCA and NZSA to pursue incident monitoring issues independent of APSF.

6. Document reviews - completed

- Anaesthesia and You (maroon brochure)
- Mi-tec Document: Epidural and Spinal Anaesthesia
- Visitors to the Peri-operative Environment.

7. MIIAA Review

The MIIAA is a collaborative effort by most of the MDO's. Latest report received is for the period of 1995 – 2004. Some results include:

- claims frequency is 49/1000 anaesthetists
- increase of 4% over the 10 year period
- average cost of claims \$7,300/ for all members
- average premium increase 245% (17% per annum)
- anaesthetists premium increase about 140% (note no increase last year)
- average weekly earnings rose by 43%
- for anaesthetists, small number of large claims make up large proportion of costs

Recent information from the MIIAA can be downloaded on:

<http://www.miaa.com.au/media/files/379.pdf>

8. NSW Risk Management Workshop

The NSW Section of the ASA has recently held a very successful one-day meeting. The meeting was given 4 CME and 14 QA points by the ANZCA. This was, I believe, the first meeting of its type to be held where it was purely devoted to Risk Management. There were approximately 165 attendees, many from interstate. If the demand is there, there may be similar meetings organised in the future. Please be aware that if you don't have or use email, then you may miss out on these meetings as advertising is primarily by email.

9. To be completed.

The PIAC has still to finalise a review of the provision of out of hours services and on-call arrangements. This is becoming increasingly complex and the issue of safe hours may need to be addressed at the same time. I wish to express my thanks and appreciation for the members of my Committee, as well as the help and advice from the Executive Director. The support from the Secretariat has, obviously, been invaluable.

Dr Nigel Symons
PIAC Chair
11 September 2005

Item No: 10
Ref: AGM250905



Australian
Society of Anaesthetists

FOR THE ANNUAL GENERAL MEETING 2005
ACN 095377370 ABN 56790794313

After 2 years as the National Chair, it is almost time to take off my hat and pass it over to someone else. This is my last report to the ASA Council, ASA Newsletter and ASA AGM. During my time as the Chair I have been proud to see the consolidation of GASACT into a strong representative body recognised locally, nationally and internationally. We have worked hard to earn the reputation we now have amongst trainees, ASA and Council, ANZCA, Doctors in Training (Federal AMA), and such organizations as the Resident Component of the American Society of Anaesthesiologists and the Group of Anaesthetic Trainees (UK).

All the hard work carried out by the state chairs certainly makes my position as National Chair look so good! Without the continued commitment of these hard working people in organising scientific and social functions in all the states, GASACT would not be in the position it is today; for without a strong foundation, the building will surely topple. I would like to extend a personal thank you to the state chairs Drs James Fowlie, Matt Acheson, Angeline Lee and Andrew Wetherill for their continued hard work and support. I have reported many times on the activities of the states and I am proud to say there are now functions held in all the states consisting of such things as welcome drinks and dinners, single day conferences and the now famous Part 3 course. We have also developed a full day of lectures/tutorials/workshops that we run at the NSC, and we are now working towards establishing a National meeting for the presentation of trainee papers and projects, culminating in the presentation of awards.

It is 5 years since the establishment of GASACT, and after much organization and rallying of authors, we now have "The Handbook". This has to be considered a major achievement as compared to similar organizations overseas, we have completed this in half the time they have taken to complete a similar work. We must acknowledge the support of contributors from right around Australia who are members of the ASA or Council. Thank you and well done. All GASACT members are soon to receive their copy just as soon as the ASA has secured a sponsor from the healthcare industry for its publication. I am sure it will be a very useful resource for all trainees.

At the conclusion of the NSC at the Gold Coast, Dr Peter Devonish, a 4th year trainee, will take over as the National Chair of GASACT. I am sure he will continue to develop and strengthen the position of GASACT and build on its successes with a strong committed team. Congratulations and good luck for the future.

I would also like to take this opportunity to thank all those who have assisted me in my roles as both State and then National Chair of GASACT. Without your support and encouragement, I and indeed GASACT would not be in the position it is today. This wonderful opportunity has certainly helped me both professionally and personally and has been invaluable. Thank you all, and no doubt I will keep in contact with the ASA in some small way in the years to come.

Dr Waleed Alkhazrajy.
National Chair GASACT
14 August 2005

Item No: 11
Meeting Ref: AGM250905

REPORT OF THE AWARDS, PRIZES AND RESEARCH GRANTS SUBCOMMITTEE
FOR THE ANNUAL GENERAL MEETING 2005
ACN 095377370 ABN 56790794313

2005 ASA Prizes and Research Grants:



Australian
Society of Anaesthetists

Twenty nine applications were received for the six Society Grants and Awards (to a total value of \$117,500) to be awarded for 2005.

