



ANZCA
FPM

December 2024

Attention: RACGP and ACRRM rural generalist anaesthetists

Expressions of Interest (EOI) are open for representation from South Australian-based Rural Generalist Anaesthetists (RGAs) to be co-opted as a member to the [ANZCA SA/NT Regional Committee](#), an elected body that acts as a conduit between fellows and trainees in the SA/NT regions and the ANZCA Council to which it reports.

We would welcome collaboration and input from an enthusiastic RGA on this committee for the period February 2025 – April 2026. The committee meets 4 times per annum both face-to-face and in hybrid format (via Zoom) for approximately 60-90 mins at the SA/NT ANZCA office at Sando House, 168 Ward St, North Adelaide.

Meeting dates are listed below, noting that the last meeting for the year is held an hour earlier on a Wednesday and followed by a dinner.

- 7pm – Tuesday 18 February 2025
- 7pm – Tuesday 3 June
- 7pm – Tuesday 26 August
- 6pm – Wednesday 19 November, followed by committee dinner

Please find attached the Regional Committee Terms of Reference and [click here](#) for Regulation 3 which provide a broad outline of the purpose, role, requirements and structure of the committee. If you would like further information, please feel free to contact the SA/NT ANZCA office either via email sa@anzca.edu.au or on 8239 2822 and we can put you in touch with the current chair of the SA/NT committee (Dr Nicholas Harrington).

Please send your EOI along with a copy of your CV and a brief description of why you would like to undertake this role by no later than **Friday, 24 January 2025** to sa@anzca.edu.au

Applications will be reviewed by the ANZCA SA/NT Regional Committee Chair and the successful applicant will be guided through the committee member onboarding process in the new year. This will include arranging access to the ANZCA network (if required), completion of a register of disclosed interests and confidentiality agreement.



ANZCA Australian Regional Committees

Terms of Reference

1. Purpose

The Australian regional committees are elected bodies that act as a conduit between Fellows and trainees in the regions and the ANZCA Council (the governance body of the College) to which they report. They assist in implementing College policy in their regions, advise the ANZCA Council on issues of interest to the College and its Fellows and trainees in the regions, represent the College and promote the specialty in the regions, develop and maintain relationships with key regional stakeholders, and have a role in training, continuing medical education and other professional activities at a regional level. See also ANZCA regulation 3 – ‘*Regional and National committees of the college*’.

2. Terms of reference

2.1 Each regional committee’s role is to:

Internally

- 2.1.1 Provide advice and regular reports to ANZCA Council on: matters within the region that concern the interests of the College, its Fellows and trainees, draft policy (for example, professional documents, regulations) and carry out other tasks that may be delegated to the committee by the ANZCA Council.
- 2.1.2 Provide advice to the Education Executive Management Committee (EEMC) via the education officer on: appointments and reappointments to supervisory roles and issues relating to curriculum implementation.
- 2.1.3 In accordance with regulations 3 and 37 and the ANZCA Handbook for Training and Accreditation:
 - 2.1.3.1 As required, nominate individuals for appointment as education officers and deputy education officers to the EEMC for appointment.
 - 2.1.3.2 As required, nominate individuals for appointment as scholar role supervisors to the EEMC for appointment.
 - 2.1.3.3 Contribute to training site accreditation including: nominate an accreditation officer to participate as a member of the Training Accreditation Committee (TAC) and act as a liaison between the TAC and the region, approve and regularly review accredited rotations, participate in inspections and provide advice to the Training Accreditation Committee about training site or other changes that might impact on training accreditation.

- 2.1.4 Provide advice to the ASM and Events Planning Committee on: the conduct of the College's annual scientific meeting (ASM) (including nomination of the ASM convenor, scientific convenor and regional organising committee members), as relevant; nomination of representatives to attend the new Fellows conference; and other matters referred to the committee by the ASM and Events Planning Committee.
- 2.1.5 Provide advice to the Professional Affairs Advisory Committee (PAEC) on: workforce issues and consultation on a policy.
- 2.1.6 Provide advice to the Specialist International Medical Graduate (SIMG) Committee on: nomination of local assessors for workplace-based assessment (SIMG-WBA) and region-specific issues (regulation 23).
- 2.1.7 Convene regional continuing medical education activities for Fellows (at least one per year) and training courses for trainees, often in collaboration with other bodies.
- 2.1.8 Refer matters to the relevant regional trainee committee for consideration (regulation 16).
- 2.1.9 Where the region has no established mortality committee, nominate a representative to the ANZCA Mortality Subcommittee (regulation 2).

