ANNUAL REPORT 2012
Australian Society of Anaesthetists
Objectives of the Australian Society of Anaesthetists

- Advance the science and art of anaesthesia in Australia and related disciplines to achieve international best practice.
- Promote education and training in anaesthesia and related disciplines.
- Prescribe high standards of practice and professional conduct and maintain the objects of such standards.
- Encourage and support research related to anaesthesia.
- Publish a scientific journal and encourage other publications in the sphere of anaesthesia.
- Facilitate communication between practitioners in anaesthesia and related disciplines.
- Enhance the professional status of anaesthesia.
- Preserve, at all times, the professional independence of anaesthetists in whatever capacity they may be serving.
- Protect the economic and legal interests of anaesthetists.
- Work effectively with other medical organisations.
- Foster the personal health and welfare of members, associates and their families.
- Encourage the preservation of history related to anaesthesia.
- Do all such other things as may be incidental to or conducive to the attainment of the above objects.

VISION
To promote and protect the status, independence and interests of Australian anaesthetists and the welfare of their patients.

MISSION
To represent the independent medical specialty of anaesthesia.

ASA VALUES

Our Intent
We will facilitate the delivery of anaesthesia services to achieve the best quality outcomes for patients. We will look after the professional and economic interests of our members. We will be the ‘go to’ body for governments on information about, and access to, the providers of anaesthesia services. We will make membership of the ASA indispensable. We will engage, represent and involve full time and part time salaried specialists and trainees in anaesthesia so that they feel that the organisation is relevant to them. We will ensure that patients receive the world’s best quality, safety and outcomes (strategy, education of patients, compliance with standards).

We will support the College’s role as the initial trainer of Australian anaesthetists; enable them to promote themselves as ‘altruistic’ to government and other industries; and actively work with the College to our mutual benefit and to the benefit of the patient.

We will be the preferred employer for our staff.

Core Values
- Accountability
- Ethics
- Excellence
- Democracy
- Recognition

GOALS
1. ASA’s Members are Engaged
2. Coherent Direction
3. Deliver on Stakeholder Values
4. ASA’s Reputation Acknowledged
5. Strong Risk Management Culture
ANNUAL REPORT 2012
Australian Society of Anaesthetists
It is most pleasing to be able to report on another very successful year for the Australian Society of Anaesthetists, with growth evident in membership, finances, educational opportunities, committee activity and the range of assistance provided to members. Earlier this year in April, membership exceeded 3000 for the first time in the history of the Society. Through the effective use of resources and the generous input of Committee chairs and members, the Society has been able to represent the interests of Australian anaesthetists most successfully in the past 12 months. One of the features of the current Government has been the large number of reviews and reforms in the health sector, with a significant increase in consultations with the profession. This opportunity for input is greatly appreciated, of course, but it requires the Society to have sufficient resources to ensure that our contributions on issues of importance to anaesthetists are maintained. I am pleased to report that the Society has ensured that the voice of Australian anaesthetists has been heard.

Earlier this year in April, the Executive Director, Mr Peter Lawrence, retired after nine years of dedicated service to the Society. Peter transformed the Society into an efficient and modern organisation and ensured that it was in good shape to deal with all challenges for the future. Most fortunately, we recruited a more than capable replacement for the newly named role of Chief Executive Officer. Mr Mark Carmichael took up the position in April, having previously worked in managerial roles and executive positions in health-related not-for-profit organisations, including the Australian Institute of Company Directors and the Australian Society of Otolaryngology, Head and Neck Surgery. Since becoming Chief Executive Officer of the Society, Mark has had a very busy period with much Council and Executive activity, but is now well settled in to the organisation. We look forward to a long and productive relationship with Mark.

There have been a number of significant issues requiring detailed consideration by the Society over the last 12 months. We have dealt with each of these issues with input from the major supporting committees of the Society, with further and final actions and positions taken by Federal Council. Some of the issues at the forefront during the last 12 months are listed here.

