

THE ANZCA BULLETIN

JULY
2008



ANZCA

AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS

- Humanising the patient
- MABEL survey
- Criteria for clinical use of intravenous immunoglobulin
- Patient responsibility and the Anaesthetist

THE ANZCA BULLETIN EDITORIAL

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Design: Streamer Design
and Communication

The ANZCA Bulletin is published four
times per year by the The Australian and
New Zealand College of Anaesthetists

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'To serve the community by
fostering safety and quality patient
care in anaesthesia, intensive
care and pain medicine'



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President's message



DR LEONA WILSON

This is my first President's message, and a good opportunity to highlight the work of those who have built the College into the formidable institution that it is today. We began as a small band of anaesthetists in 1952, whose dedicated work led to the establishment of the Faculty of Anaesthetists within the Royal Australasian College of Surgeons, and have grown into an independent College of more than 4300 Fellows and 1400 trainees. Our College depends on our Fellows, and their work and enthusiasm is what makes it great.

At our recent Annual Scientific Meeting in Sydney, which had more than 2000 registered attendees, the strength and diversity of our College was on display. It was an excellent meeting, and I'd like to congratulate David Elliot, the Convenor, Nicole Phillips, the Deputy Convenor, and Mark Priestly, the Scientific Program Convenor, and their team for their good work. Many of our Fellows participated, presented papers, led workshops and problem based learning discussions; in all 350 people were involved actively in one way or another. Particularly memorable for me were the presentation by two of our visitors who are both editors of anaesthesia journals on 'Ethics in Publications', the excellent papers in the Formal Project Prize session by our trainees, the fireworks after the College ceremony, and the rides at Luna Park.

The recent Final Examination and OTS Performance Assessment was the first to have the medical clinical examinations conducted in seven venues in three countries. These were successfully held at each venue, thanks to the work of the Examiner Organisers who sourced sufficient patients, the local Regional/National Office staff, and the staff in the Examinations and Training Office of the College. There were a total of 183 candidates: 67% of OTS Performance Assessment candidates and 79% of Final Examination candidates passed. The Primary examination had 229 candidates presenting for one or both papers, 42% of whom successfully completed the Primary Examination.

The examinations involve many of our Fellows as examiners: for this Primary Examination there were 21 examiners, and for the Final Examination 40 examiners. I'd like to congratulate the successful candidates and recognise the work of the Fellows who supervised them, taught them, took them for practice examinations and supported them in their studies.

We have made many submissions to Government bodies on both sides of the Tasman; in Australia to the NSW Garling Inquiry into acute care services and the National Health and Hospitals Reform Commission, in New Zealand on the review of the Health Practitioners Competence Assurance Act 2003 and to the Health and Disability Commissioner

on the proposal to name providers found in breach of the Code, and we have had the assistance of many Fellows in the preparation of those and other submissions.

The previous President, Dr Wally Thompson, retired from Council in May, after a lifetime of service to the College and to anaesthesia and intensive care. Wally has guided our College through a time of growth and consolidation, and has left it in excellent heart. Also retiring are A/Prof Tony Weeks and Dr Annabel Orr. Tony has been Chair of the Final Examination Committee, Chair of the Victorian Regional Committee, Chair of the Hospital Accreditation Committee, Assessor and Chair of Examinations, and was a member of the Final Examination committee that made significant changes to the examination in the early 1990s. Annabel was the first Chair of the ANZCA Trainee Committee and the first New Fellow representative on Council. As the inaugural Chair of the Trainee Committee Annabel led the way for that committee and established it as the voice for trainees within the College.

We welcome three new Councillors, A/Prof David Scott, Dr Michelle Mulligan and Dr Nicole Phillips. All three have already been involved in the College's work. David has been an examiner for the Final Examination and the Chair of the Final Examinations Committee, and Chair of the Victorian Regional Committee. Michelle is a Final

'Our College depends on our Fellows, and their work and enthusiasm is what makes it great.'

