



## The Thoracic Society of Australia and New Zealand Inc.

# Annual Report

## 1 January to 31 December 2010

### Mission Statement

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

Suite 405, Level 4, 5 Hunter St, Sydney  
GPO Box 1491, Sydney NSW 2001  
Phone 02 9222 6200 Fax 02 9221 0438  
Email: [admin@thoracic.org.au](mailto:admin@thoracic.org.au)  
Website: [www.thoracic.org.au](http://www.thoracic.org.au)

## Table of Contents

	Page
<a href="#"><u>Objects of the Society</u></a>	1
<a href="#"><u>2010 TSANZ Council</u></a>	2
<a href="#"><u>2010 Executive Committee</u></a>	2
<a href="#"><u>Special Interest Groups</u></a>	3
<a href="#"><u>President's Report</u></a>	4
<a href="#"><u>Honorary Treasurer's Financial Report</u></a>	8
<a href="#"><u>Honorary Secretary's Report</u></a>	16
<b>Subcommittees</b>	
<a href="#"><u>Central Programme Subcommittee</u></a>	17
<a href="#"><u>Clinical Care &amp; Resources Subcommittee</u></a>	18
<a href="#"><u>Education &amp; Research Subcommittee</u></a>	19
<a href="#"><u>Professional Standards Subcommittee</u></a>	20
<a href="#"><u>Specialty Training Committee</u></a>	22
<b>Branches</b>	
<a href="#"><u>New Zealand Branch</u></a>	25
<a href="#"><u>New South Wales Branch</u></a>	27
<a href="#"><u>Queensland Branch</u></a>	28
<a href="#"><u>South Australian Branch</u></a>	29
<a href="#"><u>Tasmanian Branch</u></a>	30
<a href="#"><u>Victorian Branch</u></a>	31
<a href="#"><u>Western Australian Branch</u></a>	32
<b>Special Interest Groups</b>	
<a href="#"><u>Asthma &amp; Allergy</u></a>	33
<a href="#"><u>Chronic Obstructive Pulmonary Disease</u></a>	34
<a href="#"><u>Cystic Fibrosis</u></a>	35
<a href="#"><u>Interventional Pulmonology</u></a>	36
<a href="#"><u>Lung Cancer</u></a>	37
<a href="#"><u>Nurses Special Interest Group</u></a>	37
<a href="#"><u>Orphan Lung Disease / Lung Transplantation / Interstitial Lung Disease / Pulmonary Vascular Disease</u></a>	39
<a href="#"><u>Paediatrics</u></a>	40
<a href="#"><u>Physiotherapy</u></a>	41
<a href="#"><u>Primary Care</u></a>	42
<a href="#"><u>Tobacco and Related Substances</u></a>	42
<a href="#"><u>New Members</u></a>	43

## 1.0 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. [Table of Contents](#)

## 2010 TSANZ Council

**President -** Prof Phil Thompson  
**President Elect -** Prof Paul Reynolds  
**Honorary Secretary -** A/Prof Tara Mackenzie  
**Honorary Treasurer -** Prof Peter Van Asperen

### Branch Presidents (or their nominees)

- **Branch President NZ** Prof D. Robin Taylor
- **Branch President QLD** Dr James Douglas
- **Branch President SA** Dr Hugh Greville
- **Branch President TAS** Dr Gregory Haug
- **Branch President VIC** A/Prof David Langton
- **Branch President WA** Dr Andrew Wilson

### Chairpersons of Standing Subcommittees

- **Chair, Clinical Care & Resources [CCRS]** -Dr John McLachlan
- **Chair, Education & Research [ERS]** - Prof John Upham
- **Chair, Professional Standards [PSS]** -A/Prof Brendon Yee
- **Chair, Central Programme [CPC]** -Dr Richard Wood-Baker

**Chairperson, Australian Lung Foundation Inc (by invitation)** - Dr Robert Edwards  
**Chair, Specialty Training Committee (by invitation)** - Prof Paul Reynolds  
**Representative of Paediatric SIG (by invitation)** - A/Prof Hiran Selvadurai  
**TSANZ Representative to National Asthma Council (by invitation)** - Dr Peter Wark  
**Representative of Advanced Trainees (by invitation)** - Dr Eli Dabscheck/Edmund Lau

## 2010 Executive Committee

<b>Prof Phil Thompson</b>	President
<b>Prof Paul Reynolds</b>	President-Elect & Chair, Speciality Training Committee in Respiratory & Sleep Medicine ( <i>by invitation</i> )
<b>A/Prof Tara Mackenzie</b>	Honorary Secretary
<b>Prof Peter Van Asperen</b>	Honorary Treasurer
<b>Prof Robin Taylor</b>	Branch President NZ
<b>Dr John McLachlan</b>	Chair, Clinical Care & Resources Sub-committee
<b>Dr John Upham</b>	Chair, Education & Research Sub-committee
<b>A/Prof Brendon Yee</b>	Chair, Professional Standards Sub-committee
<b>Dr Richard Wood-Baker</b>	Chair, Central Programme Sub-committee
<b>Dr Robert Edwards</b>	Chair, Australian Lung Foundation ( <i>by invitation</i> )
<b>A/Prof Hiran Selvadurai</b>	Paediatric SIG Representative ( <i>by invitation</i> )
<b>Dr Peter Wark</b>	TSANZ Representative to National Asthma Council ( <i>by invitation</i> )
<b>Dr Eli Dabscheck / Dr Edmund Lau</b>	Advanced Trainee in Respiratory and Sleep Medicine ( <i>by invitation</i> )

## TSANZ Secretariat

<b>David Begg</b>	Executive Officer to September 2010
<b>Rita Perkons</b>	Executive Officer from September 2010
<b>Heather Hunter</b>	Administrative Officer
<b>Edwina Tohi</b>	Finance and Administration Officer
<b>Jenny Bridge</b>	Administrative Officer to November 2010
<b>Jo Healy-North</b>	Member Services and Web Coordinator from December 2010

## Special Interest Groups

### Disease Special Interest Groups

#### Asthma/Allergy

Convenor: **Prof John Wilson**  
Co-Convenor: **Dr Janet Rimmer**  
Co-Convenor: **Dr Margaret Hughes**

#### Cell Biology / Immunology

Convenor: **Dr Janette Burgess**  
Co-Convenor: **A/Prof Steven Mutsaers**

#### Chronic Obstructive Pulmonary Disease

Convenor: **Dr Ian Yang**  
Convenor: **Dr Brian Smith**

#### Cystic Fibrosis

Convenor: **Dr Peter Wark**  
Co-Convenor: **Dr Claire Wainwright**

#### Interventional Pulmonology / Bronchology

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

#### Lung Cancer

Convenor: **A/Prof Matthew Peters**  
Co-Convenor: **Dr Jeffrey Bowen**

#### Occupational & Environmental Lung Disease/

#### Population Health

Co-Convenor: **A/Prof Shyamali Dharmage**  
Co-Convenor: **Dr Ryan Hoy**

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

Convenor: **Dr Peter Hopkins**  
Co-convenor: **Dr Daniel Chambers**

#### Respiratory Infectious Diseases

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

#### Pulmonary Physiology and Sleep

Convenor: **A/Prof Greg King**  
Co-Convenor: **Dr Garun Hamilton**

#### Tobacco and Related Substances

Convenor: **Dr Bill Musk**  
Co-Convenor: **Dr Peter Franklin**

### Professional Special Interest Groups

#### Paediatric

Convenor: **A/Prof Graham Hall**  
Co-Convenor: **Dr James Martin**

#### Physiotherapy

Co-Convenor: **Ms Kylie Hill**  
Co-Convenor: **Ms Annemarie Lee**

#### Primary Care

Convenor: **Dr Wai Kuen Chow**  
Convenor: **Dr Julia Walters**

#### Respiratory Nurses

Convenor: **Ms Terrie (Tod) Adams**  
Co-Convenor: **Ms Diana Hart**

#### Rural & Regional

Convenor: **Dr Ross Sellars**



## President's Report

It is impossible to 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.

The year gone, has been extremely busy and much has happened with consolidation and completion of many of the tasks initiated in 2009. The world in which the Society is operating is becoming more complex as each year passes, and the expectation of the membership equally grows. In the years ahead, there is still much to do and as previously mentioned, I believe the Society needs to start planning for a President who is employed at least part-time by the Society, and our staff numbers need to increase by another 0.5-1.0 FTE over the next 12-24 months.

Formalising our relationships with other respiratory societies remains to be undertaken, and is now possible, given our change in corporate structure. Our website although working well, needs serious review and upgrading; and our relationship with the RACP and other specialty societies and with the community at large, need to be developed much further. The setting of standards of care and championing them and making greater use of public relations and media needs more emphasis while workforce issues continue to be of concern.

### Key Issues

#### *TSANZ Staff*

David Begg retired from his position during the latter half of 2010 to pursue other career directions. David was with us for just over two and half years, and his generosity of spirit and concern for others will always be remembered. A major search for his replacement resulted in appointing Rita Perkons, who has significant experience in management in the not-for-profit arena. In the relatively short time she has been with us, she has impressed those who have met and worked with her. She has had to cope with many key issues while also trying to come to grips with the complex nature of our Society. Once a little clear air emerges, I am sure everyone will benefit from the skills she has. Jenny Bridge who played a major role in our IT area had to resign at the end of 2010, as she was relocating to the Blue Mountains and we wish her well, her contribution and passion for the TSANZ is much valued. Jenny has been replaced by Jo Healy-North, the new Member Services and Web Coordinator. Edwina and Heather continue to play important and vital roles in running the Society.

#### *TSANZ Office*

In 2010 much time was spent inspecting various Sydney CBD offices to find the best investment for our Society and staff. A small but dedicated team of individuals were involved in inspecting, assessing and evaluating the properties, which ultimately led to the selection of Suite 405, 5 Hunter Street Sydney as our office. This is now fully owned by the Society. Although it was well fitted out we were keen to have a fully functioning Board meeting room, to upgrade kitchen facilities and modernise some aspects. Renovation plans were drawn up and were completed in late February. The renovations allow for one office to be sub-leased if desired.

#### *New Constitution and Company Limited by Guarantee*

Our previous rules had served us well but were not capable of being followed readily and we were regularly at risk of being in breach of them. Equally, they were no longer in step with modern thinking and practice. As such the constitution was rewritten and structured so as to allow both registration as a Company Limited by Guarantee and to qualify as a tax deductible recipient. This again involved a number of individuals who critiqued the constitution as it unfolded and some time was committed to ensuring it would work for New Zealand. A special meeting of the Society in early December approved the change to a company structure and the appropriate changes needed for the constitution. Being a company structure gives the Society a more mature framework against which to operate and also imposes some rigour on how we run our organisation in the future.

### *Standing Sub-committees*

The terms of reference of our standing sub-committees of the Society have also stood us in good stead but, as with our constitution, are no longer being followed and the workloads of committees are poorly distributed. It has been agreed to review all of these and in the first instance to a) split the ERS into an Education and Training Committee, and into a Research Committee with the latter taking on a much more strategic role; b) establish a Strategic and Management Committee and c) a Finance Committee. In due course a Risk and Audit Committee will need to be created as well. The Professional Standards Sub-Committee has been almost entirely focussed on laboratory accreditation which has significantly narrowed its role and taken it away from its TOR and will need reviewing, while the CCRS is asked to manage a lot of external requests.

