

“ANZCA can take pride in the contributions we make to patient safety, to the health of our own community, and also to the world community.”

Professor David A Scott
ANZCA President

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“The College has also been active in consulting with the Medical Board of Australia and the Medical Council of New Zealand in the development of new revalidation, recertification and CPD standards.”

President's report

Fellows and staff worked hard throughout 2016 to achieve ANZCA's goals across education and training, research, professional standards and safety and quality, and to raise the College's profile and influence with governments and in the community.

It has been a big 12 months for ANZCA research. This began with the renaming and rebranding of the ANZCA Research Foundation (previously the Anaesthesia and Pain Medicine Foundation), with the new slogan, “Saving lives, improving life”. The foundation awarded a record \$A1.7 million to Fellows for 23 research grants in 2017. The Elaine Lillian Kluver ANZCA Research Award was established through a bequest of \$A250,000 received from the estate of the late Dr Kluver. Professor Eric Visser was the inaugural recipient of this honorary award for his successful ANZCA Academic Enhancement Grant. Professor Jenny Weller was awarded the Douglas Joseph Professorship and grant for 2017.

ANZCA Fellows starred in research grants rounds from other health organisations too. The National Health and Medical Research Council's (NHMRC's) largest project grant for 2016, \$A4,823,395, was awarded to the “ROCKeT” study investigating ketamine and postoperative chronic pain, led by Associate Professor Philip Peyton from Austin Health, Melbourne. The NHMRC also awarded \$A825,787 for the “T-Rex” study of anaesthetic regimens and paediatric neurodevelopment led by Professor Andrew Davidson from the Royal Children's Hospital, Melbourne. In other research news, the outcome of the ATACAS study on aspirin, tranexamic acid and coronary artery surgery was published in the *New England Journal of Medicine*. This successful funding and research is

supported by the Clinical Trials Network and is often built from work supported by ANZCA research grants.

Social media grew markedly at the annual scientific meeting (ASM) in Auckland, with one day of #ASM16NZ trending as the number one hashtag in New Zealand. The ASM was Twitter's top trending healthcare conference in the world. The ASM also received its highest level of media coverage ever across Australia and New Zealand in print, online and on radio, with a record total of 790 reports discussing the meeting. These reports had a potential cumulative audience of six million people. ANZCA now also has a Facebook page.

Thousands of Fellows and trainees continued to be engaged with the College through a wide range of other events: special interest group conferences, 18 regional scientific meetings, FPM's Spring Meeting and Refresher Course Day, meetings of the Clinical Trials Network and the Australian and New Zealand Anaesthetic Allergy Group (ANZAAG), and more than 40 trainee courses run by ANZCA and FPM.

Extensive work is ongoing in updating and revising the ANZCA 2013 training curriculum, and support resources, for the benefit of our trainees and those educating them.

Professional standards have been developed in terms of both clinical guidelines and workplace behaviour. A new professional document, *PS62 Statement on Cultural Competence*, was released on a 12-month pilot. Six professional documents underwent full updating and review. This is underpinned especially by the important work of the Safety and Quality Committee and our Policy unit.

Work on the *Safety of Anaesthesia – a review of anaesthesia-related mortality reporting in Australia and New Zealand 2012-2014* was undertaken. The anaesthetic mortality data from NSW, Victoria, WA, Tasmania, SA and Queensland will be included in the report. Meanwhile, more than 20 safety alerts were uploaded to the ANZCA website and promoted to Fellows and trainees via ANZCA publications.

The ANZCA Perioperative Anaphylaxis Management Guidelines (including management cards) and the accompanying background paper were officially launched by ANZAAG, and a milestone of 4000 cleansed incident reports was reached in the Anaesthetic Incident Reporting System (webAIRS).

Following revelations of poor workplace behaviour in hospitals, ANZCA liaised with the Royal Australasian College of Surgeons to identify opportunities for collaboration on key bullying, discrimination and sexual harassment (BDSH) initiatives. The presidents of the two colleges signed a letter of agreement on addressing BDSH.

The College has also been active in consulting with the Medical Board of Australia and the Medical Council of New Zealand in the development of new revalidation, recertification and CPD standards.

Fellows continued their generous pro bono work for communities in need, some of it offered privately and some via ANZCA's Overseas Aid Committee. The committee supported Dr Matthew Ho with a scholarship to work in Rwanda for four months as

part of a fellowship in global and regional health, and funded three educational trips to Papua New Guinea (PNG). The committee also sponsored four consultant anaesthetists from PNG to attend the World Congress in Hong Kong.

Successful delivery of the Essential Pain Management Program (EPM) continued, with 27 EPM courses, seven EPM Lite courses and 11 EPM instructor courses in the following countries: Ethiopia, Myanmar, Kiribati, PNG, Malawi, Madagascar, Mongolia, Argentina, India, South Africa, Russia, Nicaragua, Czech Republic, Nigeria, Cook Islands and Vanuatu.

Closer to home, the Indigenous Health Committee awarded four scholarships to Indigenous junior doctors and medical students from Australia and New Zealand to attend the Auckland ASM.

Finally, the College has been developing its relationships and collaborations with sister colleges and organisations in Australia and New Zealand, as well as internationally.

I would like to thank all the Fellows and trainees who have contributed this year to the many facets of the College's work. ANZCA can take pride in the contributions we make to patient safety, to the health of our own community, and also to the world community.

Professor David A Scott
ANZCA President



“Community engagement was enhanced through social media following the appointment of a dedicated digital communications manager. An ANZCA presence was established on Facebook and YouTube, and Twitter was expanded.”

CEO's report

ANZCA and FPM continued to build and strengthen external relations with governments and the wider community in 2016.

More than 50 formal submissions were made to Australian and New Zealand government and other agencies on issues including revalidation (Australia) and recertification (New Zealand), workforce, safety and quality initiatives such as over-the-counter codeine, prescribed opioids, “medicinal” cannabis and other regulatory changes.

ANZCA also successfully lobbied the Australian Department of Health to increase full-time equivalent and professional resource funding for the Training More Specialist Doctors in Tasmania (TMSDT) project, and New Zealand's Minister of Health, Dr Jonathan Coleman, attended the New Zealand National Committee meeting in November.

The profile of ANZCA and FPM, and anaesthesia and pain medicine, continued to rise in the community, promoted through more than 30 media releases resulting in about 1000 media reports reaching millions of readers, listeners and viewers. An increasing number of hospitals participated in National Anaesthesia Day in October, attracting widespread media coverage including a national TV interview with the ANZCA President, Professor David A Scott in Australia, and national radio interviews in New Zealand.

Community engagement was enhanced through social media following the appointment of a dedicated digital communications manager. An ANZCA presence was

established on Facebook and YouTube, and Twitter was expanded. Community education videos on anaesthesia generally, and on regional anaesthesia, were introduced for the first time to promote National Anaesthesia Day. These are the first in a series planned to raise the public profile of ANZCA and FPM and provide Fellows with educational resources.

Many initiatives helped to increase the value of fellowship, something recognised in the latest Graduate Outcomes Survey. More than 50 per cent of new Fellows completed the survey, and the results showed increasing satisfaction with the training and services provided by the College.

The ANZCA Library reached a milestone by delivering 100 literature searches for Fellows and trainees in 10 months and introduced Library Guides, reinforcing the importance of online access to information and increasing the reach and awareness of the library. Trials of new apps including the Read by QxMD app began.

As part of the annual meeting of the American Society of Anesthesiologists, the *Trailblazers and Peacekeepers: Honouring the ANZAC Spirit* online exhibition of ANZCA's Geoffrey Kaye Museum of Anaesthetic History was awarded the 2016 David M Little Jnr Media Prize under the category of Best Media of 2015. The new temporary museum exhibition, *From Snake Oil to Science*, was also launched in 2016, along with the *Lives of the Fellows: 1952*, an online project uncovering the stories of the 40 men and women who formed the Faculty of Anaesthetists, Royal Australasian College of Surgeons.

This was a big year for information technology upgrades and several other new systems and processes. The ANZCA and FPM websites are now mobile responsive (they adapt their display when shifting from a desktop to mobile device), have a better search function and have a platform for the website redesign, which began in late 2016.

