

Australian Society of Anaesthetists Bylaws

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1 PREFACE

1.1 Interpretation

Bylaws of the ASA amplify and qualify the ASA Constitution and incorporate guidance for the good order and administration of the Society.

Where a Bylaw conflicts with the ASA Constitution, the latter is to prevail. These Bylaws are authorised by the ASA Board of Directors.

2 MEMBERSHIP

2.1 Membership Subscription Guidelines

In keeping with the Australian Society of Anaesthetists (ASA) Constitution regarding the classes of membership the following conditions shall apply:

2.1.1 Associate members' subscriptions:

50% of the Ordinary membership rate.

2.1.2 Continuing Active Ordinary membership subscriptions:

50% of the Ordinary membership rate.

2.1.3 Continuing Active Associate membership subscriptions:

50% of the Associate membership rate.

2.1.4 Continuing Retired Ordinary membership:

Complimentary membership of the ASA.

2.1.5 Continuing Retired Associate membership:

Complimentary membership of the ASA.

2.1.6 Retired Ordinary membership subscriptions

25% of the Ordinary membership rate.

2.1.7 Retired Associate membership subscriptions

25% of the Associate membership rate.

2.1.8 Trainee membership. The rates are outlined below:

<i>Trainee Categories</i>	
Pre-vocational Medical Education and Training (PMET)	Complimentary
Introductory/Basic Trainee (IBT)	Complimentary
Advanced Trainee (AT)	10% of Ordinary Rate
Provisional Fellow (PF)	30% of Ordinary Rate
Part time – Advanced Trainee (AT)	5% of Ordinary Rate
Part time - Provisional Fellow (PF)	15% of Ordinary Rate

Advanced/Provisional Fellow Trainees who are recognised by ANZCA as undertaking part- time training are entitled to a 50% reduction to the rate that they would otherwise be due.

Overseas based Trainees will be entitled to receive e-notices, e-journals and education e-resources but won't be able to attend or vote at business meetings. Upon achieving FANZCA they will not be automatically transfer to Ordinary membership unless they relocate and are registered to practice in

Australia.

2.1.9 Overseas member subscription shall be 50% of their current membership rate, excluding the GST.

2.1.10 Spouse member subscription:
50% of the Ordinary membership rate.

2.1.11 Part time member subscription:
50% of their current membership rate.

2.1.12 Ordinary post-graduate training:
50% of their current membership rate

2.1.13 Suspended membership: upon application, a member may apply for suspended membership.
The ASA may vary the amount and/or proportion of membership subscriptions from time to time.

2.1.14 Associate - Specialist International Medical Graduate
30% of the Ordinary membership rate.

2.1.15 Associate – ASA Registered Practice Managers
15% of the ordinary membership rate

2.2 Membership rates table

Membership Type	Rate
Ordinary Membership	
Ordinary	100%
Continuing Active Ordinary	50% Ordinary Rate
Ordinary Post-Graduate Training	50% Ordinary Rate
Ordinary First Year Fellow (OFYF)	50% Ordinary Rate
Part time – Ordinary First Year Fellow	25% Ordinary Rate
Associate Membership	
Associate	50% Ordinary Rate
Continuing Active Associate	50% Associate Rate
Associate – Specialist International Medical Graduate	30% Ordinary Rate
ASA Registered Practice Manager	15% Ordinary Rate
Retired Membership	
Retired Ordinary	25% Ordinary Rate
Continuing Retired Ordinary	Complimentary
Retired Associate	25% Associate Rate
Continuing Retired Associate	Complimentary
Trainee Membership	
Pre-vocational Medical Education and Training (PMET)	Complimentary
Introductory/Basic Trainee (IBT)	Complimentary
Advanced Trainee (AT)	10% of Ordinary Rate
Provisional Fellow (PF)	30% of Ordinary Rate
General	

Overseas	50% Current Rate
Spouse	50% Ordinary Rate
Part time	50% Current Rate
Life	Complimentary
Honorary	Complimentary
Consideration by Board	
Parental Leave	Waive fees during leave period
Membership Hold	
Part time – working up to 1 full day a week (0.2 FTE)	50% of Current Rate
Years of membership	

2.3 Application for membership

Membership in the ASA is obtained by submitting a completed application on the designated form. This application is then submitted for approval to either the Membership Engagement Manager or CEO. Once endorsed, applicants are notified of their provisional status, pending acceptance by the Membership Application Committee (MAC). If the MAC rejects an applicant for any reason, they will be promptly informed, issued a full refund, and their membership access will be revoked.

2.4 Extraordinary membership types

Where a member is seeking a special membership rate, they must indicate this preference through email, membership renewal, or the application form. The Membership Engagement Manager or CEO may approve membership change requests where criteria meet Bylaw requirements.

2.4.1 Spouse

Where a couple who are both Ordinary members are in a permanent relationship, one member is eligible for a 50% reduction to their subscription.

2.4.2 Overseas

Where a member is residing outside Australia for greater than six months, they are eligible to apply for overseas membership.

2.4.3 Part-time

Where a member is working two half days or less per week in anaesthetic practice for 12 months or more, they are eligible to apply for “part-time” membership.

2.4.4 Post-graduate training

An Ordinary member who undertakes post graduate training in anaesthesia, intensive care, pain management or related disciplines, at the Board of Directors’ discretion is entitled to a 50% discount on the Ordinary member subscription rate for the period of the training.

2.4.5 Parental Leave

A member who is on parental leave shall have their fees waived during their leave period, retaining their membership benefits at no cost.

2.4.6 Suspension

Where a member wishes to cease paying their subscription for whatever reason, they may apply for suspended membership to the ASA Board. Suspended membership, if approved, will be granted for 12 months only.

2.4.7 Retired

Applicable when a member retires completely from anaesthetic practice.

2.4.8 Years of membership

This is for continuous membership unless there are reasons acceptable to the Board.

2.4.9 Part year

Members who either commence or suspend their membership during the year shall receive a pro rata reimbursement or fee calculated dependent on the calendar month of the approved change.

2.4.10 Specialist International Medical Graduate

A Specialist International Medical Graduate registered in a specialist training program with ANZCA are eligible to apply for Associate - Specialist International Medical Graduate (SIMG) membership and are entitled to a rate equal to 30% of the Ordinary membership rate during their training

2.4.11 ASA Registered Practice Manager

A Practice Manager overseeing the daily operations of an anaesthetic practice can apply for the Associate – ASA Registered Practice Manager (ARPM) membership. This membership is offered at a rate that is 15% of the Ordinary membership rate.

To successfully apply, the Practice Manager must be nominated by a current financial ASA Provisional Fellow or Ordinary member associated with their practice.

The Associate – ASA Registered Practice Manager will gain access to resources relevant to their role but will not have the following privileges:

- ☐ Attendance or voting rights at Committee/Council/Board/AGM meetings.
- ☐ Access to the AIC Journal

2.5 Annual Donation

The Society will allocate \$10,000 each year to donate to either the ASA Benevolent Fund or the Board's choice of foundation or charity.

2.5.1 NSC/CSC Registration Reimbursement

ASA members are eligible for one complimentary registration to either the National Scientific Congress (NSC) or the Combined Scientific Congress (CSC) during their Provisional Fellow Training or within the first two years as an Ordinary Member, provided they have been a financial ASA Advanced Trainee member for at least two years. This benefit can be claimed only once and does not cover travel, accommodation, miscellaneous expenses, supplementary activities, or workshops.

2.6 50 years of membership

The ASA honors members with 50 years or more of membership with a certificate and a lapel badge.

Membership duration is calculated from the date the Board approved the membership to the completion of 50 years. Continuous membership is not required; the cumulative membership period must be equal to or greater than 50 years.

Each year, the Membership Services Team will reach out to members eligible for recognition in the upcoming year and notify the relevant State Chairs. The 50-year certificate and lapel badge will be mailed to the members. Recipients will be recorded in the membership database, and their names will be published in the subsequent ASA Newsletter.



Image Enlarged



Actual Size

3 COMMITTEES

3.1 Guidelines

The ASA uses the 'Committee system' to investigate issues, develop concepts and policies, deliver advice, provide services, and generally meet the needs of members of the Board of Directors and the ASA Constitution. There are five tiers of ASA committees:

3.1.1 Tier 1 - Board of Directors and Council

- Board
- Council

3.1.2 Guidelines for Directors

- A director is to exercise his or her powers and discharge his or her duties with care and diligence
- A director is to at all times act in good faith for the benefit of the ASA as a whole and for a proper purpose
- A director is to avoid situations in which there is a real and sensible possibility of conflict between his or her personal interests and the interests of the ASA
- A director must not improperly use his or her position to gain an advantage for him or herself or others, or to cause detriment to the ASA
- A director must not improperly use information obtained as a result of his or her position to gain an advantage for him or herself or others, or to cause detriment to the ASA
- A director must not exercise his or her powers for an improper purpose, being a purpose other than that for which the powers were conferred
- A director will generally not be at liberty to disclose in the public arena information regarding the affairs of the ASA that has been received as a result of their position as a director, unless such information is already in the public arena
- Confidential information is information that a director receives that is not available to the public or the general ASA membership
- Confidential information (including Board papers) received by a director (in the course of his or their duty) remains the property of the ASA and should not be disclosed, unless such disclosure has been authorised by the ASA, or is required by law
- A director must not disclose the content of discussions at Board meetings outside of appropriate and responsible circles within the ASA with a legitimate interest in the subject of the disclosure, unless that disclosure has been duly authorised by the ASA, or is required by law
- A director generally must not engage in conduct or make any public statement likely to prejudice or harm the ASA's interests, unless the director believes in good faith that it is in the best interests of the ASA as a whole to make such a statement

3.1.3 Tier 2 - Principal Committees (in order)

- Individual States and Territory Committees
- Economics Advisory Committee (EAC)
- Professional Issues Advisory Committee (PIAC)
- Public Practice Advisory Committee (PPAC)
- Communication Committee (CC)
- Education Committee (EC)

3.1.4 Tier 3 – General Committees and Groups (alphabetical order):

- Editorial Board of Anaesthesia and Intensive Care (AIC)
- National Scientific Congress Federal Committee (NSCFC)
- Science, Prizes, Awards and Research Committee (SPARC)
- Trainee Member Group (TMG)
- Wellbeing Advocates Committee (WAC)
- HALMA (History of Anaesthesia, Library, Museum and Archives Committee)

3.1.5 Function of Committees

The ASA Constitution defines and describes the role of the ASA Board, Council and State and Territory sections. The role of all committees is to support the ASA Board in achieving the “Objectives” of the ASA. The President is an ex-officio member of all committees and groups and has voting rights, while the Chief Executive Officer is an ex-officio member of all committees and groups without voting rights.

The Board will review the role and need for each committee and group on an annual basis and whenever the need arises. In accordance with the ASA Constitution, the Board will confirm the membership of all ASA committees and groups annually.

Each committee and group is to address issues that fall within their “Roles and Responsibilities” as described in these Bylaws. All committees and groups are empowered to communicate directly with the Board and Chairs and should provide a report to the Board (face to face meetings unless otherwise requested). They should also meet the requirements addressed below.

3.1.6 Requirements:

- Report to and act under the direction of the Board
- Work within the Strategic Plan of the ASA
- Prepare annual business plans of proposed activities and work within the approved budget
- Identify issues, monitor developments, devise appropriate strategies for resolution and advise the Board
- Produce policies for consideration and Board endorsement (if appropriate)
- Consult with external organisations and lobby governments when requested by the Board
- Prepare responses to external organisations and governments when requested for consideration by the Board
- Develop and maintain effective relationships with appropriate external organisations and departments of governments
- Consider and respond in a timely manner to issues referred to them by the Board
- Comply with the ASA Trade Practices Act Compliance Guidelines
- Co-opt members for specific tasks
- Meet as frequently as required to achieve the Board’s requirements through either teleconference or face to face meetings
- Record the determinations of their meetings and provide written reports to the Board
- Provide an annual report on their activities by the time of the AGM, which will be incorporated into the ASA Annual Report

Where established with other organisations joint committees, groups and sub committees are to have, as a minimum, Terms of Reference (as per bullets below) and they are to provide reports of their meetings to the Board. The current joint or external Committees administered by the ASA are:

3.1.7 Tier 4 – General Committees and Groups

- Audit, Remuneration and Finance Committee (ARFC)
- Honours Committee (HC)
- General Practitioner Anaesthetists Committee (GPAC)*
- Membership Application Committee (MAC)
- Military Anaesthetists Group (MAG)*
- National Scientific Congress Organising Committee (NSCOC)*
- Overseas Development and Education Committee (ODEC)*
- Retired Anaesthetists Group (RAG)*

** Receive an invitation to Council coinciding with the NSC*

The Board may establish working groups for specific purposes and with a limited tenure. These groups will be required to provide progress reports to the Board. Working groups may eventually develop into a standing committee at which time they will be identified formally by a bylaw.

3.1.8 Tier 5 – Joint Committees, Groups and Subcommittees:

• Anaesthesia Industry Liaison Committee (AIRC)
– To ensure continuity and consistency through liaison of the two organisations and the HCI
• Anaesthesia Continuing Education Co-ordinating Committee (ACECC)
– Refer to the ACECC Charter
• Australia and New Zealand Tripartite Anaesthesia Data Committee (ANZTADC)
– Refer to ANZTADC Memorandum of Agreement (MoA)
• History of Anaesthesia Special Interest Group (HASIG)
– Refer to the SIG Constitution
• Regional Anaesthesia Special Interest Group (RASIG)
– Refer to the SIG Constitution
• Day Care Special Interest Group (DC SIG)
– Refer to the SIG Constitution

3.1.9 Support for committees and groups

The Executive Office of the ASA Head Office provides secretarial support for committees and groups. Additionally, each State Committee has separate secretarial support, some provided jointly with the ANZCA and some provided by contractors or agents. As a principle, each committee will have a dedicated secretary. Indicatively, support includes, but is not limited to:

• Organisation of meetings or teleconferences
• Preparation of agendas and minutes
• Preparation of correspondence on behalf of the Chair
• Preparation and advice on the committee's budget and expenditure
• Please refer to The Executive Office Policies and Procedures for further information

3.1.10 Chief Executive Officer

The Chief Executive Officer is the Company Secretary but is not entitled to vote. He/she is a representative on all ASA committees/working groups on an ex officio basis. The Chief Executive Officer is responsible to the Board for the:

• Management of all aspects of the ASA's head office, employees and finances
• Due notification of Board meetings
• Recording of minutes of the Board meetings
• Conduct of all subsequent correspondence of the Board
• Preparation of the Annual Report
• The Board's general compliance with all relevant legal, financial, and business requirements and specifically, the Corporations Act.

3.2 The Board

3.2.1 Background

The ASA was founded in 1934 at Hadley's Hotel in Hobart by a small group of seven. The first President of the Society was Dr Gilbert Brown who was responsible for the suggestion that a Section of Anaesthetics be included in the 1929 programme in Sydney for the Australian Medical Congress (BMA).

3.2.2 Structure

The Board comprises a President (who shall act as Chair), the Immediate Past President, the Vice-President, the Honorary Treasurer, Executive Councillor and 2 ordinary directors elected from the Council, and an independent director appointed by the Board as necessary.

3.2.3 Role and responsibilities

Clause 6 of the ASA Constitution describes the structure, role, responsibilities, and objectives of the ASA Board.

3.2.3.1 President

- Chair of the Board of Directors
- ASA's representative externally
- Authority for correspondence on behalf of the Board
- Co-signatory for ASA accounts
- Ex-officio member on all ASA Committees

3.2.3.2 Vice President

The Vice President assists the President in some or all of the above roles.

3.2.3.3 Immediate Past President

In the event of the Office of the President becoming vacant, he/she assumes the role until the next Annual General Meeting (AGM).

3.2.3.4 Honorary Treasurer

The role of the Honorary Treasurer is to:

- Recommend the appointment of an auditor for the ASA at each AGM
- Chair the Investment Committee (IC), ensure that the Board is provided with an appropriate investment strategy and implement the strategy approved by the Board
- Inform Directors of the financial status of the ASA at each face-to-face Board meeting; to approve the Annual Financial Report and Directors' Report
- Immediately advise Directors if he becomes aware or suspects that the ASA is insolvent or will become insolvent through any means
- Chair the Audit, Remuneration and Finance Committee (ARFC) Partake as a member of the Overseas Development and Education Committee (ODEC) and NSC Federal Committee (NSCFC)
- Authorise with at least one other Director, the CEO/Company Secretary, and the Finance Manager the operation of the Australian Society of Anaesthetists Ltd accounts in accordance with the decisions and directions of the Board. These accounts must carry the caveat that at least two signatories are required to authorise transactions
- Authorise the opening of investment accounts with financial institutions in the name of the Australian Society of Anaesthetists Ltd in compliance with the Board's approved Investment Strategy
- Authorise (in conjunction with one of two other Directors) initial capital purchases by the ASA of between \$500 and \$10,000. Amounts over \$10,000 require Board approval with a revised budget

- Provide direction and guidance to the Finance Manager for the good management of the ASA's accounts
- Periodically review the financial records of the ASA

3.2.3.5 Executive Councillor

The Executive Councillor supports the Board by overseeing membership policies, procedures, reporting and initiatives.

3.2.3.6 Chief Executive Officer

The Chief Executive Officer is the Company Secretary but is not entitled to vote. He/she is a representative on all ASA committees/working groups on an ex officio basis. The Chief Executive Officer is responsible to the Board for the:

Management of all aspects of the ASA's head office, employees, and finances:

- Due notification of Board meetings
- Recording of minutes of the Board meetings
- Conduct of all subsequent correspondence of the Board
- Preparation of the Annual Report
- The Board's general compliance with all relevant legal, financial and business requirements and specifically, the Corporations Act

3.2.4 Council Elected Directors

3.2.4.1 Process Surrounding Election of Council Elected Directors

3.2.4.2 Introduction

All members of Council other than the elected office bearers are eligible to stand for election as a Council elected director to the Board of Directors of the ASA. Elections will be held as and when necessary, and as set out in the Constitution. There will be a maximum of two (2) directors elected from the Council.

The makeup of Council is set out in the Constitution of the ASA. All members of Council and only members of Council, including the elected office bearers are eligible to vote. The term of a Council elected Board Director is set out in the Constitution.

3.2.4.3 Nominations

Nominations will be called for by the President as and when necessary. All nominations will be submitted to the Company Secretary and must be received by the date and time as set.

All nominations when received will be acknowledged by the Company Secretary.

Each nomination will be accompanied by a short statement (200 words) setting out the candidate's reasons for standing and the skills they would bring to the position.

Nominees are encouraged not to vote for themselves should a ballot be necessary.

3.2.4.4 Election

Should the number of nominations received equal the number of vacancies, the person(s) nominated shall be deemed elected.

Should the number of nominations received exceed the number of vacancies, then an election will be held from among the Council.

3.2.4.5 Process for the Election

Should an election be necessary the following will occur:

Council will be alerted to the need of holding an election and the details surrounding it

A ballot paper will be prepared and distributed along with each candidate's 200-word statement.

Positions on the ballot paper will be determined by a random draw conducted by the Company Secretary.

Each Council member is entitled to one (1) vote.

The ballot may be conducted either at a face to face meeting of the Council or electronically depending on which is more convenient.

Should the vote be conducted electronically the Company Secretary will receive the ballot papers

Should the vote be conducted at a face to face meeting it will be done via a secret ballot with the Company Secretary receiving the ballot papers.

Votes will be retained for a period of three months (3) post the election and then destroyed.

3.2.4.6 Declaration of the Ballot

The winner(s) shall be determined by simple majority.

In the case of a tie a second vote will be held until a simple majority is achieved.

The President/Chair does not hold a casting vote.

3.2.4.7 Result

The membership at large will be informed of the appointment of the Council Directors as soon as is practicable after their appointment.

Such elected directors will join the Board at its next meeting following their election.

3.3 The Federal Council

3.3.1 Structure, Role and Responsibilities

Clause 6.2 of the Federal Constitution sets out the Structure, Role and Responsibilities of the Federal Council

3.4 Individual State and Territory Committees

3.4.1 Structure

Each State and the Australian Capital Territory constitutes a State or Territory Section of the ASA. Each Section has a Committee of Management that is known as the 'State' Committee of Management, for example, NSW Committee of Management. This title may be abbreviated to NSW Committee, etc. The only exception is South Australia where the title is South Australia and Northern Territory Committee of Management by mutual agreement of the ASA members in the respective State and Territory. Details on the Committees of Management are found in the ASA Constitution, Clause 6.5 "Proceedings of the Board of Directors".

3.4.2 Role and responsibilities

The ASA Constitution outlines that the affairs of each State or Territory Section shall be managed by a Committee of Management and, in doing so shall:

- Conduct affairs of that Section in accordance with the ASA Constitution and ASA Bylaws
- Control the finances of that Section in so far as local commitments are concerned using for this purpose the funds allowed for that year by the Board of Directors from the Federal Budget of that Section, which shall be administered centrally by the Federal Office
- Appoint and instruct Committees as may be required.
- Prepare an Annual Report on the activities and of receipts and expenditure of that Section and

submit the same to the Chief Executive Officer and Honorary Treasurer respectively, within three months of the end of the preceding financial year.

3.5 Economics Advisory Committee (EAC)

3.5.1 Background

The EAC was established in 1991 as a result of the amalgamation of the Fees Committee and the Relative Value Guide (RVG) Committee. At its' outset it had a Chair, Dr Gregory Deacon and just one other member, Dr Peter Hales.

3.5.2 Structure

Membership shall include the Economics Advisory Officer who will be Chair, the State and Territory Economics Advisory Officers, the PIAC Chair, the PPAC Chair, ASA Trainee Member Group Representative, and up to a maximum of eight other members as recommended by the Chair and approved by the Board. The Anaesthetic Craft Group representative, the President and the Chief Executive Officer will also be co-opted onto the Committee.

3.5.3 Role and responsibilities

The EAC and its officers are responsible for advising the Board on all financial matters relating to the practice of anaesthesia and through the Board, advising members and associates. They should also be able to answer complaints or enquiries from patients or their agents relating to financial matters through the Secretariat.

3.6 Professional Issues Advisory Committee (PIAC)

3.6.1 Background

The Professional Issues Working Group was established in 2004 out of the 'medical indemnity crisis' and dealt with increasingly complex and enduring issues. In 2005, the Board approved the reestablishment of the PIWG as a Committee, the Professional Issues Advisory Committee (PIAC). In 2010, PIAC subsumed the Workforce and Survey Committee (WSC), and assumed its responsibilities including in particular regular survey of the Society membership.

3.6.2 Structure

Structure Membership of the committee be composed of the Chair, Vice President, Immediate Past President, a rep from each state, ANZCA representative, plus up to five other members as recommended by the Chair and approved by the Board. The President and CEO remain ex-officio members.

