



**ANZCA**  
FPM

# Annual Report

2020



**AUSTRALIAN AND NEW ZEALAND  
COLLEGE OF ANAESTHETISTS  
& FACULTY OF PAIN MEDICINE**

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# President's message

This was the year of the pandemic. The novel coronavirus arrived, carrying a large parcel of novel problems, all demanding novel solutions.

Operationally, college staff, volunteer committees and ANZCA Council had to revise plans continually, often day by day, to deliver education and the examinations. Suddenly they had to decentralise a customarily centralised process, while maintaining standards across six states and two nations, and while borders opened or closed at short notice. The responses from every unit in the college were extraordinary and inspiring.

To assemble the big picture, ANZCA established its own COVID-19 Clinical Expert Advisory Group (CEAG), to provide an overview of the college's response to the pandemic. Dr Nigel Robertson chaired the group and Associate Professor Leonie Watterson was deputy chair. Associate Professor Watterson led the development of the college's personal protective equipment (PPE) statement and the curation of clinical resources in the specially established Library Guide.

ANZCA's Policy and Communications team supported CEAG in its consideration of more than 200 queries. It produced a daily COVID-19 update for ANZCA Council and management during the first months of the pandemic. The Safety and Quality Committee provided guidance on the college's strategic response to the pandemic, and on the associated hazards for our members, with a view to embedding the lessons learned into professional documents and operating procedures.

The Communications team supported the ANZCA Executive Committee and Education teams in providing up-to-date web-based information on the pandemic for fellows and trainees, writing college-wide communications and providing media support. All of this was done while working remotely.

For many of our fellows, trainees and specialist international medical graduates (SIMGs) in the frontline response in Australian and New Zealand hospitals, ANZCA's advocacy was crucial in alerting governments, the medical community and the public to the need for safe PPE, and its adequate procurement and distribution.

The pandemic, and concerns about fit-testing and PPE guidelines, dominated media requests for expert comment. ANZCA has continued to advocate for fit-testing and aerosol control guidelines, based on expert scientific and medical evidence, to protect healthcare workers from coronavirus infection.

The disruption of long-term plans was inevitable. Delivery on our three-year strategic plan was set back. Many regular activities were disrupted. The hard decision was made to cancel the 2020 Perth Annual Scientific Meeting (ASM) and associated meetings.

On the positive side, a range of possibilities not previously envisaged has opened up. The in-house Events team and ANZCA's regional offices have worked tirelessly to adapt and re-imagine a large number of continuing medical education (CME) events for 2021 and beyond. These virtual events and meetings are to be recorded and edited for uploading.

Virtual events during the year included a one-day Perioperative Special Interest Group (SIG) meeting in October. It attracted nearly 600 participants. More than 200 registered for the FPM Symposium webinar and the FPM Combined Spring webinar. Seven other ANZCA and FPM virtual events in 2020 attracted more than 1500 registrants. The ANZCA Clinical Trials Network ran a virtual workshop for research co-ordinators in July, with 117 registered for the day, far exceeding the estimated 40 registrations. Two additional workshops for fellows and trainees were held in July and August.

It is convenient that Zoom was invented in time for the pandemic. For the first time, the 2020 ANZCA Annual General Meeting was a virtual event on Zoom. The handover of the ANZCA president and FPM dean also happened online. In July, I co-hosted a webinar with FANZCA Dr Richard "Harry" Harris, the 2019 Australian of the Year, with the timely theme of "Resilience and teamwork in challenging situations."

Aware of the additional pressures faced by the ANZCA community in 2020, the college provided immediate wellbeing support for our fellows, trainees and SIMGs, in recognition of the unprecedented complexities they faced. The Wellbeing SIG created a "Looking after your mental wellbeing" resource document within a fortnight of Australia's national COVID lockdown. This was promoted on the college website and on social media channels, and was distributed to many anaesthesia departments. A wellbeing COVID-19 library guide, "How to look after yourself, your family and friends during a pandemic" was compiled, and continues to be updated with additional resources and oversight by the Wellbeing SIG. The college also provided Zoom access and administrative support for welfare advocates to hold their network meetings, to ensure that restrictions on face-to-face gatherings did not hinder the support they needed.

Two complimentary wellbeing trainee webinars were piloted in July, to support trainees during COVID-19. Feedback was overwhelmingly positive, with trainees were grateful for the communication and support from the college. Further wellbeing webinars are being considered to support our broader membership. Nearly 200 trainees registered for the webinars.

The development of our diploma in rural generalist anaesthesia, our work in developing a perioperative medicine qualification, and work with the College of Intensive Care Medicine of Australia and New Zealand on a dual training pathway in anaesthesia and intensive care, will continue into 2021.

The ANZCA Research Committee awarded \$A1.66 million for research grants in 2020 through the ANZCA Research Foundation. These included the Academic Enhancement Grant and Simulation/Education Grant, 19 new project grants, six continuing project grants, three novice investigator grants, and \$A30,000 for clinical trial pilot projects.

The ANZCA research grant funding round for 2021 was deferred, owing to the impact of COVID-19 and the anticipated significant impacts on research programs and clinician researchers. Work is progressing to determine the research funding strategy, after the deferral of the 2021 grant round. Current funded projects will continue and the full ANZCA new grant funding program will recommence in 2022.

The International Academy of Colleges of Anaesthesiologists (IAoCoA), which was due to be launched in Manchester at the Royal College of Anaesthetists meeting in May 2020, is now planned "virtually" for our 2021 ASM. I have been elected to chair this group, with ANZCA providing the secretariat for the next two years.

In July, the name of the Overseas Aid Committee was changed to the Global Development Committee. This better reflects the committee's purpose to develop and support workforce capacity in low-to-middle-income countries, rather than to provide aid. Alternative ways for ANZCA to continue to support low- and middle-income countries were also developed. In May, an online COVID-19 support forum was held for anaesthetists in Papua New Guinea and the first ever online Essential Pain Management workshop was delivered via Zoom.

New initiatives enhanced our relationships with external stakeholders. These included the establishment of a tripartite online education working group for low- and middle-income countries. The participants are ANZCA, the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists.

The Indigenous Health Committee approved several new initiatives, including the development of a Reconciliation Action Plan, and the establishment of Indigenous health awards to recognise significant and sustainable contributions by ANZCA members to Indigenous health, particularly in leadership, advocacy, practice, education, research, community engagement and capacity building.

ANZCA has now formally recognised Aotearoa/New Zealand's official bilingual and bicultural status, by adopting as its Māori name, Te Whare Tohu o te Hau Whakaora. The name speaks poetically of the important role of anaesthetists and specialist pain medicine physicians in restoring the breath of life – the mauri ora of patients. Te Whare Tohu denotes the status of the college as a "significant house". "O" means "of", Te Hau Whakaora means "the breath of life" – the breath that restores wellbeing. Modern Māori has a term for anaesthetist (kaiārai mamae), but the name chosen for the college better encompasses the broader scope of pain medicine.

Now, as COVID-19 vaccine rollouts continue, I hope that our fellows, trainees and SIMGs will have fewer disruptions in 2021. As we reflect on the upheavals caused by the pandemic in 2020, I thank you for your ongoing support of the college and I acknowledge with great respect the commitment of ANZCA staff, fellows, trainees and SIMGs.

**Dr Vanessa Beavis**  
ANZCA President





# CEO's report

In February 2020, for the first time, ANZCA and the Faculty of Pain Medicine endorsed a joint combined five-year strategic plan. We have merged and updated the separate 2018-2022 ANZCA and FPM strategic plans to give us a clear unified college-wide focus for the next few years.

In 2020 our lives were upended by the global coronavirus pandemic and ANZCA, like many organisations, was not immune to its impacts. The pandemic forced the college to think differently about how our services are delivered to fellows, trainees, specialist international medical graduates (SIMGs) and staff across Australia and New Zealand. In addition to the impacts of COVID-19 in Australia we witnessed ongoing devastating bushfires while in New Zealand the aftermath of the deadly Whakaari/White Island volcano eruption in December 2019 was still being felt many months on.