A new server infrastructure hosting model was implemented, and a new financial budgeting, forecasting and reporting system was introduced. This brings a more streamlined workflow for budgeting, more efficient forecasting, a greater level of financial accuracy, and better access to financial data and analysis. The new VAULT online health and safety management system for staff provides online reporting of hazards and incidents, and is a comprehensive repository of health and safety data to help the College show legal compliance.

There were also many improvements to the ANZCA Training Program in 2016. Recommendations were developed for changes to address the size, complexity and alignment of training program documentation, to be implemented throughout 2017 and 2018.

Improvements made to the training portfolio system (TPS) for trainees to monitor their progress through the ANZCA Training Program, and amendments to scholar role and volume of practice requirements within the training program were made. Five early indicator checklists were launched to help supervisors of training (SOTs) assist trainees experiencing difficulty.

A review of processes for international medical graduate specialists (IMGS), now known as specialist

international medical graduates (SIMG), was completed to ensure a more transparent, efficient, effective and fair process that aligns with regulatory requirements. Forty hospital accreditation visits were completed using the new online training site accreditation system, and 156 trainees were supported in placements across regional/remote locations under the Australian Government's Specialist Training Program (STP).

We have been working closely with the Bullying, Discrimination and Sexual Harassment Working Group to strengthen protections for Fellows, trainees and SIMGs. During the year, we established protocols to receive and evaluate complaints and concerns, built firmly on the principle that ANZCA and FPM provide a supporting and educative role and will try to facilitate positive outcomes.

We are working closely with other medical colleges, particularly the Royal Australasian College of Surgeons who have been generous in the sharing of material that they have developed. We are most grateful for their guidance and support.

It was a busy, productive and successful year for ANZCA in 2016, made possible by the hard work of our talented and dedicated College staff. Teamwork with Fellows and trainees on committees and in other forums is a highlight. On behalf of the ANZCA Fellows, trainees and others I thank all members of staff for their commitment to making ANZCA the best it can be.

John Ilott
ANZCA CEO

Awards prizes and honours

ANZCA and FPM awards in 2016

ANZCA Medal

Made at the discretion of the ANZCA Council and recognises major contributions to the status of anaesthesia, intensive care, pain medicine or related specialties.

Dr Steuart Henderson was awarded the medal in recognition of his major contribution to the College and the profession, and in particular for his leadership in education, training and continuing education.

Gilbert Brown Prize

Awarded to the Fellow judged to make the best contribution to the free research paper session named the Gilbert Brown Prize session at each annual scientific meeting.

Dr Adrian Chin won the prize for “A randomised controlled trial comparing ultrasound and palpation assisted combined spinal epidural anaesthesia for elective caesarean section”.

Trainee Academic Prize

Awarded to the trainee, provisional Fellow or Fellow within one year of receiving the diploma of fellowship, who is judged to make the best contribution at the Trainee Academic Prize session held as part of the annual scientific meeting.

Dr Adam Hollingworth won the prize for “Does formalisation of handover and the use of a joint structured visual aid improve postoperative handover?”

FPM Dean’s Prize

Awarded for original work in the field of pain, presented in the FPM Dean’s Prize/Free Paper session at the annual scientific meeting, and judged to be a significant contribution to pain medicine and/or pain research.

Dr Linda Trang for “Postoperative analgesic efficacy of continuous wound infusion of local anaesthetic compared to opioid patient-controlled analgesia after laparotomy: a prospective study”.

FPM Best Free Paper Award

Awarded for original work judged to be the best contribution to the FPM Dean’s Prize/Free Paper session at the annual scientific meeting.

Associate Professor Philip Peyton for “Reduction of chronic post-surgical pain with ketamine (ROCKET) pilot trial”.

Dr Ray Hader Award for Pastoral Care

Awarded to an ANZCA Fellow or trainee who is recognised to have made a significant contribution to the welfare of one or more ANZCA trainees in the area of pastoral care.

Dr Ian Balson of the Royal Women’s Hospital in Melbourne won the award for his contribution to trainee welfare.

Australia Day honours

Professor Kate Leslie was appointed an Officer of the Order of Australia (AO).

Associate Professor David Cherry was appointed a Member of the Order of Australia (AM).

Dr Brian Spain was appointed a Member of the Order of Australia (AM).

Dr John Tucker received the Medal of the Order of Australia (OAM).

Queen’s birthday honours

Dr David Cameron Wilkinson was awarded Medal of the Order of Australia in the general division (OAM).

Distribution of workforce

The geographical distribution of active ANZCA and FPM Fellows at December 31, 2016:

	ANZCA	FPM
Australia	4442	304
New Zealand	691	31
Hong Kong	218	17
Singapore	86	9
Malaysia	47	1
Other	163	25

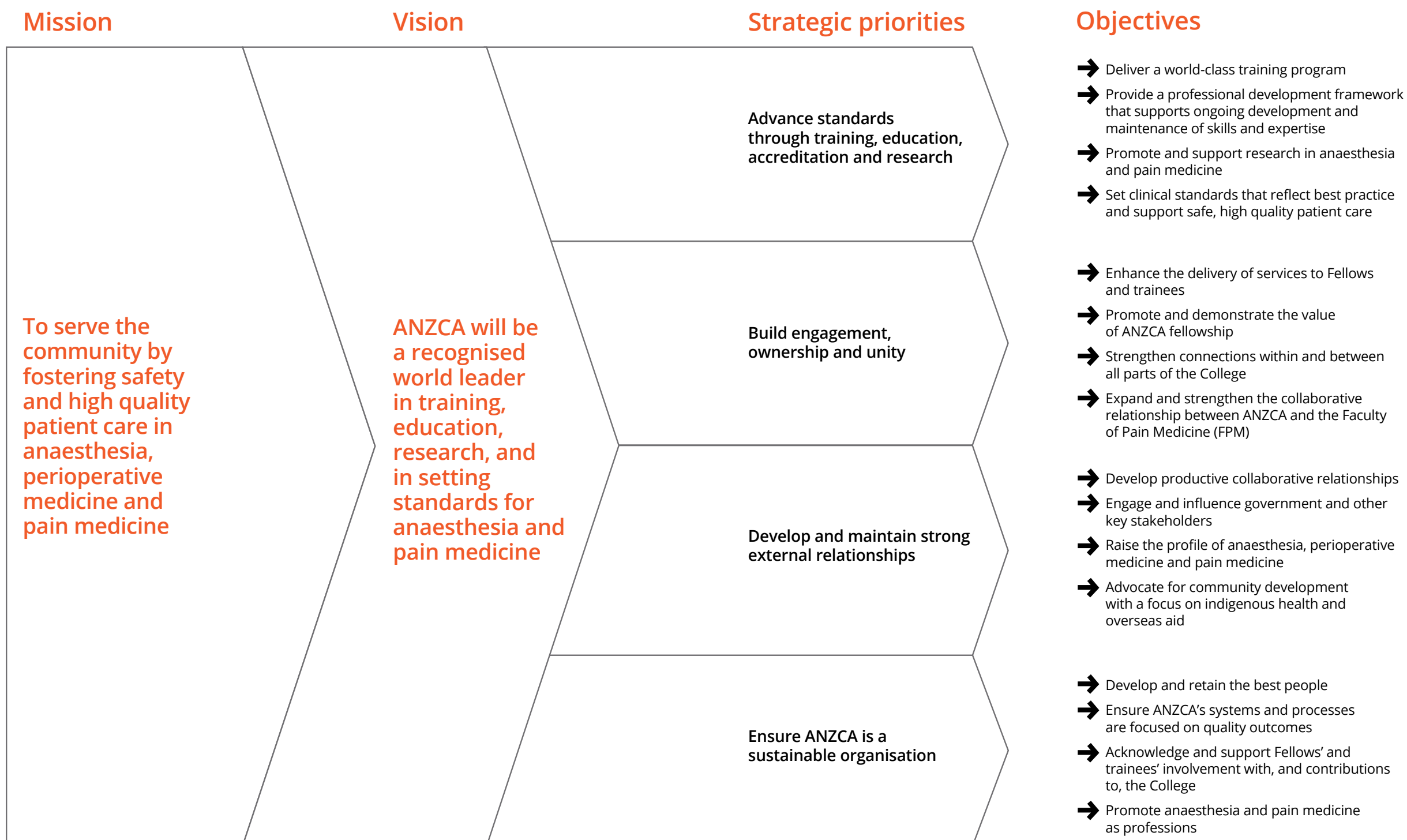
There were 297 ANZCA new Fellows and 17 new FPM Fellows admitted in 2016.

