



The Thoracic Society of Australia and New Zealand

2008 Annual Report

Mission Statement

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

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Objects of the Society

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

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

In pursuing the foregoing the Society shall endeavour to:

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

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2008 TSANZ Council

President

President Elect

Honorary Secretary

Honorary Treasurer

Branch Presidents (or their nominees)

Chairpersons of Standing Subcommittees

Chairperson, Australian Lung Foundation Inc.

TSANZ Representative to the National Asthma Council (by invitation)

2008 Executive Committee

| | |
|--------------------------------|--|
| Prof Christine Jenkins | President |
| Prof Philip J Thompson | President Elect |
| A/Prof Tara Mackenzie | Honorary Secretary |
| Dr David Serisier | Honorary Treasurer |
| Dr Mike Epton | President, New Zealand Branch |
| Dr Robert Edwards | National Chairman, Australian Lung Foundation |
| Dr John McLachlan | Chair, Clinical Care & Resources Subcommittee |
| Dr Richard Wood-Baker | Chair, Central Program Subcommittee |
| Dr Jane Ward | Chair, Education and Research Subcommittee |
| A/Prof Brendon Yee | Chair, Professional Standards Subcommittees |
| A/Prof Paul Reynolds | Chair, Specialist Training Committee (by invitation) |
| Dr Peter Wark | TSANZ Representative to National Asthma Council (by invitation). |
| Dr Claude Farah | Advanced Trainee in Respiratory and Sleep Medicine (by invitation) |
| A/Prof Hiran Selvadurai | Paediatric SIG Representative (by invitation) |

Special Interest Groups

| | |
|---|---------------------------------|
| Asthma & Allergy | Paediatric |
| Cell Biology/Immunology | Physiotherapy |
| Chronic Obstructive Pulmonary Disease | Primary Care Respiratory |
| Cystic Fibrosis | Respiratory Infectious Diseases |
| Interventional Pulmonology | Respiratory Nurses |
| Lung Cancer | Rural and Regional |
| Occupational & Environmental Lung Disease/ Population Health | Sleep and Physiology |
| Orphan Lung Disease / Lung Transplantation/ Interstitial Lung Disease / Pulmonary Vascular Disease (OLIV) | Tobacco and Related Substances |

TSANZ Administration

| | |
|----------------------|--------------------------|
| David Begg | Executive Officer |
| Dayna McGeeny | Administrative Officer |
| Sara Thorne | Administrative Assistant |
| Jenny Bridge | Administrative Officer |

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President's Report



It is often difficult to perceive on the inside, the impression that a smoothly running TSANZ administration, executive and subcommittee structure gives to the outside world of thoracic physicians, scientists, and health professionals who are its members. I'm inclined to believe that if everything is going very well, the work of the society will go on relatively unobserved. Of course this would be true also if almost nothing was happening and so it is my first priority in this report to reassure all the members of the TSANZ, that an enormous amount of effort and energy goes into running your society and achieving the gains in respiratory medicine training, professional education and interaction with the rest of the healthcare and professional community, that are very real, but may seem imperceptible from the outside. I thank David Begg, Sara Thorne, Dayna McGeeney along with Liz Paul who left in 2008, for their very high level of commitment to the TSANZ. A handover to a new executive officer is particularly challenging and David has now settled well into his job and is developing the essential corporate knowledge as well as the personal contacts with members.

In my annual report in 2008 I flagged a range of discussions and initiatives which I believed would begin a new era in the relationship between the Specialty Societies and the RACP. Whilst some of our hopes in relation to these have been achieved, many remain unmet and there are considerable reasons for concern about the slow progress that has been made. The TSANZ now has a joint Respiratory and Sleep STC which is functioning very effectively under the chairmanship of Paul Reynolds. The STC has taken over the role of the SAC, but it was always intended that it would embark on a broader range of educational initiatives, particularly with the finalisation of the respiratory and sleep, adult and paediatric curricula. While this task is almost complete and the STC is keen to expand its role, it is not all clear that the College will be able to assist as promised. The STC would like to embark on implementing the curriculum, particularly in assessment, but at this stage, support from the RACP barely meets the needs of the STC in overseeing advanced training and accreditation.

The College undertook to provide the resources and support equivalent of a 1.0 FTE Project Officer in the Education Deanery, and it is clear that this is not available to us at present. Further, late last year the College sent to all the Specialty Societies, a discussion paper outlining its perception that the current resourcing arrangements between the Specialty Societies and the College are unbalanced in favour of the Societies. This paper enumerated the various facilities and functions that the College performs for the Specialty Societies, choosing to ignore the very substantial input of Fellows from the Specialty Societies in supporting College activities, contributing to teaching, supervision, education initiatives, examining and innumerable committee roles. The paper predictably raised hackles, and the TSANZ along with several other Specialty Societies sent letters strongly rebutting some of the claims made. No formal response has been received as yet. A new CEO has been appointed at the College and it is to be hoped that a more conciliatory approach, recognizing the essential role of the Specialty Societies will be adopted. It is understood that the College's finances are limiting its activities present although this should provide *greater* reason to acknowledge the *pro bono* contributions of Fellows to its core functions and responsibilities, without which it could not survive. The TSANZ Executive also understands that it is appropriate for the Societies to pay their way and is open to taking on additional financial commitments to support its own staff and activities.

From within the society however, other events are more heartening. Although it may seem slow, significant progress has been made in discussions with the Australasian Sleep Association and we are close to finalising arrangements to enable core sleep training to be integrated into the 2 year respiratory curriculum rather than of necessity be time-based as a three-month training period. Further, it is likely that the ASA will abandon the two tier system for sleep physician training, and so dual respiratory and sleep training will still be achievable within three years. We continue to discuss the possibility that sleep training could take place in two 6-month blocks and ultimately be module based. This opens up the possibility that trainees could incorporate alternative six-month blocks to add depth to their respiratory medicine training. It is

crucial that these opportunities are explored locally by supervisors and trainees in order to ensure that respiratory medicine remains attractive to trainees and that respiratory physicians are also exposed during their training to related specialties such as infectious diseases, intensive care, cardiology, geriatric medicine and immunology. I thank David Hillman as president of the ASA for the effort he has put into working towards these goals.

I remain of the view that it would be advantageous for the respiratory advocacy organisations to align their efforts much more closely, and to consider strategic approaches and serious possibilities for amalgamation under a single banner. Respiratory health is very low down the national agenda *and getting lower*. On the government agenda, chronic disease management, health care reform and primary care are obvious priorities, however respiratory disease does not figure prominently in any of these initiatives at present. It might be said that we are punching *below* our weight. The separation of respiratory organisations is disadvantageous at least in regard to the current public health approach, which leans to broad systemic policies that look for common issues in all diseases and not for the distinctions between them. Lung health does not have the profile of cancer or cardiovascular disease, nor of obesity and its consequences, and so is falling under the radar of public policy and the community. We must do all we can to consider how to turn this around. At the ASM I will hold a meeting of all interested TSANZ members who are participants in various state and national organisation committees to discuss some of the approaches we could take to this problem.

In this vein, I have held further meetings with the presidents of the respiratory organizations and although unfortunately there were major hurdles to achieving an Indigenous Lung Health Summit, I have been greatly encouraged by the commitment and goodwill between the respiratory advocacy organizations that enabled substantial planning to occur. At the present time although the Lung Health Alliance has made every effort to seek funding, a summit meeting this year is not looking at all promising. There have been difficulties raising interest in government and in engaging the indigenous community. However the presidents of the respiratory advocacy organisations strongly support continuing to meet and to discuss issues of mutual interest and activity, and it is likely this will foster closer relationships between the organisations.

This brings me to the saddest point of the past year. Up until February 7th, I was liaising with Professor Rob Pearce to publish his report, commissioned by the TSANZ and ASA, on Respiratory and Sleep Health in Indigenous Australians, in preparation for its launch at the Annual Scientific Meeting in Darwin. Rob's long-standing concerns around these issues have found a fitting platform in this document, and he brought together a team of respected colleagues to plan it and write it. His identification of the dearth of services available to indigenous people in the Northern Territory, had led him to negotiate for the establishment of a staff specialist position for a respiratory physician in Darwin. His death in the fires in Victoria is a great loss to the society and to the community. He will be honoured by a tribute at the meeting and by the establishment of an award or fellowship that reflects his professional goals.

This will be my last TSANZ at meeting as president. I have thoroughly enjoyed this role although have not always felt I could manage all the tasks that could potentially be taken on, as there is a great deal more to do than time in which to do it. I thank all the members who have contacted me over the last two years to discuss issues and to raise concerns. Without this interaction, the society will not be able to reflect the needs and priorities of its members and I encourage you to continue it with your new president, Philip Thompson. I know Phil will bring skill, professionalism and new perspectives to this role and I look forward to his contribution. I thank Tara McKenzie and David Serisier, and all the chairs and members of the standing subcommittees for their sustained commitment behind the scenes. As I said last year, every contribution counts. To all the members who have been involved in any way this year – a big thankyou.

Christine Jenkins
President

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Honorary Treasurer's Financial Report

The audited accounts for the last financial year 1st January - 31st December 2008 are available to members of the Society on request from the Executive Officer. Details of the financial activities of the Society over recent years are shown below. The years are not completely comparable as a result of changes to our accounting practices over time.

Profit & loss statement

| | 2008 | 2007 | 2006 | 2005 | 2004 | 2003 |
|--|----------------|----------------|----------------|----------------|----------------|----------------|
| INCOME | | | | | | |
| Member subscriptions | 238,889 | 221,067 | 217,616 | 189,236 | 212,762 | 190,619 |
| Investment Income | 82,029 | 110,756 | 83,537 | 70,017 | 6,228 | |
| Unrealised Movement in Investments | - | - | 29,234 | 10,463 | 16,557 | |
| Realised Movement in Investments | | 1,661 | - | | | |
| Investment rebate | - | - | 5,280 | | | |
| Interest received | 51,364 | 33,204 | 7,532 | 3,226 | 40,885 | 16,853 |
| Newsletters | 48,000 | 1,437 | 1,068 | 49,685 | 25,140 | 24,590 |
| Funds from branches | 127,521 | 105,640 | 103,659 | 46,883 | 42,412 | 53,214 |
| Other ¹ | 45,442 | 26,258 | 7,349 | 8,966 | 2,182 | |
| Advanced courses ² | - | - | - | 89,516 | 16,951 | |
| Mail out and email | 624 | 2,288 | 6,013 | 2,465 | 10,722 | |
| Website | 1,140 | 924 | | | | |
| Special purpose funding ³ | - | - | - | 7,453 | 52,450 | |
| Sundry Sponsorship | - | - | - | 6,000 | 43,293 | 88,969 |
| Surplus on Allen and Hanbury's sponsorship | 94,511 | - | 40,000 | 73,000 | 157,602 | |
| Surplus on annual scientific meeting ⁴ | 66,412 | 253,383 | (5,897) | 157,712 | 294,858 | 371,991 |
| Laboratory accreditation | - | - | - | 12,076 | | |
| Respirology – sponsorship and advertising ⁶ | - | - | 17,200 | 160,000 | | |
| | | | | | | |
| Total Income | 755,932 | 756,618 | 518,488 | 886,698 | 922,042 | 745,966 |
| | | | | | | |
| EXPENDITURE | | | | | | |
| Audit and bookkeeping fees | 13,500 | 13,500 | 9,263 | 9,202 | 9,348 | 16,667 |
| Advanced courses ² | - | - | - | 84,000 | 234 | 16,383 |
| Advertising | 13,898 | 14,145 | | | | |
| State branches | 101,575 | 96,841 | 109,982 | 50,772 | 65,807 | 71,400 |
| Bank Charges | 3,409 | 2,850 | 3,854 | 5,658 | 1,202 | 68,556 |
| Bad debts | 33,818 | | | | | |
| Depreciation | 7,246 | 7,985 | 9,475 | 3,103 | 3,652 | |
| General expenses | 3,937 | 2,253 | 7,465 | 35,064 | 34,806 | 6,582 |
| Insurance | 9,123 | 9,212 | 10,697 | 11,036 | 10,995 | 17,150 |
| Investment expenses | 13,382 | 15,508 | 11,049 | 7,759 | 10,743 | |
| Laboratory accreditation | - | 3,096 | 4,409 | 8,338 | 4,443 | 3,119 |
| Legal | 500 | 2,050 | | | | |
| Newsletter expenses | 27,562 | 21,648 | 30,826 | 35,767 | 26,918 | 13,801 |
| Office Expenses | 28,193 | 17,922 | 48,825 | 15,563 | 19,671 | 26,243 |
| Project sponsorship ³ | - | 7,195 | | | 47,113 | |
| Management fees for staffing costs | 227,117 | 203,730 | 198,684 | 177,027 | 162,643 | 150,059 |
| Subscriptions | 63,070 | 68,195 | 64,807 | 26,355 | 3,055 | |
| Telephone | 5,205 | 3,450 | 5,468 | 4,563 | 2,589 | |
| Council/ executive | 25,623 | 21,694 | 32,757 | 24,256 | 13,524 | 15,857 |
| Other travel expenses | 24,516 | | | | | |
| Unrealised Movement in Investments | 250,214 | 33,530 | | | | |
| Realised movements in investments | 49,183 | | | | | |
| Website maintenance ⁵ | 10,607 | 8,477 | 4,201 | 5,461 | 3,514 | 10,516 |
| Deficiency on Allen Hanbury's Scholarship | - | 174,900 | | | | |
| | | | | | | |
| Total expenses | 911,678 | 728,181 | 557,659 | 503,924 | 420,257 | 416,333 |

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

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

³ In 2004 and 2005 this included funding for the ICC website setup, Spirometry Buyers Guide and from RACP for training development

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

⁵ Has included all IT expenditure in financial years before 2004

⁶ Since 2006 no sponsorship/ advertising income is generated through Respirology

Assets

| | 2008 | 2007 | 2006 | 2005 | 2004 | 2003 |
|----------------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| A and H Fellowships | | | | | | |
| Skills enhancement | | | | | 56,350 | 56,350 |
| Ann Woolcock Fund | | | | | 13,639 | 12,507 |
| Total Cash | 864,894 | 1,107,535 | 641,372 | 762,096 | 582,598 | 1,469,840 |
| Investments | 1,493,814 | 1,453,573 | 1,390,194 | 1,283,898 | 1,212,041 | |
| Receivables | 95,793 | 43,205 | 231,661 | 355,585 | 262,209 | 6,707 |
| Property and Equipment | 14,850 | 18,638 | 21,619 | 19,133 | 8,236 | 8,920 |
| Other assets | 102,760 | 208,070 | | | | |
| Creditors | (377,225) | (241,173) | (56,149) | (37,506) | (71,150) | (10,640) |
| Current Tax liabilities | - | (6,473) | (3,000) | (21,840) | (15,342) | (8,613) |
| Other Liabilities | - | (232,743) | | | | |
| Total Members Funds | 2,194,886 | 2,350,632 | 2,322,195 | 2,361,366 | 1,978,592 | 1,466,214 |

Branch Finances

| Branch | 2009 Projected Income | 2009 Projected Expenditure | 2008 Balance | 2007 Balance | 2006 Balance | 2005 Balance | 2004 Balance |
|--------------------------|-----------------------------|----------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| New South Wales | 46,000 | 40,500 | (5,026) | 14,575 | 16,353 | 7,600 | 4,454 |
| New Zealand ¹ | 7,000 | 14,500 | (4,756) | (12,769) | (11,895) | (3,924) | 2,678 |
| Queensland | 20,000 | 20,000 | 11,601 | 6,534 | 5,966 | (1,000) | 275 |
| South Australia | 12,200 | 12,200 | 2,725 | 1,980 | (950) | 3,054 | (1,853) |
| Tasmania | 4,850 | 8,000 | (2,510) | (3,925) | (829) | (2,911) | (2,627) |
| Victoria | 15,000 | 14,500 | 916 | 2,980 | 539 | (2,763) | 4,040 |
| Western Australia | 17,500 | 21,000 | 416 | (8,047) | (5,020) | (2,877) | (2,380) |

¹ In New Zealand dollars

The Society's financial position remained solid in 2008. Our profit and loss position is roughly balanced (~100 K positive), in line with the 2008 budget forecasts. However, our investment portfolio has lost approximately 235K over the last 12 months (representing ~16% fall), a reflection of the "GFC", but substantially better than most funds performed across that period. The industry and commitment of the Society's staff members to continue to control costs and maintain income remain central to our stable financial position. In spite of some significant changes to staffing in 2008, those endeavours have not wavered – thank you to David, Dayna and Sara.