### *Finance and Insurance*

The financial management of the Society has needed a major overhaul and Peter Van Asperen will report on our current status. However, the historical approach the Society which has followed has been very limited and not up to modern accounting requirements and standards. As such we have sought external review and restructuring. This will result in a well informed and transparent accounting practice with good governance, good planning and good audit and review processes in place. This should reach a state of maturity during 2011. The Society's insurance needs had not been reviewed for quite some time, and they were reviewed and updated to ensure that all TSANZ members are protected if carrying out any work under the auspices of the TSANZ

### *Website and Data Sets*

The website whilst functional, needs a systematic review to ensure that it is a) up to date, b) functional and not repetitive and c) aesthetically pleasing. Its utility also needs to be considered. Plans to develop online renewal of membership are underway, and this will be carried over to online applications for membership as well. The renewal and new membership process will be used to obtain accurate data on our members with respect to such things as SIG membership and entitlements to vote, etc. This will allow us to service our membership, committees, and SIGs much better.

### *Special Interest Groups (SIGs)*

The involvement and engagement of SIGs has been slowly evolving throughout 2010, and in some more than others. Increasingly the Executive has sought the opinion of SIGs, and is also being approached by certain SIGs with specific issues. It is anticipated this will continue to grow in 2011, particularly as members more formally decide which SIGs they will align with.

### *Relationships with the RACP and specialty societies*

The Society has continued to be visible within the RACP structure. It has argued for a more equitable relationship given the increasing demands on specialty societies that is arising from working with the RACP. The Deanery is being restructured and is having an impact on resources for the STC while we await to see how this will all unfold. Meetings regarding CPD, the awarding of FRACP, and the RACP grants system have occurred with significant input from the TSANZ. The likelihood of recertification has been broached and seems more likely to occur than not, and we will need to start considering this in our planning. We have also developed informal relationships with the Cardiac Society and the Neurology Society, as we share a lot of common views.

### *Awarding of FTSANZ*

This topic has been broached, and so far there has been no strong opposition to the idea. The Cardiac Society has successfully introduced this concept and it has worked well. Now that it is unlikely that there will be any substantive changes to the awarding of the FRACP it is timely to revisit this which we will do in 2011.

### *Relationships with other Australian Respiratory Organisations*

This has continued to evolve in a positive way. The transformation of the Society to a company structure has provided an opportunity to unpick some historical relationships and have a much more equitable setting for interaction. We continue to have strong and positive relationships with all national respiratory organisations although our relationship with Cystic Fibrosis (CF) Australia is still in its infancy. The meeting of Presidents of Respiratory Organisations has continued to be a positive forum, and collaboration and cooperation is emerging. Asthma Australia is actively looking to build positive relationships with other groups and to contribute where it can. Our relationships with the National Asthma Council (NAC) and the Australian Lung Foundation (ALF) retain their historical strength, and we await the ALF signing off on their new constitution. The NAC has flagged a desire to work with us on developing a position on reimbursement for Spirometry testing. Our relationship with the Australian Respiratory Council has been growing and we are now partners in a Tuberculosis aid program in Cambodia. Although there has been some meaningful dialogue with the President of ANZSRS, the irony is that we have no formal relationship with ANZSRS despite co-badging our ASMs. Relationship with the Australasian Sleep Association (ASA) has been quiet but no doubt will become more interactive as the RACP Deanery requests training pathway development in the various speciality areas. The STC continues to be the primary point of interaction at present.

We still need to develop formal agreements between the TSANZ and other national community based respiratory organisations which hopefully can occur in 2011, and may also lead to formalising our relationship with ANZSRS and greater clarity about our relationship with the ASA.

### *Accreditation of Pulmonary Physiology Laboratories*

At long last this is starting to work effectively and many laboratories were accredited in 2010. However there remains a need to develop a more consistent framework of reporting on the reviews and better definition of the role of the Sub-Committee. A concept of one year's accreditation subject to certain areas being rectified, was introduced and has worked reasonably well. Efforts to reduce the imposition on laboratories seeking accreditation have also been pursued, but this still needs to mature further in terms of standardisation of laboratory manuals, etc. We believe the accreditation process is having traction with Hospitals' management in terms of providing appropriate resources.

### *Relationships with the APSR*

The APSR is the only regional respiratory organisation for our part of the world. Various TSANZ members continue to play important roles in the APSR. Renewal of our Society membership falls due in early 2011 and will need to be formally reviewed

### *TSANZ in our Region and in Indigenous Health*

Other than via the APSR, our engagement has been limited. However as well as Cambodia we are providing some support for a tuberculosis (TB) training program in Vietnam, and the Hong Kong respiratory fraternity has asked the TSANZ to send two speakers to a regional meeting on TB and lung disease which we have agreed to do. The Rob Pierce grant in aid for indigenous health research is now attracting a large number of applicants and our new award to support indigenous nurses attending our ASM has been initiated and it is hoped that this will be extended to other respiratory professional groups in the year that follows.

### *Workforce and Trainee Issues*

The RACP is becoming much more concerned about workforce and training position issues, and the TSANZ still has a lot to do to ensure accurate and timely data in this area that it can then react to. In terms of remote areas, a chest physician did work full time in Darwin last year but has now left, and we wait to see if anyone will apply for the position or not. We have moved forward in developing some standard training video links for trainees and the formation of an Education and Training Sub-Committee should be helpful

### *Position Statements*

Although this is slowly improving, there is still a lot of scope for the Society to manage this area better. We did generate several position papers which have been located on our website. I anticipate a much smoother process in the future. All position papers need to be vetted before development and during development by the relevant SIG or the Board.

### *Standards of Care*

Peter Wark and his Sub-Committee have been working hard on this topic over the last 12 months, and are making steady progress. At present, there are interactions with the Chief Medical Officer to see if resources can be obtained to help fund data collection and analysis and there is some interest from the National Health & Medical Research Council (NH&MRC) as well. We look forward to seeing its first report.

### *The ASM and other public events under the TSANZ banner*

Richard Wood-Baker continues to do a great job in enhancing our experience at the ASM. For many the Brisbane meeting was our best yet, and there was a genuine vibrancy in the air at the meeting with many individuals telling me they were proud to be members of the TSANZ. We initiated our first travelling Professorship with success.

Sponsorship was mixed during the year. GSK withdrew its funding for our major awards without discussion, but I am pleased to say that a number of other companies have expressed interest in filling the void albeit in 2012. Ensuring independence from our sponsors in terms of how the ASM is run and the content of our ASM is critical. We will continue to be vigilant in maintaining this principle. We still need to work hard to promote that all satellite, and other meetings being held under the TSANZ banner need to be endorsed by the relevant SIG or Sub-Committee of the Executive, while the operational and budgetary aspects need to be approved and overseen by the Chair of the Central Organising Committee. This will be mandatory in the years ahead.

### *Branches and the National Body*

There was really no major change in the relationship between the Branches and the national society although both New Zealand and Queensland have made significant changes to their organisational arrangements and sought input from the TSANZ.

### *Interacting with Government*

Interaction with Government agencies has increased but we still need to ensure we can respond in a timely and meaningful way. With the assistance of SIGs this is starting to happen.

### *Communication*

The newsletter will be upgraded again as it is starting to lose its way. The E-Bulletin has also fallen a bit behind and will be revisited as well. The Communications Committee that was previously established may need to be resurrected.

### **Thanks**

This report covers the majority of the issues we 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, Sub-Committee and individual level for supporting our endeavours so willingly. I know the Society will be in safe hands under Paul Reynolds' leadership and I wish him well.

**Prof Phil Thompson**  
**President**

## Honorary Treasurer's Financial Report for 2010

The consolidated audited TSANZ office and ASM accounts for the last financial year (1 January - 31 December 2010), are available to members of the Society on the Members Only section of the TSANZ website. The Balance Sheet and Income & Expenditure Statement from these audited accounts for 2010 compared to 2009, are provided in Tables 1 and 2 respectively. The 2011 budget is provided in Table 3 and the Branch Finances in Table 4.

While the total equity of the society has improved by around \$220,000, there has been a significant change in the distribution of assets as a result of the purchase of the TSANZ office in September. This has resulted in a reduction in our cash assets which is balanced by our new property asset. We did receive additional cash income of \$311,000 for the Janet Elder bequest, \$300,000 of which is currently in a five year term deposit in Suncorp Bank. We were also successful in retrieving the Peter Phelan Travelling Fellowship funding from the RACP with an adjusted balance of around \$229,000 as at 31 December 2010 – this money is still currently held by the RACP but the fellowship (funded from interest earned) is awarded by the TSANZ and the Executive, has recommended this be transferred to the TSANZ, subject to approval from the Paediatric SIG.

As mentioned, the Janet Elder bequest of \$311,000 contributed significantly to this year's income. The ASM was again very successful thanks to the hard work of Richard Wood-Baker and the Local Organising Committee, as well as Elisabeth Eaton and her team, with the ASM surplus being around \$164,000 for the 2010 Meeting. There was reduced subscription income relative to budget this financial year reflecting unpaid subscription fees, and a reminder notice has gone out to those members who remain un-financial. The overall consolidated profit was around \$221,000 but when the Janet Elder Bequest is excluded, the TSANZ actually experienced a net loss of around \$90,000 for this financial year compared to a budgeted net loss of \$100,000. This was largely the result of increased expenses related to the office purchase, recruitment of staff and salary increases and changes to the constitution. While some of these costs will be one-off expenses, the expenses related to the office and salary increases will remain for 2011.

The 2011 budget is being formatted differently to allow financial reporting in relationship to budget, and we are also examining other ways to improve our financial management. This will also allow future financial reporting to align with the chart of accounts in the budget and so track income and expenditure against budget each month. The 2011 budget currently predicts an income of just over \$900,000 and expenses of just over \$1,000,000 giving a budget deficit of around \$110,000. This includes a relatively conservative estimate of ASM surplus of \$100,000 but also significantly increased revenue from *Respirology* advertising of \$100,000. There is also a reduced budgeted income from bank and investment income, as a result of the change in the distribution of our assets. We may be able to recoup some of this loss by renting out one of our offices after the renovations have been completed. The major increases in expenditure relate to salaries and wages and office expenses as mentioned previously. We are also undertaking office renovations in February 2010 which will cost \$100,000 but this will also increase the value of our property asset.

The last 12 months have been a relatively stable period for our investments although we haven't seen the increases in value experienced in 2009, which reflects the fact that the markets have again slowed following the initial recovery after the Global Financial Crisis (GFC). We currently have \$1.18 million invested through Centric Wealth. The Portfolio return was only 1.19% for the January-December 2010 period. Centric Wealth has acknowledged that this is an underperformance compared to relevant benchmarks, and have recommended some changes to the Portfolio to improve performance and also allow cash availability if required. We did cash up \$200,000 of our Macquarie Investments which was being held in their Cash Management Trust, to assist with the purchase of the TSANZ office. We may also need to cash up some of our investments in early 2011 because of the office renovations and delay in subscriptions

being sent out as a result of our change to a company limited by guarantee. Details of TSANZ Investments (Centric Wealth Advisory) are available from the Executive Officer.

Finally I would like to acknowledge the work of the office staff, particularly Edwina Tohi, David Begg and Rita Perkons, and also the President, Phil Thompson, in supporting me in my role as Treasurer. I would like to also acknowledge our auditors, RBK Partners Pty Ltd, and to particularly thank John Hurley and Bill Smirniotis for their advice and assistance with this process. As David Serisier had mentioned in last year's report, there had been significant issues with financial accounting in 2009 and while these have been largely addressed with Edwina's appointment at the end of 2009, we still need to improve our financial accountability and reporting practices and I'm confident that further improvement will occur in 2011 largely due to Edwina's and Rita's hard work.