ANZCA Council



From left: Dr Chris Cokis, Dr Michael Jones, Dr Rowan Thomas, Dr Genevieve Goulding (ANZCA Immediate Past President), Dr Nigel Robertson, Professor David A Scott (ANZCA President), Dr Richard Waldron, Dr Rod Mitchell (ANZCA Vice President), Dr Scott Ma (New Fellow Councillor), Dr Vanessa Beavis, Dr Patrick Farrell, Dr Chris Hayes (FPM Dean), Dr Sean McManus, Mr John Illott (ANZCA CEO) and Dr Simon Jenkins.





PRIORITY 1: ADVANCE STANDARDS THROUGH TRAINING, EDUCATION, ACCREDITATION AND RESEARCH

- Deliver a world-class training program
- Provide a professional development framework that supports ongoing development and maintenance of skills and expertise
- Promote and support research in anaesthesia and pain medicine
- Set clinical standards that reflect best practice and support safe, high quality patient care

World-class training

- A total of 151 ANZCA and 13 FPM new Fellows were presented with fellowship at the 2016 College Ceremony at the ANZCA Annual Scientific Meeting (ASM) held in Auckland on April 30.
- In March/May, 138 candidates successfully completed their final examinations. The Cecil Gray Prize was awarded to Dr Chris Clemens from Victoria.
- In August/October, 107 candidates successfully completed their final examinations. Dr Adam Mahoney from Tasmania won the Cecil Gray Prize.
- In February/April, 137 candidates passed the primary examination and the Renton Prize was awarded to Dr John Newland from New Zealand.
- In August/September, 117 candidates passed the primary examination and the Renton Prize was awarded to Dr Andrew Melville from Victoria.
- Assessment of 78 new international medical graduate specialist (IMGs) applications in Australia and 15 in New Zealand, two new area of need (AON) applications, and 41 IMGs gained fellowship.
- Recommendations developed for changes to the ANZCA Training Program to address the size, complexity and alignment of training program documentation, to be implemented in 2017-2018.
- Improvements made to the training portfolio system (TPS) for trainees to monitor their progress through the ANZCA Training Program. A trainee progress page summary within the TPS was implemented, providing trainees with an improved view of how they are progressing against requirements.

- Amendments to scholar role and volume of practice requirements within the training program were made for release from the start of the 2017 hospital employment year.
- Scholar role support resources and the fundamentals of feedback e-learning modules were launched on Networks, ANZCA's online learning and collaboration system.
- A record 39 per cent (582 of 1484) response rate was achieved in the ANZCA Trainee Survey.
- A review of IMGs processes was completed to ensure a more transparent, efficient, effective and fair process that aligns with regulatory requirements.
- Forty hospital accreditation visits were completed

using the new online training site accreditation system.

- A total of 156 trainees were supported in placements across regional/remote locations under the Australian Government's Specialist Training Program (STP).
- A forum was held at the 2016 ANZCA ASM to support SOTs and heads of department involved in the roll out of the STP across regional and rural Australia.
- ANZCA's new Part Zero course, designed to provide orientation to the ANZCA Training Program, was rolled out in Australia and New Zealand.
- The Effective Management of Anaesthetic Crises (EMAC) course was reviewed by the EMAC Sub-Committee and contributing authors and reviewers.

Professional development

- A highly successful Auckland annual scientific meeting (ASM) "Closer to the Edge" was held with an attendance of 1700. There were 236 speakers at six plenary sessions, 40 concurrent sessions, 76 workshops, 23 small group discussions, 62 e-posters supported by nearly 60 sponsors.
- Thousands of Fellows and trainees attended four special interest group conferences, 18 regional scientific meetings, FPM's Spring Meeting and Refresher Course Day, meetings of the Clinical Trials Network and the Australian and New Zealand Anaesthetic Allergy Group (ANZAAG) and more than 40 trainee courses run by ANZCA and FPM.
- ANZCA processed the largest cohort of continuing professional development (CPD) participants for the end-of-triennium stage and verification, and made improvements to the online portfolio dashboard.
- Five early indicator checklists were launched to help supervisors of training (SOTs) assist trainees experiencing difficulty.
- Five new modules for the ANZCA Educators Program (formerly the Foundation Teacher Course) were authored and piloted.
- Nineteen ANZCA Educators Program facilitators were appointed, delivering modules to more than 150 Fellows and trainees. The program equips ANZCA clinicians with the skills and knowledge to teach.

Research

- A renaming and rebranding of the ANZCA Research Foundation (previously the Anaesthesia and Pain Medicine Foundation) using the statement “saving lives, improving life” was undertaken.
- A record \$A1.7 million was awarded to Fellows for 2017 research grants through the ANZCA Research Foundation.
- Fifty-five grant applications were received for funding in 2017. Twenty-three new project grants including the simulation/education grant, three emerging investigator grants, the Douglas Joseph Professorship and Academic Enhancement grant were awarded.
- Professor Jennifer Weller was named Douglas Joseph Professor.
- The Elaine Lillian Kluver ANZCA Research Award was established through a bequest of \$A250,000 received from the estate of the late Dr Kluver.
- Professor Eric Visser was the inaugural recipient of this honorary award for his successful ANZCA Academic Enhancement grant.
- The biennial New Zealand Research Workshop was held in March for Fellows and trainees.
- In the National Health and Medical Research Council’s (NHMRC’s) largest project grant for 2016, \$A4,823,395 was awarded to the “ROCKeT” study investigating ketamine and postoperative chronic pain, led by Associate Professor Philip Peyton from Austin Health, Melbourne.
- The NHMRC also awarded \$A825,787 for the “T-Rex” study of anaesthetic regimens and paediatric neurodevelopment led by Professor Andrew Davidson from the Royal Children’s Hospital, Melbourne.
- The outcome of the ATACAS study on aspirin, tranexamic acid and coronary artery surgery was published in the *New England Journal of Medicine*.

Standards

- A new professional document, *PS62 Statement on Cultural Competence*, was released on a 12-month pilot. Six professional documents underwent review (*PS07*; *PS61*; *PS15*; *PS58*; *PS08*; *PS60*), and development of a new professional document *PS63 Guidelines for Management of Patients Sedated for Acute Behavioural Disturbances* is under way.
- Work on the *Safety of Anaesthesia – a review of anaesthesia-related mortality reporting in Australia and New Zealand 2012-2014* was undertaken. The anaesthetic mortality data from NSW, Victoria, WA, Tasmania, SA and Queensland will be included in the report.
- More than 20 safety alerts were uploaded to the ANZCA website and promoted to Fellows and trainees via ANZCA publications.

Opposite page: Peter MacCallum Cancer Centre.



PRIORITY 2: BUILD ENGAGEMENT, OWNERSHIP AND UNITY

- Enhance the delivery of services to Fellows and trainees
- Promote and demonstrate the value of ANZCA fellowship
- Strengthen connections within and between all parts of the College
- Expand and strengthen the collaborative relationship between ANZCA and the Faculty of Pain Medicine

Delivery of services

- The ANZCA Library delivered a milestone 100 literature searches for Fellows and trainees in 10 months and introduced Library Guides, reinforcing the importance of online access to information and increasing the reach and awareness of the library. Trials of new apps including the *Read by QxMD* app commenced.
- A website technology refresh was implemented. The ANZCA and FPM websites are now mobile responsive (they adapt their display when transitioning from a desktop to mobile device), have a better search function and have a strong platform for the Website Redesign Project, which commenced towards the end of 2016.
- The revised *Anaesthesia in New Zealand Made Easy* trainee guide was published.