3.6.3 Role and responsibilities

The role of the PIAC is to provide advice to the Board and members on professional issues. This includes, but is not restricted to:

- Clinical practices and standards
- Clinical Credentialing and privileging issues
- Professional indemnity insurance
- Continuing professional development
- Professionalism
- Workforce and survey issues.

Workforce and survey issues include but are not limited to:

- Determining the appropriate distribution of anaesthetists (specialist and non-specialist)

necessary to satisfy national and regional demand.

- Determining the reasons why the number of anaesthetists may be at variance to the ideal
- Suggesting strategies to attract and retain anaesthetists to areas that are inadequately serviced by anaesthetists
- Managing the regular member survey that the Board uses to inform itself on the membership profile.
- Approving workforce related surveys to members that are initiated from or through the Secretariat. All other surveys should be approved by the Communications Committee
- Providing reports to the Board, as required, on information gathered from members' surveyed

3.7 Public Practice Advisory Committee (PPAC)

3.7.1 Structure

Membership consists of a chair appointed by the Board, the Economics Advisory Officer, the Chair of the TMG and at least one representative from each of the States and Territory.

3.7.2 Role and responsibilities

The Public Practice Advisory Committee (PPAC) provides advice to the Board on the provision of anaesthesia services in the public sector and for public patients treated in the private sector.

3.7.3 The PPAC is responsible to:

Develop anaesthesia policy for public practice.

- 3.7.3.1 Provide reports on current public practice issues to the Board.
- 3.7.3.2 Co-ordinate with similar organisations (AMA and ASMOF etc.) to ensure effective representation of anaesthetists treating public patients.
- 3.7.3.3 Assist T&MG members through 'link' in training hospitals.
- 3.7.3.4 Assist members by maintaining current awards and conditions for staff specialists and visiting medical officers applicable in each of the States and Territory.
- 3.7.3.5 Develop a higher profile of the ASA in public health facilities.

3.8 Communications Committee (CC)

3.8.1 Background

The CC was established in 2006 in recognition of the importance of effective communications between the ASA, its members, governments, the public, medical organisations, and service providers. The CC absorbed many of the functions of the previous Publications Committee.

3.8.2 Structure

Membership of the CC consists of up to two members of the ASA Board, up to two members nominated by the Board (preferably with electronic publishing expertise), a member of the Trainee Members Group, CEO, and along with two suitable staff members who work in this area. The Board will appoint the Chair of the CC for a period of two years.

3.8.3 Role and responsibilities

The role of the CC is to advise the Board on all aspects of communications within the ASA. Where appropriate, the CC is to propose standards, guidelines, and styles for the various products used by the ASA to communicate externally and internally.

Responsibilities include preparation and annual review of the ASA Style Guide, a brief guide to the standards and styles to be employed on all ASA materials and the ASA website. The ASA Style Guide includes, but is not limited to guidance for:

- The ASA logo and any other logos employed or shared by the ASA
- ASA templates for correspondence and committee documentation

- Australian Anaesthetist Magazine and Annual Report
- Websites (ASA, AIC, TMC and ACE)
- Digital marketing including email communication and social media
- Media releases
- Brochures and published policies
- Membership forms
- Marketing and display materials

Content of the published material remains the responsibility of the committee commissioned or responsible for preparing the material.

Additionally, nominated members of the CC are to exercise oversight of the ASA's websites for their relevancy, consistency, and currency on a two-monthly basis. Responsibility for maintaining the websites and their respective pages remains with the respective ASA staff member.

The Chair of the CC will include a review of the websites in his or her reports to the Board. The CC will also establish the guidelines for media or marketing campaigns requested by the Board. The CC normally meets at the ASA National Head Office as required but at least four times a year.

3.9 The Editorial Board of Anaesthesia and Intensive Care(AIC)

3.9.1 Structure

Membership shall include the Chair of the Editorial Board, who is the Chief Editor, Editors (other than the Chief Editor); Executive Editor, Editors, Editor Book Reviews and other members of the Editorial Board who are appointed by the ASA Board on the advice and recommendation of the Editorial Board.

3.9.2 Role and responsibilities

The Editorial Board is appointed by the ASA Board to oversee production of the AIC Journal.

3.10 Education Committee

The Education Committee (EC) was re-established in December 2023.

3.10.1 Membership:

- 3.10.1.1 ASA President (ex-officio)
- 3.10.1.2 CEO (ex-officio)
- 3.10.1.3 Chair – Appointed by the President (current proposal is Dr Vida Viliunas)
- 3.10.1.4 Vice Chair Appointed by the President (current proposal is Dr Kaylee Jordan)
- 3.10.1.5 Members- Selected by the Chair of the Committee on an as needed basis. Usually there will be a primary and final exam representative to oversee those areas.

3.10.2 Responsibilities of the Education Committee

- 3.10.2.1 Set educational objectives for the ASA (coordinating those with CPD requirements where applicable) *
- 3.10.2.2 Create educational material: exam preparation sessions, video and podcast content
- 3.10.2.3 Be accountable for the Education Committee budget
- 3.10.2.4 Provide written reports of activities performed and proposed as required by the bylaw
- 3.10.2.5 Oversee online activities that are coordinated by the Education and Events Manager
- 3.10.2.6 Integration ASA and ANZCA education resources that are hosted by ACE; represent the ASA's position at ACE meetings*
- 3.10.2.7 Encourage effective marketing
- 3.10.2.8 Maintain the on-line resource that hosts educational material*
- 3.10.2.9 Liaise with -
 - 3.10.2.9.1 Editorial Board of Anaesthesia and Intensive Care
 - 3.10.2.9.2 Communications Committee; podcast creation
 - 3.10.2.9.3 National Scientific Congress (NSC) Federal Committee (NSCFC)
 - 3.10.2.9.4 National Scientific Congress (NSC) Organizing Committee (NSCOC)
 - 3.10.2.9.5 Overseas Development and Education Committee (ODEC)
 - 3.10.2.9.6 State and Regional CME representatives
 - 3.10.2.9.7 Regional Anaesthesia Special Interest Group (RASIG)
 - 3.10.2.9.8 History and Resuscitation Special Interest Group (HASIG)
 - 3.10.2.9.9 ASA Trainee Member Group (TMG)

The Committee Leadership and members should meet regularly to discuss at formal meetings (as above) and informally as necessary.

*Previously on Education Officer Responsibility before the Review

3.10.3 Review

Terms of Reference (TOR) to be reviewed at regular intervals (and at least two yearly)

3.10.4 Reporting and Requirements

Annual activities performed and proposed and according to the bylaws

3.10.5 Support

Secretariat and budget

-to support online and face to face meetings

-preparation of agendas minutes correspondence

3.11 National Scientific Congress Federal Committee(NSCFC)

3.11.1 Structure

Membership shall include the NSC Officer, who shall be Chair, Board Member Representative , Federal Scientific Programme Officer, HCI Officer, the ANZCA ASM Officer, Education Officer, and Honorary Federal Treasurer. Convenors of forthcoming NSCs and convenors of forthcoming CECANZ and ANZCA ASMs should be co-opted.

3.11.2 Role and responsibilities

The role of the NSCFC is to plan future NSCs. The NSCFC will meet annually during the NSC and on other occasions as required. The NSCFC shall also plan the scientific programme for future NSCs, including subjects and invited speakers in liaison with the NSCOC Scientific Convener for that particular NSC.

3.12 Science Prizes Awards and Research Committee(SPARC)

3.12.1 Structure

Membership shall include the Chair, Immediate Past President, Federal Scientific Programme Officer, Education Officer, Federal NSC Officer, Senior Editor Anaesthesia and Intensive Care, NSC Scientific Convener of the current year, NSC Scientific Convener of the following year, and

such other members as appointed by the Board.

3.12.2 Role and responsibilities

The role of the Committee is to oversee the Society Science Prizes Awards and Research process and to recommend to the Board persons to be Awarded ASA Awards, Prizes and Research Grants in relation to educational activities and to appoint adjudicators approved by the Board (see Section 4 of these Bylaws).

The Chair of the SPARC Committee may also recommend changes to the SPARC Bylaws as the circumstances dictate.

3.13 Specialty Affairs Advisor (SAA)

The position of Specialty Affairs Advisor (SAA) is a voluntary role, established in July 2015. Dr Jim Bradley was the first SAA.

3.13.1 Role

The role of SAA is undertaken on behalf of the membership of the ASA. The person undertaking the role may be called upon to provide clinical and professional advice, on matters as they relate to such issues which affect the ASA membership.

Such issues may arise from any of the Societies three main committee's i.e. Professional Issues Advisory Committee (PIAC) Economic Advisory Committee (EAC) or the Public Practice Advisory Committee (PPAC) or as presented by the ASA Policy staff.

3.13.2 Responsibilities

While this role has no fixed responsibilities, the SAA may from time to time be involved in activities including but not limited to:

- 3.13.2.1.1 Providing clinical expertise and input into ASA submissions and professional documents as necessary
- 3.13.2.1.2 Collaborating with ASA Committee Chairs in the development and review of submissions and papers relating to clinical and professional matters
- 3.13.2.1.3 Working in consultation with the CEO and others in the preparation, analysis and presentation of factual data and reports within the area in question
- 3.13.2.1.4 Developing and maintaining a strong network of key individuals in other professional bodies and government/non-government organisations as appropriate
- 3.13.2.1.5 Assisting in the preparation, delivery and review of member surveys
- 3.13.2.1.6 Assisting in reviews of the anaesthesia workforce
- 3.13.2.1.7 Reviewing and if possible, assisting in the development of professional documents ensuring appropriate clinical and technical content in line with the ASA standard
- 3.13.2.1.8 Attending on behalf of the ASA meetings and public forums if available

The SAA may from time to time be in contact with the President, CEO, major committee chairs, members and the full-time policy staff at the ASA head office and may attend meetings of the ASA Council if available.

3.14 ASA Trainee Members Group (TMG) – formerly Group ASA Clinical Trainees (GASACT) Committee

3.14.1 Background

The GASACT was formed by a resolution of the Board at its meeting on 29 September 2000 and a change of name to the ASA Trainee Members Group in 2016.

The objectives of the TMG are to:

- Give trainees an official independent voice
- Provide a forum for discussion on matters of concern to trainees.
- Seek opinion and advice from trainees
- Determine and attempt to satisfy the needs of trainees.
- Inform trainees of developments in anaesthesia and medicine in general
- Develop a representative network for trainees
- Provide a forum where trainees with future leadership potential can be encouraged to develop their skills
- Assist trainees in determining future career options and advice on entering practice
- Assist trainees industrially, socially, educationally, scientifically and with health and lifestyle issues, with practice matters and politically
- Establish a communication network, including similar organisations overseas
- Develop a large membership base of trainees within the ASA

3.14.2 Accordingly, the roles and responsibilities of ASA TMG are:

- Prepare annual business plans of proposed activities
- Identify issues, review developments, advise the Board and initiate and support strategies to address in order to achieve the aims of the TMG
- Develop and maintain working relationships with other organisations
- Review the aims of the TMG periodically.

3.14.3 Structure

All trainees in anaesthesia, intensive care or pain management registered with the ANZCA who are Trainee members can become members of ASA TMG. The TMG membership ceases when the Trainee member becomes eligible for ordinary membership of the ASA.

The TMG Committee includes a Chair who is appointed by the members of TMG and endorsed by the Board and a representative from each State or Territory. All members must be TMG members. Where it is considered that the State TMG section would benefit from having both a senior and junior representative for that state, it will be considered by the Board.

3.14.4 Elections

3.14.4.1 State/Territory TMG Committee Representatives

Trainee members working predominantly within a given State/Territory are eligible for the position representing that State/Territory. Nominees are to supply a CV and application letter to the TMG Committee, which will then be reviewed by the Committee for selection of the new representative/s. If no suitable applications are received then the representative/s are nominated by the TMG Committee. Each elected TMG State/Territory representative position is for a one-year term with re-election limited to a maximum of three years. Each TMG State/Territory Representative is to be a co-opted member of the State/Territory Committee of Management.

3.14.4.2 National TMG Chair

All members of the TMG are eligible for the position. Nominees are to supply an application letter to the President of the ASA and the TMG Committee. Nominees should also provide a word statement of their intentions for the TMG should they be elected. This will then be circulated to the TMG Committee for review and feedback. The Chair is then elected by the TMG Committee. The

TMG National Chair is elected annually with re-election limited to a maximum of term three years.

3.14.4.3 TMG Ex-Officio Positions

The Immediate Past Federal Chair of TMG remains as an ex-officio member of the Federal TMG Committee to assist, and if required, advise the incumbent Federal Chair. He or she provides continuity in the management of issues affecting the recruitment, retention, and welfare of anaesthetic trainees. Other ASA members may be appointed by the Board in ex-officio roles to assist the TMG Chairperson as the requirement arises.

3.15 Audit, Remuneration and Finance Committee

The Board may establish an Audit, Remuneration, and Finance Committee (ARFC) to oversee the finance and risk management processes of the ASA. The ARFC was introduced in August 2008.

3.15.1 The ARFC is responsible to:

- Monitor the operational and financial performance of the ASA and make appropriate recommendations to the Board to improve processes
- Review (at least annually) the risk management strategies of the ASA including the appropriateness (specifically IT database management and security) of all insurance policies
- Recommend to the Board the appointment and terms of engagement of external auditors
- Review the annual financial statements with the Finance Manager (and with the external auditors – if required) and to make recommendations to the Board whether these should be accepted
- Review and recommend the percentage increase for honoraria, membership fees, advertising and subscription rates for ASA publications and the scale of remuneration increases for ASA staff in conjunction with the preparation of the annual budget
- Assess the draft budget prior to its being referred to the Board
- Oversee internal audit process

3.15.2 The ARFC is composed of:

- Honorary Treasurer - Chairperson
- President
- Vice President
- Chief Executive Officer

The ARFC may co-opt members, staff, or other advisers to the committee to provide assistance.

3.15.3 ARFC Powers

The ARFC has unlimited access to the auditors and to senior management of the Society and to any documentation which is required in the fulfilment of its responsibilities.

The Committee shall also have the ability to consult independent experts where they consider it necessary to carry out their duties.

3.15.4 ARFC Meetings

The ARFC shall meet by teleconference or face-to-face, as required.

3.16 Honours Committee (HC)

3.16.1 Background

The Honours Committee (HC) assists the Board to ensure members of the Society are appropriately recognised. The HC reviews and recommends to the Board suitable nominations for Society

Awards and assists in encouraging nominations for Australian National Honours. The Committee was established in August 2008.

3.16.2 Structure

The HC is chaired by the Immediate Past President and supported by the Chief Executive Officer. Past Presidents, Councillors and others may be invited by the chair to assist nationally with nominations.

3.16.3 Role and Responsibilities

The HC may also recommend changes to the Society's Awards as required. The HC meets by teleconference.

3.17 General Practitioners Anaesthetists Committee(GPAC)

3.17.1 Background

The General Practitioner Anaesthetists Group (GPAC) was formed by a resolution of the Board at its meeting on 23 September 2005. The group was endorsed as a Committee in June 2006.

It is agreed that in Australia, anaesthesia should be performed by a medical practitioner who is appropriately trained and qualified. A specialist anaesthetist is a medical practitioner who is trained and qualified to the level of Fellowship of ANZCA. A non-specialist anaesthetist or GP Anaesthetist (GPA) is a medical practitioner who is trained, experienced, and possibly qualified in anaesthesia but not to the level of Fellowship of ANZCA.

In rural and regional areas of Australia, anaesthesia frequently has to be performed by GPAs because of the shortage of specialist anaesthetists or because the size of the population cannot support a specialist anaesthetist. As a consequence, it is recognised that Australia will have a requirement for and dependency on GPAs providing anaesthetic services in rural and regional areas for the foreseeable future.

3.17.2 Structure

Membership of the GPAC is open to all ASA Associate members who are GPAs.

Membership of the committee should include a Chair, appointed by the ASA Board and expected to hold the appointment for a period of three or more years, the Immediate Past President, Representatives from each of the States and Territories and up to two Rural Doctors Association of Australia (RDAA) representatives.

The Chair of the GPAC is empowered to co-opt members with specific skills to contribute to projects or papers from time to time.

3.17.3 Role and responsibilities

The roles and responsibilities of the GPAC include, but are not limited to:

- Develop a representative network for GPA
- Represent the interests of the GPA to the ASA membership and the Board
- Provide a forum on matters of concern to GPAs
- Facilitate the representation of the ASA in rural and regional fora
- Develop a large membership basis of GPAs

3.17.4 Other

The GPAC will normally meet formally by teleconference, usually three times a year, but more often if necessary. The ASA and the RDAA are encouraged to exchange representatives at their

respective Board meetings where issues that affect both organisations are addressed.

3.18 History of Anaesthesia, Library, Museum and Archives Committee(HALMA)

3.18.1 Structure

Membership shall be a Chair appointed by the Board, the Honorary Archivist, Honorary Librarian, Editorial Board Representative, RAG Chair and up to three others. Secretarial staff involved in the Library, Museum and Archives should attend meetings.

3.18.2 Role and responsibilities

The role of the committee is to preserve, enhance, and promulgate the cultural aspects and heritage of anaesthesia for the benefit and enlightenment of anaesthetists in particular and the community in general. In addition, HALMA should be responsible for the essential administrative mechanism to support their cultural obligations and to recognise their importance, including acting as a link with the ANZCA on these matters.

3.19 Investment Committee (IC)

3.19.1 Background

The ASA Board established the IC in April 2006 to advise the Board on appropriate strategies for investing ASA funds.

3.19.2 Structure

The Investment Committee is acting in a fiduciary capacity with respect to the portfolio and is accountable to the Board for overseeing the investment of all assets.

Except for the President of the Society and the Chief Executive Officer who act ex-officio, the persons comprising investment committee should:

- Have sound investment knowledge;
- Have an understanding of asset allocation and investment processes; and
- Be able to demonstrate a competency with reviewing financial information, including performance data of the investment funds against the agreed benchmarks.

3.19.3 Role and responsibilities

- Appointing, where necessary, appropriate investment managers to oversee the Society's Investment portfolio and monitoring and reviewing the performance of these managers.
- Reviewing on an annual basis the Investment Policy and the performance of any external manager or consultant against the agreed Policy.

3.19.4 Aims

The aim of the IC is to provide guidance to the Board and to ensure optimisation of financial returns within the constraints of the Board's approved IPS.

3.20 Membership Application Committee (MAC)

3.20.1 Background

The MAC was established in 2011 as a result of a review of the membership application process, in order to reduce the time taken for an application for membership to be accepted.

3.20.2 Structure

Membership includes the Executive Councillor (Chair) and the chair of each State and Territory Committee of Management. The membership Officer is the Secretary to the MAC.

3.20.3 Role and responsibilities

The MAC is appointed by the Board and has delegated authority to review and approve all new ASA membership applications. It is also responsible to provide recruitment advice to the Board. The MAC will make determinations on new member applications at least monthly. It will conduct its review and approval via email but will meet by teleconference at the request of the Chair or any member of the MAC when required. The records of each MAC meeting will be presented for receiving at the next subsequent Board meeting following each MAC. The quorum for any meeting of the MAC shall be 50% of chair, including the chair, or designated member, of the Committee of Management of the state/territory of the applicant.

3.21 Military Anaesthetists Group (MAG)

3.21.1 Background

The MAG was formed by a resolution of the Council at its meeting on 2 December 2017. It followed the tabling of a paper from Dr Michael Corkeron

3.21.2 Structure and Elections

3.21.2.1 National MAG

The MAG would consist of one nationally organised group. All eligible members would be entitled to be members of the MAG. The MAG may elect a Chair. Appointment is for a maximum of two years.

The MAG is to have ordinary meetings as decided by the group with a minimum of one each year.

3.21.2.2 Members of MAG must be:

A current ASA member of any category who is a currently serving or ex-serving military anaesthetist with the Australian Defence Force. The MAG may under specific circumstances admit ASA members who are serving or have served with other defence forces.

3.21.2.3 Representation by MAG

Committees, groups, and working parties of the ASA are encouraged to consult with MAG as appropriate. When assistance is needed the National MAG Chair will be the nominated liaison person.

3.21.2.4 Secretariat support and finances of MAG

The Executive Office is to provide MAG with secretarial support as needed. The MAG would be self-supporting in relation to any social activity it may wish to hold.

3.21.3 Aims, Role and responsibilities.

The MAG's intent is to support, represent and educate military anaesthetists and in doing so the broader anaesthetic community.

Support: Military Anaesthetists may be full time, part time, or ex-members of the Australian defence force and as such have specific support requirements. These include general networking support, the opportunity for formal meetings, and support regarding clinical, administrative and industrial matters specific to Defence service.

Conversely there are specific aspects of clinical practice, administration and personal support that military anaesthetists have unique experience of and the MAG would be expected to support the

ASA's endeavours in these areas.

Represent: The MAG and its membership will represent military anaesthetists, as part of the ASA, in relevant forums. The MAG will typically nominate the Chair for representative roles though a delegate may be co-opted.

Educate: The MAG will organise education sessions and materials relevant to its members. There will be a focus on these being held in association with ASA events. The ASA will at its discretion call upon the MAG to provide relevant educational sessions in areas of expertise; a key focus of the MAG will be the education of military anaesthetists and the broader Anaesthetic community

The MAG will provide an annual report to the ASA Council regarding these activities.

These Terms of Reference should be reviewed no later than January 2020 or at a prior time deemed necessary by the ASA Council.

3.22 National Scientific Congress Organising Committee(NSCOC)

3.22.1 Structure

The NSCOC shall include a Convenor (who acts as the Chair), Scientific Programme Convenor (who oversees the PBLD and Workshop representatives), NSC Officer, a Treasurer, HCI Representative, Social Convenor, Audio Visual Coordinator, Education and Events Manager, Professional Conference Organisers Representative and any others as appointed by the Chair. Please refer to the NSC Handbook for other variations of Committee members.

This NSCOC should begin planning for a NSC at least three years before the Congress. Therefore, there will be several NSCOCs running at the same time.

3.22.2 Role and responsibilities

The NSCOC is responsible for the successful planning and implementation of a NSC. Planning includes, but is not limited to; invited speakers, guest speakers, social programme, scientific programme, business meetings, audio-visual requirements, and sponsorship. The NSCOC should consult with the NSCFC throughout planning of the NSC. Consult the NSC Handbook for further guidance.

3.22.3 Aim

To organise a successful NSC for ASA members incorporating all items identified in the NSC Handbook.

3.23 Overseas Development and Education Committee(ODEC)

3.23.1 Structure

Membership shall be a Chair appointed by the Board, the Honorary Federal Treasurer, the Education Officer, the World Federation of Anaesthesiologists (WFSA) Representative and others appointed by the Chair, including Primary Trauma Care (PTC) Coordinators. REVIEW

3.23.2 Role and responsibilities

The role of the committee is to oversee all aid (educational, financial, material or skill based) outside Australia and New Zealand, which involve ASA members or resources, to act jointly and cooperatively with the ANZCA and the New Zealand Society of Anaesthetists (NZSA) in such activities and to conduct joint activities with other aid organisations.