**ECONOMICS ADVISORY COMMITTEE**

Dr Mark Sinclair, as Chair and the Economics Advisory Committee (EAC), has again had a very busy and productive 12 months. In the current political and economic environment, much of the activity of EAC for 2011–12 has been focused on simply maintaining the status quo. Wherever possible, the Federal Government is attempting to eliminate or reduce Medicare expenditure and deny new funding, unless the services concerned are backed by extremely high (often unattainably high) levels of scientific evidence. The elimination of funding for ultrasound to guide certain invasive procedures by anaesthetists is a classic example, as is the proposed cut of funding for anaesthesia services provided to Australian Defence Force personnel.

EAC is making every effort to expedite the process of gaining funding for ultrasound services, as well as local anaesthetic nerve blocks and complex pain medicine consultations. However, the Medical Services Advisory Committee assessment process is prolonged.

Other areas of EAC activity have included liaising with the Department of Human Services on their Medicare National Compliance Programme, meetings with private insurers and workers’ compensation authorities and assisting members and patients with queries or complaints.

**Ultrasound**

The Department of Health and Ageing informed the Society in late 2010 that Medicare funding for non-
cardiac ultrasound use in association with anaesthesia (specifically those services covered by Medicare Benefits Schedule item 55054) would be withdrawn sometime in 2012. Following requests direct to the Minister (including a meeting with one of her advisors) we were informed that there would be no intervention to prevent this funding withdrawal, which commenced on 1 November 2012. The advice from both the Department and the Minister’s office is to proceed along the path of a Medical Services Advisory Committee assessment. EAC has commenced this assessment process but early indications are that it is seriously flawed and likely to be very lengthy. Based on our experiences so far, we are unable to express confidence in the much revised Medical Services Advisory Committee process for assessing medical services such as ultrasound.

I believe that the issue of ultrasound in anaesthesia is primarily one of public safety and public access to standard technology in modern anaesthesia. The primary benefit of the use of ultrasound is improved patient safety and effectiveness of anaesthetic interventions. EAC is continuing to seek a reversal of the funding withdrawal for this essential service.

Medicare billing of public patients

This remains a very difficult issue to manage. While widespread billing to Medicare of public patients in public hospitals has been occurring for many years, it appears to have only recently been introduced (at least on a large scale basis) into Victoria. In most jurisdictions, the details of the various schemes differ but the common thread is that there is cost-shifting for the provision of health services from the State Government to the Federal Government through Medicare billing. While generally the politics of state versus federal funding of hospitals would not be of primary concern for individual doctors, the problem with the various cost-shifting schemes is that they rely on the ‘participation’ of state-employed doctors (and the use of their provider numbers) to raise the revenue. This potentially places the individual doctors (rather than the hospitals or health departments) in breach of the various legislations. The matter is made all the more complex by differing political and legal advice.

Medicare audit activities

Following investigations of several anaesthetists by Medicare Australia that concluded with the anaesthetists paying substantial sums of money back to Medicare, the Society met with the Department of Human Services to discuss auditing activities in the Medicare National Compliance Programme. The meeting was very positive in terms of the relationship between the Society and Medicare Australia and it was felt to be very useful to meet with senior staff involved in the Medicare National Compliance Programme and provide some gentle ‘education’ in anaesthesia practice.

PROFESSIONAL ISSUES ADVISORY COMMITTEE

Dr Jim Bradley chairs this increasingly busy committee, the portfolio of which grows each year. As well as some of the issues listed below, the Professional Issues Advisory Committee (PIAC) has increasingly been asked to provide assistance to members on a range of difficult issues requiring detailed research and consideration. Examples of such member requests for assistance include dealing with billing of privately insured patients in a public hospital, the application of the Area of Need provisions (and related processes) to private hospitals, contractual disputes with public hospitals and the loss of clinical privileges due to concerns over performance and interpersonal issues. These requests are complex and require considerable investigation and sometimes an external legal opinion. PIAC (along with the staff at the Society) is providing an invaluable service for our members.