**Peter van Asperen**  
**Honorary Treasurer**

**Table 1: Balance Sheet 2010 vs 2009****The Thoracic Society of Australia And New Zealand Incorporated  
ABN 17 057 925 836****BALANCE SHEET AS AT 31 DECEMBER 2010**

	Note	2010 \$	2009 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	6	490,584	1,119,969
Trade and other receivables	7	84,055	34,750
Current tax assets	8	6,578	3,510
Other current assets	9	104,823	88,920
<b>TOTAL CURRENT ASSETS</b>		<b>686,040</b>	<b>1,247,149</b>
<b>NON-CURRENT ASSETS</b>			
Other financial assets	10	1,466,082	1,340,435
Property, plant and equipment	11	822,136	10,961
Other non-current assets	9	8,884	5,671
<b>TOTAL NON-CURRENT ASSETS</b>		<b>2,297,102</b>	<b>1,357,067</b>
<b>TOTAL ASSETS</b>		<b>2,983,142</b>	<b>2,604,216</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	12	470,237	312,591
<b>TOTAL CURRENT LIABILITIES</b>		<b>470,237</b>	<b>312,591</b>
<b>TOTAL LIABILITIES</b>		<b>470,237</b>	<b>312,591</b>
<b>NET ASSETS</b>		<b>2,512,905</b>	<b>2,291,625</b>
<b>EQUITY</b>			
Retained earnings		2,512,905	2,291,625
<b>TOTAL EQUITY</b>		<b>2,512,905</b>	<b>2,291,625</b>

Table 2: Profit & Loss 2010 vs 2009

**The Thoracic Society of Australia And New Zealand Incorporated  
ABN 17 057 925 836**

**INCOME AND EXPENDITURE STATEMENT  
FOR THE YEAR ENDED 31 DECEMBER 2010**

	Note	2010 \$	2009 \$
<b>REVENUE</b>			
Member subscriptions - Australia		220,494	210,734
Member subscriptions - Overseas (Other)		23,315	24,742
Member subscriptions - Overseas (NZ)		5,769	4,050
Investment income		41,589	74,806
Unrealised movement in investments		8,822	66,364
Realised movement in investments		-	7,129
Interest received		34,501	24,639
Newsletters		29,300	49,139
Australian state branches		138,347	101,944
Other		2,640	7,418
Mail out and email		-	140
Project Income		10,078	-
Website		980	1,428
Sponsorship of Awards	2	210,500	199,855
Annual scientific meeting	1	964,861	932,287
Bequeathed Funds		311,000	-
Advertising		40,102	-
Accreditation Income		50,500	-
		<u>2,092,798</u>	<u>1,704,675</u>
<b>EXPENDITURE</b>			
Audit fees		14,500	15,000
Accounting fees		13,500	21,599
Accreditation		12,569	-
Advertising		-	-
Annual scientific meeting	1	805,219	785,001
Bad debts written off		1,250	-
Australian state branches		124,369	102,924
NZ branch		4,635	-
Bank charges		3,719	3,625
Consultants		9,929	-
Provision for doubtful debts		(1,731)	5,561
Bookkeeping fees		240	350
Depreciation		3,831	5,313
General expenses		-	4,111
Grants	2	300,260	195,818
Insurance		2,450	7,130
Interest paid		-	920
Investment expenses		13,390	11,013
Legal costs		37,039	-
Licensing Fees		4,470	-
Loss on disposal of non-current assets		2,314	105
Membership subscriptions - merchant adjustments (Aust)		-	208
Newsletter expenses		41,475	37,655
Office expenses		15,632	26,130
Other travel expenses		2,997	-
Projects expenses		24,017	5,690
Printing & stationary costs		4,339	1,108
Management fees for staffing costs		112,642	219,720
Realised movement in investments		12,624	-

**The Thoracic Society of Australia And New Zealand Incorporated**  
**ABN 17 057 925 836**

**INCOME AND EXPENDITURE STATEMENT CONTINUED**  
**FOR THE YEAR ENDED 31 DECEMBER 2010**

Salaries for employee	138,276	-
Staffing costs	36,399	8,543
Superannuation for employees	11,021	-
Annual leave entitlements	(6,078)	14,834
Subscriptions	65,587	60,467
Telephone	1,298	4,643
Advanced Courses	600	3,292
Council and executive expenses	58,040	42,788
Website maintenance	696	14,024
Total Expenses	<u>1,871,518</u>	<u>1,597,572</u>
Profit/(Loss) before income tax	221,280	107,103
Income tax expenses		
Profit/(Loss) after income tax	<u>221,280</u>	<u>107,103</u>

**Table 3 – Budget for 2011**

<b>MYOB Account No.</b>	<b><i>Income</i></b>	<b>\$</b>
4-2050	Bequests	0
<b>4-4000</b>	<b><i>Trading/Operating Activities</i></b>	
4-4010	Advertising Fees - <i>Respirology</i> , newsletter, website	109,960
4-4020	Fees and Charges - Laboratory Accreditation - <i>Restricted</i>	44,000
4-4030	Registration Fees for Branch events	4,500
4-4050	Sponsorship and Awards - all	272,850
4-4070	Surplus from ASMs	100,000
4-4080	Membership Fees	319,680
<b>4-5000</b>	<b><i>Other Income</i></b>	
4-5010	Investment Interest - <i>Restricted</i>	18,000
4-5020	Bank Interest - <i>Unrestricted</i>	10,000
4-5030	Rental income	0
4-5035	Recoupments	0
4-5040	Dividends Received	25,000
4-5050	Other/Sundry Income	
4-5060	Gain on Sale of Non-Current Assets	
	<b><i>Total Income</i></b>	<b>903,990</b>

<b>6-0000</b>	<b><i>Expenses</i></b>	
6-0010	Accounting Fees	4,500
6-0020	Advertising & Promotion - 50th Anniversary	10,000
6-0025	Agency Temp Staff	5,000
6-0040	Assets Purchased <\$5,000	2,400
6-0050	Audit Fees	14,500
6-0065	Awards	208,750
6-0070	Bank Charges	20,500
6-0080	Bad Debts	0
6-0090	Business Planning Costs	0
6-0100	Cleaning	2,112
<b>6-0110 to 6-0200</b>	<b>Member Support Services</b>	
6-0111	Member Accommodation & Travel	38,800
6-0112	Member Venue Hire	115,000
6-0113	Member Activities	2,250
6-0114	Member Honoraria - Accreditation	10,000
6-0220	Computer Expenses	13,800
6-0230	Consultancy Fees - Media	6,000
6-0240	Credit Card Fees	0
6-0250	Depreciation - Building	20,116
6-0270	Depreciation - Plant & Equipment	5,543
6-0300	Donations to Research & Projects	10,000

<b>6-0000</b>	<b>Expenses – cont.</b>	<b>\$</b>
6-0315	Entertainment Costs	0
6-0330	Fees & Permits	5,743
6-0395	Health & Safety	1,000
6-0400	Insurance - Contents Insurance	1,085
6-0410	Insurance - Public Liability	2,563
6-0420	Insurance - Professional Indemnity	7,664
6-0440	Insurance - Volunteers	1,405
6-0445	Interest Paid	0
6-0450	Legal Fees	10,000
6-0460	Loss on Sale of Non-current Assets	
6-0470	Management Fees - MOB Accountancy Service	8,500
6-0480	Meeting Expenses - Executive/ Board	28,434
6-0490	Membership Fees Paid - ASPR	72,256
6-0510	Postage, Freight and Courier	4,481
6-0520	Printing & Stationery	5,880
6-0530	Property Management Fees	0
6-0540	Publications and Information Resources	44,389
6-0550	Rates & Taxes	1,059
6-0590	Repairs & Maintenance	1,500
<b>6-0600 to 6-0649</b>	<b>Salaries &amp; Wages</b>	
6-0601	S&W Annual Leave Expense	3,500
6-0602	S&W Fringe Benefits Tax	0
6-0603	S&W Long Service Leave Expense	0
6-0604	S&W Recruitment Expense	8,500
6-0605	S&W Salary Sacrifice	0
6-0606	S&W Sick Leave Expense	0
6-0607	S&W Superannuation	23,353
6-0608	S&W Termination Payments	0
6-0609	S&W Workers' Compensation	1,715
6-0610	S&W Salaries - Other	0
6-0611	S&W Salaries & Wages	259,500
6-0650	Security Expenses	365
6-0660	Staff Amenities	1,200
6-0670	Sundry Expenses - other	2,000
6-0680	Telephone & Fax Charges	2,000
6-0690	Tenancy and Property Supplies and Services - strata fees	17,300
6-0700	Training & Development (Staff)	2,400
6-0710	Travel & Accommodation (Staff)	3,300
6-0720	Utilities	1,822
6-0730	Volunteer Costs	
6-0740	Write off Expenses	
	<b>Total Expenses</b>	<b>1,012,185</b>
	<b>Net Profit (Loss)</b>	<b>(108,195)</b>

**Table 4: Branch Budgets & Balances**

<b>Branch</b>	<b>2011 Projected Income</b>	<b>2011 Projected Expenditure</b>	<b>2010 Balance</b>	<b>2009 Balance</b>	<b>2008 Balance</b>	<b>2007 Balance</b>
<b>New South Wales</b>	50,000	52,500	1,412	5440	(5,026)	14,575
<b>Queensland</b>	21,000	21,000	8,233	(4046)	11,601	6,534
<b>Sth Australia</b>	10,600	10,600	(161)	(2248)	2,725	1,980
<b>Tasmania</b>	8,000	8,000	859	251	(2,510)	(3,925)
<b>Victoria</b>	20,820	20,000	1445	4418	916	2,980
<b>Western Australia</b>	23,000	25,200	3,408	(9311)	416	(8,047)

[Table of Contents](#)

## Honorary Secretary's Report

It has been a busy but exciting year in 2010.

Our membership has grown by 101 during the year, with 86 new Associate members, eight new Ordinary members and seven new Student members. Our total membership numbers as of 31 December 2010 are highlighted in the table below.

**Table 5: New Members in 2010**

	Associate	Ordinary	Student	Emeritus	Retired	Total
<b>ACT</b>	3	12	1	0	0	<b>16</b>
<b>NSW</b>	112	232	19	4	14	<b>381</b>
<b>NT</b>	4	1	0	0	0	<b>5</b>
<b>QLD</b>	48	110	6	1	3	<b>168</b>
<b>SA</b>	36	63	5	3	0	<b>107</b>
<b>TAS</b>	13	12	3	0	1	<b>29</b>
<b>VIC</b>	65	166	17	2	5	<b>255</b>
<b>WA</b>	57	78	20	1	3	<b>159</b>
<b>NZ</b>	33	74	1	4	3	<b>115</b>
<b>Overseas</b>	5	20	3	0	1	<b>29</b>
<b>TOTAL</b>	<b>376</b>	<b>768</b>	<b>75</b>	<b>15</b>	<b>30</b>	<b>1264</b>

As outlined at the 2010 AGM in Brisbane, one of the major achievements this year has been the development of the role of the Special Interest Groups within TSANZ, and the establishment of new guidelines for these SIGs. I would like to thank the membership for their feedback on the discussion paper circulated earlier in 2010. With the help of the membership and Executive we have been able to develop an important place for the SIGs in our Society; one which I am sure will continue well into our future. For the first time in 2011, we will be asking members to nominate/re-nominate the two SIGs in which they would like to be a member, including the two SIGs in which they would like voting rights. For those who have not had a chance to read the document, it can be found on the TSANZ website at [www.thoracic.org.au](http://www.thoracic.org.au).