3.24 Retired Anaesthetists Group (RAG)

3.24.1 Background

The RAG was formed by a resolution of the Board at its meeting on 25 October 2002. It followed a meeting of retired anaesthetists convened by Dr Dennis Haywood in February 2000.

3.24.2 Structure and elections

3.24.2.1 State/Territory RAG

Each State/Territory would be entitled to establish a State/Territory RAG. All eligible members would be entitled to be members of their State/Territory RAG. Each State/Territory RAG is to elect a Chair and secretary at the time of normal State/Territory election of office bearers. These positions may be combined. Appointment is for one year with re-election to a maximum of three years.

The State/Territory Chair is to be a member of the National RAG Executive. Each State/Territory RAG is to have ordinary meetings as decided by the group with a minimum of one each year with a significant social component. The State/Territory RAG does not receive funding for social events (i.e. participants must fund themselves).

3.24.2.2 Members of RAG may be:

- retired from all clinical work, and
- an ASA retired ordinary or continuing ordinary member, or
- an anaesthetist who holds a fellowship from ANZCA, or
- an anaesthetist who previously was a member of one of the Common Issues Group organisations (American Society of Anaesthesiologists, Association of Anaesthetists of Great Britain and Ireland, or Canadian Anaesthesiologist Society), or
- retired NZSA Members, or
- an individual who has practised anaesthesia, who because of their merit, is considered by the Board appropriate to participate in RAG activities.

3.24.2.3 National RAG

The State/Territory RAG Representatives nominate a National RAG Chair. The National RAG Chair attends and reports at the ASA Board meeting held during the NSC. The National RAG chair is to be elected for one year with re-election limited to three years.

3.24.2.4 Representation by RAG

Committees, groups, and working parties of the ASA are encouraged to consult with RAG as appropriate. When assistance is needed the National RAG Chair will be asked to nominate a liaison person. It would be hoped that representatives of the RAG would attend meetings of other groups representing retired professionals or correspond with them.

3.24.2.5 Secretariat support and finances of RAG

The Executive Office is to provide RAG with secretarial support for the two social functions that are held each year (i.e. at the ANZCA ASM and ASA NSC). Other state scientific or other meetings organised by RAG are to be self-supporting.

3.24.3 NSC subsidies

Members of RAG attending the NSC are to be offered significantly reduced registration fees. All members of the ASA, whether associate or ordinary members, who have ceased clinical anaesthetic

practice and are eligible for continuing retired or retired membership or are life members are members of the RAG.

3.24.3.1 Role and Responsibilities

Prepare annual business plans of proposed activities

Identify issues, review developments, advise the Board, and initiate and support strategies to address them in order to achieve the aims of the RAG

Prepare responses to outside organisations and Government for consideration by the Board. Develop and maintain working relationships with other organisations

Consider matters referred to it by the Board

Work within the budget approved by the

Board Review the aims of RAG periodically

3.24.3.2 Aims

Give retired anaesthetists a voice in the Society and maintain communication with them Provide a forum for discussion on matters of concern to retired anaesthetists

Seek opinion and advice from retired anaesthetists

Determine and attempt to satisfy the needs of retired anaesthetists Develop a representative network for retired anaesthetists

Assist retired anaesthetists socially, with health and lifestyle issues, politically and with financial and estate planning

Establish a communication network

Retain retired anaesthetists within the ASA

3.25 Committee Review Process

The structure, role, and membership of each committee are reviewed annually by the Board at its last meeting of the year. Members will be invited to become or continue as officer bearers prior to this annual endorsement of the Society's committees.

3.26 Annex A – Past Committees

3.26.1 Continuing Professional Development Committee (CPDC)

3.26.1.1 Background

The Continuing Professional Development Committee (CPDC) was established in 2012 as a result of the Board's decision to implement assistance to ASA members wishing to participate in a self-directed Continuing Professional Development (CPD) program.

3.26.1.2 Structure

The membership consists of the Continuing Professional Development Officer as Chair, a Director and two other members with appropriate expertise in CPD approved by the Board, Education Officer, NZSA Representative and CPD Officer. The President and CEO are ex-officio members and the CPD Officer is the committee secretary to the PDC.

The CPDC normally meets by teleconference and meets as frequently as necessary to provide guidance to the CPD Service staff and ASA Board.

3.26.1.3 Role and responsibilities

The role of the CPDC is to oversee the establishment and the operation of the ASA's CPD Service. The CPDC is responsible to:

- Advise the ASA Board on all aspects of CPD.
- Develop CPD policies for the ASA.
- Approve the business practices of the CPD Service.
- Ensure the CPD Service is designed and maintained to enable members to easily record, locate, analyse, and report CPD participation information.
- Interpret CPD criteria for activities undertaken or planned to be undertaken by members.
- Advise on obligations for CPD participation.
- Monitor CPD policy changes by National Boards, the Australian Health Practitioner Regulation Agency (AHPRA) and ANZCA.
- Ensure the CPD Service meets and exceeds the expectations of ASA

3.26.2 Marketing and Sponsorship Committee (MSC)

3.26.2.1 Structure

Membership shall include the Chair of the Committee (not necessarily an elected member of the ASA Board), Honorary Treasurer, NSC Officer, Chair of the SPARC Committee, HCI Officer, Executive Councillor, Chief Executive Officer, Finance Manager, Marketing and Communications Officer and three members proposed by the Committee Chair and approved by the ASA Board. The Chair will be appointed by the Board and is expected to hold the appointment for a period of at least three years. In 2012 the MSC was dissolved.

3.26.2.2 Role and responsibilities

The role of the MSC is to develop new and coordinate existing commercial revenue generation for the ASA including sponsorship, advertising, and NSC sales; and to create opportunities to increase membership interest and financial commitment to the ASA.

3.26.2.3 The Committee is responsible for:

- Establishing and maintaining a strong rapport with commercial sponsors, advertisers, and investors.
- Identifying and developing potential sponsors and advertisers.
- Coordinating current commercial arrangements to ensure optimised returns for the ASA including offering holistic packages.

4 SOCIETY AWARDS

4.1 Introduction

Membership of the ASA is voluntary as is membership of the large number of committees and working groups. Members give freely of their time to assist their colleagues.

The ASA Board is most proud of the contributions by members and others to the ASA, the specialty, the profession and the broader community and recognises them through a range of ASA Honours. The following awards, medals, and certificates are in order of significance:

- Life Membership of the ASA
- Gilbert Brown Award
- Honorary Membership
- Pugh Award
- Presidents' Award
- Certificate of Appreciation

Other awards and citations in recognition of an individual's service to the ASA Board, the Society's Journal, "Anaesthesia and Intensive Care" or the National Scientific Congress (NSC) and not in order of significance are:

- Past President's Medal
- Ben Barry Medal
- NSC Citation
- Editorial Board Citation

These Honours and their criteria are described in the following pages.

The President and Vice-President usually present these Honours during the dinner at the NSC or another appropriate time as determined by the President.

4.2 Life Membership

4.2.1 Background

Life Membership was recommended as a membership category for distinguished Australian members in 1963. A postal referendum was held to include this category in the ASA Constitution. The first Life Member elected was Dr Harry Daly.

4.2.2 Terms of reference

Life Membership is given to an individual for having given long and distinguished service to the ASA. It is the highest award of the ASA.

4.2.3 Nominations process

Nominations will be accepted from any two members of the ASA. Nominations must be received at least 20 days prior to a Board meeting, directed to the Chief Executive Officer, and marked "confidential". They must be supported by a written submission specifically describing the achievements of the nominee and the significance of their achievements. The nomination should also be accompanied by the nominee's curriculum vitae.

Nominations are to be circulated to Board members at least 14 days prior to their consideration at a scheduled meeting. The Board without guests is to consider the motion. The Immediate Past President is to introduce each nomination to the Board by summarising the merits of the nominee and to propose the motion for approving the award/honour. If the nominator is a member of the Board she or he may be invited by the Immediate Past President to provide this introduction.

Following discussion, a secret ballot is to be conducted. If the Board is meeting in person this is to be via a voting slip. Alternatively, if the Board is meeting by teleconference the voting is to be conducted electronically and anonymously. The Chief Executive Officer is to consolidate the votes and advise the Board of the result. The motion is adopted when at least two thirds of members of the Board present support the motion.

This award is subsequently to be referred to the AGM for approval.

4.2.4 Form of the Award

Life Members will have their name entered on the Honour Board, receive a citation, lapel badge, and receive annually a complimentary membership subscription and NSC registration for themselves and their partner.



Life Member lapel badge



Life Members Honour Board

4.2.5 Recipients

2021	David Scott
2015	Andrew Mulcahy
2012	Alan Duncan, Michael Tuch
2009	Richard Bailey, Walter Thompson
2007	Gregory Deacon
2006	James Bradley
2005	Jeanette Thirlwell Jones
2004	Peter Lillie, John Russell, Rodney Westhorpe
2000	Gregory Wotherspoon, John Roberts
1996	Peter Brine
1991	Donald Maxwell
1990	Thomas Kester Brown
1988	Benedict Barry, Brian Dwyer, Ian Steven
1985	Patricia Mackay, John Tucker
1984	Brian Pollard
1982	Reginald Lewis, William Cole
1976	Gwen Wilson, Malcolm Newland
1974	Leonard Shea
1973	Janet Bowen
1972	James McCulloch
1969	Margaret McClelland, Mary Burnell
1965	Geoffrey Pern, Arthur Bridges Webb
1967	John Gillespie, John Lamrock
1964	Geoffrey Kaye, Stuart Marshall, Robert Orton, Lennard Travers
1963	Harry Daly

4.3 Gilbert Brown Award

4.3.1 Background

This award was established in 1969 following a suggestion and donation by Dr Mary Burnell, a Past President of the ASA. It perpetuates the name of the first President of the ASA. Professor Douglas Joseph and Dr Judith Nicholas were the first recipients of the award. They were both awarded the Gilbert Brown Medal in 1969 and were presented with it at the annual dinner in 1970.

4.3.2 Terms of reference

The award is made to an individual who has made outstanding and particularly meritorious service to the ASA and to anaesthesia in Australia. This service is normally in one particular area.

4.3.3 Nominations process

Nominations will be accepted from any two members of the ASA. Nominations must be received at least 20 days prior to a Board meeting, directed to the Chief Executive Officer and marked “confidential”. They must be supported by a written submission specifically describing the

achievements of the nominee and the significance of their achievements. The nomination should also be accompanied by the nominee’s curriculum vitae.

Nominations are to be circulated to the Board members at least 14 days prior to their consideration at a scheduled meeting. The Board without guests is to consider the motion. The Immediate Past President is to introduce each nomination to the Board by summarising the merits of the nominee and to propose the motion for approving the award/honour. If the nominator is a member of the Board she or he may be invited by the Immediate Past President to provide this introduction.

Following discussion, a secret ballot is to be conducted. If the Board is meeting in person this is to be via a voting slip. Alternatively, if the Board is meeting by teleconference the voting is to be conducted electronically and anonymously. The Chief Executive Officer is to consolidate the votes and advise the Board of the result. The motion is adopted when at least two thirds of members of the Board present support the motion.

4.3.4 Form of the Award

The recipient of the award will have their name entered on the honour board, receive a lapel badge and medal in the form of a bronze cast of a sculpture by and/or Meszaros with complimentary membership subscription.



Gilbert Brown
Honour Board



Gilbert Brown
Lapel Badge



Gilbert Brown
Medal (front)



Gilbert Brown
Medal (back)

4.3.5 Recipients

2021	Vida Viliunas	
2016	Elizabeth Feeney	
2015	Noel Cass	
2009	Ross Holland, John Lauritz, Haydn Perndt	
2008	Steve Kinnear	
1996	Richard Walsh	
1987	Gwen Wilson	
1986	Thomas Kester Brown	

1975	Benedict Barry	
1971	Douglas Joseph, Judith Nicholas	

4.4 Honorary Membership

4.4.1 Background

The Honorary Member category of membership has existed since the early days of the ASA and is the ASA's oldest honour. It was first awarded in 1935 and was at that time reserved for anaesthetists from overseas. Australians were included from 1951 and in 1953. Dr Gilbert Brown was the first ordinary member to receive the Award. In 1963 a referendum was held and it was moved to introduce the Award of Life Membership. Honorary Membership was then bestowed on the yearly overseas

visitor. Honorary Membership is awarded at the discretion of the ASA Board, and following a change to the Constitution in 2004, can be awarded to persons other than medical practitioners.

4.4.2 Terms of reference

Honorary membership is awarded to practitioners of medicine or of allied sciences and others associated with the advancement or advocacy of the specialty or profession for their services to the specialty or profession.

4.4.3 Nominations process

Nominations will be accepted from any two members of the ASA. Nominations must be received at least 20 days prior to a Board meeting, directed to the Chief Executive Officer and marked "confidential". They must be supported by a written submission specifically describing the achievements of the nominee and the significance of their achievements. The nomination should also be accompanied by the nominee's curriculum vitae.

Nominations are to be circulated to Board members at least 14 days prior to their consideration at a scheduled meeting. The Board without guests is to consider the motion. The Immediate Past President is to introduce each nomination to the Board by summarising the merits of the nominee and to propose the motion for approving the award/honour. If the nominator is a member of the Board she or he may be invited by the Immediate Past President to provide this introduction.

Following discussion, a secret ballot is to be conducted. If the Board is meeting in person this is to be via a voting slip. Alternatively, if the Board is meeting by teleconference the voting is to be conducted electronically and anonymously. The Chief Executive Officer is to consolidate the votes and advise the Board of the result. The motion is adopted when at least two thirds of members of the Board present support the motion.

This award is subsequently to be referred to the AGM for approval.

4.4.4 Form of the Award

Honorary Members will receive a lifetime of complimentary membership subscription.

4.4.5 Recipients

2019	Lisbeth Evered
2012	Peter Lawrence
2011	Peter Stanbury
2006	Roger Kilham
2005	John O'Dea

2002	Peter Gage
2001	Patricia Coyle
1999	Sir Gustav Nossal
1997	Ronald D Miller, James Eisenach
1995	Sven E Gisvold, Joachim Gravenstien, Dorothy Foulkes-Crabbe
1994	John Broadfield, Roger Eltringham
1993	Jack Moyers, Felicity Reynolds, Thara Tritrakarn
1988	Ronald Jones
1987	Alastair Spence, Barry Baker
1986	Robert Merin
1984	John Nunn
1983	F Richard Ellis
1982	Richard Kitz
1981	Peter Baskett, Robert Boas
1980	Kenneth Leighton
1979	Arno Hollmen
1978	John Gibbs, Stanley Feldman
1977	John Downes, Gaisford Harrison
1976	Eugene Cohen
1975	Gordon McDowall
1974	Michael Rosen
1973	Cedric Prys-Roberts
1972	Otto Mayrhofer-Krammel, Margaret Rose, D Lampard
1971	D M Turner, Ronald Katz
1969	Emanuel Papper
1968	James Eckenhoff
1967	Hideo Yamamura
1966	Svante M Holmdahl, Himson Mulas
1965	H Barrie Fairley
1964	C Ronald Stephen, Victor Goldman
1963	G Jackson Rees, Michael Rex
1962	John Eccles, Marion Jenkins, Michael Johnstone
1961	Thomas Gray, William Wylie, Kaye Godfrey, Richard Walsh
1960	Francis Foldes, Ian McLelland
1959	William Mushin
1958	Lucien Morris
1957	Geoffrey Organe, Geoffrey Kaye
1956	Prof Ewing
1955	John Gillies
1953	Bernard Johnson, Gilbert Brown
1952	S A Smith, Alan Holmes à Court
1951	Robert MacIntosh, A Charles King, Mark Lidwill, K M Bowden, Jose Avellanal, Mario Gamboa, Guillermina Olite
1947	Zebulon Mennell
1946	Laurette McMechan
1945	Ralph Waters, Paul Wood
1935	Joseph Blomfield, Henry Featherstone, Christopher Hewer, Francis McMechan, Ivan Magill, Rupert Hornabrook

4.5 Pugh Award

4.5.1 Background

In 1997, the William Russ Pugh Sesquicentenary Committee in Tasmania offered a medal to commemorate the sesquicentenary of William Russ Pugh's first use of anaesthesia in Australia, in Launceston. The medal was first awarded in 2002 to Prof John Severinghaus of the USA.

4.5.2 Terms of reference

The Award is made to an individual who has made an outstanding contribution to the advancement of the science of anaesthesia, intensive care, or related disciplines.

4.5.3 Nominations process

Nominations will be accepted from any two members of the ASA. Nominations must be received at least 20 days prior to a Board meeting, directed to the Chief Executive Officer, and marked "confidential". They must be supported by a written submission specifically describing the achievements of the nominee and the significance of their achievements. The nomination should also be accompanied by the nominee's curriculum vitae.

Nominations are to be circulated to Board members at least 14 days prior to their consideration at a scheduled meeting. The Board without guests is to consider the motion. The Immediate Past President is to introduce each nomination to the Board by summarising the merits of the nominee and to propose the motion for approving the award/honour. If the nominator is a member of the Board she or he may be invited by the Immediate Past President to provide this introduction.

Following discussion, a secret ballot is to be conducted. If the Board is meeting in person this is to be via a voting slip. Alternatively, if the Board is meeting by teleconference the voting is to be conducted electronically and anonymously. The Chief Executive Officer is to consolidate the votes and advise the Board of the result. The motion is adopted when at least two thirds of members of the Board present support the motion.

4.5.4 Form of the Award

The recipient of the award will have their name entered on the honour board and receive a medal in the form of a bronze cast of a portrayal of William Russ Pugh by Peter Cortlett and Ray Norman and a citation. The award will be presented at a time and place determined by the President.



Pugh medal (front)



Pugh medal (back)

4.5.5 Recipients

2025	Charles Minto
2023	Colin Royse
2015	John West
2007	William Runciman

2006	Michael Cousins
2002	John Severinghaus

4.6 President's Award

4.6.1 Background

This was established and first awarded in 1992. The first recipient was Dr John Roberts.

4.6.2 Terms of reference

The award is made by the President, Vice President and Immediate Past President to a member who has made a significant contribution to the affairs of the ASA.

4.6.3 Nominations process

Individual members may forward recommendations for the President's Award directly to the President. Recommendations and nominations are then considered by the President, Vice President and the Immediate Past President in private. The Board is advised of those nominees who receive the unanimous support of the President, Vice President and the Immediate Past President.

4.6.4 Form of the Award

The recipient of the award will have their name entered on the honour board and receive a medal and citation. The award is presented at a time and place determined by the President.



President's Award (front)

4.6.5 Recipients

2024	Peter Waterhouse
2021	Alicia Dennis
2017	Piers Robertson
2013	David Gibb
2011	Renald Portelli and David Pescod
2010	Mark Sinclair, Linda Weber, Timujin Wong
2007	Reginald Cammack
2005	David Fenwick, Andrew Mulcahy, H Des O'Brien, Gregory Purcell, Nigel Symons
2002	Steven Kinnear, Haydn Perndt
2001	Dennis Hayward
2000	Peter Hales, Alec Harris
1999	John Lodge
1998	Michael Hodgson
1996	John Matheson, Rodney Westhorpe
1994	Jeanette Thirlwell

1993	Gregory Deacon, Peter Lillie
1992	John Roberts

4.7 Australian Society of Anaesthetists (ASA) Medal

4.7.1 Background

The ASA Board introduced the ASA Medal in 2006.

4.7.2 Terms of reference

The medal is awarded to an individual who has made a significant contribution to the specialty or the profession. The medal may be awarded to members or non-members and may be awarded for achievements in Australia or internationally.

4.7.3 Nominations process

Nominations will be accepted from any two members of the ASA. Nominations must be received 14 days prior to a Board meeting, directed to the Chief Executive Officer and marked “confidential”. They must be supported by a written submission specifically describing the achievements of the nominee and the significance of their achievements. The nomination should also be accompanied by the nominee’s curriculum vitae.

4.7.4 Award process

On receipt of the nomination the Chief Executive Officer is to refer the submission to the next Board meeting. The Board will consider the nomination out-of-committee initially. If two-thirds of members support the submission in out-of-committee considerations the Chair of the Board is to place the submission as an item of business for the current Board Meeting. On achieving a positive motion to award the ASA Medal, the President will notify the recipient of the honour. The ASA Medal will be presented at a time and place determined by the President.

4.7.5 Form of the Medal

The ASA Medal consists of a bronze medal accompanied by a certificate. Recipients’ names are placed on an Honour Board in the National Headquarters.



ASA Medal (front)



ASA Medal (back)

4.7.6 Recipients

2021	Ross McNaught
2019	Martin Culwick
2018	Kaeni Agiomea
2017	Eric Vreede

2016	William Harrop-Griffiths
2006	Nerida Dilworth

4.8 Certificate of Appreciation

4.8.1 Terms of reference

The certificate of appreciation is awarded to an individual deserving of recognition for assistance to the ASA in some form. This may be through a significant single event or rendered over a period of time.

4.8.2 Nominations process

Nominations will be accepted from two members of any State/Territory Committee of Management, ASA Committee, Subcommittee, or Working Group and accompanied by a short outline of the reasons for awarding the Certificate.

Nominations will be considered at any meeting of the Board. If the Board resolve that the Certificate be awarded the recipient will be notified by the President.

4.8.3 Form of the Award

The recipient will receive a certificate.

4.8.4 Recipients

2024	Graham Mapp
2024	Rob Storer
2023	Nicole Fairweather
2020	Tim Porter
2012	Mark Colson, Aileen Donaghy
2006	Richard Bailey
2005	Martin Culwick, Mark Sinclair
2004	Michael McGrath
2002	Wayne Morris, Ray Cook, Nigel Symons

4.9 Past President's Medal

4.9.1 Terms of reference

A medal, being a replica of the President's Medal, will be presented to each President of the ASA on retirement from office.

4.9.2 Form of the Award

The Past President's medal shall be presented at the NSC dinner or other appropriate occasion. Past Presidents will have their name entered on the Presidents' Honour Board, a photograph on display in the ASA Boardroom and receive personal complimentary NSC registration.