Health Workforce Australia

Health Workforce Australia continues to produce discussion papers and consult widely among the health profession. This well-funded body has produced a number of discussion papers and consultations and the Society has lodged various submissions, attended meetings and provided input on a range of important areas of interest. Health Workforce Australia has a very broad mission and PIAC has contributed in the following areas:

- Anaesthesia workforce—future trends and planning
- Nurse endoscopy
- National Training Plan

PIAC is keeping a close watch on all Health Workforce Australia’s activities and providing appropriate input where required.

Training in private

PIAC is aware that this issue remains one of interest to members and has recently provided input to a revision of the Australian Medical Association position statement. It is clear that the impact of training in the private sector is likely to continue to grow as the presence of anaesthetic, surgical and medical trainees in the private sector becomes more commonplace. The Society will continue to work for better recognition of the implications of the presence of trainees in this sector for anaesthetists.

Australian Committee on Safety and Quality in Health Care

The Australian Committee on Safety and Quality in Health Care has produced a number of discussion papers to which the Society has responded in the last 12 months. PIAC has discussed the role of this committee in setting standards for hospital accreditation versus the Australian Council on Healthcare Standards and its clinical
A major concern is the possible diminution of input of the profession if the new Australian Committee on Safety and Quality in Health Care usurps the role of chief accreditor for Australian hospitals and does not maintain the high levels of input from specialist colleges and representative bodies. The exact nature of the relationship between the two bodies appears uncertain at the moment.

CONTINUING PROFESSIONAL DEVELOPMENT

Following the decision taken by Federal Council last year to proceed with a continuing professional development (CPD) management system for the benefit of members, staff recruitment has occurred and a new CPD Committee has been established. Dr Vida Viliunas has taken on the role of Chair of this new committee and, along with the committee members and staff at the Society, has been working hard towards the launch of the program. The service will be complimentary for members and the key to its design has been to ensure that it is user-friendly and technologically advanced. A prototype was demonstrated at the 2012 National Scientific Congress in Hobart and this was very well received by members.

FINANCES

The Society has produced a solid financial result again under the stewardship of the recently retired Federal Treasurer, Dr Michael Tuch. I am pleased to report the final result for last year was a surplus and ahead of budget projections. I would like to thank both Michael Tuch and staff at the Society’s head office in Sydney for their hard work and successful result for the year. I am aware of the enormous contribution made by Michael over his many years as Treasurer and Council has thanked him on behalf of the membership.

FEDERAL COUNCIL, EXECUTIVE AND COMMITTEES

Federal Council is constituted of the seven State/ Territory Section Chairs, the Executive Councillor, the Vice President, the Past President and the President. The Federal Council meets face-to-face approximately four times per year, as well as by teleconference as required. Federal Executive (State/Territory representatives, Executive Councillor, Vice, Past and current Presidents) also meet a further four times per year, as well as by teleconference as required. This necessitates an enormous amount of input and dedication by our office bearers and I would like to thank all of them for their support and hard work over the previous 12 months. Equally, the staff at the Society have provided support and assistance for Council, Executive and the committees and I would also like to express my appreciation for their assistance. I would particularly like to publicly thank now retired Executive Director Mr Peter Lawrence and new Chief Executive Officer Mr Mark Carmichael for their assistance and dedication to me personally and to the organisation as a whole.

Members of Federal Council are Directors of the Board of the Society and take on a serious responsibility in overseeing the organisation. To assist with that role, various board development activities are undertaken in a range of related disciplines. In June this year, the Board participated in a company directors’ course under the auspices of the Australian Institute of Company Directors. This was most beneficial for the members of Federal Council and provided practical assistance for their duties as directors.

The Society has a large number of committees who provide advice to Federal Council. Some of the chairs report to the ASA news, but I urge all members to make themselves familiar with all of the committees and the good work that is being done. The committee chairs and members are all volunteers and their valuable input and commitment to the work of the Society benefits, and reflects well on, all members. Some of the activities are briefly mentioned here.