I have great pleasure in advising the names of winners of the 2005 Society Research Prizes and Research Grants:

1) Abbott / ASA Research Grant:

There were fourteen applications for the Abbott / ASA Research Grant which at \$40000 is the Society's senior and most valuable Award. The quality of the applications (and of the ongoing research of a number of the applicants) was commented on by the adjudicators. The difficulty in achieving a balance (in making this Award) between new and established, and between "small" as opposed to more substantial research projects, was commented on. Further, some projects are multidisciplinary, some even multinational, and some either already part funded, or needing seed funding.

With this background, the adjudicators recommended that the applications of Prof Harry Owen (Flinders University, Adelaide) ("A virtual reality based endotracheal intubation simulator") and Dr David Olive ("A comparison of three techniques for analgesia following total knee joint replacement: continuous femoral nerve block, spinal morphine or both") be funded.

2) GE Healthcare / Datex-Ohmeda / ASA Research Grant:

There were three applications for the 2005 GE Healthcare / Datex-Ohmeda / ASA Research Grant. A grant of \$30,000 plus funding to the value of \$10,000 for technical support has been awarded to Dr Rowan Molnar and his co-workers (St Vincent's Hospital, Melbourne) for their project entitled "Use of transthoracic echocardiography to assess left ventricular volume in Total Hip Joint Replacement".

3) Jackson Rees Research Grant:

There were six applications for the Jackson Rees Research Grant. The Society has awarded Grant for 2005 (to the value of \$20,000) to Dr Allan Cyna and his co-workers (from the Women's and Children's Hospital, Adelaide) towards their project entitled "The effects of antenatal hypnosis on pain relief in labour: a randomized controlled trial".

4) Kevin McCaul Prize:

The Society has awarded the Prize for 2005 to Dr James Black (from the Women's and Children's Hospital, Adelaide) for his paper on "Issues of Consent for Regional Anaesthesia in Labour: A survey of Obstetric Anaesthetists". Dr Black's co-author was Dr Allan Cyna.

5) Portex [Boots] Awards:

Two successful applications for the 2005 Portex [Boots] Awards were received, firstly, from Dr David Carman (Malvern, SA) for his paper entitled "Analgesia after total knee replacement: a comparison of epidural versus lumbar plexus infusion", and secondly, from Dr James Griffiths (Ivanhoe East, Vic.) for his paper entitled "The cognitive effects of night duty on anaesthetic registrars".

6) LMA PacMed Fellowship Award (previously Pacific Medical/ ASA Fellowship)

There were no applicants for 2005 LMA PacMed Fellowship Award.

7) ASA / Diners Award

The adjudicators recommended that the ASA / Diners Award not be awarded this year. Diners have agreed to roll the funds into next year's Award.

Other awards:

a) PhD "top up" grants:



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Society of Anaesthetists

Earlier this year, Council approved a proposal for PhD “top up” grants – up to two to the value of \$10,000 per annum - for ASA members already established in undertaking PhDs with existing funding and supervision. Details regarding the application process will be available in the new year.

b) “Anaesthesia & Intensive Care” “Best paper” Award:

The winner (s) of this award has been announced elsewhere.

Thanks:

I wish to thank most sincerely all of this year’s adjudicators (Philip Allen, Michael Cooper, Neville Gibbs, Genevieve Goulding, Peter Kam, Stephen Katz, Ross Kerridge and Guy Ludbrook).

Dr James P Bradley
Chair of Awards, Prizes and Research Grant Subcommittee
19 September 2005

Item No: 12
Ref: AGM250905

**REPORT OF THE AMA CRAFT GROUP REPRESENTATIVE
FOR THE ANNUAL GENERAL MEETING 2005
ACN 095377370 ABN 56790794313**

Eleven anaesthetists from all parts of the country and representing both staff specialists and private practitioners were delegates at the AMA’s 2005 National Conference in Darwin last May. At the Conference, Dr Mukesh Haikerwal was elected unopposed to succeed Dr Bill Glasson as Federal President. Dr Haikerwal has Indian parents, grew up in Nigeria, and did his medical training in England. He is a GP in western Melbourne with young children, and is perfectly placed to understand and face the challenges confronting medicine today.

The AMA under Dr Glasson has had great successes in the last two years, due in no small part to the strong rapport which he developed with the Health Minister, Mr Tony Abbott. With his rural Queensland background he was at home in the most far-flung communities, highlighting the health problems which their residents face and brokering solutions with the Department of Health and Ageing. Cooperation between the ASA and AMA has been particularly strong, with Peter Lawrence and Andrew Mulcahy being in constant contact with John O’Dea, director of the AMA’s Medical Practice Department.

Medical indemnity

While great gains have been made this remains a work in progress. Tort law reform remains inadequate in some states, and wind-back of achieved reforms remains a constant threat. The Risk Management Working Party continues to liaise with the Colleges about introduction of the modified LEAP programme. Some states are proposing single or court appointed expert witnesses in civil cases. Federal AMA is assisting the state branches to achieve a uniform and satisfactory approach in all jurisdictions. Introduction of a long term care scheme for the disabled is stalemated. The Federal Government wants the States to introduce their own schemes, and there has been no commitment at any level to include those severely injured by medical mishaps.