Funds raised from the TSANZ Annual Scientific Meeting remain integral to financing the Society, and the success of Melbourne 2008 was no exception – thanks again to Paul Reynolds and Elizabeth Eaton for their roles in ensuring its continued success.

Investments

2008 has been a poor year for investments and the Society's investment portfolio has lost approximately 16% over the calendar year. While disappointing for the Society, this return is actually reasonable when compared against average returns over this period, with the Australian Stock exchange losing approximately 40%. While 2009 may also be a challenging year for investment returns, the potential for significant gains in the medium and long term exists.

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

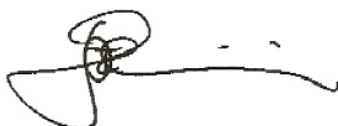
Conclusions and 2009 budgetary considerations

I am anticipating a small deficit for 2009 of approximately \$50K, however given our financial reserves I am recommending no change to membership subscription fees.

2009 TSANZ FEDERAL BUDGET

| | 2009 Budget | 2008 | 2007 | 2006 | 2005 | 2004 |
|--------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| INCOME | | | | | | |
| Member subscriptions | 240,000 | 220,000 | 200,000 | 190,000 | 200,000 | 180,000 |
| Investment Income | 85,000 | 100,000 | 90,000 | | | |
| Unrealised Movement in Investments | | | | | | 24,000 |
| Interest received | 35,000 | 25,000 | 10,000 | 70,000 | 30,000 | 15,000 |
| Newsletters | 25,000 | 25,000 | 25,000 | 50,000 | 24,000 | 24,000 |
| Funds from branches | 122,550 | 108,500 | 103,100 | 94,600 | 91,000 | 59,133 |
| Other | 15,000 | | | | | |
| Advanced courses | | | | | 75,000 | |
| Mail out and email | 1,000 | | | | | |
| Sundry Sponsorship | | | | | 20,000 | 13,000 |
| Surplus on annual scientific meeting | 100,000 | 100,000 | 100,000 | 75,000 | 100,000 | 50,000 |
| | | | | | | |
| Total Income | 623,550 | 578,500 | 528,100 | 479,600 | 540,000 | 365,133 |
| | | | | | | |
| EXPENDITURE | | | | | | |
| Audit and bookkeeping fees | 22,000 | 12,000 | 11,000 | 11,000 | 11,000 | 15,000 |
| Advanced courses | 20,000 | | | | 90,000 | 20,000 |
| State branches | 130,700 | 121,000 | 107,150 | 124,315 | 119,048 | 106,623 |
| Bank Charges | 5,000 | 5,000 | 5,000 | 7,000 | 5,000 | 30,000 |
| Depreciation | 8,000 | 8,000 | 8,000 | 4,000 | 4,000 | |
| General expenses | 5,000 | 5,000 | 40,000 | 40,000 | 35,000 | 9,000 |
| Insurance | 10,000 | 11,000 | 11,000 | 11,000 | 11,000 | 20,000 |
| Investment expenses | 15,000 | 15,000 | 10,000 | 10,000 | 5,000 | |
| Laboratory accreditation | 5,000 | 5,000 | 5,000 | 15,000 | 12,000 | 3,000 |
| Newsletter expenses | 25,000 | 25,000 | 25,000 | 35,000 | 27,000 | 19,000 |
| Office Expenses | 35,000 | 30,000 | 30,000 | 20,000 | 25,000 | 30,000 |
| Project sponsorship/ new projects | 15,000 | | 85,000 | | | |
| Management fees for staffing costs | 235,000 | 220,000 | 215,000 | 180,000 | 170,000 | 156,000 |
| Subscriptions | 90,000 | 80,000 | 80,000 | 30,000 | | |
| Telephone | 6,000 | 6,000 | 6,000 | 5,000 | 3,000 | |
| Council/ executive | 30,000 | 30,000 | 35,000 | 25,000 | 20,000 | 18,500 |
| Website maintenance | 12,000 | 9,000 | 6,000 | 6,000 | 5,000 | 11,000 |
| | | | | | | |
| Total expenses | 668,700 | 582,000 | 652,150 | 523,315 | 542,048 | 438,123 |

The Society's funds in reserve continue to provide a strong capital reserve of roughly three years' running costs; this is a financially responsible situation, particularly given the current and immediate economic climate.



David Serisier

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Central Programme Committee

| | |
|------------------------------|---------------------------|
| Dr Richard Wood-Baker | Chair |
| Dr Jane Ward | ERS Chair |
| A/Prof Paul Reynolds | Chair, 2009 LOC, Darwin |
| Dr Geoffrey Eather | Chair, 2010 LOC, Brisbane |

The central programme committee has continued to operate around a small group of key individuals involved in current and future events. Richard Wood-Baker has taken over as Chair, a role that has been made considerably easier with the immediate past Chair, Paul Reynolds, being the current Chair of the local organising committee for Darwin. Festival City Conventions continue as our professional conference organiser.

The 2008 TSANZ meeting in Melbourne was a further success for the society. The invited speakers Jim Hogg, Sebastian Johnson and Jonathon Grigg provided high level input to the meeting. The meeting was well attended with a total of 268 abstracts accepted, similar to numbers in 2006 and 2007. Despite initial fears that attendance would be down as a result of the APSR meeting at the Gold Coast, this did not eventuate, with a substantial surplus being made. I am most grateful for the efforts of David Armstrong and his committee in putting together such a successful meeting.

The 2009 Annual Scientific Meeting will be held in Darwin. Indigenous health will be the major theme of the conference, with two of the three plenary sessions based around this topic. Given the regional experience with indigenous health, local speakers are well represented, and we are fortunate to have Valerie Singleton from the North Western University Medical School, Chicago as our major international speaker. Dr Singleton has an interest in childhood immunisation and has worked extensively with indigenous communities in America. The final plenary session is expected to generate considerable interest with its focus on end of life issues. The plenaries will be supported by a wide range of oral and poster sessions, and a new healthy activities afternoon is being introduced to blow away academic cobwebs and revitalise delegates for the second half of the conference.

Plans are well advanced for the next advanced course, to be held in Tasmania on statistical methodology, as well as the 2010 Annual Scientific Meeting to be held in Brisbane. I would like to thank Elizabeth Eaton and Festival City Conventions for their continued dedication to our cause, the society's executive and office for their support and in particular the ongoing support of Paul Reynolds, both in his role as Chair of the Darwin meeting and also for providing support and guidance in my first year.

Richard Wood-Baker
Chair
Central Program Committee

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Clinical Care and Resources Subcommittee

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

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

We do not currently have an Advanced Trainee on the committee. We would be grateful if any AT were prepared to be involved.

A number of teleconferences and e-mail discussions have been held over the last year, and the following have been considered:

1. **Clinical indicators** – request from College. After discussion felt not to pursue at this time, but to refer back to College.
2. **Bronchoscopy guidelines** – the group revising these has been waiting for the BTS guidelines as a starting point. There has been discussion with the BTS about us modifying their guidelines for TSANZ use. When complete, we hope to have guidelines regarding bronchoscopy and related procedures (with Dr D Fielding at present).
3. **Respiratory & Sleep Health in Indigenous Australians** – draft paper has been presented and some modifications suggested. Work has been done by the late Dr Rob Pierce, and is due to be presented at the ASM in Darwin.
4. **Clinical Standards in Respiratory & Sleep Medicine** – this is a NZ document published some years ago and revised. Has been used to benchmark NZ public hospitals. CCRS have been asked to consider the possibility of translating this as a framework for an Australian document. This is a daunting task, and probably requires a Research Fellow. Ongoing discussion about the feasibility and cost.
5. **Australian Health Management Plan for Pandemic Influenza 2008** – this large document was passed on to TSANZ for review and response in a very short time-frame. Due to the importance of the document, an urgent meeting of the CCRS was convened including other interested members of TSANZ. Generally a good document. We made some recommendations for the working group and the document has now been published. Not specifically endorsed by TSANZ, but input given into document.
6. **Global Call to action on Pneumococcal Disease Prevention** – TSANZ was asked to endorse this project to increase immunisation awareness for Pneumococcal Disease. After investigation, it became apparent that while this was a worthy cause, there were too many vested interests to allow endorsement. A response was sent to the requester.
7. **Preventive Health Working Group** – initial request was made to ASA (not TSANZ). Dr M Naughton is the ASA representative, and has been requested to represent TSANZ as well. Main focus is on weight and smoking control at this stage. Subsequent request to TSANZ has been made and we have confirmed Matt Naughton as our representative.
8. **Management of Thrombo-embolic disease** – a request was received to consider supporting the development of guidelines. After discussion it was felt that there are sufficient guidelines available at present, and there seemed no imperative to produce our own. Referred back to SIG for further development if felt needed.
9. **BTS/SIGN Asthma Guidelines** – these guidelines were presented to TSANZ for endorsement without the current CCRS or Executive having prior knowledge. There ensued a difficult time in understanding the process by which TSANZ had become involved, and we realised that while individual members were involved in the process, TSANZ had not been involved officially, and the draft had certainly not been sent for approval prior to publication.

The other problem that presented itself was the fact that TSANZ already had an endorsed asthma guideline in the NAC Asthma Management Handbook. There was some discussion as to how many sets of guidelines we should endorse for a particular problem. Eventually it was agreed that we had an insoluble position as the BTS guidelines had already been published with acknowledgement of TSANZ. We also felt that the two sets were aimed at different groups of practitioners.

A compromise was thus reached allowing endorsement of both the NAC & BTS/SIGN Asthma management guidelines, and we are working with the BTS to potentially share databases and collaborate more closely in future.

10. **BTS/SIGN Interstitial Lung Disease Guidelines** – having just finalised discussion on the Asthma guidelines, we became aware of the BTS/SIGN guidelines on Interstitial Lung disease having been published with the TSANZ logo endorsing them. The same discussion again ensued regarding TSANZ ability to see a draft, and have input into guidelines that we are to endorse. Again the individual members who worked on the guidelines did so in good faith and worked very hard. The guidelines were found to be realistic (although little evidence is available). The history behind TSANZ involvement remains problematic. After review and reflection, we agreed to accept the TSANZ input and endorse these guidelines. It was also felt that an editorial is required to clearly state the Australasian position and circumstances regarding these guidelines which have a very metropolitan and British slant.
11. **Omalizumab Paper** – this paper was produced by a joint ASCIA/TSANZ working group to discuss the current position of omalizumab in Australasia. The paper was submitted to CCRS for approval, but in light of the above discussions it was found that further information was required, so that the process was clearly documented. It was also felt that some formatting was required, along with a statement regarding use in New Zealand.

There has been some pressure from the manufacturer to speed up the process, and this paper is in its final stage now, hopefully having been endorsed by the time of the AGM.

For the future:

- ◆ Papers in progress and draft or final expected:
 - ◆ Allergen Immunotherapy – original document being revised by working group of TSANZ & ASCIA. Still to report back.
 - ◆ Cough guidelines – Dr P Gibson notified that these are in preparation. A draft report is awaited.
 - ◆ BTS/TSANZ Pleural Disease Guidelines – initial discussion has been started. Seems likely that joint guidelines will be produced.
- ◆ Ensuring supporting literature for curriculum.

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

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

In reviewing the above, some contentious and difficult issues have arisen, which have given us much upon which to deliberate. We have had to grapple with the problem of the past, with TSANZ involvement not always well documented. There has been a problem that we do not have a clearly defined process for consideration of documents and guidelines. We have had to consider how many guidelines we endorse on the same subject.

After much consideration we have written an overview as to the process for submission of documents to the CCRS and this has been placed on the website. The overriding principles are:

1. Early discussion with the CCRS when papers are considered that may require endorsement.
2. Ensuring papers are in general applicable to all of Australian States and New Zealand.
3. The process of deciding authorship is transparent, and all potential conflicts are declared.

4. Pharmaceutical (or other conflicting) funding is in general not favoured for papers considered for TSANZ endorsement.

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

John McLachlan
Chair
Clinical Care and Resources Subcommittee

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Education & Research Subcommittee

| | | |
|----------------------------|---|---|
| Dr Jane Ward | Chair | <i>Advanced Trainees Course Convenors</i> |
| Dr Deborah Burton | Representing ANZSRS | Dr Wai Kuen Chow |
| Dr Wai Kuen Chow | Representing Advanced Trainees | Dr Greg King |
| Dr Ben Harris | Representing PhD students | |
| A/Prof Adam Jaffe | Representing Paediatricians | <i>Research Course Convenors</i> |
| Dr Greg King | Member | Dr Melanie Matheson |
| Susan Marsh | member | Dr Jane Ward |
| Dr Melanie Matheson | Member | |
| Dr Susan Miles | Member | |
| Mrs Victoria Perry | Representing Respiratory Nurses | |
| Dr Jodie Simpson | Member | |
| Dr Andrew Tai | Representing Paediatric Advanced Trainees | |
| A/Prof John Upham | Member | |

Major undertakings by the ERS in 2008 included supporting the continuing professional development of TSANZ members through promotion and organisation of the Short Course for Advanced Trainees in Respiratory Medicine and the Short Course for Respiratory Research, both held prior to the ASM in Melbourne in March. The former has been under the auspices of the ERS since 2001, and more than 200 advanced trainees have participated in this course to date. In 2008, 37 advanced trainees benefited from the hard work of the course convenors, Andrew Tai, Greg King and Wai Kuen Chow, who planned an interesting program included presentations on occupational and interstitial lung disease, and workshops on radiology and lung function testing.

The Respiratory Research Course was held for the first time since 2005, with course content driven by a survey early in the planning process to reflect the interests and needs of over 20 participants ranging from students, early career and established researchers to respiratory nurses and allied health professionals. Melanie Matheson and I convened the course, with well-received sessions on planning your academic or research career, and how to fund, conduct and present your research. It is proposed that this course will be held on a bi-annual basis in the future.

This report gives me the opportunity to thank the expert faculty (largely recruited from within the Society's membership) for their contributions to these educational courses. Their goodwill, time and hard work provide significant benefit to and are greatly appreciated by TSANZ members.

The ERS continues to maintain panels of referees for and oversee the review process for the numerous prizes and fellowships offered by the Society. These include awards made at the ASM, for the Ann Woolcock Young Investigator, Best Poster and SIG prizes. A previous recipient of the Ann Woolcock Award will be invited to co-chair the Young Investigator session at the Darwin ASM with the ERS Chair, to provide ongoing recognition of their career progression in respiratory research.

Over the past few years the ERS has reviewed the eligibility criteria, guidelines and application forms for all grants. This ongoing review has made the eligibility and scoring criteria fairer and more transparent, and will continue to further streamline the application and review process. It is a pleasure to be working with a Society which awards in excess of \$400,000 annually, mainly to its more junior researchers. The awards include travel grants to both the ASM and international meetings, research grants and fellowships, including a new Australian Lung Foundation PhD Scholarship for the Early Detection of Lung Cancer. More recently, the ERS has undertaken review of research grant applications to the Dust Diseases Board of NSW. Again, the contribution of external reviewers to support this process is acknowledged.