The college successfully navigated through these challenges and found new ways of working remotely – particularly during mandated lockdown periods. We adopted alternative options for services and examinations making us more aware of how our traditional approaches could be adapted. Our regional offices, education and training staff and examiners worked tirelessly to deliver the 2020 examinations for candidates in Australia and New Zealand.

While our key priorities for much of 2020 focused on the rapidly changing situation associated with COVID-19 and the operational implications across the college as our normal activities were significantly disrupted, we never lost sight of our mission.

The ANZCA community continues to be supported by core skills, expertise, experience and dedicated fellows and staff, and this was key in helping us adapt to the challenges of 2020. The college quickly pivoted to the virtual world and our fellows, trainees, SIMGs and staff soon began participating in virtual meetings, seminars and online events. Our "new normal" means we have had to face the ongoing challenges of making our offices COVID-safe and ensuring that our trainees are not disadvantaged.

While our annual event calendar was significantly disrupted, including the cancellation of the 2020 Annual Scientific Meeting (ASM) in Perth and the FPM Spring Meeting in Queenstown, New Zealand, many other special interest group meetings and seminars were refashioned as virtual events. We still managed to run seven virtual meetings and webinar events in Australia and New Zealand to support the ongoing professional development of our college fellows and trainees. This will continue in 2021 and beyond as we adapt continuing medical education (CME) events and future ANZCA ASM and FPM meetings.

We continued to promote our profession to the community and the media through initiatives such as National Anaesthesia Day and we hosted a strategic stakeholder workshop in early 2020 to advance Australia's National Strategic Action Plan for Pain Management. Several fellows were appointed to key COVID-19 Australian state and federal and New Zealand expert and advisory groups and committees and we also continued to develop our extensive suite of online support resources for fellows, trainees and SIMGs.

Our public advocacy on safety and quality issues relating to COVID-19, such as personal protective equipment (PPE) and aerosol transmission enhanced our reputation in the community and the media. Our media profile continued to grow with ANZCA and FPM fellows' research and expertise highly sought after in Australia and New Zealand.

National Anaesthesia Day (NAD), ANZCA's annual celebration of the specialty on 16 October, took on a very different form in 2020 because of COVID-19. With many hospitals in Australia and New Zealand restricted in terms of the events and displays they could stage we launched a digital #NAD20 event featuring fellows, trainees and SIMGs.

Instead of calling on champions to spearhead local celebrations at their hospitals or anaesthesia practices, we called on fellows and trainees to submit short video "selfies" explaining why they're #AlwaysReady – a recognition of their response to the pandemic in their hospitals and practices. Our aim was to harness the increased interest in anaesthesia and build further on the profile of anaesthetists as frontline specialists in response to the pandemic.

The feedback was heartening and more than 50 fellows, trainees and SIMGs contributed 35 videos which are now available on the college's YouTube channel. Not wanting to miss out, ANZCA President Dr Vanessa Beavis, Vice-President Dr Chris Cokis and 11 college councillors also submitted their own videos.

A Royal Brisbane and Women's Hospital "Matter of fact I've got it now" video made the Channel Nine evening news on the eve of National Anaesthesia Day reaching an audience of nearly 230,000 people. As we were unable to send out posters and flyers we took NAD online on our website and created our own compilation video. On Facebook, our NAD compilation video post reached 17,409 people and had 2384 engagements. We also launched our new Instagram platform to coincide with NAD.

Throughout 2020 the ANZCA Library was a vital resource for fellows and continued to provide essential online access to hundreds of medical journals and thousands of e-books, and expert assistance for fellows and trainees. The COVID-19 library guide focusing on anaesthesia and pain medicine resources was developed to ensure access to authoritative and timely evidence-based information on the coronavirus pandemic. Between March and December 2020 the COVID-19 library guide had 38,102 page views, with usage peaking on 30 March when more than 1000 views were registered. The guide is being continually updated with the latest information to assist and support doctors in their current practice during this evolving climate.

Expert library staff performed 130 literature searches, including 40 per cent conducted for research purposes and several directly related to COVID-19. The library service provided by ANZCA for the

College of Intensive Care Medicine (CICM) launched in November 2019 and the response from CICM fellows and trainees so far has been incredibly positive. Along with tracking feedback, the ANZCA Library will work with CICM to monitor usage statistics and evaluate the impact of the library service after six and 12 months.

The library has continued to deliver its services seamlessly and with relatively few disruptions to normal operations. In fact, we have been able to increase the number and types of services made available for the college's fellows and trainees in this time of changing needs.

Print loans continue to grow in 2020 with more than 900 book loans (primarily to trainees for exam study). This was a 38 per cent increase over 2019 which was itself a record year, recording a 65 per cent increase over the previous year and demonstrating the ongoing increasing popularity of print materials. The usage of Library guides continues to rise, reflecting the increases in both the number and quality of the guides as well as improved access capabilities and their ease of use. In 2020 there were more than 226,700 page views, almost doubling the number recorded in the previous year.

ANZCA's suite of resources for doctors' health and wellbeing was more important than ever in 2020 with the provision of free telephone counselling services for fellows, trainees and SIMGs and their families.

The college's new website was launched in July and work is continuing on the next phase of the redesign which includes a customised member dashboard. This enables the website to be a powerful promotional tool for the college, creating opportunities for the work of ANZCA and FPM to be shared more widely among fellows and trainees and the wider community.

In December, the 2020 edition of the internationally-renowned *Acute Pain Management: Scientific Evidence* which we update every five years, was published. It covers a wide range of clinical topics, combining a review of the best available evidence for acute pain management and is the result of many years' hard work by ANZCA fellows. As part of our commitment to promoting environmental sustainability, we designed this edition to be read digitally, and have been encouraging fellows to access the publication electronically if possible.

I'm pleased to report that environmental sustainability is now embedded into the clinical practice of many of our fellows, trainees and staff who are committed to reducing their carbon footprint with their own hospital-based or private practice initiatives. ANZCA's statement on climate change was published on the website in January 2020 with support from the Environmental Sustainability Working Group and feedback has been positive. The Environmental Sustainability Audit Tool was also launched in June to coincide with World Environment Day and was well received by departments and

practices associated with the college.

While our "business as usual" face-to-face meetings with external stakeholders were affected from March last year college staff had met with representatives from the workforce branch of the Australian government's Department of Health in January to discuss the development of a new consolidated source of medical workforce data.

This data will be used to create an aggregate picture of the medical training pipeline for future workforce modelling. In time, this new dataset will enable the department to undertake more accurate workforce modelling. Following the recent decision by the Australian Department of Health to provide the college with a new 12-month Specialist Training Program (STP) contract, work has commenced to implement 41 funding agreements worth \$A8.6 million across 32 health services covering 140 anaesthesia and pain medicine trainees.

All medical colleges have been asked to provide this data annually and once established, it will replace the annual data currently provided to the Medical Workforce Reform Advisory Council. Data is also being requested from jurisdictional health services, the Medical Deans of Australian and New Zealand, the Australian Medical Council and Medicare.

The dataset is part of the 10-year National Medical Workforce Strategy being developed by the Department of Health which will be finalised and endorsed by the Council of Australian Governments Health Council.

I would like to acknowledge the service of the ANZCA councillors who retired in 2020 – past president Professor David A Scott, Associate Professor Meredith Craigie (immediate past FPM dean), Dr Rowan Thomas, Dr Simon Jenkins and Dr Christine Vien (outgoing new fellow councillor).

We welcomed six fellows as new ANZCA councillors – Dr Debra Devonshire, Dr Stu Marshall, Professor David Story, Dr Tanya Selak, Dr Maryann Turner (New Fellow Councillor) and FPM Dean Associate Professor Mick Vagg.

