



The Thoracic Society of Australia and New Zealand

2010 Annual Report

Report on the Society's activities in calendar year 2009

Presented at the 2010 Annual General Meeting

Mission Statement

"We lead, support and enable all health workers and researchers who aim to prevent, cure and relieve disability caused by lung disease."

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Objects of the Society

To act as a medical and scientific Society the aims of which are to prevent and cure respiratory disease and to relieve disability arising there from by:

- i. promoting the highest quality and standards of patient care;
- ii. promoting the development and application of knowledge about respiration and respiratory disease and;
- iii. promoting the professional needs of the membership.
- iv. promoting the goal of a tobacco smoke free society.

In pursuing the foregoing the Society shall endeavour to:

- a. define and promote standards of clinical practice at the level appropriate to current knowledge;
- b. promote review of and research into the effectiveness of current and proposed methods for the diagnosis, management and prevention of respiratory disease;
- c. ensure that the training of medical and other health professionals in respiratory disorders at undergraduate and particularly postgraduate levels is appropriate and of a high quality;
- d. maintain and promote the continuing education of the membership;
- e. ensure that the workforce requirements and facilities for patient care and research related to respiratory disease are appropriate to the magnitude of the problem of respiratory disease in the community and to current knowledge;
- f. promote clinical, basic and epidemiological research into respiratory diseases;
- g. support the aims and assist the activities of the Australian Lung Foundation Incorporated or any successor thereto;
- h. provide a forum for presentation and critical review of research dealing with respiratory diseases and disorders;
- i. promote publication of research in respect of respiration and respiratory diseases and disorders;
- j. promote the application of new information important to the advancement of patient care;
- k. present to government, industry, the public and other bodies as appropriate the resources and strategies required to ensure adequate care of patients, prevention of respiratory disease, and advancement of knowledge in respect thereof;
- l. promote the reasonable professional needs of the members required to ensure the continuing involvement in this aspect on medicine of motivate, highly competent people in numbers appropriate to the problems of respiratory disease in the community;
- m. promote and help define ethical standards of medical practice and research in the area of respiratory disease;
- n. encourage the social and professional relationship of members of the Society.

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2009 TSANZ Council

President
President Elect
Honorary Secretary
Honorary Treasurer
Branch Presidents (or their nominees)
Chairpersons of Standing Subcommittees
Chairperson, Australian Lung Foundation Inc.
Chair, Specialty Training Committee (by invitation)
Representative of Paediatric SIG (by invitation)
TSANZ Representative to National Asthma Council (by invitation)
Representative of Advanced Trainees (by invitation)

2009 Executive Committee

Prof Phil Thompson	President
Prof Christine Jenkins	Immediate Past President
A/Prof Tara Mackenzie	Honorary Secretary
Dr David Serisier	Honorary Treasurer
Dr Mike Epton	President, New Zealand Branch
Dr John McLachlan	Chair, Clinical Care & Resources Subcommittee
Dr Richard Wood-Baker	Chair, Central Program Subcommittee
Dr Jane Bourke	Chair, Education & Research Subcommittee
A/Prof Brendon Yee	Chair, Professional Standards Subcommittee
Dr Robert Edwards	Chair, Australian Lung Foundation
A/Prof Paul Reynolds	Chair, Speciality Training Committee (by invitation)
A/Prof Hiran Selvadurai	Paediatric SIG Representative (by invitation)
A/Prof Peter Wark	TSANZ Representative to National Asthma Council (by invitation)
Dr Eli Dabscheck	Advanced Trainee Representative (by invitation)

Special Interest Groups

Asthma & Allergy	Paediatric
Bronchology	Physiotherapy
Cell Biology & Immunology	Primary Care
Chronic Obstructive Pulmonary Disease	Respiratory Infectious Diseases
Cystic Fibrosis	Respiratory Nurses
Lung Cancer	Rural Regional Respiratory Care
Occupational & Environmental Lung Disease	Sleep Physiology
Orphan Lung Disease / Lung Transplantation / Interstitial Lung Disease / Pulmonary Vascular Disease (OLIV)	Tobacco Control

TSANZ Administration

David Begg	Executive Officer
Heather Hunter	Administrative Officer
Edwina Tohi	Administrative Officer
Jenny Bridge	Administrative Officer

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President's Report

Trying to encapsulate all that flows across the Society's Desk in a few pages does not do justice to all who are involved one way or another in the Society's activities and it is important to acknowledge how much everyone's contribution is valued. In the longer term I believe the Society may have to look to having greater resources underwriting our activities if we are to achieve all of our aspirations. In the longer term having a President who is employed part time by the Society may eventually be necessary.

Upon taking office, I changed our first Executive meeting into a 1.5 day meeting and allocated the first half day as planning time for the new Executive. We will repeat this again this year and hopefully it will be an enduring feature of how the Executive operates. At that meeting we discussed issues under two headings: How we do business; and Strategic issues for the year ahead. It seems sensible to report on the year against these headings.

How We Do Business

Task Forces

The Executive and its subcommittees are not well geared to address acute issues needing detailed attention. The use of specific time and topic limited task forces has widened the scope of what the Society can address. It also has the potential to reduce the burden on some of our subcommittees that are increasingly overloaded with work. Each task force is set up with a chair chosen by the Executive and appropriate individuals then seconded to the task force. One member of the Executive is assigned as an ex officio member to ensure communication flow. The Swine Flu task force has been the role model for this and it demonstrated immediately how effective such a strategy could be. It resulted in good communication flow to members, it enhanced our image with external agencies, and it has generated research, publications and ongoing research funding. It has now been put into hibernation. Other task forces are being set up to deal with reimbursement of spirometry, review of our Rules and Standards of Clinical Care.

Communication

The Newsletter has been deliberately upgraded and now contains much more content aimed at informing the membership about the Society and its activities and to this end Branches, SIGs and individuals are now routinely featured. Topics discussed at the Executive meetings are listed. The E-Bulletin was launched for more immediate communication and has been well accepted; the website is being upgraded and financial transactions are now possible via the web and communication chat rooms established. Discussions are underway with Trevor Gill (who has looked after us so well at the ASM) to ensure the Society has a year round public relations presence. Trevor is drafting a proposal for us to consider.

SIGS

The Society has been enriched by having Special Interest Groups but they tend to operate predominantly with the ASM in mind and on the whole do not play a major role for the rest of the year. Some SIGs are craft based (eg: nursing, physio, paediatrics, GP) and others are clinical or research topic based (eg: Asthma, Cell Biology, OLIV) and some are social issues based (eg: Tobacco). The Executive is keen to empower the SIGs to take on a much more active role in the running of the Society. This will be phased in with some groups taking an active role earlier than others. This will be managed by the TSANZ Secretary and almost certainly will require a change in how we do business.

New roles

Communication and liaison with the RACP will be specifically managed by the President in their second year of office and then as the Immediate Past President ensuring a better consistency of communication. The Secretary of the Society will now be responsible for all communication with and management of SIGs from an Executive perspective.

Executive Business meetings

These have been set to be two monthly resulting in 5 meetings a year. The office bearers have a management meeting teleconference in between to deal with any business arising between Executive meetings. The first session of the Executive meetings are now committed to major strategic topics and the rest of the meeting deals with day to day issues. This has worked well as the Executive has had real opportunity to discuss some topics in depth and to make some longer term commitments.

The TSANZ Rules

The TSANZ Rules have served us well for many years but the Society and how it operates has started to outstrip the capacity of the Rules to support our activities. The role of SIGs and our relationship with other organisations being some examples. To deal with this a task force consisting of Richard Ruffin, Lutz Beckert, Richard Wood-Baker and David Hillman has been formed and legal opinion sought. Chris Clarke has agreed to be an ex officio member.

Branches and the National Body

We are keen to see the relationship between the Branches and the national society strengthened and initially are trying to determine what the Branches would like to see in place to support their activities.

Other Areas

Indemnity, job descriptions, subcommittee structure, TSANZ endorsements, management of grants and awards, confidentiality and conflicts of interest have or are being reviewed by subcommittees or by the Executive.

Strategic Issues

The TSANZ Office and Staff

The TSANZ has enjoyed a positive relationship with the RACP in Macquarie Street since its inception. However the office space is now inadequate for the Society's needs and will certainly not accommodate any growth in the future. The College is slowly but surely reducing the services it offers and is now looking to relocate Specialty Society Offices to accommodation that is likely to be less than is currently available. It is also sensible that the Society invest in its own future and independence. With this in mind we have been pursuing the option of purchasing our own office space and subleasing some of the space to offset running/capital costs. The Treasurer will provide more detail in his report but the Executive has endorsed this as the best way forward for the Society. The office staff have changed considerably this year, with a new position being created and two staff leaving. All of the new staff are talented and committed, and the Society appears to be well served by the change.

Accreditation of Pulmonary Physiology Laboratories

This topic has troubled the Executive for some time and the current management inherited a poor state of play. The Executive continues to be of the view that accreditation is a worthwhile role for the Society. However it is not very cost or time effective. A lot of effort has been made to improve our performance and to standardise our approach with some success. The accreditation process is starting to have traction with some Hospital managements in terms of providing appropriate resources. Funding is going to be enhanced by charging higher fees. Because re-certification is a built in event, there are still concerns over whether we have the workforce to manage accreditation fully.

Relationships with the RACP

The Society is conscious of the need for a positive but balanced relationship with the College, and that this is an evolving situation. Our interactions occur increasingly via the STC committee which is chaired by Paul Reynolds and Tara Mackenzie also plays a pivotal role. Following representation from the Executive the RACP is now supporting the STC with greater commitment and we are hopeful that the STC will act as a test bed for a more equitable relationship between the two organisations. Christine Jenkins has been representing us at a more formal level and I will take over that role in April. David Begg continues to interact with the College at a grass root level and I had a very useful meeting with the new CEO of the College resulting in a sharing of minds.

Relationships with the Australian Sleep Association (ASA)

Over the last year our relationships with the ASA have been friendly and cross-supportive. We hope this will continue in the years ahead. Debate has predominantly centred on the level of training and type of training required for Respiratory Physicians wishing to be skilled in Sleep Medicine. This debate has mainly occurred via the joint STC committee we run with the ASA and between the Presidents.

Relationships with other Australian Respiratory Organisations

This has been the subject of much discussion and is complicated by a multitude of views on the topic. The Executive is conscious that a lot of the relationships both with the TSANZ and between other organisations are steeped in historical events. The Executive believes it is time to review the historical relationships and to develop a relationship with each organisation essentially predicated upon the same values rather than have a variety of differently constructed relationships. As such it is likely to recommend a standard agreement binding the TSANZ to other organisations. As far as interactions between organisations the TSANZ has encouraged inclusivity and fostered the meeting of Presidents of Respiratory Organisations. These meetings have started to gain some traction and the aim has been to look for areas where like minded organisations might collaborate on common projects. The meetings now include Asthma Australia, Australian Respiratory Council, Cystic Fibrosis Australia, The Australian Lung Foundation, the NAC and the TSANZ.

Relationships with the APSR

The APSR is the only regional Respiratory organisation for our part of the world. The TSANZ has signed up for another two years. However the income stream that was meant to arise from local advertising has not materialised. Although various TSANZ members have played a significant role in the APSR, questions continue to be asked about the merit of being involved in the APSR. I suspect a critical review will be needed at the time of our next renewal. To some extent we are in a catch 22 in that the APSR will only succeed if its member bodies support it but it equally needs to have relevance to its membership base.

TSANZ in our Region

This is an area for assessment and early discussions have been held with individuals and with other respiratory organisations to see what might be possible

Advanced and Basic Trainees

The needs of our advanced trainees and basic trainees are fundamental to our long term future. It has become apparent that the educational needs and the capacity to access training positions is becoming a major issue and is worse in some States than in others. There is also a need to acknowledge their graduation with a little more visibility and to welcome them into the TSANZ. Tara Mackenzie has offered to help ensure we have a uniform training program available via video links for basic trainees and for advanced trainees managed and run by TSANZ staff with hopefully support from the RACP.

Position Statements

There is a desire to have official TSANZ position statements on all matters Respiratory. However we do not have the resources to develop our own position statements/guidelines on major topics and we do not want to replicate the good work of others. We have explored partnering the British Thoracic Society in terms of guidelines but they do not wish to do so and the APSR is reluctant to get into the business of guidelines. It has been decided that in the future we will take guidelines from overseas that best match our situation and then add a TSANZ perspective to them as a way forward.

Indigenous and Remote Health Issues

There has been unfortunate delay in having our summary of lung health in indigenous populations publically released. However it is now in the hands of a medical writer to have the style made uniform and it is hoped to be ready for public release by the time of the ASM. It will then be passed onto the ALF for it to be written in lay language for more widespread release. Our attempts to find respiratory physicians to work in Darwin has fallen on barren ground but we will continue to champion support

for respiratory medicine in Northern Australia and try to find ways in which we can help support lung health in indigenous people.

Standards of Care

Inspired by the Standards of Care document from New Zealand, it was decided this would be a worthwhile exercise for TSANZ to consider for Australia, acknowledging that the task was much greater in dimension for Australia. It was felt this should be managed by a taskforce answering to the Clinical Care and Resources Subcommittee. I am pleased to say that Peter Wark has agreed to chair this task force and we are currently recruiting membership of this group and developing some terms of reference.

The ASM and other events under the TSANZ banner

Richard Wood-Baker is doing a great job in trying to enhance our experience at the ASM. Having joint meetings with other Societies is being explored. One of our guest speakers will be a travelling Professor and will visit other parts of Australia and New Zealand. Our relationships with our sponsors is constantly under review to ensure the Society has maximum independence and we are actively encouraging our sponsors to consider symposia that are more of assistance to our members in pursuing their professional interests and less related to marketing their products. Other meetings held under the TSANZ banner in the future will need to be endorsed by a SIG or Subcommittee of the Executive and the operational and budgetary aspects overseen by the Chair of the Central Organising Committee.

Other Areas

We still need to explore our relationship with ANZRS and to promote the other craft groups within the Society. Interaction with Government is tenuous but we are finding ourselves more often joining the AMA and the RACP in terms of national agenda items such as the National registration of doctors.

Personal Issues

During the year a number of senior chest physicians and researchers died unexpectedly. It is always a shock to us all and one reflects on the loss to our profession, Society and to their many friends, close family and relatives. It is never possible to acknowledge their death in a meaningful and sensitive way other than via public statement. Hopefully the memory of their contributions and friendships will sustain those who are still grieving.

Thanks

This report covers the bulk of major issues we have dealt with over the last 12 months and in many instances continue to deal with. The tasks are at times considerable but the outcomes worthwhile. I would like to thank all who have helped at the Executive, Office, Subcommittee and individual level for supporting our endeavours so willingly. In closing, I would particularly like to acknowledge the significant contributions made by Christine Jenkins, Jane Bourke and David Serisier who all retire from the Executive at the Brisbane AGM.



Phil Thompson
President

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Honorary Treasurer's Financial Report

The audited accounts for the last financial year 1 January - 31 December 2009, are available to members of the Society on request from the Executive Officer. Details of the financial activities of the Society over recent years are shown below. The years are not completely comparable as a result of changes to our accounting practices over time.

Profit & loss statement

	2009	2008	2007	2006	2005
INCOME					
Member subscriptions	239,526	238,889	221,067	217,616	189,236
Investment Income	74,806	82,029	110,756	83,537	70,017
Unrealised Movement in Investments	66,364	-	-	29,234	10,463
Realised Movement in Investments	7,129	-	1,661	-	-
Investment rebate	-	-	-	5,280	-
Interest received	24,639	51,364	33,204	7,532	3,226
Newsletters	49,139	48,000	1,437	1,068	49,685
Funds from branches	108,313	127,521	105,640	103,659	46,883
Other ¹	7,418	45,442	26,258	7,349	8,966
Surplus on Advanced courses ²	-	-	-	-	89,516
Mail out and email	140	624	2,288	6,013	2,465
Website	1,428	1,140	924	-	-
Special purpose funding ³	-	-	-	-	7,453
Sundry Sponsorship	-	-	-	-	6,000
Surplus on award sponsorship and grants	4,037	94,511	(174,900)	40,000	73,000
Surplus on annual scientific meeting ⁴	147,286	66,412	253,383	(5,897)	157,712
Laboratory accreditation	-	-	-	-	12,076
Respirology – sponsorship and advertising ⁶	-	-	-	17,200	160,000
Total Income	730,225	755,932	581,718	518,488	886,698
EXPENDITURE					
Audit, accounting and bookkeeping fees	36,949	13,500	13,500	9,263	9,202
Advanced courses ²	3292	-	-	-	84,000
Advertising	-	13,898	14,145	-	-
State branches	114,371	101,575	96,841	109,982	50,772
Bank Charges	3625	3,409	2,850	3,854	5,658
Bad debts	5,561	33,818	-	-	-
Depreciation	5,313	7,246	7,985	9,475	3,103
General expenses	5344	3,937	2,253	7,465	35,064
Insurance	7,130	9,123	9,212	10,697	11,036
Investment expenses	11,013	13,382	15,508	11,049	7,759
Laboratory accreditation	-	-	3,096	4,409	8,338
Legal	-	500	2,050	-	-
Newsletter expenses	37,655	27,562	21,648	30,826	35,767
Office Expenses	27238	28,193	17,922	48,825	15,563
Project sponsorship ³	5690	-	7,195	-	-
Staffing costs (salaries, superannuation, recruitment)	243,097	227,117	203,730	198,684	177,027
Subscriptions	60,467	63,070	68,195	64,807	26,355
Telephone	4,643	5,205	3,450	5,468	4,563
Council/ executive	42,788	25,623	21,694	32,757	24,256

Other travel expenses	-	24,516			
Unrealised Movement in Investments	-	250,214	33,530		
Realised movements in investments	-	49,183			
Website maintenance	14,024	10,607	8,477	4,201	5,461
Total expenses		628,200	911,678	553,281	557,659
				503,924	

¹ In 2005 financial year this included losses on disposal of non-current assets. This now represents accreditation income.