Value of fellowship

- More than 50 per cent of new Fellows completed the Graduate Outcomes Survey for ANZCA and FPM and reported increasing satisfaction with training and services provided.
- As part of the American Society of Anesthesiologists annual meeting, the *Trailblazers and Peacekeepers: Honouring the ANZAC Spirit* online exhibition of ANZCA's Geoffrey Kaye Museum of Anaesthetic History was awarded the 2016 David M Little Jnr media prize under the category of Best Media of 2015. This is an international award and the *Trailblazers and Peacekeepers* exhibition was judged the best of the five finalists.
- The new temporary museum exhibition, *From Snake Oil to Science*, was launched.
- *The Lives of the Fellows: 1952*, an online project uncovering the stories of the 40 men and women who formed the Faculty of Anaesthetists, Royal Australasian College of Surgeons, was launched.
- The Welfare of Anaesthetists Special Interest Group oral history project was launched to coincide with Mental Health Month in October.
- The Geoffrey Kaye Museum of Anaesthetic History ran its first medical history masterclass with Monash University.

Strengthening connections

- A new network was established for obstetric anaesthesia leads in each New Zealand hospital department and four meetings held.
- A meeting for clinical directors of New Zealand hospital departments was facilitated by the College in September.
- ANZCA's president and chief executive officer attended local ANZCA committee meetings in all Australian regions and New Zealand.

ANZCA and FPM

- ANZCA and FPM Fellows and trainees were surveyed about the Choosing Wisely initiative that aims to identify commonly used tests, treatments and procedures that provide limited or no benefit to the patient. The results have helped to inform a list of five practices for the initiative.
- ANZCA and FPM worked together on a project to establish external access to FPM's Better Pain Management program for primary care practitioners.
- A combined ANZCA/FPM regulation was developed regarding international medical graduate specialists. It will be effective from April 2017.
- Several ANZCA business units have worked collaboratively with FPM over a range of issues including government submissions, media promotion, and training and educational initiatives.

PRIORITY 3: DEVELOP AND MAINTAIN STRONG EXTERNAL RELATIONSHIPS

- Develop productive collaborative relationships
- Engage and influence government and other key stakeholders
- Raise the profile of anaesthesia, perioperative medicine and pain medicine
- Advocate for community development with a focus on indigenous health and overseas aid

Collaborative relationships

- ANZCA Perioperative Anaphylaxis Management Guidelines (including management cards) and the accompanying background paper were officially launched by the Australian and New Zealand Anaesthetic Allergy Group (ANZAAG) at the 2016 ANZCA ASM.
- Key Fellows collaborated to produce the *Airways Assessment* document to improve understanding and guide management of airway assessment and difficult airways.
- A milestone of 4000 cleansed incident reports was reached in the Anaesthetic Incident Reporting System (webAIRS) during 2016.
- New Anaesthesia Continuing Education (ACE) branding, designed by ANZCA, was rolled out. ACE replaces the Anaesthesia Continuing Education Coordinating Committee (ACECC) made up of representatives from ANZCA, the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists.
- Liaison with the Royal Australasian College of Surgeons was undertaken to identify opportunities for collaboration between the two colleges with regard to key bullying, discrimination and sexual harassment (BDSH) initiatives. The presidents of the two colleges signed a letter of agreement in addressing BDSH.
- A memorandum of understanding was signed with the Society for Paediatric Anaesthesia in New Zealand and Australia (SPANZA).
- The New Zealand Anaesthesia Visiting Lectureship Program for smaller New Zealand hospitals was delivered through the NZ Anaesthesia Education Committee.
- The annual meeting of ANZCA's New Zealand National Committee and the NZSA Executive discussed the joint New Zealand anaesthesia workforce census, the training of assistants to the anaesthetist and conscious sedation issues.

Government and other stakeholders

- More than 50 formal submissions were made to Australian and New Zealand governments on issues including revalidation, recertification, workforce, safety and quality initiatives such as over-the-counter codeine, prescribed opioids, cannabis and other regulatory changes.
- ANZCA successfully lobbied the Australian Department of Health to increase fulltime equivalent and professional resource funding for the Training More Specialist Doctors in Tasmania (TMSDT) project.
- New Zealand's Minister of Health, Dr Jonathan Coleman, attended the New Zealand National Committee meeting in November.

Raising our profile

- ANZCA and FPM and anaesthesia and pain medicine were promoted through more than 30 media releases resulting in about 1000 media reports reaching millions of readers, listeners and viewers.
- An increasing number of hospitals participated in National Anaesthesia Day in October, attracting widespread media coverage including a lengthy national TV interview with the ANZCA President in Australia and national radio interviews in New Zealand.
- Enhanced community engagement through social media was established through a dedicated digital communications manager. Facebook and YouTube were established and Twitter expanded.
- Community education videos on anaesthesia generally and regional anaesthesia were introduced for the first time to promote National Anaesthesia Day. These are the first in a planned series aimed at raising the public profile of ANZCA and FPM, and providing Fellows with educational resources.
- Social media grew markedly at the ANZCA Annual Scientific Meeting (ASM) in Auckland with #ASM16NZ trending as the number one hashtag in NZ one day. It was the top trending healthcare conference in the world.
- Ten ASM presentations were made to FoamED, an international open access online education forum.
- The joint winners of the 2015 ANZCA Media Award were announced in early 2016. They were Madeleine Morris, 7.30, ABC TV and Steve Braunias from the *New Zealand Herald*.
- The 2017 Brisbane ANZCA ASM, "Think Big" was widely promoted at the World Federation of Societies of Anaesthesiologists (WFSA) World Congress in Hong Kong with a distinctive booth and the presence of Regional Organising Committee members.
- ANZCA, through the Geoffrey Kaye Museum of Anaesthetic History, was part of Open House Melbourne 2016 (July 30 and 31) with visitors taking tours of Ulimaroa, ANZCA House and the museum.

Community development

- The Overseas Aid Committee funded three educational trips to Papua New Guinea (PNG) including attendance at the annual PNG Medical Symposium. The committee also sponsored four consultant anaesthetists from PNG to attend the World Congress in Hong Kong.
- The Overseas Aid Committee supported Dr Matthew Ho with a scholarship to work in Rwanda for four months as part of a fellowship in Global and Regional Health.
- Successful delivery of the Essential Pain Management Program (EPM) continued with 27 EPM courses, seven EPM Lite courses and 11 EPM instructor courses in the following countries: Ethiopia, Myanmar, Kiribati, PNG, Malawi, Madagascar, Mongolia, Argentina, India, South Africa, Russia, Nicaragua, Czech Republic, Nigeria, Cook Islands, Vanuatu.
- The Indigenous Health Committee awarded four scholarships to Indigenous junior doctors and medical students from Australia and New Zealand to attend the Auckland ASM.

PRIORITY 4: ENSURE ANZCA IS A SUSTAINABLE ORGANISATION

- Develop and retain the best people
- Ensure ANZCA's systems and processes are focused on quality outcomes
- Acknowledge and support Fellows' and trainees' involvement with, and contributions to, the College
- Promote anaesthesia and pain medicine as professions

Best people

- The Staff Excellence Individual Award for Customer Service was presented to Maurice Hennessy (Education), the Staff Excellence Individual Award for Innovation and Process Improvement was presented to Monica Cronin (Fellowship Affairs) and the FPM Revised Curriculum Team won the Staff Excellence Team Award.

Systems and processes

- A new server infrastructure hosting model was implemented at ANZCA with progressive moves of key services to the model.
- A new financial budgeting, forecasting and reporting system, was introduced and will result in a more streamlined workflow for budgeting purposes, more accurate and efficient forecasting, a greater level of financial data accuracy and better access to financial data and analysis.
- ANZCA Events supported an environmentally responsible approach to all marketing collateral with an emphasis on online programs and apps for delegates.
- An *Events Procedures Manual* was created for use across the College and Faculty. The manual documents a co-ordinated and consistent approach to event management through a set of standardised processes and procedures.
- Launch of the VAULT online health and safety management system for staff which provides online reporting of hazards and incidents. This also provides a comprehensive repository of health and safety data to assist the College to monitor compliance with regulations and legislation.
- The Bullying Discrimination and Sexual Harassment Working Group worked to identify current resources and policies within the College; evaluate the extent of the problems as they affect trainees and Fellows; and recommended improvements the College could make to reduce such events and improve support.
- Work has commenced on the development of a process for managing professional conduct issues based on the Vanderbilt University model.

Acknowledge and support Fellows and trainees

- The Stuart Henderson Award was established to recognise the role of educators within ANZCA and FPM.
- ANZCA Australian regional and New Zealand staff supported more than 100 committee meetings, continuing medical education and FPM meetings.
- All contributors to the ANZCA Research Foundation and research application reviewers were acknowledged in the December *ANZCA Bulletin*.

