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 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
This Annual Report is effective as at 31 December 2011. It incorporates the Society’s Annual Financial Report including financial and Director information up to 30 June 2011.
The Vision of the ASA as taken from our recently reviewed Strategic Plan is “to promote and protect the status, independence and interests of Australian Anaesthetists and the welfare of their patients”. This statement along with our Mission, “to represent the independent medical specialty of anaesthesia”, has guided the ASA in its endeavours over the past 12 months. I am pleased to provide a report on another very successful year with growth evident in membership, finances, committee activity and the range of assistance provided to members. I believe the activities of the past year have upheld our mission and helped to achieve our vision most successfully.

There have been a number of significant issues requiring detailed consideration by the ASA over the last 12 months. The ASA has dealt with each of these with input from committees with further and final actions and positions taken by Federal Council. Some of these issues at the forefront during the last 12 months have been:

**National Registration**
The new Medical Board of Australia and its associated bureaucracy, the Australian Health Practitioner Regulation Agency, faced difficulties dealing with large numbers of registration renewals for the first time during late 2010. The ASA, in association with the Australian Medical Association, provided assistance to members with registration difficulties and such problems are now much less frequent.

**Training in the Private Sector**
This issue was identified in member surveys as an area of great concern. After advice from the Professional Issues Advisory Committee, it was clear that much more information was needed on the future of this scheme and the likely impact on anaesthetists working in the private sector where training of either anaesthesia or surgical trainees is or will be occurring. To assist with gathering information, I held discussions with the Assistant Secretary, Health Workforce Division of the Department of Health and Ageing (DHA), the Chief Executive Officer of the Australian Private Hospitals Association and also the President and senior policy advisors of the Australian Medical Association. Further, I have written to all of the major medical indemnity organisations and the Australian and New Zealand College of Anaesthetists. This issue remains under active consideration of the ASA Federal Council.

**Ultrasound Funding in Medicare**
The impending withdrawal of funding for non-echocardiogram ultrasound services provided in association with anaesthesia was confirmed earlier this year by the DHA. Dr Mark Sinclair, Chair of the Economics Advisory Committee, and his committee have been busy dealing with the best approach to this major issue for anaesthetists and their patients around the country. The ASA is approaching this issue by complying with the DHA’s request to follow the lengthy evidence-based and economic assessment process through the Medical Services Advisory Committee and also through lobbying the Federal Minister to maintain interim funding for these essential services on a patient safety basis.

**Continuing Professional Development**
Following polling of members and extensive investigation, Federal Council carefully considered the issue of providing assistance to members in the area of Continuing Professional Development (CPD). Changes occurring with the introduction of the National Registration and Accreditation Scheme in 2010 now mean that CPD is compulsory for medical practitioners to maintain their medical registration. For anaesthetists, the required standard and criteria are set by the Australian and New Zealand College of Anaesthetists. I am pleased to report that Council has agreed to proceed with plans to institute a program to assist members undertaking self-directed CPD which will provide an easy to use but comprehensive CPD assistance with full technological and other support. Initial funding has been provided and it is envisaged that the program will be underway during the course of 2012.

**Health Reforms**
The current Government has initiated a large number of new bureaucracies and also instituted many other changes to the health system which can be loosely grouped under the banner ‘Health Reforms’. The ASA is following these initiatives closely and their potential impact on both the health system in general and on anaesthesia services and anaesthetists in particular. The reforms include the following:
National Registration
As stated earlier, there have been well publicised problems with registration renewals of doctors and other health practitioners in many states along with many other data recording errors. The Senate recently conducted an enquiry into the Australian Health Practitioner Regulation Agency which is the administrative body overseeing the registration of all health practitioners in Australia. There were a large number of submissions with the final report recommending a number of changes.

Lead Clinician Groups
The ASA provided a short submission on this Government project emanating from the National Health and Hospitals Network reforms indicating broad support for the concept but with some caveats as to how such a scheme might be introduced and the possible outcomes achievable. The ASA also provided a representative for a series of workshops seeking further input from stakeholders. Subsequently there was a call for individual nominations to the National Lead Clinician Groups, but there will be no representation from medical groups such as the ASA.

National Performance Authority
The apparent objective of this recently announced bureaucracy is to monitor performance of all sectors of the health system including private and even individual doctors. The performance would be matched to funding provided to ensure appropriate outcomes were achieved for the health dollar. Concerns have been expressed that the functions of this body are poorly defined and may already be achieved by other bodies such as the Australian Commission on Quality and Safety in Health Care. Its status is currently not clear.

National Access Guarantee
This program was scheduled to commence from July 2012 and is designed to ensure patients on public hospital waiting lists are not required to wait for elective procedures for longer than defined time. The stated targets were that by 2014, 95% of category 1 and 2 patients will have their procedure within the clinically recommended time. There are also targets for waiting times in public hospital emergency rooms. These targets have now been reduced to goals and other changes are likely. Hospitals achieving the targets or goals will receive financial rewards.

Medicare Locals
There is much opposition to the formation of these new multi-disciplinary based practices which appear to be a further iteration or evolution of General Practitioner Super Clinics. While the objective of these new institutions appears to be better co-ordinated patient care, concerns have been raised that there will simply be increased bureaucracy at an exorbitant cost to the tax-payer with little tangible benefit. Further concerns are that there will be a continued diminution of the central role of the general practitioner and de-medicalisation of healthcare.

Patient Controlled Electronic Health Record
This is another initiative with a planned implementation date of July 2012. The system will comprise of a general practitioner-curated summary health record, an event record and a record on which information can be added and amended by the patient. The Patient Controlled Electronic Health Record will not be stored in a central database but will be maintained by providers such as general practitioners and accessed through portals using the patient’s unique health identifier number. The expected cost is $467 million. The Government is reported as stating that patients will be given the option of limiting who has access to their e-health records. The overseas experience of electronic health records (e.g. UK) is not encouraging. Many concerns have been raised about this program and the possibility that its objectives will not be achieved, despite enormous funding. An electronic health record that is not accurate, up-to-date and accessible will be of little value.