² The costs of advanced trainees and scientists programmes now included in ASM accounts

³ In 2004 and 2005 this included funding for the ICC website setup, Spirometry Buyers Guide and from RACP for training development; in 2009 this comprised ARNOLD website setup costs

⁴ From 2004 – 06 ASM was reported on a cash basis, thereafter ASM surplus is accrued and recognised in the year the meeting is held.

⁶ Since 2006 no sponsorship/ advertising income has been generated through Respiriology

Assets / Balance sheet

	2009	2008	2007	2006	2005
Total Cash	1,126,661	864,894	1,107,535	641,372	762,096
Investments	1,344,768	1,493,814	1,453,573	1,390,194	1,283,898
Receivables	47,479	95,793	43,205	231,661	355,585
Property and Equipment	10,961	14,850	18,638	21,619	19,133
Other assets	94,591	102,760	208,070		
Creditors	(84,593)	(377,225)	(241,173)	(56149)	(37,506)
Current Tax asset/ liability	3,510	-	(6,473)	(3,000)	(21,840)
Other Liabilities	(234796)	-	(232,743)		
Total Members Funds	2,308,581	2,194,886	2,350,632	2,322,195	2,361,366

Branch Finances

Branch	2010 Projected Income	2010 Projected Expenditure	2009 Balance	2008 Balance	2007 Balance	2006 Balance
New South Wales	45,000	38,500	5440	(5,026)	14,575	16,353
New Zealand ¹	15,000	16,500	3712	(4,756)	(12,769)	(11,895)
Queensland	17,000	21,500	(4046)	11,601	6,534	5,966
Sth Australia	7,500	12,600	(2248)	2,725	1,980	(950)
Tasmania	4,850	8,000	251	(2,510)	(3,925)	(829)
Victoria	16,400	15,400	4418	916	2,980	539
Western Australia	18,500	26,000	(9311)	416	(8,047)	(5,020)

¹ In New Zealand dollars

The Society's financial position remained solid in 2009, with a moderate profit overall. This is certainly better than budgeted estimates of a loss for 2009, however largely reflects positive movements in investment holdings. After allowing for volatile movements in our investment wrap across 2008 and 2009, operating income is lower this year (in spite of an excellent ASM profit) while operating expenditure is slightly greater. Difficulties with accurate account keeping in the Society Office in 2008-2009 have necessitated greater financial governance, hence the significant increases in accounting and bookkeeping expenditure.

There has been a gradual deterioration in the Society's operating bottom line over the past few years, reflecting an inevitable gradual increase in operating expenditure without any significant corresponding improvement in operating income. While the Society's investments continue to ensure our financial security in the short to medium term, investment volatility over the recent period highlights our potential vulnerability (in spite of conservative positioning) in the event of further market declines. Hence, it is not prudent to rely on these investments to support our operating balance, which should be self-funding.

As already mentioned, the Darwin ASM was an exceptional success by any measure and certainly financially. The energy and enthusiasm invested by Richard Wood-Baker, Paul Reynolds and Elisabeth Eaton have been integral to this and I have no doubt that Brisbane will be similarly successful.

Finally, many thanks to the hard work of the office staff in 2009 David, Jenny, Heather and Edwina. While the last 18 months have seen considerable flux in the office structure and personnel, our office staff never fail to give 100% to the Society.

Investments

The last 18 months have been a difficult time for the Society's finances, with the GFC impacting significantly on investment returns particularly during the end of 2008 and first quarter of 2009. In 2009 our investment wrap gained approximately 10% over the calendar year (or approx 15% from the lowest point in Feb 2009), in line with our conservative positioning.

Details of the investment wrap (Centric Wealth Advisory) are available from the Executive Officer.

2010 TSANZ FEDERAL BUDGET

	2010	2009	2008	2007	2006
INCOME					
Member subscriptions	240,000	240,000	220,000	200,000	190,000
Investment Income	70,000	85,000	100,000	90,000	
Interest received	30,000	35,000	25,000	10,000	70,000
Newsletters	40,000	25,000	25,000	25,000	50,000
Funds from branches	124,250	122,550	108,500	103,100	94,600
Other		15,000			
Mail out and email		1,000			
Surplus on annual scientific meeting	100,000	100,000	100,000	100,000	75,000
Total Income	604,250	623,550	578,500	528,100	479,600
EXPENDITURE					
Audit and bookkeeping fees	20,000	22,000	12,000	11,000	11,000
Advanced courses		20,000			
State branches	138,500	130,700	121,000	107,150	124,315
Bank Charges	5,000	5,000	5,000	5,000	7,000
Depreciation	8,000	8,000	8,000	8,000	4,000
General expenses	25,000	5,000	5,000	40,000	40,000
Insurance	10,000	10,000	11,000	11,000	11,000
Investment expenses	15,000	15,000	15,000	10,000	10,000
Laboratory accreditation	5,000	5,000	5,000	5,000	15,000
Newsletter expenses	40,000	25,000	25,000	25,000	35,000
Office Expenses	50,000	35,000	30,000	30,000	20,000

Project sponsorship/ new projects		15,000		85,000	
Staffing costs	245,000	235,000	220,000	215,000	180,000
Subscriptions	80,000	90,000	80,000	80,000	30,000
Telephone	6,000	6,000	6,000	6,000	5,000
Council/ executive	45,000	30,000	30,000	35,000	25,000
Website maintenance	14,000	12,000	9,000	6,000	6,000
Total expenses	706,500	668,700	582,000	652,150	523,315

Conclusions and 2010 budgetary considerations

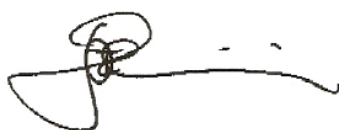
In line with my earlier comments, progressive increases in expenditure over recent years predict a budget in deficit for 2010, although significant unanticipated positive movements in investment may cushion this. It is important that the Society's finances be returned to an operating bottom line that is roughly balanced, independent of movements in our investment wrap. While our relative financial security has enabled membership subscription fees to remain unchanged for at least 8 years, I would recommend a modest increase for 2011 to the following levels (excluding GST):

Ordinary*	\$300
Associate	\$150 (50% of Ordinary membership)
Retired	\$44
Students	\$75 (25% of ordinary membership)

*Discounted to associate membership rate if salary below UNSW Academic Salary Scale, Level B (Lecturer), Step 1, currently \$72,000

Additionally, attempts are currently underway in the office to secure additional RespiriologY advertising revenue. If successful, this combined with increased subscription revenue will return our operating balance to an appropriately balanced position.

Finally, I would like to sincerely thank the members of the TSANZ Executive and office staff for their support and friendship over the past 4 years. Serving on the Executive has been an exceptional opportunity and privilege that I have enjoyed immensely.



David Serisier

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Honorary Secretary's Report

2009 has been an exciting year for the Honorary Secretary, following an expansion of the role at the AGM in Darwin. One of the key areas involves the Special Interest Groups, and this is highlighted in the supplement in the Thoracic Society Newsletter in December. The Honorary Secretary is now the liaison between the Convenors of the SIGs and the National Executive, and it is my hope that this relationship will grow over the next few years.

Membership numbers are included in this report. One key issue discussed at executive level has been the importance of ensuring that all new advanced trainees are aware of, and encouraged to join, the TSANZ. To assist this, a welcome pack for new advanced trainees is being developed by the office and will be distributed to all new and current advanced trainees in early 2010.

Membership numbers at present are:

Total members: 1233

NSW/ACT: 379

VIC: 251

QLD: 159

SA/NT: 108

WA: 157

TAS: 31

NZ: 111

OTHER OVERSEAS: 37

EMERITUS: 17

ORDINARY: 771

ASSOCIATE: 332

RETIRED: 34

STUDENT: 79

I look forward to the ongoing development of the role of the Honorary Secretary in the future.

A/Prof Tara Mackenzie
Honorary Secretary
TSANZ

Central Programme Committee

Dr Richard Wood-Baker	Chair
Dr Jane Ward	ERS Chair
Geoffrey Eather – Chair	2010 LOC
Andrew Wilson – Chair	2011 LOC

The Central Programme Sub-Committee has continued to operate to facilitate the scientific meetings of the Society. The 2009 Annual Scientific Meeting was held in Darwin with indigenous health as the major theme of the conference. We were fortunate to have Valerie Singleton from the North-Western University Medical School as the major international speaker. Alex Brown, an indigenous doctor, delivered the Wunderly Oration based on his work in Aboriginal Health research over the last nine years. We also had major presentations on indigenous health in Australia from Paul Torzillo, and in New Zealand from our second international invited speaker Dr Ramone Pink. Dr Pink affiliates to the Te Aupouri iwi in the far north of New Zealand, but currently works as a Medical Officer of Health in Canterbury. The meeting concluded with a plenary session on ethical dilemmas, which included a presentation by Phillip Nitschke, Director of Australia's largest voluntary euthanasia organisation, Exit International. The meeting was well supported with nearly 600 attending delegates and 318 abstracts accepted for presentation. Special thanks go to Paul Reynolds for his work as Chair of the local organising committee. The second scientific meeting in 2009 was held later in the year at Cradle Mountain in Tasmania. The 2009 advanced course, held in August, was on statistics. A small enthusiastic band of delegates underwent 3 days of intensive lectures and practical sessions on all aspects of statistical analysis. The weather was white, typically Tasmanian and contributed to the sense of occasion.

Two major scientific meetings are planned for 2010. The Annual Scientific Meeting will be held in Brisbane during March and will feature three international speakers, Prof Steven Holgate from Southampton, Prof Geoff Whitsett from Cincinnati and Prof Kalpalatha (Kay) Guntupalli from Houston. The Wunderly Oration in 2010 will be delivered by Prof Warwick Britton. Thanks go to Geoff Eather and his local organising committee for their work in delivering an outstanding program. The Society will also be participating as a section society at the Australian Health and Medical Research Council Conference to be held in November 2010. Thanks go to Jane Bourke for liaising with AHMRC over organisation of our programme.

The Society continues to rely heavily on Elizabeth Eaton and her team at Festival City Conventions for their organisation of our scientific meetings. They continue to provide the Society with outstanding support for which I am most grateful. I would also like to thank all members of the local organising committees, without whom each years programme would not come to fruition. Finally, my thanks to the central office for their support and the Executive Committee for wise counsel and flashes of inspiration.

Richard Wood-Baker
Chair
Central Program Committee

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Clinical Care and Resources Subcommittee

Dr John McLachlan	Chair
Dr Bob Hancox	Representing New Zealand
Dr Peter Wark	Adult Respiratory Physician
Dr Penny Field	Representing Paediatric Special Interest Group
Ms Mary Roberts	Representing Respiratory Nurses
Ms Lucy Saccoia	Representing ANZSRS
Dr Graeme Thompson	Adult Respiratory Physician
Dr Chien-Li Liew	Adult Respiratory Physician

The Clinical Care and Resources Subcommittee reports to the TSANZ Executive on matters regarding the clinical practice of respiratory medicine and provides reports and submissions to Government and other bodies as requested. Most papers requiring TSANZ endorsement are first reviewed by the CCRS.

We have held a number of teleconferences and email discussions over the last year, and the following are the main items that have been considered:

1. **H1N1 Swine ‘Flu** – In view of our involvement with the “Australian Health Management Plan for Pandemic Influenza 2008” paper, the CCRS and Executive were involved with trying to provide information regarding the swine ‘flu in early 2009. As the disease was progressing rapidly, it was felt that a Task Force should be established to deal with this independently, allowing rapid dissemination of information. This was highly successful and is reported elsewhere.
2. **BTS Pleural Disease Guidelines** – initially we had hoped that these could be co-badged and endorsed by TSANZ. In the end this did not work out for several reasons, including the applicability of some aspects to all areas of Australia and New Zealand. These are, however, excellent guidelines and a very useful recourse for Australasian Respiratory Physicians. As such they have been acknowledged by TSANZ and will be available as a link on our website.
3. **Interventional Pulmonology Guidelines** – these are currently with the CCRS and being reviewed. This process is taking too long and I hope will be complete by the time of the ASM.
4. **Respiratory & Sleep Health in Indigenous Australians** – this required more work, and at a recent Executive meeting it became apparent that this was beyond the capability of the CCRS. It has been handed on to an appropriate editor for progress towards publication.
5. **Clinical Standards in Respiratory & Sleep Medicine** – this is a NZ document published some years ago and revised. Has been used to benchmark NZ public hospitals. CCRS have been asked to consider the possibility of translating this as a framework for an Australian document. No progress has been made on this as yet. This will be a priority in the coming year.
6. **Small Bore Chest Tubes** - this is a new module in the highly successful Intercostal Chest Drain teaching tool previously endorsed by the TSANZ. This has been reviewed by the CCRS and endorsed, along with the original program. It is freely available via the website and is a very good program. Members, particularly Trainees, are recommended to view it.
7. **Cystic Fibrosis Population Screening - Position Paper** – this paper by the Human Genetics Society of Australasia was presented for review to the RACP and our input was requested. We have responded in the main, calling for a delay in publication in order to permit much wider consultation and robust debate on the topic. There are also obvious resource issues with this paper. I anticipate that this will be discussed at the CF SIG at this meeting.

8. **Bronchiectasis in Australia & New Zealand** – this paper arose from discussion at the Darwin meeting. It has been reviewed and endorsed by the TSANZ after some minor changes. It should be available on the website soon – again a useful paper for members.
9. **The Role of Corticosteroids in the Management of Childhood Asthma** – this paper, initially published in 2002 and endorsed by the TSANZ is in the process of review by the original authors and a working group. It is very near completion, the draft is being reviewed by the CCRS and we hope to endorse it in the near future.

For the future:

- ◆ **Ensuring supporting literature for curriculum**

We would like to ensure that evidence-based papers support the major areas described in the respiratory training curriculum wherever possible. The CCRS will work towards collating these, and requesting members to write papers where these do not exist. Ideally these will be available as hyperlinks from the curriculum document.

- ◆ **Reviewing current guidelines and previous position papers**

We continue to review current guidelines to ensure that they are valid and current, requesting revision as needed.

I would like to thank all members of the subcommittee for their efforts over the last year. It has been at times an overwhelming workload, and I appreciate the time given by all.

John McLachlan

Chair, Clinical Care and Resources Subcommittee.

Education & Research Subcommittee

Dr Jane Bourke	Chair, ERS Representative on TSANZ Executive and Council	<i>Advanced Trainees Course Convenors</i>
Dr Greg King	Member	Dr Wai Kuen Chow,
Dr Suzanne Marsh	Member	Dr Suzanne Marsh
Dr Melanie Matheson	Member	Dr Andrew Tai
Dr Jodie Simpson	Member	Dr Greg King
Prof John Upham	Member, ERS Representative on ALF Council	
Dr Wai Kuen Chow	Representing Advanced Trainees	
Dr Deborah Burton	Representing ANZSRS	
Ms Tod Adams	Representing Respiratory Nurses	
Dr Sandra Chuang	Representing Paediatric Advanced Trainees	
Dr Anne Holland	Representing Physiotherapists	
A/Prof Adam Jaffe	Representing Paediatricians	
Dr Andrew Tai	Representing PhD students	

As I complete my term as Chair of the TSANZ Education and Research Subcommittee (ERS), I would like to wish Prof John Upham, as incoming Chair, all the best in this challenging but rewarding role. It is certainly satisfying to be part of a committed group of TSANZ members contributing to the continuing professional development of our peers, and to be so well supported in these activities by the TSANZ Executive, and by David Begg and his team in the TSANZ Office.

As in previous years, one of the major undertakings of the ERS was the promotion and organisation of the Short Course for Advanced Trainees in Respiratory Medicine held prior to the ASM in Darwin in March. In 2009, this was attended by 70 registrants, with a pleasing increase in the number of participants and speakers from New Zealand. In addition to presentations around the theme of suppurative lung disease, the course included interactive workshops on radiology and tips on writing and critical appraisal of research. The inclusion of a career fair also provided trainees with opportunities to consider higher research degree options. This report gives me the opportunity to thank the convenors and expert faculty (largely recruited from within the Society's membership) for their contributions to this educational course. Their goodwill and hard work provide significant benefit to TSANZ members and are greatly appreciated.

The ERS continues to maintain panels of referees to oversee the review process for the research grants, prizes and fellowships offered annually by the Society and valued at over \$400,000. The recipients of these awards were listed in the Thoracic Society News, Volume 19, Issue 2, June 2009. These included awards made at the ASM, for the Ann Woolcock Young Investigator, Best Poster and SIG prizes. Glen Westall, a previous recipient of the Ann Woolcock Award, co-Chaired the Young Investigator session at the Darwin ASM with the ERS Chair, to provide ongoing recognition of his career progression in respiratory research. It is hoped that this tradition will continue.

Other awards reviewed by the ERS included travel grants to both the ASM and international meetings, as well as valuable research grants and fellowships, many under the auspices of the Australian Lung Foundation. The ERS continues to review the eligibility criteria, guidelines and application forms for all grants, to standardize criteria and streamline the application and review process. During 2009, the ERS also undertook the review of research grant applications and made recommendations for funding to the Dust Diseases Board of NSW. Again, the contribution of external reviewers to support this process is acknowledged.

Additional initiatives and activities to support TSANZ members continue to be developed. In 2009, a new research award to honor the late Prof Rob Pierce was established, to fund a project focused on understanding and improving the lung health of indigenous people in Australia and/or New Zealand.

A much-needed fund to provide international travel awards for early career researchers was created with the support of a generous bequest in the memory of Dr Janet Elder, one of the pioneers of respiratory medicine in Western Australia. Planning for both the Advanced Trainees Course and the biennial Research Course is well underway, with both programs promising to be a wonderful introduction to the ASM in Brisbane.

In welcoming Tod Adams, Sandra Chuang and Anne Holland to their first year on the Committee, I would like to acknowledge the significant contributions of all the current ERS members. In particular, sincere thanks are offered to Deb Burton, Wai-Kuen Chow, Adam Jaffe, Greg King and Melanie Matheson for their key roles in the review of grants and in organising courses over the last few years, as they complete their terms on the ERS.