Promotion of professions

- *Anaesthesia – a rewarding and challenging career* and *Pain medicine – A rewarding multidisciplinary career* booklets were updated and distributed for use at careers days.





“FPM was selected as the 2017 recipient of the American Academy of Pain Medicine’s Robert G Addison, MD, Award, in recognition of outstanding efforts to foster international cooperation and collaboration on behalf of the specialty of pain medicine.”

Dean’s report

This was a year in which the Faculty of Pain Management achieved global recognition for punching above its weight.

FPM was selected as the 2017 recipient of the American Academy of Pain Medicine’s Robert G Addison, MD, Award, in recognition of outstanding efforts to foster international cooperation and collaboration on behalf of the specialty of pain medicine.

In a second gesture of recognition for the quality of FPM’s work, the European Pain Federation has asked to use the Faculty’s revised curriculum as the basis for its own diploma.

Meanwhile, the text that has become the clinical world’s bible on pain management *Acute Pain Management: Scientific Evidence 4th edition* was launched at the 2016 annual scientific meeting (ASM) in Auckland, garnering significant Australian media coverage.

This was an excellent effort for a relatively young organisation that had reached a total of 439 Fellows by December 2016. This includes 12 honorary Fellows and 263 admitted through training and examination. Sixteen trainees completed their pain medicine training and qualified last year.

In another Faculty success, an Android version of the free FPM Opioid Calculator smart phone app, designed to calculate dose equivalence of opioid analgesics, was launched in February, and a desktop version in September. By December 2016 there were more than 16,000 unique users, and more than 110,000 sessions were recorded across the Apple and Android versions.

An older Faculty initiative, now shared with the Australian Pain Society and the wider pain sector, is the electronic Persistent Pain Outcomes Collaboration (ePPOC).

This program aims to help improve services and outcomes for patients suffering chronic pain through benchmarking of care and treatment. It advanced further in 2016, with 50 adult and eight paediatric services across Australia and NZ either collecting data or in the process of implementing ePPOC.

Workshops were held in Sydney and Melbourne at which eight benchmarks were endorsed to facilitate comparisons between services. NSW Health has committed to fund ePPOC for another three years, and lobbying for a joint Commonwealth/state funding proposal is ongoing.

Meanwhile, the Better Pain Management program for primary care practitioners was expanded by a further six modules, and 27 Essential Pain Management Program (EPM) courses were delivered world-wide, along with seven EPM Lite courses and 11 EPM instructor courses.

The Faculty continued to be a strong advocate for patient safety in 2016. Faculty Fellows and staff lobbied for protections regarding over-the-counter codeine, ketamine, prescribed opioids and cannabis.

A proposal for a practice guideline was published on *Low dose ketamine infusion in the management of chronic non-cancer pain*. A briefing was held with the Department of Health, Canberra to discuss proposed governance arrangements and to seek the extra funding needed to progress the Pain Device Implant Registry.

An ANZCA and FPM working group developed a short list of pain medicine-related practices that may have limited or no benefit to patients, or that may be potentially harmful, for the Choosing Wisely Australia initiative. Strategic collaborations were advanced with FPM Board visitors including representatives from the Accident Compensation Corporation, the Medicare Benefits Review Taskforce, the PainAustralia Board and Faculty regional committees, and representation was maintained on the PainAustralia Board and Clinical Advisory Group. Funding was secured from the Australian Government for three Integrated Rural Training Pipeline (IRTP) positions within FPM.

The inaugural FPM Graduate Outcomes Survey was undertaken in June. An excellent response rate of 62 per cent was achieved, with 94 per cent of those completing the bullying discrimination and sexual harassment (BDSH) section. An FPM working group was formed to develop a trainee survey on BDSH that was circulated in October. A solid 37 per cent response rate was achieved. FPM is also represented on the ANZCA BDSH Working Group formed to report on the College’s current and future approach to the issue.

In terms of other internal matters, a committee restructure was undertaken to enhance the efficiency and communication in the governance structure. A Training and Assessment Executive Committee and a Professional Affairs Executive Committee were formed. An international medical graduate specialist revision project was undertaken, and a combined ANZCA/FPM regulation developed that encompasses pain medicine and anaesthesia (effective from April 2017).

The work of Faculty staff was recognised in 2016 too, with the ANZCA Staff Excellence Team Award going to the FPM Curriculum Redesign Team.

With a growing public understanding of the prevalence and personal and economic consequences of chronic pain – and with the continuing political drive to legalise cannabis for medicinal purposes – the Faculty of Pain Medicine is sure to face another year of high-profile challenges in 2017.

Dr Chris Hayes
Dean, Faculty of Pain Medicine

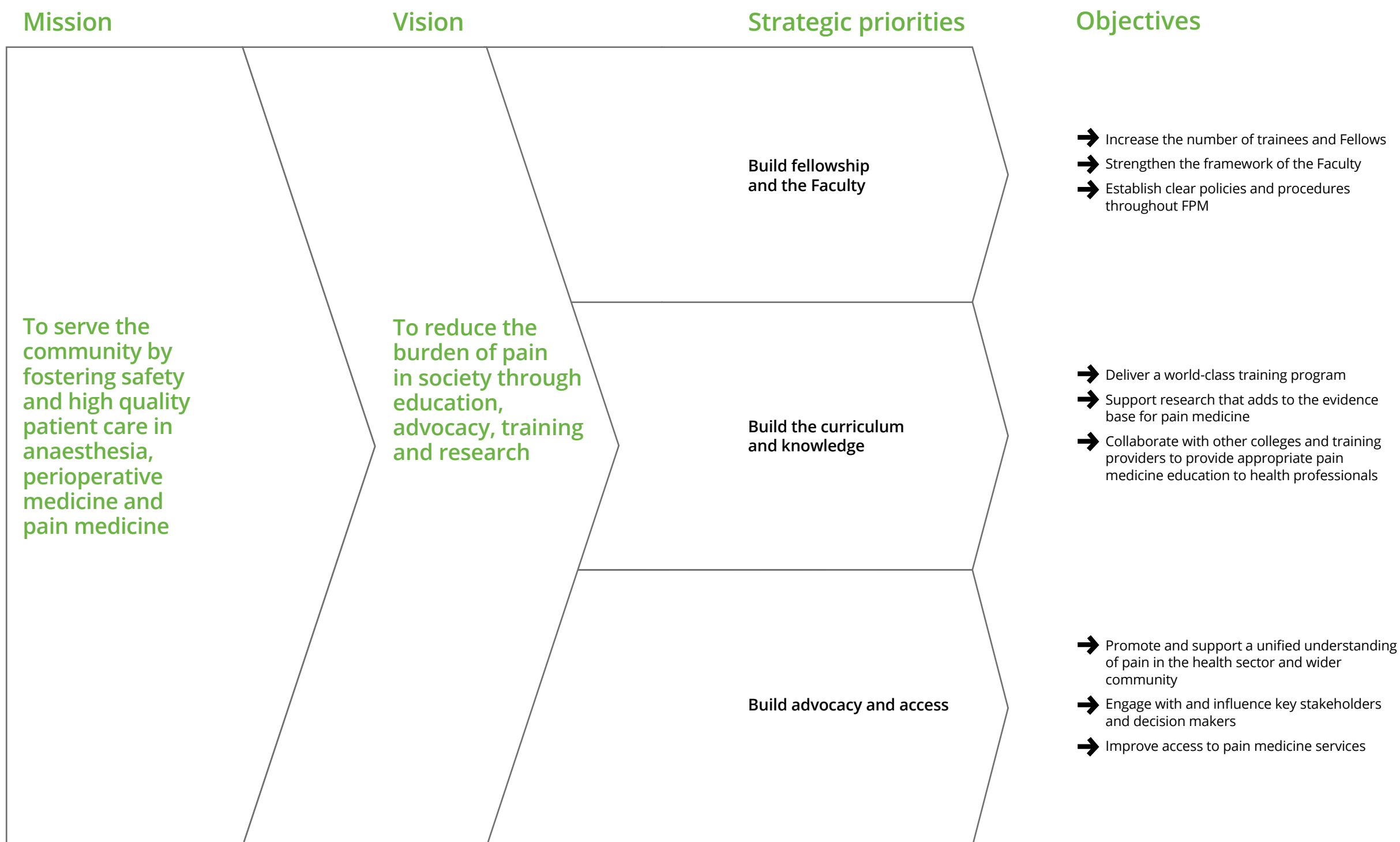


FPM Board



Back row: Professor Stephan Schug, Professor David A Scott (ANZCA President), Dr Michael Vagg, Dr Patrick Farrell (Council Representative), Dr Newman Harris, Associate Professor Andrew Zacest, Ms Helen Morris (General Manager).