Externally

- 2.1.10 Provide advice to jurisdictions on: nominations to credentialing committees (professional document PS02); and nominations to appointments committees for senior staff in anaesthesia (professional document PS44).
- 2.1.11 Approve ANZCA representative(s) on hospital trainee selection committees (refer to [ANZCA Handbook for Training and Accreditation](#))
- 2.1.12 Provide advice to jurisdictions on: nominations to credentialing committees (professional document PS02); and nominations to appointments committees for senior staff in anaesthesia (professional document PS44).
- 2.1.13 Nominate Fellows as ANZCA representatives on external regional bodies.
- 2.1.14 Nominate Fellows for provision of medico-legal advice (for example, coroner's court, private counsel).
- 2.1.15 Foster relationships with key stakeholders and provide advice to government and non-government agencies on relevant matters such as workforce planning, in collaboration with the ANZCA head office.
- 2.1.16 Promote the roles of the College, specialist anaesthetists and specialist pain medicine physicians in the region to agencies and individuals.

All activities are undertaken in accordance with ANZCA policy and in compliance with relevant statutory and regulatory requirements.

MATTERS THAT ARE NOT THE ROLE OF THE REGIONAL COMMITTEES

2.2 The roles of each regional committee do NOT include:

- 2.2.1 Appointment of members (this is by election, see regulation 3).

- 2.2.2 Matters relating to industrial issues such as remuneration of Fellows and trainees.
- 2.2.3 Trainee employment (which is the role of the jurisdictions).
- 2.2.4 Changing ANZCA policy.
- 2.2.5 Making specific commitments in political negotiations without first obtaining permission from ANZCA Council.
- 2.2.6 Those issues dealt with by the Medical Board of Australia (MBA/AHPRA).

DELEGATIONS

2.3 The following are delegated roles from the ANZCA Council:

- 2.3.1 Budgeted activities.
- 2.3.2 Election of regional committee office bearers.
- 2.3.3 Organisation and delivery of continuing medical education meetings and regional educational programs for trainees.
- 2.3.4 Nominations to training accreditation inspection teams including regional committee teams.
- 2.3.5 Approval of formal projects (via the formal project officer) for relevant trainees, as specified in regulation 37.
- 2.3.6 Appointments of representatives to external bodies (for example, credentialing committees, hospital appointment committees for senior staff in anaesthesia, the committees of other organisation, such as the Australian Society of Anaesthetists, state/territory committees, jurisdictional bodies).

MATTERS THAT REQUIRE ANZCA COUNCIL APPROVAL

2.4 The following require approval of the ANZCA Council:

- 2.4.1 Unbudgeted expenses (these require approval of the chief executive officer within delegation or else the ANZCA Council).
- 2.4.2 Changes to ANZCA policy.
- 2.4.3 Reports and responses to issues that may have broader ramifications (for example, workforce, alternative providers).
- 2.4.4 Competence issues where significant risks may result.
- 2.4.5 Responses to standards of practice or hospital resourcing that could detrimentally affect the College and its training program.
- 2.4.6 Engagement in activities with external organisations that have major (unbudgeted) financial or other risk implications.
- 2.4.7 Activities that are of high risk to the College, especially those that are outside core business or where there are wider ramifications for the College and its reputation.

IMPORTANT GROUPS FOR COORDINATION/COMMUNICATION

2.5 The important groups/roles for coordination/communication for each regional committee are:

Internally

- 2.5.1 ANZCA Council (governance) including the President, Vice President and councillors resident in the region who are ex officio members of the regional committee.
 - 2.5.2 Regional office staff.
 - 2.5.3 The ANZCA CEO who attends regular meetings with the chairs.
 - 2.5.4 The ANZCA policy and communications units, for issues such as workforce and other policy matters, and dealing with the media.
 - 2.5.5 The regional education subcommittee (comprising the education officer who is the chair, the regional committee chair and the supervisors of training in the region).
 - 2.5.6 The regional trainee committee.
 - 2.5.7 Education Executive Management Committee (EEMC) (through the education officer).
 - 2.5.8 Supervisors of training, rotational supervisors and those who hold formal supervisor or tutor roles in the region.
 - 2.5.9 Organisers of examination and other courses for trainees.
 - 2.5.10 The Training Accreditation Committee (for advice and information gathering).
 - 2.5.11 The Specialist International Medical Graduate (SIMG) Committee.
 - 2.5.12 The Safety and Quality Committee (through the safety and quality officer).
 - 2.5.13 The regional continuing medical education (CME) committee (through the CME officer).
 - 2.5.14 Fellows and trainees in the region.
 - 2.5.15 The Faculty of Pain Medicine regional committee or representative, where relevant.
 - 2.5.16 Australian and New Zealand Tripartite Anaesthetic Data Committee (ANZTADC).
 - 2.5.17 The ANZCA Communications Unit (for advice in relation to media requests for statements, particularly about controversial issues).
- Externally
- 2.5.18 Heads of department/directors of anaesthesia of ANZCA accredited training facilities in the region.
 - 2.5.19 Regional jurisdictional authorities (for example, health department).
 - 2.5.20 The Australian Society of Anaesthetists regional committee.
 - 2.5.21 Simulation centres.