Jane Bourke

Chair

Education and Research Subcommittee

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Professional Standards Subcommittee

A/Prof Brendon Yee	Chair
Dr Bruce Thompson	Member
Dr Andrew Tze- Ming Ng	Member
Dr Margaret Wilsher	Member
Dr Mark Holmes	Member
A/Prof Graham Hall	Representing ANZSRS
Dr David Cunnington	Representing ASA
A/Prof Hiran Selvadurai	Representing Paediatric SIG

There have been a few changes in the Professional Standards Subcommittee (PSS) over the last 12 months. Sleep laboratory accreditation has now been officially transferred to the Australasian Sleep Association (ASA). Respiratory laboratory accreditation is still the main focus of the PSS committee. We have over the last 12 months, been trying to “streamline” the accreditation process. Recently we have been able to increase administrative support for the accreditation process. We are now able to access via regular reports the actual “bottle necks” in the process. We are extremely grateful for the time and energy of the panels and respective Chairs during accreditation. We appreciate the time required to support this process in all busy physicians and scientists who are asked to help.

We are also assembling a spirometry working group (chair Prof Christine Jenkins) to review the item number 11503.

Finally I would like to thank all the PSS Committee members for their contribution in 2009. I will hope that 2010 will be a productive year also.

Kind regards,

Brendon Yee
Chair
Professional Standards Subcommittee

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Specialty Training Committee in Respiratory and Sleep Medicine

Members

Prof Paul Reynolds	Chair
Dr Tracey Robinson	Coordinator of Advanced Training - Adult Sleep Medicine & Lead in Accreditation
Clin A/Prof Graham Simpson	Coordinator of Advanced Training - Adult Respiratory Medicine & OTP Advisor & Lead in Accreditation
Dr Andrew Wilson	Paediatric Coordinator of Advanced Training
Prof Michael Hensley	Assessment Lead
A/Prof Tara Mackenzie	Teaching & Learning Lead
Dr Martin Phillips	Adult Representative for Curriculum Development
Dr Sadasivam Suresh	Paed Representative for Curriculum Development & Paed and Child Health Fellow Representative
Dr Alister Neill	NZ SAC Representative – Joined meeting via teleconference at 2:30pm 19 November.
Dr Andrew Tai	Advanced Trainee Representative (Paediatric)
Dr Benjamin Chi-Hin Kwan	Advanced Trainee Representative (Adult)

In Attendance

Ms Genevieve Foster	Education Officer
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Curriculum Development

The Adult and Paediatric Sleep Curricula (or more correctly the “Syllabuses”) have been completed and the final versions will be ratified by the College Education Committee in February. The Adult and Paediatric Curricula were submitted to the College Curriculum central committee in November and are also expected to be ratified very soon, hopefully before the March ASM.

Training pathway

The training pathway (as distinct from the Syllabus) towards combined Respiratory and Sleep Training has been the subject of much discussion and this will continue. The previous categorisation of “Level One” and “Level Two” Sleep Accreditation has been proposed to be abolished in favour of a generic “Sleep Physician” title. At this time the duration of advanced training required to obtain the FRACP remains 3 years. Two years of full time core Respiratory training which includes 3 months of Sleep is the minimum compulsory requirement for Respiratory training, plus an additional 12 months complementary (non-core) training in a field of relevance to Respiratory Medicine. These fundamental requirements are unchanged from previous. The “Non-Core” year may be used for Sleep Medicine training, which then leads to dual accreditation as a Respiratory and Sleep Physician. In terms of overall duration this is not a major departure from previous, although the Australian Sleep Association (ASA) has articulated a clear desire for such training to be undertaken in a

continuous 12 month block. Some transitional difficulties of such an approach are acknowledged and a transitional process is needed. Some in the ASA have expressed a clear preference for the Sleep year to necessarily come after the two core Respiratory years, whereas the TSANZ (Executive) view is clearly towards allowing the flexibility of the “Sleep” year to sit between the “Respiratory” years. Further discussions are expected. Efforts to move more toward a “module” or “content” based pathway (rather than purely time based) are still under consideration but require the development of more clearly structured assessment processes.

A 3 year training pathway that focuses entirely on Sleep Medicine (analogous to current “Level 2” in RACP guidelines) remains an option.

Accreditation of Training Sites

For institutions to employ RACP advanced trainees, the training site must be accredited by the relevant SAC or Specialist Training Committee (STC). Without such accreditation, an individual site may find it difficult if not impossible to attract the best quality junior staff. Site accreditation is granted for a maximum of five years. At the time this requirement first came into being, a number of large sites were granted “provisional” accreditation because it was not practically feasible to immediately conduct site visits and formally accredited all such sites. After that initial process, the SAC (now STC) has adopted a policy that no new training sites will be approved without going through a formal process, which includes a site visit. New sites are emerging as the previously “provisionally” approved sites are coming to the end of their 5 years, which combines to make a large workload for the committee.

The accreditation process ensures standards are maintained at an acceptable level which is an essential obligation on the RACP. The process is however designed as far as possible to help the sites improve their programs. Site accreditation teams consist of 2 visitors - at least one will be an STC member and the other may be a local experienced clinician. Site assessors benefit from seeing the best aspects of training programs at various sites across the country and are ideally placed to share this knowledge with colleagues at subsequently visited sites. All site accreditation reports are discussed by the full STC and additional helpful comments may arise.

As with all STC activities, site visits are conducted by committee members who volunteer their time on top of their own clinical and academic workload. Trying to schedule site visits can be difficult, so a good level of cooperation and flexibility on the part of the site members is needed. This includes a structured agenda for the visit itself, in accord with the guidelines that are provided.

Trainee processing

This continues to be a critical role of the STC. All prospective applications and supervisors reports are reviewed by the STC, who then decides whether to accredit the year towards training or not. Typically around 100 individual trainee reports are reviewed in the STC meeting in November. If trainees are experiencing difficulties, it may be necessary for the STC to arrange an Independent Review of Training (IRT). This is a formal RACP process which includes face to face interviews with the trainee and supervisors, aimed at identifying specific problems and putting in place a plan to help the trainee achieve their full potential.

Supervisors need to be very aware that the Supervisor Report Form is the critical summative assessment tool we have available. These forms need to be filled out carefully and honestly, so that any potential problems are identified early in the training process and a plan can be put in place to ensure the trainee has the best opportunity to successfully complete their training program.

Assessment

To meet the requirements of the Australian Medical Council (AMC), the College is implementing much more emphasis on structured assessment tools. At the Advanced Training level, these new tools are “formative” in nature (ie designed to be a helpful learning feedback experience) rather than strictly “summative” as is the Supervisor Report Form. These tools include Mini-CEX, Case-based discussions, 360 degree assessments and direct observation of procedural skills (DOPS). These are in

addition to the 3 monthly “formal” meetings with supervisors that should already be occurring to plan and provide feedback on training needs and progress. The implementation of these new tools is going to need some planning, and the STC is well aware of the concern that supervisors have about having more demands put upon them when they are already stretched with clinical service, increased demands for undergraduate teaching etc, etc. In practice, these new requirements should not be too onerous and really should only amount to a more formal approach to the interactions between trainee and supervisor that should already be occurring. More information on these tools will be coming out during 2010, including at Supervisor’s Workshops. One of these is planned for the Wednesday afternoon immediately following the TSANZ ASM at the Brisbane Convention Centre.

Improved teaching opportunities

The evolution of the SAC into the STC is designed to facilitate much greater involvement of the Special Societies (TSANZ and ASA) in the delivery and management of trainee education. The development of the curricula is the first step in this process. By taking advantage of the latest developments in information technology and through access to the resources of the RACP, the STC aims to improve the delivery of educational sessions to trainees. An excellent precedent has been set by the TANSZ (NSW) Lung School, and Tara MacKenzie (Lead in Teaching and Learning) is driving an agenda to see a cooperative expansion of such activities bi-nationally. It is hoped to develop a structured governance plan incorporating the existing activities of the TSANZ national and the state branches. This will be discussed in detail with those already running the excellent state-based activities. A proposed outline has been favourably received in principle by the TSANZ executive. There will be much greater emphasis on this aspect of the STCs activities during 2010 and beyond.

In summary, 2009 has been a busy year for the STC. 2010 should be even busier, as we extend our activities further beyond the role of the prior SAC. We look forward to continuing to further develop the engagement of the TSANZ and ASA with the training processes of the RACP.

I would like to thank all committee members, especially our trainee reps Benjamin and Andrew, who will now be moving off the committee having completed their training (Congratulations!). A call for nominations for new trainee reps has gone out.

I would also like especially to thank our Educational Officer, Genevieve Foster, for her excellent help in keeping us all on track.

Paul N. Reynolds

Chair

STC in Respiratory and Sleep Medicine.

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New South Wales Branch President's Report

Dr Malcolm Ogborne	President
Ms Jane Civitico	Honorary Secretary and RNIG Representative
Dr David Michail	Honorary Treasurer
Dr Greg King	Committee
Dr Chris Dennis	Committee
Dr Peter Middleton	Committee
Dr Peter Giannoutsos	Committee
Dr Jimmy Chien	Committee and PhD Representative
Dr Brian Oliver	Committee and Scientists Representative
Dr Sophie Timmins	Committee and Advanced Trainee Representative
Dr Michael Hayes	Committee and Rural representative

This past 12 months has been a very busy and rewarding one for the NSW Branch. As is now traditional, four Branch meetings were held during the year, each well attended which was not surprising given the quality of the presenters and their talks. The Autumn meeting saw Alan Glanville speak on Lung Transplantation. For the Winter meeting, we decided to involve our Basic Scientist colleagues and were treated to presentations from Judith Black, Phil Hansbro and Nathan Brown on various approaches to the understanding of asthma. Professor Loius-Philippe Boulet took time out from his duties as the visiting professor to the Woolcock Institute to talk to the membership about asthma in high performance athletes for the Spring meeting. The Summer meeting saw the Advanced Trainees presenting their assessment projects for the year, with prizes being awarded to the best ones in a highly competitive field. As part of our commitment to try and provide for non-Sydney members, the first three talks were recorded and can be viewed at your leisure online via the TSANZ website.

The “Lung School” for the Advanced Trainees has gone from strength to strength. Initially conceived as a NSW only project, with the help of the RACP and modern teleconferencing technology, we are hoping that this will become a TSANZ-wide educational institution. Three meetings were held this year starting with Ron Grunstein, Delwyn Bartlett and Gislaine Gautier presenting on aspects of sleep medicine. For the second, Chris Clarke, Ian Gardiner and Pater Corte lectured on dust diseases and for the last, an excellent session was run by Emily Stone and Greg King on interstitial lung disease. All the talks have been recorded and are available for viewing via a special webpage of the members-only area of the TSANZ website. Over time we are hoping to build up a library of interesting material for the entire membership to be able to access from their desktops. Three more sessions are planned for this year and I am hoping at least one of them will not be Sydney based.

The combined NSW TSANZ/RNIG education day is now in its third year and remains enthusiastically supported by a broad range of the membership. Another highly successful day this year saw topics as diverse as surgical viewpoints on sleep medicine, and the evidence for chronic macrolide use in infective and inflammatory lung disease. Presenters included Phil Munoz, Mary Roberts, Renae McNamara, T Pincock, S MaKay, J Simpson, DDwyer, H Reddel and others. Plans are already underway for next year's event.

The NSW Branch of the TSANZ was also again asked to organise the respiratory component of the Basic Trainee lecture series. Thanks go to Greg King for arranging this and the seven other presenters for giving their time. It is hoped that this duty will now be taken over by the national body. Other activities which the committee wholly or partly helps organise include the Advanced Trainee selection process (a major undertaking), the arranging of visits by the Advanced Trainees to the NSW Dust Diseases Board, a NSW-wide Advanced Trainee Journal Club and helping with the accreditation of Registrar training sites and pulmonary function testing laboratories for the TSANZ.

One other project we are exploring is to give the opportunity for Advanced Trainees to visit a rurally-based Respiratory Physician at least once during their training so that they can see for themselves how such a practise operates and what some of the attractions of this sort of career might be. This is proving difficult, mainly due to a paucity of rural sites available to us, but we continue to explore the options. Besides continuing with all the above mentioned meetings and projects, our other project for next year is to establish our “Research Page” on the TSANZ website to facilitate the recruitment of patients from private practise into hospital based research projects, if appropriate.

My sincerest thanks to the Committee whose hard work has made all of this possible: David Michael (Treasurer), Jane Civitico (Secretary and RNIG rep.), Greg King, Chris Dennis (retiring), Sophie Timmins, Ben Kwan (Advanced Trainee rep.), Jimmy Chen (PhD rep.), Peter Middleton, Brian Oliver (Resp. Scientist rep.) and Michael Hayes (Rural rep.)

Malcolm Ogborne
President

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New South Wales Budget – 2010

Activity	Details	Dates	Justification	Income (\$)	Expense (\$)
Committee Meetings	Four committee meetings planned prior to branch meetings to discuss aspects of the TSANZ NSW Branch and to discuss the topic/format of the branch meetings	February, June, September & November	Cost of meetings met by funds raised through pharmaceutical industry sponsorship from the relevant accompanying Branch Meeting	See below	3,000
Branch Meetings	Three to four meetings to be held at the Sydney Marriott Hotel or similar venue. Topics chosen relevant to the learning needs of the membership. The first two meetings involve a guest speaker & invited rural representative. Cost of travel & accommodation if required are met. The final meeting involves a presentation from 5-6 advanced trainees from different hospitals. All trainees are members of the TSANZ	March, July, ? September & December	Meetings are fully sponsored by the pharmaceutical industry. Meetings usually run at a surplus – see previous budgets. To date have secured sponsorship for three meetings and awaiting reply re fourth	24,000	21,000
Registrar Prize awarded at branch meeting	Prizes awarded to the Advanced Trainees at the end of Year Branch Meeting		Paid for through Budget surpluses		1,500
TSNSW Lung School	3 Meetings for AT education and these are nationally broadcast	TBA	Paid for through Budget surpluses		1,000
TSNSW / RNIG Annual Education Day	Annual Education Day combined RNIG / TSNSW	Late 2010	Individual sponsorship – meeting has run at >10K profit over the last two years In addition to registration fees	21,000	12,000
TOTALS				\$45,000	\$38,500

Budget Notes:

NSW Branch budget ran profit last year of ~\$10K. The committee are considering using surplus funds this year for activities including “Lung School” for our 20+ Advanced Trainees, and possibly sponsorship of some local Branch projects.

David Michail
Honorary Treasurer
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New Zealand Branch President's Report

Dr Mike Epton	President
Dr John McLachlan	Honorary Secretary / Treasurer
Dr Alister Neill	Committee Member
Mrs Victoria Perry	Committee Member (Co-opted nursing Representative)
Ms Maureen Swanney	Committee Member

The New Zealand Respiratory community, along with the rest of the TSANZ, was shocked and saddened by the premature and unexpected death of Professor Peter Black in January. Peter was a passionate and dedicated physician and researcher, with particular interests in airways disease and pharmacology. His generous and supportive nature, both of colleagues, and the broader respiratory community, will be sorely missed.

It is fair to say that the New Zealand Branch of the Thoracic Society has been relatively quiet in terms of its activities over the last year. This probably reflects the fact that individual members are fully preoccupied with their own local workload issues, and hence dedicating the time to articulate and support national strategic issues becomes more and more difficult. It is therefore important that the NZ branch of the TSANZ addresses the issues of workforce and workload nationally, in order that we might continue to provide robust high-quality respiratory specialist services to the people of New Zealand.

There are two workforce issues that need to be addressed in NZ: the first is the demographics of our own specialists, and how to replace the large number of specialists who are nearing retirement over the next few years. The second is how to provide more specialists, particularly in the areas of the country that are identified as having inadequate access to respiratory specialist care.

Interestingly, though there are indeed a significant number of respiratory specialists nearing retirement, what is also clear is that over the last few years a number of highly skilled, motivated, and enthusiastic young respiratory physicians have entered the workforce, and are contributing locally to service initiatives, and to the improvement of their own local departments. In our department in Christchurch this is particularly obvious, and reflects the conscious decision a number of years ago to "up the ante" in training respiratory specialists locally to fill recognized gaps in the workforce and to replace the soon to be retired colleagues. What was clear at the time was that our ability to attract overseas specialists into New Zealand posts was going to diminish, and that the only way to maintain an adequate workforce was to train our own, and lots of them! I believe that we now have to undertake the same training process nationally, and clearly articulate to local graduates the strengths and benefits of a career in respiratory medicine, to provide them with a clear training path, potentially coordinated nationally, allowing graduates to access areas of training strength around the country. In addition there needs to be an ongoing national discussion about where respiratory specialist positions are likely to become vacant, to allow trainees to be guided towards filling these positions.

We do however not only need to replace colleagues that are about to retire, but also increase the number of respiratory specialists around the country, particularly in smaller hospitals. The TSANZ, especially Jeff Garrett, has worked hard over the years to highlight this issue, which has been in the public domain for some time now but if anything the situation, especially in the South Island, is worse. There appears to be little concerted effort from a Ministry of Health perspective to address geographical inequalities of access to care (this is not just a problem of respiratory medicine), though the recent establishment of national funding bodies, and increasing "super regionalisation" may start gaining traction on this problem. What is clear is that individual District Health Boards are incapable of dealing with the problem effectively themselves. I believe that, certainly in the South Island, development of "hub and spoke" models of respiratory service provision are vital, and this will involve training more respiratory physicians locally, and encouraging at least some of them to travel further afield to undertake at least part of their professional practice. The ability to maintain strong

links with the hub does however allow increasing training opportunities, for instance, at the smaller hospitals, and I envisage specialists and advanced trainees travelling across district health board boundaries to provide outpatient clinics, support for local physiology services, and coordination for local rehabilitation, education and primary care initiatives. The funding model for these activities need to be clearly defined, since there is the perception, at least within the larger district health boards, that the current funding model does not adequately compensate for these activities.

The other fundamental shift in medicine that has been occurring recently has been the increasing "devolution" of health care provision to primary care. A significant proportion of this year's NZ Branch annual meeting was devoted to studying the various models around the country that have arisen. Given the various funding and governance structures within primary care in New Zealand, and the different ways that individual regions are going about this issue, it is again probably important to have a national strategy for engagement with these initiatives. I believe our role is to continue to support these initiatives, but to emphasise the ongoing importance of quality service provision, including appropriate performance indicators, and to provide readily available access to respiratory services, both for the patients themselves, the primary care providers, and the governance groups who might wish to consult. Certainly, sitting behind hospital walls watching these processes develop is not going to lead to a quality integrated respiratory service that we can be proud of in New Zealand.