President's medal



President's Honour Board

4.9.3 Recipients

2023	Andrew Miller
2020	Suzi Nou
2019	Peter Seal
2018	David M Scott
2016	Guy Christie-Taylor
2014	Richard Grutzner
2012	Andrew Mulcahy
2010	Elizabeth Feeney
2008	Richard Clarke
2006	Gregory Deacon
2004	James Bradley
2002	Michael Hodgson
2000	Rodney Westhorpe
1998	Walter Thompson
1996	Gregory Wotherspoon
1994	John Hains
1992	John Richards
1990	John Ashton
1988	Benedict Barry
1986	Ian Steven
1984	Donald Maxwell
1982	Robert Hare
1980	David McConnel
1978	Peter Brine
1976	Brian Pollard
1974	P Maplestone
1972	Malcolm Newland
1970	R Spiers
1968	Patricia Wilson
1966	Brian Dwyer
1965	Margaret McClelland
1964	R Bennet
1963	Leonard Shea
1962	R Lewis
1960	J Barker

4.10 Ben Barry Medal

4.10.1 Background

Dr Benedict (Ben) Barry was the inaugural editor of the Society's Journal, Anaesthesia and Intensive Care. While he was Honorary Secretary of the ASA, Dr Barry personally investigated the cost of publication of the Journal, sought quotes for printing and approached and gained assurance of financial support in the form of advertising from the HCI. With the assistance of a small Editorial Committee he launched the Journal in 1972 and remained its Editor for ten years. The award of the Ben Barry Medal was suggested by Dr John Roberts to the Editorial Board in 1995. The award was first conferred on Dr Barry in 1996.

4.10.2 Terms of reference

The award is made on occasion to an individual in recognition of an outstanding contribution to the Society's Journal, Anaesthesia and Intensive Care.

4.10.3 Nominations process

Nomination is made by the Editorial Board and recommended to the Board for approval.

4.10.4 Form of the Award

The recipient will be presented with a medal.



Ben Barry Medal (front)



Ben Barry Medal (back)

4.10.5 Recipients

2024	John Loadsman
2019	Rod Westhorpe and Christine Ball
2017	Neville Gibbs
2016	Michael Paech
2011	Alan Duncan
2006	Barry Baker
2005	John Roberts
2000	Jeanette Thirlwell, Noel Cass
1996	Benedict Barry, Brian Horan, Thomas Kester Brown

4.11 NSC Citation

4.11.1 Terms of reference

The Citation is awarded to the following for their contribution to the NSC:

- The NSC Convenor
- The NSC Scientific Program Convenor
- The Organising Committee (each member receives a copy)
- Any others who have made an outstanding contribution to the NSC

4.11.2 Form of the Award

The NSC Convenor, the NSC Scientific Program Convenor and any others who have made an outstanding contribution to the NSC shall each receive a citation (in a scroll).

4.11.3 Recipients

Please consult the NSC Handbook for past Convenors and past Scientific Convenors

4.12 Editorial Board Citation

4.12.1 Terms of references

In 2006, the ASA Board approved that this Citation be awarded to retiring members of the Editorial Board for services rendered to the Society through membership of the Editorial Board,

4.12.2 Nominations Process

Nomination is made by the Editorial Board and recommended to the Board for approval.

4.12.3 Form of the Award

Recipients will receive a citation (in a scroll), to be presented at an appropriate occasion. Their names will be entered on an Honour Board to be established and displayed in the ASA Headquarters.

4.12.4 Recipients

Rodney Westhorpe
Alan Bond
Kester Brown
Tess Cramond
John Ditton
Aldo Dreosti
Malcolm Fisher
Alastair Forbes
D Galletly
David Gibb
Anthony Ilsley
John Keneally
Teik Oh
John Overton
John Paull
Phelim Reilly
Walter Thompson
David Tuxen
L.R.G. Worthley Robert Wright

5 SCIENCE PRIZES AWARDS AND RESEARCH (SPARC)

5.1 Guidelines

5.1.1 Preamble

The ASA Scientific Prizes, Awards and Research Committee (SPARC) has been developed to assist, motivate and recognize the application, expertise and scholarship of ASA full and trainee members.

The SPARC administers awards, prizes and grants associated with the annual National Scientific Congress (NSC) of the Australian Society of Anaesthetists. These are divided into pre-NSC Adjudicated Awards ("Pre-NSC Awards") which are decided prior to the NSC, and those presented and adjudicated by a panel at the NSC ("NSC Awards"). Locally Administered Prizes are administered by the relevant State Committees.

Applicants can apply for more than one award, prize or grant in the same year, but can only receive one Pre-NSC award, prize or grant per year and only one NSC award, prize or grant per year with the exception of both the Trainee Member Group (TMG) best poster, and Rupert Hornabrook prize, which may be awarded in conjunction with another NSC Award. Applicants may only submit one application per award category.

The ASA pre-NSC Awards have been particularly well received as "start-up" awards for those going on to further research, where the receipt of an ASA award has helped establish a "track record" and facilitated further funding. To that end, each adjudicating panel should be mindful of the desirability of funding "new" researchers where comparable applications are received.

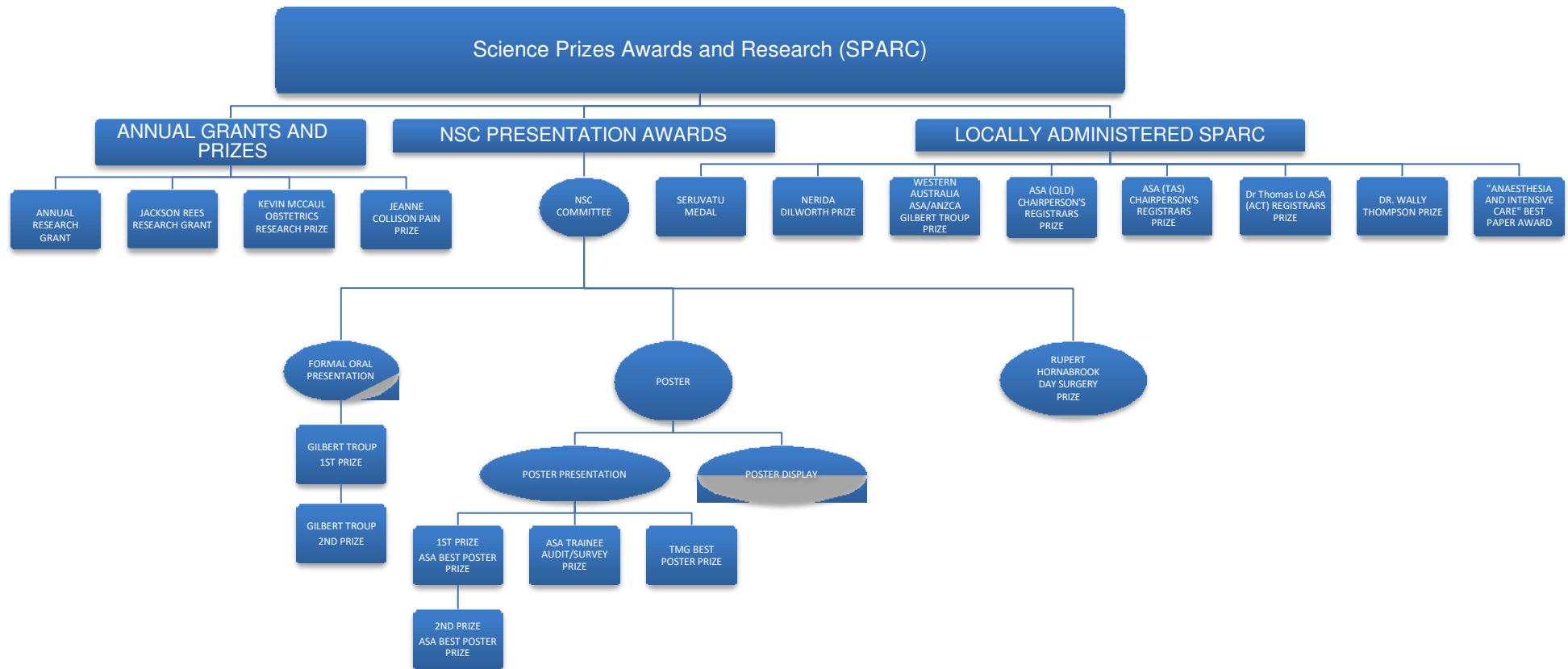
The value of the awards, grants and prizes is to be reviewed 3 yearly by the Chair of the SPARC and Immediate Past President as part of the ASA Budget process and approved by the Board.

5.1.2 Format of Applications

Applications for the Pre-NSC Adjudicated SPARCs must be submitted electronically. Application forms and information concerning the "Terms of Reference" and "Format of Entry" for the Pre-NSC Adjudicated SPARCs are to be published on the ASA website. The applications are handled directly by the ASA HQ, as detailed in their respective "Format of Entry". Applications should be submitted to the Chief Executive Officer no later than 1700 (close of business) on 30 June each year.

NSC Presentation Awards are managed by the NSC Organising Committee which will detail the application process in the "Call for Papers". The closing date for the latter applications will vary from year to year. Finally, the Locally Administered Prizes will be managed locally within the guidelines of this Bylaw.

Figure 5.1 depicts the three generic types of SPARC



5.2 Annual Grants and Prizes

5.2.1 The application form for all Annual Grants and Prizes must be downloaded from the [ASA website](#). It will include some or all of the following information:

- a) The name of the applicant (and co-workers, if applicable).
- b) Email, postal and telephone contact of the applicant.
- c) Applicant's departmental and/or academic positions.
- d) The name of the project.
- e) The aims of the project.
- f) The applicant's curriculum vitae.
- g) Details of the applicant's previous research record.
- h) Written and signed confirmation that the work being presented was and will be performed by the applicant.
- i) Advice by the applicant as to whether they have previously been awarded any ASA award, prize, or grant.
- j) The names and telephone numbers of three referees.
- k) Where appropriate, a statement confirming Ethics Committee approval or waiver.
- l) A more detailed description of the proposed project, with a synopsis, background, research, analysis, and conclusion.
- m) An assessment of the relevance of the project, particularly in terms of its clinical application and any future follow-up research.
- n) A letter of support from the applicant's supervisor, academic Head or Head of Department (HOD).
- o) A detailed budget for the proposed project, including initial assessment of the technical and other assistance desired. The budget must be endorsed by an academic Head or HOD.
- p) Advice as to the availability of other supporting equipment and / or technical assistance.

5.2.1.1 Contact with Sponsors of Awards or Grants

Recipients of the SPARC are to be advised in their letter of notification to liaise directly with the ASA on all aspects of their award, prize, or grant. It is inappropriate for recipients to contact sponsors. All enquiries are to be managed through the Chair of the SPARC.

5.2.1.2 Post-Research Report

Recipients of research awards or grants are required to provide a synopsis of their research findings to the ASA Board annually, with a final report at the completion of the project. When appropriate, the Board may invite recipients to present their report at a subsequent NSC. Should a research project be considered by the Board to be highly meritorious, the ASA will fund travel and accommodation associated with the presentation.

Please refer to each award, prize and grant for specific requirements.

5.2.1.3 Adjudicating Panels

All applications for each Annual Grants and Prizes award will be considered by panels of at least three adjudicators, appointed by the Chair of the SPARC, who may be also member. Each adjudicating panel will comprise members of the Society or other suitably qualified individuals who are able to advise the Chair in relation to each particular award. Where an award, grant or prize relies on funding from the Healthcare Industry (HCI) a medical representative from that company may also be invited to adjudicate, as determined by the Chair of the SPARC Committee.

Adjudicators will remain anonymous, but will be acknowledged appropriately each year.

5.2.1.4 Administration

All applications for the Annual Grants and Prizes should be acknowledged by the Chief Executive Officer on receipt. All recommendations of the members of each adjudicating panel will be conveyed to the Chair of the SPARC who should advise both successful and unsuccessful applicants in sufficient time to allow attendance to receive their awards at the NSC. Attendance at the subsequent NSC is, at their own expense.

Presentations of all SPARC are made at the ASA Annual General Meeting or elsewhere as determined by the President and the NSC Organising Committee. A subsequent ASA Newsletter and the ASA Annual Report should include names, photos and other relevant information pertaining to the recipients. All payments of awards should be made by the Financial Controller no later than six weeks after the ASA NSC.

A list of past awards offered by the ASA is at Annex A at the end of Section 5.

5.2.1.5 Timetable

November	Chief Executive Officer/SPARC Committee Chair confirm awards and monetary value.
February to June	Executive Office to ensure advertisements and email broadcasts sent.
30 June	Deadline for applications to be received by the Chief Executive Officer.
June	SPARC Committee Chair to establish adjudicating panel for each award, prize and research grant.
Late July	Adjudicating panels to notify recipients of awards to SPARC Committee Chair.
Early - Mid August	SPARC Committee Chair to advise applicants and the Board of successful and unsuccessful applications.
Late August	Executive Assistant to coordinate recipients' presentation details.
September to October	Awards presented to recipients during NSC.
November	Finance Manager ensures prizes have been paid.
December	Report of presentations in Annual Report and ASA News.

5.2.1.6 ASA Small Grant Research Funding

Background

The Board, in September 2021 approved a new small grants program in order to expand the Research Support strategy of the ASA. Up to 4 grants per annum of \$3000 will be available. The grants will support original research into the current ASA Research Priority areas: Environment & Anaesthesia, Innovation & Anaesthesia and Safety in Anaesthesia.

Criteria for Eligibility

Applicants must have been financial members of the ASA for over 12 months. Applications from trainee members, and members within 5 years of full membership are strongly encouraged. Applications from teams of researchers are also welcome.

Applicants must have the support of their Department Head or equivalent. This will be confirmed by the SPARC Chair during the assessment process.

Projects must have the appropriate Ethics approval or waiver and be registered with ANZCTR as appropriate. Application will be accepted with Ethics applications in train, but funds will not be released until approvals have been received.

Recipients must be prepared to present their work to an ASA supported public forum eg a future NSC or State meeting, publish in a peer review journal, Australian Anaesthetist or ASA podcast.

Application

The grants are available on a rolling basis and applications are always welcome. Applicants should complete the application form attaching all attachments indicated on the form.

Adjudicating Panel

The Chair of the SPARC will appoint an adjudicating panel of three ASA members to assess the application. Outcome of the application will be advised within three months of receiving the application.

Form of the Prize

The prize consists of a grant of up to \$3,000. The prize recipients will be acknowledged at the NSC.

Past Recipients

2025 Premilla Chinnappa-Quinn
2025 Tamblyn Devoy
2021 Fiona Taverner

5.2.2 ASA Annual Research Grants & Scholarships (formally ASA PhD Support Grant)

5.2.2.1 Background

The Board approved the ASA PhD Support Grant Bylaw in 2005 in order to assist members of the Society to complete PhDs. In 2020, Further funding was made available inline the ASA’s recognition of the need for research support in areas of interest to the Society, and to encourage an increase in higher degree completion in clinical anaesthetists.

5.2.2.2 Terms of Reference

Application is open to ASA members only including Trainee Members, who are currently engaged in anaesthesia or research related to anaesthesia, intensive care or pain management. A trainee applicant must have a suitable supervisor who is also full member of the ASA. Preference will be given to applicants enrolled in a higher degree or post doctoral early career researchers, although **all** members are eligible to apply.

Projects addressing the ASA research priority areas will be preferred. The current areas of interest will be available on the [ASA website](#). The Board and SPARC retain the right to alter the areas of interest in the future. Non-priority research proposals **will** still be considered.

The *research grant* may be used to purchase or lease equipment, facilities or material or to fund administrative or scientific support. The recipient must provide a written report to the Board within six months of completion of the funded activity and should expect to present the work at a future NSC. Acknowledgement of ASA contribution in any future publication or presentation is a condition of acceptance.

A *scholarship* provides salary support for full or part time research for members enrolled in higher research degrees at a recognised university or research institute may be made available for 1 or 2 years. The stipend and allowances are like those provided by the NHMRC. Applications will be assessed by a sub-committee of the SPARC and rated according to scientific merit, alignment with ASA research priorities, higher degree eligibility, originality and clinical relevance. Specific information

related to assessment of grants will be available via the [website](#). Recommendations will be made to the board, who will approve the awards.

The grant may be used to purchase or lease equipment, facilities or material or to fund administrative or scientific support. The recipient must provide a written report to the Board within six months of completion of the funded activity and may be invited to present the work at a future NSC.

5.2.2.3 Value

The Grant is funded from Society consolidated revenue and the amount is agreed by the Board. Grants are made annually; however, consideration may be given to the provision of two- year grants for applications that meet a higher-ranking criterion as determined by the SPARC. The value of individual awards will be matched to grant application. [Currently \$122,000 is available per annum for distribution]. Funding will not be released until all necessary approvals including HREC have been received.

5.2.2.4 Format of Application

Applications must address the criteria outlined in the applicable form available online. See “Format of Applications” (5.2.1 above).

5.2.2.5 Form of the Grant

The grant comprises a certificate and financial support as recommended by SPARC and approved by the Board. The maximum amount available for a project grant is \$A50,000 for year one and \$A25,000 for year two. Therefore, the maximum amount that can be applied for is \$A75,000.

5.2.2.6 Past Recipients (PhD support)

2024	Chuan-Whei Lee
2022	Michelle Gerstman
2021	Sebastian Corlette
2019	Rochelle Ryan and Zoe Keon-Cohen
2018	Patrick Tan and Jennifer Reilly
2017	Not Awarded
2016	Julie Lee
2014	Victoria Eley
2013	Alwin Chuan
2012	Lucia Chinnappa-Quinn
2011	No recipient – funding provided to alternate award
2008	Nolan McDonnell and Richard Riley
2007	Phillip Peyton
2006	Allan Cyna and Paul Soeding

5.2.3 Jackson Rees Research Grant

5.2.3.1 Background

The Jackson Rees Research Grant commemorates the visit to Australia in 1963 of the late Professor G. Jackson Rees. Following his visit as the Official Visitor of the ASA for that year, he donated a sum of money to the ASA, which was placed in a fund entitled the Jackson Rees Research Fund and used, with supplementation from ASA funds, to support a research grant.

5.2.3.2 Terms of Reference

The grant is available to ASA members or trainee members for research projects in anaesthesia or related disciplines such as resuscitation, intensive care, or pain medicine.

Recipients of the Jackson Rees Research Grant will be expected to provide an annual progress report of the research project and to make a final report as a presentation during the scientific programme of a subsequent NSC.

5.2.3.3 Value

The value and conditions of the grant are reviewed every three years by the SPARC. Alternate sources

of funding for a particular project are not precluded. At the discretion of the adjudicating panel, more than one application may be supported, however, the grant total monies may not be exceeded.

The grant comprises a certificate and a cash amount of \$27,500. It is awarded once every two years.

5.2.3.4 Format of Application

See “Format of Applications” (5.2.1. above). Applications will address the information listed in points (a) to (p).

5.2.3.5 Form of the Grant

The grant comprises a certificate and a cash amount of \$27,500. It is awarded once every two years.

5.2.3.6 Past Recipients

2021	Not Awarded
2020	Not Awarded
2019	Jennifer Reilly
2018	Not Awarded
2017	Alwin Chuan
2016	Not Awarded
2015	Kwok Ming Ho
2013	Nolan McDonnell
2011	Alicia Dennis, Stephanie Phillips
2009	James Griffiths, Myles Conroy, Christopher Hugh Mitchell
2007	Andrew Davidson
2005	Allan Cyna
2003	Craig McCutcheon
2001	David Wilkinson, Colin Royse, Alistair Royce
1999	Christopher Orlikowski, Ian Cooper
1995	John Loadsman, Julia Fleming
1993	Mark Schneider, Geoffrey Dobb, Stephen Valentine, John Peacock
1991	Patricia Goonetilleke
1987	Robert Webb, William J Russell
1985	Anthony Quail, Peter Moore
1983	C Nancarrow, Laurence Mather, William Runciman, Anthony Ilsley
1981	William J Russell, Derek Frewin
1979	Peter Wilson
1977	John Stapleton, Laurence Mather
1975	John Paull
1972	Thomas Lambert
1970	Tom Torda
1968	Gordon Harrison

5.2.4 Kevin McCaul Obstetrics Research Prize

5.2.4.1 Background

This prize commemorates the late Dr Kevin McCaul who was, for many years, the Director of Obstetric Anaesthesia at the Royal Women’s Hospital, Melbourne. He had a major and lasting influence on obstetric anaesthesia throughout Australia. The prize was instituted in 1978 on the occasion of his retirement as Director.

5.2.4.2 Terms of Reference

The prize is administered by the ASA and is open to ASA members or ASA trainee members. The prize is awarded for a research proposal, critical review or essay suitable for publication (as determined by AIC or Australian Anaesthetist editors) on any aspect of anaesthesia, pain relief, physiology or pharmacology, with particular reference to the female reproduction system.

5.2.4.3 Value

The value of the prize is determined by the ASA Board following recommendation from the SPARC Committee. Currently the value is \$11,000. The conditions of the prize are determined by the ASA and reviewed on a regular basis, at least every two years.

5.2.4.4 Format of Application

Applications will address the information listed in points (a) to (h), see “Format of Applications” (above). The paper should be in a format which would be acceptable for publication in a medical journal.

5.2.4.5 Form of the Prize

The prize comprises a certificate and monies of \$11,000. The prize is awarded annually. The value and conditions of the grant are reviewed every three years by the SPARC.

5.2.4.6 Past Recipients

2024	Divya Iyer
2021	Mark O'Donnell
2019	Gloria Seah
2018	Marissa Ferguson
2017	Julie Lee
2016	Patrick Tan
2015	Katherine Smither
2014	Matthew Aldred
2010	Hamish Mace
2008	Nolan McDonnell, Matthew Keating
2007	Matthew Newman
2006	Sudharshan Karalapillai
2005	James Black
2004	Fergus Davidson
2003	Cameron McAndrew
2000	George Caponas
1998	Richard French
1997	Brian Spain
1991	David Riley
1988	Robertson Burgess
1985	Andrew Day
1983	Felicity Hawker
1982	Bernard Kwan

5.2.5 Jeanne Collison Pain Research Prize

5.2.5.1 Background

The Jeanne Collison Prize for Outstanding Research in the Fields of Anaesthesia and Pain Management was established in 2007 following the bequest of \$50,000 by Dr. Neville York in memory of his wife Dr Jeanne Collison who was a member of the ASA for 52 years. The ASA is the custodian of the bequest and will administer it in accordance with this Bylaw.

5.2.5.2 Terms of Reference

Applicants will be ASA members or Trainee Members, either with an interest in or sub-specialising in pain management or intending to enter this sub-specialty. The grant is awarded for research proposals in anaesthesia or pain medicine. Recipients of the Prize will be expected to provide an annual progress report of the research project and may be invited to present their work during the scientific programme of a subsequent NSC.

5.2.5.3 Value

The value of the Jeanne Collison Pain Research Prize is \$11,000.

The conditions of the prize are reviewed by the SPARC every three years.

5.2.5.4 Format of Application

Applications will address the information listed in points (a) to (q). See “Format of Applications” (5.2.1. above).

5.2.5.5 Form of the Prize

The Jeanne Collison Pain Research Prize comprises a certificate and financial payment of \$11,000. The bequest provides a prize every second year.