Finally I would like to welcome Jodie Simpson to the Committee, and thank Ben Harris and Andrew Tai for their support over the last few years, as they complete their terms on the ERS.

Jane Ward
Chair
Education and Research Subcommittee

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Professional Standards Subcommittee

| | |
|--------------------------------|-----------------------------|
| A/Prof Brendon Yee | Chair |
| Dr David Cunnington | Representing ASA |
| Dr Hugh Greville | Accreditation Co-ordinator |
| A/Prof Graham Hall | Representing ANZSRS |
| Dr Mark Holmes | Members |
| Dr Fergal O'Donoghue | TSANZ Representative on SAC |
| Dr Alister Neill | Representing New Zealand |
| A/Prof Hiran Selvadurai | Representing Paediatricians |

The main activity of the PSS Committee continues to be accreditation of respiratory and sleep laboratories for the purpose of advanced training in respiratory and sleep medicine. Although there has been a delay with accreditation recently this has been addressed by the PSS and TSANZ.

There have been some recent changes in the accreditation process.

1. A recent audit and review of the accreditation process have shown that of the 27 Respiratory Unit applying for first accreditation 10 are awaiting for panel members assessment.
2. 5 Sleep Units have been recently approved for accreditation at the recent Executive meeting.
3. Sleep laboratory accreditation will now be formally taken over by the Australasian Sleep Association (ASA). This process will be formally handed over on the 1st July 2009. This will be a smooth transition with adequate time for handover. Existing panels (and chairs) will not change and the accreditation process will not have significant changes whilst the hand over is in process.
4. More administration support has been added for the accreditation process in the last 9 months to speed the length paperwork required.

I hope with the following changes we will be able to have a much more efficient and transparent accreditation process for both respiratory and sleep laboratories in the future.

I would also like to take this opportunity to thank the support of the PSS committee and Executive Committee and the TSANZ for their continuing support.

Kind regards,

Brendon Yee
Chair
Professional Standards Subcommittee

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Specialist Training Committee in Respiratory and Sleep Medicine

| | |
|---------------------------------|---|
| A/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 |
| 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 Alister Neill | NZ representative (Respiratory and Sleep Medicine, Site accreditation, Sleep curriculum development) |
| Dr Andrew Tai | Advanced Trainee Representative in Paediatrics |
| Dr Benjamin Chi-Hin Kwan | Advanced Trainee Representative in Adult Medicine |
| RACP Education Officer | Ella Moerman |

Royal Australasian College of Physicians / Thoracic Society of Australia and New Zealand / Australasian Sleep Association

The STC was established and had its first formal meeting on July 4 2008, after many months of discussions between the TSANZ Executive, ASA executive and the RACP Education Deanery. Conceptually the shift from the Speciality Advisory Committees (SACs) to the STC model was driven by a strong desire from many societies to have much greater involvement and influence on Advanced Training. As such the STC is formally an entity of the relevant Specialty Society (in this case both TSANZ and ASA) and is concurrently directly responsible to the RACP College Education Committee. Activities of the STC are driven by the Specialty Societies but are conducted within the RACP framework. Major changes in issues around training require the approval of the Executives of the TSANZ, ASA and the CEC. The Chair of the STC is a member of the CEC and maintains strong links with/membership of the Executives of the Special Societies. The evolution of this relationship between the RACP and the Special Societies has occurred against the background of major changes in the way in which the RACP delivers and assesses its teaching programs, a process driven in large part by the requirements and recommendations of the Australian Medical Council. The Respiratory /Sleep STC has been at the forefront of this process, being the first such committee established. Other STCs have been established in Cardiology, Geriatric Medicine and Neurology, while some are still being formulated and some societies have elected at this stage to continue with the SAC model.

The STC continues with all of the core business of the SAC, and the transition during 2008 has been completely seamless. Such responsibilities include the prospective assessment of individual candidates training programs, review of supervisors' reports and accreditation of training attachments undertaken (over 100 such reviews conducted at the November Meeting for example), with the ultimate responsibility for the recommendation to the college for the award of FRACP. These responsibilities include such recommendations in regard to accreditation of overseas trained professionals. The STC also has the responsibility for approving sites for training, an essential requirement for a training post to be accredited towards the FRACP. Further responsibilities include advice and management in regard to trainees having difficulties.

From the outset, the role of the STC was envisaged as being substantially more than simply continuing with the work of the SAC however. When the discussions with the RACP began, there was an expectation that significantly more resources would be available through the RACP to implement improvements in teaching and assessment. While a small increase has been seen to date, it is fair to say that this has not lived up to initial expectations and is the subject on ongoing discussions and some concerns. The committee will be working hard to ensure better communications and turnaround times are achieved for issues that come before it. Aside from core business as noted above, the first priority of the STC is the facilitation and implementation of the new curricula in Respiratory and Sleep medicine. Many of the STC members have been involved in the Curriculum development committees for Respiratory and Sleep medicine over the last 2-3 years. TSANZ members will recall that a Respiratory curriculum document was circulated at the TSANZ ASM in Melbourne last April. Concurrent with that a discussion forum was held around curriculum issues and in particular the interface between Respiratory and Sleep medicine. A recent request for feedback on the Respiratory curriculum was circulated again to members in February 2009 via the TSANZ. At the time of writing this report the level of feedback has been “modest” at best with something like 24 responses from an estimated approximately 500 medical TSANZ members. I would strongly encourage members to be engaged in this process – even a response to simply indicate approval of the document as it stands would be helpful. That having been said the feeling of the Respiratory curriculum development committee and the TSANZ executive is that the document is largely complete. The Sleep medicine curriculum document is also well advanced and ASA members should have an opportunity for further input imminently. The Sleep Curriculum committee has developed a document which provides for a full three year program in Sleep medicine, as well as, in conjunction with the Respiratory Curriculum committee, a program for combined Respiratory and Sleep accreditation. Active discussions about this latter aspect have continued throughout the year and significant progress has been made. There will be further evolution of this interface as assessment processes are being developed.

Strictly speaking the “curricula” as they stand are more correctly seen as “syllabuses” as they currently lack detail in regard to the delivery of teaching or the processes for assessment. The STC is addressing both of these areas. A workshop was held by the College Education Deanery on February 24th to address issues around curriculum development and assessment. The CEC requires that assessment processes are established within a common framework across STCs/SACs. At this point these processes are proposed to utilise formative and summative assessment tools analogous to those being developed at the Basic Training level, including miniCEX, Significant Incident Analysis Tools (SIAT), and possibly 360 degree assessments. A good deal more thought needs to go into how these are applied to advanced training, as well as in regard to resource issues at the local level. At this point there are no plans for the development of exit exams for advanced training (nor in fact are resources in place at this time that could cope with this).

The STC expects to have a very busy and productive year during 2009. As an entity of the society(s) I strongly encourage members to engage and provide input and feedback.

Paul N. Reynolds

Chair

STC in Respiratory and Sleep Medicine.

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New South Wales Branch President's Report

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

This past 12 months has been a very busy and rewarding one for the NSW TSANZ. As is now traditional, four Branch meetings were held during the year, each well attended which was not surprising given the quality of the presenters and their talks. The Autumn meeting saw Matthew Peters speak on smoking cessation. For the Winter meeting we were grateful to Martin Phillips for coming over to talk to us about interventional radiology. Professor Peter Pare took time out from his duties as the visiting professor to the LECCR to talk to the membership about CT assessment of COPD phenotypes for the Spring meeting. The Summer meeting saw the Advanced Trainees presenting their assessment projects for the year, with prizes being awarded to the best ones in a highly competitive field. As part of our commitment to try and provide for non-Sydney members, the first three talks were recorded and can be viewed at your leisure online via the TSANZ webpage.

The other major project for the year has been the launching of the new "Lung School" for the Advanced Trainees. Initially conceived as a N.S.W. only project, with the help of the RACP and modern teleconferencing technology we are hoping that this will become a TSANZ-wide educational resource. The initial response has generally been positive, although some teething problems remain. Three meetings were held this year and the project commenced in fine style with Christine Jenkins and Iven Young presenting on pulmonary function testing. For the second, Sue Tattersall and Alan Glanville lectured on pneumonia and the immunocompromised patient and for the last an excellent session was run by Peter Middleton and Paul Haber on cystic fibrosis. All the talks have been recorded and I am confidently informed will be available for viewing on a special webpage of the TSANZ site this year. Over time we are hoping to build up a library of interesting material for the entire membership to be able to access from their desktops. Three more sessions are planned for this year and I am hoping one of them will not be Sydney based.

The combined NSW TSANZ/RNIG education day is now in its third year and remains enthusiastically supported by a broad range of the membership. Another highly successful day this year saw topics such as occupational asthma, SPECT scanning, endobronchial ultrasound and chronic cough presented by Deborah Yates, Marshall Plitt, Ben Harris, Alvin Ing and others. Plans are already underway for next years' event.

The NSW branch of the TSANZ was also asked to organise the respiratory component of the Basic Trainee lecture series. Thanks go to Greg King for arranging this and the seven other presenters for giving their time. Other duties for which the committee wholly or partly helps organise include the Advanced Trainee selection process (a major undertaking) and helping with the accreditation of Registrar training sites and pulmonary function testing laboratories.

One other project we are exploring is to give the opportunity for Advanced Trainees to visit a rurally-based Respiratory Physician at least once during their training so that they can see for themselves how such a practise operates and what some of the attractions of this sort of career might be. Five such visits took place this year and all the registrars were very enthusiastic about the experience. The current model however is not sustainable due to the workload placed on the Physician and one of our main tasks for this year is to establish a better framework for this project. Besides continuing with all the above mentioned meetings and

projects, our other main objective is to establish a regular formalised Journal Club for the Advanced Trainees.

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

Malcolm Ogborne
President

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New South Wales Branch Budget

| Activity | Details | Dates | Justification | Income | Expense |
|---|--|--|---|----------------|----------------|
| Committee Meetings | Four committee meetings planned prior to branch meetings to discuss aspects of the TSANZ NSW Branch and to discuss the topic/format of the branch meetings | February, June, September & November | Cost of meetings met by funds raised through pharmaceutical industry sponsorship from the relevant accompanying Branch Meeting | See below | 3000 |
| Branch Meetings | Three to four meetings to be held at the Sydney Marriott Hotel or similar venue. Topics chosen relevant to the learning needs of the membership. The first two meetings involve a guest speaker & invited rural representative. Cost of travel & accommodation if required are met. The final meeting involves a presentation from 5-6 advanced trainees from different hospitals. All trainees are members of the TSANZ | March, July, ? September & December | Meetings are fully sponsored by the pharmaceutical industry. Meetings usually run at a surplus – see previous budgets. To date have secured sponsorship for three meetings and awaiting reply re fourth | 24000 | 21000 |
| Registrar Prize awarded at branch meeting | Prizes awarded to the Advanced Trainees at the end of Year Branch Meeting | | Paid for through Budget surpluses | | 1500 |
| TSNSW / RNIG Annual Education Day | Annual Education Day combined RNIG / TSNSW | Late 2009 Prob Nov 20 | Individual sponsorship – meeting has run at >10K profit over the last two years In addition to registration fees | 22000 | 15000 |
| TOTALS | | | | \$46000 | \$40500 |

Budget Notes:

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

David Michail

Honorary Treasurer

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New Zealand Branch President's Report

| | |
|----------------------------|---|
| Dr Mike Epton | President |
| Dr John McLachlan | Honorary Secretary / Treasurer/ North Island Representative |
| A/Prof Jeff Garrett | Immediate Past President |
| Dr Alister Neill | Committee Members |
| Mrs Victoria Perry | Committee Members (Co-opted nursing Representative) |
| Ms Maureen Swanney | Committee Member |
| Dr Wendy McRae | Committee Members |

Over the last year there have been three major issues which have occupied the NZ Branch Executive. The main issue relates to the relationship, both in Australia & New Zealand, between specialist societies and the Royal College, particularly in the area of training, assessment and continuing medical education. There has also been, and continues to be, considerable discussion about the relationship between the NZ College and Australian College. This has significant implications for us as a society. The Central Executive of TSANZ has been in careful negotiations with the College and this is discussed more fully elsewhere. We are fortunate to have within our Society, a number of people with very close ties to the College to allow informed discussion on these issues from both sides. The outcome for training in both Respiratory & Sleep Medicine will have a major impact on the Society and colleagues in New Zealand.

The NZ Branch of the College has suggested that NZ specialist societies establish their own STCs. We felt that this was unworkable for the local Thoracic Society, and wished to be more closely aligned to a trans-Tasman approach to training. For this reason we have proposed, and gained acceptance for, the continuance of the NZ SAC in Respiratory & Sleep Medicine in its present form, but that body having close linkage to and representation on the Australasian STC. This will allow, on the one hand, recognition of New Zealand's trainees' qualifications and training in Australia, whilst addressing the specific training needs of advanced trainees in New Zealand in the context of our society and health care delivery systems. The significant difference in the proportion of dual trainees between the two countries, for example, highlights the importance of such an approach.

I am very grateful to Alister Neil and his committee for the very hard work which is being put in to advance this issue, both locally, and in his articulation to the STC. I would also like to acknowledge the considerable support of the Central Executive and President of TSANZ, to help us forge the right relationships with the College both locally and at a trans-Tasman level.

The second issue with which the Society was involved relates to the "power wall" approach to cigarette advertising in dairies and petrol stations. The Society and a number of its members have been closely involve with the various anti smoking groups in NZ, and have made submissions to the select committee on this issue. At this stage the outcome of that submission is not clear, but given the admission that dairy and petrol station owners have been receiving funding from the tobacco companies to promote their products, which at this stage would appear illegal, we are hopeful that a further reduction in the advertising and availability of cigarettes to the public will soon occur.

Jeff Garrett's paper on Respiratory Standards across the DHBs has now been published in the NZ Medical Journal (February issue). This has been a considerable endeavour, and I congratulate Jeff and his team on their hard work on this issue. Whilst there are many good things to note about standards of Respiratory Care across the country, I remain concerned about significant geographical variability in access to Respiratory Services.

Given also the almost complete lack of outcome data on respiratory health, I fear this variability of access is leading to some considerable unrecognised differences in outcome for many respiratory diseases across the county. The absence of dedicated respiratory physicians in many hospitals in this country, particularly the South Island, is of considerable concern. Given the demographics of our specialist society, and the current difficulties attracting physicians of any sort to this country from outside, this issue may become more acute as our workforce ages. Similarly the inability of any specialist group, including respiratory physicians, to gain traction at a policy level with Government and the Ministry remains concerning. There have been changes following the election, and some of these may alter how we address these issues, but the global economic climate does not portend well to being able to facilitate change, particularly if this is perceived to add cost, even if, as in adequate provision of sleep services, that cost is low per unit of improved quality of life.

We have encouraged NZ members to attend the TSANZ in Darwin, given the theme of Indigenous Respiratory Health. We feel that New Zealand Respiratory Physicians and other members of the NZ Branch are in a unique position within our Society to be able to contribute given our indigenous history and Treaty relationships.

I would like to acknowledge and thank the committee for their hard work this year, especially John McLachlan who remains a tireless worker in his role as Honorary Secretary/Treasurer. His coordination of many aspects of the Annual NZ Branch Scientific Meeting from afar has been greatly appreciated. In addition NZ members continue to punch above their weight in contribution to Central Executive activities. Continuing contribution to our specialist society and its endeavours, particularly during times of change and uncertainty, is crucial to advancing respiratory health in this country.