Mike Epton
President

New Zealand Branch Financial Report as at 31 December 2009

Opening Balance		\$ 4,781.59
Income		
Bank Interest		384.07
Annual Scientific Meeting		7,700.00
	Total	8084.07
Expenditure		
Publicity		2,363.00
Nursing SIG		271.00
Annual Scientific Meeting		1,738.13
	Total	4,372.13
Closing Balance		\$ 8,493.53

Prepared by John McLachlan
Hon Secretary/Treasurer (NZ) Branch

New Zealand Branch Budget

Activity	Justification	Income (\$)	Expenditure (\$)
Communications / Teleconferences	6 weekly Executive teleconference. Almost exclusive use of teleconferencing now for SIG's as well.		1,500.00
Postage & Photocopying	Now minimal		100.00
Accountancy	Preparation of Annual Financial Statement for NZ statutory requirements		800.00
Subscriptions (ERS/Smoke Free NZ/ ASH)	To aid tobacco control activities in NZ.		900.00
Secretarial	Now minimal with mainly electronic communication		200.00
Think Tank	Venue hire and airfares. Meeting to determine policy for subsequent 12 months. Not held for 3 years. Now overdue.		3,000.00
Annual Scientific Meeting	Continuing Education for Membership as well as networking. Income from sponsorship & Registration. Combined with ANZSRS.	15,000.00	10,000.00

TOTAL		\$ 15,000.00	\$ 16,500.00
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Prepared by John McLachlan
Hon Secretary/Treasurer (NZ) Branch

Queensland Branch President's Report

Dr Geoff Eather
Dr Michelle Murphy

President
Honorary Secretary/ Treasurer

2009 was a year of significant activity within the Queensland branch of the TSANZ/Thoracic Society of Queensland (TSQ). Among other activities of the Executive (see below), the major events have included the annual Winter Scientific meeting, regular Trainee Inter-Hospital Meetings and TSQ Dinner meetings, with the Trainee Physiology meeting and Annual Scientific Meeting held in November to finish the year.

The meeting details were as follows

1. **Winter Meeting – Immunology for the Pulmonary Physician**, 19-20 July 19-20 2009.

O'Reillys Rainforest Retreat, Canungra

Our guest speaker for the annual winter meeting was Dr Margaret Wilsher from Green Lane Hospital in Auckland. Margaret gave an outstanding overview of sarcoidosis with a presentation entitled 'Sarcoidosis – facts, myths and common sense.' Her second presentation for the weekend was '*the lung in connective tissue disease*'. Margaret's contribution to the meeting was exemplary, not just through her presentations but also in providing expert commentary and discussion for the remainder of the meeting. Other contributions were made by local Immunologists, Rheumatologists and Thoracic Physicians. They covered a variety of topics including immunosuppressive therapies, vasculitis, lupus and difficult asthma. Attendance was high and the venue provided a beautiful backdrop with spectacular views across to the border ranges, Mt Lindsay and Mt Barney. Delegates attended with their families, in keeping with one of the major aims of this meeting in providing a quality educational meeting combined with an enjoyable, family-oriented weekend for members of the TSQ and TSANZ-Q.

2. **Advanced Trainee Inter-Hospital Meetings**

These meetings were re-formatted for this year, moving from our old system of two meetings per month, to less frequent dinner meetings (six meetings for the year at changing venues). The trainee presentations have been case-based, interactive, well-presented and very well attended. This new format has rejuvenated this valuable meeting and maintained it as an extremely worthwhile component of the advanced trainee program.

3. **Thoracic Society of Queensland Dinner Meetings** (United Services Club)

Four dinner meetings were held in 2009. The first three covered the topics '*Medicine in the Sudan*' (Dr Andrew Burke), '*Assessment of Pulmonary Nodules*' (Dr Steven Leong) and '*NTM disease – Are we getting anywhere?*' (Dr Rachel Thomson). Our final meeting for the year was presented by Drs John Armstrong and Bill Oliver, who each gave their retrospective views on 40 years of thoracic medicine in Queensland. All of these meetings were very well attended and extremely enjoyable, continuing the tradition of providing excellent educational, gatherings that are also enjoyable social occasions for members of the society.

4. Physiology Trainee Meeting and Annual Scientific Meeting. (27-28 November, Princess Alexandra Hospital)

The Thoracic Trainee Physiology Meeting (November 27) this year was entitled '*Understanding cardiopulmonary exercise testing*'. Dr Bhajan Singh from Sir Charles Gairdner Hospital in Perth was our guest mentor. Our thoracic trainees presented on topics relevant to cardiopulmonary exercise testing and received feedback and advice throughout the day from Dr Singh and other members of the audience. A practical session lead by our head Scientist, Brenton Eckert was also extremely valuable. The day was extremely well received with feedback suggesting that both presenters and audience members obtained tremendous benefit from this experience. The physiology meeting has been reinstated on the Thoracic Society calendar over the last two years and has proved to be an extremely worthwhile activity for trainees, consultant and scientific staff, and should continue as an annual event.

The Annual Scientific Meeting was held on the following day (November 28). Dr Bhajan Singh opened the meeting with a stimulating presentation entitled '*The effect of hyperinflation and hyperpnoea on the efficiency of the human diaphragm*'. This was followed by concurrent abstract presentation sessions, during which 29 abstracts were presented, covering topics in airways disease, infectious disease, mycobacterial disease, transplantation medicine, sleep medicine, respiratory physiology, cystic fibrosis and lung cancer. This represented the largest number of abstracts ever presented at the AGM and the first time concurrent sessions were required. The meeting was a great success both as an educational opportunity, and as a chance to showcase some of the outstanding research and project work currently being done within Thoracic Medicine in this State.

With regard to other activities, the TSQ/TSANZ-Q is also heavily involved with the local organising committee for the TSANZ annual scientific meeting to be held in Brisbane in March, 2010.

Our other major task in 2009 has been to help facilitate further development of our centralised selection process for advanced trainees in Queensland, with the TSQ/TSANZ-Q Executive again actively involved in 2009.

In summary, 2009 has been a successful year in providing a variety of educational activities for trainees and other society members, combined with enjoyable opportunities for social interaction among members. The TSQ/TSANZ-Q has also been very involved in refining and supporting an effective and fair selection process for Thoracic trainees, and has been integral in the organisation and coordination of the program development for the TSANZ ASM in 2010.

The Executive stepped down at the end of 2009 and we extend our thanks to all of those who participated in the variety of activities in 2009, and to those who attended these activities in 2009 and throughout our tenure. I need to make special mention of Dr Michelle Murphy's efforts over her 4 years as Honorary Secretary/Treasurer as she leaves the TSANZ-Q/TSQ in outstanding shape from an organisational point of view. Her work has also positively influenced the culture of the Society and enhanced the value placed by members on the many activities promoted and organised by the Society executive. We hope that this influence will continue to enhance this organization for years to come.

Geoff Eather
President

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Queensland Branch Budget

Activity	Details	Dates	Justification	Income	Expenditure
<p>Annual State Meeting</p> <p>“Winter Meeting”</p>	<ul style="list-style-type: none"> • Designed to promote activity in a specific respiratory area. We are currently surveying members with respect to theme and venue • Format: 2 day weekend meeting • Location: held outside Brisbane to enhance interaction with non-metropolitan members. Most likely this will be a Sunshine Coast venue. • An interstate guest speaker is planned to consolidate current productive relationships with other branches. • Target Group: Members of TSANZ-Q, Thoracic Society of Qld & ANZSRS. Others with an interest in Respiratory Medicine or the theme of the meeting (e.g. nurses, scientists, allied health professionals) will also be invited. • Expect approximately 50 members and associate members. • Trade support welcome in an open and transparent relationship as per RACP guidelines. • A travel grant will be made available for those TSANZ-Q members not funded through their organisation or other corporate source: <ul style="list-style-type: none"> • Grants for >3 h drive to meeting location (up to 2 grants): airfare up to \$500 each • If more than 2 applications are received, preference will be given to delegates presenting at the meeting, trainees, or those who have not received a travel grant in recent years. 	<p>24-25 July, 2010</p>	<ul style="list-style-type: none"> • Registrants to pay registration fee and accommodation costs • TSANZ to cover venue hire, travel grants, speaker costs • Pharmaceutical sponsorship to cover other costs <p>N.B. Registration fees & external sponsorship covered the costs of the 2006, 2007 and 2008 Winter Meetings. No funding from TSANZ was received. TSANZ covered small loss for Winter Meeting in 2009.</p>	<p>\$21,500</p>	<p>Travel grants: \$1000</p> <p>Venue hire/ catering: \$15000</p> <p>Speaker costs: \$2500</p> <p>Printing/ postage/ other incidentals: \$500</p>
<p>Support Advanced Training in</p>	<ul style="list-style-type: none"> • Improve the quality of training/education for Thoracic Advanced Trainees & Fellows 				

Thoracic Medicine	<ul style="list-style-type: none"> • One (1) annual prize for the most educational and informative presentation given by a Thoracic Advanced Trainee or Fellow at the interhospital respiratory meetings • One (1) annual prize for the best presentation given by a Thoracic Advanced Trainee or Fellow at the annual Thoracic Society of Qld scientific meeting (November) • These awards will be judged by the advanced trainees/fellows and their supervisors on a formula to be decided by the Trainees. 				\$250
Advanced Trainee “Physiology Day”	<ul style="list-style-type: none"> • Improve the education of Thoracic Advanced Trainees and Fellows in Respiratory Physiology • 1 day meeting • Queensland Thoracic Advanced Trainees & Fellows will participate. Thoracic Physicians will also be invited to attend. • Invited interstate speaker with expertise in an area of respiratory physiology 	November 2010	<ul style="list-style-type: none"> • TSANZ-Q to cover speaker costs • Pharmaceutical sponsorship: additional funds raised from the Winter Meeting will be used toward this meeting 		\$2000
TOTALS				\$21500	\$21500

Addit: We intend to clarify the issue of Public Liability cover for all Queensland State Branch activities with TSANZ Executive, including funding for payment of this insurance.

Dr Peter Robinson
Secretary/Treasurer QLD Branch

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South Australian Branch President's Report

Dr Hugh Greville

President

Dr Chien-Li Liew

Honorary Secretary/ Treasurer

The main focus of the SA Branch 2008-2009 has been education and training. We have worked to streamline the process of recruitment and retention of advanced trainees and optimise training, recognising the diverse areas of strength of each of the respiratory and sleep units in our state. We have progressed towards a centralised selection process for the first time, a modified model of the system already occurring in the eastern states. This has been very successful in ascertaining the wishes of trainees, minimising duplication of interviews and offers, and maintaining the collegiate atmosphere between the thoracic departments at the 3 major teaching hospitals in SA.

We are excited to have a newly created TB Fellow position and availability of a state-wide CF/ Lung Transplant Fellow position, as well as a rapidly evolving interventional pulmonology program, world-class lung research laboratory, internationally recognised Sleep Institute and NIV models to rotate the advanced trainees through. With the move towards state-wide training, exposure to these areas should improve the level of education and training possibilities.

From the SA Respiratory Nurses SIG, led by Mary Young, workshops have been established to provide clear direction for nurses involved in respiratory education, to guide professional development and promote the highest quality and standards of patient care in management of respiratory disease. Previous workshops have attracted delegates from acute and primary care health care across metropolitan and country health sectors. Community representation has included Domiciliary Care, Disability SA, Royal District Nursing Service, Palliative Specialist Care and representation from residential care organisations. The workshop will offer hands-on opportunities for gaining experience with CPAP, NIV, spirometry and tracheostomy care.

We have held a number of educational meetings: our Annual Scientific Meeting was held in July, with a focus on Sleep Medicine. This was once again a successful cross-disciplinary meeting, catering to the interests of medical, scientific and nursing members of the society. There were excellent presentations of clinical and basic research from the Adelaide Institute for Sleep Health (AISH) and the Women's and Children's Hospital, and multidisciplinary surgical/ dental approaches were discussed. The Advanced Trainee interesting case presentations and Young Investigator Awards are annual presentation sessions which provide education to society members and enable junior researchers and advanced trainees to have activity within the society, and these awards were won by Subash Heran and Daniel Stadler respectively in 2009.

We look forward to further TSANZ developments in the year ahead.

**Chien-Li Liew,
Hugh Greville**

South Australian Branch Budget

Activity	Justification	Income	Expenditure
Scientific Meeting & AGM	Educational Scientific Meeting. Funds requested primarily to support venue hire and enable attendance of interstate guest speakers & contribution towards dinner costs	Sponsorship \$2500 TSANZ \$2500 Membership \$1000	\$6,000
Grants	Isolated physician travel grant, to attend one of the SA meetings (2 x \$750.00)	TSANZ \$1500	\$1,500
Advanced Trainee Education	Monthly meetings (12 planned) – support requested for light food/refreshments	TSANZ \$600	\$600
Administrative costs	Mailings, meetings of the local executive	TSANZ \$500	\$500
Young Investigator Award evening	Covered by sponsorship	Sponsorship \$2,500 (includes prize of \$1,500)	\$2,500
Advanced Trainees presentation evening	Fully covered by sponsorship	Sponsorship \$1,500	\$1,500
SA Nurses Group meeting*	Fully covered by sponsorship and delegate fee		
Sub-totals	TSANZ	\$5,100	
	Sponsorship	\$6,500	
	Member payments	\$1,000	
TOTAL		\$12,600	\$12,600

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Tasmanian Branch President's Report

Dr Greg Haug

President

Dr Nick Harkness

Honorary Secretary / Treasurer

The second half of 2009 and the early months of 2010 have been difficult for public respiratory services within Tasmania. There have been two significant departures from the Southern sector in recent months, with no new appointments in the State. In the North, non-respiratory and Outreach clinical workloads stretch the three physicians considerably. There are no specialist respiratory services based in the NW of the State, with Outreach provided from the North. Indeed, clinical and governance responsibilities in the severely under-serviced North-West continue to be a major burden in the State, falling mainly on the North. Sleep services are a particular issue. There is an urgent need for funding and recruitment of additional respiratory and sleep staff in this area, now, and for succession planning over the next few years. Barriers to recruitment remain. Manpower retention is another significant issue.

Despite these hurdles, a successful Branch meeting was again held at the Diamond Island Resort in Bicheno during the October-November long weekend. The invited speaker, Prof Phil Thomson from WA, spoke on the topics of asthma phenotypes and novel targets for anti-inflammatory therapies, highlighting recent advances in investigation. Local researchers gave a variety of presentations on a wide range of topics including asthma, lung cancer, bacterial infections in COPD, and self management. Competition was strong and standards were high, with prizes awarded to Mike Austin and Romy Sukhinder for their presentations of their work. It was again noted that the introduction of the new medical course will most likely impact adversely on the availability of young researchers, although it is hoped that the existing centres will continue to attract interested students and trainees, as in recent years.

RHH is now affiliated with the Victorian registrar training scheme. Training is more problematic in the North. North-South links have been improving in recent years. Priorities for 2010-2011 include improved staffing; streamlining of NW clinics; and further efforts to attract accreditation of 1 year's advanced training in Respiratory Medicine at LGH, so that local trainees might engage in Respiratory Medicine training there and be encouraged through this to return later.

Greg Haug

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Tasmanian Branch Budget

Budget Item	Income (\$)	Expenditure (\$)
AGM Visiting speaker – return airfare (Economy)		800
Accommodation		300
Hire Car		200
Gift		100
Catering and hire of facilities		5,000
Respiratory prize (University of Tasmania)		250
Travel and accommodation assistance		300
Young Investigator Award		1,000
Discretionary funds for mailing and stationary		50
Astra Zeneca AGM sponsorship	2,000	
GSK Young sponsorship	1,600	
Pfizer/Boehringer Sponsorship	1,250	
TOTALS	4,850	8,000
TOTAL BUDGET REQUESTED FOR 2010		3,150

Nicholas Harkness
Honorary Secretary / Treasurer

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Victorian Branch President's Report

A/Prof David Langton	President
Dr Jeremy Goldin	Honorary Secretary
Dr Garun Hamilton	Honorary Treasurer

The Victorian Branch of TSANZ has continued to remain focused on providing continuing education for members, including advanced trainees who once again demonstrated the high quality state-wide training and research at our annual scientific meeting held at Morning Star Estate Mount Eliza in late October. It was a great pleasure to have Dr Kwun Fong as our guest speaker. The Victorian branch committee congratulates all members who presented abstracts with a special mention to our prize winners

- 1) Naomi Atkins - "An outcome study of trans-thoracic needle biopsies"
- 2) Simon Joosten - "Clinical Phenotypes of Mild-Moderate OSA"
- 3) Liam Hannan - "Withdrawal of an interactive computerised community acquired pneumonia clinical guideline led to significant deterioration in antibiotic prescribing compliance"

The quarterly dinner meetings at Mamma Vittoria's restaurant were once again well attended and the quality of presentations exceptional. It was great to see a significant representation from our advanced trainees many of whom not only were involved in presentations but were also active in discussing local branch issues. We look forward to continuing these meetings into 2010 and beyond.

Our combined meetings in 2009 were a great success. We were pleased to have Paul King discuss the pathophysiology and microbiology of bronchiectasis and Monica Slavin provided an update on diagnosis and management of fungal infections at the combined Respiratory and Infectious diseases meeting. It was a great pleasure to have Nick Hill and Peter Cameron debate issues surrounding the use of Non Invasive Ventilation in the acute setting at the combined Respiratory and Emergency Medicine meeting. Many thanks must go to Celia Lanteri and Dan Steinfort for their hard work in organising these meetings.

Financially the Victorian branch is self sustaining. The major expense is the Annual scientific meeting, which continues to be heavily subsidised by the pharmaceutical and device manufacturing industries. This has allowed us to keep registration costs low and have prizes for the scientific presentations. We expect similar sustainability in the coming year.

Advanced training in Respiratory and Sleep Medicine continues to be highly competitive in Victoria. This year we had over 40 applications for only 7 available positions. Once again, Matt Conron did a fantastic job in organising and chairing the centralised interviews. Congratulations to those successful trainees. Respiratory and Sleep Medicine in Victoria certainly has a very healthy future.