5.2.5.6 Past Recipients

2021	Not Awarded
2020	Not Awarded
2019	Not Awarded
2018	Not Awarded
2017	Not Awarded
2015	Not Awarded
2013	John Loadsmen
2011	Nolan McDonnell
2009	Elizabeth Hessian

5.3 NSC Presentation Awards

5.3.1 Introduction

There are several categories for presentation of scientific research at the annual National Scientific Congress (see Fig 5.1). The default presentation format is the Poster. Selected presenters may be invited to make a short oral presentation of their work. Member submissions of sufficient merit are eligible for the Gilbert Troup Prize, ASA Best Poster Prize, Trainee Best Poster Prize, and Rupert Hornabrook Day Surgery Prize. Trainee members may submit their work in any category and are also eligible for the ASA Trainee Audit or Survey Prize.

The ASA reserve the right to alter the criteria for eligibility, presentation format, adjudication panel and form of the prize when necessary to accommodate requirements of specific NSC's (eg Combined Scientific Meetings). Any alteration in conditions will be advertised on the Conference Registration Website.

Applicants may be required to nominate their willingness to make an oral presentation of their work during the application process.

5.3.2 Abstracts Submission Guidelines

5.3.2.1 ABSTRACT SUBMISSION GUIDELINES

Submission of the abstract is only via the portal on the NSC website. Applicants are to ensure they have read through all the information provided in this web page regarding the submission of abstracts.

Lodgement of the abstract acknowledges agreement to the terms and conditions detailed below.

Submissions must be for original research not previously presented at a major Australian or international meeting as an oral and/or poster presentation, or previously published in a journal. Submissions found to have been previously presented will be ineligible.

Applicants are to download the Abstract Template file (Call for Abstracts Template) from the website to construct submissions. The headings are an indication of the expected format.

All research on humans and animals must have prospective ethics approval. The approval date, number, clinical trials registry number (if applicable), and ethics committee details must be included in the submission.

A maximum of 600 words is allowed for the abstract. Abstracts MUST include ethics approval number, the name of the ethics committee providing approval, clinical trials registry (if applicable), patient/participant consent (if applicable), and any conflicts of interest (personal, financial, or professional). Abstracts without the above information will be judged ineligible, unless the project does not involve patient or participant recruitment. Figures and tables are not permitted. The list of authors and affiliations, and ASA membership details do not count towards the abstract word count. Any abbreviations must be spelt out on first use. The template will list formatting details for the abstract.

No hardcopy, faxed or emailed submissions will be accepted.

All successful applicants will be required to design and make available a poster for display for the duration of the Congress. The ASA considers the physical display of a poster, with the availability of the author to discuss their work, to be an important component of the Congress. All posters shall be available for viewing by delegates at the Congress. In addition, a PDF version will also be requested so it may be viewed on electronic devices by delegates, both during and after the Congress.

These PDFs will remain available via the ASA website for a period after the Congress.

A full description of the poster requirements and other details will be sent out once your abstract has been accepted.

Important

- The deadline for all abstract submissions will be advised on the website.
- Please remember that submitting an abstract does NOT automatically register you as a Congress delegate.
- Accepted presenting authors will be required to pay and register for the Congress by the end of Early Bird registration. Failure to pay will result in the abstract being withdrawn.
- All communications regarding your abstract submission will be sent to the email address you provide when submitting.
- We recommend that the email address belongs to the main author who will be presenting at the Congress.
- If the presenting author is unable to attend the Congress, please notify us of an alternative presenter or withdraw the abstract. Any alternative presenter must also register for the Congress.
- Submissions must be in English.

5.3.2.2 Abstract Review Process

Please note that the space available for presentations is limited and the Congress attracts a large number of submissions. Preference will be given to abstracts of the highest quality as judged by the Science, Prizes, Awards and Research Committee (SPARC) of the ASA.

The eligibility criteria for ASA prize categories are described below. The quality of the abstract is rated based on the content (originality, methods, data analysis, and conclusion), the clinical relevance and the quality of the written text.

All applicants, successful or otherwise, will be notified within an appropriate time frame to allow registration during the Early Bird Registration phase.

Please note: Applicants may be offered a presentation format different to that applied for and not all applications may be accepted.

5.3.2.3 Presentation Formats and Prizes

Please Note: Submission for a prize category is open to ASA Members and ASA Trainee Members ONLY. If the submission is to a prize category (see Prize Descriptions), the presenting author's ASA membership number must be included.

Authors of accepted abstracts may be asked to make a short oral presentation to support their poster.

In addition, the following prize categories are available for entry by ASA Members or ASA Trainee Members.

- **Gilbert Troup ASA Prize** – awarded for the best oral presentation of original research; refer to 5.3.2 – guidelines Gilbert Troup ASA Prize.
- **ASA Best Poster Prize** – 2 prizes for the best poster presentations; Refer to 5.3.3 – guideline ASA Best Poster Prize and 5.3.4 – guideline ASA Trainee Best Poster. **ASA Trainee Audit/Survey Prize** – awarded for the best audit/survey presentation by an ASA Trainee member; refer to 5.3.5 – guideline ASA Trainee Audit/Survey Prize.

5.3.2.4 Terms and Conditions

By submitting an abstract for presentation, you agree to the following terms and conditions:

- The abstract meets the eligibility criteria and presentation format requirements of the research sessions that you have applied for.
- Appropriate ethics approval has been granted
- That the submission is of original research, not previously published in a journal, or presented in any format at a major Australian or international meeting. All authors must approve the submission.
- Submissions in prize categories, must meet the specific requirements for that prize
- The acceptance of an abstract does not imply provision of travel, accommodation or registration for the NSC, nor any other costs associated with preparation or presentation of the abstract, or any costs associated with attendance at the NSC.
- Presenting authors will pay and register for the Congress by the given deadline. Failure to register will result in the abstract being withdrawn.
- If the abstract is accepted for presentation, the authors give the ASA NSC permission to publish the abstract and/or electronic presentation on the Congress or ASA website, on digital platforms, and in the Congress Handbook and in the journal of the ASA, 'Anaesthesia and Intensive Care'.
- If the abstract is accepted for presentation, the authors give the ASA NSC permission to film or photograph the presentation at the Congress, post it on the Congress or ASA website or distribute it to ASA delegates via electronic, digital platforms, or hardcopy.

5.3.3 Gilbert Troup ASA Prize

5.3.3.1 Background

The Gilbert Troup ASA Prize commemorates the contribution to Australian anaesthesia by Dr Gilbert Troup of Perth, Western Australia. Dr Troup was the second President of the ASA from 1939–1946. Established in 1956 and first awarded in 1957, the Registrar's Essay Prize (later renamed the Gilbert Troup Award) is the ASA's oldest award – only Honorary Membership existed as an honour before it.

The name was changed to the 'Gilbert Troup ASA Prize' in 1963, due to the pre-existence of a Gilbert Troup Prize in Western Australia. The Prize was subsequently incorporated into the NSC presentations in 2012 as a formal oral presentation.

The winner will be announced and awarded by the President or Past President at an appropriate time during the NSC.

The author(s) may be invited to submit the prize-winning paper to Anaesthesia and Intensive Care, the journal of the ASA, for assessment for publication.

5.3.3.2 Criteria for Eligibility:

- If the presenter is an ASA Trainee Member, a full ASA member who is part of the research team must also be present at the Gilbert Troup Prize Session, but does not contribute to the presentation or subsequent question & answer session.
- The abstract must be based on original research.
- A research group is eligible to submit more than one abstract for consideration for the Gilbert Troup ASA Prize, but both the first author and the presenter for each accepted abstract must be different.

5.3.3.3 Presentation Format

Those accepted for presentation at the Congress will deliver a detailed ten (10) minute oral presentation with slides discussing their aims, methods, results and conclusions. This will be followed by a five (5) minute question period led by the adjudicators and moderated by the session Chair.

The precise presentation requirements for each NSC will be sent out prior to each Congress.

5.3.3.4 Adjudicating Panel

The NSC Scientific Program Convenor and the Chair of the SPARC will appoint a panel of three members to adjudicate the Gilbert Troup ASA Prize session at the NSC. The Chair of the SPARC or their nominee will chair these sessions and may serve on the adjudicating panel if suitable.

5.3.3.5 Form of the Prize

The author(s) will be invited to submit the prize-winning paper to Anaesthesia and Intensive Care for assessment for publication, a certificate, medal and cash prize currently \$10,000.

A second prize of \$3,000 will be awarded to the runner up.



Gilbert Troup Medal (front)



Gilbert Troup Medal (back)

5.3.3.6 Past Recipients

2024	Benjamin Khoo
2021	Kwok Ming Ho
2022	David Lam
2019	Ashley Creighton
2018	Kwok Ming Ho
2017	Rochelle Ryan
2016	Natalie Kent
2015	Sophie Liang
2014	Paul Stewart
2013	Dale Currigan
2012	Alicia Dennis
2011	Philip Peyton

2010	Tony Bajurnow
2009	Robyn Gillies and Margaret Perry
2008	Alicia Dennis
2007	Paul Soeding
2006	Colin Chilvers
2005	Brendan Silbert
2004	Andrew Davidson
1999	Julia Fleming
1997	Richard Waldron
1996	T C Kester Brown, John Roberts, Walter Thompson
1994	Alan Stern
1993	Dennis Hayward
1991	Lawrence Ferarri
1990	Kate Leslie, Haydn Perdnt
1988	Sydney Giddy
1987	Tom Torda
1986	Walter Thompson
1984	Richard Willis
1983	Rodney Westhorpe
1982	Peter Kempthorne
1979	Gregory Knoblanche
1978	Peter Brownridge
1975	Andrew Black
1973	David Gibb
1971	Paul Gaudry
1970	John Paull
1969	Richard Catchlove
1968	Michael Marsh, Brian McKie
1967	John Russell
1966	Ronald Thiel
1965	Barbara Slater, Ian Angus
1963	Marshall Barr
1958	Brian Crawshaw
1957	Judith Nicholas

5.3.4 ASA Best Poster Prize

5.3.4.1 Background

These prizes were originally known as the Boots/ASA Young Investigator Awards and were first awarded in 1984. They were initiated through sponsorship by Boots Healthcare Australia, subsequently Boots/Portex and then Smiths Medical Australia. In 2005, the title of the award was changed to reflect the latest change in business name to 'Smiths Medical/ASA Young Investigator Awards'. In 2015 the name of the award was amended to ASA Best Poster Prize.

The ASA Best Poster Prizes aim to encourage research by investigators working in the fields of Anaesthesia, Intensive Care and Pain Medicine. This research must be displayed as a poster and presented as a short oral presentation at the annual National Scientific Congress. The total number of papers accepted for consideration for the ASA Best Poster Prize is not restricted and will be determined by the SPARC according to the quality of the applications.

5.3.4.2 Criteria for Eligibility:

- The investigator must be working in the fields of Anaesthesia, Intensive Care or Pain Medicine.
- The abstract must be based on original research, the principal content of the research must not

have previously been presented in a journal or in any format at any other major Australian or international meeting. The presenter must be one of the authors, and if a trainee. Trainee MUST be supported by a full ASA Member who is part of the research team, is present at the Best Poster Prize Session, but does not contribute to the presentation or subsequent question & answer session.

- A research group is eligible to submit more than one abstract for consideration for the ASA Best Poster Prize, but both the first author and presenter for each accepted abstract must be different.

5.3.4.3 Presentation Format

Members whose research is accepted for presentation in the ASA Best Poster Prize session will deliver a short three (3) minute oral presentation, with limited slides, discussing the aims, methods, results and conclusions of their research. The audiovisual slides must not include additional information to that in their poster pertaining to the work. This will be followed by a seven (7) minute question period led by the adjudicators. Presenters should also bring a poster for static display (usually a pdf e-poster).

The precise presentation requirements for each NSC will be sent out prior to each Congress.

5.3.4.4 Adjudicating Panel

The NSC Scientific Program Convenor and the Chair of the SPARC will appoint an adjudicating panel of three members to adjudicate the ASA Best Poster session. The Chair of the SPARC or their nominee will chair these sessions and may serve on the adjudicating panel if suitable.

5.3.4.5 Form of the Prize

The ASA awards two prizes at each NSC to the value of \$5,000 and \$2,000 respectively to recipients judged first and second by the adjudicating panel together with a certificate.

They will be announced and awarded by the President or SPARC Chair or their delegate at an appropriate time during the NSC.

5.3.4.6 Past Recipients

2024	Clayton Lam
2023	Sophie Meyerson
2022	Xianglin Yeaw
2019	Alan Bullingham, Xiao Liang, Danielle Volling-Geoghegan
2018	Alwin Chuan, Christine Pirrone, Zoe Keon-Cohen
2017	Philip Peyton
2016	Andrew Messmer, Diyana Ishak
2015	Jonathon Fanning
2014	Victoria Eley, James Trumble, Paul Stewart
2013	Mark Colson, Philip Peyton, Christine Wu, Paul Stewart
2012	Allan Cyna, Thomas Ledowski, Ronald Cheung
2011	Kevin Hartley, Thomas Ledowski, Andrew Deacon
2010	Harmeet Aneja, Raviram Ramadas
2009	Vanessa Percival, Katrina Webster, Daniel Lane
2008	James Griffiths, Megan Stait
2007	Maryanne Balkin, Anna McDonald, Chris Mitchell
2005	James Griffiths, David Carman
2003	Hock Lye Tan, Taposh Chatterjee, Sudharshan Karalapillai
2002	Sally Troedel, David McElroy, David Samford, Kevin Parry
2001	Thomas Gale, Sarah Armarego
2000	Michael John Veltman
1999	Christopher Reid, Ellice Hammond, Michael Boquest, Ajay Kumar, Su-Jen Yap
1998	Tony Cho, Colin Goodchild, Elean To, Robert Grac
1997	Susan Lord, Sharon Tivey, Robert Law
1996	David Andrews, Jenny Wheelahan, Karin Jones, Deborah Wilson, Stephen Watts

1995	George Chalkiadis, Julie Clarke
1994	Graham Libreri, James Milross, Stewart Montano, Michelle Mulligan, Mark Priestley
1993	Suellen Walker, Mark Tuck, Richard Halliwell
1992	Peter McCall, David Cook, Michael Henderson, Phillip Mayne, Chris Sparks
1991	Joseph Brimacombe, Michael Kluger, Paul Myles, David Riley, Jane Stahl
1990	Neville Gibbs, Dermot Murphy, John Myburgh, Grant Turner, Rowan Molnar
1989	Peter Dawson, Jeremy Foate, Kate Leslie
1988	Roman Kluger, David Murrell, Michael Paech, John Reeves, Jeffrey Taylor
1987	Michael Reid, Christine Ball, Jane McDonald, Yahya Shehabi
1986	Raymond Colman, Phillip Graukroger, Harry Owen, Anthony Sutherland
1985	Derrick Selby, Ronald Woodey
1984	David Hillman, Donn Ledwidge, Christopher Cain, Navaratnam Sivaneswaran

5.3.5 Trainee Member Group (TMG) Best Poster Prize

5.3.5.1 Background

The Trainee Member Group (TMG) Best Poster Prize was introduced in 2011 and is only open to TMG members who present a poster at the National Scientific Congress. The objective of this annual Prize is to encourage registrars to present scientific research in a clear, concise, and visually attractive manner.

5.3.5.2 Criteria for Eligibility

- Only ASA Trainee Members are eligible for the prize.
- Posters submitted must be based on original research and the principal content of the poster must not have previously been presented at a national meeting in Australia. The format and medium of the poster is at the discretion of the registrar.
- Inclusion for consideration of the TMG Poster Prize does not preclude the recipient also being eligible for another Prize.

5.3.5.3 Format of Application

Posters must meet the requirements for posters in the general exhibition. No formal application will be necessary.

5.3.5.4 Form of the Prize

The prize consists of a Certificate and complimentary registration to a future ASA NSC / CSC within the next 3 years.

The prize is awarded annually.

The Prize recipients will be announced and awarded by either the President, Past President, or Education Officer during the NSC.

5.3.5.5 Past Recipients

2024	Glen Abbott
2023	Lachlan McLennan
2022	Matilda Tang
2019	Ashley Creighton
2018	Leigh White
2017	Dinushka Kariyawasam
2014	Brigid Brown and Chelse Hicks
2013	Gregory Bulman
2012	Adam Badenoch

5.3.6 ASA Trainee Member AUDIT/SURVEY PRIZE

5.3.6.1 Background

The ASA Trainee Audit/Survey Poster Prize was introduced in 2019 and is only open to ASA Trainee Members who present their audit/survey activity as an e-poster and oral presentation at the National Scientific Congress. These include the Scholar Role Activity undertaken by trainees as part of their fellowship training requirements. The objective of the prize is to encourage ASA trainee members to present their audit/survey activity in a clear, concise and visually attractive manner as well as benefit from receiving personal feedback from experienced adjudicators for both themselves and their colleagues.

5.3.6.2 Criteria for Eligibility

Applicants must be ASA trainee members.

5.3.6.3 Presentation Format

must supply a pdf poster to display to enable viewing electronically, in order to maximize exposure of their work. The applicant will deliver a short oral presentation with limited slides discussing the aims, methods, results and conclusions of their audit. This will be followed by constructive feedback from experienced moderators. The precise presentation requirements for each NSC will be sent out prior to each Congress.

5.3.6.4 Adjudicating Panel

The NSC Scientific Program Convenor and the Chair of the SPARC will appoint an adjudicating panel of two adjudicating/ moderating members who will also chair the session if necessary.

5.3.6.5 Form of the Prize

The prize consists of a certificate and complimentary registration to one ASA CSC within the next 3 years. Certificates of Commendation may be awarded at the discretion of the adjudicators. The prize recipients will be announced and awarded by either the President, SPARC Chair or their delegate during the NSC. The prize is to be awarded annually.

5.3.6.6 Past Recipients

2024	Kaitlyn Hastings , Hugh Slifirski	
2023	Misha Yadav	
2021	Jeremy Sin	
2019	Sneha Neppalli	

5.3.7 Rupert Hornabrook Prize.

5.3.7.1 Background

Rupert Hornabrook was a pioneer of anaesthesia in Australia, devoting the bulk of his practice in the years following the Boer War to promoting the specialty. He was honorary consultant in anaesthesia to the Melbourne General Hospital for many years and published extensively on issues of safety in anaesthesia. He was an early advocate of improved cardiovascular monitoring and was influential in popularising ethyl chloride-ether as an alternative to chloroform. In 1935, Dr Hornabrook was unanimously elected to honorary membership of the ASA and this award in his name recognizes his contribution to Australasian anaesthesia.

5.3.7.2 Criteria for eligibility

- The authors must be either an ASA member or an ASA Trainee Member.
- The abstract must be based on original research on a day of surgery theme and the principal

content of the research must not have previously been presented in a journal or in any format at any other major Australian or international meeting.

5.3.7.3 Presentation Format

The abstract must comply with the requirements of the general poster section of the NSC. No special application process is required and all abstracts encompassing a day care theme will be considered eligible

5.3.7.4 Adjudication panel

The NSC Scientific Program Convenor and/or the Chair of the SPARC will appoint a 3 person adjudicating panel which will include the Chair of the Day Care Special Interest Group or nominee.

5.3.7.5 Form of the prize.

Originally administered by the Australian and New Zealand College of Anaesthetists, the ASA has assumed responsibility for this prize which now attracts a one-off registration to the ASA NSC in one of the three years following the announcement of the winner.

5.3.7.6 Past recipients.

5.4 Locally Administered SPARC

5.4.1 “Anaesthesia and Intensive Care” “Jeanette Thirlwell Best Paper” Award

5.4.1.1 Background

The award was originally suggested in 1996 by Dr Dennis Hayward. Further discussions at Editorial Board meetings in 1997 led to the formation of the initial working party and allowed for the inaugural presentation of the award at the October 1998 NSC. The initial award covered original articles published in the 1997 calendar year.

The board approved the Jeanette Thirlwell best paper award in May 2014, in recognition of her role as the Executive Editor of ‘Anaesthesia and Intensive Care’ after over 30 years in the role

5.4.1.2 Terms of Reference

The award will be presented to the paper that contains the following criteria: Scientific content – appropriateness, methodology, quality of measurements, etc. Originality. Relevance to the practice of anaesthesia, intensive care and pain medicine. Presentation - quality of prose, style, figures, tables, etc.

5.4.1.3 Adjudicating Panel

The Editorial Board appoints an adjudicating panel of three of its members annually to adjudicate the Best Paper Award. The decision must be made by June of the following year to allow for preparations for presentation at the NSC to be made.

5.4.1.4 Value

A monetary prize of an amount recommended by the Editorial Board and approved by the ASA Board is awarded to the first author only. This is currently \$2,000.

5.4.1.5 Format of Entry

Qualifying papers are identified and assessed by the adjudicating panel.

5.4.1.6 Form of the Award

The award comprises certificates which are awarded to each author. The monetary prize is awarded to

the first author following the NSC and is awarded annually. The award is presented following the presentation of the paper during the Editor's Session at the NSC, which is chaired by the Chief Editor of "Anaesthesia and Intensive Care" a/or nominee. Return airfares, accommodation for one night and travel allowances are provided for the first author to attend the NSC. The successful applicant is also entitled to a one-day complimentary registration in order to attend the Editor's session at the NSC.

5.4.1.7 Past Recipients

2023	Shania Liu
2021	Anthony Hade
2020	Kasia Kulinski, Yasmin Endlich
2019	Gregg Best
2018	Thomas Painter
2017	Phillip Cowlishaw
2016	Yi Chung Bong, James Walsham
2015	TJ Byrne, B Riedel, HM Ismail, A Heriot, R Dauer, D Westerman
2014	TT Liu, A Raju, T Boesel, AM Cyna, SGM Tan
2013	C Grant, GL Ludbrook, EJ O'Loughlin, TBCorcoran
2012	R Augustes, K Ho
2011	T Corcoran
2010	M Reeves, M.W Skinner
2009	N.Y Fung, Y Hu, M.G Irwin, B.F.M Chow, M.Y Yuen
2008	D Bell, A O'Connor, K Leslie
2007	R.R Kennedy, M.M Sakowska
2006	K.M Ho, H Ismail, K.C Lee, R.Branch
2005	C Hayes, A Armstrong-Brown, R Burstal
2004	B.W Johnson, J Sleight, I.J Kirk, M.L Williams
2003	N Pollock, E.E Langton, K Couchman, K.M Stowell, MWaddington
2002	J.C Binder, W.G Parkin
2001	D.J Fabijan, R.W Morris, G.M Murray
2000	P Myles, J Hunt, H.O Holdgaard, R McRae, M.R Buckland, J Moloney, J Hall, M.A Bujor, D.S Esmore, B.B Davis, D.J Morgan
1999	R Burstall, F Wegener, C Hayes, G Lantry 1998 W Ngan Kee, K Lam, P Chen, T Gin

5.4.1.8 History of Anaesthesia Library Museum Archives- Best Historical Paper

Award Title of the Award: *Anaesthesia and Intensive Care* Biennial History Award

Period: To be awarded every two years. This is because there are only 4-5 papers/year making a small selection. First awarded in 2017 for year of publication 2015 & 2016.