National Disability Insurance Scheme and National Injury Insurance Scheme
These Federal Government schemes are part of a National Disability Strategy to enhance the quality of life and increase economic and social participation for people with disabilities and their carers. The National Disability Insurance Scheme is designed to assist people who have intellectual, physical, sensory or psychiatric disabilities resulting in significantly reduced functioning. It will provide long-term care and support, but not income replacement, for people with significant disabilities. The National Injury Insurance Scheme is intended to support people who are catastrophically injured as a consequence of a range of accidents, regardless of who is at fault. The ASA is maintaining a watching brief on the development of these schemes, as there is potential for amalgamating the existing state-based workers’ compensation schemes and other changes that will impact on the purchase and provision of anaesthesia services.

Federal Council, Executive and Committees
Federal Council is constituted of the seven State/ Territory Section Chairs, the Executive Councillor, the Treasurer, 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 representative, Executive Councillor, Treasurer, Vice, Past and current Presidents) also meet a further four times per year as well as by teleconference as required. This requires 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, ASA staff at Edgecliff have provided committed support and assistance for Council, Executive and Committees and I would like to also express my appreciation for their assistance. I would particularly like to publicly thank the Executive Director, Mr Peter Lawrence for his absolute dedication to providing an efficient organisation from which to provide the array of services and activities for our members and office bearers that are currently offered.

Members of Federal Council are Directors of the Board of the ASA and take on a serious responsibility in the oversight of the organisation. To assist with that role, various board development activities are undertaken in a range of board-related disciplines. In May 2011, the ASA Board participated in a Company Director’s 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 company directors.

The ASA has a large number of committees who provide advice to Federal Council and achieve much of the work of the ASA. 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 of course and their valuable input and commitment to the work of the ASA benefits and reflects well on all members.

Economics Advisory Committee
Mark Sinclair has been very productive as Chair of this very busy committee and continues to engage with the DHA, Health Funds and other Government and non-government agencies ensuring the ASA’s views are promoted in the best interests of members. This past year the committee has worked hard on a number of issues not the least of which has been the issue of Medicare funding of ultrasound. This remains a live issue with the Economics Advisory Committee, who are currently preparing a detailed submission for the Medical Services Advisory Committee.

Professional Issues Advisory Committee
This committee remains under the chairmanship of one of the stalwarts of the ASA, Dr Jim Bradley. The Professional Issues Advisory Committee is being asked to consider increasingly complex policy positions particularly in regard to workforce issues and also the new health reforms (see above). I congratulate Jim and the committee on their ongoing work and look forward to their continuing efforts in formulating the most appropriate ASA approach to some of these complex changes to the health system.

Overseas Development and Education Committee
Dr Rob McDougall continues to chair this busy committee which is the ‘quiet achiever’ of the ASA. Along with their continuing work in the South Pacific and Mongolia, the Overseas Development and Education Committee has provided additional assistance to developing countries in our region through the LifeBox Global Oximetry project. This is a most commendable project and a further expansion of assistance in next 12 months is likely. I ask that all members explore more details of this life-saving program and consider donations to this most worthy cause.

GASACT
Co-convenors Drs Michelle Spencer and Rob Miskeljin have continued to invigorate this very active committee with renewed energy. Rob and Michelle will be moving on in 2012 and I would like to both congratulate and thank them for their achievements and hard work especially on behalf of trainees. New trainee member numbers have continued to rise and another very successful GASACT Congress was held concurrently with the National Scientific Congress in Sydney during September 2011.

Membership Committee
Federal Council agreed to the formation of this new committee with Executive Councillor Dr Andrew Schneider as Chair and administrative support led by Mr Peter MacLean, ASA Corporate Services Manager, with the express intention of streamlining the approval processes for new members.

Finances
The ASA has produced a solid financial result again under the stewardship of the Federal Treasurer Dr Michael Tuch. I am pleased to report the final result for last year was a healthy surplus and ahead of budget projections. I would like to thank both Michael Tuch and Ms Christine Ingate, ASA Financial Controller, for their close oversight and successful result for the year. I am aware of the enormous contribution made by Michael over many years as Treasurer to the benefit of all of the members of the ASA. I thank him on your behalf.

Awards and Honours
Dr Alan Duncan
Alan received the Ben Barry Medal for his extraordinary contribution to the Society and its journal over a 22-year period as an Editor and member of the Editorial Board of Anaesthesia and Intensive Care, including 16 years as Intensive Care Editor and six years as Chief Editor.

Dr Renald Portelli
Renald was awarded the President’s Medal for his extensive and effective contribution in his
appointments on the Victorian Committee of Management (member, Treasurer, Vice Chair, twice as Chair and three times as a Country Meetings Convenor), as the Victorian representative on the Economics Advisory Committee for ten years and on the National Scientific Committee (twice as Treasurer and last year as the Convenor).

Dr David Pescod
David was awarded the President’s Medal for outstanding contributions to the work of the ASA through the Overseas Development and Education Committee. David has been an active and dedicated member of the Committee for the last ten years and is also the Mongolian Country Co-ordinator for Interplast. He has assisted Mongolia in the evolution of anaesthesia training since 2000 including the production of training manuals, training courses and supporting administration, using resources provided by the Society, Interplast and AusAID. His exceptional contribution to the specialty of anaesthesia in Mongolia was recognised with the award of the Medal of Honour from the Mongolian government in 2011. This unique award has been presented only infrequently in the past 80 years and rarely to a foreigner. David’s generosity of time, professionalism and devotion to raising the anaesthesia skills of his colleagues in Mongolia is an outstanding achievement and brings great credit to both himself and the specialty.