3. Membership

- 3.1 The membership of each regional committee is defined in regulation 3. The body of elected members should demonstrate:
 - 3.1.1 Willingness to contribute to college-related matters at a regional level.

- 3.1.2 Knowledge of regional education and training issues.
- 3.1.3 Broad representation, for example, different hospitals; rural and regional as well as metropolitan practice locations; new as well as more experienced Fellows.
- 3.1.4 Understanding of and willingness to abide by ANZCA policies (including but not limited to regulations, professional documents, privacy, conflict of interest, travel policies).

4. Meetings

- 4.1 Each regional committee will meet at least three and up to a maximum of six times face-to-face per year with members attending by teleconference or other distance means as required and budgeted. An annual general meeting will be held each year with a report forwarded to the ANZCA Council.
- 4.2 A quorum for a meeting will be a majority of the voting members, noting that in committees with an even number of voting members, this is half plus one. If at any time the number of members is fewer than a quorum, the XX Committee may meet only for discussion purposes.
- 4.3 Questions arising at a meeting of a regional committee (either in person, by teleconference or webinar) are decided by a majority of votes of voting members present and voting, with abstentions not being counted in the total number of votes. The chair has a casting vote in addition to a deliberative vote where there is an equality of votes.
- 4.4 For an electronic vote, questions are decided in the affirmative if at least 75 per cent of all voting members (other than any member on a leave of absence or any member abstaining in writing) vote in favour.
- 4.5 The discussions of each regional committee are confidential to its members. Conflicts of interests will be managed in accordance with the ANZCA conflict of interest policy.
- 4.6 The members of each Australian regional committee will undertake their work in accordance with relevant ANZCA policies. Bullying, discrimination and harassment will be managed, as relevant, in accordance with the “ANZCA Policy on Bullying, Discrimination and Harassment for Fellows and trainees Acting on behalf of the College or undertaking College functions” (available at www.anzca.edu.au/resources/corporate-policies), and staff policies (available by contacting the CEO at ceo@anzca.edu.au).

5. Reporting

- 5.1 Meetings will be minuted with the minutes being forwarded to the ANZCA CEO for tabling at the meetings of the president, vice president and CEO with the regional and national committee chairs. Decisions made electronically will be recorded in the minutes of the next regional committee meeting.

Each regional committee receives reports from:

5.1.1 *Internally*: the ANZCA Council (by teleconference meetings with the president and written reports); regional committee office bearers; the regional coordinator; the regional education subcommittee; the regional trainee committee; the continuing medical education officer.

5.1.2 *Externally*: at its discretion (for example, Faculty of Pain Medicine regional committee/representative, regional mortality committee, Australian Society of Anaesthetists, Australian Medical Association); regular reports should be requested from regional committee nominated representatives to external bodies.

The chair of one of the regional committees attends each ANZCA Council meeting on a rotational basis and provides a written report.

6. Administrative Support

6.1 Administrative support for each regional committee will be from the staff in the relevant regional office.

7. Financial reporting and planning

7.1 : Each ANZCA committee and sub-committee will have 'financial report' as a standing agenda item and will receive regular financial reports from the relevant staff member.

7.2 The roles of the subcommittee include to:

7.2.1 develop an annual activity plan and report.

7.2.2 support ANZCA management in decision making, in order to ensure the best possible financial outcome.

7.3 The roles of the committee do not include the day-to-day financial management of the College (which is the role of ANZCA management).

Version control

Version	Author	Reviewed by	Approved by	Changes
1	Regional committee chairs, Roberts	Regional and national committee chairs, Leslie, CEO	Council Nov2011	Creation
1 (amended)	L Sorrell	Executive	Council Feb2012	Addition of financial reporting and planning
2	L Roberts	Regional and national committee chairs, CEO	Council Nov2012	Refinement of purpose and roles in alignment with regulation 3

Version	Author	Reviewed by	Approved by	Changes
2 (amended)			Council - August 2013	Educational restructure, clarifying reporting lines
2 (amended)	L Roberts	Council	Council February 2014	An amendment to standard wording for ANZCA policies
3	L Roberts	Regional chairs, CEO, VP, Executive	Council – April 2014	Add workforce, CEO, policy & communications units. Include accreditation officer. Minutes to CEO and meetings with chairs.
3 (amended)		Regional chairs, President, CEO, VP	May 2015	To bring the ToR into line with the changes in the college's committee structure
3 (amended)		ETAEC Oct 2017	Council Nov 2017	Education committee review - change in name for ETAEC to EEMC and ETADC to EDEC. ETAMC has been disbanded.

Next review: Month 2019