Mike Epton
President

Financial Report as at 31 December 2008

| | | |
|---|--------------|--------------------|
| Opening Balance | | \$ 9,537.51 |
| Income | | |
| Bank Interest | | 278.44 |
| Annual Scientific Meeting | | 2,000.00 |
| (Note: still owed \$ 1,000.00 for ASM) | | |
| | Total | 2,278.44 |
| Expenditure | | |
| Telecommunications | | 1,553.53 |
| Stationery & Copying | | 0.00 |
| Nursing SIG (Excludes Telecommunications) | | 704.00 |
| Annual Scientific Meeting | | 4,776.83 |
| | Total | 7,034.36 |
| Closing Balance | | \$ 4,781.59 |

John McLachlan
Honorary Secretary/Treasurer

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New Zealand Branch Business Plan 2009

| Objective | Strategy | Target Completion Date | Current Status |
|---|--|--|------------------------------------|
| National Sleep Strategy | Think Tank October 03 & Round Table August 2006 Burden of disease report published. Consensus achieved. Need to take matters further with MOH & Minister – can use DHB survey as impetus. Budget agreed to for teleconferencing and clerical support | AGM 2009 | Current need for meeting with MOH |
| Respiratory Nursing Training | Think Tank 03 Victoria Perry co-coordinating Good progress to date in defining Resp Nursing Competencies. Paper prepared and ready to discuss with Nursing Council. Budget agreed to for teleconferencing and for 2 members to make presentation to Nursing Council | AGM 2009 | Current |
| Standards for Respiratory Care Document | Written and published on MOH website. Circulated to all DHB's. Questionnaire to DHB's to gauge compliance printed in NZMJ. Funding needed for intervention with MOH | Report at AGM 2009 | Current – need meeting MOH & DHBNZ |
| ASM/AGM 2009 | Work on budget, speakers, theme, etc. (JM) Venue probably Auckland (? Middlemore). | Oct/Nov 2009 | In planning |
| Respiratory Subcommittee of PTAC | Committee now up and running. JM/JK members | Continue monitoring and obtain feedback from members | JM reporting back. |

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New Zealand Branch Budget

| Activity | Justification | Income | Expenditure |
|--|--|--------------------|---------------------|
| Communications / Teleconferences | 6 weekly Executive teleconferences. almost exclusive use of teleconferencing now for SIG's as well. | | 2,500.00 |
| Postage & Photocopying | Now minimal | | 100.00 |
| Accountancy | Preparation of Annual Financial Statement for NZ statutory requirements | | 800.00 |
| Subscriptions (ERS/Smoke Free NZ/ ASH) | To aid tobacco control activities in NZ. | | 900.00 |
| Secretarial | Now minimal with mainly electronic communication | | 200.00 |
| Public Relations | To improve public profile and lobby for implementation of COPD, Lung Cancer, Respiratory Standards and Sleep initiatives. | | 1,000.00 |
| Annual Think Tank | Venue hire and airfares. Meeting to determine policy for subsequent 12 months. Not held for 2 years. Now due. | | 3,000.00 |
| Respiratory Nursing Initiatives | To foster the further development of undergraduate and postgraduate Nursing training in Respiratory Medicine. Travel costs for leaders and meeting with Nursing Council. | | 1,000.00 |
| National Sleep Service Development | Costs relating to teleconferences and meetings with Ministry of Health & Minister. | | 1,000.00 |
| Annual Scientific Meeting | Continuing Education for Membership as well as networking. Income from sponsorship. To be combined with TB conference this year. | 7,000.00 | 4,000.00 |
| TOTAL | | \$ 7,000.00 | \$ 14,500.00 |

John McLachlan
Honorary Secretary/Treasurer

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Queensland Branch President's Report

Dr Geoff Eather
Dr Michelle Murphy

President
Honorary Secretary/ Treasurer

2008 was a year of significant activity within the Queensland Branch of the TSANZ and the Thoracic Society of Queensland (TSQ). The major scientific meetings including The Annual Winter meeting, The Annual Scientific Meeting, and the Advanced Trainee Physiology Meeting. In addition to these, three TSQ Dinner meetings were held over the course of the year along with the regular Trainee Interhospital meetings (approximately twice monthly) throughout the year.

The meeting details are as follows

1. **Winter Meeting** – July 19-20, 2009 Casuarina Beach Resort, NSW

The focus of this meeting was **pulmonary infectious disease**. Our guest speaker for the meeting was **Associate Professor Grant Waterer**, of Royal Perth Hospital and the University of Western Australia. Grant focused on an update of community acquired pneumonia (including combination therapy, timing of therapy and associations with ischaemic heart disease). The presentations were well-received and provided excellent clinical information. Several other participants were involved including

- a. Dr David Looke (infectious diseases physician, PAH) who gave an excellent and comprehensive overview of atypical pneumonia;
- b. Dr Geoffrey Playford (infectious diseases physician, PAH) who presented on respiratory fungal disease;
- c. Dr Jenny Robson (Microbiologist/Physician, Head of Microbiology Laboratory, Sullivan and Nicolaides) who gave a comprehensive overview of laboratory testing for respiratory disease;
- d. Dr Peter Hopkins (Director of Lung Transplantation Unit, The Prince Charles Hospital) who spoke on respiratory viral disease.
- e. Case Presentations – Dr Daniel Chambers, Dr Patrick Carroll, Dr Khoa Tran

Overall the meeting was very interactive, informative and enjoyable. The meeting was a great success as evidenced by the good attendance and almost universally positive feedback. The venue provided excellent accommodation options for attendees and catered for the needs of the meeting very well.

2. **Advanced Trainee Physiology Day** – November 28, Princess Alexandra Hospital

We decided to reinstate this meeting on the TSQ calendar for 2008. Our guest speaker for this meeting was **Professor Iven Young**, (Head of Department, Royal Prince Alfred Hospital, Sydney; Clinical Professor, University of Sydney). The theme for the presentations revolved around the **respiratory function laboratory**. The format was of advanced trainee presentations followed by 10-15 minutes of comment and discussion (Professor Young and audience). All advanced trainees presented for the meeting on topics including:

- Spirometry and Flow-Volume Loops (Dr Steven Leong)
- Lung Volumes – Measurement and Interpretation (Dr Phan Nguyen)
- Gas Transfer – Measurement and Interpretation (Dr Huang Lee)
- Shunt – Physiology, Evaluation and Interpretation (Dr Zoe Scourmos)
- Laboratory Assessment of Airway Responsiveness and Inflammation (Dr Suvanesh Prasad)
- Tests of Respiratory Muscle Strength (Dr Daniel Smith)
- Laboratory Evaluation for Oxygen Prescription (Dr Sophie Williams)

The attendance for this meeting was outstanding and the feedback from attendees was almost universally positive. Professor Young's input into this day was a highlight and was extremely valuable for both the audience and each individual trainee.

Geoff Eather
President

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Queensland Branch Budget

| Activity | Details | Dates | Justification | Income | Expenditure |
|---|--|------------------|--|-----------------|--|
| <p>Annual State Meeting</p> <p>“Winter Meeting”</p> | <ul style="list-style-type: none"> • Designed to promote activity in a specific respiratory area. The proposed theme in 2009 is “Immunology and the Lung”. • Format: 2 day weekend meeting • Location: held outside Brisbane to enhance interaction with non-metropolitan members. Proposed venue is O’Reilly’s, which is located in the Gold Coast hinterland. • An interstate guest speaker is planned to consolidate current productive relationships with other branches. • Target Group: Members of TSANZ-Q, Thoracic Society of Qld & ANZSRS. Others with an interest in Respiratory Medicine or the theme of the meeting (e.g. nurses, scientists, allied health professionals, immunologists, rheumatologists) will also be invited. • Expect approximately 50 members and associate members. • Trade support welcome in an open and transparent relationship as per RACP guidelines. • A travel grant will be made available for those TSANZ-Q members not funded through their organisation or other corporate source: <ul style="list-style-type: none"> • Grants for >4 h drive to meeting location (up to 2 grants): airfare up to \$500 each • Grants for > 1.5 hour drive to meeting location (up to 2 grants): petrol and expenses up to \$250 each. • If more than 2 applications are received, preference will be given to delegates presenting at the meeting | <p>July 2009</p> | <ul style="list-style-type: none"> • Registrants to pay registration fee and accommodation costs • TSANZ to cover venue hire, travel grants, speaker costs • Pharmaceutical sponsorship to cover other costs <p>N.B. Registration fees & external sponsorship covered the costs of the 2006, 2007 and 2008 Winter Meetings. No funding from TSANZ was received.</p> | <p>\$20,000</p> | <p>Travel grants: \$1,500</p> <p>Venue hire/ catering: \$13,000</p> <p>Speaker costs: \$2,500</p> <p>Printing/ postage/ other incidentals: \$500</p> <p style="text-align: right;">Continued</p> |

| | | | | | |
|---|--|--|--|-----------------|---|
| Support Advanced Training in Thoracic Medicine | <ul style="list-style-type: none"> • Improve the quality of training/education for Thoracic Advanced Trainees & Fellows • One (1) annual prize for the most educational and informative presentation given by a Thoracic Advanced Trainee or Fellow at the interhospital respiratory meetings • One (1) annual prize for the best presentation given by a Thoracic Advanced Trainee or Fellow at the annual Thoracic Society of Qld scientific meeting (November) • These awards will be judged by the advanced trainees/fellows and their supervisors on a formula to be decided by the Trainees. | | | | <p style="text-align: right;">\$250</p> <p style="text-align: right;">\$250</p> |
| Advanced Trainee “Physiology Day” | <ul style="list-style-type: none"> • Improve the education of Thoracic Advanced Trainees and Fellows in Respiratory Physiology • 1 day meeting • Queensland Thoracic Advanced Trainees & Fellows will participate. Thoracic Physicians will also be invited to attend. • Invited interstate speaker with expertise in an area of respiratory physiology | <p style="text-align: center;">November 2009</p> | <ul style="list-style-type: none"> • TSANZ-Q to cover speaker costs • Pharmaceutical sponsorship: additional funds raised from the Winter Meeting will be used toward this meeting | | <p style="text-align: right;">\$2000</p> |
| TOTALS | | | | \$20,000 | \$20,000 |

Michelle Murphy
Honorary Secretary/Treasurer

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South Australian Branch President's Report

A/Prof Mark Holmes
Dr Huw Davies

President
Honorary Secretary/ Treasurer

The South Australian Branch of the TSANZ was active in 2008 particularly focussing on educational activities.

The State Annual Scientific Meeting focussed on a review of research endeavours in the state to highlight achievements and to identify opportunity for collaboration and training. The meeting was well received by the large number of members attending.

Another highlight was the Young Investigator Award presentations held late in the year. High quality presentations by trainees and scientists in both sleep medicine and general respiratory research showed that a vibrant research and training environment exists in the state which needs to be supported and nurtured.

Concerns re advanced training and the mechanism of appointment and subsequent attachments have been an issue in the state for some time and preliminary meetings were held with the view to try and formalise the process during 2009 keeping in line where possible with national agendas. A state-wide advanced training position for Cystic Fibrosis has been created with support from the government and this should be a catalyst for future development of advanced training in this state.

Mark Holmes
President

South Australian Branch Treasurer's Report

The 2008 year was a successful one financially, with strong support from the Pharmaceutical Industry for SA Branch meetings. The Winter Meeting & ASM (the major meeting for the year) was fully sponsored by a number of companies whilst the *Young Investigators Award* was supported by Glaxo-Smith-Kline & the *Advanced Trainees Annual Presentation Night* was supported by Astra-Zenica. Thanks are due to all sponsors. A small surplus was generated this year, & returned to TSANZ..

Other activity revolved around a meeting held by the SA Respiratory Nurses Group which was well attended & supported by TSANZ. A surplus was raised, which is to be retained for future educational activities by the Respiratory Nurses Group.

The Budget for 2009 assumes a roll-over of funding for meetings, educational & administrative costs. It remains to be seen whether Industry sponsorship will remain at current levels in the existing financial climate.

Huw R Davies
Honorary Treasurer

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South Australian Branch Budget

| Activity | Justification | Income | Expenditure |
|---|--|---|-----------------|
| 1. Scientific Meeting & AGM | To support Winter Scientific Meeting. Funds are requested primarily to support venue hire and enable the attendance of interstate guest speakers & contribution towards dinner costs | Sponsorship \$2500 TSANZ \$2500 Membership \$1000 | \$6,000.00 |
| 2. Grants | Isolated physician travel grant, to attend one of the SA meetings (2 x \$500.00) | TSANZ \$1000 | \$1,000.00 |
| 3. Physiology lectures for trainees | A series of 4-6 is planned – support requested for light food/refreshments | TSANZ \$300 | \$300.00 |
| 4. Administrative costs | Mailings, meetings of the local executive | TSANZ \$400 | \$400.00 |
| 5. Young Investigator Award evening | Covered by sponsorship | Sponsorship \$2500 (includes prize of \$1500) | \$3500 |
| 6. Advanced Trainees presentation evening | Fully covered by sponsorship | Sponsorship \$1500 | \$1500 |
| Sub-totals | TSANZ | \$4700 | |
| | Sponsorship | \$6500 | |
| | Member payments | \$1000 | |
| TOTAL | | \$12,200 | \$12,200 |

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Tasmanian Branch Budget

| Budget Item | Income | Expenditure |
|--|------------------|------------------|
| AGM | | |
| Visiting speaker – return airfare (Economy) | | \$800.00 |
| Accommodation | | \$300.00 |
| Hire car | | \$200.00 |
| Gift | | \$100.00 |
| Catering and hire of facilities | | \$5000.00 |
| Respiratory prize (University of Tasmania) | | \$250.00 |
| Travel and accommodation assistance | | \$300.00 |
| Young Investigator Award | | 1000.00 |
| Discretionary funds for mailing and stationary | | \$50.00 |
| Astra Zeneca AGM sponsorship | \$2000.00 | |
| GSK Sponsorship | \$1600.00 | |
| Pfizer/Boehringer Sponsorship | \$1250.00 | |
| TOTALS | \$4850.00 | \$8000.00 |
| TOTAL BUDGET REQUESTED FOR 2008 | | \$3150.00 |

Nicholas Harkness
Honorary Secretary/Treasurer

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Victorian Branch President's Report

A/Prof David Langton

Dr Jeremy Goldin

Dr Garun Hamilton

President

Honorary Secretary

Honorary Treasurer

In these very turbulent times, it is reassuring to note the growing popularity of training in respiratory medicine / sleep. A number of our Victorian Hospitals sought and were granted training accreditation in 2008 for new and additional registrar posts. They are to be commended for their effort and achievement. This created a record number of placements for first year trainees for 2009, yet despite 10 such positions the central matching committee had a difficult task interviewing 25 prospective registrars all having passed their clinical examinations. Matt Conron deserves special mention for his outstanding commitment organising these interviews and the subsequent matching process.

Our bimonthly interhospital dinner meetings continue to be well patronised, and individual hospitals are congratulated for the effort they make to keep these meetings entertaining and informative. It is particularly pleasing to see the increasing attendance and participation of the trainees. The ongoing support of our industry sponsor is most appreciated. As in previous years we have continued the tradition of occasional conjoint meetings with other specialist societies and this year we hosted an extremely successful dinner collaboration with our oncologist colleagues which included a presentation on the sexy subject of endobronchial ultrasound (thanks Dan).

The educational year for the Victorian branch culminates in our annual scientific saturday, this year held at the beautiful Morning Star Estate. As usual, this event showcased the extraordinary depth of scientific endeavour within our Victorian ranks. Our guest speaker, Dr Graham Simpson provided a challenging review of pneumothorax management and the lack of evidence supporting our current practices. Graham then led a robust discussion regarding the future training requirements in respiratory / sleep. The hard work of our Victorian Branch Committee made this event happen seamlessly and my special thanks go to Garun Hamilton, Jeremy Goldin and Celia Lanteri. The Committee did express concern that not all training registrars were present and that some registrars seemed to be avoiding a key training requirement in relation to having a clinical research project and presenting this project at an appropriate forum. As a result I have written to all trainees and their supervisors regarding our expectations of them in 2009.