Prize: \$600 every two years plus an appropriately inscribed certificate.

Selection Committee:

- Chair of the HALMA Committee
- Editor of the History Supplement
- One other member of the HALMA Committee or nominee
- This will be a Sub-Committee of HALMA and report to HALMA
- One will Chair the process and coordinate the scoring system as below

Selection Criteria:

- Any paper published in the two preceding years relating to the history and heritage of anaesthesia, pain medicine, resuscitation or intensive care medicine in the annual History Supplement or the main part of the journal of the Australian Society of Anaesthetists, *Anaesthesia & Intensive Care*.
- It will be a peer reviewed paper

- The paper must be original with accurate research and add to the knowledge of the history of that subject.
- Presentation, writing style and referencing will be taken into consideration.
- The selected paper does not have to relate to Australia and New Zealand specifically.
- If one of the selection committee is short-listed or a potential winner then that person will stand down from the selection and a replacement co-opted from the HALMA Committee

Selection Scoring System:

- Each selector will rank three papers from best to worst
- The Chairperson will coordinate the scoring by reverse ranking of each paper eg a best paper will get 3 points, the worst will get 1 point.
- The paper with the most points is selected.
- In the event of a tie, the prize can be awarded to two winners with a certificate each and the prize money divided.

Past Recipients:

2023	Dr Rajesh Haridas
2019	Dr Michael Cooper
2017	Dr Christine Ball

5.4.2 Seruvatu Medal

5.4.2.1 Background

The award honours Dr. Seresa Seruvatu who was one of Fiji's earliest and most distinguished anaesthetists. He worked in several Pacific region countries and was elected to Honorary Fellowship of the Faculty of Anaesthetists, Royal Australasian College of Surgeons in 1972. The first Seruvatu Medal was awarded to Dr. Narko Tutuo from the Solomon Islands in 1997.

5.4.2.2 Terms of Reference

The award is made to the anaesthetist who obtains the highest mark in the Diploma of Anaesthesia examination at the Fiji School of Medicine. The qualification is obtainable through the Pacific Anaesthesia Training Program (PATP) in association with the Fiji School of Medicine.

5.4.2.3 Form of the Award

The award comprises a medal, known as the Seruvatu Medal, which is presented at the Fiji School of Medicine graduation ceremony.



Seruvatu Medal (front)



Seruvatu Medal (back)

5.4.2.4 Past Recipients

2007	Fonmanu "Safu" Manueli
2002	Mary Tuke

2001	Luke Nasedra, Alani Tangitau
1999	Vandhana Chetty
1998	Uate Babitu, Salendri Mati
1997	Narko Tutuo

5.4.3 Nerida Dilworth Prize

5.4.3.1 Background

This prize was first proposed by the Committee of Management (COM) of the WA Section of the ASA in 1985 as the “ASA Registrar Prize”. It was decided to name this prize in honour of Dr. Nerida Dilworth. The first award was made in 1988 for a presentation in 1987. Dr. Dilworth generously endowed the prize. In 2005, Dr. Dilworth further endowed the prize, allowing up to two awards to be made each calendar year. Dr. Dilworth has presented the prize on most occasions.

5.4.3.2 Criteria

Registrars are assessed by a committee on their significant contribution, which can be one or more of the following acts:

- Excellent presentation of scientific material at a WA State Meeting.
- Active participation in a special area of either the ASA or ANZCA including, but not limited to: Socio-economic, Administration, or a specific task(s) undertaken at the direction of the ASA or ANZCA.
- Outstanding performance associated with the responsibility and commitment to the training of other staff.
- The assessment committee reserves the right to withhold presenting the prize if the standard of excellence in none of the above criteria are met.

5.4.3.3 Procedure for Assessing Candidates for the Prize

Registrars will be notified at the beginning of each period that such a prize is awarded and the basis on which the award is made. Notification will be made individually and by general advertisement in WA. The assessment committee will consist of two nominees from the ASA WA COM and two nominees from the WA Regional Committee of ANZCA. The nominees will usually, but not always, be selected from the Chairs, Vice-Chairs, Secretaries or Continuing Education Officers. The Chair of the Assessment Committee shall be decided by a vote from within the Committee. If the Assessment Committee is unable to reach a majority decision in support of one applicant the Chair of the Assessment Committee is to make a unilateral determination on behalf of the Committee. If possible, the prize shall be awarded to a single registrar and not shared between two registrars. The Assessment Committee will decide the basis of the assessment of the prize in consultation with the ASA WA COM and the WA Regional Committee of ANZCA.

The Chair of the ASA WA COM is to endorse the Assessment Committee's recommendation and as a matter of courtesy notify the Chair of the Awards, Research Grant & Prizes Committee of the federal ASA as soon as practical thereafter.

5.4.3.4 Administration

The ASA HQ holds in perpetuity the original cash grant (together with interest) for the payment of the Prize. Each year the ASA Annual Report includes a note on the accrued value of the Prize. The ASA WA COM will apply for funds for payment of the Prize through the Chief Executive Officer of the federal ASA. This will be organised so the Prize will be available for presentation at the time of announcing the recipient of the Prize.

5.4.3.5 Value

The value of the Prize is approximately \$400 per period.

5.4.3.6 Adjudication

See Appendix 10.3 for adjudication guidelines.

5.4.3.7 Recipients

2024	Dr Ethan Fitzclarence
2023	Dr Adrian Pannekeok
2018	Justin Hii
2017	Zaki Ibrahim
2014	Simone Rowell
2013	Nuki Alakeson, Rob Glasson
2012	Peter Unwin
2011	Jakob Chakera, Silke Brinkmann
2010	Lisa Hill, Manuel Wenk
2009	Angela Palumbo, Aneeta Sinha
2008	Adrian Regli, Ana Licina
2007	Rik Kapila, Russell Clarke
2006	James Bromilow
2005	Bhavesb Patel
2004	Lukas Tan
2003	Jodi Graham, Jason Wells
2002	Bruce Hullett
2001	Tim Hadlow
1998	Tessa Myer
1996	George Chalkiadis
1992	Chris Johnson
1990	P Graziotti
1989	Robert Marjot
1988	J Pracilio
1987	Richard Riley

5.4.4 Western Australia ASA/ANZCA Gilbert Troup Prize

5.4.4.1 Background

The Australian Society of Anaesthetists (Western Australian Section) and the Australian and New Zealand College of Anaesthetists (Western Australian Regional Committee) Gilbert Troup Prize in Anaesthetics commemorates the West Australian anaesthetist Dr. Gilbert Troup, who was the Second President of the ASA and a pioneer in the establishment of Anaesthesia as a separate discipline in Western Australia. The prize, initially awarded in 1962, was for many years under the auspices of the Australian Society of Anaesthetists and from 2001 has been awarded as a joint prize with the Australian and New Zealand College of Anaesthetists.

5.4.4.2 Objectives

The prize should foster medical student teaching of anaesthesia, its related disciplines and perioperative medicine. It should raise awareness of the specialty and its image among medical students and recent graduates.

The ASA (WA) / ANZCA (WA) Gilbert Troup Prize is awarded by the appropriate Board of Examiners of the University of Western Australia to the student who obtains the highest mark for the assessment in anaesthesia in IMED6681.2 Surgery Part 1 / IMED6682.2 Surgery Part 2 in the course for the degree of Bachelor of Medicine and Bachelor of Surgery. The assessment will be for the year in which anaesthesia is taught and examined.

5.4.4.3 Notification

Having determined the successful candidate, the Board of Examiners notifies the Australian Society of

Anaesthetists (Western Australian Section) and the Australian and New Zealand College of Anaesthetists (Western Australian Regional Committee) together with the successful candidate.

5.4.4.4 Value

The value of the prize is determined by the Australian Society of Anaesthetists (Western Australian Section) and the Australian and New Zealand College of Anaesthetists (Western Australian Regional Committee) and is funded jointly and equally. Currently the value is \$500.

5.4.4.5 Form of Prize

The prize consists of a certificate and money or book voucher. The prize is awarded annually. The prize is presented at the annual presentation of prizes for the Faculties of Medicine and Health Science. Representatives of the Australian Society of Anaesthetists and the Australian and New Zealand College of Anaesthetists are invited to present the prize to the successful candidate.

5.4.4.6 Past Recipients

2018	Catherine Nguyen
2017	Shannon Marantelli
2016	Declan Alexander Thomas Scott
2015	Ciselle Meier
2014	Natalie Smith
2013	Brendan O'Dea
2012	Wai Pheng Arthur Teo
2011	Evan Lloyd Heinecke
2010	Archana Shrivathsa
2009	Greg Houghton
2008	Tim Mitchell
2007	Daniel Anderson
2006	Natalie Campman
2005	David Graeme
2004	Sarah Young
2003	Kavitha Subramaniam
2002	Hui Loh
1998	Emily Gianntti
1997	Dean Peter Klimczak
1995	Pamela Barrett
1994	Su Peung Ng
1992	Sani Erak
1991	Andrew McQuillan
1989	Garth Oakley
1988	Leah Power
1987	Michael Veltman, Paul Langton
1986	Michael Watson
1985	Eric Visser
1984	Giuseppe Cardaci
1983	Joe Kosterich
1982	Myra Brown
1981	Julian Adler
1980	Richard Sallie
1979	Peter Leedman
1978	Rosemary Craen
1977	William Ward
1976	Kenneth Williams, Mark Platell
1975	David Prentice, Michael Hellings
1972	Raymond Lindsey
1971	Keith Black

1968	Joanne Payne
1967	David Durack
1966	Edward Keogh
1965	Agatha van der Schaaf
1962	Bernard Laurence

N.B. No prize was awarded in the following years: 1963, 1964, 1969, 1970, 1973, 1974, 1990, 1993, 1996, 1999, 2000, 2001.

5.4.5 ASA (Qld) Chairperson's Registrars Prize

5.4.5.1 Background

The Qld Committee of Management of the Australian Society of Anaesthetists awards prizes to registrars on the basis of research/presentations to State CME meetings. The award was introduced in 2009.

5.4.5.2 Objectives

The prize should both encourage research and raise awareness of the ASA amongst trainees.

5.4.5.3 Eligibility

The Prize is open to any registrar in the respective State or Territory who is a member of the ASA TMG and/or an ANZCA trainee during the period of assessment. The registrar is required to be employed in a hospital in the respective State or Territory for the period under assessment.

5.4.5.4 Assessment and Presentation

The ASA State Committee of Management Registrar Prize is awarded either semi-annually or annually for the best paper submitted by a registrar at an appropriate State/Territory CME meeting. The Chairperson (or delegate) in association with an adjudication panel (minimum 3 persons), determines the successful candidate based on a set of criteria, but with an emphasis on clinically relevant research. The Chair of the ASA State Section COM or a distinguished guest will present the Prize at a major State or Territory CME meeting or at the AGM of the ASA State Section.

5.4.5.5 Joint Awards

In the circumstance of prizes awarded jointly by the ASA Committee of Management and the ANZCA Regional Committee, an adjudication panel with representation from each of these committees as determined locally, will determine the successful candidate. The cost of the award will be shared in equal part.

5.4.5.6 Notification

Having determined the successful candidate, the Chair notifies the Australian Society of Anaesthetists (and/or ANZCA) of the name of the successful candidate.

5.4.5.7 Value

The value of the prize is determined by the Australian Society of Anaesthetists State/Territory Committee of Management (or jointly with the ANZCA Regional Committee where appropriate). Currently the value is \$500.

5.4.5.8 Form of the Prize

The prize consists of a certificate and money or book voucher.

5.4.5.9 Adjudication

See Appendix 10.3 for adjudication guidelines.

5.4.5.10 Past Recipients

2015	Rebecca Kamp
2013	Joshua Daly

2012	Brett Segal
2010	Louise Munro

5.4.6 ASA (Tas) Chairperson's Registrars Prize

5.4.6.1 Background

The Tasmanian Committee of Management of the Australian Society of Anaesthetists awards prizes to registrars on the basis of research/presentations to State CME meetings. The award was introduced in 2009.

5.4.6.2 Objectives

The prize should both encourage research and raise awareness of the ASA amongst trainees.

5.4.6.3 Eligibility

The Prize is open to any registrar in the respective State or Territory who is a member of the TMG (ASA) and/or an ANZCA trainee during the period of assessment. The registrar is required to be employed in a hospital in the respective State or Territory for the period under assessment.

5.4.6.4 Assessment and Presentation

The ASA State Committee of Management Registrar Prize is awarded either semi-annually or annually for the best paper submitted by a registrar at an appropriate State/Territory CME meeting. The Chairperson (or delegate) in association with an adjudication panel (minimum 3 persons), determines the successful candidate based on a set of criteria, but with an emphasis on clinically relevant research. The Chair of the ASA State Section COM or a distinguished guest will present the Prize at a major State or Territory CME meeting or at the AGM of the ASA State Section.

5.4.6.5 Joint Awards

In the circumstance of prizes awarded jointly by the ASA State Section and the ANZCA Regional Committee, an adjudication panel with representation from each of these committees as determined locally, will determine the successful candidate. The cost of the award will be shared in equal part.

5.4.6.6 Notification

Having determined the successful candidate, the Chairperson notifies the Australian Society of Anaesthetists (and/or ANZCA) of the name of the successful candidate.

5.4.6.7 Value

The value of the prize is determined by the Australian Society of Anaesthetists State/Territory Committee of Management (or jointly with the ANZCA Regional Committee where appropriate). Currently the value is \$500.

5.4.6.8 Form of the Prize

The prize consists of a certificate and money or book voucher.

5.4.6.9 Adjudication

See Appendix 10.3 for adjudication guidelines.

5.4.6.10 Past Recipients

2023	Dr Kin Min Choi
2022	Dr Georgia Mohler
2021	Dr Kaz Siddique
2018	Harry Laughlin
2016	Karl Gadd
2014	Anders Brown
2013	Sophie Anderson
2012	Michael Challis

5.4.7 Dr Thomas Lo ASA (ACT) Registrars Prize

5.4.7.1 Background

The ACT Committee of Management of the Australian Society of Anaesthetists awards prizes to registrar's on the basis of research. The award was introduced in 2011.

In 2015 the name was changed from the ASA (ACT) Chairman's Registrars Prize to the Dr Thomas Lo ASA (ACT) Registrars Prize

5.4.7.2 Objectives

The prize should both encourage research and raise awareness of the ASA amongst trainees.

5.4.7.3 Eligibility

The Prize is open to any registrar in the ACT who is a member of the TMG (ASA) and/or an ANZCA trainee and employed on the ACT Training Program during the period of assessment.

5.4.7.4 Assessment and Presentation

The Dr Thomas Lo ACT Registrar's Prize is awarded every second year annually for the best paper submitted or presented by any category of Trainee member or recent fellow (within 5 years of Fellowship) at an appropriate State/Territory meeting. The Chair (or delegate) determines the successful candidate based on a set of criteria, but with an emphasis on clinically relevant original research, literature reviews, historical (anaesthesia) reviews or other topics of interest to anaesthetists. The Chair of the ASA State Section COM or a distinguished guest will present the Prize at a major State or Territory CME meeting or at the AGM of the ASA State Section.

5.4.7.5 Joint Awards

In the circumstance of prizes awarded jointly by the ASA Committee of Management and the ANZCA Regional Committee, an adjudication panel with representation from each of these committees as determined locally, will determine the successful candidate. The cost of the award will be shared in equal part.

5.4.7.6 Notification

Having determined the successful candidate(s), the Chair notifies the Australian Society of Anaesthetists (and/or ANZCA) of the name of the successful candidate(s).

5.4.7.7 Form of the Prize

The prize consists of a certificate and money or book voucher.

5.4.7.8 Value

The value of the prize is determined by the Australian Society of Anaesthetists State/Territory Committee of Management (or jointly with the ANZCA Regional Committee where appropriate). Should there be two worthy winners the prize money may be split at the discretion of the adjudicator.

5.4.7.9 Adjudication

See Appendix 10.2 for adjudication guidelines.

5.4.7.10 Past Recipients

2018	Holly Manley
2016	Jennifer Bath and Jennifer Hartley Leuvan
2015	Christopher Van
2014	Elizabeth Merenda
2013	Adam Eslick
2011	John Carney
2010	Joel Scott
2021	Dharan Sukumar

5.4.8 Dr Wally Thompson Prize

5.4.8.1 Background

The Australian Society of Anaesthetists (Western Australian Section) and the Australian and New Zealand College of Anaesthetists (Western Australian Regional Committee) Prize in Anaesthetics will be awarded as a joint prize. It will be awarded for the first time in 2010.

5.4.8.2 Objectives

The prize should foster medical student teaching of anaesthesia, its related disciplines, and perioperative medicine. It should raise awareness of the specialty and its image among medical students and recent graduates.

5.4.8.3 Assessment

The Dr Wally Thompson Prize will be awarded by the appropriate Board of Examiners of the Notre Dame University to the student who obtains the highest mark for the assessment in anaesthesia. The assessment will be for the year in which anaesthesia is taught and examined.

5.4.8.4 Notification

Having determined the successful candidate, the Board of Examiners notifies the Australian Society of Anaesthetists (Western Australian Section) and the Australian and New Zealand College of Anaesthetists (Western Australian Regional Committee) together with the successful candidate.

5.4.8.5 Value

The value of the prize is determined by the Australian Society of Anaesthetists (Western Australian Section) and the Australian and New Zealand College of Anaesthetists (Western Australian Regional Committee) and is funded jointly and equally. The value will be \$500.

5.4.8.6 Form of the Prize

The prize consists of a certificate and money or book voucher. The prize is awarded annually. The prize is presented at the annual presentation of prizes for the Faculty of Medicine. Representatives of the Australian Society of Anaesthetists and the Australian and New Zealand College of Anaesthetists are invited to present the prize to the successful candidate.

5.4.8.7 Past Recipients

2013 Rebecca Dugmore
2011 Hannah Perlman
2010 Lachlan Nave

5.4.9 AIC Junior Investigator Award

5.4.9.1 Background

This award was proposed and approved by the ASA board in 2015 to promote:

1. Research by junior investigators in Australia and New Zealand
2. Publication of research by junior investigators in 'Anaesthesia and Intensive Care' The

award was endorsed by the Editorial Board.

5.4.9.2 Terms of Reference

The award will be presented annually to the first author of the best paper describing work performed in Australia or New Zealand published in 'Anaesthesia and Intensive Care' during the previous calendar year by an applicant within five years of specialist recognition in anaesthesia, intensive care, or pain medicine, given that this author can confirm that he or she made the largest contribution of all authors to the paper.

The criteria for judging the best paper are the same as the Jeanette Thirlwell AIC Best Paper Award:

- Scientific content – appropriateness, methodology, quality of measurements, interpretation of findings
- Originality.
- Relevance to the practice of anaesthesia, intensive care or pain medicine.
- Presentation - quality of writing and data display.

5.4.9.3 Adjudicating Panel

The Editorial Board appoints an adjudicating panel of three of its members annually to adjudicate the Best Paper Award. The decision must be made by June of the following year to allow for preparations for presentation at the NSC to be made.

5.4.9.4 Value

A monetary prize of an amount recommended by the Editorial Board and approved by the ASA Board is awarded to the first author only. This is currently \$2,000.

5.4.9.5 Format of Entry

An advertisement will be placed in the January issue of the journal each year (and through other ASA/NZSA/ANZICS media) inviting applicants who meet the criteria (indicated above) to nominate by April 30 each year papers they have published in the previous calendar year for consideration. A decision will be made by June 30. (Papers will not be eligible for both the Junior Investigator Award and the Jeanette Thirlwell AIC Best Paper Award).

5.4.9.6 Form of the Award

The award is to the first author only and comprises a certificate and a monetary prize. The award is presented at the Editor's Session at the NSC, which is chaired by the Chief Editor of "Anaesthesia and Intensive Care" or a nominee. Return airfares, accommodation for one night and travel allowances are provided for the recipient to attend the Editors Session at the NSC and receive the award.

5.4.9.7 Past Recipients

2021 Dilraj Thind
2020 Jessica Lim
2019 Lachlan Miles
2018 Patrick Tan

5.5 Annex A – Past Awards, Prizes And Research Grants

5.5.1 Abbott/ASA Research Grant (1994 – 2008)

5.5.1.1 Background

The Abbott/ASA Research Grant was established in 1994 and first awarded in 1995. Application was open to ASA Members only. This Grant was suspended in 2008.

5.5.1.2 Terms of Reference

The grant was designed to facilitate research and to promote innovation in the practice of anaesthesia and related disciplines within Australia.

5.5.1.3 Value

The value of the grant was by agreement between the ASA and Abbott Australasia. The agreed value of the award was \$40,000.

5.5.1.4 Form of the Award

The Award was discontinued in 2008. In 2009 Abbott Australasia sponsored one of the ASA PhD Research Grants to the value of \$10,000 as a "one off" agreement.

5.5.1.5 Past Recipients

2008	Michael Paech
2007	Guy Ludbrook
2006	Robyn Gillies
2005	Harry Owen, David Olive
2003	Colin Royse, Michael Paech
2002	Margaret Perry, John Christoudolou, B Bennetts, Neil Street, Guy Ludbrook, Pamela Macintyre, Andrew Davidson, Robyn Stargatt
2001	David Storey, Stephanie Proustie

2000	Colin Royse, Clare Hanavan
1999	Michael Barrington, Mark Reeves
1996	Paul Myles
1995	Rowan Molnar

5.5.2 GE Healthcare/ASA Research Grant (1978 –2006)

5.5.2.1 Background

The GE Healthcare/ASA Research Grant was first established as the CIG Medishield/ASA Research Grant in 1978. In 2004, the name was changed to GE Healthcare/Datex- Ohmeda/ASA Research Grant to reflect an organisational name change. A further organisational change in 2006 saw a change to the GE Healthcare/ASA Research Grant. The GE Healthcare/ASA Research Grant was suspended in 2007.

5.5.2.2 Terms of Reference

The grant was awarded annually to support original research and development within Australia by ASA Members, in a field that was relevant to the interests of GE Healthcare.

GE Healthcare had the right to appoint a suitably qualified expert representative to the adjudicating panel. Recipients of the GE Healthcare/ASA Research Grant were expected to provide an annual progress report and to make a final report as a presentation during the scientific programme of a subsequent NSC.

5.5.2.3 Value

The value of the grant was by agreement between the ASA and GE Healthcare. This agreement was reviewed on a regular basis and at least every three years. The final agreed value of the award was \$30,000 with an additional moiety of up to \$10,000 in technical support. The grant was awarded annually.