Time flies when you are having fun, and this has indeed been the case for myself over the past four years. I am stepping down at the 2011 AGM as Honorary Secretary. I would like to take this opportunity to thank David Barnes for nominating me for a position I would not have dreamed I was ready for, Christine Jenkins for being an absolute inspiration, and particularly Phil Thompson for all his support and mentorship over the past two years. I would also like to thank the many Executive members with whom I have worked over the past four years, and the office staff for their dedication. Finally, I would like to thank the members, especially the trainees, for their support over the past four years. I have been blessed to work with such wonderful colleagues, and it is truly an honour to have the opportunity to contribute, even in a small way, to such an amazing professional body.

I look forward to the next exciting chapter in the history of the Thoracic Society of Australia and New Zealand.

**A/Prof Tara Mackenzie**  
**Honorary Secretary**  
**TSANZ**

## **Central Programme Sub-Committee (CPS)**

**Richard Wood-Baker – Chair**

**John Upham – ERS Chair**

**Andrew Wilson – Chair, 2011 Local Organising Committee (LOC), Perth**

The Central Programme Sub-Committee has continued to operate to facilitate the scientific meetings of the Society.

The 2010 Annual Scientific Meeting was held in Brisbane and we were fortunate to have a number of outstanding visiting speakers contribute to the meeting. Prof Steven Holgate from Southampton was the 2010 TSANZ visiting speaker, and he spent time contributing to Branch activities in Melbourne and Brisbane, in addition to contributing to the ASM. The other visiting speakers were Prof Geoff Whitsett from Cincinnati and Prof Kalpalatha (Kay) Guntupalli from Houston. In addition, the Society was fortunate in having Prof Paul Jones from London and Prof Roland Buhl from Germany contributing, sponsored by GlaxoSmithKline and Astra Zeneca respectively. Feedback on the overseas speakers was overwhelmingly positive, and their contagious enthusiasm was evident from their contributions and interactions with members of the Society. Prof Warrick Britton was the 2010 Wunderly Orator, speaking on his work in the field of Tuberculosis research. The meeting was well supported with 713 full-time equivalent delegates and over 300 abstracts accepted for presentation. Special thanks go to Geoff Eather for his work as Chair of the Local Organising Committee.

The Society also participated as a section society at the Australian Health and Medical Research Council (AHMRC) Conference held in November 2010. A plenary session was held on Pulmonary Arterial Hypertension, chaired by Trevor Williams and featuring Olivier Sitbon, Professor of Respiratory Medicine at the South Paris University, and consultant and specialist at the French Referral Centre for Pulmonary Hypertension, Department of Respiratory and Intensive Care Medicine, Hospital Antoine Bécère in Clamart, as our Society's guest speaker. Oral and poster sessions culminated in a final afternoon plenary on Stem/Progenitor Cells in Lung Development and Disease, featuring Prof Brigid Hogan, the George Barth Geller Professor of Research in Molecular Biology and chair of the Department of Cell Biology at Duke University. The winner of the Society's prize for best poster presentation went on to be awarded the Contributing to Australian Scholarship and Science (CASS) Foundation, Best of the Best Student Poster. Congratulations to James Esposito from the University of Melbourne. Thanks goes particularly to Jane Bourke for coordinating our program at the AHMRC.

The Annual Scientific Meeting in 2011 will be held in Perth in April, with the Wunderly Oration being delivered by Prof Ian Frazer. Recent innovations, including the National Health and Medical Research Council (NHMRC) session, symposia on the opening Saturday and format of the poster sessions will continue to be developed. I look forward to seeing members out west to "experience extraordinary Western Australia". The Society continues to rely heavily on Elizabeth Eaton and her team at Festival City Conventions for their organisation of our scientific meetings and I am most grateful for the ongoing support they provide. I would also like to thank all members of the local organising committees, the central office and the Executive Committee.

**A/Prof Richard Wood-Baker**  
**Chair**  
**Central Program Committee**

[Table of Contents](#)

## Clinical Care and Resources Subcommittee (CCRS)

### **CCRS members**

*John McLachlan (Chair), Peter Wark, Chien-Li Liew, Robert Stirling, Claudia Dobler, Penny Field, Bronwen Rhodes, Diana Hart, Lucy Saccoia*

This committee has had a modestly busy time in the recent period. By the time you read this, you should be able to find the following papers that have been endorsed on the website: *The Role of Corticosteroids in the Management of Childhood Asthma, Standards of Care for Cystic Fibrosis in New Zealand.*

The CCRS is currently requesting work on several papers relating to the use of oxygen:

- *Adult domiciliary oxygen therapy* (2005) - update
- *Clinical Oximetry* (1993) – update, possibly to include the use of transcutaneous CO<sub>2</sub> as well.
- *Acute Oxygen Therapy* – new paper, to include hopefully pre hospital,
- *Emergency and Inpatient* (non-respiratory wards) use of oxygen.

The latter papers will be coordinated by an appropriate SIG, who will convene a working group to research and write these papers.

With the CF SIG, we are looking at a paper addressing the use of inhaled antibiotics in Cystic Fibrosis. If anyone has particular expertise here, I would welcome an email letting me know.

We are reviewing all the past papers endorsed by the Society, and soon we will have a complete database. Many are now outdated, and we will consider whether they require revision or are no longer relevant. If they require revision, we will again work with the appropriate SIG to address this.

I am also working with Jo Healy-North in the office to revise the relevant pages of the website to be able to display and find more readily all the position papers that we have endorsed. They will, I hope, be classified into the current, relevant papers and an archive of past papers. This should make finding the information easier.

At the same time, we now have a defined pathway for papers that require TSANZ endorsement, which I hope will make the process transparent, inclusive and swifter, as there have been process issues over the last few years.

In short, we would encourage those wishing to have a paper endorsed, to do so if possible via the appropriate SIG, to have a representative writing group and inform the CCRS at an early stage. We would be happy to review drafts as they are available, and when the SIG is happy, CCRS and Executive will review the paper. If the paper is accepted it will be placed in the members' section of the website for four weeks for TSANZ review, before final endorsement and publication on the website. In general, we would encourage the authors to place the original on the website and make a précis for publication if appropriate.

**Dr John McLachlan**  
**Chair, Clinical Care and Resources Subcommittee**

## **Education & Research Sub-Committee (ERS)**

### **ERS members**

*John Upham (Chair, and representative on TSANZ Executive and ALF Council), Jodie Simpson, Tod Adams, Anne Holland, Andrew Tai, Bruce Thompson, Denise O'Driscoll, Grant Waterer, Jeff Pretto, Kylie Hill, Paul Foster, Sandra Chuang, Sandra Hodge, Suzanne Marsh, Andrew Rosenstengal.*

### **Advanced Trainee Course Convenors**

Alistair Abbott, Andrew Rosenstengal, Sandra Chuang, Suzanne Marsh and Lucy Morgan.

Oversight of the various research grants, fellowships and prizes offered by the Society and the Australian Lung Foundation (ALF), remains a major focus of the ERS. This involves periodically reviewing the selection criteria, guidelines and application forms for each of these awards, seeking external assessments from external reviewers, and ensuring that the whole process of assessment is conducted fairly. Judging awards takes considerable time on the part of ERS members, especially as the number of applicants seems to increase each year. This has necessitated an increase in the number of ERS members in order to more effectively manage the workload.

We are always pleased to receive feedback from the Society on how the awards and the process of assessment can be improved. We think it is especially important to encourage junior and emerging researchers. We are increasingly conscious of the need to look to the future – to find new ways of attracting research funding, and to discover fresh ways to enhance the strategic research aims of the Society.

New awards that have been developed for 2011 include the TSANZ 50th Anniversary Award (in recognition of outstanding contributions to respiratory education and training in Australia or New Zealand), Indigenous Respiratory Nurse Career Development Award, ALF Grant-in-Aid for New & Emerging Investigators and the ALF PhD top-up scholarships. Unfortunately the well regarded Allen & Hanbury's Award will no longer be offered, following withdrawal of sponsorship. The Executive is hoping to make alternative sponsorship arrangements so that this award can be offered again in the future.

Other key activities for the ERS include organising the Short Course for Advanced Trainees in Respiratory Medicine just prior to the ASM. The course in Brisbane in 2010 was well attended and enthusiastically received. The course in April 2011 in Perth promises to match the high standards set in the past. Thanks go to the registrars and junior members of the Society who organise this course, and to the more senior faculty who contribute so much to the excellent program.

I would like to again welcome new members to the ERS: Bruce Thompson, Paul Foster, Kylie Hill, Sandra Hodge, Denise O'Driscoll, Grant Waterer and Andrew Rosenstengal. Their efforts and those of the ongoing members have certainly assisted me as ERS Chair. The TSANZ Executive, David Begg and Rita Perkons have also provided enormous support.

**Prof John Upham**

**Chair, Education & Research Sub-Committee**

[Table of Contents](#)

## Professional Standards Sub-Committee (PSS)

### **PSS Members**

*Brendon Yee (Chair), Bruce Thompson, Andrew Ng, Margaret Wilsher, Graham Hall, David Cunnington, Hiran Selvadurai*

Respiratory laboratory accreditation is still the main focus of the PSS. We have accredited a total of 13 laboratories in 2010, which includes 10 initial applications, and three reaccreditations.

There are currently 17 initial accreditations and 12 re-accreditations applications being processed.

The accreditation review committee has also been reviewing the current accreditation guidelines and application forms. This will hopefully be sent out to PSS members and the Executive in the near future for review.

Again, we are appreciative of all the respiratory laboratory staff, panels and the TSANZ for their patience while we aim to make things smoother in the future.

I will like to take this opportunity to thank all the PSS members for their contribution to the PSS this year.

**A/Prof Brendon Yee**  
**Chair, Professional Standards Subcommittee**

[Table of Contents](#)

## Current Accreditation Summaries

### **Laboratories accredited in 2010**

#### *Initial accreditations*

- Concord Repatriation General Hospital
- The Children's Hospital at Westmead
- Mater Children's Hospital
- John Hunter Hospital
- Southern Respiratory Services
- Royal Brisbane & Women's Hospital
- St Vincent's Hospital (VIC)
- Gold Coast Lung Function Laboratory
- John Hunter Children's Hospital
- Cairns Base Hospital

#### *Re-accreditations*

- Austin Health
- Gosford & Wyong Hospitals
- Sir Charles Gairdner Hospital

### **Current list of accredited laboratories**

- Austin Health
- Box Hill Hospital
- Cairns Base Hospital
- Children's Hospital at Westmead
- Concord Repatriation General Hospital
- Frankston Respiratory

- Gold Coast Lung Function Laboratory
- Gosford & Wyong Hospitals
- John Hunter Children's Hospital
- John Hunter Hospital
- Mater Children's Hospital
- Princess Alexandra Hospital
- Royal Brisbane & Women's Hospital
- Royal Hobart Hospital
- Royal Melbourne Pulmonary
- Royal Perth Hospital
- Sir Charles Gairdner Hospital
- Southern Respiratory Services
- St Vincent's Hospital (VIC)
- Wellington Hospital
- Women and Children's Hospital (SA)

### **Laboratories expected to be accredited in 2011**

#### *Initial applications*

- Geelong Hospital
- Green Lane Hospital
- Greenslopes Lung Function
- Logan Hospital
- Mater Adult Hospital
- Nepean Hospital
- Pindara Hospital
- Prince of Wales Hospital
- Royal Children's Hospital
- Royal Children's Hospital, Melbourne
- South Auckland Physiology
- St Vincent's Hospital (NSW)
- Starship Children's Hospital
- Sydney Children's Hospital
- Townsville Hospital

#### *Re-accreditations*

- Alfred Hospital
- Ashford Respiratory
- Canberra Hospital
- Christchurch Hospital
- Dunedin Hospital
- Flinders Medical Centre
- Newcastle Pulmonary
- Palmerston North
- Peninsula Pulmonary Function
- Prince Charles Hospital
- Princess Margaret Hospital for Children
- Queen Elizabeth Hospital
- Royal Adelaide Hospital
- Royal North Shore Hospital
- Royal Prince Alfred Hospital
- Southern Health Respiratory
- Western Hospital
- Westmead Hospital

## Specialty Training Committee in Respiratory and Sleep Medicine

### Committee Membership

Prof Paul Reynolds – Chair

Dr Tracey Robinson – Coordinator of Advanced Training in Adult Sleep Medicine and Joint Lead in Site Accreditation. Adult Sleep curriculum development.