On a final note, I would like to thank the ANZCA and FPM staff and the many fellows, trainees and SIMGs for their commitment, dedication and support during such a tumultuous year.

**Nigel Fidgeon**  
ANZCA Chief Executive Officer



# Awards, prizes and honours

## ANZCA AND FPM AWARDS IN 2020

### Robert Orton Medal

ANZCA's most prestigious award is made at the discretion of ANZCA Council, the sole criterion being distinguished service to anaesthesia, perioperative medicine or pain medicine. (The opportunity of presentation of this medal has been offered at the 2021 Annual Scientific Meeting.)

**Professor Milton Cohen AM**

### ANZCA Citation

Awarded at the discretion of ANZCA Council in recognition of significant contributions to college activities.

**Dr Peter Edgeworth Lillie AM**

### 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 Christopher Sparks**

### Steuart Henderson Award

Awarded to a fellow who has demonstrated excellence and provided outstanding contribution, scholarship, and mentorship to medical education in the field of anaesthesia and/or pain medicine. (The opportunity of presentation of this award has been offered at the 2021 ASM.)

**Dr Damian Castanelli**

### Renton Prize

Awarded to the candidate obtaining the highest marks in the primary examination for fellowship of ANZCA.

**Dr Boris Waldman**  
**Dr Laura Elizabeth Staples**

### Cecil Gray Prize

Awarded to the candidate obtaining the highest marks in the final examination for fellowship of ANZCA.

**No prize was awarded for the 2020.1 examination. The 2020.2 sitting was postponed to May 2021 due to the COVID-19 pandemic.**

### Barbara Walker Prize

Awarded to the candidate obtaining the highest marks in the FPM fellowship examination.

**Dr Hannah Bennett**

*Due to the impact of COVID-19 and the cancellation of the 2020 ANZCA ASM, the presenting and awarding of the Gilbert Brown Prize, the Trainee Academic Prize and FPM Dean's Prize did not occur in 2020.*

*Authors who had been accepted to present for the 2020 prize sessions were notified that ANZCA Council endorsed that at the 2021 Melbourne ASM two prizes would be awarded within the same session.*

### Australia Day honours

**Dr Walter John Russell** was made a member (AM) in the general division of the Order of Australia.

### Queen's Birthday Honours

**Professor Lorimer Moseley** was made an Officer of the Order of Australia (AO).

**Dr Richard Walsh, Dr David Fahey and Dr Richard Morris** were made members (AM) in the general division of the Order of Australia.

### New Zealand New Year Honour

**Dr Edward (Ted) Ward** was made a Companion of the New Zealand Order of Merit (CNZM).

# ANZCA Council



## DISTRIBUTION OF WORKFORCE

The geographical distribution of active ANZCA and FPM fellows at 31 December 2020:

	ANZCA	FPM
Australia	5088	366
New Zealand	816	41
Hong Kong	206	17
Singapore	87	12
Malaysia	36	1
Other	151	22

There were 276 new ANZCA fellows and 34 new FPM fellows admitted in 2020.

## TRAINING FIGURES

ANZCA admitted a total of 276 new anaesthesia fellows in 2020. In the first sitting of the final exam, 149 candidates were successful. Ninety-two candidates who were registered for the second sitting of the final exam have been invited to undertake the anaesthesia viva – postponed due to COVID-19 – in May 2021. In the first sitting of the primary exam, 122 candidates were successful. In the second sitting of the primary exam, 71 candidates were successful. Assessment of 58 new specialist international medical graduate (SIMG) applications in Australia and 20 in New Zealand were undertaken. There was one new area of need application, and 31 SIMGs have gained fellowship.

Of the 34 fellows admitted to FPM, 33 completed the training program and one completed the SIMG process. The 2020 FPM fellowship examination was delayed by several months due to COVID-19. Thirty-seven candidates sat the written component in late November with those successful invited to sit the oral component in February 2021. Twenty-three candidates passed the oral component and the overall exam pass rate was 62 per cent.

### ANZCA Council, from top left:

- Dr Vanessa Beavis (ANZCA President)
- Dr Chris Cokis (ANZCA Vice-President)
- Dr Rodney Mitchell (ANZCA Immediate Past President)
- Dr Debra Devonshire
- Dr Michael Jones
- Dr Scott Ma
- Dr Sean McManus
- Dr Stu Marshall
- Dr Nigel Robertson
- Dr Tanya Selak
- Professor David Story
- Dr Maryann Turner
- Associate Professor Michael Vagg (FPM Dean)
- Associate Professor Leonie Watterson
- Associate Professor Deb Wilson

# ANZCA Strategic Plan 2018-2022

## MISSION

To serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine.



GOAL 1:

# Leading

ANZCA will lead a collaborative, integrated and effective model of **perioperative medicine** and **pain medicine training** in standards and training for procedural interventions.

## Key strategies

### INTEGRATED PERIOPERATIVE MEDICINE CARE MODEL

- ANZCA councillor Dr Sean McManus took over as chair of our multi-college Perioperative Medicine Steering Committee, replacing Dr Vanessa Beavis when she became ANZCA president in May. Also joining the committee were Professor David Story, a new ANZCA councillor and chair of the college's Safety and Quality Committee, Dr Harry Eeman, a rehabilitation physician who represents the Faculty of Pain Medicine, and Dr Amy Osborne who is representing the Royal Australasian College of Physicians.
- Our review of the perioperative medicine education market undertaken by the Curio Group was released. It found there is demand for a year-long flexible competency-based perioperative medicine qualification that must be completed within three years and includes a practical learning experience. It should also incorporate non-clinical components, such as communication, leadership and collaboration skills.
- Our perioperative care framework that maps the patient's perioperative journey was nearing completion by the end of 2020. The work has been undertaken by the Perioperative Care Working Group, whose members have a broad range of experience – anaesthetists, intensivists, physicians, geriatricians, general practitioners and a surgeon.
- The Perioperative Curriculum Development Working Group, a subcommittee of the Perioperative Medicine Education Group, completed the curriculum design of two modules – "Perioperative Impact of Major Disease and Risk Stratification" and "Planning for Surgery".

### PROCEDURAL PAIN MEDICINE

- Developing standardised training leading to endorsement in procedural skills has been a key focus for FPM over recent years. The pilot for *PS11 Procedures in pain medicine clinical care standard 2020* was completed and after feedback was updated and approved. The Procedures Endorsement Program Curriculum, *Procedures Endorsement Program Handbook* and by-law 20, and Procedures Endorsement Program were all developed and promulgated. The assessments to support the program were developed and trialled during 2020.
- To allow the supervised clinical experience pathway of the Procedures Endorsement Program to be piloted in 2021, accredited procedural supervisors were appointed, had their practice provisionally endorsed and attended a training weekend.
- A pathway for FPM fellows who currently practise pain medicine procedures to apply to have their practice endorsed without having to complete the supervised clinical experience program has been developed and will be implemented in 2022. This pathway will be open for five years after which time all FPM fellows wishing to be endorsed will need to complete the supervised clinical experience pathway.
- Continuing professional development (CPD) tools to support FPM fellows who practice procedural pain medicine were reviewed and ongoing requirements developed.



GOAL 2:

# Growing

ANZCA will utilise the best available technology to promote ongoing contemporary **lifelong education and training in anaesthesia and pain medicine** and develop **governance** processes to ensure data integrity (protected, accurate, trusted, useable).

## Key strategies

### ENHANCE EXISTING EDUCATIONAL OFFERINGS

- Two ANZCA Library and CPD online training workshops – “Staying current” and “Practice evaluation unmasked” – were delivered and recorded.
- Library print loans continued to grow in 2020 with more than 900 book loans (primarily to trainees for exam study). This was a 38 per cent increase over the previous record year of 2019 and demonstrates the ongoing increasing popularity of print materials.
- The use of library guides continues to rise, reflecting the increases in both the number and quality of the guides as well as improved access capabilities. In 2020 there were more than 226,700 page views, almost doubling the number recorded in the previous year.
- ANZCA's Geoffrey Kaye Museum of Anaesthetic History focused on developing an exhibition exploring Indigenous medicine and perspectives of health and healing. The museum

engaged two Indigenous curators, Kat Clarke and Paris Norton, to develop the exhibition. The exhibition launch is scheduled to coincide with the 2021 ASM.