David Langton

President

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Victorian Branch Budget

| Activity | Details | Dates | Justification | Income | Expense |
|--|---|----------|--|------------------------------------|--|
| Victorian Branch Annual Scientific Meeting | Target group – both medical and scientific. Expect approximately 60 members and associate members. Mix of clinical research and basic science presentations. Venue hire, meals - \$6,500 Guest speaker flight and accommodation - \$2000 Miscellaneous expenses - \$400 Prizes for presentations - \$5000 Abstract book - \$500 | November | Income has covered meeting costs in the past and is expected to just cover costs again this year, although note that venue cost has increased over the past 2 years. Income is derived from company sponsorship and meetings registration. Sponsorship Registration TOTAL | \$13,000 \$2000 \$15,000 | \$14,500 |
| Joint Infectious Disease/Vic TSANZ meeting | Meeting initiated in 2004 as an evening educational session. Presentations by Respiratory Physicians and Infectious Disease Physicians. Approximately 50 attendees. | June | Meal costs Sponsorship Aim to be held at Royal Melbourne Hospital or AMREP. | Nil | Primarily Paid by pharmaceutical company |
| Joint Emergency Medicine & Thoracic Surgical & Vic TSANZ meeting | Meeting initiated in 2009 as an evening educational session. Presentations by Respiratory Physicians, Emergency Physicians and Thoracic Surgeons. Approximately 50 attendees | August | Meal costs Sponsorship Aim to be held at Royal Melbourne Hospital or AMREP. | Nil | Primarily Paid by pharmaceutical company |
| TOTALS | | | | \$15,000 | \$14,500 |

Garun Hamilton
Honorary Treasurer

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Western Australia Branch President's Report

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

The last year has very busy for the WA Branch. The highlight of the year was the Annual Scientific Meeting, held at Seashells Resort in Mandurah, one hour south of Perth, on October 25th and 26th. The theme of the meeting was "The Challenge Of Clinical Practice And Research In Minority Groups". We were very pleased to welcome two interstate and one overseas guests speaker. Prof. Nick Anstey, from the Division of International Health, at the Menzies School of Health Research, NT, spoke on both community acquired pneumonia in tropical northern Australia, and lung injury in malaria. A/Prof Graeme Maguire from James Cook University in QLD, spoke regarding COPD and bronchiectasis in northern and central Australia. The most intriguingly titled presentation was delivered by Prof. Peter Pare from the iCapture Centre for Cardiovascular and Pulmonary Research in Vancouver, Canada, "How my mother changed my epigenome by depriving me of dog dirt". Local invited speakers included Dr David Burgner, Dr Tarun Weeramanthri, and the TSANZ distinguished speaker for 2008, A/Prof Peter Eastwood. As usual the standard for the Young Investigator Award presentations was extremely high, Gabrielle Musk won the award, with Robyn Fowler winning the travel award, and Rosie Gulliver the poster prize. Dr Sally Young was the recipient of the Jannie Panizza award for 2008. The Associates Committee, chaired by Rob O'Donoghue is to be commended for putting together such a successful meeting, with the assistance of the TSANZ and ANZSRS executives..

The quarterly lung club meetings were of a uniformly high standard and we look forward to these continuing in 2009.

I would like to thank to the members of the WA Branch Committee, especially Eli Gabbay who has served as President for the last two years, and has played a very large role in developing such a strong WA branch

Andrew Wilson
President

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Western Australian Branch Budget

| Activity | Details | Dates | Justification | Income | Expenditure |
|-------------------------------|---|-------------------------------|---|---|-------------------------------|
| TSANZ (WA) ASM | <p>Very well attended meeting (120 delegates + friends) combining science, clinical updates, research themes and interstate guest speakers.</p> <p>We are asking 2000.00 from TSANZ for this our only ASM (previously we had a winter and summer meeting, now we have a single spring meeting)</p> <p>We have significantly increased sponsorship and income from co-payments for this meeting in recent years.</p> | Late Oct | TSANZ money will go to guest speaker travel, TSANZ national president accommodation and registration and will supplement the dinner and conference expenses for all TSANZ members as non-members pay for themselves. Accommodation is paid separately by each delegate. The meeting has over 60 scientists attend and they have limited income. | <p>1,000 from non TSANZ members</p> <p>15,000 from sponsors</p> | Approximately 18000.00 |
| Advanced Trainee Presentation | <p>Opportunity for advanced trainees to present at a local level, the research projects that they have been involved in during the year.</p> <p>Well attended with usually over 30 clinicians attending.</p> <p>We are asking for \$500.00 from TSANZ</p> | Late November | <p>See previous.</p> <p>Opportunity for advanced trainees to present their work locally.</p> | <p>500 from LIWA</p> <p>1,000 from pharmaceutical sponsorship</p> | 2000.00 |
| Lung Club | <p>4 meetings, predominantly for clinicians each involving a presentation from one of the 4 teaching hospitals</p> <p>We are asking for \$500.00 from TSANZ</p> | April, June, August, December | TSANZ pays for venue hire. Meals supplied by sponsorship | | 500.00 |
| Guest Speakers | We have many guest speakers throughout the year, TSANZ frequently co-sponsors speakers with LIWA, ICHR and other groups. In 2007 TSANZ co-sponsored 4 such events. | Throughout the year | TSANZ pays for limited nibbles and drinks and/or for room hire. | | 1000.00 |
| Postage | | Through the year | Important information re above events | Nil | 500.00 |
| TOTALS | | | | 17,500 | 21000.00 |

Please note that we are asking for \$4,500.00 from TSANZ including postage allowance etc

Peter Franklin
Honorary Secretary/Treasurer

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Special Interest Groups

Asthma/Allergy

Convenor: **Dr Philip Bardin**
Email: philip.bardin@southernhealth.org.au
Co-Convenor: **Dr Janet Rimmer**
Email: jrimmer@optusnet.com.au

Cell Biology / Immunology

Convenor: **Dr Janette Burgess**
Email: janette@pharmacol.usyd.edu.au
Co-Convenor: **A/Prof Steven Mutsaers**
Email: mutsaers@aari.uwa.edu.au

Chronic Obstructive Pulmonary Disease

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

Cystic Fibrosis

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

Interventional Pulmonology

Convenor: **Dr David Fielding**
Email: dikfielding@optusnet.com.au
Co-Convenor: **Dr Martin Phillips**
Email: Martin.Phillips@health.wa.gov.au

Lung Cancer

Convenor: **A/Prof Matthew Peters**
Email: MatthewP@cs.nsw.gov.au
Co-Convenor: **Dr Jeffrey Bowen**
Email: Jeff.Bowden@flinders.edu.au

Occupational & Environmental Lung Disease/ Population Health

Convenor: **Dr Anthony Johnson**
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Orphan Lung Disease/Lung Transplant/ Interstitial Lung Disease/Pulmonary Vascular Disease

Convenor: **Dr Margaret Wilsher**
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Co-convenor: **Dr Daniel Chambers**
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Paediatric

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

Convenor: **Dr Karen Donald**
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Co-Convenor: **Mrs Nola Cecins**
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Primary Care

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

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

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

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

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

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

Co-Convenors:

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The Asthma & Allergy SIG will offer one oral session (combined with Paediatric SIG) and 3 poster presentation sessions at the 2009 ASM in Darwin. Overall, scientific support for the meeting has been outstanding and more than 80 abstracts were submitted to the SIG for presentation this year.

Asthma & Allergy SIG have combined with paediatric colleagues for a combined session on aspects of asthma epidemiology. This session promises to be a highlight of SIG activities with several large national epidemiological studies reporting their latest data. Richard Beasley, a noted epidemiologist in the region, will provide summary observations as well as new provocative information on analgesic use and the possible effects on asthma. There will again be three poster sessions focussed on basic science, clinical studies and on physiology and epidemiology.

Asthma & Allergy SIG hosted several successful sessions at the ASM in 2008 in Melbourne. Notably a symposium on asthma exacerbations and links with infections was well attended and stimulated considerable audience participation and discussion. However, poster sessions remain the backbone of our scientific presentations (at least in numbers) since posters convey important information in digestible format that enhance effective transfer of knowledge. Debate continues on the most effective method for conducting poster sessions and freedom may have to be provided to chairpersons/mentors to modify the format depending on circumstances. Asthma & Allergy SIG remains keen to receive suggestions and feedback from members and associate members.

During the year a number of mostly clinical issues were referred to the SIG for input. In most cases it was possible to direct matter to experts in the field and we are appreciative of their contribution.

We have enjoyed being active in the SIG, and continue to be impressed by the quality of research presented at our ASM.

Phil Bardin

Janet Rimmer

Co-Convenors

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Chronic Obstructive Pulmonary Disease Special Interest Group

Co-Convenors:

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The COPD SIG sessions at the ASM 2008 encompassed a broad range of COPD research. We thank the efforts of our poster presenters and poster mentors, who led highly interactive discussions of the outstanding research presented. The COPD posters covered research themes of pulmonary rehabilitation, exacerbations, clinical diagnosis and management, and pathophysiology of COPD.

We were privileged to have Professor James Hogg, a world expert on COPD pathology and pathogenesis, as the invited speaker in our COPD Mini-symposium. As well as keynote lectures during the plenary sessions of the ASM, Professor Hogg opened the mini-symposium with a presentation on 'The pathophysiology of COPD: What we know and what we need to find out'. He shared with us his knowledge and vast experience in the pathophysiology of COPD, particularly small airways pathology, and challenged us to be forward-looking with innovative techniques to understand lung disease. The session continued with excellent overviews of epidemiological research. The COPD SIG prize for the Best Presentation in COPD research was awarded to Prof Cecilie Svanes, for her group's work on Early Life Origins of COPD.

The TSANZ ASM 2009 will feature two COPD SIG poster sessions and two oral sessions, as well as a combined Tobacco Control/COPD oral session featuring presentations on pathophysiology of smoking-related lung disease and smoking cessation.

The Australian COPD Research Network (ACORN) continues to formulate ideas for multicentre COPD research. An NHMRC project grant application for a multicentre trial was submitted and assessed in 2008, but was not awarded funding.

The BOLD project (Burden of Obstructive Lung Disease) continues to collect data on the prevalence in Australia. Centres in Tasmania (Bass & Denison), Western Australia (Bussleton & Kimberly), Melbourne and Sydney are currently enrolling or have completed their target of 600 participants at each.

Ian Yang

Richard Wood-Baker

Co-Convenors

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Cystic Fibrosis Special Interest Group

Co-Convenors:

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Dr Peter Wark

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Annual Scientific Meeting

The oral presentations and posters at the Annual Scientific Meeting in Melbourne in 2008 were of an excellent standard. There were 14 abstracts presented at the conference with 3 oral presentations and 11 posters. The abstracts can all be accessed through the TSANZ web site.

Professor Jonathan Grigg from Queen Mary University London gave a talk on inflammation in cystic fibrosis and highlighted the potential role of macrophages in pulmonary inflammation.

At the business meeting held during the conference a number of issues were discussed including the creation of a state-wide CF co-ordinating service starting up in South Australia and funded through the State Government. The national data registry was also discussed. It was acknowledged that the new registry had improved significantly although the meeting supported the suggestion of discussing the potential for switching to PortCF with CF Australia as has occurred for many other international groups including UK and NZ. Further discussions were held at the CF Directors meeting in Sydney on August 22nd and CF Australia are examining this potential after the new version of PortCF becomes available in the next 12-24 months.

Standards of Care Document for Cystic Fibrosis

The Standards of Care for Cystic Fibrosis was officially launched at the conference.

Claire Wainwright

Peter Wark

Co-Convenors

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Interventional Pulmonology Special Interest Group

Co-Convenors:

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The Interventional Pulmonology SIG has over 94 registered members and has undertaken the following activities during the past year:

- Held a Interventional Pulmonology SIG symposium at the 2008 TSANZ ASM, which was well attended and covered topics which included:
 - Curriculum development
 - Credentialing/accreditation
 - Rigid bronchoscopy
 - EBUS techniques- both convex linear array and peripheral probe
 - Endobronchial lung volume reduction techniques for emphysema
- Ran a practical Medical Thoracoscopy Workshop at CTEC, Perth, 24-26th September, with the keynote guest speaker being Professor Henri Colt from San Diego. Facilitators for the course were drawn from the membership of the IP SIG. This course, which was limited to 24 delegates to enhance hands-on experience, was fully subscribed and proved very successful.
- Ran a symposium on Narrow Band Imaging at the Royal Brisbane Hospital on the 20th August 2008, with the guest speaker being Dr Tai Omori from Japan. This symposium reviewed the principles underlying NBI and presented demonstration cases.
- Established a website on Interventional Pulmonology linked to the TSANZ webpage. This website is building resource material within a library section, has a case of the month, a forum for discussion, and links to other useful websites.
- Developed draft guidelines for training requirements in procedures in Interventional Pulmonology, to be further discussed at the 2009 TSANZ ASM.
- Contributed to the development of a curriculum for Advanced Trainees in Respiratory Medicine.
- Participated in establishing reimbursement for EBUS related procedures.

The IP SIG hopes to hold regular symposia at TSANZ meetings and to facilitate further practical workshops.

David Fielding

MartinPhillips

Co-Convenors

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

Co-Convenors:

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OLIV continues to generate a lot of interest amongst members. At the Melbourne ASM we hosted a very well attended poster session, one oral session and one mini symposium on bronchiolitis with guest speaker Jim Hogg from Vancouver. In 2009 we will hold our first OLIV SIG business meeting. Such is the enthusiasm for presenting local research we will host one oral and two poster sessions in Darwin 2009.

We continue our close association with the ALF's PIVOT group and continue to work towards an orphan lung disease data set that we hope all TSANZ members will be able to contribute to. The Australasian Registry Network for Orphan Lung Diseases (ARNOLD) website (www.arnold.org.au) is currently under development and will provide a means by which TSANZ physicians can submit data. Additionally, the PIVOT group are developing a web-site whereby clinicians with patients with IPF can immediately access the latest information regarding clinical trials and the sites and principal investigators to contact regarding potential enrolment.

Members of OLIV have contributed to the recently published BTS/TSANZ/ITS Interstitial lung disease Guideline (Thorax Sept 2008 vol 63 suppl V). It is hoped that this guideline will lead to agreement around standards and organisation of care for patients with ILD, particularly IPF. Many members will also be aware of the recently revised classification of PAH and evidence based guidelines in approach to specific PAH therapies which were up-dated at the 4th World Symposium on PAH at Dana Point, California.

While there was only a limited response to the OLIV SIG survey, there was general agreement amongst those members who did respond. The development of Australian & New Zealand standards of care for ILD and the establishment of a more substantial travel grant for best OLIV abstract at the ASM were both seen as important initiatives. The development of PAH standards of care were also seen as important, while the development of local lung transplant standards of care was of less importance.

The development of ILD (and perhaps PAH) standards of care, an update on ARNOLD from Adam Jaffe and the potential establishment of a more generous travel award for best OLIV abstract will be items for discussion at the SIG business meeting to be held on Monday 6th April at 12.00. We look forward to seeing you in Darwin!

Margaret Wilsher

Daniel Chambers

Co-Convenors

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Paediatrics Special Interest Group

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Annual Scientific Meeting

The paediatric program at the 2008 ASM was well received with good attendance at all sessions as well as excellent turn-outs for the two mini-symposiums that were conducted.

At the 2009 meeting Paediatrics will again be well represented with a combined session with the Asthma and Allergy SIG on Paediatric Asthma as well as one other oral and one poster session.