Front row: Dr Melissa Viney, Associate Professor Brendan Moore, Professor Edward Shipton (Immediate Past Dean), Dr Chris Hayes (Dean), Dr Meredith Craigie (Vice-Dean), Associate Professor Raymond Garrick, Dr Kieran Davis.



PRIORITY 1: BUILD FELLOWSHIP AND THE FACULTY

- Increase the number of trainees and Fellows
- Strengthen the framework of the Faculty
- Establish clear policies and procedures throughout FPM

- Sixteen trainees completed their pain medicine training and were admitted to fellowship.
- By December 2016, the number of Fellows reached 439. This included 12 honorary Fellows and 263 admitted through training and examination.
- In January, 13 candidates successfully completed the Foundations of Pain Medicine Examination to enter training in 2016. In November, 23 candidates were successful at this examination to enter training in 2017.
- In April, 15 candidates successfully completed the long-case examination. Twenty-one were successful in the September sitting.
- In November, 16 candidates successfully completed the FPM fellowship examination. Merit awards were awarded to Dr Anthony Carrie, Dr Megan Eddy, Dr Irina Hollington and Dr Alan Nazha.
- Structured oral viva voce and observed structured clinical examination guidelines were developed to assist trainees in their preparations.
- Fourteen training units were accredited or reaccredited for pain medicine training.
- FPM was selected as the 2017 recipient of the American Academy of Pain Medicine's Robert G Addison, MD, Award in recognition of outstanding efforts to foster international cooperation and collaboration on behalf of the specialty of pain medicine.
- The inaugural FPM Graduate Outcomes Survey was undertaken in June. An excellent response rate of 62 per cent was achieved, with 94 per cent of those completing the bullying, discrimination and sexual harassment (BDSH) section.
- An FPM working group was formed to develop a trainee survey on BDSH that was circulated in October. A solid 37 per cent response rate was achieved. FPM is represented on the ANZCA BDSH Working Group formed to report on the College's current and future approach to the issue.
- A committee restructure was undertaken to enhance the efficiency and communication within the Faculty's governance structure. A Training and Assessment Executive Committee and a Professional Affairs Executive Committee were formed.
- During 2016, 16 FPM regional and three national committee meetings were held in addition to local continuing medical education events.
- An international medical graduate specialist revision project was undertaken and a combined ANZCA/ FPM regulation developed that encompasses pain medicine and anaesthesia (effective from April 2017).
- The ANZCA Staff Excellence Team Award was presented to the FPM Curriculum Redesign Team.

PRIORITY 2: BUILD THE CURRICULUM AND KNOWLEDGE

- Deliver a world-class training program
- Support research that adds to the evidence base for pain medicine
- Collaborate with other colleges and training providers to provide appropriate pain medicine education to health professionals

- *Acute Pain Management: Scientific Evidence 4th edition* was launched at the 2016 annual scientific meeting (ASM) in Auckland.
- A successful continuing medical education program was delivered, including the Refresher Course Day, attracting 188 delegates, the ASM in Auckland and the Spring Meeting in SA that attracted 105 delegates.
- The virtual ASM was expanded to include the Refresher Course Day for the first time.
- Year two of evaluation of revised FPM training program activities were undertaken, including trainee interviews and a supervisors of training forum.
- Twenty-three trainees attended a successful basic clinical skills course in February introducing trainees to the breadth and depth of this branch of medicine. A successful Advanced Clinical Skills Course was held in Sydney in July and was attended by 20 trainees.
- Uptake of the Undergraduate Pain Medicine Prize continued with five prizes awarded.
- A new by-law and handbook for the accreditation of pain medicine training units was approved to align the accreditation of training units with the 2015 training program.
- An android version of the FPM Opioid Calculator smart phone app was launched in February and a desktop version in September. By December 2016 there were more than 16,000 unique users and more than 110,000 sessions were recorded across the Apple and android versions.
- The electronic Persistent Pain Outcomes Collaboration (ePPOC) was advanced with 50 adult and eight paediatric services across Australia and New Zealand either collecting data or in the process of implementing ePPOC. Workshops were held in Sydney and Melbourne at which eight benchmarks were endorsed to facilitate comparisons between services. NSW Health has committed to fund ePPOC for another three years and lobbying for a joint Commonwealth/state funding proposal is ongoing.

PRIORITY 3: BUILD ADVOCACY AND ACCESS

- Promote and support a unified understanding of pain in the health sector and wider community
- Engage with and influence key stakeholders and decision makers
- Improve access to pain medicine services

- World recognition for FPM was achieved with the European Pain Federation using its revised curriculum as the basis for its diploma.
- The Better Pain Management program for primary care practitioners was expanded by a further six modules.
- Funding was secured from the Australian Government for three Integrated Rural Training Pipeline (IRTP) positions within FPM.
- Advocacy was undertaken for community safety regarding over-the-counter codeine, ketamine, prescribed opioids and “medicinal” cannabis.
- A proposal for practice guideline was published on *Low dose ketamine infusion in the management of chronic non-cancer pain*.
- A briefing was held with the Department of Health, Canberra to discuss proposed governance arrangements and to seek the additional funding needed to progress the Pain Device Implant Registry.
- Representation was maintained on the PainAustralia Board and Clinical Advisory Group.
- Twenty-seven Essential Pain Management Program (EPM) courses were delivered plus seven EPM Lite courses and 11 EPM instructor courses.
- Strategic collaborations were advanced with FPM Board visitors including representatives from the Accident Compensation Corporation, the Medicare Benefits Review Taskforce, the PainAustralia Board and Faculty regional committees.
- An ANZCA and FPM working group developed a short list of pain medicine-related practices for the Choosing Wisely initiative that may have limited or no benefit to patients, or that may be potentially harmful. Fellows’ views on items for inclusion were gauged in a survey in June.
- Twelve pain medicine media releases were published, including five on the FPM Spring Meeting. They attracted strong media coverage and reached a combined cumulative audience of more than seven million readers and listeners. Subjects included the launch of the fourth edition of *Acute Pain Management: Scientific Evidence*; pain and obesity; FPM welcoming new codeine restrictions; and the role of drugs including cannabis and ketamine in managing chronic pain, as well as new psychological therapies for pain.





"In 2016 there is a continuance of the sound financial performance and position of the College. The headline figures are an operational surplus of just over \$500,000 and a consolidated surplus of \$1.3 million."

Honorary treasurer's report

I am pleased to present the treasurer's report for 2016 which highlights the financial performance of the College. In doing so, I would like to acknowledge and thank my Fellow ANZCA councillors, ANZCA staff (particularly the chief executive officer and finance staff) as well as other ANZCA committee members for their work and commitment to ensuring the ongoing success of the College. The annual financial statements of the College (including the New Zealand office) have been reviewed by the College's external auditors, Grant Thornton, as well as ANZCA Council and the Finance, Audit and Risk Management (FARM) committee and subsequently distributed. Please note that all amounts mentioned in the report are stated in Australian dollars.

In summary, in 2016 there is a continuance of the sound financial performance and position of the College. The headline figures are an operational surplus of just over \$500,000 and a consolidated surplus of \$1.3 million, due in part to the investment portfolio continuing to perform well with a positive rate of return achieved during 2016. Note that this result includes:

- Continued investment in capital expenditure for the benefit of Fellows and trainees.
- Further renewal of the Specialist Training Program (STP) and positive work in relation to the ongoing continuation of this program.
- ANZCA Research Foundation grants/awards of almost \$1.5 million.