- The review of the FPM training program curriculum continued in 2020 with the essential topic sections 3.1: Mechanisms in the biomedical dimension of pain, 3.3: Spinal pain, 3.4: Problematic substance use and 3.9: Chronic widespread pain all reviewed and updated. The review of the curriculum will continue in 2021 in addition to the review of the online education resources that support the curriculum.
- A new emergency response standard, Cardiac arrest specialist pain medicine physicians, was developed for the ANZCA and FPM CPD program. This is the second pain medicine specific emergency response activity developed in two years and allows all fellows of the faculty to fully engage in the program.



### DEVELOP NEW EDUCATIONAL OFFERINGS

- The development of our diploma in rural generalist anaesthesia, our work in developing a perioperative medicine qualification and working with the College of Intensive Care Medicine on a dual qualification in anaesthesia and intensive care will continue into 2021.
- The *Clinical Formulation in Pain Medicine* resource was developed and published to provide pain medicine trainees with a structured approach to developing a multi-axial summary of the clinical presentation of a person experiencing pain. A pilot series of online tutorials was made available to all pain medicine trainees in the second half of 2020 following a proposal from FPM supervisors of training. Trainee engagement was positive and the program will be fully implemented in 2021.
- COVID-19 disrupted the ANZCA 2020 assessment process which resulted in the development of a technology assisted viva examination for both primary and final anaesthesia examinations.
- In July, a technology-assisted examinations working group was formed to explore options for online viva examination delivery. The group worked on operational requirements, piloting of online trial viva exams, examiner training, and communications and resources to support implementation.
- Technology-assisted vivas were offered for both primary and final examinations in regions which had strict state border restrictions and insufficient examiner numbers to conduct face-to-face vivas. This included Western Australia, Tasmania and South Australia for the primary examination and Tasmania and ACT for the final examination. In addition to the planned online vivas additional vivas were held in Brisbane and Sydney for candidates who were unable to sit their primary exam viva due to COVID-19 exclusions at the time of their scheduled exam.
- ANZCA partnered with the technology company iComm for the delivery of the online viva examinations. They assisted with trialling, set up and technical support leading up to and on the days of the examinations.

### IT DATA GOVERNANCE

- A resource freeze was implemented in March so the IT team could focus on activities to support the organisation during COVID-19 related work-from-home orders. This delayed technical data mapping, data responsibility matrix and data migration initiatives. With the recruitment of an ICT strategy manager, work on these initiatives has recommenced.

### INFORMATION AND COMMUNICATIONS TECHNOLOGY (ICT) STRATEGY

- A high level ICT strategy and roadmap has been developed. An ICT strategy manager was recruited to detail and prioritise this strategy.

### ICT SYSTEMS UPLIFT

- Seventy per cent of the laptop replacement program, allowing for the standard operating system to be upgraded to Windows 10 has been completed.
- The college email platform upgrade to Office 365 Outlook has been implemented for all staff.
- All staff have Zoom teleconferencing capabilities from their laptops, with this technology also being utilised for committee meetings and webinars.
- Phase one of the Zoom teleconferencing room installation has been completed with five rooms completed across the Melbourne, Wellington, Sydney and Brisbane offices. Phase two for Canberra, Perth, Adelaide and additional capability in the Melbourne offices is on track for completion in 2021.



GOAL 3:

# Driving

ANZCA will sustain and support **global leadership in research** by funding and nurturing research through collaboration and networks, a culture of research and quality improvement and promoting research opportunities across the career life cycle.

## Key strategies

### RESEARCH STRATEGY

- A strategic plan to mitigate barriers commonly faced by fellows and trainees in establishing research careers was developed in consultation with the Emerging Investigators Sub-Committee.
- The FPM Research and Innovation Committee developed an action plan to prioritise and support delivery of strategic initiatives for pain medicine research.
- The transparency of ANZCA research grant allocations was further improved through the reporting of funding application success rates to fellows and trainees, highlighting gender, location, and stage of career, in the *ANZCA Bulletin* and electronic publications.
- Reporting on the outcomes and implications for translation to clinical practice of ANZCA-funded research studies was significantly increased, through the delivery of outcome reports for multiple projects in ANZCA publications.
- improvement in anaesthesia, pain and perioperative medicine.
- The Research Support Toolkit (RSTK) library guide was launched at the emerging investigators virtual workshop in July, providing an extensive suite of support resources for all researchers, particularly emerging investigators. The new guide recorded 1752 page views in its first six months.
- Past editions of the *ANZCA Bulletin*, *Australasian Anaesthesia* and *Acute Pain Management: Scientific Evidence* have all been uploaded to the ANZCA Institutional Research Repository (AIRR). This contributed to 283,989 item views in 2020 (a 40 per cent increase on 2019).
- The library performed 130 literature searches, including approximately 40 per cent conducted for research purposes and several directly related to COVID-19.

### SUPPORT FOR RESEARCH AND QUALITY IMPROVEMENT

- The ANZCA Research Committee awarded \$A1.66 million for research grants for 2020 through the ANZCA Research Foundation, including the Academic Enhancement Grant and Simulation/Education Grant, 19 new Project Grants, six continuing Project Grants, three Novice Investigator Grants, and \$A30,000 for clinical trial pilot grants.
- The collaboration with the Medibank Better Health Foundation (MBHF) was expanded to include funding for two new COVID-19-related quality improvement projects. The COVID Screen Audit, a study on documented COVID-19 screening and testing in two major Melbourne hospitals, led by Professor David Story, was completed and published in the *Australian Health Review*, providing insights for optimising future perioperative COVID screening and testing programs. A COVID-19 screening and testing study, co-funded by Safer Care Victoria and the Medibank Better Health Foundation and led by Professor Paul Myles and Professor Story, was also completed across eight Melbourne hospitals. Both studies were important for the resumption of elective surgery in Australian hospitals following COVID-19 lockdowns.
- The ANZCA Professional Practice Research Network (PPRN) was established to support the expansion of qualitative and mixed-methods research focusing on education and professional practice

### RESEARCH NETWORKS

- The ANZCA Clinical Trials Network secured significant grants from the Australian Department of Health's Medical Research Future Fund for new large multicentre clinical trials, including:
  - \$A870,000 for the Australian arm of the Canadian-led Transfusion Requirements in Cardiac Surgery (TRICS-IV) trial, led by ANZCA Research Committee chair Professor David A Scott. The trial aims to determine whether a liberal blood transfusion strategy is superior to a restrictive approach for cardiac surgery patients under 65.
  - \$A4.3 million for the Long-term Outcomes of Lidocaine Infusions for persistent PostOperative Pain in patients undergoing breast surgery (LOLIPOP) trial led by ANZCA CTN deputy chair Professor Tomas Corcoran. The trial is investigating whether intraoperative lidocaine infusion reduces the incidence of long-term chronic pain.
- An Australian Medical Research Future Fund grant of \$A2 million for a five-year longitudinal cohort study of endometriosis pain among young women, LongSTEPPP-A, led by Professor Sonia Grover, was assisted and leveraged by an \$A70,000 grant from the ANZCA Research Foundation.
- The ANZCA Research Committee's Emerging Investigators Sub-Committee supported and assisted the ongoing development of several emerging research networks, including trainee networks in New Zealand, NSW, Western Australia, and Queensland.

GOAL 4:

# Supporting

ANZCA will foster strong relationships with its fellows, trainees and SIMGs by supporting the **rural, regional and remote workforce** and the **wellbeing of anaesthetists, specialist pain medicine physicians**, and college staff. It will also support and promote a **diverse workforce** and advocate for pain services and increase the number of **multi-disciplinary pain services**.