Overseas Development and Education Committee

This committee works tirelessly under Chair Dr Rob McDougall on a range of beneficial anaesthesia-related activities in the south Pacific, Mongolia, Laos, Cambodia and Myanmar. Through the dedication of the Overseas Development and Education Committee (ODEC) members, and other ASA members, we are able to provide a much needed boost to anaesthesia education and aid in countries including Fiji, Vanuatu and Mongolia. The Global Oximetry Project, under the Lifebox Organisation, remains a priority for ODEC and is strongly supported by Federal Council. All members should feel proud that our organisation supports such activities with funding and that Australian anaesthetists are willing to devote much time and energy to providing improved access to safe anaesthesia in the less affluent areas of our region.

Support for Anaesthesia in the Pacific

ODEC has continued to fund visits by young Australian anaesthetists to the Fijian National University, which runs the postgraduate training program for anaesthesia in the Pacific. Three Pacific Fellow visits occurred during 2012. Pacific support also included financial assistance for the Pacific Society of Anaesthesia refresher course and a visit by a young Pacific anaesthetist to the National Scientific Congress in Sydney in September 2011.

Essential Pain Management Course

This course has become very popular and AusAID has joined as a partner, in addition to the Australian and New Zealand College of Anaesthetists and the World Federation of Societies of Anaesthesiologists.

Lifebox

Over $80,000 was raised by the Society for this worthy cause to provide robust pulse oximeters to all
anaesthetising locations in the world. The fundraising will continue in 2013.

Group of ASA Clinical Trainees
The Group of ASA Clinical Trainees is an enthusiastic group of young anaesthetists in training who contribute to the work of the Society and provide educational opportunities and activities for trainees. It is estimated that just one-third of all trainees are members, so recruitment is a major focus and the recently instituted Trainee Congress, held in conjunction with the National Scientific Congress, has greatly improved attendance at this major meeting.

Membership Committee
This committee has been established to streamline the membership application process and avoid any unnecessary delays. Upon its institution there was an immediate improvement, marking the provision of a much better service for new members.

Communications Committee
Under the leadership of Dr Greg Deacon, the Communications Committee has revamped the publication ASA news as well as the electronic editions of the e-news. Greg and his team have ensured that our communications with members remains efficient, relevant and technologically advanced to assist the membership in obtaining the information that they need, when they need it.

ANAESTHESIA AND INTENSIVE CARE
The Journal remains the flagship publication of the Society and has continued with another successful year under Chief Editor Dr Neville Gibbs. Neville is well-supported by a strong Editorial Board and by staff at the Society.

Anaesthesia and Intensive Care has had another strong year with overall subscription numbers rising by 200. This was primarily due to the increase in members of our Society and the New Zealand Society of Anaesthetists. Visits to the website are consistent with an average of 14,000 hits per month. There has been a drop in the number of submissions received in the 2011-12 year, which coincides with the introduction of new Editorial Policies. While the quantity received may have decreased, the calibre of the submissions received has improved. Approximately 25% of submissions received came from Australia/New Zealand and 75% of submissions accepted also come from this region. The average time taken for editorial decisions has remained steady at 23 days and the time to publication has also decreased. A review of printing costs has resulted in a significant reduction in the cost of printing the Journal (approximately 40%). Advertising revenue for the financial year remains at approximately $80,000 and copyright royalties have increased to over $13,000.

INTERNATIONAL RELATIONSHIPS
New Zealand Society of Anaesthetists
There is a very close and beneficial relationship between our Society and the New Zealand Society of Anaesthetists with representation at Council meetings for both organisations and the holding of occasional joint educational meetings. It is likely that the 2015 National Scientific Congress, to be held in Darwin, will be a joint meeting with the New Zealand Society of Anaesthetists.

World Federation of Societies of Anaesthesiologists
Again, the Society has a strong relationship with the World Federation of Societies of Anaesthesiologists and has good representation on a number of important committees. Much of the representation has come from members of the Overseas Development and Education Committee due to their shared interest in anaesthesia and education in developing countries. The Society was well represented at the World Congress of Anaesthesiologists held in Buenos Aires in March 2012.