The balance of funds within the College remains strong, representing the College's net worth of \$32.068 million (2015: \$30.752 million), an increase of \$1.316 million over 2015. The College continues to have no need for borrowings and is able to rely

on operating surpluses and investment earnings to finance operations and to fund approved capital projects and other expenditure. As part of the prudent financial management of the College and in accordance with the College's treasury and investment policies, any accumulated funds in excess of annual working capital requirements are invested. These investment funds assist the ongoing financial sustainability of the College, as well as funding leading-edge research in anaesthesia, pain medicine and perioperative medicine.

Statement of comprehensive income

In 2016, total revenue from operating activities was \$36.124 million (\$36.064 million in 2015). Key areas of revenue for the College were:

- Subscriptions and entry fees of \$10.964 million.
- Registrations, training and examination fees of \$10.928 million.
- Conference and course income of \$4.838 million.

Overall operating expenditure totalled \$35.624 million which is a decrease of 0.65 per cent from 2015 (\$35.856 million), leaving an operating surplus of \$500,277 (compared to \$207,746 in 2015).

In 2016 the College's investments continued to perform despite volatility in investment markets, yielding a return of approximately 3.6 per cent (2015: 7.6 per cent). The invested funds of \$17.168 million are the result of prudent financial management over a number of years. The overall investment income for the College delivered a positive return of \$811,185 in the 2016 financial year (compared with a positive return of \$1.164 million in 2015). Income from these investments, combined with member contributions, contributes to the ANZCA Research Foundation's

ability to support research. Overall in 2016, \$1.492 million was awarded in grant funding to research projects (\$1.447 million in 2015).

After taking into account the investment income, and a minor exchange rate gain on transactions with New Zealand of \$4948, the College recorded a consolidated surplus of \$1.316 million (compared with \$1.378 million in 2015).

Statement of financial position

Over the year, the net assets of the College increased by the value of the surplus to \$32.069 million (compared with \$30.752 million at the end of 2015).

Statement of cash flows

The total cash holdings at the end of 2016 were \$12.921 million. The Statement of Cash Flows indicates a net cash inflow from operating activities of \$4.031 million and a net decrease in cash held of \$1.539 million. However it must be noted that \$4 million has been transferred into the investment portfolio during 2016 which has reduced cash at an operating level for the College.

2016 overview

In 2016 the College continued to focus on investing in new and existing technology to improve services to Fellows and trainees. This included further enhancements of the training portfolio system (TPS), a refresh of ANZCA's content management system and a focus on projects delivering a more sustainable organisation with the College progressing the move to an information technology "infrastructure as a service" hosted model. The College also delivered a project to implement a new financial budgeting, forecasting and reporting system.

STP funding supports accredited specialist training rotations in anaesthesia, pain medicine and intensive care medicine (the last on behalf of the College of Intensive Care Medicine) in expanded settings beyond traditional public teaching hospitals. The STP also includes the Training More Specialist Doctors in Tasmania Program (TMSDT) which supports approved fellowship training undertaken and completed in Tasmania and the training and retention of specialist doctors in the Tasmanian public health system.

An extension of the STP was granted in 2015 from the original 2012-2015 funding program to see funding for the program continue into 2016. Advocacy campaigns to lobby the Australian Government for a continuation of the program were undertaken during 2016. This has resulted in the program receiving another extension which ensures that the College will continue to receive government funding to manage training positions under the STP throughout 2017.

During 2016, the STP provided funding towards 57.5 training positions and the TMSDT provided funding towards five training positions and funded

eight co-ordinator, project officer and supervisor of training roles. The bulk of funds from the Australian government was committed to the various hospitals that successfully gained training posts under STP.

Project support funding enabled the delivery of initiatives to Fellows and trainees, such as an "Essential communications skills" course for trainees and the provision of teacher training. Additionally, approval was obtained in 2016 from the Department of Health to reallocate an amount of uncommitted TMSDT funding for additional support projects.

2017 budget overview

The 2017 budget has been developed taking into consideration a number of key strategic initiatives and projects that support the delivery of the ANZCA business plan and the final year of the ANZCA Strategic Plan for 2013-2017.

Each year the forthcoming annual budget is guided by a set of agreed budget parameters with the objective of delivering a small operating surplus. However, with significant operational and capital projects budgeted for during 2017 (some continuing into 2018) it is possible a call on reserves may be required to fund these projects.

The budget also factors in an approved level of investment in important capital projects to further enhance the delivery of services to Fellows and trainees, as well as a level of capital expenditure to improve buildings and facilities to mitigate future repair costs.

Conclusion

The financial well-being of the College underpins its position in the current health environment. Prudent financial management and sound business planning has allowed the College to:

- Revise the training curriculum and develop the TPS.
- Redevelop the Continued Professional Development Program.
- Provide online access through the library to many journals and electronic books.
- Provide an increasing pool of grants for research.

amongst others, all the while maintaining the everyday running of the organisation.

In closing, on behalf of ANZCA Council, I would like to acknowledge the significant pro bono contributions of Fellows and to also thank the staff of the College under the leadership of our Chief Executive Officer, Mr John Iott. It has been another busy and successful year for the College, which continues to maintain a sound financial basis for service to the trainees, Fellows and the community.

Dr Richard J Waldron
Honorary Treasurer, ANZCA

Discussion and analysis of the financial statements extract

Information on Australian and New Zealand College of Anaesthetists Financial Report

The financial statements and disclosures in this report have been extracted from the full audited financial report of the Australian and New Zealand College of Anaesthetists for the year ended December 31, 2016, prepared in accordance with Australian Accounting Standards.

The discussion and analysis is provided to assist the members in understanding the financial information presented.

Upon request, a copy of the full financial report and auditor's report will be sent to any member free of charge. Alternatively, access to the full financial report can be obtained via the ANZCA website.

The College is a Company Limited by Guarantee that has no share capital and declares no dividends. The College is exempt from income tax pursuant to section 50-5 of the Income Tax Assessment Act 1997.

All amounts are stated in Australian dollars.

Statement of comprehensive income

Operating activities for the year resulted in a surplus of \$500,277 (compared to a surplus of \$207,746 in the prior year).

Combined with positive earnings on investments of \$811,185 (2015: \$1,163,517) and a small exchange translation gain on the translation of New Zealand assets, liabilities and retained earnings to Australian dollars of \$4948 (2015: \$6955) resulted in a total comprehensive income surplus for the year of \$1,316,410 (2015: net surplus \$1,378,218) which was above expectations and budget.

Total revenue from operating activities rose marginally to \$36,124,131 despite reductions in income from conference and course fees, as well as the Specialist Training Program (STP). Whilst STP provides significant revenue for the college, this is primarily a pass through, with a small administrative charge retained by the College.

Total operating expenditure fell by just over \$200,000 to \$35,623,854 due to tight cost control wherever possible.

Net investment income of \$811,185 was 30.3 per cent lower than 2015 (\$1,163,517) but was a pleasing outcome given the continued uncertainty in investment markets.

Statement of financial position

Total assets increased 5.1 per cent from \$57,769,598 to \$60,733,391. Non-current assets predominantly increased due to investments which received a transfer of cash in excess of working capital requirements of \$4.0 million during the year (and thereby reducing the level of cash and cash equivalents). Current assets decreased due to the transfer to investments noted above, offset somewhat by the current year surplus and higher level of payables held in the balance sheet.

Total liabilities increased 6.1 per cent to \$28,664,679 (2015: \$27,017,296) the majority of which is attributable to higher levels of trade and other payables (\$594,823) and other liabilities relating to deferred income (\$916,825). The result of this is that net assets increased by just over 4 per cent from \$30,752,302 to \$32,068,712 for the 2016 year.

Statement of changes in equity

Total equity for the year increased by \$1,316,410 to \$32,068,712. This arose from the net effect of the overall consolidated surplus of \$1,311,462 and a gain on exchange translation differences of the New Zealand assets and liabilities of \$4948.