Dr Peter Stanbury
Peter was awarded Honorary Life Membership of the Society for his professional contribution to the ASA’s Harry Daly Museum and the Richard Bailey Library at the Annual General Meeting in September. Peter’s first connection to the Society was as Curator of the Harry Daly Museum from 2004 to 2007 and from 2009 he has been Librarian to the Richard Bailey Library, his current appointment. During his tenure he designed the display arrangements at the Museum, exploiting the limited space available with a brilliant combination of 11 cabinets at eye level, and five drawers of varying depth beneath each display case, securely accommodating many of our most precious items. With former Assistant Curator Ms Liz Wall he catalogued the majority of the 4000-odd artefacts in the Society’s collection. From 2009, when he became Librarian, he has developed a major interest in mesmerism, cataloguing the 400 volumes of historic texts on this subject, part of the substantial private collection of Dr Richard Bailey after whom the Library is named.

Andrew Mulcahy
President
ASA Achievements

Economics Advisory Committee

- Meetings held with the Medical Services Advisory Committee, Department of Health and Ageing, the Shadow Minister for Health and Ageing – Mr Peter Dutton, Senior Advisor to the Minister for Health and Ageing – Mr Phillippe Allen and WorkCover NSW.
- Applications and representations sent to the Medical Services Advisory Committee, Minister for Health and Ageing – Ms Nicola Roxon and the Department of Immigration and Citizenship.
- Ongoing efforts to improve the Medicare Benefits Schedule via the introduction of new anaesthesia items and alterations to existing items.
- Handling and resolving complaints from overseas students regarding insurance.
- Successful Practice Managers’ Conference held in Sydney, March 2011.
- Improved communication with members’ practice staff, with staff now able to register their interest through the ASA website. Practice staff are also allowed access to resources such as presentations from previous Practice Managers’ Conferences, the Relative Value Guide, ASA news and ASA e-news. A Practice Managers e-news was also developed.
- Assisted members in resolving over 100 economic queries.
- Publication of the 14th edition of the Relative Value Guide, also made available as an iPhone app.

Economics Advisory Committee, August 2011

Back row, left to right: Drs Cameron Gourlay, Malcolm Albany, Mr Peter Lawrence, Drs Richard Grutzner, Rob Storer, Renald Portelli, Mark Colson, Tim Porter and Graham Map.
Front row, left to right: Drs Ian Woodforth, Andrew Mulcahy, Mark Sinclair, Elizabeth Feeney and Tim Wong.
Absent - Drs David Olive, Rebecca Lewicki and Jim Bradley.

Communications Committee

- The Anaesthesia Continuing Education Co-ordinating Committee website was redeveloped and launched in June 2011.
- Continual improvements made to the ASA website, including the introduction of the members’ notice board.
- Social media was launched, with the introduction of a Facebook page, blog and ASA, National Scientific Congress and ASA President Twitter accounts.
Professional Issues Advisory Committee

- Submissions made to the Australian Commission on Safety and Quality in Health Care, Health Quality and Complaints Commission (Queensland), Department of Health and Ageing, Australian Council on Healthcare Standards, National Casemix and Classification Centre, National Health and Medical Research Council, and Health Workforce Australia.
- Revision of *Anaesthesia & you* brochure and the ASA anaesthesia record.
- Development and review of ASA Position Statements and online patient advisories.
- Representation on the National Health Workforce Taskforce and the Professional Services review.
- Session addressing day of surgery admissions issues held at the 2011 National Scientific Congress.
- Special ‘PIAC’ issue of the *ASA news* published in November 2011, which addressed obstetric anaesthesia in private hospitals, employment disputes, legal issues concerning ‘ownership’ of operating lists, gastroenterological anaesthesia and consent for anaesthesia. Further articles addressed the Australian Commission on Safety and Quality in Health Care and Lead Clinician Groups.
- Assisted members in resolving over 30 professional queries. There is a considerable increase and assistance is provided as a priority, using the expertise of the committee membership where possible, with external assistance where appropriate.

Education Officer

- Introduction of videoing at conferences, allowing presentations to be streamed live via the website or downloaded later for viewing.
- Dr Vida Viliunas took over from Dr David Elliott as Education Officer. David is now the National Scientific Congress Federal Scientific Programme Officer.

Editorial Board of *Anaesthesia and Intensive Care*

- The new *Anaesthesia and Intensive Care* website was launched in January 2011. Articles over 12 months from publication are now accessible at no cost and more recent articles can be accessed through the pay-per-view service. The new website has improved searchability and ease of navigation, and contains more content.
- Editorial Policies were developed and published in January 2011, available in print and on the website. The Instructions for Authors was thoroughly reviewed and changes made, consistent with the International Committee of Medical Journal Editors’ standards and guidelines.
- Plagiarism detection software is now used for all accepted papers.
- *Anaesthesia and Intensive Care* has shown its support of the International Association for the Study of Pain’s ‘Global Year Against Acute Pain’ campaign by publishing several editorials, reviews and original articles on acute pain during 2011.
- The average time taken for editorial decisions has reduced to 23 days, and the time from acceptance to publication has also decreased.
- The largest ever issue of *Anaesthesia and Intensive Care* was published in July, with 260 pages including 23 papers, two sets of abstracts and 20 pages of correspondence.
Communications Update

Social Media

The ASA embraced world of Social Media in 2011, launching a blog, Facebook pages for the Society and GASACT and Twitter accounts for the Society, the President and the National Scientific Congress.

The Society has been using these to keep members up to date with the latest happenings at the Society.

The statistics for our accounts are as follows:

Facebook
ASA: 112 likes
GASACT: 46 likes

Twitter
President: Following 17, 20 Followers
ASA: Following 161, 244 Followers

ASA Website

The ASA website continues to grow with additional information and sections being updated on a regular basis.

The number of visitors visiting the site each week has increased slowly, with an average of 940 unique visitors each week.

The most popular pages on the site, following the homepage, are:
• ‘Become a member’
• Membership login area, and
• Publications.

The majority of visitors are coming from Australia, with smaller numbers mainly coming from the United States, New Zealand and the United Kingdom.
The Anaesthesia Continuing Education Coordinating Committee (AECC) is a tripartite body governed by the Australian and New Zealand College of Anaesthetists, the ASA and the New Zealand Society of Anaesthetists.