Other Activities

During the course of 2008 the Paediatric SIG was involved in the development of a Paediatric Curriculum for Respiratory Physician Training in conjunction with the Paediatric Respiratory Medical Group. A new development in 2008 was the change in the eligibility conditions for the TSANZ Peter Phelan travel award. This award is now open to all TSANZ members working in the field of paediatric respiratory medicine. It is hoped this will further raise the profile of paediatric respiratory medicine.

Sarath returned to the UK in late 2008 and I would like to take this opportunity to thank him for his efforts over the past 18 months. We hope to have a new co-convenor identified by the time of the 2009 ASM

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

Graham Hall
Sarath Ranganathan
Co-Convenors

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Physiotherapy Special Interest Group

Co-Convenors:

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Report from PTSIG AGM

A number of important issues were discussed at PTSIG AGM and the following actions decided on:

Membership in TSANZ PTSIG

Ongoing discussions with Cardiorespiratory Physiotherapy Australia to determine benefits of dual membership.

TSANZ to be approached to determine what benefits might be offered to members of both CR APA and TSANZ PT SIG's.

Nomination of Physiotherapy representation on the Education and Research subcommittee.

Anne Holland volunteered for this role and the appointment was supported by attending members.

Dr Jane Ward (Convenor of Education and Research subcommittee) to be informed.

Nomination Physiotherapy representation on the Clinical Standards subcommittee.

Members agreed that this role should be attached to the position of PTSIG co-convenor.
TSANZ to be informed

Conference organising committee

All attending members agreed that central committee representative was important and that this role should be attached to the position of PTSIG convenor. TSANZ to be informed

Nomination of Physiotherapy mentors

Currently occurs informally. No further action to be taken.

TSANZ PTS IG web page

Could be useful to post PTSIG abstracts, SIG committee reps, and convenor /co convenor names, award winners and provide links to APA/ CR APA website. Discussions to continue with TSANZ to determine level support for development/up keep of site.

Cystic Fibrosis standards of care guidelines

Cystic Fibrosis standards of care and Physiotherapy for Cystic Fibrosis in Australia- a consensus statement have been endorsed and published on TSANZ website.

Karen Donald

Nola Cecins

Co-Convenors

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Respiratory Nurses Special Interest Group

Co-Convenors:

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The SIG has been a part of the TSANZ now for 18 years and in that time has experienced growth in both numbers and contribution to the Society. Annual meetings have grown from an initial one hour meeting to the current full day symposium attached to the annual scientific meeting. All regional SIG subcommittees also undertake regional symposiums providing an opportunity for nurses to gain knowledge to expand practice by presenting respiratory nursing research and practice innovations.

TSANZ Representations

Central Programme Subcommittee - Victoria Perry
Clinical Care & Resources Subcommittee – Mary Roberts
Education & Research Subcommittee – Victoria Perry

Web page

The Web page was replaced with a “Yahoo Group” (available to all members via TSANZ office) to discuss respiratory nursing practice issues, nursing research, seek help and advice and publicise coming events. Unfortunately this has been problematic. The TSANZ office will reestablish this valuable communication in the very near future.

SIG Symposium Melbourne 2008

The Victorian Respiratory Nurses are to be congratulated on organising an excellent Nurses Symposium at the annual scientific meeting in Melbourne which was attended by over 100 nurses. Highlights included the sharing of number of innovations that respiratory nurses are currently leading or contributing to with across the health continuum and the original research projects being undertaken to improve health outcomes.

Interactive and informative sessions of original research and quality activities demonstrated the excellence of nursing leadership and scholarship amongst the delegates and presenters. Oral sessions included presentations addressing Pulmonary Hypertension, the ‘use of qualitative interviews to gain insight into older people with COPD and asthma’, Smoking Cessation, and home COPD respiratory services.

Changes to Research Grant and Awards

There have been some changes made the two travel awards available for the SIG members and two research grants. The awards for ‘Best Poster Presentation’ and ‘Best Oral Presentation’ are for \$500 and two travel awards for \$500 each. The entry criteria for the travel awards that restricted the annual salary to A\$64,700 has now been removed which will allow for greater access for nurse members.

There is also currently a \$1500 TSANZ/Eli Lilly Respiratory Nurses Grant for members involved in respiratory nursing oncology research. The entry criteria limits the majority of members and has not been awarded for some time. It has been agreed that the TSANZ Executive Officer will approach Eli-Lilly on our behalf to request that the eligibility criteria be made more general i.e. ‘respiratory nursing research’, and remove the section in the project details about how this project relates specifically to respiratory oncology. The Co-Convenors are hopeful that this will be available for 2010.

Additionally this year, the TSANZ Executive has agreed to support a new research grant for nurses undertaking respiratory nursing related research. The details are yet to be finalised but likely to be available for 2010. The amount and entry criteria are yet to be established. A small working party from the Nurses SIG will be established to determine these at the 2009 AGM.

All travel and grant request forms and criteria will be available on the TSANZ website once the changes and new grants have been established.

Respiratory Nursing ‘Skills and Knowledge Framework’

The New Zealand section of the SIG and the Respiratory Nurses Section of the NZ Nurses Organization have developed a national ‘Skills and Knowledge Framework’ for respiratory nursing. The Framework encourages the identification of the minimum skills and knowledge that registered nurses need for nursing within a speciality of respiratory adult care and is cross referenced to Nursing Council of New Zealand’s competency domains for the registered nurse scope of practice.

The framework articulates the knowledge and skills required through a variety of levels of practice within the speciality of respiratory care (asthma, COPD, bronchiectasis & pneumonia) across the health continuum. The knowledge and skills described in levels one, two, three and four of the framework provide a measurable means of evaluating practice and guide the development of individual nurses. The framework also provides the substance to direct the development of other resources to the specialty of respiratory care including self-assessment tools, orientation programmes, position descriptions and curriculum for education programmes. Collectively, these aim to improve the quality of nursing care and have a direct impact on outcomes for people with respiratory conditions.

An ‘Assessment and Moderation Framework Tool’ has also been developed as an example of how skills and knowledge can be measured. The framework is an example of one option and according to whoever is utilising the framework it may be altered to fit individual practice. Once finalised, copies of the Skills and Knowledge Framework and the Assessment and Moderation Tool example will be available on the TSANZ web site.

The New Zealand Nurses SIG group would like to thank all our Australian colleagues who have provided comment on the draft document would like to acknowledge New Zealand Executive of the TSANZ for their ongoing collegial and financial support.

It is anticipated that by 2010 in Australia, nursing registration will be national, with state offices to administer duties of the registering authorities. The Australian Nursing and Midwifery Council (ANMC) have developed broad competency standards, codes of practice and ethics standards for RNs, ENs and NP’s. It is anticipated that the potential exists for the incorporation of the ANMC competency standards into a workable framework for respiratory nurses along the lines of the NZ model.

Membership

Nurse Members continue to promote and advance respiratory health care in their specialty including (at) regional strategic planning and national forums, and teaching at undergraduate and postgraduate programs.

Academic and professional development is fundamental within the section with the many of members either having achieved or working towards completing their Masters degree or PhD. Our membership numbers remain low (total 124) so recruitment to the SIG is high on our agenda. We seek the ongoing support of our colleagues in medicine and science in welcoming potential members. Current membership numbers are: Australia 103; New Zealand 19; UK 2;

Victoria Perry

Tod Adams

Co-Convenors

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Tobacco Control Special Interest Group

Co-Convenors:

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Activities:

Submission to NZ Ministry of Health with regard to their review on tobacco displays. We expressed a strong review that all tobacco displays should be banned, even at point of sale, that there was enhance education on smoking and that graphic health-warning posters on smoking at point of sale.

TSANZ press release 'Tobacco Epidemic Still Needs Urgent Action'. The press release called for a more united effort by governments in tobacco control legislation and for medical practitioners not to become complacent in the fight against smoking. There was also a call for a commitment from Australian governments to reducing aboriginal smoking rates as part of the 'Closing the Gap' initiative.

Letter to Geoff Dixon, CEO Qantas airways, in response to the decision by Qantas to reintroduce the sale of cigarettes on flights and display cigarette packets on in-flight shopping trolleys

Support for NSW Greater Metropolitan Clinical Taskforce for its Smoking Cessation Program

Annual Scientific Meeting – Melbourne 2008

Concurrent oral session included 2 research presentations followed by a presentation by Prof Melanie Wakefield from the Cancer Council of Vic on 'Mass Media Campaign Influences On Smoking Behaviour: Evidence And Future Challenges'

Bill Musk

Peter Franklin

Co-Convenors

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The Australian Lung Foundation Annual Report 2008

Our Mission

This mission is to assist people burdened with lung disease and promote lung health in Australia. To do this, we:

- ♥ raise funds to encourage and facilitate medical and scientific research into lung disease;
- ♥ educate the community in lung health;
- ♥ provide support and educational services to patients, their families and carers; and
- ♥ advocate to government and the business community on the impact of lung disease.

National Council

The National Council has met regularly throughout the year either by telephone hook-up or face-to-face. Council members for 2008 are:

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

Overview of Activity

Chronic Obstructive Pulmonary Disease National Program

The COPD National Program, under the leadership of Prof Peter Frith, had another successful year in 2007/8. The Australian Lung Foundation (Lung Foundation) is extremely fortunate to work with many clinical and patient volunteers whose commitment, energy and creativity have been the driving force in meeting the goals set out in the COPD Strategic Plan.

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

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

- a) Advocacy
 - developed and submitted a submission to the Health & Hospital Reform Commission promoting increased access to pulmonary rehabilitation
 - Together with international economists, Access Economics, the Lung Foundation published a new report on the costs of COPD to government, *Economic Impact of COPD and Cost Effective Solutions*. Key findings include:
 - o 2.1 million Australians have COPD; of these 1.2 million have moderate to severe COPD
 - o Of those with COPD, 47% are of working age (under 65)
 - o In 2008, the financial cost of COPD was \$8.8 billion, including lost productivity (\$6.8 billion); direct health expenditure (\$0.9 billion); deadweight lost from transfers including welfare payments and foregone taxation (\$1.2 billion)
 - o Non-financial costs (loss of well-being) were \$90 billion in 2008
 - o COPD is more costly per case than cardiovascular disease, osteoporosis or arthritis

- b) Clinical support
 - Breathe Easy, Walk Easy train-the-trainer program to introduce pulmonary rehabilitation in rural and remote Australia has been developed. Funding is currently being sought to trial the program in locations across Australia.
 - Published on line *A Manual for Pulmonary Rehabilitation: Standards and Evidence* (author: Prof P Frith)
 - 'Prevent Puffer Problems' campaign to promote the proper use of inhaled medications.
- c) New patient resources
 - new introductory information brochure on COPD (Breathe Easier: Your Guide to COPD).
 - in partnership with Queensland Health, published self management resource for COPD patients: *Better Living with COPD: A Patient Guide* .
- d) Community awareness
 - World COPD Day – The *Catch your Breath* Walk for COPD was again a focus for World COPD events around Australia. Over 100 events, coordinated by Karen Wright, attracted well over 100 pieces of local media encouraging people to recognise symptoms of COPD and speak to their doctor about their lung health.

The launching of *Economic Impact of COPD and Cost Effective Solutions* attracted over 200 pieces of media coverage.

COPD Evaluation Committee

The COPD Evaluation Committee is overseen by the COPD National Program. The Committee's primary purpose is to update *The COPD-X Plan: Australian and New Zealand Guidelines for the management of Chronic Obstructive Pulmonary Disease (COPDX)* and meets quarterly to review and evaluate the latest published evidence in COPD. COPDX is a continually evolving document and is accessible via The Australian Lung Foundation's COPD reference site, www.copdx.org.au

An updated version of COPDX was published on the site in November 2008 and a consumer summary of the document, *Breathe easier: Your guide to COPD* was developed and published in 2008. This document is available both in hard copy and via The Australian Lung Foundation's website www.lungfoundation.com.au

Breathe Easy, Walk Easy Rural & Remote Pulmonary Rehabilitation Training Package Program

The Breathe Easy, Walk Easy rural and remote pulmonary rehabilitation training package program was funded by the Department of Health and Ageing (DoHA), Rural Health Support Education and Training (RHSET) 2006-2008. The aim of the project was to develop a pulmonary rehabilitation training package to enhance the capacity of rural and remote Allied and Primary health care staff to deliver pulmonary rehabilitation programs for people with Chronic Obstructive Pulmonary Disease (COPD) in their health district. The project resulted in the development of a complete training.

Breathe Easy, Walk Easy is a training program that gives a health professional the tools to prepare, plan, deliver and evaluate a pulmonary rehabilitation workshop for rural and remote allied and or primary health care professionals. From August to November 2007 a series of pilot workshops in Katherine and Darwin (NT) and Broome and Fitzroy Crossing (WA) were delivered to Allied and Primary health care workers. Evaluation of each workshop in association with ongoing community consultation facilitated continual improvement of the resources to effectively meet community health provider needs. In 2008 the training package was formally developed for hard copy and online access. In addition to very positive feedback from the pilot workshop attendees there have been on-going extensive requests for this training package from community health providers in NSW, QLD, WA and the NT regarding access to this resource.

To ensure that this resource effectively meets community and health provider needs the executive committee is vigorously seeking funding for the final stage of this project, trialling the training package in the community setting. Current work is focused on the acquisition of sufficient funds to facilitate this two year project.

Lung Cancer Consultative Group

The Lung Foundation's lung cancer national curriculum had a very productive and successful 2008. The Lung Cancer Consultative Group (LCCG), under the leadership of the Chairman A/Prof Kwun Fong, is a broad based multidisciplinary group, with national representation, assisting The Australian Lung Foundation (Lung Foundation) with the development of lung cancer-related projects. LCCG meets quarterly and; in consultation with consumers, is determined to reduce the impact of lung cancer.

The lung cancer program has grown significantly during 2008 and through this it has assisted in raising the profile and awareness of this unforgiving disease that has such a major impact on Australian lives. LCCG goals for 2009 are to enhance our lung cancer educational resources and develop broader community activities.

a) Strategic Plan 2009 - 2011

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

b) TSANZ Satellite Symposium – Melbourne, March 2008

LCCG hosted a three hour satellite symposium prior to the commencement of the Thoracic Society of Australia & New Zealand Annual Scientific Meeting (TSANZ ASM). Invited speakers included Prof Nico van Zandwijk, Dr Robert Chen, Dr Stephen Bamey, Dr Phillip Antippa, and Ms Shoni Colquist. This symposium was well attended by more than 80 delegates and feedback was extremely positive.

c) 2nd Australian Lung Cancer Conference

The second bi-annual Australian Lung Cancer Conference (ALCC) was held at the Holiday Inn, Surfers Paradise (Queensland) from 21 – 24 August 2008. This event was the culmination of two year's planning and was hosted and organised by the Lung Foundation.

The ALCC showcased Australia's scientific and research skills and was the largest and most diverse to date, with nearly 300 participants (91% from Australia and 9% international). Five keynote speakers presented at the conference: Dr Paul Bunn (Colorado, Denver USA); Dr James Jett (Rochester, Minnesota USA); Dr Andrew Turrisi (Detroit, Michigan USA); Dr Tai Omori (Kawasaki, Japan) and Dr Noriaki Kurimoto (Kawasaki, Japan).

Five delegates from Nepal, Bangladesh, India and Malaysia were awarded travel scholarships to attend the conference. The Lung Foundation established a conference website – www.alcc.net.au, attracting more than 4,396 visits.

Some interesting facts that have emerged from this conference:

- Establishment of the Nepal Lung Cancer Foundation; and
- Young Investigator Award for Best Oral Presentation was Jessica de Ryk from Iowa City (US). Following the conference, the founding Chairman of the Lung Foundation, Dr Geoff McLennan, contacted the Lung Foundation with the news that Jessica (from Adelaide) is one of the students fostered under the Iowa/South Australia Transnational Alliance program established to foster potential alliances between both countries for both students and academics.