A/Prof Graham Simpson – Coordinator of Advanced Training in Adult Respiratory Medicine, Joint Lead in Site Accreditation and Advisor for Overseas Trained Professionals issues.

Prof Michael Hensley – Lead in Assessment. Adult Sleep curriculum development.

A/Prof Tara MacKenzie – Lead in Teaching and Learning, Co-Lead in Assessment. Adult Respiratory curriculum development.

Dr Martin Phillips –Adult Respiratory Curriculum Development (Chair of Adult Respiratory Curriculum Committee)

Dr Andrew Wilson – Coordinator of Advanced Training in Paediatric and Sleep Medicine. Paediatric Curriculum Development

Dr Sadasivam Suresh – Paediatric Curriculum Development and Paediatric & Child Health Fellow Representative

Dr Mark O’Carroll – New Zealand representative, NZ SAC.

Dr Moya Vandeleur – Advanced Trainee Representative in Paediatrics

Dr Amy Hollingworth – Advanced Trainee Representative in Adult Medicine  
RACP Education Officer – Sally Timmins

2010 has seen significant progress in the activities of the STC.

**Curriculum Development:** The Curricula for Adult and Paediatric Respiratory Medicine, and Adult and Paediatric Sleep Medicine were finalised and has been disseminated.

**Trainee Assessment:** Roll out of the Advanced Training “Physician Readiness for Expert Practice” (PREP) program has begun. As of 2011, all trainees will be expected to participate in the College’s assessment procedures.

At this time, these requirements comprise of two Learning Needs Analysis Tools (LNAT), one in the first half and one in the second half of the year, and in each of quarters two, three and four; trainees should complete one mini-CEX, one Case Based Discussion and one Direct Observation of Procedural Skills (where appropriate).

In addition, as a planning tool the STC has developed a Supervisor’s Interview Proforma, which we believe will be a useful planning tool for structuring formal three-monthly meetings between supervisors and trainees. This will be rolled out during 2011.

A number of College supervisor’s workshops have been conducted to explain the assessment process in more detail. More workshops are planned for 2011, and will include sessions linked to the TSANZ and Australian Sleep Association (ASA) Annual Scientific Meetings.

I would like to stress that although these assessment processes may seem overwhelming at first glance on top of our existing clinical and teaching commitments, in practice they are quite modest and really only reflect a process to formalise and document the sorts of supervision activities that ideally should already be happening.

I would also stress that the principal summative assessment remains the **Supervisor’s Report**, as has been the case for many years. I cannot stress enough the need for these to be taken seriously and completed

honestly. We must strive to ensure that trainees who are having problems are identified early, and steps put in place to address the issues. The STC occasionally is notified about concerns when a trainee is within a few months of potentially completing FRACP, which can make it very difficult to implement a remedial program. Nevertheless, that is what we must do, as our over-riding responsibility is to ensure the competency of those we graduate.

**Training Pathway:** During 2011, in accordance with the RACP timetable, the STC will develop a training handbook that will outline the pathway towards FRACP in Respiratory Medicine, Sleep Medicine and Dual Accreditation in Respiratory and Sleep Medicine. As has been previously reported and widely discussed, Advanced Training will remain a three year program: Respiratory: two core years training + one non-core year; Sleep: two core years training + one non-core year. Dual training in Respiratory and Sleep medicine requires two core years Respiratory and one core year of Sleep. During that one core year of Sleep, it is required that Respiratory Trainees complete the entire Sleep Curriculum as published. Trainees will be expected to present a research project in both Respiratory and Sleep terms for the dual accreditation. The time commitment to Sleep training in particular has undergone a great deal of thought. For new Respiratory and Sleep trainees entering the program as of 2011, it has been proposed that Sleep training should be defined in six month blocks (or a continuous 12 month block). This proposal has created a degree of discussion amongst the TSANZ, ASA and STC, and while in general the educational principles of allowing focused time on Respiratory or Sleep medicine has achieved a degree of consensus, there remain practical implementation issues in some States.

Structuring rosters to cater for this plan is problematic when there are very few specifically funded training posts for Sleep. During 2011 in particular the practical issues will need to be further addressed, and the RACP will need to endorse the training pathway in the context of developing the new training handbook. Potentially adding to the complexity of implementation is the RACP policy on Flexibility in Training, which deals with issues such as interruptions for starting a family, part time training, etc. Nevertheless, the STC is confident that a plan that addresses educational needs and fits within the RACP policy framework will be achieved. A proposal to provide an abbreviated Sleep training pathway that enabled Respiratory trainees to achieve competence in polysomnography and “sleep-related breathing disorders” was widely discussed, but did not achieve consensus. It was felt that there should be one single curriculum for achieving competence broadly in Sleep medicine. Thus, the previous distinction between Level One and Level Two Sleep accreditation will no longer apply. The previous practice of formally requiring a “three month” Sleep attachment in core Respiratory Medicine no longer holds: Sleep as a curriculum topic is handled similarly to other areas of Respiratory Medicine (e.g. lung cancer, etc). This means that it will no longer be possible to “double count” three months Sleep training within the two core years of Respiratory training.

**Support for Learning Activities.** The STC strongly wishes to improve upon the delivery of teaching. A number of excellent programs are already in place including the Lung School, TSANZ and ASA Annual Scientific Meetings, national Advanced Trainee courses and State-based activities. These activities need to be coordinated and expanded to help trainees meet the requirements of the new curricula. A/Prof Tara McKenzie, as the Lead in Teaching and Learning, has devised a plan for coordinating these activities, and RACP support is being pursued to facilitate this, particularly in regard to the use of information technology such as pod-cast lectures, video-linkages and the like. Tara and the STC are developing guidelines which map curriculum requirements with learning activities. This plan is going to need a good deal of work during 2011. Expressions of interest from those wishing to be further involved in the plans for delivery of teaching have been received.

**Trainee approvals:** Each year the STC deals with over 100 prospective training applications and reviews of supervisors’ reports for accreditation, and 2010 was no exception. A plan to engage the newly enrolled trainees with the TSANZ is now in place and welcome packs are being developed. The STC also has an important role in dealing with trainees in difficulty, and strives to provide support and devise plans that will enable these trainees to complete their training satisfactorily. A small number of sensitive issues arise each year.

**Site Accreditation:** Accreditation of sites for advanced training is a major responsibility of the RACP that is undertaken by the STC. The STC is working through a prioritised list of sites with many visits planned for 2011. Site accreditation teams typically consist of two visitors, either two STC members, or one STC member plus an experienced physician co-opted locally. Standards for site accreditation are being updated to reflect the new curriculum requirements but it is not expected that these changes will be substantial. To expedite accreditations, the STC will be seeking more engagement from experienced non-STC members and will work with the TSANZ and ASA to identify potential accreditors. The STC has responsibility for both Australian and New Zealand sites. With each site accreditation visit, the STC strives to provide helpful advice to the site and should not be seen simply as a “policing” exercise. This bi-national program is an excellent mechanism for cross-fertilisation of ideas.

**Support from the RACP:** The last six months of 2010 was a particularly testing time for the STC in regard to the level of support provided from the RACP. Our Education Officer was promoted internally without notice and for the rest of the year we were without a permanent support officer – in fact four candidates came and went, some staying as little as 24 hours! Although others within the College stepped up to help (and this was much appreciated), this presented major difficulties in a number of areas, not the least of which being the matching process for employing new trainees in the Eastern States. Some momentum was lost with our site accreditation schedule. These difficulties were strongly highlighted to the College Education Committee, where a number of other STCs / SACs raised similar concerns. The RACP committed to undertake a review of their junior administrative structure and to address issues of attraction and retention of employees. As at February we have a new permanent Education Officer, Sally Timmins, who commenced in January. At the higher level there have been some changes to the Education Deanery with Kevin Forsyth’s departure, and some active discussion about the role of the Adult Medicine Division. The implications of all this for the STC are yet to be seen.

**STC Membership:** Initial terms for STC members were two years with an option of renewal. All current members have completed their first two year appointments. All members apart from me have committed to a second two year term. The STC felt that during this critical time of change some continuity and corporate memory was important. I will be moving off the STC to take up the role of President of the TSANZ, but in that role will of course remain closely engaged with the STC and training issues. The TSANZ called for nominations for a replacement representative, and have selected A/Prof Hubertus Jersmann. Hubertus has a wealth of experience with trainee issues, having gone through the AMC overseas trained physician accreditation process, and contributed strongly to overseas trained physician issues. He completed advanced training in Respiratory Medicine in Adelaide, completed a PhD in Immunology, a post-doctoral attachment in Scotland and then post-FRACP training in Sleep. He is currently primarily a university appointee with a major role in teaching, assessment and curriculum development for the undergraduate medical course. In addition, he has a major interest in interventional pulmonology, an area of rapid development at present, and runs a busy clinical practice at the Royal Adelaide Hospital.

**STC Chair:** In accordance with the terms of reference, a new STC Chair will be elected by the STC members.

I would like to thank all STC members for their excellent contributions and look forward to continued advancement of trainee issues.

**Prof Paul Reynolds**  
**Chair, STC in Respiratory and Sleep Medicine**

[Table of Contents](#)

## **TSANZ (New Zealand Branch) Inc. President's Report**

### **Branch Executive Members:**

*Ben Brockway (Treasurer), Diana Hart (NZ Nurses), Richard Laing, Tanya McWilliams (Secretary), Alister Neill, Mark O`Carroll, Maureen Swanney (ANZSRS), D. Robin Taylor (President)*

After something of a lull, the New Zealand Branch was re-invigorated at its Annual Scientific Meeting in Queenstown in August. Prof Phil Thomson was the guest speaker. An encouragingly large number of advanced trainees were present for the pre-conference education sessions. The new Executive Team was installed and the mood was upbeat and warm.

The principal goal for the NZ Branch in 2011 is to develop four regional "hubs" (three North Island, one South Island), which provide the opportunity for local meetings of clinicians, nurses and scientists. The broader aim is to encourage wider collegiality which it is generally agreed, has withered during the last 10 years. It is intended that the Hubs should meet 2-3 times per year, and that they should include clinical audit, case studies and topics of importance in relation to local service provision as well as contributions from occasional visiting speakers.

**Prof D. Robin Taylor**  
**President, TSANZ (New Zealand Branch) Inc.**

**Table 6- New Zealand Branch Financial Report  
as at 31 December 2010**

<b>Opening Current and Conference Account Balances</b>		<b>8,493.53</b>
<b>Term Deposit Balance</b>		<b>5,500.00</b>
<b>Total</b>		<b>13,993.53</b>
<b>Income</b>		
Bank Interest		275.12
Annual Scientific Meeting		47,591.50
TSANZ		18,895.28
	<b>Total</b>	<b>75,255.43</b>
<b>Expenditure</b>		
Subscription (ASH)		50.00
YIAs, Travel Awards		4,500.00
Think Tank Meeting, Wellington		2,382.79
Internet, teleconference, bank fees		170.77
Annual Scientific Meeting 2010		41,844.93
Annual Scientific Meeting 2009		8,627.63
	<b>Total</b>	<b>57,576.12</b>
<b>Closing Balance</b>		<b>23,179.31</b>

**Prepared by Dr Ben Brockway  
Treasurer, TSANZ (New Zealand Branch) Inc.**

## New South Wales Branch President's Report

[Table of Contents](#)

2010 has been an exciting year for the NSW Branch, primarily relating to our multitude of educational events, including our very successful branch meetings.