Common Issues Group
The Common Issues Group holds an annual meeting where senior office bearers and staff of the Association of Anaesthetists of Great Britain and Ireland, the Canadian Anesthesiologists’ Society, the American Society of Anaesthesiologists and, of course, the Australian Society of Anaesthetists meet to discuss matters of mutual interest. The issues discussed are broad-ranging and include quality and standards, workforce and economic issues, and trends and anaesthesia safety data collection. We hosted the 2012 Common Issues Group meeting at Freycinet on the east coast of Tasmania just before the National Scientific Congress in Hobart.

AWARDS AND HONOURS
During the past year, two members have been recognised for their distinguished service to the Society. Dr David Pescod received the President’s Medal for his active and dedicated contribution to the Society and the Overseas Development and Education Committee for the last ten years, particularly for his outstanding work on anaesthesia education in Mongolia. Dr Peter Stanbury, OAM, was awarded Honorary Membership for his exceptional and professional contribution to the Society’s Harry Daly Museum and Richard Bailey Library.

Dr Andrew Mulcahy
Immediate Past President
Summary Financial Statement 2011/2012

ASA BENEVOLENT TRUST FUND REPORT

The ASA Benevolent Trust Fund was established in 2001 to assist Australian anaesthetists, their families and dependants who are in dire need. The Trust Fund is maintained exclusively from members’ donations and interest on the balance of the fund.

The ASA would like to thank members for donations to the ASA Benevolent Trust Fund in the last financial year.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<td>Opening balance 1 July 2011</td>
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<td>Less:</td>
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<tr>
<td>Outgoings (bank charges)</td>
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<tr>
<td>Payments</td>
<td>nil</td>
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<td>Add:</td>
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<td>Donations</td>
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<td>Interest</td>
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<td>Closing balance 30 June 2012</td>
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RATIO OF EMPLOYEE EXPENSES TO OPERATING REVENUE

<table>
<thead>
<tr>
<th>Period</th>
<th>Revenue from Operating Activities</th>
<th>Employee Expenses</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun-2010</td>
<td>$5,560,376</td>
<td>$1,175,220</td>
<td>21%</td>
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<tr>
<td>Jun-2011</td>
<td>$5,734,900</td>
<td>$1,441,413</td>
<td>25%</td>
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<tr>
<td>Jun-2012</td>
<td>$6,275,979</td>
<td>$1,634,800</td>
<td>26%</td>
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</table>
Assets
- Cash and Term Deposits: 64%
- Managed Funds: 18%
- Buildings: 14%
- Debtors: 3%
- Other Assets: 1%

Income Sources
- Membership: 36%
- NSC Sydney 2011: 27%
- Joint CMEs: 26%
- Joint SIGs: 18%
- Advertising: 11%

Expenditure
- Salaries: 27%
- Joint CMEs SIGs: 18%
- Honoraria: 5%
- Printing, Postage & Stationery: 3%
- Depreciation: 2%

- NSC Sydney 2011: 26%
- Travel: 6%
- AIC costs: 5%
- Property & IT: 3%
- Legal & professional: 1%

- Branch Offices: 1%
- Other: 1%
- ODEC: 1%
- Awards: 1%
### BALANCE SHEET

#### Assets

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<thead>
<tr>
<th></th>
<th>2012 ($000's)</th>
<th>2011 ($000's)</th>
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<tbody>
<tr>
<td><strong>Current assets</strong></td>
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</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>10,942</td>
<td>10,631</td>
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<tr>
<td>Receivables</td>
<td>523</td>
<td>528</td>
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<tr>
<td>Other</td>
<td>92</td>
<td>46</td>
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<tr>
<td><strong>Total</strong></td>
<td>11,557</td>
<td>11,205</td>
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<tr>
<td><strong>Non-current assets</strong></td>
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<tr>
<td>Property, plant and equipment</td>
<td>2,423</td>
<td>2,538</td>
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<tr>
<td>Other financial assets</td>
<td>3,072</td>
<td>2,621</td>
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<tr>
<td>Other</td>
<td>46</td>
<td>46</td>
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<tr>
<td><strong>Total</strong></td>
<td>5,541</td>
<td>5,205</td>
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<tr>
<td><strong>Total assets</strong></td>
<td>17,098</td>
<td>16,410</td>
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#### Less liability