Since launching in July 2011, the website has continued to evolve with minor changes being made. The site has a database of anaesthesia events taking place around the world from Melbourne to Miami, Sydney to San Diego and Boston to Berlin. The events listed include workshops, annual meetings and joint continuing medical education meetings dating all the way until late 2013.

On average, 350 people are viewing the site each day, so it is definitely fulfilling its goal of being the ‘go-to’ place for up to date event information.

The new Anaesthesia and Intensive Care Journal website was launched in January this year and features greater searchability and ease of navigation. Volumes 1 to 23 (1972 to 1995) are available as searchable PDFs, while the more recent articles are still accessible in both HTML and PDF format. There is an e-Table of Contents service and RSS feeds, so you can always be aware when a new issue is available for viewing.

The website has an average of over 15,000 visits per month.

All new submissions to the Anaesthesia and Intensive Care Journal must be submitted electronically through the submissions website.

Over 560 papers were submitted through the website in 2011, with 134 of these accepted for publication.
Continuing Medical Education

New South Wales: Perioperative anaesthesia

2 April 2011
Shangri-la Hotel, Sydney
Convenors: Drs Reginald Cammack and Ian Woodforth
Sponsors: MDA National, Abbott, CE Soft, GE Healthcare, LMA Pacmed, MSD, Olympus, Investec and Verathon Medical.

Presentation topics: cardiac assessment for non-cardiac anaesthesia, diabetes, the ‘green’ anaesthetist, physician assistants in perioperative medicine and premedication and postoperative fluids for children.

There were also problem-based learning discussions covering setting up rooms for preoperative consultations, pregnant patient for non-obstetric surgery, preparing for the epidemic: anaesthetic problems for bariatric surgery – pre-/ intra-/postoperative, the MRI environment, ophthalmic anaesthesia – complications and their management and allergy/ anaphylaxis – management/follow-up/ future.

165 registered delegates

Victoria: Anaesthesia by the seaside – rural meeting

19 to 20 March 2011
Victoria Hotel, Port Fairy
Convenors: Drs Peter Seal and Quentin Tibballs

Presentation topics: anaesthesia for caesarean section, anaesthesia for ear, nose and throat surgery – paediatric grommet insertion and tonsillectomy, analgesia for lower limb arthroplasty – local infiltration, Victorians’ contribution to the history of anaesthesia, the anaesthetic management of patients who have coronary stents, the new MBA mandatory notification of the impaired colleague – what it means for us, what the gurus think, solving the impossible – can it be done?, catastrophic haemorrhage out west and case presentations.

Tasmania: Anaesthesia – too much of a good thing?

ANZCA/ASA Joint CME
18 to 20 February 2011
Hobart Function and Conference Centre, Hobart
Major sponsor: Covidien.

Presentation topics: paediatric TAP blocks, digital anaesthetic form and database, reasons for elective surgical cancellations, audit on perioperative diabetes management, emergency surgery in octogenarians, postoperative mortality/morbidity in the over 70s, perioperative MI prevention, X-ray exposure risks, new strategies in postoperative care, BIS and long term outcomes, transthoracic ECHO update, epidural top-ups doses audit, epidural ultrasound, hot and cold on sevoflurane and medicolegal issues in anaesthetics.
Theme: Green & Growing

International Invited Speakers
Professor Evan Kharasch,
Washington University, St Louis, USA
Professor Jay Brodsky,
Stanford University, USA
Professor Robert Sneyd, Plymouth, UK

Australasian Invited Speaker
Dr Nolan McDonnell,
King Edward Memorial Hospital for Women,
Perth, Western Australia

43 workshops
5 quality assurance sessions

Family night

Healthcare Industry Cocktail Reception

Special Interest Groups

1310 total delegates
= largest NSC ever

Problem-based learning discussions

Convenor - Dr Michael Levitt
Scientific Convenor - Dr David Elliott
Treasurer - Dr Murray Selig
HCI and Sponsorship Representative - Dr Alan Stern
Workshop Officer/AV Co-ordinator - Dr Alwin Chuan
AV Co-ordinator - Dr Orison Kim
Workshop Liaison - Dr Clement Fong
Social Convenor - Dr Simon Zidar
Social Co-ordinator/PBLD's - Dr Andrew Kennedy
Environmental Officer - Dr Helen Leggett
Publicity and Logistics Officer - Dr Tony Padley
GASACT Representative - Dr Minh Tran (Natalie Kruit after June 2011)
ICMSA Conference Organisers - Kate Stevens and Rebecca Hardman
ICMSA PCO Managers - Emma Bowyer and Bryan Holliday
Federal ASA NSC Officer - Dr Piers Robertson
ASA Events and Sponsorship Officer - Robert Campbell
The second annual Trainee Congress was run as part of the 2011 National Scientific Congress. This featured the new Fellowship Forum and Trainee Best Poster Presentation Prize. There were also workshops, a social event and a luncheon.

Successful Part 3 and 0 courses were held throughout Australia, as well as events such as dinners and movie nights.

Representing GASACT, Dr Robert Miskeljin attended the Association of Anaesthetists of Great Britain and Ireland’s Group of Anaesthetists in Training meeting in Manchester, Dr Shona Bright attended the Canadian Anesthesiologists’ Society Annual Meeting held in Toronto and Dr Ravi Ramadas attended the American Society of Anesthesiologists Annual Meeting in Chicago.
ASA Honorary and Life Members, Gilbert Brown Awardees and 50 Year Members

Honorary Members

Professor Arthur Barry Baker
Dr Robert Albert Boas
Dr John Broadfield
Dr Patricia M Coyle, AO
Professor John Downes
Dr James C Eisenach
Dr Roger Eltringham
Professor Henry Barrie Fairley
Professor Stanley Feldman

Professor John Michael Gibbs
Professor Sven Erik Gisvold
Professor Ronald Jones
Dr Roger Kilham
Professor Richard Kitz
Dr Robert Merin
Professor Ron Miller
Professor Lucien Ellis Morris, DSc
Sir Gustav Nossal