On a sombre note, 2009 saw the tragic passing of Prof Rob Pearce. Rob was Director of Respiratory and Sleep Medicine at The Austin Hospital. He was a highly respected clinician, educator, mentor and researcher and is sadly missed.

Jeremy Goldin
Honorary Secretary

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Victorian Branch Budget

Activity	Details	Dates	Justification	Income	Expense
Victorian Branch Annual Scientific Meeting	Target group – both medical and scientific. Expect approximately 60 - 80 members and associate members (includes ANZSRS). Mix of clinical research and basic science presentations. Venue hire, meals - \$7,000 Guest speaker flight and accommodation - \$2000 Miscellaneous expenses - \$500 Prizes for presentations - \$5000 Abstract book - \$500 Committee meeting & dinner with guest speaker - \$400	November	Income has covered meeting costs in the past and is expected to just cover costs again this year, although note that venue cost has increased over the past 2 years. Income is derived from company sponsorship and meetings registration. Will need to review venue next year given concerns over Medicines Australia Code Sponsorship Registration TOTAL	\$14,400 \$2000 \$16,400	\$15,400
Joint ICU/Vic TSANZ meeting	Meeting initiated in 2004 as an evening educational session. Presentations by Respiratory Physicians and Intensive Care Physicians. Approximately 50 attendees.	June	Meal costs Sponsorship Aim to be held at Royal Melbourne Hospital or AMREP.	Nil	Primarily Paid by pharmaceutical company
Joint Oncology & Vic TSANZ meeting	Meeting initiated in 2004 as an evening educational session. Presentations by Respiratory Physicians, Oncologists and +/- Thoracic Surgeons. Approximately 50 attendees	August	Meal costs Sponsorship Aim to be held at Royal Melbourne Hospital or AMREP.	Nil	Primarily Paid by pharmaceutical company
TOTALS				\$16,400	\$15,400

Garun Hamilton
Honorary Treasurer
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Western Australia Branch President's Report

Dr Andrew Wilson	President
Dr Peter Franklin	Honorary Secretary/Treasurer
Dr Lauren Mott	Committee and representing Associate Members
Dr Nigel McArdle	Committee
Dr Ingrid Laing	Committee
A/Prof Eli Gabbay	Past president
Dr Justin Waring	Committee
Dr Graham Zosky	Committee and representing Scientists/Researchers
Ms Chris Nathan	Committee and representing ANZSRS

Over the last year the WA Branch has continued its high level of activity. With the 2011 national ASM in Perth in April, this year promises to be even busier. As well as the WA Branch ASM, there were numerous other regular Branch activities, including the three monthly lung clubs.

The WA Branch ASM was held at the Mandurah Performing Arts Centre, on the 17th and 18th of November. The Associates' Committee again worked very hard to organise, along with the State Branch Committee, a most stimulating meeting. The theme was Clinical Trials, and the national invited speaker was Professor Craig Mellis. Craig was certainly an excellent keynote speaker, and we very much valued his keen participation in the meeting. In addition the strong supporting cast of local invited speakers, including Professor Martyn French, Dr James Williamson and Dr Richard Tarala ensured that a very standard was maintained across all sessions. There was great interest in particular in the presentation from Dr Paul Effler (Communicable Disease Control Directorate, Department of Health) on the recent H1N1 influenza epidemic.

The scientific component of the meeting was particularly strong this year with five excellent young investigator presentations, and many excellent poster presentations, as well as two excellent talks from Dr Kylie Hill and Dr Peter Noble in the "Rising Stars of WA Respiratory Science" session. The Young Investigator Award (YIA) was a very close contest with the prize awarded to Jonathan Williamson. The travel award was received by Clara Foo, and the poster prize by Kelly Shepherd. For the first time the TSANZ distinguished speaker presented at the dinner on the Saturday evening. Sue Morey proved to be an inspired choice of speaker, not the least for her candid series of photos of the consultant staff at Sir Charles Gairdner Hospital. The Janine Panizza Award was also awarded at the dinner to Nola Cecins and Sue Jenkins. Dr Lauren Mott and the Associates' Committee should be congratulated for the brilliant job they performed to bring the meeting together. The WA Branch meeting has played a vital role in the development of respiratory science in WA, the three WA finalists in the 2010 YIA in Brisbane are a testament to this. We look forward very much to the 21st state ASM in Bunbury later this year, and to hosting the national meeting in April 2011.

Andrew Wilson
President

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Western Australian Branch Budget

Activity	Details	Dates	Justification	Income (\$)	Expenditure (\$)
TSANZ (WA) ASM	<p>This is a very well attended meeting (usually >100 delegates + friends) combining science, clinical updates, research themes and interstate guest speakers.</p> <p>Based on 2009 budget we are asking 5000.00 from TSANZ for this meeting. The cost of the meeting, based on 2009, is likely to be about \$23,000, with expected \$18,000 covered by members (\$1500) and sponsorship (\$16,500)</p>	Late Oct	TSANZ money will go to guest speaker travel, TSANZ national president accommodation and registration and will supplement the dinner and conference expenses for all TSANZ members as non-members pay for themselves. Accommodation is paid separately by each delegate. The meeting has over 60 scientists, many of them junior scientists, attend and they have limited income.	<p>1500 from non TSANZ members</p> <p>16,500 from sponsors</p>	Approximately 23,000
Advanced Trainee Presentation	<p>Opportunity for advanced trainees to present at a local level, the research projects that they have been involved in during the year.</p> <p>Well attended with usually over 30 clinicians attending.</p> <p>We are asking for \$500.00 from TSANZ</p>	Late November	<p>See previous.</p> <p>Opportunity for advanced trainees to present their work locally.</p>	<p>500.00 from LIWA</p> <p>1000.00 from pharmaceutical sponsorship</p>	2,000
Lung Club	<p>4 meetings, predominantly for clinicians each involving a presentation from one of the 4 teaching hospitals</p> <p>We are asking for \$500.00 from TSANZ</p>	April, June, August, December	TSANZ pays for venue hire, Meals supplied by sponsorship	Nil	500
Guest Speakers	<p>We have many guest speakers throughout the year, TSANZ frequently co-sponsors speakers with LIWA, ICHR and other groups. In 2007 TSANZ co-sponsored 4 such events.</p> <p>We are asking for \$500.00 from TSANZ</p>	Throughout the year	TSANZ pays for limited nibbles and drinks and/or for room hire.	Nil	500
TOTALS				18,500	26,000

Please note that we are asking for \$6,500.00 from TSANZ

Andrew Wilson
President
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Peter Franklin
Secretary/Treasurer

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Special Interest Groups

Asthma/Allergy

Convenor: **A/Prof Philip Bardin**
Email: philip.bardin@southernhealth.org.au
Co-Convenor: **Dr Janet Rimmer**
Email: jrimmer@optusnet.com.au
Co-Convenor: **Prof John Wilson**
Email: john.wilson@med.monash.edu.au

Cell Biology / Immunology

Convenor: **Dr Janette Burgess**
Email: janette@pharmacol.usyd.edu.au
Co-Convenor: **A/Prof Steven Mutsaers**
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Chronic Obstructive Pulmonary Disease

Convenor: **Dr Ian Yang**
Email: Ian_Yang@health.qld.gov.au
Convenor: **Dr Richard Wood-Baker**
Email: Richard.WoodBaker@utas.edu.au

Cystic Fibrosis

Convenor: **Dr Peter Wark**
Email: peter.wark@hnehealth.nsw.gov.au
Co-Convenor: **Dr Claire Wainwright**
Email: claire_wainwright@health.qld.gov.au

Interventional Pulmonology

Convenor: **Dr David Fielding**
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Co-Convenor: **Dr Martin Phillips**
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Lung Cancer

Convenor: **A/Prof Matthew Peters**
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Co-Convenor: **Dr Jeffrey Bowen**
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Occupational & Environmental Lung Disease/ Population Health

Convenor: **Dr Anthony Johnson**
Email: anthonyj@med.usyd.edu.au

Orphan Lung Disease/Lung Transplant/ Interstitial Lung Disease/Pulmonary Vascular Disease

Convenor: **Dr Margaret Wilsher**
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Co-convenor: **Dr Daniel Chambers**
Email: Dan.Chambers@health.wa.gov.au

Paediatric

Convenor: **A/Prof Graham Hall**
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Co-Convenor: **Dr Sarath Ranganathan**
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Physiotherapy

Co-Convenor: **Mrs Nola Cecins**
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Primary Care

Convenor: **Dr Wai Kuen Chow**
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Respiratory Infectious Diseases

Convenor: **Dr Justin Waring**
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Co-Convenor: **Dr Steven Lindstrom**
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Respiratory Nurses

Convenor: **Mrs Victoria Perry**
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Co-Convenor: **Ms Terrie Adams**
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Rural & Regional

Convenor: **Dr Ross Sellars**
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Sleep and Physiology

Convenor: **Dr Greg King**
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Co-Convenor: **Dr Bruce Thompson**
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Tobacco and Related Substances

Convenor: **Dr Bill Musk**
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Co-Convenor: **Dr Peter Franklin**
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Asthma and Allergy Special Interest Group

Co-Convenors:

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The 2010 TSANZ ASM will showcase several key areas in Asthma and Allergy. The program organised by the Asthma and Allergy SIG will present members with multiple sessions which may be of interest in the field. A summary of relevant sessions will be sent to all registered members of the Asthma and Allergy SIG prior to the meeting.

One highlight is likely to be a *Symposium on Severe Asthma* with three invited speakers: Stephen Holgate from Southampton who has contributed enormously to our understanding in this type of asthma over the last 3 decades; Alan James who has helped our understanding the tissue pathology of severe asthma and Peter Gibson who has worked on phenotyping this group. This promises to be an informative session addressing the needs of a time and resource-consuming group of individuals with asthma.

Over 40 abstracts have been submitted to the Asthma and Allergy SIG section this year. Due to the change in format of poster presentations this year, which is aimed at enhancing the interactive nature of poster presentations, some abstracts were diverted to other SIGs and sessions. Overall there will be one oral session and 2 poster sessions. Feedback from members following this change in format is highly encouraged so that we can continue to try to improve these sessions.

We are also delighted to host a breakfast session supported by the NAC, in which Roland Buhl from Germany will participate. The topic will be: "*Does Asthma progress to chronic airflow limitation (CAL)?*". Prof Buhl will address the adult perspective and Colin Robertson will present a paediatric viewpoint.

The annual Asthma and Allergy SIG business meeting will be held on Sunday 21 March from 1200-1300. All interested persons and members are welcome to attend and contribute to debate around the future direction of the SIG; other possible areas for discussion were raised in the recent TSANZ newsletter. Currently the SIG convenors are most active in arranging ASM activities but the TSANZ executive has indicated that there may be a place for other involvements of SIGs - any views regarding this would be welcome.

Finally, it is with sadness we acknowledge the passing of Stuart Hirst. After moving to Melbourne, Stuart had become involved in the activities of the SIG and was scheduled to join as a co-convenor in 2010/2011.

We continue to enjoy being active in the SIG and look forward to the scheduled meetings and members' input at the forthcoming Business Meeting.

Phil Bardin
Janet Rimmer
John Wilson
Co-Convenors

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Chronic Obstructive Pulmonary Disease Special Interest Group

Co-Convenors:

Dr Ian Yang

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Dr Richard Wood-Baker

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TSANZ COPD SIG encompasses a broad range of research and clinical interests in COPD, with the aim of improving outcomes for our patients. We continue to showcase high quality COPD research at the TSANZ Annual Scientific Meeting, covering a wide range of important areas of COPD research and clinical practice, including pathogenesis, pathophysiology, chronic disease management, pulmonary rehabilitation and acute exacerbations.

Our aim is to enhance national and international networking, to share ideas and improve clinical outcomes for our COPD patients. At the 2009 Annual Scientific Meeting in Darwin, there was strong representation at the COPD oral and poster sessions. The Best Presentation in COPD was awarded to Ms Rosemary Moore, for her presentation “Double-blind, randomised controlled trial of ambulatory oxygen versus air in COPD”. We had the privilege of holding a combined Tobacco Control/COPD oral session featuring presentations on pathophysiology of smoking-related lung disease and smoking cessation. For the 2010 Annual Scientific Meeting in Brisbane, we are pleased to report that there will be 42 presentations in the poster and oral sessions, with an additional 6 presentations in the joint Physiotherapy/COPD oral session. Our special guest speaker is Prof Paul Jones, St George’s Hospital, London, who will speak on “What is mild-moderate COPD and what should we do about it?”

Improving clinical standards through guidelines is a major initiative of the COPD SIG. Our SIG fosters a strong partnership with the Australian Lung Foundation’s COPD Evaluation Committee, pioneered by the COPD SIG and ALF leadership in conceiving the Australian COPDX Clinical Guidelines, and continued currently with representation in the national guideline writing and approval committees.

To leverage on our clinical strengths, we are aiming to nurture a collaborative approach to clinical research in COPD. The Australasian COPD Research Network (ACORN) is formulating ideas for COPD research, and we will seek input from COPD SIG members about feasibility of ideas for multicentre research projects. Members of the COPD SIG are investigators in the BOLD project (Burden of Obstructive Lung Disease) which is collecting data on the prevalence in Australia. Centres in Tasmania (Bass & Denison), Western Australia (Busselton & Kimberley), Melbourne and Sydney are currently enrolling or have completed their target of 600 participants at each.

Ian Yang

Richard Wood-Baker

Co-Convenors

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Cystic Fibrosis Special Interest Group

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Annual Scientific Meeting

The oral presentations and posters at the Annual Scientific Meeting in Melbourne in 2009 were of an excellent standard. There were 18 abstracts presented at the conference with 5 oral presentations and 13 posters. The abstracts can all be accessed through the TSANZ website.

At the business meeting held during the conference a number of issues were discussed including:

1. Measuring adherence to the Australian Cystic Fibrosis Standard of Care Guidelines. John Wilson planned to send a questionnaire to be filled out by the different centres. This has subsequently been done although not all centres have completed the questionnaire.
2. There was agreement that the issue of CF Clinic Reviews would be pursued. There was unanimous support for this endeavour. A letter has been sent to TSANZ asking for endorsement of the planned clinic reviews and the first paediatric and adult CF clinic reviews are planned for May 2010, funded through CF Australia.
3. The National Data Registry was discussed. Clinics were encouraged to complete data entry. For now the Australian Data Registry will not change over to Port CF due to costs involved. CF Australia has suggested that a new international collaborative strategy to develop a Data Warehouse will be used, to enable easy sharing and comparison of datasets internationally across different databases in the future.
4. The issue of dealing particularly with pharmaceutical company trials, varying contracts and costs was raised. There was considerable discussion about management and setting up of clinical trials across Australasia at The CF Centre Director's meeting in Brisbane at the biannual Australasian CF conference. It was decided that the next CF centre director's meeting would concentrate on the potential development of a national clinical trial network coordinating centre.

Claire Wainwright

Peter Wark

Co-Convenors

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Interventional Pulmonology Special Interest Group

Co-Convenors:

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The Interventional Pulmonology (IP) SIG had three hands-on workshops during the course of 2009. These were in Perth, at the state of the art CTEC, St Vincents Hospital Sydney, and Auckland Hospital, New Zealand. Coordinators for these workshops were Dr Martin Phillips, Dr Marshall Plit and Dr Chris Lewis respectively. International visiting guest demonstrators were Dr Felix Herth (Heidelberg) and Dr Nakajima (Chiba, Japan). Subjects covered included endobronchial ultrasound TBNA, EBUS guide sheath biopsy, stents, fluorescence bronchoscopy and NBI. All workshops were fully attended and received excellent feedback from participants. Thank you to all those who participated in providing extra talks and demonstrating, as well as our sponsors.

At the TSANZ meeting in Darwin we had three sessions. One was a combined teaching session on anatomy for bronchoscopists and guidelines for training in bronchoscopic techniques. In relation to the latter, a set of guidelines worked up by TSANZ members was circulated prior to the meeting, then discussed at the meeting. Over 100 members attended this meeting, and there was unanimous agreement among members on the need for such a document and the basic principles outlined in it. This document is now under consideration by the CCR subcommittee.

It is gratifying and exciting to see members adopting the new diagnostic techniques in their clinical practice, in particular there has been a big upswing in EBUS and Medical thoracoscopy uptake by members in the past 12 months.

David Fielding

Martin Phillips

Co-Convenors

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Nurses Special Interest Group

Co-convenors:

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TSANZ Representations

Central Programme Subcommittee - Victoria Perry and Tod Adams

Clinical Care & Resources Subcommittee – Mary Roberts

Education & Research Subcommittee – Tod Adams

Membership

Nurses SIG members continue to actively promote and advance respiratory health care in their specialty including regional strategic planning and national forums, and teaching at undergraduate and postgraduate programs. Our total membership numbers remain low (total 125) with 21 New Zealand members. Recruitment to the SIG is high on our agenda however access to professional development funds is becoming tighter.

Education and Research Subcommittee (ERS)

SIG representative: Tod Adams

The Education & Research Subcommittee (ERS), is the largest of the four standing subcommittees of TSANZ, and has representation from medical, nursing, physiotherapy, scientists, advanced trainees and PHD students in its membership. Nursing is represented by the Co-Conveners of the Nursing SIG. The ASM is a major event for TSANZ members, and the ERS provides advice to the Central Programming Subcommittee. Other undertakings that nursing is involved in with the ERS are the assessment of abstracts prior to the ASM for consideration of travel awards (over 50). This is an onerous, but interesting and rewarding task. In the overall review of all of the awards granted, nursing is very under represented and the Nurses SIG would strongly encourage all nurse researchers to apply for travel grants and fellowships available through the Dust Diseases Board (DDB), Allen and Hanburys, ALF/BI COPD Research Fellowship, Janet Elder International Travel Awards, Ann Woolcock Young Investigators Award (PhD students), as well as those specifically for nurses.