Preparations for the third ALCC will commence early 2009 with the venue and date yet to be confirmed.

d) The Australian Doctors Orchestra Charity Concert

In late 2007, the Australian Doctors Orchestra (ADO) identified the Lung Foundation as the beneficiary of their 16th Australian Doctors Orchestra Charity Concert for 2008. The concert was held on 24 August at Bond University (Robina, Gold Coast). The 130 member orchestra travelled from around Australia and played before an audience of approximately 450 who gave a standing ovation for both the Rac 3 and Planets renditions.

e) IASLC – 2013 World Conference on Lung Cancer

A successful Australian bid against five other countries was submitted by LCCG to host the 15th World Conference on Lung Cancer 2013 in Sydney. The announcement was made at the August 2008 Board

meeting of the International Association for the Study of Lung Cancer. It is anticipated that this event will attract more than 7,500 delegates from around the world.

f) Lung Cancer Awareness Month – November

During November 2008, the Lung Foundation recognised Lung Cancer Awareness Month by hosting memorial tree plantings to commemorate the more than 7,000 Australians who die from lung cancer each year.

- The largest event was held in Brisbane on 16 November in conjunction with Brisbane City Council (BCC). Approximately 7,000 trees were planted by ALF and BCC employees, patients, family, friends and carers. The trees will become a living memorial and significant for those who are touched by lung cancer each year. The formal ceremony saw the unveiling of a commemorative plaque by Brisbane City Councillor Matthew Burke and Nick Johnston (husband to Kylie Johnston who died of lung cancer a year earlier).
- With the support of Gold Coast City Council some 1,600 trees were distributed at a ceremony on the Gold Coast on 30 November. This figure equates to the number of Queenslanders who die from lung cancer each year. A commemorative tree was planted in the Gold Coast Botanic Gardens by Mayor Ron Clarke, William Darbishire and Dr Peter Cole. Each tree that was handed out sported a sticker "Plant a tree for Lung Cancer", raising the profile and awareness of this disease.
- The Liverpool Plains Shire Council (NSW) donated 63 tree seedlings in remembrance of lung cancer sufferers. These trees were given away to the public.
- The Quirindi community (NSW) hosted a tree planting ceremony on 11 December in the grounds of Quirindi District Health Service.

In 2009, LCCG plans to host a tree planting ceremony in each Australian State/Territory. It is anticipated these sites will become a place where family and friends can visit and find comfort.

Kylie Johnston Lung Cancer Network

The Kylie Johnston Lung Cancer Network (KJLCN) Management Committee held bi-monthly teleconferences to review, plan and implement patient/carer support initiatives for Australian living with lung cancer.

During the year The Australian Lung Foundation was awarded funding for a "LOTE for Lung Cancer" project to translate patient support material into languages other than English under the Collaborative Cancer Support Networks Grants Program. The ALF through KJLCN is also an active partner in the Peter MacCallum Cancer Centre Project, "Patients with Lung Cancer and their carers – Supporting through novel information models". An educational lung cancer patient/carer DVD will be produced as part of a package of resources for consumers.

Queensland University of Technology final year Public Relations students presented a number of outstanding Public Relations Plans for KJLCN in May. The students presented highly professional and creative campaigns which were aimed at raising public awareness of the network and its key messages.

The inaugural Lung Cancer Nurses' Workshop was held prior to the August Australian Lung Cancer Conference on the Gold Coast. More than 52 nurses from throughout Australia and New Zealand attended the intensive one day workshop and feedback from the attendees was very positive. A Rural Cancer Nurse Coordinator, Frances Ferguson, from Orange in New South Wales was sponsored by the KJLCN to attend the workshop. A lung nurses' database has been established and relevant news and information on patient support initiatives is distributed on a regular basis. Workshop presentations are available on the KJLCN website.

An on-line patient/carer forum was launched in August to help bring together Australians living with lung cancer via the KJLCN website. Uptake of this facility has not been as rapid as anticipated. One of KJLCN's goals for 2009 is to raise awareness of this patient/carer initiative to lung cancer specialists and lung cancer nurses.

Following the success of our inaugural 2007 Lunch for Lung Cancer events, KJLCN actively promoted Lunch for Lung Cancer during the 2008 Lung Health Awareness Month in November. More than 50 lunches were held

in hospitals, cancer centres, restaurants and private homes with monies raised going towards the funding a Lung Nurse on a toll-free number.

Other KJLCN fundraising highlights for 2008 include the Brett McFall Ebay auction and the Mathew Pusey Photographic Exhibition.

Australasian Lung cancer Trials Group

The 2008 Australasian Lung cancer Trials Group's (ALTG) activities increased at an exponential rate. The group met several times during the year under the successful leadership of A/Prof Kwun Fong and from August, Prof Michael Millward.

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

Two ALTG trials were activated in 2008 with another two ALTG trials open for patient recruitment in early 2009. Other trial concepts that were approved by the ALTG this year have initiated protocol development, feasibility surveys and submitting applications for funding.

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

In 2008, the ALTG had a membership of 120 financial members which is rapidly expanding due to the interest in reducing the incidence, morbidity and mortality of lung cancer.

Pulmonary Interstitial Vascular Organisational Taskforce

The focus of the Pulmonary Interstitial Vascular Organisational Taskforce (PIVOT) is the area of interstitial and orphan (rare) lung disease, defined as those which have a low prevalence and do not have a parent organisation to look after them. PIVOT meets on a quarterly basis, with either a face to face meeting or by teleconference.

During 2008, the Group produced three new brochures, *Pulmonary Arterial Hypertension*, *Adult Interstitial Lung Diseases* and *Interstitial Lung Diseases in Children*.

A key project for 2008 was establishment of the Australasian Registry Network for Orphan Lung Disease and known as ARNOLD (the Registry) and is a joint initiative with the Thoracic Society of Australia and New Zealand (TSANZ). Once established ... the Registry will contain information on patients with orphan lung disease; provide statistical information relating to the incidence and prevalence of orphan lung disease in Australia; and details of doctors and specialists with medical expertise in this area. It is anticipated that the information will increase understanding of what causes such diseases and assist in making the case for the necessity for clinical trials of new treatments in orphan lung disease. Coinciding with the first Interstitial and Orphan Lung Disease Day (an initiative of The Australian Lung Foundation initiated as part of its Lung Health Awareness Month activities in November) a media release was issued by PIVOT announcing development of the Registry.

LungNet

The LungNet Information and Support Centre (the Centre) continues to be a vital first point of contact for The Australian Lung Foundation (Lung Foundation). The Centre provides information and support to patients recently diagnosed with a lung condition and resources for health professionals.

a) Enquiries

The Centre is contactable via a toll-free number (1800 654 301) or email enquiries@lungfoundation.com.au

- b) Enquiry Statistics
The number of enquiries received by the Information and Support Centre increased substantially in 2008 and we anticipate that this situation will continue as the Foundation continues to become more widely known – 4493 (2008); 3260 (2007); 2931 (2006).
- c) Newsletter
The *LungNet News* is an important means for the Lung Foundation to communicate regularly with patients, health professionals and other individuals interested in lung health. Published quarterly, the newsletter provides articles on lung health and information about the Lung Foundation's projects and initiatives. The newsletter has a current mailing circulation of over 15,000 and is also accessible via the Lung Foundation website. www.lungfoundation.com.au
- d) LungNet Self-help Patient Support Group Network
Self-help patient support groups, active in all States and Territories, are an important means for patients to gain mutual support and ongoing education about their condition. Whilst the majority of groups have face-to-face meetings, support is also available online or by telephone.
- e) LungNet Education Days
Well attended LungNet Education Days took place in all States in 2008, providing an opportunity for patients to listen to experts in the field of respiratory medicine and allied health, as well as enabling the Support Groups to interact with one another.

Respiratory Infectious Diseases Consultative Group

The Respiratory Infectious Diseases Consultative Group was successful in obtaining sponsorship from CSL Biotherapies for 2008 and has started to work on a new initiative, Community Acquired Pneumonia. The RID Case Statement published in 2007 has been in demand once again in 2008.

Cough in Children and Adults: Diagnosis and Assessment

In 2008, the Cough in Children and Adults: Diagnosis and Assessment Consultative Group (CICADA) worked on developing Australian Cough Guidelines. On completion, these guidelines will be released in 2009. The CICADA group are funded by The Australian Lung Foundation.

Multi-Centre Trials Network

The Multi-centre Clinical Trials Network (MCTN) is an established administration service, available to both clinical trial sponsors and Contract Research Organisations (CRO). The service provides access to both a large-scale Investigator network and patient database. MCTN is supported by an efficient and timely ethics submission process under the auspices of UnitingCare Health and underpinned by an established subject recruitment campaign management system.

In 2008, MCTN activities maintained a stable number of clinical trial enquiries/participation on both a national and international base. Studies undertaken include disease areas of COPD & Alpha1-Antitrypsin Deficiency.

MCTN will undertake a review/update of its strategic plan in early 2009 to ensure that this service maintains its currency and meets the needs of both the MCTN Investigators and Trial Sponsors.

Awards

The Thoracic Society of Australian and New Zealand's (TSANZ) Education and Research Standing Sub-Committee met in early December to review the 2008 award applications for The Australian Lung Foundation's research awards and Grants in Aid. The successful applicants will be announced at the TSANZ Annual Scientific Meeting in April 2009.

Recognising the Volunteers

I have once again been delighted by the incredible input into all aspects of The Australian Lung Foundation activities by our volunteers. There has been a large increase in the workload for our volunteers in 2008 and I am happy to say they have risen to the challenge!

Reflection

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

The Australian Lung Foundation continues to enjoy unselfish and untiring support from a growing number of TSANZ members in the progression of its projects, consultative groups and programs. On behalf of The Australian Lung Foundation National Council, I thank all these people for their support in 2008 and trust that they and other TSANZ Members will find the time and desire to support the Lung Foundation in 2009 as we venture into new initiatives.



Robert Edwards
National Chairman

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National Asthma Council Annual Report 2008 to Thoracic Society of Australia and New Zealand

Board

In November, Professor John Wilson, Chairman and the TSANZ representative, retired from the Board, having served the maximum time allowable under the Constitution. Dr Noela Whitby AM, the RACGP representative, was elected Chairman at the 2008 AGM. Dr Peter Wark was appointed as the TSANZ representative. Dr Janet Rimmer continues to represent ASCIA, Mr Peter Holder to represent the Pharmaceutical Society of Australia and Mr Max Franchitto to represent Asthma Foundations Australia.

Financial Position

The National Asthma Council Australia concluded the 2007-8 financial year in a healthy position with an operational profit of \$149,548, income of \$1,572,806 and equity of \$ 810,614. Its cause-related marketing program, Sensitive Choice, contributed 44% of its income.

Media Relations Report

The 2007/08 reporting period saw the National Asthma Council Australia further extend its profile thanks to an ongoing integrated public relations program, resulting in extensive media coverage within both consumer press and health professional publications.

A key plank of the NAC's media relations strategy is the provision of regular, timely and topical media releases.

During the 2007/08 financial year, 15 media releases were developed on a wide range of topics from the launch of the revamped online Asthma Action Plan library and information on new asthma resources for Indigenous Australians to seasonal information on autumn dust mite numbers and Christmas survival tips.

As well as promoting its own resources and key asthma management messages, the NAC issued media statements relating to a number of high profile news issues that occurred during the year including the introduction of new smoking laws in New South Wales and Victoria; the relaxing of Australia Defence Force entry requirements for people with asthma; and, the release of the latest asthma death statistics.

In addition to proactively providing media comment, the NAC's public relations consultancy, Ward Communications, is the first point of call for journalists developing asthma-related stories and reports.

The consultancy receives between three and five unsolicited media enquiries a week and maintains an extensive database of expert spokespeople who have kindly indicated their willingness to provide comments to the press on behalf of the NAC.

Media targets for the NAC range from the smallest regional community newspaper and individual Divisions of General Practice newsletters to national television news, talkback radio and the regular GP and pharmacy magazines, as well as online newsletters and websites.

During 2007/08, NAC print media coverage alone achieved a total circulation of more than 25,924,852. This figure excludes coverage achieved for the Sensitive Choice program, which was also extensive.

Website Report

The NAC website provides internationally recognised, evidence-based asthma information to support health professionals in their management of people with asthma.

With more than 600 content pages, the website served over 1.5 million page views to more than 666,000 visitors during the 2007/08 year.

A key objective for the website is to enhance the NAC educational activities. While the *Asthma Management Handbook 2006* remains a leading resource, it is the online version of *Spirometry: The Measurement and Interpretation of Ventilatory Function in Clinical Practice* that has edged ahead in page views and together they now represent almost one out of every five pages accessed (18%).

Highlights this year include an additional 5000 visitors each month viewing 9,400 more pages and another annual increase of 25% in page views for the asthma information brochures and papers. These publications include the 1–8 series developed in 2004 and more recent information papers on allergic rhinitis and leukotriene receptor antagonists, and accounts for 11% of all page views on the website.

Subscribers to the monthly email Newsletter have grown a further 7% to 2,750 and newsletter page views reached nearly 55,000 for a 10.6% increase over last year.

An important role for the NAC is to act as a source of accurate and reliable information online. The NAC continues to be a partner with the Australian Government online health initiative HealthInsite and the website has international accreditation from Health on the Net Foundation (HONcode).

During 2008/09, the NAC website will upgrade to a content management web platform with the ability to provide additional online applications and flexibility.

A-Team® Asthma Education Program

The NAC's A-Team® Asthma Education Program has continued to deliver up-to-date asthma education workshops for GPs, practice nurses, pharmacists and allied health professionals with Divisions of General Practice across Australia.

The content of the current workshop series focuses on the Asthma Cycle of Care. Each workshop session also covers 2–3 extra asthma topics chosen by the host Division of General Practice from the A-Team education modules.

More than 60 workshops were held in the 2007/08 financial year, reaching more than 1500 health professionals. Highlights include workshops held in remote areas such as Fitzroy Crossing and in correctional facilities such as Truganina Remand Centre.

The NAC has now comfortably met its contractual commitment of 66 workshops held over the 3-year period with more than 50% in rural or remote areas. Further workshops will be held in the remaining time if resources permit.

Independent evaluation is underway with very positive results so far.

National Spirometry Training Course for GPs

The NAC's National Spirometry Training Course for GPs is the product of an extensive consultation and development process, culminating in endorsement by the Australian and New Zealand Society of Respiratory Science (ANZSRS) and the Thoracic Society of Australia and New Zealand (TSANZ). Respiratory scientists and members of the NAC's GP Asthma Group worked hard to develop this course.

Run as a 6-hour interactive program, the course is designed to provide participants with comprehensive training in the application, measurement and interpretation of expiratory spirometry in general practice. The course is a Royal Australian College of General Practitioners (RACGP) Category 1 CPD activity and an ANZSRS and TSANZ accredited spirometry training course for GPs. Practice nurses may also attend.

The new course was kicked off with a pilot workshop for Australian Defence Forces medical officers in November 2007. Wider implementation began in early 2008 and the workshops are now in full swing. The NAC has been overwhelmed with requests for the course and is well on track to meet the commitment of 48 workshops.

Satellite broadcast program on combination therapy

Balancing the Benefits: Asthma and Combination Therapy Update, was a satellite broadcast program developed by the NAC with the Rural Health Education Education Foundation (RHEF). The program was broadcast on 20 May 2008 with support from AstraZeneca.

The program provided an update on the latest developments in the combination therapies used for asthma, including the SMART regimen.