Mr John O’Dea
Professor Cedric Prys-Roberts
Professor Felicity Reynolds
Assoc Prof Margaret Rose
Professor Michael Rosen, CBE
Professor Alastair A Spence
Dr Peter Stanbury
Professor Thara Tritrakarn
Professor Hideo Yamamura

Professor John Michael Gibbs
Dr Brian James Pollard
Dr John Gordon Roberts
Professor W John Russell
Dr Jeanette Rae Thirlwell
Dr Walter Ross Thompson
Dr John Brodribb Tucker
Dr Rodney Neill Westhorpe
Dr Gregory Paul Wotherspoon

Life Members

Dr Richard John Bailey
Dr James Palmer Bradley
Dr Peter Brine, AM
Dr Kester (TCK) Brown, AM
Dr Gregory John Deacon
Dr Peter Edgeworth Lillie
Dr Patricia Mackay (nee Wilson), OAM
Dr Donald Charles Maxwell

Dr Brian James Pollard
Dr John Gordon Roberts
Professor W John Russell
Dr Jeanette Rae Thirlwell
Dr Walter Ross Thompson
Dr John Brodribb Tucker
Dr Rodney Neill Westhorpe
Dr Gregory Paul Wotherspoon

Gilbert Brown Awardees

Dr Benedict John Barry
Dr Kester (TCK) Brown, AM
Professor Ross Beresford Holland
Dr Douglas Joseph
Dr Steve Bryce Kinnear
Dr John Berend Lauritz
Dr Judith Nicholas
Dr Haydn Keith Stevenson Perndt
Associate Professor Richard Walsh
Dr Gwen Catherine May Wilson

Dr George Charles Alchin
Dr Thomas Howard Allen
Dr Philip John Armstrong
Dr Anthony H Atkinson
Dr Vivian George Balmer
Dr Francis Robert Berry
Dr James Anderson Birrell
Dr Serge Max Bodlander
Dr Terence Desmond Bourke
Dr Andrew Samuel Brandson
Dr Gavan John Carroll
Dr Noel Morris Cass
Dr Ralph Reginald Clark
Dr Rodney James Clark
Dr Frederick Clarke
Dr Theresa Marie Cockbill
Dr Henry Sweetman Cohen
Dr Geoffrey Douglas Cole
Professor Tess Crandom
Dr Brian Keith Crawshaw
Dr Ian Jeffrey De Jersey
Dr Nerida Margaret Dilworth, AM
Dr Desmond Patrick Dineen
Dr Leone Agnes Doyle
Dr Aldo Victor Dreosti
Dr Bernard Leslie Dunn
Dr Henry Paul Dyer

Dr Nancye Eunice Edwards
Dr Donald Ivor Fraser
Dr Colin James Friendship
Dr Vera Gallagher
Dr Robert Mager Gray
Dr Bruce Warren Gunner
Dr John Reed Hankey
Dr Leila Harris
Professor Ross Beresford Holland
Dr John William Hood
Dr John William Gildas Hughes
Dr Bruce P Jones
Dr John William Jones
Dr Gordon Ellis Kellerman
Dr Kevin Leacy King, OBE
Dr Robert John Knight
Dr Phyllis Lynette Liddle
Dr Michael Keith Logan
Dr Heather Lopert
Dr Henri Frans Lorang
Dr Patricia Mackay (nee Wilson), OAM
Dr Donald Charles Maxwell
Dr Ian Hamilton McDonald
Dr Brian Luden McLaughlin
Dr Edward Hunter Morgan
Dr Mary Henty Morland

Professor Lucien Ellis Morris, DSc
Dr Herbert Claus Newman
Dr Desmond O’Brien
Dr John Joseph O’Leary
Dr Alfred Owies
Dr Albert Pfeifer
Dr Ian Ronald Philpott
Dr Brian James Pollard
Dr Jill Maude Pozzi
Dr Ian Noel Pryde
Dr Bryan Edmund Sharkey
Dr Betty Brenda Spinks
Dr Paul Steward
Dr John Keith Stockbridge
Dr Robert James Sweeney
Dr William Edmund Sweetapple
Dr William Henry Taylor
Dr Diana Nowlan Tolhurst
Dr John Brodribb Tucker
Dr JD Villiers
Dr John Charles Warden
Dr Ronald Greaves Waterhouse
Dr Stanley George Webster
Dr Judith Anne Williams
Dr Kenneth Peter Wilson
Dr David Robert Woods
Dr William James Wright

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Dr Andrew Fenton was sponsored by the ASA for a one-month fellowship in Suva, Fiji as part of the Pacific Fellowship Program. During this time, he taught four trainees for the first month of their training.

This year’s Real World Anaesthesia Course was held in Christchurch, New Zealand following the devastating earthquakes. Participants received first-hand experience in working under difficult circumstances and also had theatre sessions, lectures, discussion groups, hands-on equipment sessions and extracurricular activities.

Primary Trauma Care courses were held in Asia and the Pacific region.

A series of Essential Pain Management (EPM) workshops were held in conjunction with the two-yearly Micronesian Anaesthetic Refresher Course in Yap. The main aims of the visit were to introduce EPM to a group of anaesthetic nurses and anaesthetists from different Micronesian countries, to train a group of EPM instructors and run an EPM workshop for local staff using the newly trained instructors. The course was also run in Papua New Guinea in April by Drs Roger Goucke and Wayne Morriss, with another course subsequently being run by local anaesthetists. Another course was run by Roger in October in Port Moresby and Mt Hagen.

Drs Andrew Ottaway and Tom Muller from Hobart ran a Micronesian Anaesthetic Refresher Course in June in conjunction with the Laos Society of Anaesthesiologists.

The first trainees from the Mongolia Anaesthesia Teaching Project graduated this year, coinciding with the celebration of 50 years of anaesthesia in Mongolia. Training in anaesthesia is now the highest level of participation for training across all specialties in Mongolia, with an over subscribed course for 2011.

Dr Arthur Vartis, with assistance from Dr Stuart Lavender, co-ordinated the newly formed Micronesian Society of Anaesthetists’ biennial meeting in May.

The ASA funded a two-week visit from biomedical engineer Mr Steve Threlfo to Fiji, to service machines and train local biomedical engineers.

Dr Michael Corkeron visited Port Moresby General Hospital for a week of intensive care unit teaching in November.

Dr Chris Bowden spent a year in Suva as Senior Lecturer in Anaesthesia at the Fiji School of Medicine.

**Global Oximetry Project**

The ASA became associated with the Lifebox charity in mid 2011. Lifebox is a joint project by a number of anaesthetic societies including the World Federation of Societies of Anaesthesiologists, the Association of Anaesthetists of Great Britain and Ireland, the American Society of Anaesthesiologists and the ASA. Its aim is to save lives by improving the safety and quality of surgical care in low-resource countries.

A key part of the project is supplying oximeters to low and middle income countries and supplying them with educational materials including videos, tutorials and a manual. The cost of donating one Lifebox pulse oximeter device for the charity is US$250.

In 2011, 20 of our members donated to Lifebox, with the ASA donating an additional five oximeters.
Bringing the History of Anaesthesia to Life

The Harry Daly Museum’s collection was expanded this year by donations including vaporisers, gas monitors, anaesthetic work stations, handcrafted intubation forceps and a Potain aspiration set. The oldest object were made c. 1900, the youngest device was still in use recently. Also new in the collection is a 16 mm educational film from 1972. The Ventilator film was produced by Commonwealth Industrial Gases and St Vincent’s Hospital, Sydney.

In addition to the ongoing collection maintenance work, promoting the museum is another important aim. For this reason the museum’s team has started a museum lecture night series. These events brings the history of anaesthesia to life and gives members and guests the opportunity to mingle and have a look at the fascinating displays. At the first museum night in May, curator and initiator Dr Birgit Heilmann gave a talk on an object from the collection connected to Pinson’s warm ether bomb. Two guest speakers were invited for the second night in September; Dr Michael Cooper presented his research on Colonial Australian anaesthesia in the 1840s and Dr Marty Graves talked about anaesthesia at the Casualty Clearing Stations during World War I.

Due to the success and attendance of these nights, they will continue in 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.

During the 2010/2011 financial year the Trust Fund received $2879.90 in donations from 13 members. There were no requests for assistance and the Trustees approved no payments.

If you become aware of a member who is in need of assistance, even of a temporary nature, please contact the Society’s Executive Director or your State Committee of Management Chair and advise them of the situation. The nature of the Trust Fund is that it is quite discretionary and confidential, allowing the directors to provide assistance expeditiously and discretely.

If you sponsor a new ASA member, you are entitled to receive a rebate of 10% of your subscription in the following year. Many members have chosen to donate this rebate to the Benevolent Trust Fund instead of reducing next year’s subscription. Alternatively, direct donations are very welcome.

<table>
<thead>
<tr>
<th>Opening balance 1 July 2010</th>
<th>$40,612</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: Outgoings (bank charges)</td>
<td>$110</td>
</tr>
<tr>
<td>Payments</td>
<td>nil</td>
</tr>
<tr>
<td>Total</td>
<td>$40,502</td>
</tr>
<tr>
<td>Add: Donations</td>
<td>$2,880</td>
</tr>
<tr>
<td>Interest</td>
<td>$2,093</td>
</tr>
<tr>
<td>Closing balance 30 June 2011</td>
<td>$45,475</td>
</tr>
</tbody>
</table>

The ASA thanks the following members for donations to the ASA Benevolent Trust Fund in the last financial year:

Drs Hugh Anderson, Reginald Cammack, Richard Chin, Richard Clarke, Antonio Grossi, Andrew Schneider, Donald Stewart, Robert Storer, Mark Suss, Walter Thompson, James J Troup, Michael Tuch and Rod Westhorpe

Australian Society of Anaesthetists | Annual Report | 2011 | 15
### Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>10,631</td>
<td>8,625</td>
</tr>
<tr>
<td>Receivables</td>
<td>528</td>
<td>433</td>
</tr>
<tr>
<td>Other</td>
<td>46</td>
<td>24</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>11,205</td>
<td>9,082</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>2,538</td>
<td>2,588</td>
</tr>
<tr>
<td>Other financial assets</td>
<td>2,621</td>
<td>2,486</td>
</tr>
<tr>
<td>Other</td>
<td>46</td>
<td>46</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,205</td>
<td>5,120</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>16,410</td>
<td>14,202</td>
</tr>
<tr>
<td><strong>LESS LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td>2,685</td>
<td>2,284</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>2,685</td>
<td>2,284</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td>13,725</td>
<td>11,918</td>
</tr>
<tr>
<td><strong>Accumulated Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained surplus</td>
<td>13,261</td>
<td>11,595</td>
</tr>
<tr>
<td>Asset revaluation reserve</td>
<td>464</td>
<td>323</td>
</tr>
<tr>
<td><strong>Total Accumulated Funds</strong></td>
<td>13,725</td>
<td>11,918</td>
</tr>
</tbody>
</table>

### Income Statement

**Revenue**
- Revenue from operating activities* | 5,735 | 5,560 |
- Net Financial Surplus/(Deficit) | 804  | 529  |

**Total Revenue** | 6,539 | 6,089 |

**Less Expenses**
- ANZTA Data Collection | 88  | 142  |
- Awards                | 38  | 64   |
- Computer expenses     | 32  | 60   |
- Conferences and meetings | 2,060 | 2,256 |
- Cost of sales         | 280 | 318  |
- Depreciation expense  | 119 | 110  |
- Employee expenses     | 1,441 | 1,175 |
- Government grant - GPA Locum Service | 130 | 307  |
- Honoraria             | 254 | 256  |
- Legal and professional fees | 39  | 62   |
- Overseas Development and Education Committee | 67 | 55   |
- Printing, stationery and postage | 146 | 186  |
- Property costs        | 76  | 77   |
- Secretariat expenses  | 62  | 74   |
- Other expenses        | 41  | 99   |

**Total Expenses** | 4,873 | 5,241 |

**Surplus/(Deficit) from Ordinary Activities** | 1,666 | 848 |

* Revenue from operating activities has been reinstated for 2010 to show gross revenue from events such as the National Scientific Congress and Continuing Medication Education meetings.