Statement of cash flows

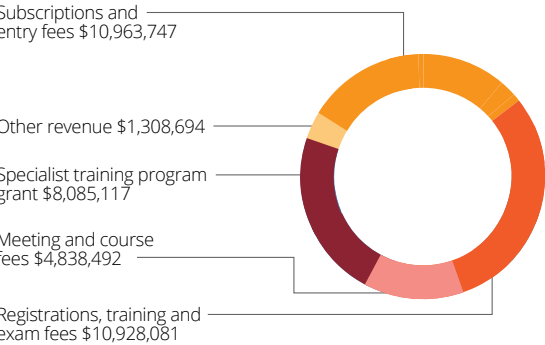
Net decrease in cash for the year was \$1,488,300 (compared to an increase of \$6,148,429 the prior year). This includes the total effect of exchange rate fluctuations on cash held. The decrease is primarily due to the transfer of surplus cash into the ANZCA investment portfolio, in order to achieve a higher return to provide a reserve to provide a buffer against risk, and to fund capital expenditure programs, special projects and additional working capital as required to support ANZCA's strategic objectives. The current year surplus and level of payments to suppliers, employees and other parties also contributed.

Financial statements extract

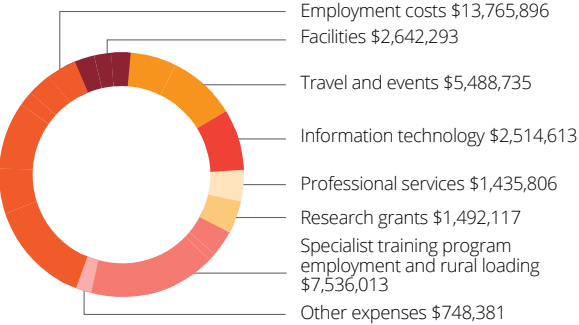
Statement of profit or loss and other comprehensive income for the year ended December 31, 2016

	2016 \$	2015 \$
Revenue		
Subscriptions and entry fees	10,963,747	10,242,036
Registrations, training and exam fees	10,928,081	10,318,577
Conference and course fees	4,838,492	5,358,839
Specialist training program grant	8,085,117	8,839,502
Other income	1,308,694	1,305,266
Total revenue from operating activities	36,124,131	36,064,220
Expenses		
Employment	13,765,896	13,110,289
Facilities	2,642,293	2,585,668
Travel and events	5,488,735	5,434,362
Information technology	2,514,613	2,773,081
Professional services	1,435,806	1,475,456
Research grants	1,492,117	1,446,734
Specialist training program employment and rural loading	7,536,013	8,053,000
Other expenses	748,381	977,884
Total expenses from operating activities	35,623,854	35,856,474
Surplus before non-operating activities	500,277	207,746
Income from non-operating activities		
Investment income	811,185	1,163,517
Surplus for the year	1,311,462	1,371,263
Other comprehensive income		
<i>Items that may be reclassified to profit or loss</i>		
Exchange differences on translation of foreign operations	4,948	6,955
Total comprehensive income for the year	1,316,410	1,378,218

Total revenue for the 12 months ended December 31, 2016



Total expenses for the 12 months ended December 31, 2016



Financial statements extract (continued)

Statement of Financial Position as at December 31, 2016

	2016 \$	2015 \$
ASSETS		
Current assets		
Cash and cash equivalents	12,921,219	14,409,519
Trade and other receivables	12,806,986	12,175,215
Other financial assets	229,741	228,040
Total current assets	25,957,946	26,812,774
Non-current assets		
Property and office equipment and cultural assets	10,866,177	11,440,271
Intangible assets	6,741,620	6,875,748
Other financial assets	17,167,648	12,640,805
Total non-current assets	34,775,445	30,956,824
Total assets	60,733,391	57,769,598
LIABILITIES		
Current liabilities		
Trade and other payables	8,481,440	7,886,617
Other liabilities	19,018,475	18,101,650
Provisions	799,025	663,977
Total current liabilities	28,298,940	26,652,244
Non-current liabilities		
Provisions	365,739	365,052
Total non-current liabilities	365,739	365,052
Total liabilities	28,664,679	27,017,296
Net assets	32,068,712	30,752,302
EQUITY		
Retained earnings	31,546,388	30,234,926
Foreign currency translation reserve	231,167	226,219
Asset revaluation reserve	291,157	291,157
Total equity	32,068,712	30,752,302

Statement of Changes in Equity for the year ended December 31, 2016

	Retained earnings \$	Foreign currency translation reserve \$	Assets revaluation reserve \$	Total \$
Balance at January 1, 2015	28,863,663	219,264	291,157	29,374,084
Surplus for the year	1,371,263	-	-	1,371,263
Currency translation differences arising during the year	-	6,955	-	6,955
Total comprehensive income for the year	1,371,263	6,955	-	1,378,218
Balance at December 31, 2015	30,234,926	226,219	291,157	30,752,302
Surplus for the year	1,311,462	-	-	1,311,462
Currency translation differences arising during the year	-	4,948	-	4,948
Total comprehensive income for the year	1,311,462	4,948	-	1,316,410
Balance at December 31, 2016	31,546,388	231,167	291,157	32,068,712

Statement of Cash Flows for the year ended December 31, 2016

	2016 \$	2015 \$
Cash flows from operating activities		
Receipts from members, customers and Government bodies	40,007,057	41,446,936
Interest received	145,585	212,739
Donations received	414,261	414,789
Payments to employees, suppliers and other parties	(34,675,940)	(31,880,963)
Research grants and bequests paid	(1,859,908)	(1,543,734)
Net cash inflow from operating activities	4,031,055	8,649,767
Cash flows from investing activities		
Proceeds from redemption of financial assets	-	536,514
Payments for financial assets	(4,000,000)	(80,000)
Payments for property and office equipment	(128,060)	(1,695,386)
Payments for project development	(1,442,200)	(1,270,067)
Net cash outflow from investing activities	(5,570,260)	(2,508,939)
Cash flows from financing activities		
Net cash inflow/(outflow) from financing activities	-	-
Net (decrease)/increase in cash and cash equivalents	(1,539,205)	6,140,828
Cash and cash equivalents at the beginning of the financial year	14,409,519	8,261,090
Total effect of exchange rate fluctuation of cash held	50,905	7,601
Cash and cash equivalents at the end of the financial year	12,921,219	14,409,519

Contact information

Australian and New Zealand College of Anaesthetists

ANZCA House
630 St Kilda Road
Melbourne Vic 3004
Australia

T: +61 3 9510 6299
F: +61 3 9510 6786
E: ceo@anzca.edu.au
www.anzca.edu.au

Faculty of Pain Medicine

ANZCA House
630 St Kilda Road
Melbourne Vic 3004
Australia

T: +61 3 8517 5337
F: +61 3 9510 6786
E: painmed@anzca.edu.au
www.fpm.anzca.edu.au

New Zealand office

PO Box 25506
Featherston Street
Wellington 6146
New Zealand
Level 7, EMC House
5 Willeston Street
Wellington 6011

T: +64 4 499 1213
F: +64 4 499 6013
E: anzca@anzca.org.nz
www.anzca.org.nz

Australian regional offices

Australian Capital Territory regional office

Unit 6, 14 Napier Close
Deakin ACT 2600
T: +61 2 6282 0524
F: +61 2 6282 0525
E: act@anzca.edu.au
www.act.anzca.edu.au

New South Wales regional office

117 Alexander Street
Crows Nest NSW 2065
T: +61 2 9966 9085
F: +61 2 9966 9087
E: nsw@anzca.edu.au
www.nsw.anzca.edu.au

Queensland regional office

West End Corporate Park
Ground Floor
20 Pidgeon Close
West End Qld 4101
T: +61 7 3846 1233
F: +61 7 3844 0249
E: qld@anzca.edu.au
www.qld.anzca.edu.au

South Australia and Northern Territory regional office

168 Ward Street
North Adelaide SA 5006
T: +61 8 8239 2822
F: +61 8 8239 2833
E: sa@anzca.edu.au
www.sant.anzca.edu.au

Tasmania regional office

PO Box 147
West Hobart Tas 7000
T: +61 3 9093 4945
F: +61 2 9966 9087
E: tas@anzca.edu.au
www.tas.anzca.edu.au

Victoria regional office

ANZCA House
630 St Kilda Road
Melbourne Vic 3004
T: +61 3 8517 5313
F: +61 3 8517 5360
E: vic@anzca.edu.au
www.vic.anzca.edu.au

Western Australia regional office

20/127 Herdsman Parade
Wembley WA 6014
T: +61 8 6188 4555
F: +61 8 6188 4550
E: wa@anzca.edu.au
www.wa.anzca.edu.au





ANZCA

AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS

