



**Manual for SIG Executives  
and  
Combined Regional/National CME Committees**

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## Abbreviations and Definitions

ACECC	Anaesthesia Continuing Education Co-ordinating Committee
AGM	Annual General Meeting
ANZCA	Australian and New Zealand College of Anaesthetists
ASA	Australian Society of Anaesthetists
ASM	Annual Scientific Meeting (ANZCA and NZAEC)
CME	Continuing Medical Education “Activities that provide educational opportunities”
CPD	Continuing Professional Development “Recording of activities to demonstrate compliance”
Ex-officio	“By virtue of office” (i.e. not a personal appointment)
FAC	Fellowship Affairs Committee (ANZCA)
FPM	Faculty of Pain Medicine (ANZCA)
NSC	National Scientific Congress (ASA)
NZA	New Zealand Anaesthesia
NZAEC	New Zealand Anaesthesia Education Committee
NZNC	New Zealand National Committee (ANZCA)
NZSA	New Zealand Society of Anaesthetists
SIG	Special Interest Group

## Introduction to this Manual

Congratulations on your election to a SIG executive or combined regional/national CME committee!

Our SIGs and combined regional/national CME committees provide outstanding support and educational opportunities for anaesthetists in Australia and New Zealand, and this is largely due to your hard work. The three parent organisations, ANZCA, ASA and NZSA, thank you for your interest and hope that your involvement is fulfilling and enjoyable.

The main benefits of involvement in these committees are intangible. You are able to shape the future of the specialty in your territory, state or country, or in your sub-specialty area, through contributions to education and training, continuing professional development and standard setting, and provide CME opportunities and advocacy for your members. In addition, you are able to gain valuable experience in committee work and chairing. Finally, you are able to accrue CPD points for committee work that will comply with the CPD standard for anaesthetists in Australia and New Zealand.

The joint CME activities of ANZCA, the ASA and NZSA are overseen by their tripartite committee called ACECC. Further information on ACECC can be found in this manual.

This manual should be read in conjunction with the following documents, all of which are available on the ACECC website ([www.acecc.org.au](http://www.acecc.org.au)):

1. The ACECC Charter
2. The SIG Constitution
3. The SIG Meeting Guidelines
4. ANZCA/ASA/NZSA Financial Memorandum of Agreement

Resource documents for NZAEC are:

1. The NZAEC Terms of Reference
2. The NZA ASM Manual

Assistance to SIG executives and combined regional/national CME committees is available from:

1. The chair of ACECC
2. The staff of the parent secretariat provider
3. The chair of FAC (ANZCA) or the education officers of the ASA or NZSA
4. The presidents and CEOs of the three parent organisations

The parent organisations are identified in alphabetical order in this and other ACECC documents (i.e. ANZCA, ASA and NZSA). However, each body has an equal role in the governance of our shared CME activities, with surpluses/expenses split in agreed proportions based on membership. The three organisations are committed to supporting the ACECC and the SIGs, and through them providing high quality educational opportunities for our members.

This manual is revised and updated annually at an ACECC meeting, with input from members and staff of the three parent organisations as well as Members of ACECC.

# Anaesthesia Continuing Education Co-ordinating Committee

## Introduction

ACECC was established by ANZCA, the ASA and NZSA to promote and co-ordinate *joint* CME activities in anaesthesia and related disciplines in Australia and New Zealand. ACECC reports to the council/executive committees of its three parent organisations and is composed of ex-officio members from the three parent organisations, SIG executive chairs, combined regional/national CME committee chairs and an ACECC chair who is appointed by the presidents. ACECC is the overarching governance committee for the SIGs and for the combined regional/national CME activities of ANZCA, the ASA and NZSA.

The SIGs were established with the goal of bringing people with sub-specialty interests together under the umbrella of the three parent organisations, obviating the need for independent sub-specialist societies. The SIGs are governed by executives that are elected by the SIG membership. The SIG executives report through ACECC to the council/executive committees of the three organisations.

Combined CME events, between ANZCA regional committees and ASA state committees in Australia, and the NZNC and NZSA in New Zealand, have long been a feature of CME calendar in our region. In some Australian regions, there is a standing combined CME committee and in other regions, committees are formed to organise specific events. In New Zealand, joint CME activities (and some other joint activities) are overseen by the NZAEC, a joint standing committee of the NZNC and NZSA.

The ANZCA ASM, ASA NSC and other individual CME activities offered by the three parent organisations are not governed by ACECC, although the SIGs may be invited to organise sessions or workshops at these events.

## Roles

The ACECC Charter sets down the principles that guide the operations of ACECC. In brief, the roles of ACECC are to:

1. Convene ACECC business meetings at the ANZCA ASM, ASA NSC and at other times as required.
2. Receive reports from SIG executives and combined regional/national CME committees regarding their activities.
3. Maintain the ACECC website.
4. Promote, coordinate and assist SIG and combined regional/national CME committee events.
5. Maintain a mailing list for provision of information about joint CME events.

## Meetings

ACECC considers the following issues at its meetings:

1. ACECC issues
  - 1.1. ACECC charter
  - 1.2. ACECC website
  - 1.3. ACECC administration
  - 1.4. Reports from the three parent organisations
  - 1.5. This manual

## 2. SIG issues

### 2.1. SIG constitution

### 2.2. SIG meeting guidelines

### 2.3. Individual SIG reports

#### 2.3.1. Annual report

#### 2.3.2. Executive minutes

#### 2.3.3. Budgets (in advance for SIG support and for events)

#### 2.3.4. Post-event reports (containing narrative report and Standard Event Report [the agreed financial report])

#### 2.3.5. Annual financial reports

#### 2.3.6. Special project reports

## 3. Combined regional/national CME issues

### 3.1. Individual region reports

#### 3.1.1. Budgets (in advance for events)

#### 3.1.2. Post-event reports (containing narrative report and Standard Event Report [the agreed financial report])

## **Administration**

ACECC is supported by the three parent organisations (ANZCA, ASA and NZSA):

1. Administrative assistance to ACECC is provided by ANZCA
2. ACECC website support is provided by the ASA
3. Expenses of the ACECC chair are covered by ANZCA

All the costs of ACECC incurred as above are split in the ratio 50:40:10 between ANZCA, the ASA and the NZSA. The reconciliation for ACECC costs between the three organisations occurs annually in arrears.

# Special Interest Groups

## Governance

### Establishment

SIGs are established following the approval of each council/executive committee of ANZCA, the ASA and the NZSA. There are currently 17 SIGS:

1. Acute Pain
2. Airway Management
3. Anaesthesia and Critical Care in Unusual and Transport Environments (ACCUTE)
4. Anaesthetists in Management
5. Cardiothoracic, Vascular and Perfusion
6. Day Care Anaesthesia
7. Diving and Hyperbaric Medicine
8. History of Anaesthesia
9. Obstetric Anaesthesia
10. Medical Education
11. Neuroanaesthesia
12. Perioperative Medicine
13. Regional Anaesthesia
14. Rural
15. Simulation and Skills Training
16. Trauma
17. Welfare of Anaesthetists

Groups of Members of ANZCA, the ASA and NZSA wishing to establish a SIG must put together a rationale and business plan for presentation at the council/executives committee meetings of the parent organisations. The group will need to establish the need for the SIG and the level of interest amongst members of the parent organisations.

### Constitution

At inception, each SIG adopts the generic SIG constitution, as developed by the three parent organisations. The generic SIG constitution is revised regularly by ACECC. The key elements of the SIG Constitution are:

1. Membership of the SIG
2. Administration of the SIG
3. Annual general meetings of the SIG
4. Election and meetings of the SIG Executive
5. The roles of the chair of the SIG Executive
6. Financial management of the SIGs
7. Reporting requirements to ACECC
8. Guidelines for management of SIG educational events

## SIG Activities

### Range of Activities

All activities of the SIGs require approval from the parent organisations (ANZCA, ASA and NZSA), either through the budget process, through standing delegations or through separate approval of extraordinary items. The range of activities of SIGs includes but is not limited to:

1. Holding AGMs and SIG executive meetings.
2. Establishing subcommittees or working parties for special purposes.
3. Organising CME meetings and workshops
  - 3.1. A session at ANZCA ASM or ASA NSC each year
  - 3.2. Satellite meetings to ANZCA ASMs or ASA NSCs
  - 3.3. Free-standing meetings alone or in combination with other SIGs or other organisations.
4. Advising the parent organisations on matters of sub-specialty interest.
5. Developing guidelines, resource documents or other educational material for the benefit of SIG members and the profession at large.

### Organising CME Events

ACECC has published guidelines for organising committees of CME events and these guidelines must be followed by SIG Executives, organising committees and staff. These guidelines include:

1. Forming the organising committee
2. Topics, venue and timing
3. Publicity and promotion
4. Planning and organisation
5. Speakers
6. Health care industry
7. Financial management
8. Post-event reporting.

### Other Activities

SIG executives are welcome to propose new areas of activity that are relevant to their members. These activities must be approved in advance by ACECC. Such activities may include establishing a subcommittee or working party, developing guidelines or educational resources, or providing prizes for free papers, posters or other educational or research activity by SIG members.

In order to promote proper planning and protect against risk, proposals for new activities to SIG executives and ACECC must be accompanied by written proposals, terms of reference and business plans as applicable. These proposals need not be lengthy or complex: they simply need to state the objectives of the proposal, the support required, the draft budget, timelines for completion and proposed evaluation of outcomes. The parent secretariat staff and the chair of FAC (ANZCA) or education officers of the ASA or NZSA are available to assist SIG chairs with developing the necessary documents.

## The SIG Executive Chair

### Roles

The roles of the SIG Executive chairs are to:

1. Chair the SIG AGM and ordinary meetings of the SIG executive.
2. Establish the strategic plan of the SIG.
3. Lead the business of the SIG with the assistance of the SIG executive and staff.
4. Attend ACECC meetings with written reports to report on SIG activities.

### Procedures for New Chairs

The SIG executive chair is elected at the first meeting of the SIG executive following the SIG AGM. The total aggregate term of the chair will not exceed three years without the approval of ACECC.

Upon taking office, the chairs will receive a welcome letter from the ACECC chair as well as:

1. This manual
2. The ACECC charter
3. The SIG constitution
4. The SIG meeting guidelines
5. ANZCA/ASA/NZSA Financial Memorandum of Agreement.

New chairs are advised to seek the following on assumption of the chair:

1. A comprehensive handover from the outgoing chair.
2. Contact with the staff at the parent secretariat provider.
3. Contact with the convenors of upcoming SIG events (if not the outgoing chair).
4. The current strategic plan of the SIG.
5. Recent minutes and annual reports from the SIG.
6. The dates of upcoming SIG Executive and ACECC meetings.
7. The deadlines for development of annual SIG budgets.

### Establishing a Strategic Plan

The strategic plan of each SIG should be discussed at the first meeting of the SIG Executive held after the AGM. The strategic plan for the SIG need not be elaborate. The minimum activity level for a SIG is to:

1. Hold an AGM.
2. Prepare an annual report for the previous calendar year of the SIG activities for ACECC prior to the end of the second week in January that will be presented to the ACECC meeting held at the ANZCA ASM.
3. Prepare a written report for presentation to the ACECC meeting held at the ASA NSC dealing with SIG activity since the last ACECC meeting and future plans.

Otherwise, SIG executives may choose to:

1. Maintain the current level of activity in terms of meetings, CME events and special projects.
2. Increase the level of activity – add meetings, CME events and/or special projects.

3. Decrease the level of activity – discontinue meetings, CME events and/or special projects.

## Chairing SIG Executive Meetings and AGMs

### *Standard Meeting Procedures*

SIG executive meetings and AGMs are conducted according to standard meeting procedures, whether they are conducted as teleconferences or face-to-face meetings. AGMs are held once a year, at the ANZCA ASM, ASA NSC or a free-standing meeting of the SIG.

1. Welcome – introduction of members, observers and staff
2. Apologies
3. Approval of previous minutes
4. Business arising from previous minutes not covered elsewhere in the agenda
5. Business on notice (including approval of budgets and receipt of financial reports)
6. Other business
7. Close and date of next meeting.

### *Resolutions of Meetings*

SIG chairs are advised to require background papers and written recommendations for items that require the approval of the SIG Executive, ACECC or the council/executive committees of the three parent organisations. Here is an example of a recommendation:

#### **Recommendation**

- 1. That the Rural Special Interest Group establishes a working group to consider training of non-specialist anaesthetists in Australia.**
- 2. That the attached terms of reference for the working party are approved.**

The chair may move the recommendation “from the Chair” without a seconder, or the chair may seek a nominator (usually the author of the recommendation) and a seconder from among the members. The recommendation is then put to the vote (by a show of hands at a face-to-face meeting or on the voices at a teleconference). According to the SIG constitution, recommendations are approved by a majority of voting members present and voting. Resolutions will appear in the minutes as follows:

#### **Resolution**

from the Chair

- 1. That the Rural Special Interest Group establishes a working party to consider training of non-specialist anaesthetists in Australia.**
- 2. That the attached terms of reference for the working party are approved.**

Carried

### *Attending ACECC Meetings*

The SIG executive chairs or their nominees are required to attend, either in person or by telephone, and provide a written report to ACECC meetings held at the ANZCA ASM and ASA NSC, in order to report on SIG activities, provide feedback to the parent organisations and have input into SIG governance. The expenses of SIG executive chairs who attend these meetings in person will not be reimbursed. SIG executive chairs or their nominees are also required to attend any ACECC teleconferences or email polls that are convened.

## **SIG Administration**

### **Selection of a Parent Secretariat Provider**

Under the SIG Constitution, each SIG negotiates a secretarial link with one of the parent organisations. This link is confirmed in writing between the SIG and the parent secretariat provider and applies for a period of six years. The link is reviewed in the fifth year for consideration for extension for a further six year period.

### **Relationship between SIG Executive and Staff**

SIG executives and chairs often work closely with the staff of their parent secretariat provider and rely on these staff to assist them with SIG activities. Each staff member has a job description which includes details about how they will support the activities of the SIGs. However, it is important to remember that staff members do not report to the SIG executive or chairs, but to their own manager within the parent secretariat organisation. It is expected that communication between SIG executive members and staff will meet normal social standards of respectfulness. Staff members welcome feedback about positive aspects of their performance, but if a SIG executive member is concerned about the performance of a staff member, this is best raised with the staff member's manager or a member of the council/executive committee of the parent organisation concerned. This does not apply to minor things such as amendments to minutes that can be directly raised with the staff member.

### **Services of the Parent Secretariat Provider**

The parent secretariat provides the following services as required to the SIGs:

1. Administrative assistance to SIG executive and membership
  - 1.1. SIG executive meetings.
  - 1.2. SIG subcommittee and working party meetings.
  - 1.3. AGM.
  - 1.4. Elections.
  - 1.5. General administration.
  - 1.6. Budget development.
  - 1.7. Narrative and financial reports.
  - 1.8. SIG pages on ACECC and parent organisation websites.
  - 1.9. Management of correspondence to SIG executive and chair.
  - 1.10. Maintaining files and alerting chair to outstanding action.
2. Event management
  - 2.1. Meetings of organising committee
  - 2.2. Budget development
  - 2.3. Venue
  - 2.4. Advertising (taking note of the guidelines for ACECC branding on promotional material)
  - 2.5. Printing
  - 2.6. Registrations
  - 2.7. Assistance at the meeting
  - 2.8. Post-event reporting.

## SIG Finances

### Preparing the Annual SIG Budget

The annual SIG budget is a working document that outlines the plans of the SIG for the following year. It is important to note that, in line with the financial management practices of the three parent organisations, budgets must be prepared and approved in advance. Unbudgeted activity is strongly discouraged and, if it occurs, must be in accordance with the ANZCA/ASA/NZSA Memorandum of Agreement (see SIG delegations). The forecast financial outcome for the SIG will normally be influenced by how active the SIG is with respect to holding CME events. The SIG administrative staff and the finance departments of the parent secretariats are key resources for SIG executives when planning their annual budgets.

### Timelines

#### *SIGs hosted by ANZCA (calendar year budgeting)*

August	Planning by SIG executive and event convenors completed
September	Parent secretariat prepares budget based upon planned activities
October	SIG budgets included in ANZCA annual budget
November	Budget approved by ANZCA council
Dec/Jan	Budgets circulated to ASA and NZSA for approval

#### *SIGs hosted by the ASA or the NZSA (financial year budgeting)*

March	Planning by SIG executive and event convenors completed
April	Parent secretariat prepares budget based upon planned activities
May	SIG budgets included in ASA/NZSA annual budget
June	Budget approved by ASA council/NZSA executive
June/July	Budgets circulated to ANZCA and ASA/NZSA for approval

### Staff expenses

The rate of recovery for staff expenses has been agreed between ANZCA, the ASA and the NZSA and these rates will be used to budget the support time required. It is important to note that the staff time required for SIG support and for CME event support are budgeted separately.

### Administrative support

The SIG executive should attempt to predict all meetings of the SIG and its subcommittees and working parties, and any activity such as the development of guidelines or resource documents, or surveys of the SIG membership. As this aspect of SIG activity usually has no income, it is necessarily budgeted for a deficit.

### Event budgeting

Budgets for CME events must forecast a 10% surplus and must include all income and expenses including staff expenses at the parent secretariat. Site visits by the staff or event convenors are rarely necessary, but if they are deemed to be required, they must be included in the event budget.

## **Financial Reporting and Reconciliation**

Financial reports known as standard event reports (SERs) comparing actual performance to budget are prepared by the finance department of the parent secretariat and are included as an appendix to the post event report. The post event reports are presented no later than 30 days before each ACECC meeting. Surpluses (deficits) are distributed (invoiced) annually with transfers no later than 1 March in arrears. All the costs of the SIGs are split in the ratio 50:40:10 between ANZCA, the ASA and the NZSA.

## **SIG Delegations**

### **Unbudgeted Expenditure**

There is no delegation of unbudgeted expenditure to SIGs. All unbudgeted expenditure by a SIG member, the SIG executive or staff on behalf of the SIG must have the prior approval of the parent secretariat provider, in accordance with the ANZCA/ASA/NZSA financial Memorandum of Agreement.

### **Surveys**

Any survey that a SIG executive proposes to send to its members must be approved by the parent secretariat provider and that organisation's survey review process (if applicable). The parent secretariat provider reserves the right to request revision of the survey and to restrict circulation of the survey to a sub-set of the SIG membership. Surveys do not require the approval of all three parent organisations.

### **Other Activities**

SIG Executives should be guided by the SIG constitution, the chair of ACECC and the staff of the parent secretariat when determining whether an activity needs prior approval or not.

## Combined Regional CME in Australia

### Governance

Combined regional CME in Australia is overseen by standing committees in some Australian regions and by ad hoc event organising committees in others. These committees liaise closely with the regional/state/territory committees of ANZCA and the ASA, and well as providing event budgets and reports to ACECC. The committees and chairs are appointed by the regional/state/territory committees of the region.

### CME Activities

All combined regional CME activities require approval from the parent organisations (ANZCA and ASA), either through the budget process, through standing delegations or through separate approval of extraordinary items. The range of combined regional CME activities includes but is not limited to:

1. Holding combined regional CME committee or event organising committee meetings.
2. Establishing sub-committees or working parties for special projects.
3. Organising CME meetings and workshops.

ACECC has published guidelines for organising committees of CME events and these guidelines must be followed by combined regional CME committees, event organising committees and staff. These guidelines include:

1. Forming the organising committee (if applicable)
2. Topics, venue and timing
3. Publicity and promotion
4. Planning and organisation
5. Speakers
6. Health care industry
7. Financial management
8. Post-event reporting.

## Combined Regional CME Committee Chair

### Roles

The roles of the combined regional CME committee and event organising committee chairs are to:

1. Chair business meetings of the committee.
2. Establish a plan for combined CME activity in the region.
3. Lead the business of the committee with the assistance of the committee and staff.
4. Attend regional/state/territory committees of the ANZCA and ASA, and ACECC meetings, to report on combined regional CME activities.

### Procedures for New Chairs

Upon taking office, the chairs will receive a welcome letter from the ACECC chair as well as:

1. This manual
2. The meeting guidelines
3. ANZCA/ASA/NZSA financial Memorandum of Agreement.

New chairs are advised to seek the following on assumption of the chair:

1. A comprehensive handover from the outgoing chair.
2. Contact with the staff at the parent secretariat provider.
3. Contact with the convenors of upcoming CME events (if not the outgoing chair).
4. The current regional CME plan.
5. Recent minutes of the committee.
6. The dates of upcoming committee and ACECC meetings.
7. The deadlines for development of annual combined regional CME budgets.

### **Establishing a CME Plan**

The CME plan of each region should be discussed as the budget for the next year's activities is developed. The plan for the region need not be elaborate. The minimum activity level for a region is to:

1. Hold one combined regional CME event.
2. Provide written reports to the ACECC meetings held at the ANZCA ASM and ASA NSC.

Otherwise, committees may choose to:

1. Maintain the current number of CME events.
2. Increase the level of activity – add CME events.
3. Decrease the level of activity – discontinue CME events.

### **Chairing Combined Regional CME Committee Meetings**

#### ***Standard Meeting Procedures***

Combined regional CME committee meetings are conducted according to standard meeting procedures, whether they are conducted as teleconferences or face-to-face meetings:

1. Welcome – introduction of members, observers and staff
2. Apologies
3. Approval of previous minutes
4. Business arising from previous minutes not covered elsewhere in the agenda
5. Business on notice (including approval of budgets and receipt of financial reports)
6. Other business
7. Close and date of next meeting

#### ***Resolutions of Meetings***

Committee chairs are advised to require background papers and written recommendations for items that require the approval of the regional/state/territory committees of ANZCA and the ASA, ACECC or the council/executive committees of ANZCA and the ASA. Here is an example of a recommendation:

#### **Recommendation**

**That the Combined CME Committee offers a prize of \$500 for the best trainee presentation at the meeting.**

The chair may move the recommendation “from the Chair” without a seconder, or the chair may seek a nominator (usually the author of the recommendation) and a seconder from among the members. The recommendation is then put to the vote (by a show of hands at a face-to-face meeting or on the voices at a teleconference). According to standard meeting procedure, recommendations are approved by a majority of voting members present and voting. Resolutions will appear in the minutes as follows:

**Resolution** from the Chair

**That the Combined CME Committee offers a prize of \$500 for the best trainee presentation at the meeting.**

Carried

### *Attending ACECC Meetings*

The combined regional CME committee chairs or CME portfolio holders of the regional/state/territory committee of ANZCA or the ASA (in the absence of a standing combined regional CME committee) or their nominees are required to attend, either in person or by telephone, and provide a written report to ACECC meetings held at the ANZCA ASM and ASA NSC, in order to report on combined regional CME activities, provide feedback to the parent organisations and have input into combined regional CME governance. The expenses of combined regional CME chairs or representatives who attend these meetings in person will not be reimbursed. Combined regional CME chairs or their nominees are also required to attend any ACECC teleconferences or email polls that are convened.

## **Combined Regional CME Administration**

### **Administrative Assistance**

Administrative assistance to combined regional CME committees and support for events is provided by ANZCA, under an agreement between ANZCA and the ASA.

### **Relationship between Combined Regional CME Committees and Staff**

Combined regional CME committees, event organising committees and chairs often work closely with the staff and rely on these staff to assist them with organising CME activities. Each staff member has a job description which includes details about how they will support combined regional CME activities. However, it is important to remember that staff members do not report to the committees or chairs, but to their own manager within the organisation. It is expected that communication between committee members and staff will meet normal social standards of respectfulness. Staff members welcome feedback about positive aspects of their performance, but if a committee member is concerned about the performance of a staff member, this is best raised with the staff member’s manager, the chair of the regional/state/territory committee or a member of the council/executive committee of ANZCA or the ASA. This does not apply to minor things such as amendments to minutes that can be directly raised with the staff member.

## Services to Combined Regional CME Committees

The administrative assistant provides the following services as required to the combined regional CME committees and event organising committees:

1. Administrative assistance to committees
  - 1.1. Business meetings.
  - 1.2. General administration.
  - 1.3. Budget development.
  - 1.4. Narrative and financial reports.
  - 1.5. Combined CME pages on ACECC and parent organisation websites.
  - 1.6. Management of correspondence to SIG executive and chair.
  - 1.7. Maintaining files and alerting chair to outstanding action.
  
2. Event management
  - 2.1. Meetings of organising committee
  - 2.2. Budget development
  - 2.3. Venue
  - 2.4. Advertising (taking note of the guidelines for ACECC branding on promotional material)
  - 2.5. Printing
  - 2.6. Registrations
  - 2.7. Assistance at the meeting
  - 2.8. Post-event reporting.

## Combined Regional CME Finances

### Preparing the Annual Combined Regional CME Budget

The annual combined regional CME budget is a working document that outlines the plans of regional CME for the following year. It is important to note that, in line with the financial management practices of ANZCA and the ASA, budgets must be prepared and approved in advance. Unbudgeted activity is strongly discouraged and, if it occurs, must be in accordance with the ANZCA/ASA/NZSA Memorandum of Agreement (see combined regional CME delegations). The forecast financial outcome for combined regional CME activities will depend on how active the region is with respect to holding CME events. The administrative assistants and the Finance Department of the ANZCA are key resources for combined regional CME committees when planning their annual budgets.