## Key strategies

### REGIONAL AND RURAL WORKFORCE

- In Australia about 85 per cent of anaesthetists and 88 per cent of specialist pain medicine physicians are located in major cities (compared with around 72 per cent of the population living in major cities). In Aotearoa New Zealand, approximately 90 per cent of anaesthetists and 91 per cent of specialist pain medicine physicians work in urban or secondary urban areas (compared with around 78 per cent of the population).
- During 2020 the college developed a comprehensive regional and rural workforce strategy which brings together the many college activities and proposed initiatives to improve both the health outcomes for people living in rural, regional and remote areas and the health and wellbeing of fellows, trainees and SIMGs living and working in these areas. Key priorities include:
  - Developing and implementing a rural general practice anaesthesia training and CPD program.
  - Engaging appropriately and strategically with governments to secure support via funding and placements and to advocate for equitable access to healthcare.
  - Promoting the benefits and rewards of working in regional and rural areas to anaesthetists and specialist pain medicine physicians.
- Actions from the regional and rural workforce strategy that commenced in 2020 include:
  - Supporting rural training sites to achieve accreditation for longer periods enabling trainees to complete longer rotations in rural areas.
  - Significantly increasing the number of regional and rural training posts supported by the Commonwealth's Specialist Training Program (STP).
  - Promoting positive rural careers and lifestyles through regular feature articles in the *ANZCA Bulletin*.



## HEALTH AND WELLBEING (FELLOWS, TRAINEES, SIMGS AND STAFF)

- The college worked with corporate mental healthcare provider Converge International to improve the complimentary 24/7 doctors' help line provided to fellows, trainees, specialist international medical graduates (SIMGs) and their immediate family members.
- The ANZCA trainee survey, which is managed by the ANZCA Training Committee, was launched in October. Responses are anonymous and confidential and help the college to identify and address current issues in training and trainee support.
- ANZCA held two trainee wellbeing webinars for more than 150 trainees featuring a psychologist discussing how to manage exam stress during COVID-19.
- The college facilitated Zoom support where face-to-face meetings were not possible and supported regional welfare advocate networks to maintain connectivity and deliver resources and advice. ANZCA commenced working collaboratively on a cross-college initiative with the Royal Australasian College of Surgeons (RACS) and other medical colleges on developing a wellbeing charter for doctors.
- Two wellbeing COVID-19 library guides were launched including "How to look after yourself, your family and friends during a pandemic", which was viewed 40,000 times in 2020 and is being used by other medical colleges. The Wellbeing Special Interest Group (SIG) also compiled a "Looking after your mental wellbeing" resource for the library guides and the ANZCA and Anaesthesia Continuing Education (ACE) websites.
- The college has been working closely with the Australian Society of Anaesthetists (ASA) and the Wellbeing SIG to review and enhance the "Long Lives, Healthy Workplaces" toolkit.
- A new series of ANZCA *Bulletin* wellbeing articles was launched in the September 2020 edition. ANZCA's *PS49 Guideline on the*

*health of specialists, specialist international medical graduates and trainees* is currently under review, with a focus on increased access to a wellbeing advocate and highlighting the positive benefits of mentoring.

- An STP grant was secured to support the work of the Trainee Welfare Project Group and develop and pilot resources for critical incident debriefing. Annual gender metrics continue to be collated and published on the ANZCA website and these are often used by fellows and trainees to support research submissions and academic presentations.
- The college endorsed the establishment of an inclusion and diversity working group chaired by ANZCA's Chief Executive Officer Nigel Fidgeon. From March 2020 the Geoffrey Kaye Museum of Anaesthetic History began a contemporary collecting COVID-19 program with the aim of developing a comprehensive collection on the coronavirus. Most of the material is digital, including infographics, social media posts and photographs.



## WORKFORCE DIVERSITY AND SUSTAINABILITY

- The Environmental Sustainability Audit Tool was launched by the Environmental Sustainability Working Group (ESWG) on World Environment Day on 5 June. The tool aims to assist departments and practitioners to develop and maintain practices that promote environmental sustainability and help identify interventions that could reasonably be considered at both an individual and departmental level.
- The ESGW hosted the inaugural sustainability webinar "Environmental sustainability in anaesthesia – opportunities for research and innovation" which was attended by 125 participants.
- In-house college recycling programs for e-waste, printer cartridges, paper and cardboard, comingled recycling, batteries and soft plastic were introduced. The college is committed to eliminating single use signage with events adopting digital signage where possible. Satchels, plastic name badges and bottled water have all been eliminated from events. The ASM registration brochure is no longer being printed and is available only online.
- An extensive Environmental Sustainability Library Guide has been developed with curated journal articles, e-books, apps and podcasts.

## EXPAND MULTI-DISCIPLINARY PAIN SERVICES ACROSS REGIONAL AND METROPOLITAN AUSTRALIA AND NEW ZEALAND

- Advocacy efforts continued in 2020 to ensure that funding of multidisciplinary pain services remained a priority for governments in Australia and New Zealand.
- As a result of COVID-19, the faculty adapted its process for reviewing units for accreditation to allow for completion via videoconference. It is likely that these remote reviews will continue for much of 2021.





GOAL 5:

# Positioning

ANZCA will explore a name change to the more internationally recognised term “anaesthesiology”, be the **trusted source of expertise in and knowledge of anaesthesia and pain medicine** and expand its efforts to address the societal impact/problem of pain in Australia and New Zealand. It will also build on its **international relationships** to enhance its identity, reputation and collaborations in anaesthesia and pain medicine.

## Key strategies

### INVESTIGATE A CHANGE IN NAME FOR THE SPECIALTY (ANAESTHESIA)

- In 2020, some initiatives as outlined in the strategic plan were deferred due to the impact of COVID-19 with examinations, online technology for continuing medical education and meetings, and the health and wellbeing of our members considered key priorities. The proposed name change to the speciality of anaesthesia was one such initiative. ANZCA Council will review what is required to facilitate the name change and work with the college leadership on a new time frame and schedule.

### BE THE TRUSTED SOURCE OF EXPERTISE IN AND KNOWLEDGE OF ANAESTHESIA AND PAIN MEDICINE

- The college distributed 11 media releases and several joint COVID-19 statements with other colleges on elective surgery and personal protective equipment reaching nearly 12 million readers and listeners across print, broadcasting and digital platforms aimed at promoting anaesthesia and pain medicine. They promoted research studies, including commentary from fellows on key medical issues and profiled fellows in Australia and New Zealand.
- A COVID-19 library guide focusing on anaesthesia and pain medicine resources was developed to ensure access to authoritative and up-to-date evidence-based information on the coronavirus pandemic. Between March and December 2020 there were 38,102 page views, with usage peaking on 30 March when more than 1000 views were registered.
- The Geoffrey Kaye Museum of Anaesthetic History's honorary curator, Dr Christine Ball was inducted as the 2020 Wood Library-Museum Laureate of the History of Anesthesiology in an online ceremony. Dr Ball also delivered the Lewis H Wright Memorial Lecture.

- ANZCA's Document Framework Policy, created by the document framework group and managed by the records and information management advisor, has been finalised. This policy outlines the management, description, and access of professional documents and corporate policies for fellows and trainees, ensuring timely and relevant information is available to the college's members and the public.
- A new project outlining the management of corporate policies has been initiated by the records and information management advisor. This project ensures that corporate policies are aligned with relevant legislation, consistently branded, and up-to-date. This fulfils the college's legislative requirements, mitigates risk, and provides consistent information to stakeholders.
- A community of practice for committee support officers (CSOs) has been established and led by the records and information management advisor. CSOs perform a vital role in the governance and operation of the college and are the corporate knowledge hub of the college for committee members, providing advice on college processes, procedures, and policy. CSOs ensure that committee meetings are conducted following the good governance principles of transparency, accountability, and diligence. The CSO network will provide training to CSOs, standardise committee processes and communications, and raise the profile of CSOs within the college.
- Our public advocacy on safety and quality issues relating to COVID-19 such as personal protective equipment (PPE) and aerosol transmission enhanced our reputation in the community and the media. Our media profile continued to grow with ANZCA and FPM fellows' research and expertise highly sought after in Australia and New Zealand.