Full copies of the Financial Statements including Director’s report and Declarations and Auditors’ Report may be obtained from the Executive Director, Australian Society of Anaesthetists Limited, PO Box 600, Edgecliff, NSW 2027 or from www.asa.org.au
**Assets**

- Cash and term deposits 65%
- Managed funds 16%
- Buildings 15%
- Debtors 3%
- Office equipment 1%

**Expenditure**

- Salaries 30%
- 2010 Melbourne National Scientific Congress 23%
- Joint Continuing Medical Education 6%
- *Anaesthesia and Intensive Care* costs 5%
- Travel 6%
- Honoraria 5%
- General Practitioner Anaesthetist Locum Service 3%
- Joint Continuing Medical Education run by ASA 3%
- Advertising 2%
- *Anaesthesia & you* brochures 1%
- Other 1%

**Income sources**

- Membership 38%
- 2010 Melbourne National Scientific Congress 27%
- Investment 12%
- Joint Continuing Medical Education 6%
- *Anaesthesia and Intensive Care* 5%
- Joint Special Interest Groups 3%
- Continuing Medical Education run by ASA 3%
- General Practitioner Anaesthetist Locum Service 2%
- *Anaesthesia & you* brochures 1%
- Other 1%

**KPI – Ratio of salary to revenue**

<table>
<thead>
<tr>
<th>Month</th>
<th>Ratio</th>
<th>Salary*</th>
<th>Revenue*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun-10</td>
<td>30%</td>
<td>$1,125,000</td>
<td>$3,713,000</td>
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<tr>
<td>Aug-10</td>
<td>33%</td>
<td>$206,320</td>
<td>$623,350</td>
</tr>
<tr>
<td>Oct-10</td>
<td>32%</td>
<td>$443,510</td>
<td>$1,401,140</td>
</tr>
<tr>
<td>Dec-10</td>
<td>34%</td>
<td>$684,370</td>
<td>$2,030,140</td>
</tr>
<tr>
<td>Feb-11</td>
<td>34%</td>
<td>$911,200</td>
<td>$2,671,240</td>
</tr>
<tr>
<td>Apr-11</td>
<td>35%</td>
<td>$1,145,000</td>
<td>$3,241,340</td>
</tr>
<tr>
<td>Jun-11</td>
<td>34%</td>
<td>$1,441,200</td>
<td>$4,178,440</td>
</tr>
</tbody>
</table>

*Figures are 000's.*
<table>
<thead>
<tr>
<th>Name and Qualification</th>
<th>Experience and Special Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr David Brown</td>
<td>Chair, Tasmanian Section</td>
</tr>
<tr>
<td>Specialist Anaesthetist</td>
<td>Director from 21 February 2010</td>
</tr>
<tr>
<td>Dr Reginald Cammack</td>
<td>Chair, New South Wales Section</td>
</tr>
<tr>
<td>Specialist Anaesthetist</td>
<td>Director from 19 July 2008 to 6 August 2010</td>
</tr>
<tr>
<td>Dr Guy Christie-Taylor</td>
<td>Chair, South Australian and NT Section</td>
</tr>
<tr>
<td>Specialist Anaesthetist</td>
<td>Director from 2 November 2008 to 11 November 2010</td>
</tr>
<tr>
<td>Dr Richard Clarke</td>
<td>Immediate Past President</td>
</tr>
<tr>
<td>Specialist Anaesthetist</td>
<td>Director from 19 September 2004 to 11 October 2010</td>
</tr>
<tr>
<td>Dr Douglas Fahlbusch</td>
<td>Chair, South Australia and Northern Territory</td>
</tr>
<tr>
<td>Specialist Anaesthetist</td>
<td>Director since 11 November 2011</td>
</tr>
<tr>
<td>Dr Elizabeth Feeney</td>
<td>President and Immediate Past President</td>
</tr>
<tr>
<td>Specialist Anaesthetist</td>
<td>Director since 23 October 2006</td>
</tr>
<tr>
<td>Dr Antonio Grossi</td>
<td>Chair, Victorian Section</td>
</tr>
<tr>
<td>Specialist Anaesthetist</td>
<td>Director from 22 February 2009 to 3 March 2011</td>
</tr>
<tr>
<td>Dr Richard Grutzner</td>
<td>Executive Councillor and Vice President</td>
</tr>
<tr>
<td>Specialist Anaesthetist</td>
<td>Director since 29 January 2010</td>
</tr>
<tr>
<td>Dr Andrew Miller</td>
<td>Chair, Western Australian Section</td>
</tr>
<tr>
<td>Specialist Anaesthetist</td>
<td>Director since 10 March 2010</td>
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<tr>
<td>Dr Philip Morrissey</td>
<td>Chair, Australian Capital Territory Section</td>
</tr>
<tr>
<td>Specialist Anaesthetist</td>
<td>Director since 5 May 2010</td>
</tr>
<tr>
<td>Dr Andrew James Mulcahy</td>
<td>Vice President and President</td>
</tr>
<tr>
<td>Specialist Anaesthetist</td>
<td>Director since 13 October 2008</td>
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<tr>
<td>Dr Andrew Schneider</td>
<td>Executive Councillor</td>
</tr>
<tr>
<td>Specialist Anaesthetist</td>
<td>Director since 11 October 2010</td>
</tr>
<tr>
<td>Dr Mark Suss</td>
<td>Chair, Victorian Section</td>
</tr>
<tr>
<td>Specialist Anesthetist</td>
<td>Director since 27 February 2011</td>
</tr>
<tr>
<td>Dr Michael Tuch</td>
<td>Honorary Federal Treasurer</td>
</tr>
<tr>
<td>Specialist Anaesthetist</td>
<td>Director since 3 October 2003</td>
</tr>
<tr>
<td>Dr Gerald Turner</td>
<td>Chair, Queensland Section</td>
</tr>
<tr>
<td>Specialist Anaesthetist</td>
<td>Director from 23 August 2009</td>
</tr>
<tr>
<td>Dr Ian Woodforth</td>
<td>Chair, New South Wales Committee</td>
</tr>
<tr>
<td>Specialist Anaesthetist</td>
<td>Director since 14 August 2010</td>
</tr>
</tbody>
</table>
**Jeanne Collison Prize**
Certificate and $5000
Dr Nolan McDonnell
*Evaluation of the neurotoxicity from the neuraxial administration of magnesium sulphate in a sheep model*