Changes to Research Grant and Awards

There have been some changes made for awards available to the Nurses SIG members:

- There are a number of travel awards available for associate and full members at \$500 each with a salary cap of \$A66,500
- One \$500 oral or poster award
- The Australian Lung Foundation (ALF) Lung Cancer Post-graduate Grant-In-Aid of \$A5000 and Undergraduate Grant-In-Aid of \$A2500 (available to all members including nurses)
- The SIG are currently negotiating with the Chairs of the ERS and TSANZ for a new 'Respiratory Nursing Research Award' to replace the Eli Lilly cancer nursing award which has not been awarded for several years. There has been no progress on this as at January 2010.

Clinical Care and Resource Subcommittee

SIG representative: Mary Roberts

The subcommittee has had another busy albeit frustrating year due to the short turnaround time and minimal number of teleconferences. Nonetheless a number of documents and papers were reviewed to provide a nursing contribution including: the Australasian Society of Infectious Disease's H1N1 guidelines; Anne Chang *et al's* Bronchiectasis Guidelines (TSANZ Position Paper); Rob Pierce *et al's* Respiratory and Sleep Health in Indigenous Australians (TSANZ Report); BTS's Draft Pleural

Guidelines; Helen Ward's UWSD Module on Small Bore Catheters; David Fielding's Guidelines for Training for Bronchoscopic Procedures; and Paed & CF SIG's CF Population Screening.

SIG Symposium Darwin 2009

As there are no Northern territory members, a 'virtual' organising committee organised the Annual Meeting which was attended by over 80 nurses. Interactive and informative sessions of original research and quality activities demonstrated the excellence of nursing leadership and scholarship amongst the delegates and presenters. Guest presenters included: Erik Tikoft Respiratory Nurse Educator, Alice Springs Hospital, who presented original local research '*Chronic Suppurative Lung Disease – A Central Australian Indigenous Perspective*' and Prof Sandra Dunn, Professor in Nursing, Charles Darwin University on '*Implementing NP roles in remote settings*'.

Respiratory Nursing 'Skills and Knowledge Framework'

The New Zealand section of the SIG and the Respiratory Nurses Section of the NZ Nurses Organisation have now completed the national 'Skills and Knowledge Framework' for respiratory nursing. The Australian branch of the SIG plan to utilize the framework and the South Australian Respiratory Standards in developing Australian wide respiratory nursing standards/competencies. An Australian wide working group has been formed to lead this project, Chaired By Tod Adams.

Web page

There has been a frustrating two year delay with the SIG web page. The TSANZ has undertaken to review, and will subsequently rebuild all the forum facilities from the ground up. The proofs have been supported by Jenny Bridge, Administrative Officer, at TSANZ and the website is due to launch soon. We plan to have available for our members relevant documents and articles such as: The New Zealand Respiratory Nursing Knowledge and Skills Framework; published articles by SIG members and other useful websites.

New Co-Convener

Diana Hart (Middlemore Hospital, Auckland) has been elected to take over the New Zealand Co-Convener role in March 2010 when Victoria Perry (MidCentral Health) retires from her 4 year term in April. Tod Adams will continue as the Australian representative for a further two years.

Victoria Perry and Tod Adams

Co-Conveners

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Orphan Lung Disease / Lung Transplantation / Interstitial Lung Disease / Pulmonary Vascular Disease SIG

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This, the newest of the Special Interest Groups (SIGs), is also one of the more popular – 72 members and great attendance at the oral and poster sessions at the TSANZ meetings. The SIG encompasses a diverse range of special interests: interstitial lung disease, lung transplant, pulmonary hypertension and a range of orphan lung diseases. As such we have joined forces with the Australian Lung Foundation Pulmonary Interstitial Vascular Organisational Taskforce (PIVOT) team to develop Australasian Registry Network for Orphan Lung Disease (ARNOLD) (yes we like acronyms in this SIG). The purpose of ARNOLD is to capture basic information in a voluntary patient register that clinicians can refer to for clinical trials and to provide website information for patients, families and the lay public. The ARNOLD website (www.arnold.org.au/whoweare.php) is now active, and becoming populated with information on specific diseases. Once ethical approvals have been secured for both countries, physicians will be able to notify the website of patients with any of the 18 orphan lung diseases.

The SIG has a very active membership with 33 posters and 6 oral presentations at the last TSANZ. Next year we will, for the first time, host the Actelion International Travel Award. This prestigious award, with a grant of \$5000 to support travel to an international conference, will be awarded for the best OLIV oral presentation at the Annual Scientific Meeting.

OLIV is keen to assist physicians in Australia and New Zealand develop professional networks, build research collaborations and support training in areas where expertise is often limited to a small number of clinical experts – a consequence of the rarity of some of the diseases we are interested in. We also look forward to improving the understanding of and the standard of care for patients with rare lung diseases.

Convenors

Margaret Wilsher, Auckland

Dan Chambers, Brisbane

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Paediatrics Special Interest Group

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Annual Scientific Meeting

The Paediatric SIG received 22 abstracts for the 2009 ASM, and ran one oral and one poster session. There was also a very well attended combined session with the Asthma and Allergy SIG on Paediatric Asthma.

In 2010, the SIG received 16 abstracts and we will be running two oral sessions and one poster session. Each of the oral sessions will have an invited speaker based on themed topics.

Other Activities

During 2009, members of the Paediatric SIG were involved in finalising the Paediatric Curriculum for Respiratory Physician Training in conjunction with the Paediatric Respiratory Medical Group. Work is also ongoing on a TSANZ position paper on the management of paediatric empyema and a workshop will be held at the 2010 ASM to finalise this document. Paediatric SIG members also provided input to the TSANZ Executive on a Human Genetics Society of Australasia initiate position paper on population screening for Cystic Fibrosis.

As always, we welcome suggestions on improving the activities of the SIG and in particular how we can strengthen the links with other SIGs in which there are often large overlaps.

Graham Hall

James Martin

Co-Convenors

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Physiotherapy Special Interest Group

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TSANZ Sub-Committees

- Anne Holland is the PTSIG member of the Education and Research subcommittee
- Sue Jenkins has volunteered to be on the Conference Organising Committee for Perth 2011

Darwin 2009 TSANZ Annual Scientific Meeting

- PTSIG members presented a total of 14 poster/oral presentations in the OLIV, CF and COPD sessions.
- Decided at PTSIG business meeting that members would like to continue to present in other SIG sessions to enable PTs to showcase their research and interact with other health professionals with similar areas of interest.
- Physiotherapy Special Interest Group Prize 2009 Winner: Robin Fowler (WA) 'Exercise induced pulmonary arterial hypertension is clinically important' – presented in The Anne Woolcock Young Investigator Award Session
- Best Physiotherapy Poster submitted for overall poster prize: Kate Smith (WA) 'Maximal treadmill and cycle exercise tests in people with COPD'
- COPD Special Interest Group Prize 2009 Winner: Rosemary Moore (PTSIG member) 'Double blind, randomised controlled trial of ambulatory oxygen versus air in COPD'

Pulmonary Rehabilitation Toolkit

- Jenny Alison and other members of the PTSIG have collaborated with the ALF in the establishment of the 'Pulmonary Rehabilitation Toolkit' (web-based guidelines for setting up and conducting pulmonary rehabilitation: www.pulmonaryrehab.com.au).
- In 2009 this website was updated with significant contributions by PTSIG group members.

Nola Cecins

Convenor

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Tobacco Control Special Interest Group

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Annual Scientific Meeting – Darwin

In 2009 we combined our oral session with COPD SIG. This allowed us to offer a broader range of tobacco related presentations. There were four oral presentations for the session as well as an invited speaker. The invited speaker was Dr David Thomas from the Menzies School of Health Research who spoke about “Smoking cessation in aboriginal communities”.

Activities In 2009:

1. TSANZ joined the ‘Protecting Children from Tobacco Coalition’ and is able to provide feedback and support for tobacco control initiatives.
2. Support provided by the TSANZ for legislation in various jurisdictions to ban smoking in cars with children and in public outdoor spaces.
3. Submission to the Maori Affairs Select Committee for the inquiry into the ‘Tobacco industry in Aotearoa and the consequences of tobacco use for Maori’

Bill Musk

Peter Franklin

Co-Convenors

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The Australian Lung Foundation Annual Report 2009

- Our Vision** Alleviation of the impact of lung disease for all in Australia
- Our Mission** To make lung health a priority for all in Australia
- Our Goals**
- Promote lung health
 - Influence public and corporate policy
 - Empower patients, their families and carers
 - Work with clinicians to promote best practice in prevention, diagnosis & management
 - Encourage and facilitate research into lung disease
 - Ensure good governance of The Australian Lung Foundation

National Council

The National Council has met regularly throughout the year either by telephone hook-up or face-to-face. Council members for 2009 are:

Dr Robert Edwards	(Chairman)	Professor Christine Jenkins
Dr Martin Phillips	(Deputy Chairman)	Mr David Macintosh
Mr Jim Mattock	(Treasurer)	Dr James Markos
Professor Peter Frith		A/Professor Matthew Peters
Professor Mark Holmes		Professor Philip Thompson
A/Professor Peter Holmes		Professor John Upham
Mr John Caravousanos		Mr William Darbishire (Secretary)

As you will be aware, Dr Scowcroft passed away during the year after a relatively short time as a Council member. He was a great advocate for patients and is sadly missed.

I have also received the resignation of Jim Mattock from the National Council which will be effective as of the Annual General Meeting scheduled for 19 March 2010. Jim has served for more than 17 years as Treasurer and has been a huge asset to The Australian Lung Foundation. We wish him and his wife, Cristobel, all the best for the future.

Overview of Activity

The Australian Lung Foundation (Lung Foundation) has a number of disease specific programs that are overseen by multi-disciplinary consultative groups of key opinion leaders. A brief overview of the 2009 activities of the various programs is outlined below.

Chronic Obstructive Pulmonary Disease National Program

The COPD National Program, under the leadership of Prof Peter Frith, had another successful year in 2009. The Australian Lung Foundation (Lung Foundation) is extremely fortunate to work with many clinical and patient volunteers whose commitment, energy and creativity have been the driving force in meeting the goals set out in the COPD Strategic Plan.

Guiding the work of the Lung Foundation in relation to Chronic Obstructive Pulmonary Disease are three important committees: The COPD Coordinating Committee, the General Practice Advisory Group and the Australian COPD Patient Taskforce.

The following lists some of the key achievements of the year.

- a) Advocacy – For the first time, Chronic Obstructive Pulmonary Disease will be included in the Department of Health & Ageing's Asthma Management Plan. The Australian Lung Foundation will be working with the Asthma Foundation's of Australia and the National Asthma Council to include COPD messages in clinical training and consumer awareness programs.
- b) Clinical support – Clinical groups worked to update both the Pulmonary Rehabilitation Toolkit and the COPD-X Guidelines. These resources continue to be accessed internationally.

The Australian Lung Foundation also applauds the inclusion of COPD into the Primary Care Collaborative Initiative. We have worked the program to ensure that participating GPs have access to the range of resources that support diagnosis and management of COPD at primary care level.

Lastly, work has been carried out by the University of Adelaide to review the effectiveness of the COPD-X Checklist with focus groups of general practitioners. The feedback will guide us in the redevelopment of this resource for 2010.

- c) New patient resources – Work has been carried out to develop a new Handbook for users of long-term oxygen therapy. Early drafts of this important resource have progressed and it is expected it will be available in April 2010.
- d) Community awareness – The Australian Lung Foundation launched an important initiative in preparation for 2010, The International Year of the Lung. The Lung Health Checklist is a clinically developed checklist to help the public recognise the important, but often ignored symptoms of lung disease. To date, thousands of people have filled out the checklist on line www.lungfoundation.com.au
- e) Lungs in Action – Lungs in Action is a community based exercise program that will support those who have completed pulmonary rehabilitation to maintain the gains achieved at rehab. A pilot program on the Gold Coast and Cairns is now complete and data collected to date is showing early promise of the positive impact this program has on keeping those with COPD well. The Lung Foundation will continue to support Lungs in Action, despite the fact that pilot program funding is now at an end. Our goal will be to collect data for a further 12 months to confirm early positive results.

COPD Evaluation Committee

The COPD Evaluation Committee is overseen by the COPD National Program. The Committee is chaired by Professor Michael Abramson and its primary purpose is to update *The COPD-X Plan: Australian and New Zealand Guidelines for the management of Chronic Obstructive Pulmonary Disease* (COPD-X). The Committee meets quarterly to review and evaluate the latest published evidence in COPD and make recommendations to update the content of COPD-X. The latest version, published in April 2009, is accessible via the Lung Foundation's COPD-X reference site, www.copdx.org.au

Over the course of 2009, approximately 100 papers and 200 abstracts were reviewed by the Committee, with around 40 additional papers cited in COPD-X. The document is well-referenced and now contains over 300 references.

The COPD-X reference site, www.copdx.org.au is well-utilised with an average of 373 visitors per day in 2009 – a 36% increase on 2008. The average number of page views per day in 2009 was 904 – a 69% increase on 2008.

In 2009, the COPD Evaluation Committee began the process of obtaining endorsement of COPD-X from the key respiratory bodies in Australia and New Zealand. To date, endorsement has been received from the Royal Australian College of Physicians and the Asthma and Respiratory Foundation of New Zealand.

Lung Cancer National Program

The Lung Foundation's lung cancer national curriculum had a very productive and successful 2009. The Lung Cancer Consultative Group (LCCG), under the leadership of the Chairman A/Prof Kwun Fong, is a broad based multidisciplinary group, with national representation, assisting the Lung Foundation with the development of lung cancer-related projects. LCCG meets quarterly and; in consultation with consumers, is determined to reduce the impact of lung cancer.

The National Lung Cancer Program has grown significantly during 2009 which has assisted in raising the profile and awareness of this unforgiving disease that has such a major impact on Australian lives. LCCG goals for 2010 are to enhance our lung cancer educational program/resources and develop broader community activities.

a) *Strategic Plan 2009 - 2011*

The LCCG held a planning session in August 2008 and developed a strategic work plan for 2009 – 2011. Five major focus areas will guide and inform the framework for future lung cancer projects – they are: Clinical (awareness, support, education); Community (awareness, Support); Governance and funding; Research and Advocacy.

b) *IASLC – 2013 World Conference on Lung Cancer*

A successful Australian bid was submitted by LCCG to host the 15th World Conference on Lung Cancer 2013 in Sydney. It is anticipated that this event will attract more than 7,500 delegates from around the world. Activities are underway in preparation to host this event including a launch/invite at the 14th WCLC 2011 in Amsterdam. William Darbishire and Glenda Colburn attended the 13th WCLC in San Francisco this year in July to assist in the planning for the 15th WCLC in Australia.

c) *Australian Lung Cancer Conference*

The third Australian Lung Cancer Conference (ALCC) will be held at the Sofitel on Collins in Melbourne from 7 – 9 October 2010 with the nurses satellite workshop being held on Wednesday 6 October. International speakers will include Dr's David Gandara and Fred Hirsch from the US with other keynote speakers still being confirmed. This conference will attract more than 300 delegates. Up-to-date conference details are available at www.alcc.net.au. Abstract submission opens 1 February 2010. Registrations will open 1 March 2010 – early registration will avoid disappointment as each discipline will be capped to ensure multidisciplinary attendance.

d) *New Patient resources*

- introductory information brochure on Lung Cancer;
- in collaboration with the Peter MacCallum Cancer Institute, information DVD for patients *Lung Cancer: Understanding, Management & Living*

Kylie Johnston Lung Cancer Network

The KJLCN had a very productive year in 2009 with a major focus on fundraising activities to help employ an internal Lung Care Nurse on the 1800 number to provide medical information and support (including telephone support groups) to our patients, carers and family members.

Several new patient resources were developed and launched in Lung Health Awareness Month, including a second edition of *Lungevity* Stories (inspirational stories from lung cancer patients carers and family members). To complement the printed stories, four patient video stories were developed and have been uploaded on www.kjlcn.org.au and YouTube. In partnership with The Peter MacCallum Cancer Centre, a new lung cancer patient support DVD was developed specifically for newly diagnosed patients. This DVD will soon be uploaded on www.kjlcn.org.au.

Australasian Lung cancer Trials Group

The 2009 Australasian Lung cancer Trials Group's (ALTG) activities once again increased at a rapid rate. The Group met several times during the year under the successful leadership of Prof Michael Millward.

A successful application resulted in the ALTG being funded by Cancer Australia under their "Support for Cancer Clinical Trials Program" (January 2008 to June 2010) to provide administration and trial management support towards developing new and existing trial concepts.

Two ALTG trials were activated in 2009 with another two ALTG trials opened for patient recruitment in early 2009. Other trial concepts that were approved by the ALTG this year have initiated protocol development, feasibility surveys and submitting applications for funding.

To assist the ALTG, a Clinical Research Fellow, based at the NHMRC Clinical Trials Centre in Sydney, was employed to continue with the development of trial protocols and other trial activities.

In 2009, the ALTG had a membership of 180 financial members which is rapidly expanding due to the interest in reducing the incidence, morbidity and mortality of lung cancer.

Pulmonary Interstitial Vascular Organisational Taskforce

The Pulmonary Interstitial Vascular Organisational Taskforce (PIVOT) met quarterly in 2009 under the continuing leadership of Dr Ian Glaspole. Membership of the Group expanded with two new members joining - Dr Nicole Goh from Melbourne and Dr Chris Zappala from Brisbane. Past Chair, A/Prof Eli Gabbay resigned from PIVOT late in the year and the Group thanks him sincerely for his past endeavours.

The Australasian Registry Network for Orphan Lung Disease (ARNOLD), which is being developed jointly by The Australian Lung Foundation and the TSANZ, made good progress in 2009. ARNOLD now has its own logo and website, www.arnold.org.au which includes patient information on the various orphan lung diseases and an online patient forum. Data collection has begun in Australia, and this will ultimately provide statistical information relating to the incidence and prevalence of orphan lung disease in Australasia. A poster outlining the aims of ARNOLD was presented at the 2009 TSANZ Annual Scientific Meeting.

During 2009, PIVOT developed an *Idiopathic Pulmonary Fibrosis* patient education brochure and revised the existing *Sarcoidosis* brochure

PIVOT successfully raised the profile of disease areas, such as pulmonary fibrosis and pulmonary hypertension, in the media in 2009. This occurred largely as a result of the Lung Foundation's Lung Health Awareness Month campaign, which saw the launch of the Lung Health Checklist.