## POSITION THE FACULTY OF PAIN MEDICINE AS THE TRUSTED SOURCE OF EXPERTISE IN ADDRESSING THE SOCIETAL IMPACT/PROBLEM OF PAIN

- Following the launch of the National Strategic Action Plan for Pain Management (NSAPPM) for Australia in 2019, the faculty joined with PainAustralia to host a workshop in early 2020 to consider how the pain medicine community across Australia could deliver the NSAPPM. Participants included Australia's deputy chief medical officer, representatives from the department of health and the Therapeutic Goods Administration, the Australian Pain Society, the university sector, researchers, educators, consumers and FPM fellows and ANZCA staff. The aim of the workshop was to develop a plan which will identify groups who have the expertise and capacity to deliver the different goals identified in the action plan.
- NSAPPM was supported by the federal government and consideration is being given to funding initiatives to deliver the plan.
- The faculty was awarded two education-focused Australian Department of Health grants in 2020:
  - The Health Practitioner Education Strategy grant aligns to goal three of the NSAPPM with the project developing an overarching education strategy to promote evidence-based pain management education across health practitioner disciplines, through undergraduate, postgraduate and continuing education. Work on the grant will continue through 2021.
  - A Therapeutic Goods Administration grant relates to prescriber education around opioid regulatory changes. The faculty is providing up to 10,000 Australian participants access to six Better Pain Management program modules.
- Due to regulatory changes regarding opioid analgesics in Australia, the faculty revised its statement and published *PS01 (PM)(2020) Statement regarding the use of opioid analgesics in patients with chronic non-cancer pain*.

## INTERNATIONAL RELATIONSHIPS

- To better reflect the role and purpose of its work to develop and support workforce capacity in low and middle-income countries, the college's Overseas Aid Committee was renamed the Global Development Committee. With COVID-19 and associated travel restrictions impacting on the committee's ability to deliver many of its planned activities, alternative ways to support low and middle income countries were developed throughout 2020.
- An online COVID-19 support forum was held for anaesthetists in Papua New Guinea and anaesthetic senior medical officers from Papua New Guinea joined weekly meetings via Zoom at the paediatric anaesthesia department of Adelaide's Women's and Children's Hospital. In lieu of the usual face-to-face visit to Papua New Guinea to provide exam preparation support, the college provided online external examiners for vivas, short cases and long cases and marking support for the University of Papua New Guinea's MMED and Diploma of Anaesthesia exams.
- In collaboration with a number of partners including professional societies, universities and hospitals in Australia, New Zealand, Papua New Guinea, Fiji and Timor-Leste, the college established an online education for low and middle-income countries working group to support the educational activities of members working in the Asia Pacific. The group is planning to deliver 24 support workshops targeting trainees, consultants and nurse anaesthetists in 2021.
- In addition, the college partnered with Interplast Australia and New Zealand to develop a series of webinars for colleagues in low resource countries. Eighty-eight clinicians across 18 countries participated live in the first webinar, "ICU management of paediatric patients".
- With our Lifebox Australia and New Zealand partners, a regional needs analysis for pulse oximeters as a result of COVID-19 was undertaken among South Pacific nations. Eighty units were delivered to Papua New Guinea, Timor-Leste, and Fiji with another 80 on their way to Pacific nations. Other vital equipment to prepare for COVID-19 including oxygen concentrators and associated accessories was also sourced.
- The first online Essential Pain Management (EPM) workshop was delivered via Zoom with 24 medical students from Latin America participating. The EPM steering committee is currently working with the Hospital Authority of Hong Kong and Interplast Australia and New Zealand to develop and deliver free online EPM learning modules. Face-to-face EPM workshops have been delivered in more than 60 countries.
- With Interplast Australia and New Zealand, the college jointly funded an evaluation of EPM in Bangladesh where the program has been run since 2013. The report is available on the Global Health page of the college website.

## FOSTER AN ENDURING POSITIVE RELATIONSHIP OF ANAESTHETISTS AND SPECIALIST PAIN MEDICINE PHYSICIANS WITH THE COLLEGE

- National Anaesthesia Day (NAD), ANZCA's annual celebration of the specialty on 16 October, took on a very different form in 2020 because of COVID-19. With many hospitals in Australia and New Zealand restricted in terms of the events and displays they could stage we launched a digital #NAD20 event featuring fellows, trainees and SIMGs to harness the increased interest in anaesthesia and build further on the profile of anaesthetists as frontline specialists in the response to the pandemic.
- More than 50 fellows, trainees and SIMGs contributed 35 videos with the theme #AlwaysReady which are available on the college's YouTube channel. A video compiled by the anaesthesia department at the Royal Brisbane and Women's Hospital (RBWH) featured on the Channel Nine evening news on the eve of National Anaesthesia Day reaching an audience of nearly 230,000 people.
- In the lead-up to National Anaesthesia Day and on 16 October, 91 Twitter participants tweeted 225 times using #NAD20. On Facebook, our NAD compilation video post reached nearly 17,500 people and had nearly 2400 engagements. The RBWH video reached 21,500 people and had 4672 engagements. We launched our new Instagram platform to coincide with NAD and it did well, with the RBWH video reaching nearly 600 people.
- The composition of the FPM Board was reviewed and amended in 2020 to:
  - Ensure the board reflects the wide-ranging experience and diversity of the fellowship.
  - Provide the appropriate skill mix for optimal board function.
  - To broadly reflect the concerns of the faculty membership and communities it serves. By-Law 1 was updated to reflect these changes.

Despite the unprecedented challenges thrown at us by COVID-19 the Faculty of Pain Medicine forged ahead with its mission to address the incidence of persistent pain in Australia and New Zealand.

Delivering our strategic goals through a combined ANZCA and FPM plan ensures we will support and nurture our fellows and trainees into 2021 as specialist pain medicine physicians treat and care for those in need. Persistent pain is the largest cause of disability in adults of working age in Australia and New Zealand and our role is to continue to advocate for better recognition and treatment of the condition.

The high standards we set for admission to fellowship were rigorously maintained in 2020 and we delivered our exams as planned under COVID-safe requirements. The dates of the written and oral components were delayed by a few months to allow planning for the oral component to be held via videoconference.

The disruption caused by the global pandemic in 2020 meant we had to revise much of our planning for exams, our trainee support processes and our advocacy goals. The cancellation of the ANZCA Annual Scientific Meeting, the FPM Spring Meeting, the Australian Pain Society, New Zealand Pain Society and the International Association for the Study of Pain World Congress meetings was unfortunate as we all appreciate the importance of face-to-face meetings and networking with our colleagues to discuss and debate topics of mutual interest.

In lieu of our usual spring meeting, the faculty joined with ANZCA and the Hong Kong College of Anaesthesiologists to hold the first joint webinar "Delivering pain management in the time of COVID-19 and telehealth" in November. More than 120 participants registered for the webinar which featured presentations from three international speakers. A webinar and question and answer session on opioids, "Opioid updates: What the new PBS changes mean for specialist pain medicine physicians" was held in October with the aim of updating specialist pain medicine physicians on Australia's pharmaceutical benefit scheme changes.

Despite these setbacks the faculty was successful in consolidating its efforts to position itself as a trusted source of expertise in pain medicine through the awarding of key grants in open competitive processes and as host of several pain medicine seminars and workshops.