*Executive:* The year commenced with three new members joining the Executive Committee - Prof Christine Jenkins, A/Prof Tara Mackenzie (the elected President) and Dr Alistair Abbott, representing the advanced trainees.

*Branch meetings:* We changed the venue for our Branch meetings this year to make it more accessible for members. This was very successful, with a significant increase in attendance at the meetings. The first Branch meeting for 2010 was attended by over 100 members. We had four exciting speakers and topics this year - A/Prof Brendon Yee on the management of the sleepy driver, Dr Hazel Goldberg on the relevance of drug-resistant Tuberculosis (TB) and Prof Michael Boyer giving an update on lung cancer. We also held a very special Summer Branch meeting, which celebrated the contribution made by Prof Iven Young to respiratory medicine. This was attended by members of the National Executive, including the President, Prof Phil Thompson.

*Educational events:* Our education calendar was also buzzing with activity - with four National Lung School Program sessions being broadcast out of Sydney RACP office to various centres in Australia and NZ, and our 6th annual combined TSANZ/Respiratory Nurses Interest Group (RNIG) educational meeting in October. This year we combined the educational day with scientists from the Australia & New Zealand Society of Respiratory Science (ANZSRS).

We look forward in developing and implementing new educational events for our members, as well as continuing to promote public health messages in 2011. Specific educational events planned for 2011 include a combined session with the Australasian Sleep Association for advanced trainees across NSW, and the running of two of the scheduled national lung school sessions for the Specialty Training Committee (STC).

I would like to take this opportunity to thank the various esteemed speakers at all educational activities, for giving up their time in sharing their knowledge and experience with our trainees and members.

Finally, I would like to thank the NSW Executive, in particular Ben Kwan and David Michail, without whom we would not have such a successful Branch. I look forward to the opportunities and challenges of 2011.

**A/Prof Tara Mackenzie,  
President, NSW Branch**

## **Queensland Branch President's Report**

2010 was a busy year for the Queensland Branch, with a number of well supported educational activities.

The winter meeting entitled "Warm Winter Rays: An update on Thoracic Radiology" was held at Caloundra. Radiologists from South-East Queensland provided expert highly educational presentations on a variety of topics over the two days. The meeting was very well attended with 47 delegates. Topics included reassessment of the chest x-ray, interpretation high resolution CT scan, CT and MRI for pulmonary vascular disease, assessment and management of lung nodules and a nuclear medicine update.

The rejuvenated format of the inter-hospital meetings was again a success in 2010. These were run very effectively by The Princess Alexandra Hospital. Six excellent case-based presentations from the Advanced Trainees were conducted at branch meetings in Brisbane throughout the year.

The Physiology Training Meeting and Annual Scientific Meeting held on 12 - 13 November 2010 were well attended. Dr Greg King, from the Woolcock Institute in Sydney was the guest mentor. Respiratory muscle physiology was the topic for the Physiology Day and all Advanced Trainees delivered very thoughtful and well researched presentations. The Annual Scientific Meeting key-note speech was delivered by Dr Greg King on the thought provoking "How will imaging technology be of use in respiratory practice and research in the next ten years?" Fifteen abstracts were received on a diverse range of thoracic topics including infectious diseases, lung cancer, ventilation strategies for H1N1 pandemic and new techniques in bronchoscopy. The overall best presentation was awarded to Dr Krishna Sriram for his presentation on "SOC6: A potential tumour suppressor gene involved in the recurrence of lung squamous cell cancer". Second prize was awarded to Dr Phan Nguyen on "Narrow band imaging improves preoperative fluorescence assessment of upper and lower airways in head and neck cancer patients". The Anil Patel prize for best presentation in Mycobacterial Disease/Public Health was awarded to Dr Henry Marshall for his abstract on "The Significance of Mycobacterium Lentiflavum as a clinical and environmental pathogen". Congratulations to all those who presented at the meeting.

I am indebted to the hard work of Dr Peter Robinson for his organisational skills with respect to the smooth running of the TSANZ (Queensland Branch).

**Dr James Douglas**  
**President, QLD Branch**

## South Australian Branch President's Report

The SA Branch has again been very active in many areas this year, and there has been development of existing programs over the last year.

### Educational activities this year included:

- *Annual Scientific Meeting in September.* The topic was "Respiratory Infectious Diseases" and there were a wide range of visiting faculty. The Plenary session was delivered by Dr Tom Kotsimbos on "H1N1 in Australia". Other speakers addressed issues regarding infection control (Dr Karen Rowland), ventilator acquired pneumonia (Dr Jon Polasek), fungal infections (Dr David Ellis), HTLV-1 related respiratory disease (Dr Lloyd Einsiedel), Multi-resistant TB in Australia (Dr Rick Stapledon). The meeting was well attended and the audience were very appreciative.
- *Clinical pathology-radiobiology case presentations:* four interesting cases were presented by advanced trainees. As usual there was a lively discussion around each of the cases. A great teaching session for all the physicians.
- *Young Investigator Award research presentations.* This annual event highlights the research being done in respiratory medicine in Adelaide. The standard of the presentations was high as ever.
- Professor Ron Crystal from Weill Cornell Medical College, New York, USA gave a very thought provoking and challenging talk on *Smoking: Available, Addictive, and Very, Very Dangerous.*

### Training and Teaching

- A Centralised State Committee was again used to select advanced trainees in SA. The process this year was very smooth with many of the problems encountered last year resolved. Both the trainees and the training hospitals felt it was a successful process.
- Physiology lectures for advanced trainees were added to the program already organised by the trainees.
- The SA Respiratory Nurses are continuing the educational program to develop professional standards and guidelines

We were saddened by the death of Dr Geoffrey McLennan in July. Geoff had been working in the USA for many years but kept in contact with colleagues and continued to contribute to medicine and research in Australia. His legacy includes being the founding president of the Australian Lung Foundation. He will be missed by his colleagues.

On a brighter note, the SA branch was delighted at the election of Prof Paul Reynolds as President of TSANZ.

**Dr Hugh Greville,  
President, SA Branch**

## **Tasmanian Branch President's Report**

Since the 2010 report was delivered, I am pleased to report a modestly increased capacity to deliver public respiratory services within Tasmania. There has been one additional Respiratory FTE allocated to the North of the State (Launceston), and this position was filled just over a month ago with the appointment of a recently qualified local trainee. Additionally an appointment has been made in the NW (covering Burnie and Devonport), with a senior overseas qualified respiratory physician due to commence in Burnie shortly. In Hobart, too, an appointment has been made to replace the CF specialist who left in 2010; this replenishment of resources will ease the burden on a currently under-resourced state-wide CF service.

Resources remain stretched across the state, especially the North, with current manpower resources stretched by their current ICU and general medicine obligations. Tasmanian hospitals serve a population which is older, less privileged, and less insured than populations draining to mainland hospitals. This elderly underprivileged smoking population - as expected - has multiple co-morbidities, and outpatient burdens are high.

Supervision of sleep apnoea therapy, especially for public patients, remains problematic due to the lack of resources outlined above, in the North and (even more so) in the North West. Diagnostic sleep services are provided at Medicare rates to referring general practitioners by a range of interstate practitioners, more or less on an open access basis, and there is certainly no shortage of studies in the North West – the problem has been in the delivery of treatment.

Despite all these hurdles, another successful Branch meeting was held in Hobart in early November. Local researchers gave a variety of presentations on a wide range of topics including asthma, lung cancer, bacterial infections in COPD, and self management. Workforce issues were discussed and some interesting cases were presented.

North-South relations remain positive, although clinical workloads preclude the frequent discussions that I would prefer. Priorities for 2011-2012 include EBUS facilities, and (as in 2010-11) more basic requirements such as increased staffing, as outlined above; streamlining of some of the NW sleep clinics; and accreditation of one 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.

**Dr Greg Haug**  
**President, TAS Branch**

[Table of Contents](#)

## **Victorian Branch President's Report**

As another year concludes, it gives me pleasure to reflect on the growing membership of the Victorian branch and the great sense of a shared professional community which exists amongst the members.

As in the previous years, the highlight of the calendar was the Victorian Branch Annual Scientific Meeting in November. A change in time this year to a Friday afternoon and evening format was hugely popular with attendees and presenters alike. This meeting serves as a fermentation barrel for respiratory research in Victoria. We were indeed fortunate to have an enthusiastic and challenging guest speaker in Prof Gary Lee.

In a busy conference month, Melbourne hosted the 3rd Australian Lung Cancer conference in October - an excellent interdisciplinary meeting widely supported within the Branch.

Through the year, we held our bi-monthly educational dinners which continue to fill our venue to capacity. We thank our industry sponsors for their commitment to these events and we thank the individual hospitals whose presenters keep these meetings topical.

It is pleasing to note that training in Respiratory Medicine remains very attractive to registrars, and that the number of accredited posts continues to expand. The central recruitment process involving interview panel and computer matching continues to manage this process very well.

A team effort is required to achieve success and for their hard work and dedication my thanks go to Jeremy Goldin, Garun Hamilton, Celia Lanteri, Eli Dabscheck, Dan Steinfort and Matt Conron.

Garun has kindly agreed to take over the Presidency of the Victorian branch for 2011.

**A/Prof David Langton**  
**President, VIC Branch**

Table of Contents

## **Western Australia Branch President's Report**

The last year has been very significant for the WA Branch, as it has marked the 21<sup>st</sup> anniversary of our first Branch Annual Scientific Meeting. It was fitting therefore that the 2010 Branch ASM not only celebrated this, but itself provided the highlight of our Branch activities for the year. We were very pleased that Greg King accepted our invitation as plenary speaker. Both of Greg's talks were extremely well received, his interest in lung structure assessment and longitudinal lung function assessment was well communicated and of great appeal to the audience. The ANZSRS speaker Leigh Seccombe certainly expanded our knowledge of the physiological effects of free diving, while local invited speaker Shane Maloney delivered a fascinating talk on the effects of climate change on the long lived mammals. As usual the standard of young investigator and poster presentations was extremely high. Kristen Nowak (our second invited local speaker) delivered an inspiring talk on the genetics of neuromuscular disorders, her enthusiasm for her research was certainly inspirational. A personal highlight was the debate in which the author argued against Nigel McArdle, that there had been significant advances in respiratory medicine over the last 21 years. While I certainly had the stronger argument, the audience inexplicably thought otherwise, clearly our respiratory community in WA needs to adopt a less cynical viewpoint!

Our distinguished speaker for 2010, and the first repeat performer, was Martin Phillips. It was Martin's enthusiasm that was the driving force behind the first meeting, and his speech, and accompanying PowerPoint show gave us a very entertaining overview of the history of the WA Branch.

I would like to thank all of the committee members, and acknowledge specifically Nigel, who leaves us after eight years service. Special thanks are also due to the members of the Associates' Committee, for their excellent work in organising the ASM.

**Dr Andrew Wilson**  
**President, WA Branch**

[Table of Contents](#)

## **Reports from the Special Interest Groups**

### **Asthma and Allergy Special Interest Group**

#### ***Co-Convenors:***

**Dr Janet Rimmer**

**Prof John Wilson**

**A/Prof J Margaret Hughes**

There was a lot of interest for members of the Asthma & Allergy SIG at the very successful 2010 ASM in Brisbane, with both a plenary and symposium sessions on asthma. Notably Prof Stephen Holgate was very generous with his time and contributions to a variety of SIG sessions which were well attended and stimulated considerable animated discussion. Joint sessions were held with our Paediatrics and Cell Biology and Immunology colleagues. The National Asthma Council (NAC) was generous with their support of the SIG and Dr Lisa Wood was awarded the NAC prize for the best Asthma and Allergy SIG presentation.