The first steps have been taken towards development of a formal collaboration with Pulmonary Hypertension NSW. PIVOT is open to building working relationships with other organisations which have an interest in interstitial and orphan lung diseases.

LungNet Information and Support Centre

The LungNet Information and Support Centre (the Centre) continues to be a vital first point of contact for the Lung Foundation. The Centre provides information and support to patients recently diagnosed with a lung condition and/or their families and carers, as well as resources for health professionals.

a) *Enquiries*

The Centre can be contacted via a free-call number (1800 654 301) or email (enquiries@lungfoundation.com.au).

b) *Enquiry Statistics*

The number of enquiries received by the Centre again increased substantially in 2009. Enquiries numbered approximately 5500, which compares with 4493 in 2008; 3260 in 2007; and 2931 in 2006. During November, which saw the launch of the Lung Foundation's Lung

Health Checklist as part of Lung Health Awareness Month, the Centre managed its largest ever number of monthly enquiries – around 900.

c) *Newsletter*

LungNet News is an important means for the Lung Foundation to communicate regularly with patients, health professionals and other individuals interested in lung health. Published quarterly, the newsletter provides articles on lung health and information about the Lung Foundation's projects and initiatives. The newsletter is currently mailed to approximately 13,500 households in Australia, with a total mailing circulation of over 15,000. The number of people receiving *LungNet News* continued to increase substantially during each quarter of 2009. The newsletter is also accessible via the Lung Foundation website, www.lungfoundation.com.au

d) *LungNet Patient Support Group Network*

Self-help patient support groups, active in all States and Territories, are an important means for patients to gain mutual support and ongoing education about their condition. Whilst the majority of groups have face-to-face meetings, support is also available online or by telephone. The current number of Groups in Australia is 112. Regular contact is made with Group Leaders by means of a Group Leaders Update sent out twice a year.

e) *LungNet Education Days*

LungNet Education Days take place in all States and provide an opportunity for patients to listen to experts in the field of respiratory medicine and allied health, as well as enabling members of the patient support groups to interact with one another. Attendances increased across all States in 2009, but the increase was particularly noticeable in NSW.

f) *Pulmonary Rehabilitation Programs*

The Centre maintains a list of over 250 pulmonary rehabilitation programs across Australia and details are passed to patients on request. Contact was made with all programs during 2009 to ensure contact details were accurate.

g) *Volunteers*

A group of 11 volunteers assists with the newsletter mail-outs, with one additional volunteer an essential member of the Centre team.

Cough in Children and Adults: Diagnosis and Assessment

In 2009, the Cough in Children and Adults: Diagnosis and Assessment Consultative Group (CICADA) worked on developing Australian Cough Guidelines. On completion, these guidelines will be released in 2010. The CICADA group is funded by the Lung Foundation.

Awards

The Thoracic Society of Australian and New Zealand's (TSANZ) Education and Research Standing Sub-Committee met in early December to review the 2009 award applications for the Lung Foundation's research awards and Grants in Aid. The successful applicants will be announced at the TSANZ Annual Scientific Meeting in March 2010.

Membership

Membership continues to grow demonstrated by a 152% increase in membership numbers and a 70% increase in membership income, reflecting an interest in and support of the Lung Foundation. Of particular interest has been the increase in Health Professional memberships by 44% from the 2008 membership level. Our membership year has changed from April-March to January-December, reflecting our financial year.

Thoracic Society members are encouraged to consider membership of the Lung Foundation, which provides the opportunity to voice your support of the only Australian charity dedicated to supporting all in Australia with a lung disease. Health Professionals memberships are entitled to a concession on their 2010 ALCC in Melbourne.

Lung Health Awareness Month

An initiative of the Lung Foundation, Lung Health Awareness Month in November was underpinned by a media campaign based on lung health and promotion of the Lung Health Check List, a clinically developed checklist to promote early diagnosis of lung disease with the theme '*Catch lung disease before it catches up with you*'. The launch of the Lung Health Check List generated coverage of more than 200 pieces in all media across Australia. The Lung Health Check List will be the basis of all media campaigns in 2010, including those associated with the 2010: The Year of the Lung.

Fundraising / Donations

A number of successful fundraising events were held in a variety of locations around Australia. Many of them were centred around Lung Health Awareness Month and included a Gala Lunch for Lung Cancer (Brisbane), Picnic Lunch for Lung Cancer (Sydney), Lunch for Lung Cancer (national), Triumph for Breath (national) and the Corporate RiverRun (Brisbane) to name a few. In this difficult economic period, donations to the Lung Foundation increased by 11% - a magnificent effort.

Financial Performance

Despite challenging times experienced by the Australian economy during the last 12-18 months, The Australian Lung Foundation is forecasting a 35% increase in total Operating Income, due mainly to a large bequest received during the year and increases in revenue from fundraising activities, advertising and membership. These increases are offset by a decrease in investment revenue due to the global financial difficulties.

There have also been savings in the areas of communications, staff recruitment and premises expenses as a result of the relocation to our new office in Bowen Hills. The contribution of revenue sourced from the delivery of Projects during 2009 is forecast to increase by 25% above the 2008 result.

Overall, a financial surplus is forecast for The Australian Lung Foundation from the 2009 year.

Recognising the Volunteers

I have once again been delighted by the incredible input into all aspects of The Australian Lung Foundation activities by our volunteers. There has been a large increase in the workload for our volunteers in 2009 and I am happy to say they have risen to the challenge!

Reflection

The staff at the National Office of The Australian Lung Foundation is an enthusiastic and dedicated team ... passionate about achieving outcomes for patients, families and carers burdened by lung disease. As a National Council, we are very appreciative of the substantial achievements attained in all the areas that they touch.

An appreciative vote of thanks is extended to those who have supported the Lung Foundation through membership – either as a General Member or Health Professional Member.

The Australian Lung Foundation continues to enjoy unselfish and untiring support from a growing number of TSANZ members in the progression of its projects, consultative groups and programs. On behalf of The Australian Lung Foundation National Council, I thank all these people for their support in 2009 and trust that they and other TSANZ Members will find the time and desire to support the Lung Foundation in 2010 as we venture into new initiatives.



Robert Edwards
National Chairman

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National Asthma Council Annual Report 2008-2009

Our new look

We launched a brand new logo in May 2009 to take the National Asthma Council Australia forward well into the next decade.

This is only the third image upgrade for the NAC since it was established 21 years ago, originally as the National Asthma Campaign.

The new logo uses two blue tones to emphasise the name of the organisation, reinforcing our role as Australia's national peak asthma body, and it continues to feature a stylised cloud graphic to convey the important concept of breathing fresh air.

Our new look provides a clean, modern image for the NAC that works equally well on traditional mediums, such as printed brochures, and with the latest electronic and online formats.

Many of our resources have already been updated to feature the new logo, including the revamped website which was launched in April 2009. Other popular publications, such as the *Asthma Management Handbook*, will be re-branded when a reprint is necessitated.

Financial Position

The National Asthma Council Australia concluded the 2008-9 financial year in a healthy position with an operational profit of \$399,955 compared to \$149,548 for the previous financial year.

NAC online: www.NationalAsthma.org.au

Reliable, evidence-based information about asthma management is available from the NAC website for health professionals and people with asthma. Constantly improving web technologies enable easy access to our extensive range of resources, including information papers, practice tools and instructional videos.

Over the past year the NAC website had more than 200,000 unique visitors, an improvement of 7% over the previous year. Many people visited the site regularly, bringing overall visits to nearly 650,000. The true number of users will be even higher as this figure does not include multiple people accessing our website from the one IP address, eg through a university library.

More than 2 million pages were shown for the year with the number of pages accessed increasing by 30% over the previous year, indicating that while the overall visits stabilised, each visitor accessed a significantly greater amount of material.

The *Asthma Management Handbook 2006* regained its position as our leading online resource from *Spirometry: The Measurement and Interpretation of Ventilatory Function in Clinical Practice*. Together these publications represent one out of every seven pages accessed. In addition, almost 130,000 PDFs were downloaded from the website at an increase of 12% over last year.

Search engines are responsible for delivering up to half of our visitors. The NAC website features strongly in Google with more than 160,000 referrals for the year. Our pages are listed swiftly in all the major search engines, with the inhaler device information paper and instructional videos appearing in Google within a few hours of online launch. Since the launch in November 2008, there have been nearly 7,000 viewings of the videos that demonstrate correct use of the five main types of asthma and COPD inhaler devices.

Written asthma action plans are one of the most effective asthma interventions available. Our library of asthma action plan templates and supporting evidence page has rapidly become key resources on the NAC website. In the past three years, access to this area has quadrupled to reach almost 38,000 views in 2008/09.

Other areas of our website also enjoyed substantial growth, including the Newsletter and First Aid for Asthma pages, while access to the Media pages doubled.

In April 2009, the NAC website underwent a facelift as part of a ‘behind the scenes’ upgrade to a new content management system. We simplified some of the website menus and information structure, while maintaining the look and feel of the website. These changes have already made a positive impact on web performance and we look forward to even greater improvements in future as we exploit the new system’s capabilities.

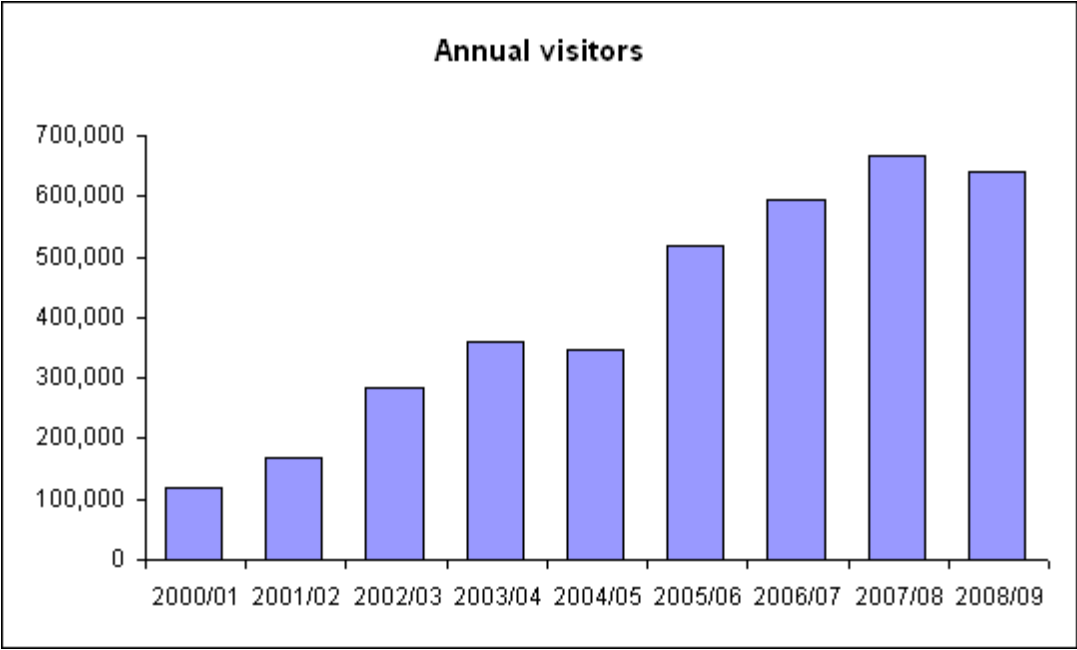
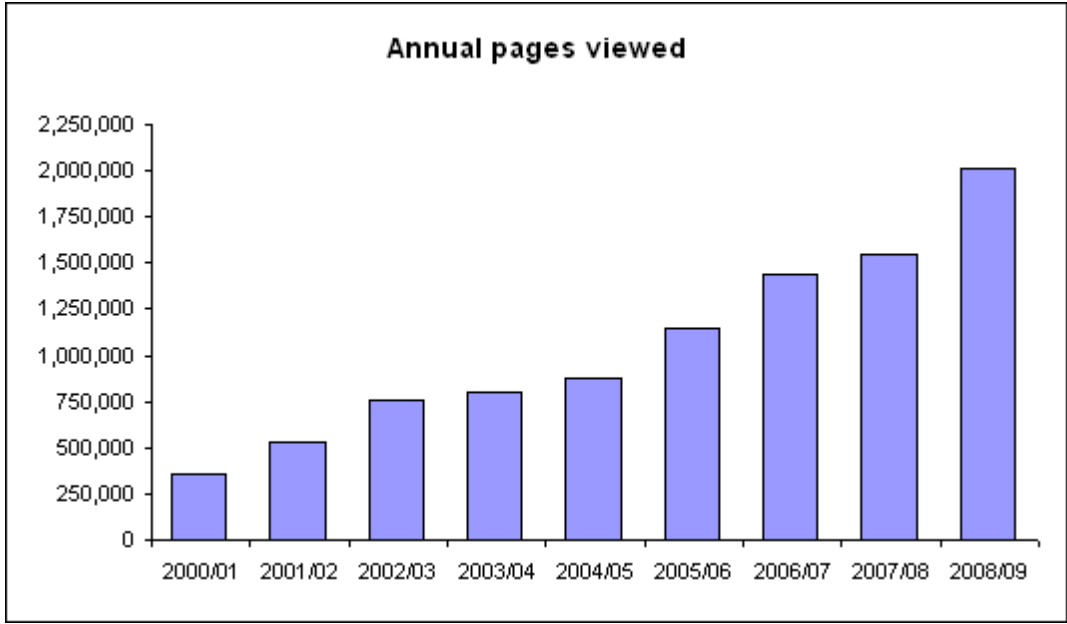


Figure 2



Media Relations

The National Asthma Council Australia continues to be the first port of call for consumer and health industry media seeking input on all asthma-related angles.

The 2008/09 financial year saw our expert bank of media spokespeople kept busy providing commentary on a wide range of high profile, topical news stories – from air quality in Beijing and the impact it could have on the Australian Olympic team, to practical advice on coping with bushfire smoke.

We also took the lead in raising awareness of the heightened risks associated with swine flu for people with asthma.

Extensive national exposure was achieved for a number of NAC driven initiatives, such as the launch of the new Kids With Asthma website, release of the updated asthma death toll statistics and both World Asthma Day in May and National Asthma Week in September.

We also worked closely with a number of partner organisations during the year to add context and credibility to third party story angles as well as spokespeople for media interviews including many high profile appearances on prime time metropolitan radio and television news services.

A total of 22 proactive media releases were issued during the year by our public relations consultancy, Ward Communications. Our media partnership approach and proactive media relations program will continue to be a priority promotional vehicle for the NAC during 2009/10.

GP and Allied Health Professional Asthma Education Program

Our GP and Allied Health Professional Asthma Education Program (GPAHPAEP) provides education and training for health professionals managing asthma. It is part of the Australian Government's Asthma Management Program 2006–2009 and is funded by the Department of Health and Ageing.

We are conducting three main activities under GPAHPAEP: the ongoing A-Team® Asthma Education Program, a national spirometry training course and a series of satellite broadcast programs. A new seminar for practice nurses is also being piloted.

Development and delivery of these important educational activities would not be possible without the tireless efforts of the dedicated health professionals involved. We are in their debt.

GPAHPAEP was originally scheduled to finish at the end of June 2009. However, we are delighted to have been granted extra funds to extend the program until end October 2009.

A-Team® Asthma Education Program

As the cornerstone of GPAHPAEP, the NAC's A-Team® Asthma Education Program has continued to deliver up-to-date asthma education workshops with General Practice Networks and Divisions across Australia. The workshops are open to all health professionals managing asthma, including GPs, practice nurses, pharmacists and Indigenous health workers.

More than 30 workshops were held in 2008/09, reaching more than 650 health professionals. Highlights include a series of workshops held at Thursday Island and nearby Bamaga on the mainland. Practice nurses and Indigenous health workers converged from remote islands throughout the Torres Strait to learn about asthma management in a region with little or no GP availability.

We have now comfortably met our revised contractual commitment of 97 workshops held over the 3-year period with more than 50% in rural or remote areas.

Workshop evaluations from participants, presenters and host divisions continue to be very positive. The evaluator's initial analysis of 80 workshops held over 2006–2009 includes:

- 96% of participants reported increased knowledge of evidence-based best practice in asthma care
- 94% of participants reported increased practical skills to support the application of evidence-based best practice in asthma care
- 96% of participants reported their asthma practices will improve on returning to the workplace as a result of participating in the workshop

Follow-up telephone interviews were conducted with self-nominated participants 6 months after their workshop. According to the evaluator, data from these interviews “show significant retention of knowledge and skills by the workshop participants.”

Overall, the evaluator states, “These results demonstrate that the A-Team workshops have a lasting impact on participants in terms of knowledge retention, confidence in practising skills and effecting practice change in the key areas associated with the Asthma Cycle of Care [best-practice asthma management].”

National spirometry training course

Following the model of our A-Team program, the Spirometry Training Course is available to GPs and practice nurses across Australia through GP Networks/Divisions.

Run as a 6-hour interactive workshop, the course is designed to provide participants with comprehensive training in the application, measurement and interpretation of expiratory spirometry. Highly experienced respiratory scientists and clinicians present the course, with a maximum ratio of participants to educators of 5:1 during the practical components.

The course is an RACGP Category 1 CPD activity and an ANZSRS accredited spirometry training course for GPs. Practice nurses can also attend.

Almost 60 workshops were held in 2008/09, training more than 800 GPs and practice nurses around Australia. Highlights include workshops held in Katherine and Alice Springs following the TSANZ annual scientific meeting in Darwin. As part of the Northern Territory road trip, the presenters also held A-Team workshops in Katherine and nearby Wurlu Wurlinjang Aboriginal Health Service.

We have comfortably met our revised contractual commitment of 61 workshops held over the 3-year period with more than 50% held in rural or remote areas.

Practice nurse seminar pilot

Following feedback from attendees at the A-Team workshops, a pilot Asthma Update Seminar specifically for practice nurses was developed in early 2009. Nine pilot seminars (at least one in each State/Territory) are being held during the year through extra funding from the Department of Health and Ageing.