5.5.2.4 Form of the Award

The grant comprised a certificate and financial support up to a total of \$40,000.

5.5.2.5 Past Recipients

2006	Michael Barrington
2005	Rowan Molnar
2004	Philip Peyton, Christopher Stuart-Andrews, Gavin Robinson
2003	Andrew Davidson
2002	Kate Leslie, Paul Myles, Kimberley Irwin, Leonard Lee, Andrew Pybus, Uma Srinivasan
1999	Colin Royse
1995	Kate Leslie
1993	Neil Warwick, Torda, Graham
1991	Anthony Ilsley
1990	John Zelcer, Elizabeth Sonnenberg, Jeanette Lawrence
1987	Harry Owen

1984	William J Russell, M R Haskard, D E Mulcahy, D E Davey
1981	C Bertram, Jeanette Lawrence, Andrew Pybus
1979	David Crankshaw.

5.5.3 Diners Club/ASA Award 2003-2010

5.5.3.1 Background

The award was established in 2003 and first awarded in 2004.

5.5.3.2 Terms of Reference

The aim of the award is to assist an ASA member to further their professional development by gaining further experience in anaesthesia or a related discipline. The award monies can be used for travel, accommodation, living expenses, research expenses, equipment purchases or similar outlays. The award must be expended within 12 months of being awarded. The recipient must provide a written report to the Board within six months of completion of the funded activity.

5.5.3.3 Format of Application

Applicants must provide:

- A one page written submission with supporting documents outlining how the award would assist in furthering their experience.
- Description of the main activities proposed.
- Personal and patient benefits the applicant anticipates will be achieved through the award.
- Proposed timetable and locations to be visited, if applicable.
- Proposed budget.
- Whether the applicant is intending to undertake the award in conjunction with any other award or grant.

Applications will also address the information listed in points (a) to (k), see “Format of Applications” (above).

5.5.3.4 Form of the Award

As a result of the affiliation of the ASA with Diners Club, Diners Club provides \$5,000 for an award to be provided by the ASA. The award currently comprises a certificate and credit to the value of \$5,000 on a Diners Club card and is awarded annually.

5.5.3.5 Past Recipients

2010	Matthew Keating
2009	Maryanne Balkin
2008	Usha Padmanabhan
2007	Steven Cook
2006	Bradley LaFerlita
2004	Glen Hawkins

5.5.4 ASA Best Poster Presentation Prize (2007-2011)

5.5.4.1 Background

The ASA Best Poster Presentation Prize was introduced in 2007 at the suggestion of Dr Piers Robertson to recognise the contribution by delegates through their posters at the National Scientific Congress. The prize was suspended in 2012 when the Board and Smiths Medical Australasia agreed to combine the “Smiths Medical/ASA Young Investigator Awards” and the “ASA Best Poster Presentation” to form the Smiths Medical/ASA Best Poster Presentation.

5.5.4.2 Terms of Reference

The Prize is to be awarded annually for the Best Poster Presentation at the NSC by a delegate. The objective of the Prize is to encourage delegates to present scientific research in a clear, concise and

visually attractive manner. Posters submitted must be based on original research.

All poster presentations will be eligible. The principal content of the poster must not have previously been presented at a national meeting in Australia. The format and medium of the poster is at the discretion of the delegate.

5.5.4.3 Adjudicating Panel

The Chair of the SPARC Committee will appoint an adjudicating panel of a Chair and up to three others before the NSC to review the Posters and adjudicate the Best Poster. The criteria for the Best Poster will be determined by the Chair of the SPARC prior to the panel commencing its assessment.

A formal presentation to the adjudication panel is required. The format of the presentation is for the presenter to provide a brief summary of the research for up to three minutes, followed by a question and answer session of up to eight minutes. The process will be controlled by the adjudicators, but questions will be encouraged from observers.

5.5.4.4 Format of Application

The poster format is now the default format of free papers to be presented at the National Scientific Congress. All applications are eligible for the Best Poster Presentation Prize. However, applicants for posters may opt out of presenting their poster and being considered for the prize.

Applications will be advertised for via the “Call for Papers” for the relevant NSC. The Call will detail the format of the application. All applications are reviewed by the relevant NSC Scientific Programme committee. None are automatically accepted for presentation. Those Posters accepted for presentation will automatically be eligible for the prize.

5.5.4.5 Form of the Prize

Subject to the adjudicating panel's decision three awards may be made. They consist of a first prize of a Certificate and \$2,000, a second prize of a Certificate and \$1,000 and a third prize of a Certificate and \$500.

The Prize recipients will be announced and awarded by either the President, Past President, or Education Officer during the NSC.

5.5.4.6 Past Recipients

2011	David Donnelly, Sharnie Wu, Melinda Ford
2010	Manuel Wenk, Sheila Carey, Greg Downey
2009	Ian Woodforth, Matthew Newman, Woonkwan Hyun
2008	Paul Soeding
2007	Somrat Charuluxananan

6 EXPENSES AND TRAVEL

6.1 Guidelines

The reasonable expenses of the ASA Board, members of committees, office bearers or ASA staff incurred in connection with the performance of their ASA duties will be paid by the ASA (unless otherwise stated).

Procedures for travel administration and reimbursement are detailed in the ASA Head Office's Travel Policy. Advice on travel policy is available from the Administration Officer of the ASA. A copy of the Travel Policy will be forwarded to each ASA office bearer on appointment. The ASA

will reimburse reasonable expenses incurred by an office bearer's discharge of duties on behalf of the ASA. As a principle, the most economical and direct method of travel should be planned.

6.1.1 ASA committee members who are parents of young children

6.1.1.1 Background

The ASA encourages diversity amongst its committees. The ASA also recognizes the challenges of parenting young children and wishes to support committee members who are parents of young children to reduce barriers and encourage participation.

Where possible, the ASA encourages members to use Zoom and or teleconferencing facilities in order to ease the demands on the family

This is a consideration to the ASA By Laws and Travel Policy with regard to flights, accommodation, ground transportation and other expenses and applies only to domestic travel within Australia.

6.1.1.2 Accompanying Traveller Expenses

The ASA will reimburse the travel expenses of one accompanying traveler of committee members required to travel interstate for meetings who are parents of children under the age of two years or who are breastfed (whichever is greater).

6.1.1.3 Child Care allowance – State Committees of Management

To support State committee of Management and other formal committees, members and their families attending ASA committee meetings, the ASA will reimburse the cost of childcare for up to four (4) hours for committee members who have children up until the age of 12 years or attending primary school, whichever is greater.

Extensions to this could be made for committee members who are parents of children with special needs or who are in solo parenting situations

The decision is at the discretion of the Committee Chair except for when this policy is applicable to the State Chair, in which case it will be at the discretion of the CEO. For recording purposes those claiming the reimbursement would need to complete a claim form

6.1.2 Specific travel and accommodation arrangements for the NSC

The availability of meeting facilities to hold and, members to attend, business meetings is restricted during the NSC. Accordingly, there are only four meetings supported by the ASA over the period of the NSC that members will be reimbursed to attend if they are either a member of the committee or receive an invitation by the committee chairperson to attend. They are: Board, AGM, TMG, or Common Issues Group (CIG) when held in conjunction with the NSC.

Additionally, the following specific office bearers are entitled to extended travelling expenses during the NSC to enable them to carry out their roles:

Office Bearer	Travel Claim Entitlement
President	To attend the Board meeting and every day of the NSC while holding office. To facilitate the President's attendance at his/her schedule of commitments, the President may elect to be accommodated on site at the NSC preferred hotel.
Vice President	To attend the Board meeting and every day of the NSC while holding office.
Immediate Past President	To attend the Board meeting and every day until and including the day of the presentation of Awards and Prizes at the AGM.

Chief Editor	To attend the Board meeting and every day of the NSC while holding office.
Treasurer	To attend the Board meeting and every day until and including the day of the AGM.
Chair of the EAC	To attend the Board meeting and every day until and including the day of the AGM.
Chair of the PIAC	To attend the Board meeting and every day until and including the day of the AGM.
Chair of SPARC	To attend the Council meeting and every day until and including the day of the presentation of Awards and Prizes at the AGM

6.2 TMG members travel expenses to the NSC

The state committee representatives of TMG are entitled to funded travel to attend the face-to-face meeting held concurrently with the NSC. Accommodation will be funded for those entitled to it on the day of the meeting. The Chair of TMG is also funded to attend the Council meeting during the NSC.

6.3 TMG Scholarships - travel expenses to CIG Congresses

The benefit of interaction with international peers is recognised by the ASA, particularly with respect to members of the TMG attending congresses held by societies who are members of the CIG. Conversely, the ASA wishes to recognise international registrars from CIG societies through supporting their attendance at the NSC.

The ASA offers complimentary registration to the NSC annually to one registrar (or anaesthetist under specialist training) from each of the Association of Anaesthetists (AA), American Society of Anaesthesiologists (ASA-US) the Canadian Anaesthesiologists' Society (CAS).

In return, each of the AA, ASA-US and CAS will provide complimentary registration for one member of TMG each year to attend their national meetings.

The level of funding for TMG travel to these overseas conferences will be reviewed by the Board annually to ensure it is appropriate. One third of these gross funds will be allocated to travel to each of England, Canada, or the United States. If the TMG select only one member to attend a meeting, that member will receive one-third of the gross funds. If more than one member is selected to attend a meeting, one-third of the gross funds will be divided between the selected members. Funding for a meeting lapses if it is not used.

The TMG Committee will select the members to receive the scholarship support. If more than one applicant requests support for the same meeting, the TMG is to forward the letters of request to the President together with their recommendations. It would be highly unusual for a TMG member to receive support on more than one occasion to attend an international congress or for more than one TMG member to be supported to attend the same congress.

Recipients of financial support are required to provide a post visit report to the TMG Chair within 28 days of their return home.

The Chief Executive Officer is the approval authority for TMG international travel support and the reciprocal complimentary registration for trainees from CIG societies.

6.3.1 Criteria for Eligibility

- In order to apply for fellowships for attendance at Common Interest Group Meetings and the National Scientific Congress trainee membership include being a financial member for 12 months.

6.4 Travel Entitlements for NSC Office Bearers

The following table summarises the entitlements for budget planning and travel for office bearers involved in the central planning of future NSCs. From time-to-time additional travel may be required. Requests should be made in writing to the Chief Executive Officer for consideration by the President and Treasurer.

Office Bearer	Site Visit pre-Contract	Site Visit pre-NSC	NSC	ASM
<i>NSC Officer</i>	2 days	2 days	5 days	2 days
<i>SPC Officer</i>	0	2 days	5 days	2 days
<i>HCI Officer</i>	0	0	1 day	0

6.4.1 Explanatory Notes:

- Registration for meeting is paid by members
- Travel entitlement is economy class air
- Accommodation and allowances are at the prevailing published ASA rates and only for actual expenditure
- Number equates to number of days and night's travel entitlement (e.g., 1 = one day and night)

6.5 International Invited Speakers for the NSC – Interstate Visits

International Invited Speakers (IIS) are invited by the President to present at the NSC and if their schedule permits undertake an interstate lecture during their visit to Australia. The NSC is responsible for expenses of the IIS to and from the NSC and while at the NSC. The President is responsible for expenses associated with an interstate visit and presentation to ASA members.

IIS are approached 24 to 18 months in advance of the NSC which is before the ASA's budget is approved for the period in which the IIS interstate visit will occur. This Bylaw provides standing budget approval for IIS interstate visits by the Chief Executive Officer, within guidelines, in advance of the Board's subsequent annual budget approval.

The following guidelines apply to IIS interstate presentations:

- There may be up to three IIS interstate visits per NSC.
- Visits may occur before or after the NSC.
- The presentation must be hosted by a State Committee of Management.
- The IIS interstate visit funding is capped at \$12,000 per NSC and is to cover:
 - Each State visit (approximately \$4,000).
 - Travel (limited to economy class).
 - Accommodation and living expenses (not to exceed the standard provided to members of the ASA Board).
 - One hosted dinner for the IIS (and partner if applicable) supplemented for the guest(s) and host(s) (not to exceed \$1000).

6.6 NSC Organising Committee – Accommodation during the NSC

National Scientific Congress (NSC) Organising Committee members may require accommodation close to the NSC venue in circumstances where their normal residence is remote or transportation difficulties are likely to restrict their timely presence at business activities at the venue.

Should a Convenor consider that the circumstances apply to one of their committee members they should in the first instance negotiate complimentary accommodation as part of the NSC accommodation package. When this is not possible the Convenor may approve payment of accommodation for each night of the NSC for the affected committee member from NSC operating expenses. This approval is conditional on the reimbursement being paid at the ATO Reasonable

Benefits Rate, the expense having been forecast in the NSC budget and the budget having been approved by the Board.

The NSC Organising Committee cannot approve entitlements above those specified for office bearers in these Bylaws. This Bylaw is to be replicated in whole in the NSC Handbook.

7 POLICIES AND PROCEDURES

7.1 Directors Code of Conduct

Refer to the following:

Directors Duties and Liabilities – Protocol for Board Members and Protocol for Council Members

All Directors and Council members are provided with a copy of the Protocol at the time of their appointment and are required to sign off on it at that time.

7.2 Recognition of Board Members

7.2.1 Introduction

This By Law is to be read in conjunction with By Law 8.2 Honoraria

Board members and the chairs of senior committees who report to the Board receive an honoraria.

Honoraria are paid to partially offset the life style constraints and to acknowledge the significant interruption to the economic and family arrangements of these office holders. The President's honoraria is intended to enable the President's partner to accompany the President as she or he travels domestically and internationally representing the Society.

Chairs of the State Committees of Management or their nominee receive a sitting fee when attending Council meetings.

7.2.2 Directors' Lapel Badge

Board members serve on the ASA Board of Directors for a varying number of years. By agreeing to become a director of the ASA they undertake serious obligations and are subject to the Corporations Act 2001. In recognition of these acknowledged and significant responsibilities newly appointed directors will receive a Directors' Lapel Badge on attending their first Board of Directors' face-to-face meeting.

The Directors' Lapel Badge may be worn by the recipients during and after concluding their period as an ASA director.

The Directors' Lapel Badge is depicted in Figure 3.



Figure 3 – Directors' Lapel Badge

7.3 Recognition of Partners of Board and Council Members

Partners of Board members and the Economic Advisory Committee (EAC) and Professional

Issues Advisory Committee (PIAC) are affected through the absence of their partner at meetings and functions as well the time taken away from family matters to deal with ASA issues. Accordingly, the Board of the ASA offers the following recognition to the partners of Board members and the Chairs of EAC and PIAC. The benefit is restricted to that prescribed by Section 208 of the Corporations Act 2001 where the financial benefit is capped at \$5,000 for a related party (family members) of a Board member in the applicable financial year.

7.3.1 Benefits:

- Complimentary attendance at a 'Partners' Function' held concurrently with the annual Board and Council meeting immediately preceding the **National Scientific Congress**.
- Complimentary attendance at **President's Cocktail Function** (held once a year).

Complimentary return air travel for partners of members and Chairs upon appointment to their position **twice a year** to attend Board and Council functions. (This is capped at \$5,000 per annum per partner as set out above)

7.4 Complaint management

7.4.1 Introduction

Any complaint against the ASA or a member is required to be fully investigated and the outcome notified to those affected by the complaint. The ASA complaint handling procedure is derived from Clause 6.8.3 of the ASA Constitution. Specifically, the Board of Directors may admonish, censure, suspend, or terminate the membership of the member for dishonourable conduct or conduct derogatory to the ASA or conduct which is not in the best interests of the ASA or its members and (failure) to observe proper standards of professional care, skill, or competence. There is an appeals process.

Complaints against members can originate from a variety of sources including:

- Patients and their relatives
- Hospitals
- Other medical practitioners
- Health funds
- Anaesthetists

7.4.2 Complaint management principles

All complaints should be referred to the Chief Executive Officer, including those made to a State/Territory COM. Subject to the complexity and seriousness of a complaint, the ASA may provide advice to the complainant. In complex situations the complaint may be referred to an ASA Committee, the ASA Board or a suitable expert qualified to investigate the complaint. All referred complaints must be written. The President must be informed of all serious complaints.

Complaints of a serious nature may have several components and these need to be investigated separately by the relevant bodies. The handling of a complaint by the ASA should not interfere, jeopardise, or otherwise preclude any remedy at law that may be available either to the complainant or the member. There may exist circumstances in which it is not permissible or desirable that an investigation be handled by the ASA. In this case the Chief Executive Officer should seek a legal opinion on the most appropriate method of managing the complaint.

As a principle, complainants should address their issue directly with the individual or organisation they identify as the cause of their complaint. If that action is not successful the complaint should then be investigated by the ASA. A second principle is that natural justice must be applied in all situations. Thirdly, there must be no conflict of interest by the investigating members. Finally, the investigation of a complaint must be documented and records retained.

7.4.3 Procedure for investigation of a complaint

The complaint handling process must be absolutely transparent and follow these steps:

- a) The complainant is advised to discuss the case with the member concerned and hopefully resolve the issue
- b) Where this does not occur or where resolution is not obtained the complainant is requested to put the complaint in writing
- c) Upon receipt the letter is acknowledged and a copy of the complaint is sent to the relevant State/Territory Chair and President
- d) The State/Territory Chair must arrange for the investigation of the complaint, complying with the principles of natural justice
- e) It is preferable that the complaint be investigated by at least two members of the relevant State COM, one of whom is a permanent member of the state investigative panel

7.4.4 The members undertaking the investigation must:

- Provide the member with a copy of the written complaint
- Request a written response from the member
- Where appropriate interview the complainant
- Where appropriate interview the member
- Contact witnesses, review records etc.

When the investigation has been completed letters should be prepared providing the complainant and member with the decision of the investigation. These letters should be sent to the Chief Executive Officer and the President before being forwarded to the complainant and member to ensure consistency in approach and that there are no legal issues to be addressed.

7.5 Management of Risk

The ASA Board is supported in the management of risk through a number of strategies and processes that are integrated into the Society's business practices. The Audit, Remuneration and Finance Committee (ARFC) is responsible to monitor the operational and financial performance of the ASA including reviewing the risk management strategies and insurance policies.

Similarly, the ASA's independent auditor is to be invited annually at the time of conducting the physical control check to comment on the appropriateness or otherwise of the internal controls in place to minimise misappropriation or fraud.

As a general principle the ASA will not undertake financial support of events or functions unless the activity:

- Is consistent with the Objects of the ASA and thus provides a benefit to, or is in the best interests of, members and:
- Is fully financially controlled by the ASA or the services provided to the ASA are through a legally enforceable agreement that the ASA Board has approved, or
- Is under the auspices of ACECC, and
- Provides an initial Budget for approval as well as a final financial report within three months of the conclusion of the activity.

The Chief Executive Officer as Company Secretary is empowered to enter into agreements for arrangements, goods, or services that are:

- The result of an approved motion of the ASA Board or
- Identified in the approved ASA budget, or
- Not of a material nature.

7.6 Archives policy

7.6.1 Objective

The objective of the ASA archives is to collect, document, preserve, manage and make available the archival records of the ASA, its predecessors, successors and associated organisations.

Records are defined as the documents created to facilitate and record the transactions of an organisation or created by an individual in the course of their personal and professional life. Such records can be in any medium and may include, but are not limited to, paper, electronic, and photographic formats. Records should be accompanied by sufficient contextual information (metadata) to allow permanent access to the information they contain.

To achieve this objective the ASA shall appoint an archivist. The ASA acknowledges the importance of professional training in archival management and the desirability of using a professional archivist to manage the day to day running of the archives. The archivist will report to the Chief Executive Officer.

7.6.2 The archivist is responsible for:

- Accepting archival material in accordance with the approved acquisition policy
- Identifying records of permanent archival value in the current and non-current records of the organisation and ensuring their long-term survival
- Arranging, describing and documenting the archival material to make it available for reference and research
- Administering the storage and retrieval of archival records and semi-current records, held both at the archives and in off-site storage
- Assisting the administrative staff to determine the retention periods for current records and their orderly transfer to the Archives, semi-current storage or appropriate disposal
- Creating or organising the creation of additional informational records of importance to the Society, including the collection of curriculum vitae of Presidents of the ASA and other notable members and office holders
- Attending HALMA meetings and providing advice and assistance as required

7.6.3 Location

The ASA archives will be located within the property owned or occupied by the ASA or an alternative agreed site. Storage areas provided will adhere as closely as possible to the environmental requirements for long term preservation of the archival records consistent with their format.

7.6.4 Acquisition policy

The ASA archives will accept the archival records of the ASA and of any predecessor or successor bodies and associated organisations.

7.6.5 Corporate, branch and committee records

Secretariat records identified as being of permanent archival value will be transferred to the archives when no longer needed for current use. Records will be retained that meet the legislative, legal, and financial requirements of the ASA and provide an historical perspective on the ASA and its activities.

Records identified as being of permanent value may be transferred to the archives when no longer needed for immediate reference. Depositors should consult the 'Guidelines for Transfer' and the archivist before transferring records.

7.6.6 Donations

The archives will accept donations of records relating to the history and function of the ASA. Such donations may include; records in any format, photographs, and memorabilia but should be clearly identified and documented. Donations will become the property of the ASA and the donor will be requested to assign ownership and copyright to the ASA.

The ASA retains the right to administer and display such donations as it sees fit and to de-accession or dispose of material deemed irrelevant to the purpose of the archives in accordance with agreements on the donation form.

Due consideration will be given to the personal privacy of individuals but donated material with excessive access restrictions will not be accepted.

The Archivist in consultation with the Board, Chief Executive Officer, and individual donors will set access restrictions as necessary. In principle records more than thirty years old are available to researchers on request, while written permission from the Chief Executive Officer will be required for external researchers wishing to access records less than thirty years old.

No original material may be removed from the archives, and copying will be carried out at the discretion of the Archivist, with consideration given to conservation, privacy, and copyright.

7.6.7 Dissolution of the archives

If the archives are to be wound up for any reason, records and artefacts held by the archives will either be transferred in their entirety to a public archival collection or returned to their creators or donors.

7.6.8 Guidelines

Transfer of State and Territory records to ASA archives

Records identified as of permanent value should be transferred to the archives when no longer needed for immediate reference. Only records created by the State or Territory and reflecting significant activities of that State or Territory need be transferred. Many records of value to the ASA are already captured at a Board or Secretariat level for example; Applications for Membership, Minutes of Board meetings. Copies held at State level can be destroyed when no longer needed for reference.