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<tr>
<th></th>
<th>2012 ($000's)</th>
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<tbody>
<tr>
<td><strong>Current liabilities</strong></td>
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<tr>
<td><strong>Total liabilities</strong></td>
<td>2,396</td>
<td>2,685</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td>14,702</td>
<td>13,725</td>
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#### Accumulated funds

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<tr>
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<th>2012 ($000's)</th>
<th>2011 ($000's)</th>
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<tbody>
<tr>
<td>Retained surplus</td>
<td>14,364</td>
<td>13,261</td>
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<tr>
<td>Fair value reserve</td>
<td>338</td>
<td>464</td>
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<tr>
<td><strong>Total accumulated funds</strong></td>
<td>14,702</td>
<td>13,725</td>
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### INCOME STATEMENT

#### Revenue

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<tr>
<th></th>
<th>2012 ($000's)</th>
<th>2011 ($000's)</th>
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<tbody>
<tr>
<td>Revenue from operating activities</td>
<td>6,276</td>
<td>5,735</td>
</tr>
<tr>
<td><strong>Net financial surplus/(deficit)</strong></td>
<td>796</td>
<td>804</td>
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<tr>
<td><strong>Total revenue</strong></td>
<td>7,072</td>
<td>6,539</td>
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#### Less expenses

<table>
<thead>
<tr>
<th></th>
<th>2012 ($000's)</th>
<th>2011 ($000's)</th>
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</thead>
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<tr>
<td>ANZTA data collection</td>
<td>(26)</td>
<td>88</td>
</tr>
<tr>
<td>Awards</td>
<td>65</td>
<td>38</td>
</tr>
<tr>
<td>Computer expenses</td>
<td>74</td>
<td>32</td>
</tr>
<tr>
<td>Conferences and meetings</td>
<td>2,924</td>
<td>2,060</td>
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<tr>
<td>Cost of sales—AIC</td>
<td>281</td>
<td>280</td>
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<tr>
<td>Depreciation expense</td>
<td>129</td>
<td>119</td>
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<tr>
<td>Employee expenses</td>
<td>1,635</td>
<td>1,441</td>
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<tr>
<td>Government grant—GPA locum service</td>
<td>-</td>
<td>130</td>
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<tr>
<td>Honoraria</td>
<td>320</td>
<td>254</td>
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<tr>
<td>Legal and professional fees</td>
<td>74</td>
<td>39</td>
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<tr>
<td>ODEC</td>
<td>73</td>
<td>67</td>
</tr>
<tr>
<td>Printing, stationery and postage</td>
<td>171</td>
<td>146</td>
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<tr>
<td>Property costs</td>
<td>79</td>
<td>76</td>
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<tr>
<td>Secretariat expenses</td>
<td>71</td>
<td>62</td>
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<tr>
<td>Other expenses</td>
<td>98</td>
<td>41</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td>5,968</td>
<td>4,873</td>
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**Surplus/(Deficit) from Ordinary Activities**

<table>
<thead>
<tr>
<th></th>
<th>2012 ($000's)</th>
<th>2011 ($000's)</th>
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<tbody>
<tr>
<td><strong>1,104</strong></td>
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Full copies of the Financial Statements including Director’s report and Declarations and Auditors’ Report may be obtained from the CEO, Australian Society of Anaesthetists Limited, PO Box 600, Edgecliff, NSW 2027
The NSC 2013 organising committee headed by Drs Mark Skacel and Paul Burt have developed a program that will appeal to a wide audience and further explore how our understanding of the basic sciences improves clinical outcomes for our patients.

Special areas of interest will include neuroscience and consciousness, fluid therapy and outcomes for the high risk surgical patient.

Invited Speakers include
Professor Martin Smith
Queens Square, London
Professor Colin Mackenzie
University of Maryland, Baltimore
Professor Mike Grocott
University of Southampton
Professor Tony Quaill
Newcastle University, NSW