Roll-out and evaluation of the pilot seminars is still in progress. However, preliminary analysis indicates that this new activity is clearly fulfilling an unmet need. There are currently 30 GP networks/divisions on the waiting list for a seminar, and feedback from the pilots held so far has been extremely positive.

Satellite broadcast programs

The NAC developed four satellite broadcast programs with the Rural Health Education Foundation (RHEF) under GPAHPAEP. The target audience for the broadcasts are rural and remote GPs, pharmacists, practice nurses, asthma educators and Aboriginal health workers. RHEF estimates each program reached up to 5,000 health professionals through the initial satellite broadcast and subsequent viewing on the RHEF website. Two programs were broadcast in 2008/09.

Breathlessness in the older adult: Is it asthma? was broadcast on 9 September 2008. The program covered the differential diagnosis and management of asthma in older adults with breathlessness, with interrelated discussion of COPD.

- The program was a facilitated expert panel discussion chaired by Dr Norman Swan, ABC Radio National health reporter. The panellists were:
- Assoc. Prof. Christine McDonald, adult respiratory physician, Melbourne
- Dr Gary Kilov, general practitioner, Melbourne
- Ms Toni Riley, community pharmacist, Bendigo
- Ms Vanessa McDonald, respiratory clinical nurse consultant, Newcastle

Our final program, *A is for Asthma: Managing asthma in primary school kids*, was broadcast on 27 January 2009. The program covered the latest in best-practice asthma management for children aged 4–12 years.

- The program was again a facilitated expert panel discussion chaired by Dr Norman Swan, ABC Radio National health reporter. The panellists were:
- A/Prof Adam Jaffé, paediatric respiratory physician
- Dr Kerry Hancock, general practitioner and Chair, NAC GP Asthma Group
- Ms Toni Riley, community pharmacist and member, NAC Pharmacists Asthma Group
- Ms Tracey Marshall, clinical nurse consultant (paediatric asthma)
- Mr Tony Healy, national coordinator, Asthma Friendly Schools

Discussion centred on accurate diagnosis and assessment, recommended indications and treatment regimens for medications, optimum review periods and medication adjustment, and appropriate self-management strategies.

According to RHEF, the outcomes from both programs were excellent. The viewer responses suggest that the level of interest and the quality of the programs were extremely high.

Education resources

GP Review

We continued to explore asthma issues in depth with our regular expert contributions to *GP Review*, a bimonthly magazine published by the RACGP for its members. Each article focuses on a hot topic for GPs managing asthma and is written by an expert in the relevant area, with themes chosen to coincide with topical issues or NAC activities.

All articles from March 2007 onwards are now available on the NAC website as well, so more health professionals can keep up to date with the latest asthma issues.

- Our thanks go to the authors of articles published in 2008/09, which were:
- *More than just old age*: Asthma in older adults presents challenges in diagnosis, treatment and self management – Dr Steven Rudolph, Member, NAC GP Asthma Group
- *Asthma education comes to you*: The NAC is taking two of its most popular general practice education programs to GPs around the country – Siobhan Brophy, NAC Communications Manager
- *Wheeze, sneeze and disease*: After 100 years of research into sneezing in spring, is there anything new to report? – A/Prof Ian Charlton, Member, NAC GP Asthma Group
- *Preventing puffer problems*: Improving patient inhaler technique improves health outcomes – Siobhan Brophy, NAC Communications Manager
- *Fighting the flu season*: Colds and flu can be serious for children with asthma – Dr Kerry Hancock, Chair, NAC GP Asthma Group
-

Inhaler education campaign for veterans

A national education campaign: “Prevent Puffer Problems”, was launched in November 2008 by the Minister for Veterans’ Affairs, the Hon. Alan Griffin, to help improve older Australians’ inhaler technique.

The Department of Veterans’ Affairs collaborated with the NAC and the Pharmaceutical Society of Australia to develop a range of easy to understand resources designed to improve inhaler use. Other campaign partners included the Pharmacy Guild of Australia, The Australian Lung Foundation and the Australian General Practice Network.

Our two key education resources were an information paper for health professionals and a series of short instructional videos for patients. Both are published on the NAC website.

Inhaler device information paper

The information paper for health professionals focuses on the prevalence of poor inhaler technique, improvements in health outcomes seen with improved inhaler technique and ways to implement and maintain correct technique. It also features the common errors for each inhaler type and how they can be prevented.

A medical writer, Ms Jenni Harman of Meducation, prepared the information paper under the guidance of an ad hoc expert panel. The panellists were:

- A/Prof Helen Reddel, respiratory physician
- Dr Gary Kilov, general practitioner and NAC A-Team member
- Dr Iman Bsheti, research pharmacist
- Dr Jenny Gowan, consultant pharmacist
- Ms Naomi Fenton, asthma educator and NAC A-Team member

Inhaler device instructional videos

A series of short web-based videos were developed to demonstrate correct device use with the five main types of asthma and COPD inhaler in the Australian market. Each separate 2 minute video shows the correct technique for one inhaler: standard MDI with and without spacer, Accuhaler, Turbuhaler, Autohaler and Handihaler.

Each video shows an expert asthma educator, Judi Wicking, explaining and demonstrating the technique to a patient, an older man or older woman, who then uses the inhaler correctly. The videos include subtitles to aid comprehension and reinforce the key points.

Supporting text on the website features the common errors for each inhaler type and tips on how they can be prevented, adapted from the information paper.

The videos have rapidly become one of the most popular resources on the NAC website, with more than 3000 views each month.

Kids with Asthma website

We launched a new interactive, kid-friendly website – www.kidswithasthma.com.au – in March 2009 to give kids with asthma, and their parents, clear and reliable information on all things asthma-related, including basic facts, diagnosis, medications and management.

Specifically designed to be fun and informative, the site uses simple facts and an interactive asthma-themed Game Zone to appeal to younger patients, backing up the messages with more detailed information on key topics for parents.

Seasonal information is posted on the site quarterly to ensure it remains relevant and up to date. Detailed clinical information on each of the seasonal topics is also available to health professionals via an email update written by an appropriate asthma expert.

The Kids With Asthma website content was developed with Prof Peter van Asperen, paediatric respiratory physician, and with feedback from other experts including A/ Prof Chris Hogan, GP; Ms Maree Brown, paediatric asthma educator; Ms Luisa Hogan, community pharmacist; Mr Garry Irving, Asthma Foundations' representative; and Ms Lorraine Murton, a parent of a child with asthma.

It was developed with the support of an unrestricted educational grant from Merck, Sharp and Dohme. The NAC retained editorial control.

Dairy and asthma factsheet update

One of the most accessed consumer resources on our website was updated in April 2009. The factsheet 'Good health tips: Dairy and asthma', which is published by Dairy Australia, was revised by the NAC in consultation with Dr Victoria Smith, NAC GP Asthma Group member.

The 'milk myth' – the notion that milk makes mucous or that dairy triggers asthma – has now been debunked by several studies. Yet this misconception is widespread, and has led to some people with asthma (or their carers) limiting dairy intake, which can have significant health and nutrition consequences. Most people with asthma can regularly include dairy in their diet, unless an allergy to cow's milk is proven.

The updated fact sheet is available on the NAC website and through Dairy Australia.

Conferences

Australian Asthma Conference 2008

The biennial Australian Asthma Conference ‘Advancing Asthma Where?’ was held in October 2008 in Sydney, hosted by the Asthma Foundation NSW. Ms Kristine Whorlow, NAC CEO, represented the NAC on the Conference Program Committee.

Ms Judi Wicking, A-Team® project manager, presented an abstract titled ‘The A-Team®: A national asthma education program’ at the conference. Her presentation highlighted the innovative format and successful outcomes of our A-Team® asthma education program.

GPCE Melbourne 2008 and Sydney 2009

The NAC is a long-standing contributor to the education program of the General Practitioner Conference and Exhibition (GPCE) held each year in Melbourne and Sydney.

Our seminar ‘Asthma and Allergy: practical strategies for related conditions’ was one of the most popular sessions at GPCE Melbourne in November 2008. The 1-hour seminar was hosted by the NAC with support from Schering Plough.

A/Prof Jo Douglass, leading allergist and respiratory physician, presented a dynamic session covering differential diagnosis and practical strategies for management of concurrent asthma and allergy, using a series of intriguing case studies to illustrate the key points.

Our seminar at GPCE Sydney in May 2009 considered similar issues but from a paediatric perspective. The 1 hour seminar, ‘Paediatric asthma and allergic rhinitis’, was also presented with support from Schering-Plough.

Dr Simon Young, GP, presented the interactive seminar covering the latest in immunotherapy and prevention, as well as differential diagnosis and practical management for children with concurrent asthma and allergic rhinitis. It was very well received by the 60–70 GPs in attendance.

TSANZ Annual Scientific Meeting 2009

A/Prof Phil Bardin presented the NAC breakfast session at the TSANZ Annual Scientific Meeting in April 2009. Titled ‘Asthma behaving badly’, the presentation covered the latest in managing difficult-to-treat asthma.

Asthma Research Awards

The NAC funds annual awards to encourage research into asthma. Offered via our individual member bodies, the awards focus on asthma research presented at each organisation’s annual/biennial scientific meeting or conference.

Ms Georgina Paterson, from the Women’s and Children’s Hospital, Adelaide won the 2008 AFA and NAC Asthma Research Award for her presentation, ‘Empowering parents and carers of asthmatic children with the use of IT and digital media through a collaborative model of care’.

Ms Kate Campbell from the Woolcock Institute of Medical Research, Sydney, won the 2008 ASCIA and NAC Asthma Research Award for her presentation, ‘Local and systemic effects of multiple nasal allergen challenges with dust mite extract’.

Dr Douglas Cowan from University of Otago, Dunedin, won the 2009 TSANZ and NAC Asthma Prize for his presentation, ‘Steroid responsiveness in relation to histological phenotype in asthma’.

International activities

GP Asia Pacific Respiratory Board

The GP Asia-Pacific Respiratory Board (GPAPRB) consists of GPs / primary care physicians from 10 countries in the Asia-Pacific region, including A/Prof Ron Tomlins, Chair, who represents Australia. GPAPRB was established by the NAC in early 2008 and has met quarterly since then with support from GlaxoSmithKline (GSK) Asia-Pacific.

Members are working to develop the role of the GP or GP equivalent in Asia Pacific and to improve the management of asthma and related respiratory conditions like allergic rhinitis and COPD.

GPAPRB has spent substantial time discussing resources available to GPs in Asia-Pacific countries and the general needs of GPs. The time limits of typical consultations creates difficulties and work is underway on a number of practical resources designed to suit Asia-Pacific GPs.

CFC-free transition awareness package

Following a request from the United Nations Environment Programme (UNEP), we developed an awareness package on the transition to CFC-free inhalers in developing countries. Our CEO is an Australian Government nominee to the UNEP Medical Technical Options Committee, which focuses on the phase-out of CFC-containing inhalers.

This Awareness Package aims to assist National Ozone Units (NOUs) in developing countries to develop materials to ensure the seamless transition to CFC-free inhalers in each country.

The Awareness Package consists of:

- Information statement for health professionals: *Prescribing CFC-free lung medicines*
- Consumer brochure for patients: *Using CFC-free lung medicines*
- PowerPoint presentation for health industry: *CFCs in inhalers for asthma and COPD*
- Draft communiqués for specific groups, such as national or regional authorities, stakeholder groups, media outlets and the general public

The Awareness Package was launched on 18 July 2009 at the Twenty-ninth meeting of the Open-ended Working Group (OEWG-29) of the Parties to the Montreal Protocol on Substances that Deplete the Ozone Layer. The meeting was held in Geneva, Switzerland, and over 450 delegates attended, representing governments, UN agencies, non-governmental organizations, and industry interests.

The resources in the Awareness Package were developed with the expectation that National Ozone Units, in cooperation with health sector stakeholders, will be able to adapt, translate and distribute them within their country.

Copies of the Awareness Package will be distributed to the five manufacturing countries in Asia and the Pacific region: Bangladesh, China, India, Iran and Pakistan. The Awareness Package will also be distributed to 38 individual NOUs in Asia and the Pacific region, and to regional networks of NOUs throughout the rest of the world.



Peter Wark
Director
TSANZ Representative to the NAC Board

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New Members

NAME	BRANCH
Ordinary Members	
Juliet FOSTER	NSW / ACT
Srinivasa Reddy GANGIREDDY	NSW / ACT
Qi GE	NSW / ACT
Ling Ling TSAI	NSW / ACT
Markus WECKERMANN	NSW / ACT
Ben BROCKWAY	NZ
Rhian Sarah FINN	NZ
Lucy BURR	QLD
Annette DENT	QLD
Toni FORD	QLD
Trevor KNIGHT	QLD
Annette MULLEN	QLD
Vandana RELAN	QLD
Janet SHAW	QLD
Tanya BUCKLAND	SA / NT
Violet MUKARO	SA / NT
Karla METTRICK	TAS
Michael CLARENCE	VIC
Bircan ERBAS	VIC
Joanne HARRISON	VIC
Saleela RUWANPURA	VIC
Moya VANDELEUR	VIC
Bahareh BADRIAN	WA
Siobhain MULRENNAN	WA
Associate Members	
Alvin TUNG	HONG KONG
Allistair ABBOTT	NSW / ACT
Saidul ANSARY	NSW / ACT
Adrian CHAZAN	NSW / ACT
Sandra CHUANG	NSW / ACT
Nicholas COATSWORTH	NSW / ACT
Don GARRICK	NSW / ACT
Angela HENRY	NSW / ACT
Clinton JARMAN	NSW / ACT
Robyn KNIGHT	NSW / ACT
Videshinie MALIYASENA	NSW / ACT
Erica MEGGITT	NSW / ACT
Gaurie PALNITKAR	NSW / ACT
Catherine RUDOLPH	NSW / ACT
Mary SANTOS	NSW / ACT
Peter SPENCER	NSW / ACT
Rajesh THOMAS	NSW / ACT
Kyaw THU	NSW / ACT
Scott TWADDELL	NSW / ACT
Sally WATTS	NSW / ACT
Giles YATES	NSW / ACT
Liz COURTNEY	NZ
Simon DALTON	NZ
Christina MANS	NZ

Sally NEWELL	NZ
Katherine BRADY	QLD
William DARBISHIRE	QLD
Shiv ERIGADOO	QLD
Michael FANNING	QLD
Nitin KAPUR	QLD
Pauliine MCDONALD	QLD
Veenu MUBARAK	QLD
Kugathasan MUTALITHAS	QLD
Samantha NOLAN-NEYLAN	QLD
Kelly PERKINS	QLD
Marc REMOND	QLD
Xiaohua SHEN	QLD
Victoria SMITH	QLD
Maryann TODMAN	QLD
Michelle TOWERS	QLD
James WALSH	QLD
Gregory WARREN	QLD
Jana WESTON	QLD
Katherine BASSETT	SA / NT
Shalini BASTIAMPILLAI	SA / NT
Subash HERAGANAHALLY	SA / NT
Toby HUNT	SA / NT
Wendy NEWBURY	SA / NT
Shyamala PRADEEPAN	SA / NT
Karen ROYALS	SA / NT
James TRAUER	SA / NT
Zafar USMANI	SA / NT
James GEAKE	TAS
Juan MULDER	TAS
Vinod AIYAPPAN	VIC
Naomi ATKINS	VIC
Christopher DALEY	VIC
Liam HANNAN	VIC
Nur-Shirin HARUN	VIC
Megan HOWDEN	VIC
Simon JOOSTEN	VIC
Sameer KAUL	VIC
Martin MACDONALD	VIC
Chong ONG	VIC
Shankar SIVA	VIC
Vanessa BAKER	WA
Emma BALL	WA
Hui Min CHEAH	WA
Siobhan DORMER	WA
Michael LIM	WA
Ivan WAI	WA
Kak Ming LING	WA
Jane PORTER	WA
Tommy TSANG	WA
Adelaide WITHERS	WA

Student Members

Jason AMATOURY	NSW / ACT
Rebecca FORBES	NSW / ACT

David KRIMMER	NSW / ACT
David VAN-LY	NSW / ACT
Santiyagu Mary SAVARIMUTHU FRANCIS	QLD
Joanne THOMAS	QLD
Eugene ROSCIOLI	SA / NT
Natalie SOULSBY	SA / NT
Bradley EDWARDS	VIC
Vanessa KELLY	VIC
Andrew LILJA	VIC
Pamela MARTIN	VIC
Thomas ANSELL	WA
Catherine BOYLEN	WA
Melanie DUNN	WA
Hui Ling LAU	WA
Li Whye Cindy NG	WA
Kathryn RAMSEY	WA
Ai Ling TAN	WA

Membership Closed

Yazan ALRASHDAN
 Sally ANDERSON
 Claire ARANDJUS
 Melissa ARGENT
 Emily BAILEY
 Iman BASHETI
 Luke BERRY
 Peter BLACK
 Siobhain BRENNAN
 Susanne BRODIE
 Pierre CANDELARIA
 Sheau CHAN
 Collin CHIA
 Richard CHRISTIE
 Steven CHUNG
 Simon CLARK
 Moreen COX
 Nizam DASTAGIR
 Anne DAVIS
 Anup DESAI
 Rachael DUNN
 Tanja EFFING
 Chantal FERGUSON (TOMKINS)
 Elly GRANT
 Elizabeth HAMMER
 Kristy HANNAFORD-TURNER
 Stuart HIRST
 John HOBDAV
 Kate JONES
 Sarah JONES
 Annette KEAN
 Anu KRISHNAN
 Heather LADD
 Catherine LANE
 Andrea LEES
 Albert LEUNG

Barry LINNANE
George LO
Nicole MANGONE
Alicia MARTIN
David MILNE
Alisa MYLOTTE
Kenneth OPESKIN
Rakesh PANDEY
Robert PIERCE
Phillippa POOLE
Belinda RICKARD
T SAVAGE
Raffaele SCICCHITANO
Drake SHIKHULE
Robert TAGLIAFERRI
Michelle THOMPSON
Alison THORBURN
George TOWN
Gemma TULLY
Joanne WADE
Lena WALLISH
He WANG
Geoffrey WARWICK
Yudong WEN
Sarah WONG
Lisa YOUNG

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