The program was a facilitated expert panel discussion chaired by Dr Norman Swan, ABC Radio National health reporter. The panellists were:

- Assoc. Prof. Matthew Peters, respiratory physician, Sydney
- Dr Clive Tucker, general practitioner, Purga, QLD
- Mr Stephen Hughes, community pharmacist, Sydney, and NAC Pharmacists' Asthma Group member
- Ms Judi Wicking, asthma educator, Melbourne, and NAC Project Officer

According to RHEF, the outcome from this program was excellent. The responses from viewers suggested that both the level of interest and the quality of the program were extremely high.

Spirometry handbook updated

One of the NAC's most popular resources – *Spirometry: The Measurement and Interpretation of Ventilatory Function in Clinical Practice* – was revised in March 2008.

Now in its third edition, the Spirometry handbook was updated to reflect new international standards and mirror the content published in the *Asthma Management Handbook 2006*.

Author Assoc. Prof. David P Johns, respiratory scientist, made changes relating to the equipment used, patient procedures and updated reference values. The changes to the new edition of the handbook focus on maximising the repeatability of the test through the optimum use of accurately calibrated equipment and appropriate patient-related procedures that encourage maximum patient effort.

The updated handbook, available freely on the NAC website, is required pre-reading for health professionals participating in the NAC's spirometry training course and is also a valuable refresher resource for health professionals who have already undertaken spirometry training.

GP Review

The NAC continued to publish regular articles in the RACGP bimonthly magazine GP Review. Themes are chosen to coincide with topical issues or NAC activities. The NAC is grateful for the expert contributions of the following authors:

- Mar 08: *Asthma in Indigenous Australians* – Dr Penny Abbott
- May 08: *Asthma and Obesity* – Assoc. Prof. Ian Charlton
- July 08: *Asthma and Spirometry* – Ms Siobhan Brophy
- Sept 08: *Asthma in Older Adults* – Dr Steven Rudolph

Inhaler education campaign for veterans

The NAC produced two education resources as part of the 'Prevent Puffer Problems' campaign developed by the Department of Veterans' Affairs to improve inhaler device use in veterans. The NAC's resources are an information paper for health professionals and a series of short instructional videos for patients. Both resources were published on the NAC website.

The campaign was a collaboration of:

- Department of Veterans' Affairs
- National Asthma Council Australia
- Pharmaceutical Society of Australia
- Pharmacy Guild of Australia
- The Australian Lung Foundation
- Australian General Practice Network.

Inhaler device information paper

The information paper for health professionals focussed on the prevalence of poor inhaler technique, improvements in health outcomes seen with improved inhaler technique and ways to improve technique, presented as simple practice points and tips.

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

- Assoc. Prof. Helen Reddel, respiratory physician, Sydney
- Dr Gary Kilov, general practitioner and NAC A-Team member, Melbourne
- Dr Iman Basheti, research pharmacist, Sydney
- Dr Jenny Gowan, pharmacist and HMR facilitator, Melbourne
- Ms Naomi Fenton, asthma educator and NAC A-Team member, Wyong

Bangladesh Lung Foundation conference 2008

The Bangladesh Lung Foundation held Bangladesh's first international medical conference in February 2008 and invited a number of international speakers. Those from Australia were:

- Prof. Norbert Berend – *COPD: Regional approach for promoting better care*
- Assoc. Prof. Ron Tomlins – *Managing asthma in a primary care settings; What resources do we need for better asthma care?*
- Ms Kristine Whorlow – *Phasing out CFC inhalers: why and how?; Treatment guidelines: development and implementation for primary care physicians*

GPCE Melbourne 2007, Sydney 2008 and Melbourne 2008

The NAC presents regular seminars at the GP Conference and Exhibition (GPCE).

At GPCE Melbourne in November 2007, the NAC presented a seminar with support from GlaxoSmithKline Australia. The 1-hour seminar, *Asthma and COPD: an update on diagnosis and treatment*, focussed on five key issues in asthma and COPD: clinching the diagnosis; asthma control vs severity; asthma management strategies; COPD screening; and COPD management strategies.

Dr Gary Kilov, GP, and Dr Christopher Worsnop, respiratory physician, delivered an interesting and informative presentation to an audience of more than 80 GPs. The evaluation responses were extremely positive.

The NAC's seminar at GPCE Sydney in May 2008 was supported by Schering Plough. The 1-hour seminar, *Asthma and Allergy: what's the connection?* covered differential diagnosis and practical strategies for management of concurrent asthma and allergy.

Prof. Connie Katelaris, allergist and immunologist, and Assoc. Prof. Ian Charlton, GP and NAC GP Asthma Group member, delivered a dynamic and engaging presentation using multiple-choice questions answered via interactive keypads to great effect.

The seminar was one of the most subscribed sessions of the conference, with almost 100 GPs attending despite the seminar being scheduled as the last session of the last day.

Asthma and Allergy: practical strategies for related conditions was one of the most popular sessions at GPCE November 2008. Assoc. Prof. Jo Douglass presented a dynamic session covering, differential diagnosis and practical strategies for management of concurrent asthma and allergy.

IPCRG Seville 2008

The NAC's A-Team® asthma education program was internationally recognised for its innovative format and successful outcomes at the International Primary Care Respiratory Group (IPCRG) world conference in Seville in May 2008.

Judi Wicking, A-Team project officer, presented an abstract titled *The A-Team®: A national asthma education program, the Australian way* to a captivated audience of health professionals from around the world at the IPCRG conference.

The abstract was selected for publication in the June 2008 issue of the Primary Care Respiratory Journal.

A preliminary evaluation of the first 9 months of phase 3 of the program, which began rollout mid 2007, was presented at the IPCRG conference. As at end March 2008, more than 1000 health professionals had attended 45 workshops across Australia. In post-workshop evaluations, nearly all (97.7%) respondents reported the program 'somewhat' or 'considerably' increased their knowledge of evidence-based asthma management practice.

TSANZ Annual Scientific Meeting 2008

Assoc. Prof. Jo Douglass presented the NAC breakfast session at the Thoracic Society of Australia and New Zealand (TSANZ) Annual Scientific Meeting in March 2008. Titled *More hair of the dog? Immunotherapy in respiratory allergies*, the presentation covered the latest in immunotherapy including the advantages and disadvantages of sublingual therapy.

Asthma Research Awards

Dr Cristan Herbert from the University of NSW won the 2008 TSANZ and NAC Asthma Prize for his presentation, *Enhanced expression of cytokines by CD4+ T cells in an acute exacerbation of chronic asthma*.

Asia-Pacific Activities

The NAC's outreach activities in the Asia-Pacific region have continued this year, led by the CEO, Ms Kristine Whorlow.

GP Asia Pacific Respiratory Board

In early 2008, the NAC formed this board with GP representatives from Bangladesh, Hong Kong, Korea, Malaysia, Philippines, Singapore, Thailand, and Vietnam and chaired by Assoc. Prof. Ron Tomlins of Australia. Members are working to develop the role of the GP or GP equivalent in Asia Pacific and to improve the management of COPD and asthma. Meetings were held in Bangkok and Kuala Lumpur.

Bangladesh

The Bangladesh Lung Foundation held Bangladesh's first international medical conference in February 2008. The conference featured three Australian speakers, including the NAC's CEO. The NAC was pleased to provide advice during the planning of the conference.

Malaysia

The CEO continued to work with the Asthma Council Malaysia on its business plan and assisting in the development of sponsorships.

Taiwan

In January 2008, the CEO was invited to present on *Running asthma education programs in Australia – the experience* at the Chang Gung Hospital, Taipei.

Sri Lanka

The NAC has continued to assist the National Asthma Council Sri Lanka and the Primary Care Respiratory Group, which is affiliated with the International Primary Care Respiratory Group of which the NAC is a founding member.

United Nations Environment Program

As an Australian Government nominee to the UNEP Medical Technical Options Committee (MTOC), the CEO attended its annual meeting in Japan. She has also represented MTOC at national workshops in the Maldives, Malaysia and Guyana to advise on the development of national strategies to phase out the use of CFCs in asthma inhalers.



Peter Wark

Director

TSANZ Representative to the NAC Board

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New Members

| NAME | BRANCH | PROPOSED BY | SECONDED BY |
|-------------------------------|--------|--------------------|---------------------|
| Ordinary Member | | | |
| Melissa Argent | QLD | Michelle Murphy | John G Armstrong |
| Katherine Baines | NSW | Peter Gibson | Jodie L Simpson |
| Peter Briffa | NSW | Iven Young | Sandra Anderson |
| Amanda Clever | WA | Bruce W S Robinson | Steven E Mutsaers |
| Philip Hansbro | NSW | Brian Oliver | Janette Burgess |
| Fiona Horwood | NZ | Conroy Wong | Andrew Veale |
| Jennie Hui | WA | Alan James | Bill Musk |
| Paul Robert King | SA | Ral Antic | Hugh Greville |
| Steven Chi Sheng Leong | QLD | Philip Masel | Kwun Fong |
| Gysbert Liebenberg | QLD | David McEvoy | Simon Bowler |
| Alicia Martin | VIC | James Bartlett | David Hart |
| Melissa McClean | NSW | Cheryl M Salome | Norbert Berend |
| Richard Nolan | WA | Eli Gabbay | Justin Waring |
| Denise O'Driscoll | VIC | Gillian Nixon | Margot Davey |
| Heather Powell | NSW | Jodie L Simpson | Peter Wark |
| Maria Sukkar | NSW | Alaina Ammitt | Margaret hughes |
| Sadasivam Suresh | QLD | David Cooper | Margaret Harris |
| Maureen Zimmerman | QLD | Iain Feather | Nicholas Buckmaster |

Associate Member

| | | | |
|-----------------------------|-----|--------------------|-------------------|
| Theodora Ahilas | NSW | Mark Hurwitz | Stevent Vincent |
| Irsahd Ali | NSW | Alvin Ing | Jonathan Rutland |
| Sally Anderson | TAS | Nick Harkness | Cameron Hunter |
| Sultana Aziza | NSW | Andrew Ng | Elizabeth Clark |
| Simone Barry | NSW | Michael Hibbert | Greg King |
| Joelene Bizzintino | WA | Ingrid Laing | Peter Le Souef |
| Simon Cameron | SA | Paul Reynolds | Richard Stapledon |
| Madhu Chandratilleke | QLD | Daniel Chambers | Peter Hoplins |
| Simon Clark | SA | Paul Reynolds | Hubertus Jersmann |
| Linda Cloke | NZ | John McLachlan | Bob Hancox |
| Joanne Cockram | WA | Sue Jenkins | Peter R Eastwood |
| Sarah Currie | SA | James Martin | J. Declan Kennedy |
| Eli Dabscheck | TAS | David Reid | Cameron Hunter |
| Kate Dallimore | WA | Paula Johnson | Peter A Kendall |
| Louisa Dousha | VIC | Jane Ward | Michelle Hansen |
| Rachel Foong | WA | Debra J Turner | Graeme R Zosky |
| Peter Franchina | WA | Eli Gabbay | Michael Musk |
| Anne Marie Gibson | VIC | Haily Tran | Colin Robertson |
| Elizabeth Hammer | TAS | Richard Wood-Baker | Nick Harkness |
| Cristan Herbert | NSW | Paul Thomas | Deborah Yates |
| Kelvin Hsu | NSW | John Wheatley | Peter Middleton |
| Matthew Hutchins | QLD | Simon Bowler | David McEvoy |
| Tobias Idelberberg | VIC | Nic Freezer | Gillian Nixon |
| Barton Jennings | VIC | Nic Freezer | Michael Ho |
| Mary Kelly | SA | Hugh Greville | Paul Reynolds |
| Heather Ladd | TAS | Richard Wood-Baker | Nick Harkness |
| Edmund Lau | NSW | Andrew Chan | Richard Lee |
| Albert Leung | VIC | Frank Thien | Niall Cain |
| Karla Logie | WA | Graham Hall | Andrew Wilson |
| Adrian Low | VIC | John Burgess | Shyama Dharmage |

| | | | |
|------------------------------------|-----|----------------------|---------------------|
| Peta Maxwell | WA | Alan James | Bhajan Singh |
| Gabrielle Musk | QLD | Michael Musk | Martin J Phillips |
| Caroline Nicolson | VIC | Matthew Naughton | Anne Holland |
| Rebecca Oldham | NSW | Peter Gibson | Jodie LSimpson |
| Louise Papps | WA | Grant Waterer | Nigel McArdle |
| Kristy Parsons | NSW | Peter Wark | Peter G Gibson |
| Carmen Pearce-Brown | ACT | Nicholas Glasgow | Craig Hukins |
| Betty Poot | NZ | Richard Beasley | Aryan Tavakkoli |
| Srinivas Poreddy | WA | Graham Hall | Stephen Stick |
| Suvenesh Prasad | QLD | Kwun Fong | Tim Young |
| Jeff Pretto | NSW | Michael Hensley | Keith Murree-Allen |
| Andrew Reynolds | TAS | Richard Wood-Baker | Nick Harkness |
| Leanne Rhodes | NZ | Tanya McWilliams | Christopher Lewis |
| Ainsley Ringma | QLD | Craig Hukins | Scott Burgess |
| Andrew Rosenstengel | WA | Christopher Zappala | David Fielding |
| Matthew Salamonsen | VIC | Ngoc Tran | Peter Holmes |
| Heidi Schilter | NSW | Paul Foster | Peter Gibson |
| Hayley Scott | NSW | Lisa Wood | Peter Wark |
| Jessica Siegle | NSW | Paul Thomas | Brian H Jarvie |
| Nicola Smith | NZ | Andrew Brant | Alister Neill |
| Manuel Soto-Martinez | VIC | Philip J Robinson | Colin Robertson |
| Subash Srikantha | VIC | Murad Ibrahim | Andrew Kyoong |
| Maureen Verheggen | WA | Graham Hall | Stephen Stick |
| Britta von Ungern-Sternberg | WA | Peter Sly | Graham Hall |
| James Ward | VIC | John Hunt | David Cunningham |
| Sophie Williams | QLD | Simon Bowler | David Serisier |
| Brett Windeatt | QLD | Khow Tran | Josie Stroud |
| Rachel Wiseman | NZ | Greg Frazer | Lutz Beckert |
| Eric Wong | NSW | Steven Lindstrom | Elizabeth Clark |
| Michael Woods | WA | Jason Kirkness | Jonathan Williamson |
| Susan Woods | SA | Anne Marie Southcott | Richard Ruffin |
| Danielle Wurzel | VIC | Phil Robinson | Sarath Ranganathan |
| Wei Xia | SA | Paul Reynolds | Ann Reynolds |

Ordinary to Retired Member

| | |
|--------------------------|-----|
| Richard Pinerua | WA |
| Marguerite Weston | NSW |

Associate to Ordinary Member

| | |
|-----------------------------|-----|
| Helen Bell | WA |
| Gregory J Blecher | NSW |
| Jimmy Kin Yuen Chein | NSW |
| Andrew Gillman | VIC |
| Murad Ibrahim | VIC |
| Andrew Jones | VIC |
| Gregory Keir | UK |
| Roo Killick | NSW |
| Jill Larsen | QLD |
| Celia Lanteri | VIC |
| Sanaz Lehman | SA |
| Jeanie Wai-Yee Leong | WA |
| Scott Ky Phung | WA |
| Anand Rijo Rose | SA |
| Daniel Steinfort | VIC |
| Amanuel Tesfai | WA |

Continued

| | |
|--------------------------------|-----|
| Karen Thomas | WA |
| Penelope Pak Kiang Wong | VIC |

Associate to Student Member

| | |
|------------------------|-----|
| Paul D Robinson | NSW |
|------------------------|-----|

Student Member to Ordinary

| | |
|-----------------------|----|
| Aeneas L G Yeo | SA |
|-----------------------|----|

Resumption of Membership

| | |
|------------------------|-----|
| Gillian Nixon | VIC |
| Mark Hew | VIC |
| Anthony Johnson | NSW |
| Mark Nicholls | NSW |

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