The following should be held on the ASA's file server then transferred to archives on an annual basis, for example at the end of the financial year:

- COM – minutes (confirmed)
- COM – agenda papers
- Subcommittees – minutes (confirmed)

- State Newsletters
- Workshops & conferences organised at State or Territory level – programs, lists of attendees, proceedings (if available)
- Reports and submissions generated at State or Territory level

At their discretion State and Territories may also transfer:

- Photographs of State events & personalities
- Ephemera and memorabilia

The ASA retains the right to administer such transferred records as it sees fit and to de-accession or dispose of material deemed irrelevant to the purpose of the ASA's archives.

7.7 Board members' and key office bearers' professional development

The ASA, in exercising good governance, has a responsibility to ensure members of the Board and key office bearers are prepared for their roles. This is particularly relevant for media and leadership skill development.

Members who hold significant appointments within the ASA are entitled to attend externally delivered professional development programs. Up to six members will be funded each year subject to approval by the Board.

Applications should be made in writing or email to the Chief Executive Officer indicating the program objective(s), duration, cost, and schedule. Applications are requested by 31 March each year for inclusion in the budget for the following financial year. The Chief Executive Officer is to ensure a provision is made in the ASA budget to cover the expense of this professional development each year. The Chief Executive Officer is to arrange payment for programs that are approved. Claims may be made in advance or arrears of attendance once the program is approved.

Members are required to provide a report following their development program indicating the strengths or otherwise of the program, key benefits derived from the program and lessons that are relevant for fellow Board members/key office bearers and the ASA.

7.8 Relation between the ASA and Health Care Industry(HCI)

7.8.1 Guidelines

This policy is based on ASA practice, a mutual agreement between the NZSA and the ANZCA and the Medicines Australia Code of Conduct guidelines. The Policy is necessary to ensure that the ASA follows a consistent approach with the HCI at a state and federal level. The ASA relies extensively on support from the HCI to facilitate education and scientific programs. In return the HCI is expected to obtain benefits from this support.

7.8.2 Approach to HCI

The long-term responsibility for liaising with the HCI will be through the Secretariat via the Senior Events Manager. The responsibilities include establishing and maintaining close relationships with the HCI, amongst other sponsors, and providing a central single point of contact.

Individual approaches to HCI can create confusion and embarrassment to the ASA. Such approaches may also conflict with strategies or discussions being held with the relevant industry body. Accordingly, all ASA individuals, Chairs and Committees that are coordinating an ASA program are not to approach the HCI for sponsorship or other support without first obtaining the

consent of the Senior Events Manager. This can be obtained through the ASA Secretariat by email or letter.

Sponsorship funding includes provision of benefits for program attendees including; venue facility, food and drinks; complimentary or subsidised use of material or an activity with a commercial value; subsidising the attendance of speakers (see below) and non-commercial arrangements for the lease of marketing booths at venues.

7.8.3 Sponsorship of speakers

The ASA endorses the jointly agreed HCI Policy Statement with the NZSA and the ANZCA. This statement is produced in full in the appendices.

7.9 Death of an ASA member

It is normal policy when the ASA is advised of the death of a member that the President and the Chair of the relevant State Committee of Management is advised the members death will be recorded in the ASA Magazine Australian Anaesthetist and where information is available, an obituary may be published in the Australian Anaesthetist. Other levels of recognition, including participating in memorial services may be considered by the President.

The ASA does not place death notices unless the individual is an office bearer.

7.10 The ASA Logo

7.10.1 Background

The ASA badge was adopted in 1978. It was the result of an extensive survey of members and a review of applicable motifs, emblems, and coats of arms. The badge has subsequently been used as the Society's logo on publications and correspondence, as the centre for medals and certificates and generally on Society memorabilia. A trademark is held over the badge. This Bylaw describes the ASA badge and proscribes its use as a logo.

The logo was re-designed in June 2021.

7.10.2 Description of the Logo

The badge component of the logo Adopted in June 2021 is depicted in Figure 1.



Figure 1 – ASA Badge

The badge uses a gradient of two colours (Orange CM70Y100) and (Yellow M18Y100). When employing the logo these, or colours as close as possible to these, should be used.

The ASA logo consists of the ASA badge with the title of the Society to the right. This is depicted in Figure 2.



Figure 2 – ASA Logo
Bahnschrift light and bold is the font used in the logo.

7.10.3 Use of the Logo

The logo of the ASA may be used on appropriate documents and material for the benefit of the Society.

Chairs of committees may endorse the use of the logo for specific events initiated by their committee.

However, the logo cannot be used by another organisation without the approval of Chief Executive Officer on behalf of the Board of the ASA. Where the use of the logo is likely to be contentious the matter is to be referred to the Board.

The logo is to be used on all correspondence where it is appropriate to centralise the heading such as minutes, memoranda, Committee agenda, minutes, papers and submission etc. Formal letters and business cards will retain the Badge centrally with the title right aligned for the immediate future.

The logo does not include the term 'limited'. This term, together with the Australian Business Number ABN is required to be included in all formal external correspondence. In this case the full Society title is to be used and should be located on the document in a prominent position.

7.11 Suspension and termination of officer holder's appointments

7.11.1 The Board's power to suspend or terminate appointments

The Board of Directors of the ASA is responsible for the effective and good management of committees, working groups and ad hoc groups as well as representatives appointed by the ASA to represent the ASA within external organisations. Accordingly, the Board is empowered to appoint, suspend, or terminate members' appointments to these various roles under Clause 6.3.8 of the ASA Constitution.

This Bylaw does not apply to Members of the Board. Members of the ASA appoint Directors at an AGM at the Federal, State or Territory level. The ASA Constitution does not empower the Board to rescind these AGM motions. Only actions breaching the Corporation Act are grounds for removal of a Board member (through a Commonwealth judicial process).

Accordingly, Office Holders are expected to stand aside when the continuation of their appointment has or may bring the good reputation of the ASA into disrepute. If, however, the Office Holder is unwilling to voluntarily stand down the Board of Directors may take action for the benefit of the ASA.

The Board may, at its discretion, take action when an Office Holder:

- Knowingly and deliberately fails to comply with the ASA Constitution, Company Objects, Bylaws or legally approved Board Determinations
- Fails to effectively perform the duties of his or her office
- Abuses the rights and privileges of his or her office
- Is charged and/or convicted of a serious offence
- Is subject to a complaint or charge of a serious nature by a relevant medical board, medical tribunal, registration authority or similar legal body to the extent that the Board considers it inappropriate to continue in their role
- Acts in an unprofessional or unbecoming manner such that it is prejudicial, adverse or damaging to the good reputation of the ASA
- Acts contrary to the interests and culture of the ASA
- Who is a member of the Board, becomes prohibited as a director of a company by reason of any order made under a law of a state, territory or the Commonwealth of Australia

The Board's action to suspend or terminate an appointment is to be consistent with the ASA Constitution. This Bylaw is not to be read so as to vary, revoke, or dilute the intention of the ASA Constitution.

Suspension or termination of the appointment of the Chief Executive Officer of the ASA is addressed in Clause 6.1.7 of the ASA Constitution.

7.11.2 Procedure

When the Board becomes aware that an Office Holder may have acted or taken action resulting in his or her appointment becoming subject to this Bylaw, the President will request a summary of the circumstances to be prepared by the Chief Executive Officer. The summary will be referred to all members of the Board by the most direct means after the President has reviewed it.

Should the President be the point of concern in such a matter then the Immediate Past President will be required to act in such circumstances. Should the Immediate Past President be unable to act on the matter then the Vice President becomes the point of contact.

A "warning letter" may be issued to the Office Holder containing such terms as the Board may decide. This Letter may invite the Office Holder to demonstrate why he or he should not be suspended or terminated from his or her appointments.

Irrespective of a "warning letter" being issued, and a response received, the President may invite the Directors of the Board to consider a motion to suspend or terminate the appointment of the Office Holder. For such a motion to be successful the Directors of the Board will be given at least 14 days notice of the meeting (which may be a teleconference) and at that meeting a vote of not less than 75% of the Directors present must support the motion.

If the Board determines the Office Holder is to be suspended or terminated from his or her appointment this will be conveyed in writing as soon as practical after the Board's determination. This letter will include the duration of the suspension and guidelines for an appeals process. The Board's determination becomes effective immediately and is not stayed pending the outcome of any appeal.

7.11.3 Appeal process

An Office Holder who has his or her appointment suspended or terminated may appeal against the Board's decision. An appeal must be made in writing within 14 days of being advised of the Board's decision and provide the Board with:

- A synopsis of the reason for appealing
 - Relevant conduct and practice of the applicant since the events that led to the suspension or termination of appointment
 - Mitigating circumstances that the applicant requests the Board should consider
 - Any relevant evidence of punishment imposed by any Court or other regulatory body on the applicant in relation to the events that led to his or her suspension or termination of appointments
-
- If applicable, evidence of remorse, contrition and acceptance of responsibility for the event or matter leading to the suspension or termination of appointment
 - Any other information the applicant considers relevant

On receipt of the appeal the President will direct an Appeals Committee to consider the appeal. The Appeals Committee will be constituted, and follow the same practices, as specified in Clauses 6.9.5 to 6.9.8 of the ASA Constitution.

The Appeals Committee may make any relevant finding. The decision, including the grounds upon which the application has been rejected or accepted, will be notified to the Chief Executive Officer and the applicant within five working days of it being made. The decision of the Appeals Committee is final.

7.12 Complimentary NSC registration for Past Presidents of the ASA

On 25 February 2005 the ASA Board recognised the contribution made by the ASA's Presidents by approving complimentary registration for Past Presidents for future NSC's.

A Past President is a member of the ASA who has been elected at an AGM of the ASA, and has served as Chair of the ASA Board and is serving, or has served, as the Immediate Past President.

Complimentary registration covers the cost of the registration for the NSC as advertised by the NSC website/brochure. Less than the full registration period may be requested by a Past President. Complimentary registration does not extend to travel, accommodation, or social activities (unless the social activities are specified as part of the registration fee). The complimentary registration does not extend to partners nor is it transferable.

Complimentary registration for Past Presidents is administered through the NSCOC and PCO.

The ASA Head office will meet the cost of the complimentary registration. The Chief Executive Officer is to include an allowance for this registration when preparing the ASA Budget each year.

7.13 Officer Bearers Communicating with the Media

As the ASA is a national organisation there will be media issues arise that are of both local and national interest. Local issues may rapidly become national issues if they are sensational, emotive, or current. The objective of this Bylaw is to optimise media opportunities for the benefit of the ASA.

While all ASA Office Bearers may speak to the media on issues relevant to their portfolio or appointment as an ASA representative, it is prudent that they clarify the current ASA position on the particular issue. This implies that, whenever possible, they contact the Chief Executive Officer or Media Officer at ASA Head Office or President prior to communicating with the media. If this is not practical they should advise ASA Head Office as soon after the interview as possible of the essence of the interview. This will ensure a consistent and appropriate position is established for the ASA.

NSC Conveners may use media releases to generate public and medical interest in the NSC and the papers being presented. These media releases should be prepared in conjunction with the Media Officer and indicate embargo dates and times if this constraint is required.

Office Bearers are not required to respond to media requests for interviews if they feel unable to provide an appropriate response. They should advise the ASA Media Officer at ASA Office accordingly and a decision to provide an alternative spokesperson or to decline the interview will be made.

If an Office Bearer is approached for a media comment they should establish the reason for the interview before committing themselves or the ASA to the interview.

The ASA may issue media releases which will usually be prepared by the Media Officer and approved by the President or his/her representative.

7.14 Distribution of Board of Directors' Meeting Minutes

Draft Board Minutes are distributed to the Board of Directors as soon as practical after the Board Meeting. They are subsequently presented to the next Board meeting for formal approval.

Distribution of Council Meeting Minutes.

Draft Council meeting minutes are distributed to the Board of Directors as soon as

practical after the Council meeting have approved them as draft. They are subsequently presented to the next Council meeting for formal approval.

After formal approval the Minutes become the official record of the Board of Directors. Board Minutes are to contain a caveat in the footer that states; 'These Minutes are the confidential material of the Australian Society of Anaesthetists and are not to be further distributed, published or broadcast without the express permission of the Company Secretary'.

7.15 Budget Process and Integrity

7.15.1 Introduction

Accountability for the development and management of the ASA budget process lies with the chair of the various ASA committees and ASA officers who are the cost centre managers. The budget is constructed using the previous years actuals. Recurring expenditure and initiatives are identified and explained by the account holder. Once the budget is approved the the cost centre manager is responsible to ensure that the funds are expended in accordance with the original intention.

The following guidance applies to cost centre managers.

7.15.2 Budget Process

- Finance Manager prepares and circulates the Budget timetable to all cost centre managers
- Committee Chair draft their budgets (they receive last year's budget and expenditure to date; they are also to liaise with the ASA Head Office departmental managers as part of this process)
- Draft budgets are vetted by the Chief Executive Officer for consistency
- Consolidated Budget is discussed by the ARFC and recommendations on subscriptions, salaries, honoraria and fees are agreed
- Budget is presented by the Treasurer to the Board with recommendations at the May meeting of the Board.

7.15.3 Principles for Budget Preparation

The overriding requirement is to achieve budgetary integrity. The guiding principles are:

- Transparency - should be clear what is being requested and why it is being requested. This is to enable Board members who may be new or not be aware of sufficient corporate history to make an informed decision
- Accuracy – the process by which the costing was estimated should be explained
- Certainty – there should be a high degree of certainty that the projects for which funds are requested will be carried out during the period of the budget

7.15.4 Contingency and Overspending of Budget

Committees will not have a 'contingency' fund. However, the President, Treasurer, and the Chief Executive Officer can approve requests for out of budget items.

Funds can only be spent on budgeted items. Committee chairs may request moneys budgeted for one project to be transferred to another unbudgeted or under-budgeted project.

7.16 Bank Accounts with Financial Institutions

The ASA has a separate Investment Policy which governs its approach to funds under management.

The ASA may open and close accounts in accordance with Clause 11.1 of the Constitution. For the purposes of the Bylaw, accounts are divided into two classes: Investment Accounts and Operating Accounts. Operating Accounts are those accounts

required for normal (usually daily) financial operations of the Society to occur. As a general rule, they are 'at call' or can be accessed within 48 hours. Investment Accounts are accounts for holding a portion of the Society's funds surplus to everyday needs, which are not held under management by an external advisor, usually in the form of cash investments in term deposits or similar, for periods of three or more months.

The Board approves the Society's Investment Strategy from time to time. The Investment strategy provides guidance on the proportion of surplus or investment funds to be invested in cash.

The Federal Treasurer is delegated standing authority by this Bylaw to authorise the opening of all accounts. They will provide written (email is adequate) authority to the Finance Manager to apply to open an account. The minimum number of signatories on the account will be three including the Federal Treasurer (Director), another Director, Chief Executive Officer (Company Secretary), and Finance Manager. The Finance Manager is to provide to the Federal Treasurer full details of the account including Institution, BSB number, Account number and type of account (whether Operational or Investment) within 24 hours of its being opened (email is adequate).

Two signatories are required for all transactions on an Operating Account. They must be either the Federal Treasurer or the Chief Executive Officer and one other signatory. In the absence of the Chief Executive Officer, and when approved in writing by the Chief Executive Officer, the Finance Manager and one other signatory may approve transactions.

Similarly, two signatories are required for all transactions on an Investment Account. The Federal Treasurer may approve the Chief Executive Officer in writing (email is adequate) to co- authorise a transaction within an Investment Account; The Federal Treasurer is authorised to direct the deposit of funds into Investment Accounts in writing (email is adequate). The Federal Treasurer is also to authorise the withdrawal of funds from Investment accounts in writing (email is adequate).

The Finance Manager is to be provided to Directors, with the management accounts each month, a report noting.

- a) Funds invested by institution, value, interest rate, and maturity date.
- b) Details of any Bank Account opened or closed during the period.

8 GENERAL ADMINISTRATION

8.1 Pacific Island Visitor

8.1.1 Selection

The Overseas Development and Education Committee (ODEC) will make a recommendation to the June Board meeting each year of a suitable Pacific Island anaesthetist to be the Pacific Island Visitor for that year. The ASA Board needs to confirm or otherwise the recommendation. The ASA will be responsible for inviting the Pacific Island Visitor in writing and informing them of the terms of appointment.

8.1.2 Terms of the Appointment

The Pacific Island Visitor is required to attend the NSC and expected to make a contribution to the scientific programme. Whilst in the country an attachment may be organised by the ODEC for the Pacific Island Visitor to a hospital preferably in the same city as the venue for the NSC.

8.1.3 Funding

The ASA will be responsible for:

- Return airfares between the home of the Pacific Island Visitor and the venue of the NSC at economy rates
- Complimentary registration at the NSC
- Accommodation during the NSC
- A daily living allowance as determined by the ODEC Chair including GST for the duration of the NSC
- ASA will cover ancillary costs such as visas and taxis to/from airport to accommodation

The ASA will consider funding an anaesthetist to act as a locum to allow the Pacific Island Visitor to attend the NSC. The ASA will not be responsible for funding the hospital attachment. The ASA may seek funding from the HCI to support the visit or the Pacific Island Visitor.

8.1.4 Organisation

The ASA Secretariat through the ODEC and the NSCOC is responsible for the organisation of the visit of the Pacific Island Visitor. A liaison person should be appointed by the ASA to look after the Pacific Island Visitor during their visit.

8.2 Honoraria

8.2.1 Background

Honoraria are token payments in recognition of the significant time and effort undertaken by members of the ASA on behalf of the ASA. Honoraria are not intended to reimburse members for loss of earnings but they are recognised as income in the sense they are payment for services without a contract. Payments are taxable as income. No superannuation liability exists with the payment of an honorarium. If members are registered for GST their honorarium is paid inclusive of GST.

8.2.2 Honoraria process

Honoraria recipients will receive their honorarium payment prorated four times a year in retrospect of the previous quarter. If a member starts or ceases their appointment in a quarter they will be paid a pro rata value for the quarter based on the number of days they held the appointment in the quarter. Payments will be made by the last day of each quarter by the

Financial Manager. Members are required to complete an acknowledgement of the honorarium with each payment

The consideration of the Honorarium may be reviewed throughout the year and reduced or terminated by the Board at the Board's absolute discretion.

8.2.3 Review Process

Each year in May the Honoraria rate is reviewed by the Audit, Remuneration, and Finance Committee as part of the annual budget approval process. The rate is subsequently incorporated into the budget and recipients receive revised rates, as applicable from the September quarter, three months in arrears.

8.3 ASA Benevolent Fund

The ASA Benevolent Fund exists for the purpose of assisting anaesthetists, their families and dependents or any other person the ASA feels is in dire necessitous circumstances during a time of serious personal hardship.

9. FORMS

9.1 Appointment of Alternative Director

I, the undersigned, a Director of the Australian Society of Anaesthetists Limited ABN 16

095 377 370, exercise the power given to me by the Articles of Association of that company and appoint [insert name] of [insert address] to act as Alternate Director for me. This appointment takes effect *immediately/*on [insert date] and extends until *[insert date]
/ * revoked by me.

The appointed Alternate Director is authorised to attend *all meetings during that period/* the meetings of the Board to be held on [insert date] and to attend *all of that/those meetings/
*the part(s) of that/those meeting(s) addressing the question (s) of [insert].

Notice of meeting of the Board of Directors (the Board) *is/*is not to be given to the person appointed by this notice.

Circulating resolutions *are/*are not to be sent to the person appointed by this notice.

.....
..... (Signature)

Dated this day of20.....

.....
. (Name IN BLOCK CAPITALS)

9.2 Proxy Form

To: The Chief Executive Officer
Australian Society of Anaesthetists Limited ABN 16095377370

I,
of
being an Ordinary Member of the Australian Society of Anaesthetists Limited ABN
16095377370
hereby appoint
of
or failing that person,
of
as my Proxy to vote for me and on my behalf at the Annual */Extraordinary General Meeting*
I direct that my proxy vote shall be as follows

.....
(Signature)

Dated this day of20.....

*Strike out whichever is not applicable.

10. APPENDICES

10.1 Guidelines for Sponsorship of Speakers

The ANZCA, ASA, and NZSA have a mutually-agreed policy regarding sponsorship of speakers at their major and regional meetings.

All speakers who accept sponsorship (from the meeting, the organisation, or the HCI) must disclose this sponsorship in all printed material related to the meeting and at the beginning of their presentation. **This applies particularly to speakers accepting sponsorship from the Health Care Industry.**

The sponsorship policy for Fellows and members is as follows:

At the major annual meetings, Fellows and members who are invited to speak on the program will not be sponsored from the meeting budget, by the organisation or by the HCI with the exception of:

A small number of suitably-qualified Fellows or members who are invited to be keynote speakers at the meeting and may be sponsored by the meeting budget, the organisation or by HCI. Generally, keynote speakers should be chosen by the organisers and then suitable HCI sponsorship should be sought.

Keynote speakers offered by the HCI will be accepted at the discretion of the organising committee in consultation with the ASM Officer, NSC Officer, or NZSA Education Officer, keeping in mind the balance of the meeting and the potential for conflicts of interest.

10.1.1 Regional meetings

At regional meetings, local Fellows and members who are invited to speak on the program will not be sponsored with the exception of a small number of suitably-qualified Fellows or members from other regions who are invited to be keynote speakers.

10.1.2 SIG meetings

At SIG meetings, Fellows and members who are invited to speak on the program will not be sponsored with the exception of a small number of suitably-qualified Fellows or members from outside the SIG who are invited to be keynote speakers at the meeting.

10.1.3 Industry sponsored sessions

The policy for industry-sponsored sessions (such as “breakfast sessions”) is that these sessions must be conducted in accordance with the Medicines Australia Code of Conduct or New Zealand equivalent.

Fellows or members who are invited to speak at these sessions must:

- Discuss their involvement with the meeting organisers to ensure against conflicts of interest.
- Disclose at the session any sponsorship that arises from their participation in the session.

10.1.4 Material

In relation to promotional or educational material (such as CDs or printed material) which arise from an HCI-sponsored session in the main program of meetings permission to publish any material arising from a presentation must be sought from the organisation (ANZCA or the ASA), as well as from the sponsored speaker.

10.2 Suggested Proforma for Adjudication of Prizes

Australian Society of Anaesthetists

Name of Award
Reviewer's Rating Form

APPLICANT/S	SCIENTIFIC PROJECT TITLE	ELIGIBLE FOR
To be filled in to send to adjudicator	To be filled in to send to adjudicator	To be filled in to send to adjudicator

Please circle one appropriate rating for each category.

Rating Descriptors	Content				Presentation	
	Structure	Originality	Scientific Merit	Clinical Relevance	Clarity	Time Ability to answer questions
Outstanding	7	7	7	7	7	7
Excellent	6	6	6	6	6	6
Very Good	5	5	5	5	5	5
Good	4	4	4	4	4	4
Fair	3	3	3	3	3	3
Marginal	2	2	2	2	2	2
Poor	1	1	1	1	1	1

Comments

Reviewers Name:

Total Score:

Adapted from the ANZCA Reviewer Rating Form with permission.