### Timelines (ANZCA [calendar year budgeting])

August	Planning by committees and event convenors completed
September	Regional Manager prepares budget based upon planned combined CME activities
October	Budgets included in ANZCA annual budget
November	Budget approved by ANZCA council
Dec/Jan	Budgets circulated to ASA for approval

## **Staff expenses**

The rate of recovery for staff expenses has been agreed between ANZCA and the ASA and these rates will be used to budget the support time required. It is important to note that the staff time required for committee support and for CME event support are budgeted separately.

## **Administrative support**

Committees should attempt to predict all business meetings and any other activities (apart from event management) that require administrative support for the coming year.

## **Event budgeting**

Budgets for CME events must forecast a 10% surplus and must include all income and expenses including staff expenses Site visits by the staff or event convenors are rarely necessary, but if they are deemed to be required, they must be included in the event budget.

## **Financial Reporting**

Financial reports known as standard event reports (SERs) comparing actual performance to budget are prepared by the finance departments of the parent secretariat and are included as an appendix to the post event report. The post event reports are presented no later than 30 days before the May and October ACECC meetings. Surpluses (deficits) are distributed (invoiced) annually with transfers no later than 1 March in arrears. All the costs of the SIGs are split in the ratio 50:40:10 between ANZCA, the ASA and the NZSA.

## **Combined Regional CME Delegations**

### **Unbudgeted Expenditure**

There is no delegation of unbudgeted expenditure to SIGs. All unbudgeted expenditure by combined regional CME committee or staff on behalf of the committee must have prior approval of the parent secretariat provider (ANZCA).

## Combined National CME in New Zealand

### Governance

Combined national CME in New Zealand is overseen by a standing committee called the New Zealand Anaesthesia Education Committee (NZAEC). This committee liaises closely with the NZNC of ANZCA and the NZSA, and well as providing reports to the two ACECC meetings held each year, at the ANZCA ASM and the ASA NSC. The committee and chair are appointed by the NZNC and NZSA. The NZAEC is governed by Terms of Reference to which the NZNC and NZSA are signatories. These Terms of Reference includes a financial agreement.

### CME Activities

The NZAEC organises the following events:

1. New Zealand Anaesthesia ASM.
2. Other CME events for specialists and trainees in New Zealand.
3. Visiting lectureships.
4. BWT Ritchie scholarship.

### Committee and Chair

The NZAEC is comprised as follows:

1. Two nominees of the NZNC
2. Two nominees of the NZSA
3. The chair of the NZNC
4. The president of the NZSA.

The chair of NZAEC is elected by the NZNC and NZSA Executive from among the nominees.

## NZAEC Administration

### Administrative Assistance

Administrative assistance to NZAEC is provided by the NZNC, under an agreement between the NZNC and NZSA. Surpluses (expenses) are split 50:50.

### Relationship between the NZAEC and Staff

The NZAEC, event organising committees and chairs often work closely with the staff and rely on these staff to assist them with organising CME activities. Each staff member has a job description which includes details about how they will support combined national CME activities. However, it is important to remember that staff members do not report to the committees or chairs, but to their own manager within the organisation. It is expected that communication between committee members and staff will meet normal social standards of respectfulness. Staff members welcome feedback about positive aspects of their

performance, but if a committee member is concerned about the performance of a staff member, this is best raised with the staff member’s manager, the chair of the NZNC or a member of the executive of the NZSA. This does not apply to minor things such as amendments to minutes that can be directly raised with the staff member.

**Services to Combined National CME Committees**

The administrative assistant provides the following services as required to the NZAEC and event organising committees:

1. Administrative assistance to committee
  - 1.1. Business meetings.
  - 1.2. General administration.
  - 1.3. Budget development.
  - 1.4. Narrative and financial reports.
  
2. Event management
  - 2.1. Meetings of organising committee
  - 2.2. Budget development
  - 2.3. Venue
  - 2.4. Advertising
  - 2.5. Printing
  - 2.6. Registrations
  - 2.7. Assistance at the meeting
  - 2.8. Post-event reporting.

CHANGE CONTROL REGISTER

Version	Author	Reviewed by	Approved by	Changes
1	Committee	Committee	Committee	September 2011

Date of next review	May 2012
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