We received two significant Australian federal government grants, worth a potential total of \$A1.75 million over two years. One is for the faculty to develop for the federal

government a detailed strategy for pain management education, the National Health Practitioner Education Strategy, for all health professionals. Immediate Past Dean, Associate Professor Meredith Craigie, has been appointed clinical lead for this project. The other grant was provided by the Therapeutic Goods Administration (TGA) to fund free licenses to six of the Better Pain Management modules for up to 10,000 Australian healthcare practitioners over the next two years. Both of these grants provide a source of extra revenue for the faculty as well as positioning us as a reliable and authoritative source of advice for regulators and government.

It is crucial that we also continue to use our leadership position in Australia and New Zealand to help our nursing and allied health professional colleagues grow their specialist workforce in pain so they can work alongside us to improve treatment and resources for those experiencing persistent pain.

Before the full impact of the global pandemic was felt we were able to convene and host a national workshop day early in 2020 for Australian organisations engaged with delivery of the National Strategic Action Plan for Pain Management. The event was the largest gathering of pain sector organisations since the National Pain Summit a decade ago and was well supported and received by participants. Key pain medicine organisations from around Australia, the TGA and the department of health attended to consider how the plan can be delivered and to identify groups who have the expertise and capacity to deliver the different goals identified in the plan.

Significantly, our own Procedures in Pain Medicine project goes from strength to strength with the final stages of the pilot phase well advanced.

Our role and contribution to opioid stewardship is reflected in the newly revised *PS01 Statement regarding the use of opioid analgesics in patients with chronic non-cancer pain*. This enhances our other achievements and developments for opioid management in 2020 that included a new opioid consent video produced in conjunction with NPS Medicinewise in Australia, plans to update the highly successful opioid calculator app and the Better Pain Management modules.



“It is crucial that we also continue to use our leadership position in Australia and New Zealand to help our nursing and allied health professional colleagues grow their specialist workforce in pain...”

The online e-learning modules that form the TGA-funded FPM Better Pain Management Program have been added to the WebMD platform LEARN to attract an international audience. I am pleased to report that by December 2020 nearly 2500 licences had been taken up. Individuals can purchase all 12 modules or a smaller group of six modules. The program continues to be hosted on our e-learning platform Networks for Australian and New Zealand residents.

With the Procedures in Pain Medicine Clinical Care Standard curriculum, by-law and handbook now approved we selected fellows to act as accredited procedural supervisors for the pilot program in 2021. These supervisors will need to complete the practice assessment pathway to gain endorsement and participate in training sessions around the program. It is expected that the pilot program will run in four to six sites during 2021.

I would like to welcome new FPM Board members Dr Renata Bazina and Dr Murray Grant Taverner and acknowledge the service of Professor Stephan Schug and Dr Andrew Zacest who both retired from the board in 2020.

We were also pleased to welcome Ms Leone English as FPM's new executive director.

Thank you to our fellows, trainees and staff for their commitment and support in 2020.

**Associate Professor Mick Vagg**  
Faculty of Pain Medicine Dean



## FPM Board



### FPM Board, from top left:

Associate Professor Michael Vagg (FPM Dean)  
Dr Kieran Davis (FPM Vice-Dean)  
Associate Professor Meredith Craigie (FPM Immediate Past Dean)  
Dr Renata Bazina  
Dr Harold Eeman  
Dr Kylie Hall  
Associate Professor Newman Harris  
Dr Susie Lord  
Dr Geoff Speldewinde  
Dr Murray Taverner  
Dr Melissa Viney  
Dr Vanessa Beavis (ANZCA President)  
Dr Chris Cokis (ANZCA Vice-President)

# Honorary treasurer's report

I am pleased to present the treasurer's report for the calendar year 2020 which highlights the financial performance of ANZCA. In doing so, I would like to thank my fellow ANZCA councillors, ANZCA staff, the executive director of corporate services (as well as the finance staff) and the Finance, Audit and Risk Management (FARM) Committee 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, ANZCA Council and the FARM Committee.

## 2020 overview

COVID-19 had a significant impact on the operations of the college during 2020 and to some extent continues into 2021. Not unlike many organisations, the college moved to work-from-home conditions from mid-March and many planned activities had to be either cancelled or deferred. The strong underlying financial position of the college is testament to the efforts that all divisions have made to ensure that core activities such as exams could be substantially undertaken (albeit in a revised format) or, in the instance of cancellations, that appropriate negotiation was made with vendors to ensure there was minimal loss of deposits.

Notably, the college was eligible for the Commonwealth Government's COVID-19 stimulus grant JobKeeper. This allowed the college to continue to employ staff with confidence during otherwise turbulent global financial conditions. On the basis of the surplus achieved during 2020, largely contributed by JobKeeper and a significant reduction in operating expenses, all JobKeeper funds have been placed into the college's investment portfolio to be drawn down for planned essential infrastructure and projects. This prudent use of the funds preserves the capital of the existing investment portfolio which would be otherwise drawn down on to fund these activities.

## Statement of profit or loss and comprehensive income

The college has recorded an operating surplus of \$6.282 million (2019: \$310,000 surplus) for the year ended 31 December 2020. Total revenue was \$38.557 million (2019: \$40.243 million) and total operating expenditure for the year was \$32.276 million (2019: \$39.933 million).

Lower income was predominantly driven through COVID-19 related cancellation of conferences and courses (\$5.256 million lower than 2019) including the 2020 ANZCA Annual Scientific Meeting. Reductions in registration, training and exam fees are largely a result of the deferral of the final exam 20.2 anaesthesia vivas.

Increases in subscriptions and entry fees are predominantly volume driven, with Australian fees only incurring a CPI increase of 1.6 per cent and New Zealand fees remaining at 2019 levels.

The JobKeeper stimulus grant contributed \$3.572 million to income, significantly offsetting the reductions in conference and course income. Further government grants for education strategy and opioid education, both awarded to the Faculty of Pain Medicine, contributed \$0.830 million to income in 2020. The education strategy grant is of particular note as this provided sales revenue for the Better Pain Management program with minimal associated expenditure incurred in 2020.

While income has decreased by \$1.686 million after accounting for government grants, expenses fell by \$7.657 million contributing to the reported surplus.

Employment costs fell by \$0.932 million as there were a number of vacant roles throughout the year, for which recruitment was delayed due to COVID-19. Reductions in other employment costs such as training, recruitment, and staff seminars and conferences also contributed to this fall.

Unsurprisingly, with the cancellation of many conferences and courses, travel and event related costs fell by \$5.994 million. This reduction reflects both the travel restrictions in place during 2020 as well as the efforts of staff to negotiate roll-over or returns of deposits. Rolled over deposits remain in prepayments on the balance sheet and are recognised at the time of the rescheduled event.

Facilities costs have reduced reflecting the full year impact of negotiated reduced rents in Queensland, reduced repairs and other operating expenses due to working from home, and other COVID-19 restrictions impacts.

The college has impaired \$224,000 of assets at the end of the year after carrying out its annual review. These assets represented a number of building renovations written off over an extended period and prior year project work in progress which has been expensed as incurred, as per the college operating policy.

The investment portfolio has generated income of \$895,000 (2019: \$1.340 million). The global equity market fluctuated significantly in 2020 due to the COVID-19 pandemic which saw a sharp decline in the global equity market in the first quarter of 2020. This recovered in the last quarter of the year and the college has recorded a gain in value of the investment portfolio of \$223,000 (2019: gain of \$2.163 million). Due to the uncertainty of COVID-19 impacts on equity markets and on advice from our investment advisors, the investment portfolios were moved to a more defensive position, contributing to its positive year end.

## Statement of financial position

Over the year, the net assets of the college increased by the value of the consolidated surplus of \$7.420 million resulting in net asset of \$39.039 million (compared with \$31.619 million at the end of 2019).

## Statement of changes in equity

Total equity for the year increased by \$7.420 million to \$39.039 million. This arose from the net effect of the total comprehensive surplus.

## Statement of cash flows

The college traditionally generates positive cash flows from operating activities. In 2020, the college generated \$7.210 million (2019: \$3.330 million) of cash flow from operating activities. The higher amount compared to the prior year can be attributed to receipt of COVID-19 stimulus and other government grants. Further, with government restrictions such as maintaining social distancing requirements, quarantine and travel restrictions, the college was unable to carry out the majority of its planned face-to-face activities which further reduced expenses.