**Jackson Rees Research Grant**
Certificate and $20,000
Dr Alicia Dennis
*Cardiac function in women with pre-eclampsia after pharmacological interventions*

Dr Stephanie Phillips
*Studies into the practice of neuromuscular blockade in anaesthesia in Australia in 2011*

**Gilbert Troup ASA Prize**
Medal and $5000
Associate Professor Philip Peyton
*Continuous non-invasive perioperative monitoring of cardiac output by pulmonary capnotracking*

**Smiths/ASA Young Investigator Award**
First Prize
Certificate and $5000
Dr Kevin Hartley
*Prospective audit of a perioperative echocardiography service*

Second Prize
Certificate and $3000
Associate Professor Thomas Ledowski
*Introduction of sugammadex: Influence on the incidence of residual paralysis at a tertiary teaching hospital*

Third Prize
Certificate and $1000
Dr Andrew Deacon
*Cusum method for construction of epidural ultrasonography learning curves: A pilot study*

**ASA Best Poster Presentation Prize**
First Prize
Certificate and $1000
Dr David Donnelly
*The effect of design on a cognitive aid for management of local anaesthetic toxicity*

Second Prize
Certificate and $500
Dr Sharnie Wu
*Anterior sub-tenon’s anaesthesia for cataract surgery*

Third Prize
Certificate
Dr Melinda Ford
*Diagnosing anaesthetic drug allergies*

**GASACT Best Poster Presentation Prize**
Certificate and $1000
Dr Melinda Ford
*Diagnosing anaesthetic drug allergies*

**Honorary Membership**
Certificate, citation and ASA membership
Dr Peter Stanbury

**Anaesthesia and Intensive Care Best Paper Award**
Certificate for all authors and $2000 to first author
Associate Professor Tomas B. Corcoran, Miss Evelyn B. Truyens, Miss Anmin Ng, Miss Natasha Moseley and Drs Adam C. Doyle and Lyn Margetts
*Anti-emetic dexamethasone and postoperative infection risk: a retrospective cohort study*  
Anaesth Intensive Care 2010; 38:654-660
Executive
Provides secretarial and administrative support to the Board of Directors and specified Committees; co-ordination of consolidated policy advice on economic, workforce, professional and legal aspects; travel and accommodation requirements for office bearers.

Activities in 2011:
• Formalisation and expansion of a dedicated professional and economic policy team to provide research, prepare submissions and provide advice to office bearers, members and the public. A total of 137 queries were received and resolved in 2011. General queries accounted for the majority.
• Many publications have been rewritten or reviewed, including, Anaesthesia & you, Anaesthesia Record chart, and ASA Position Statements 5 ‘Provision of Anaesthetic Services to Rural Areas’, 10 ‘The Medical Specialty of Anaesthesia’ and 16 ‘Anaesthesia Services and Governance in Private Healthcare facilities’; and ASA Economic Advisory 3 ‘Responding to a Compliant Regarding Professional Fees’.
• Executive days provided by directors: 21. Council days provided by directors: 69.
• A Board development session was conducted on 4-5 June; focussing on financial accountability and responsibilities of directors.

Communications
Oversees the management and promotion of the ASA through branding, educational meetings and events; sponsorship; production of Anaesthesia and Intensive Care, ASA news, Annual Report, brochures and other publications; and management of all ASA websites.

Activities in 2011:
• Publication of the monthly e-news and three themed issues of the ASA news – March issue focussed on retirement, July lead up to the National Scientific Congress and November had a professional issues theme.
• Production of Anaesthesia and Intensive Care.
• Management of the various websites, external communications, sponsorship and all other publications, including the Relative Value Guide.
• A large number of events, including the National Scientific Congress, Continuing Medical Education meeting and GASACT Part 3 course.
• Launched social media.

Corporate Services
Overall management of the Society’s business including all administrative, financial and legal matters, membership services, office administration, human resources and IT.

Activities in 2011:
• Implemented the Membership Application Committee.
• Held a number of successful Museum Open nights for anaesthetists and the general public.
• Reviewed and enhanced administrative processes to improve services provided to members.
• Held successful Practice Managers’ Conferences enabling the further development of relationships with practice managers across Australia.
• Upgraded our IT servers to ensure the greater management of all ASA data records.

Finance
Financial management and Anaesthesia and Intensive Care subscriptions.

Activities in 2011:
• Amended annual accounts to show gross revenue for conferences and meetings (net revenue was detailed previously).
• Developed a Memorandum of Agreement – Financial Arrangement with the Australian and New Zealand College of Anaesthetists and New Zealand Society of Anaesthetists.
• Schedule of events budgets is now presented at each Council meeting.
ASA’S 71ST
NATIONAL SCIENTIFIC CONGRESS
29 SEPTEMBER - 2 OCTOBER 2012
HOBART

The Australian Society of Anaesthetists 71st National Scientific Congress will be hosted on the waterfront of Hobart from 29 September to 2 October 2012

Pushing the Boundaries … of your thoughts and decisions, your comfort zone, and the changing nature of your anaesthetic practice

Explore our pristine beaches and wilderness, luxuriate in 7-star comfort at Saffire on the Freycinet Peninsula, or push your artistic boundaries at MONA

WWW.ASA2012.COM