Informed financial consent

After the Health Minister required emergency surgery and encountered unexpected gaps, this has remained a hot topic. With IFC being of obvious benefit to all and supported by all the medical organizations, discussion centres on the introduction of efficient mechanisms to facilitate IFC. Some in the health insurance industry want to outlaw gaps and set their own non-negotiable rebates, while



Australian
Society of Anaesthetists

the Government continues to resist remedying the underlying cause of gaps: failure to index the MBS adequately. The IFC Taskforce has been dormant since before the last federal election, but may be revived.

OTD's, training and workforce issues

The AMA has been at the forefront of efforts to ensure that OTD's are properly assessed prior to entry to practice in Australia and supported once appointed. Glaring deficiencies in the current system are never far from the front page. At the same time numerous new medical schools are opening in Australia, and there is a real challenge to ensure that their students receive an adequate medical education given the decline of the public hospital system. Proposals to substitute training in the private sector can never replace the structured system of graded responsibility in the public teaching hospitals.

Workforce substitution

Across the Profession this is a major issue. Independent nurse practitioners, midwives, pharmacists, podiatrists and optometrists all want to take on roles currently performed by doctors. One of the universities is to introduce a course for a generic "health care worker" to further blur the boundaries. Particularly in general practice, practice nurses, working under the supervision of doctors, are valued members of the team. The AMA is working hard to see that there is no reduction in patient safety or the cost effectiveness of health care delivery as a result of workforce substitution.

Collective bargaining

The AMA is watching the implications of a case which the ACCC lost on the grounds that crown immunity extends to the dealings between private companies and State and Territory executive governments. The concern is whether such immunity will act to allow state hospitals to avoid compliance with the TPA in their dealings with visiting medical officers, and thereby weaken the effect of the proposed amendments to the collective bargaining provisions of the TPA.

Rosters

The ACCC replied after almost 12 months to an AMA submission detailing scenarios which they believe breach competition law while being necessary to provide services in remote areas at a time of workforce shortages. The ACCC confirmed the AMA's opinion, but stated that the solution was to seek authorization for the arrangements. The AMA maintains authorization is too expensive and complex, while the ACCC denies this and offers assistance. The only solution may be a trial run.

Workplace relations legislation

This legislation has not yet been introduced, making a detailed response impossible. In addition, the AMA represents doctors both as employees and employers. A policy will be finalized after the introduction of the legislation and consultation with the State Branches.

The future

After several years of belt tightening the organization has eliminated an unacceptable deficit in the current accounts, and is in a strong position to lobby and advocate on behalf of the doctors and patients of Australia. I am continuing on the Economics and Workforce Committee. This committee works with John O'Dea and the Medical Practice Department to produce an enormous amount of material for innumerable government taskforces, enquiries and committees. In addition I will be a member of the Audit Committee. The AMA is a cornerstone of our democratic society; the strength of anaesthetists' voices within the organization depends on their membership numbers.

Ian Woodforth
AMA Craft Group Representative
22 August 2005



Australian

Society of Anaesthetists

Item No: 13.1
Ref: AGM250905

**REPORT OF THE NSC OFFICER
OF THE AUSTRALIAN SOCIETY OF ANAESTHETISTS
FOR THE ANNUAL GENERAL MEETING 2005
ACN 095377370 ABN 56790794313**

NSC 2006 – Coolum, Qld

- 21-24 October 2006
- Regency Hyatt Coolum
- John Lauritz and Piers Robertson

NSC 2007 – Perth, WA

- 14-18 September 2007
- Burswood Casino, Perth
- Tim Pavy and Michael Paech

NSC 2008 – Wellington, New Zealand

- Joint NSC with the New Zealand Society of Anaesthetists (NZSA)
- Wellington
- Graham Sharpe

**Dr John Lauritz
NSC Committee Chair
18 August 2005**

Item No: 13.2
Ref: AGM250905

**REPORT OF THE CONVENER OF THE 2007 NSC
OF THE AUSTRALIAN SOCIETY OF ANAESTHETISTS
FOR THE ANNUAL GENERAL MEETING 2005
ACN 095377370 ABN 56790794313**

The ASA NSC 2007 will be held from September 14-18 2007 at the Burswood Resort, Perth.

This resort, at the eastern end of the Perth CBD, has 2 hotels (5 star Intercontinental and the just-opened 4 star Holiday Inn), 10 restaurants, 9 bars, a casino and is set in the middle of an 18 hole golf course. It is expected that most delegates will be accommodated on site, and the resort boasts numerous break out rooms and other venues, including the Burswood Convention theatre holding 2,300, that make it so attractive.

The meeting is expected to include a contingent of delegates attending AOSRA (the Asian and Oceanic Society for Regional Anaesthesia), meeting which will be included under the ASA umbrella.

Life changing events and sessions are planned, so this will not be the run of the mill Congress.

**Tim Pavy
Convener NSC 2007
18 August 2005**