Dr Wood has now generously assisted with planning the SIG's sessions at the 2011 ASM in Perth. The Asthma & Allergy SIG will have a joint symposium with the Cough Group on the Cough-Asthma Interface, two oral sessions (i. Airway Obstruction and Molecular Mechanisms; ii. From Risk Factors to Management), as well as another joint oral session with Paediatrics, which includes a focus on the association between viruses and childhood asthma. Once more, the poster sessions are the backbone of our scientific presentations, since they are an effective way to convey important new findings and receive feedback. There will be three poster presentation sessions (i. basic mechanisms: genes, infections and disease overlap; ii. clinical: measurement, obstruction and phenotype; iii. clinical: impact of lifestyle choices on asthma and vocal cord dysfunction). As well SIG members are contributing to an expert panel for a NAC sponsored difficult case drop-in breakfast session, as well as the Cochrane and Tobacco sessions. Overall, scientific support for the meeting has been very good and 57 abstracts were submitted to the SIG for presentation at the 2011 ASM.

Asthma & Allergy is the largest SIG, and with the help of TSANZ administrative team in 2010, members were surveyed for their views on future directions for the SIG, topics for sessions at future ASMs and how to best serve the diverse needs of our members. The responses received so far are very helpful for our future planning. We remain keen to receive further suggestions and feedback from the membership.

During the year some, mostly clinical, issues were referred to the SIG for input. We are appreciative of the contribution made by members who coordinated responses / provided expert comments when approached.

Involvement in organising the SIG sessions for the ASM is very stimulating, and we are impressed by the breadth and depth of asthma and allergy research presented by SIG members. We thank Dr Lisa Wood for her continued contributions to planning the SIG sessions at the 2011 ASM and urge others, especially early career clinicians, to also become involved.

## Chronic Obstructive Pulmonary Disease Special Interest Group

### **Co-Convenors:**

**Dr Ian Yang**

**Dr Brian Smith**

[Table of Contents](#)

TSANZ Chronic Obstructive Pulmonary Disease (COPD) SIG enjoys a multidisciplinary approach to helping solve clinical problems for patients with COPD. Our members apply a wide range of basic science, physiological, epidemiological and clinical approaches, with the aim of improving outcomes for our patients. We have many links with other SIGs and discipline groups, and present high quality COPD research at the 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.

At the 2010 Annual Scientific Meeting in Brisbane, we are pleased to report that there were 42 presentations in the poster and oral sessions, with an additional six presentations in the joint Physiotherapy/COPD oral session. Our special guest speaker was Prof Paul Jones, St George's Hospital, London, who spoke on "*What is mild-moderate COPD and what should we do about it?*" For the 2011 Annual Scientific Meeting in Perth, we are looking forward to over 30 presentations, including a speaker in the Young Investigator Award (YIA) session. We will be covering clinical, epidemiological and basic science topics in the oral and poster sessions. A special COPD plenary session will also be held on the Saturday of the meeting, focusing on COPD epidemiology, clinical management and non-invasive ventilation themes.

Our COPD SIG works closely with our partners in clinical care and advocacy for people with COPD. We have a close working relationship with the Australian Lung Foundation, with our convenors represented in the ALF COPD national committee, and COPDX Evaluation committee for the clinical guidelines. The TSANZ COPD SIG convenors have a role in endorsing the Australian COPD clinical guidelines.

The Australasian COPD Research Network (ACORN) is continuing to formulate ideas for COPD research, and we will seek input from COPD SIG members about feasibility of ideas for multicentre research projects. We are currently working up a national study of COPD exacerbations (lead: Richard Wood-Baker) and will be inviting COPD SIG members to contribute to this. 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 have completed enrolment, and are currently analysing the results.

# Cystic Fibrosis Special Interest Group

[Table of Contents](#)

## **Co-Convenors:**

**A/Prof Claire Wainwright**

**A/Prof Peter Wark**

## **Annual Scientific Meeting**

The oral presentations and posters at the Annual Scientific Meeting in Brisbane in 2010 were of an excellent standard. There were 21 abstracts presented at the conference, with 12 oral presentations and nine 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. The first CF Clinic Reviews were due to take place in May 2010. The CF SIG endorsed the CF Clinic review process. The dates of the review were set to accommodate their travel plans to Australia. There was discussion about including consumer representatives on the panel and the decision was made to include an adult with CF and a parent of a child with CF from other Sydney CF clinics. The review process would be funded through CF Australia.
2. The National Data Registry was discussed. Clinics were encouraged to complete data entry. CF Australia has pursued an international collaborative strategy to develop a Data Warehouse that will be used to enable easy sharing and comparison of datasets internationally across different databases in the future.

## **CF Clinic Reviews**

The CF clinic reviews took place at Westmead Children's and the Royal Prince Alfred Hospitals in May 2010. The review panel was multidisciplinary and included Dr S. Madge, Nurse Practitioner from the Brompton adult CF clinic in London, and Dr S. Carr, CF Centre Director at St Bartholomew and The London Hospital. Australian CF centre representatives were A/Prof Claire Wainwright, A/Prof Peter Wark, Ms Penny Mitchell and Ms Anne Li, with Ms Catherine Gasparini and Mrs Melinda Pickard CF consumer representatives. While a very large task, the review process went well with excellent co-operation from the CF centres and their respective hospitals. The support of CFA was instrumental in facilitating this and in assisting with the publication of the report.

The TSANZ Executive reviewed and approved the report, and these were sent to the CF centres as well as their hospital administrations. This was seen as an important step in ensuring the adoption of the CF standards of care across Australia and improving clinical services.

Further reviews of CF centres in Victoria are now being planned and negotiated on for 2011.

## **Interventional Pulmonology Special Interest Group**

### ***Convenors:***

**Dr David Fielding**

**Dr Martin Phillips**

### ***Workshops***

2010 was another active year in terms of hands on workshops regarding Interventional Pulmonology procedures.

- *March 2010 Pleural procedure workshop*  
Princess Alexandra Hospital, Convenor Dr Luke Garske  
30 attendees with 12 consultant demonstrators, covering all aspects of chest drainage and intercostal catheter insertion. Mannequin supervised hands on training as well as lectures from a range of specialists including Dr Helen Ward, and Dr John Coucher, Radiologist.
- *August 2010 EBUS workshop*  
Royal Melbourne Hospital, Convenor Dr Lou Irving  
30 attendees. Hands on training and live demonstration cases. Visiting specialist Dr David Fielding.
- *August and November 2010 Pleural ultrasound workshop*  
Australian Institute of Ultrasound, Broadbeach, Convenor Dr David Fielding and Australian Institute of Ultrasound (AIU) staff  
This inaugural course was a first step in procedural training for pleural ultrasound, now fast becoming a main stream procedure for Thoracic Physicians. Lectures, mannequin training and hands-on practice with patients were held. Two courses have now occurred and there will be further courses in 2011.
- *Thoracoscopy workshop December 2010*  
University of WA / The Clinic & Education Centre (CTEC), Convenor Dr Martin Phillips  
20 attendees including a visiting international expert Dr Marc Noppen from Belgium. Once again, an excellent three day course with mannequin training and hands on live practice at the world class CTEC facility.

### ***Procedural Activity Survey***

A publication on this topic was placed on the TSANZ website in April. It shows activity of teaching hospitals with respect to Interventional Pulmonology procedures. The results demonstrated a wide range of activity in our Society. The information is meant for trainees when planning their training.

### ***Guidelines submitted for review***

- Interventional Pulmonology procedural training guidelines (TSANZ Executive)
- Pleural Ultrasound Training Guidelines (Submitted to Australasian Society of Ultrasound in Medicine)

## Lung Cancer Special Interest Group

[Table of Contents](#)

### ***Co-Convenors:***

**Dr Jeff Bowden**

**Dr Krishna Sriram**

The main focus of the Lung Cancer SIG is in assisting in the organisation of the program for the Annual Scientific Meeting of the TSANZ. Elsewhere, members of the SIG are active in other forums in educating, promoting awareness, and improving management of lung cancer with involvement of the Australian Lung Foundation (ALF) Lung Cancer Network (<http://www.kilcn.org.au/pages/home.php>), the Australian Lung Cancer Conference (<http://www.alcc.net.au/>), held every two years, and in the Australian Lung Cancer Clinical Trials Group (<http://www.altg.com.au/>).

Members are also involved in the development of new Australian guidelines for lung cancer management. If anyone is interested in developing further activities or assisting with the SIG, we would welcome feedback and input.

## Nurses Special Interest Group

### ***Convenor:***

**Ms Tod Adams**

### ***Co-Convenor:***

**Ms Diana Hart**

### **TSANZ Representations**

Central Programme Subcommittee - Tod Adams (NSW) & Diana Hart

Clinical Care & Resources Subcommittee – Diana Hart

Diana Hart took over from Victoria Perry at the TSANZ AGM in Brisbane March 2010 .At the Nurses SIG AGM, Victoria was thanked for all her dedication and hard work for the nurses section.

### **Membership**

NZ Nurses SIG members continue to actively promote and advance respiratory health care in their specialty including nation-wide regional strategic planning and national forums. Members continue teaching at undergraduate and postgraduate programs. Our total membership numbers remain low with 22 New Zealand members as at August 2010. Recruitment to the SIG is high on our agenda, however access to professional development funds continues to be a major barrier to both membership and contribution.

### **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, and this was presented at the NZ Branch Annual Scientific Meeting in Queenstown August 2010. Endorsement of the framework was accepted from the TSANZ NZ Branch. The Framework will be an important tool in assessing nursing competence through out New Zealand to ensure quality of respiratory care. It is anticipated that the framework will be used to assist the Australian respiratory nurses to develop their complementary process. The framework provides a measurable means of evaluating practice, guides the development of individual nurses, orientation programs, position descriptions and curriculum for education programs. An ‘Assessment and Moderation Framework Tool’ has also been developed as an example of how skills and knowledge can be measured.

The New Zealand Nurses SIG group would like to thank the New Zealand Executive of the TSANZ for their collegial and financial support in the development of the framework.

### **Brisbane ASM March 2010**

The Nurses held their SIG meeting on the Saturday. It was well attended. The meeting this year combined after lunch with the Lung Cancer SIG, and a very informative and interesting afternoon was held. It was decided to investigate the options of further combined meetings with topics relevant to the nurses section at the next ASM in Perth 2011.

### **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 (each SIG has one each).
- The ALF Lung cancer Post graduate Grant-In-Aid of \$A5,000 and Undergraduate Grant-In-Aid of \$A2,500 (available to all members including nurses).
- The SIG was not successful in 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
- At the ASM in Brisbane, Prof Phil Thompson negotiated with the Convenors for the registration fee for an indigenous Aboriginal and Māori respiratory nurse grant to support attendance at the ASM. When formalized, it will be promoted in early 2011 for the Perth ASM.

### **Perth 2011 AGM April Meeting**

TSANZ nurses in New Zealand are to be encouraged to attend especially as it is the TSANZ 50<sup>th</sup> celebration.

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

**Co-Convenors:**  
**Dan Chambers,**  
**Peter Hopkins**

[Table of Contents](#)

Despite being the relatively new kid on the block and having an enigmatic name, the OLIV SIG continues to be very popular with members, this year contributing the second highest number of abstracts to the Society's Annual Scientific Meeting. For those of you who may have seen the name OLIV and wondered what on earth it stands for – we are the SIG for acronyms – eg. BOS, OB, DCD, IPAH, PCWP, RHC, RVSP, PVR, UIP, DIP, RBILD, NSIP, etc. We encompass a diverse range of special interests: interstitial lung disease, lung transplant, pulmonary hypertension and a range of orphan lung diseases.