## 2021 budget overview

The 2021 budget is focused on the return to normal, but reimagined college activities and a reignited focus on delivering the outcomes of the ANZCA strategic plan.

Each year the forthcoming annual budget is guided by agreed budget parameters with the objective of delivering a small operating surplus.

The budget also factors in an approved level of investment in important operational and capital projects to further enhance the delivery of services to fellows and trainees, as well as capital expenditure to improve buildings and facilities to mitigate future repair costs. The JobKeeper funds received will be utilised to fund these activities.

While 2020 saw a significant surplus the college is expected to run subsequent breakeven or deficit budgets over 2021 to 2023 as investment in essential infrastructure and projects recommences.

Due to the prudent financial controls in place throughout COVID-19, the college is in a strong position to fund these planned deficits.

## Conclusion

The financial wellbeing of the college underpins its position in the current health environment. Prudent financial management and sound business planning has allowed the college to maintain its everyday activities and focus on our strategic plan.

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 Nigel Fidgeon. 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 Chris Cokis**  
Honorary Treasurer, ANZCA





# Discussion and analysis of the financial statements extract

## INFORMATION ON THE ANZCA 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 (ANZCA) for the year ended December 31, 2020, prepared in accordance with Australian Accounting Standards.

This discussion and analysis is provided to assist the members in understanding the financial information presented. A copy of the full financial report and auditor's report can be obtained via the ANZCA website or by contacting ANZCA.

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.

## FINANCIAL STATEMENTS EXTRACT

Statement of profit or loss and other comprehensive income for the year ended 31 December 2020

	2020 \$	2019 \$
<b>Revenue</b>		
Subscriptions and entry fees	13,497,823	12,733,253
Registrations, training and exam fees	10,028,291	11,489,803
Conference and course fees	637,042	5,893,407
Specialist training program grant	8,055,516	7,709,130
Government grants - other	830,308	10,000
Covid-19 stimulus grants	3,572,050	-
Other income	2,099,881	2,417,610
<b>Total revenue from operating activities</b>	<b>38,557,228</b>	<b>40,243,203</b>
<b>Expenses</b>		
Employment	14,459,372	15,390,530
Facilities	2,160,491	2,648,800
Travel and events	1,479,855	7,473,728
Information technology	2,763,214	3,334,613
Professional services	1,298,533	1,413,084
Research grants	1,768,654	1,577,442
Specialist training program employment and rural loading	7,337,584	6,986,695
Finance costs	87,340	55,450
Other expenses	920,473	1,052,646
<b>Total expenses from operating activities</b>	<b>32,275,516</b>	<b>39,932,988</b>
<b>Surplus/(Deficit) before non-operating activities</b>	<b>6,281,712</b>	<b>310,215</b>
<b>Income from non-operating activities</b>		
Fair value movements of financial assets	1,196,723	3,656,583
<b>Surplus/(Deficit) for the year</b>	<b>7,478,435</b>	<b>3,966,798</b>
<b>Other comprehensive income</b>		
<i>Items that may be reclassified to profit or loss</i>		
Exchange differences on translation of foreign operations	(58,736)	5,766
<b>Total comprehensive income for the year</b>	<b>7,419,699</b>	<b>3,972,564</b>

## Statement of financial position as at 31 December 2020

	2020 \$	2019 \$
<b>ASSETS</b>		
<b>Current assets</b>		
Cash and cash equivalents	13,907,521	9,438,236
Cash and cash equivalents – STP related	8,783,622	9,509,111
Trade and other receivables	2,907,520	2,452,739
Other financial assets	4,183,275	2,013,465
<b>Total current assets</b>	<b>29,781,938</b>	<b>23,413,551</b>
<b>Non-current assets</b>		
Property and office equipment and cultural assets	12,102,003	12,901,517
Intangible assets	1,198,970	1,928,878
Other financial assets	24,082,086	23,142,164
<b>Total non-current assets</b>	<b>37,383,059</b>	<b>37,972,559</b>
<b>Total assets</b>	<b>67,164,997</b>	<b>61,386,110</b>
<b>LIABILITIES</b>		
<b>Current liabilities</b>		
Trade and other payables	11,606,110	12,761,530
Contract liability	10,844,566	10,998,597
Provisions	709,977	719,387
Lease liabilities	438,862	414,605
<b>Total current liabilities</b>	<b>23,599,515</b>	<b>24,894,119</b>
<b>Non-current liabilities</b>		
Contract liability	3,332,391	3,238,360
Provisions	257,757	263,494
Lease liabilities	936,803	1,371,305
<b>Total non-current liabilities</b>	<b>4,526,951</b>	<b>4,873,159</b>
<b>Total liabilities</b>	<b>28,126,466</b>	<b>29,767,278</b>
<b>Net assets</b>	<b>39,038,531</b>	<b>31,618,832</b>
<b>EQUITY</b>		
Retained earnings	38,575,519	31,097,084
Foreign currency translation reserve	171,855	230,591
Asset revaluation reserve	291,157	291,157
<b>Total equity</b>	<b>39,038,531</b>	<b>31,618,832</b>

## Statement of changes in equity for the year ended 31 December 2020

	Retained earnings \$	Foreign currency translation reserve \$	Assets revaluation reserve \$	Total \$
<b>Balance at 1 January 2019</b>	<b>27,130,286</b>	<b>224,825</b>	<b>291,157</b>	<b>27,646,268</b>
Surplus for the year	3,966,798	-	-	3,966,798
Currency translation differences arising during the year	-	5,766	-	5,766
<b>Total comprehensive income for the year</b>	<b>3,966,798</b>	<b>5,766</b>	<b>-</b>	<b>3,972,564</b>
<b>Balance at 31 December 2019</b>	<b>31,097,084</b>	<b>230,591</b>	<b>291,157</b>	<b>31,618,832</b>
Surplus for the year	7,478,435	-	-	7,478,435
Currency translation differences arising during the year	-	(58,736)	-	(58,736)
<b>Total comprehensive income for the year</b>	<b>7,478,435</b>	<b>(58,736)</b>	<b>-</b>	<b>7,499,619</b>
<b>Balance at 31 December 2020</b>	<b>38,575,519</b>	<b>171,855</b>	<b>291,157</b>	<b>39,038,531</b>



## Statement of cash flows for the year ended 31 December 2020

	2020	2019
	\$	\$
<b>Cash flows from operating activities</b>		
Receipts from members, customers and government bodies	39,689,113	46,915,088
COVID-19 stimulus received	3,572,050	-
Interest received	79,038	153,877
Donations received	122,047	121,763
Payments to employees, suppliers and other parties	(34,437,677)	(42,236,610)
Research grants paid	(1,814,880)	(1,623,668)
<b>Net cash inflow from operating activities</b>	<b>7,209,691</b>	<b>3,330,450</b>
<b>Cash flows from investing activities</b>		
Payments for purchases of financial assets	(2,208,608)	(1,759,585)
Payments for property and office equipment	(605,914)	(692,873)
Payments for project development	(192,695)	(99,470)
<b>Net cash outflow from investing activities</b>	<b>(3,007,217)</b>	<b>(2,551,928)</b>
<b>Cash flows from financing activities</b>		
Lease liabilities payments	(407,478)	(217,062)
<b>Net cash outflow from financing activities</b>	<b>(407,478)</b>	<b>(217,062)</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>3,794,996</b>	<b>561,460</b>
<b>Cash and cash equivalents at the beginning of the financial year</b>	<b>18,947,347</b>	<b>18,361,122</b>
<b>Total effect of exchange rate fluctuation of cash held</b>	<b>(51,200)</b>	<b>24,765</b>
<b>Cash and cash equivalents at the end of the financial year</b>	<b>22,691,143</b>	<b>18,947,347</b>

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