The joint Australian Lung Foundation (ALF) / TSANZ Australasian registry network for orphan lung disease (naturally acronymised as ARNOLD) is now operational in Australia and is undergoing ethical review in New Zealand. 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.

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.

An example of such a network is that established for lung transplantation following donation after cardiac death (DCD). The National Collaborative led by Bronwyn Levy (Alfred Hospital, Melbourne) has captured all of these clinical events and is generating data of unprecedented quality to inform clinical decision making world-wide. The support of networks and services such as the DCD National Collaborative and ARNOLD are part of the core business of OLIV and are vitally important for clinicians working for patients with rare conditions.

We look forward to seeing you in Perth.

## Paediatrics Special Interest Group

[Table of Contents](#)

### **Co-Convenors:**

**A/Prof Graham Hall**

**Dr James Martin**

### **Annual Scientific Meeting**

In 2010 the Paediatric SIG received 16 abstracts, down from 22 the previous year. The SIG ran two oral sessions and one poster session. In addition to the excellent plenaries given by Prof Stephen Holgate and Jeffrey Whitsett, we were fortunate to have Prof Holgate present one oral session on “Paediatric Asthma, the Epithelium and Innate Immunity” and Prof Whitsett in the other oral session on “Disorders of Lung Morphogenesis, Maturation, and Function in the Newborn Infant”. All paediatric sessions were well attended, and we would encourage all those working in paediatrics to consider submitting their work to the paediatric sessions.

### **Other Activities**

During 2010 A/Prof Adam Jaffe and other members of the Paediatric SIG were involved in finalising a TSANZ position paper on the management of paediatric empyema. Additionally, a number of paediatric SIG members contributed to the TSANZ report on Respiratory and Sleep health in Indigenous Australians, as well as the update of the *Role of Corticosteroids in the Management of Childhood Asthma* report.

The TSANZ received an invitation to nominate a representative to serve on the International Relations committee of the Paediatric Assembly of the American Thoracic Society (ATS), and we are very pleased to announce that Prof Peter Sly will be representing Paediatrics and TSANZ on this committee for the next two years.

We would like to thank all those individuals that represent paediatrics on the various TSANZ committees as well as other national and international societies and professional bodies. It has been a pleasure to be the Convenors of the Paediatric SIG over the past several years, and we look forward to welcoming the new Paediatric SIG Convenors to the role in 2011.

# Physiotherapy Special Interest Group

[Table of Contents](#)

## **Convenor:**

Dr Kylie Hill

## **Co-Convenor:**

Dr Annemarie Lee

## **TSANZ Sub-Committees**

- Anne Holland is the Physiotherapy Special Interest Group (PTSIG) member of the Education and Research Sub-Committee.
- Kylie Hill joined the Education Research Sub-Committee in April 2010.
- Sue Jenkins is on the Conference Organising Committee for Perth 2011.

## **Brisbane 2010 TSANZ Annual Scientific Meeting**

- PTSIG members presented in the OLIV, CF and COPD sessions.
- Decided at the 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.
- Renae McNamara (NSW) won the Ann Woolcock Young Investigator: *“Water-based exercise improves exercise capacity in people with COPD with physical co-morbid conditions”* – she also won the Physiotherapy Special Interest Group Prize 2010 with this abstract.
- Best Physiotherapy Poster submitted for overall poster prize: Kylie Hill (WA) *‘Field-based tests elicit similar heart rates and oxygen uptake as ramp cycle ergometry tests in patients with COPD’*.

## **Pulmonary Rehabilitation Toolkit**

- The PTSIG remains active in contributing to updates of the ‘Pulmonary Rehabilitation Toolkit’ (web-based guidelines for setting up and conducting pulmonary rehabilitation: [www.pulmonaryrehab.com.au](http://www.pulmonaryrehab.com.au)).

## **Other interaction within the TSANZ**

- The PTSIG has reviewed and commented on: (i) the TSANZ SIG document, (ii) the Standards of Care for Cystic Fibrosis in New Zealand document. Our SIG has also contributed ideas for breakfast sessions for the 2011 ASM.
- We have initiated regular email contact with our PTSIG members and to date, have circulated three newsletters.

## Primary Care Special Interest Group

[Table of Contents](#)

### *Convenors*

**Dr Wai Kuen Chow,  
Dr Julia Walters**

### **Role of Primary Care SIG**

The Primary Care SIG promotes and encourages research in respiratory disease in the primary care context, and in improving coordination of care in respiratory disease across the health care continuum.

### **Brisbane 2010 TSANZ Annual Scientific Meeting**

- The Primary Care SIG poster session was combined with OELD/Population Health with three posters on primary care related issues being presented
- Five primary care related oral presentations were given in the Primary Care SIG Oral Session
- Juliet Foster was presented with the award for the Best Presentation in the Primary Care SIG Oral Session for her presentation entitled 'Adherence with inhaled corticosteroids in asthma is predicted by beliefs, behaviours and side effects'.
- Julia Walters represented the Primary Care SIG at a meeting of Convenors to discuss the role and membership of SIGs.

## Tobacco Control Special Interest Group

[Table of Contents](#)

### *Convenors:*

**Prof Bill Musk  
Dr Peter Franklin**

### **Annual Scientific Meeting – Brisbane**

At the 2010 Brisbane ASM, we had six presentations in our oral session covering a broad range of tobacco related issues, including passive smoking and lung function, smoking cessation and restriction programs, and cellular mechanisms of smoke-induced lung inflammation. The best presentation was awarded to Ross Vlahos from the University of Melbourne for his talk titled 'Non T Cell-Derived IL-17a Regulates Cigarette Smoke-Induced Lung Inflammation'.

### **Activities in 2010**

The Tobacco SIG continues to represent the TSANZ in supporting groups, with a primary aim of decreasing smoking rates and smoking related illness in the community. Organisations we are supporters/members of include:

1. Protecting Children from Tobacco Coalition
2. Australian Council on Smoking and Health (ACOSH)
3. Action on Smoking and Health (ASH)

## New Members of the TSANZ 2010

### Associate Members

Dr	Hari Hara	Adoni	Associate	ACT
Dr	Enas	Al-Zayadneh	Associate	NSW
Dr	Yasaman	Djavadkhani	Associate	NSW
Dr	Odette	Erskine	Associate	NSW
Dr	Chin	Goh	Associate	NSW
Mr	Lakshitha	Gunawardhana	Associate	NSW
Dr	Krishan	Gupta	Associate	NSW
Dr	Saurabh	Gupta	Associate	NSW
Dr	Paul	Hamor	Associate	NSW
Ms	Kate	Hardaker	Associate	NSW
Dr	Amy	Hollingworth	Associate	NSW
Ms	Shannan	Holmes	Associate	NSW
Dr	Patricia	Hullah	Associate	NSW
Ms	Anna	Jaques	Associate	NSW
Dr	Rathnini	Jayasuriya	Associate	NSW
Mrs	Laurent	Lara	Associate	NSW
Dr	Nicole	Livermore	Associate	NSW
Ms	Jennifer	Mackney	Associate	NSW
Dr	Stephen	Milne	Associate	NSW
Mr	Phillip	Munoz	Associate	NSW
Dr	Aleisha	Nielsen	Associate	NSW
Mr	Kevin	Oreo	Associate	NSW
Dr	Ajantha	Raguparan	Associate	NSW
Dr	Andrew	Stone	Associate	NSW
Dr	Katrina	Tonga	Associate	NSW
Dr	Lauren	Troy	Associate	NSW
Dr	Vanitha	Visvalingam	Associate	NSW
Mr	John	Bell	Associate	NZ
Dr	Zaheerodin	Bhikoo	Associate	NZ
Dr	Darren	Bowles	Associate	NZ
Dr	Leon	Chang	Associate	NZ
Dr	Andrew	Davies	Associate	NZ
Dr	Samantha	Herath	Associate	NZ
Dr	Christina	McLachlan	Associate	NZ
Dr	Kirsten	Ramsay	Associate	NZ
Dr	Thomas	Reid	Associate	NZ
Mrs	Chris	Rothman	Associate	NZ
Dr	Dodda	Satish Hulikunte	Associate	NZ
Dr	Lokugam	Seneviratna	Associate	NZ
Mr	Christoph	Tabeling	Associate	NZ
Dr	Paul	Tan	Associate	NZ
Mrs	Kathryn	Wheatley	Associate	NZ
Dr	David	Deller	Associate	QLD
Dr	Henry	Gallagher	Associate	QLD
Mr	Nathan	Goddard	Associate	QLD
Ms	Kelly	Howells	Associate	QLD
Mr	Trent	Johnson	Associate	QLD
Dr	Richard	Nankervis	Associate	QLD
Mrs	Cheryl	Oats	Associate	QLD

**Associate Members (cont.)**

Dr	Jayasundarage	Karunaratne	Associate	SA
Ms	Debra	Kay	Associate	SA
Mrs	Sarah	Madigan	Associate	SA
Ms	Slavica	Miskovich	Associate	SA
Mr	Richard	Parsons	Associate	SA
Dr	Sudhir	Rao	Associate	SA
Dr	Aliasghar	Aminazad	Associate	VIC
Mrs	Felicity	Blackstock	Associate	VIC
Dr	Julie	Considine	Associate	VIC
Mrs	Susan	Fowler	Associate	VIC
Ms	Jennifer	Hislop	Associate	VIC
Dr	Angus	Husband	Associate	VIC
Ms	Caroline	Kein	Associate	VIC
Dr	Carolin	Lodge	Associate	VIC
Dr	Kathy	Low	Associate	VIC
Dr	Julie	McDonald	Associate	VIC
Dr	Miranda	Paraskeva	Associate	VIC
Dr	Aisha	Qi	Associate	VIC
Mrs	Elizabeth	Robinson	Associate	VIC
Dr	Desmond	Cox	Associate	WA
Mrs	Leah	Epton	Associate	WA
Mrs	Lorraine	Martin	Associate	WA
Ms	Melanie	McCoy	Associate	WA
Mr	Benjamin	Noteboom	Associate	WA
Dr	Ranjan	Shrestha	Associate	WA
Ms	Shannon	Simpson	Associate	WA
Mr	Mark	Tan	Associate	WA
Mrs	Kirsty	Tilden	Associate	WA
Mr	Jamie	Wood	Associate	WA

**Ordinary Members**

Dr	Jan	Venter	Ordinary	NSW
A/Prof	Robert	Young	Ordinary	NZ
Dr	Manuel	Ferreira	Ordinary	QLD
Dr	John	Wong	Ordinary	SA
Dr	Rob	Bischof	Ordinary	VIC
Dr	Emma-Jane	Broadfield	Ordinary	VIC
Prof	Els	Meeusen	Ordinary	VIC
Dr	Cecilia	Prele	Ordinary	WA

**Student Members**

Ms	Marita	Dale	Student	NSW
Miss	Megan	Jensen	Student	NSW
Mr	Richard	Kim	Student	NSW
Mr	Timothy	Kidd	Student	QLD
Mr	John	Mackintosh	Student	QLD
Ms	Melisa	Lau	Student	VIC
Dr	Vicka	Oktaria	Student	VIC
Mr	Scott	Sands	Student	VIC
Ms	Joanne	Van der Velden	Student	VIC
Ms	Faang	Cheah	Student	WA
Dr	Edward	Fysh	Student	WA
Ms	Li Kuan	Liew	Student	WA
Mr	Kevin	Looi	Student	WA