Examination examiner, and has been a member of the ACT Regional Committee. Nicole is a Supervisor of Training at Westmead Hospital, and was on the organising committee for the Sydney ASM this year. We are very fortunate to get Fellows of their calibre volunteering to join our Council. The recent review of the committee structure of Council has been finalised, and we have been able to bring in more Fellows from outside Council to assist with the work of the committees.

I have highlighted the work of some of our Fellows, but there are many more that also should be recognised; some others are the Fellows on our Regional/National/Regional Training Committees, the Fellows who represent us on outside bodies such as the International Standards Organisation, the Fellows involved with our Societies of Anaesthetists, and those who by their standing in and services to our communities enhance the standing of anaesthetists in our communities. I am very grateful for the help all our Fellows give to our College; it is only with that help that the College is able to serve the community by fostering safety and high quality patient care in anaesthesia, intensive care and pain medicine.

DR LEONA WILSON
President

ANZCA APPOINTMENT

DIRECTOR OF PROFESSIONAL AFFAIRS

The Australian & New Zealand College of Anaesthetists (ANZCA) is seeking to engage a senior anaesthetist of high standing to the position of Director of Professional Affairs (DPA). This is an advisory position to the President, Council and Chief Executive Officer of the College, and complements the existing DPA positions in advising on clinical and professional issues of importance to the College.

ANZCA is seeking expressions of interest from Fellows and former Councillors of the College who have had clinical experience within the past two years.

An attractive remuneration package will be negotiated with the successful candidate.

Expressions of interest should be communicated to Ms Sarah Hunter

Senior Recruitment Consultant
Cordiner King Hever
Level 44 Rialto
525 Collins Street
Melbourne, Vic 3000
Telephone: (03) 9620 2900

07



Left
Dr Thomas Noonan,
University of Auckland

Middle
Dr David Alcock,
University of Tasmania

Right
Dr Jane Mills,
University of Tasmania

ANZCA Undergraduate Prizes in Anaesthesia for 2007

The Australian and New Zealand College of Anaesthetists Undergraduate Prize in Anaesthesia was established to foster undergraduate and postgraduate teaching of anaesthesia, its related disciplines and perioperative medicine, and to raise awareness of the specialty among medical students and recent graduates. Each year Prizes are awarded within Australian and New Zealand Medical Schools to final year medical students who achieve the best overall performance in the anaesthesia module of their clinical curriculum. The Prize comprises a certificate and book voucher.

The recipients of the 2007 ANZCA Undergraduate Prize in Anaesthesia within the School of Medicine, University of Tasmania were Dr Jane Mills and Dr David Alcock.

The recipient of the 2007 ANZCA Undergraduate Prize in Anaesthesia within the School of Medicine, University of Auckland was Dr Thomas Noonan.

Our congratulations to Dr Mills, Dr Alcock and Dr Noonan and may these awards be the first of many successes in their medical careers.

ASA/ANZCA Gilbert Troup Prize For 2007

Dr Natalie Campman received the 2007 ASA/ANZCA Gilbert Troup Prize (within the School of Medicine and Pharmacology, University of Western Australia) at a Prize Giving Ceremony on 14 April 2008.



Dr Natalie Campman,
Gilbert Troup Prize



From left: N Davis, C R Goucke, J Craig

Dr John Boyd Craig Award

In 1987, Dr John Boyd Craig donated \$100,000 to the College to support research by Fellows, especially by Western Australians and especially in the area of pain medicine. The *Dr JB Craig Award* is administered by the ANZCA Research Committee and is awarded from the interest on the corpus when suitable applications have been approved for funding.

John Boyd Craig was born in Perth on 8 October 1918. He graduated in medicine from the University of Melbourne in 1942, and after working as a junior medical officer, joined the RAAF in 1944. He remained Staff Officer in Aviation Medicine with the RAAF until 1960, working nearly exclusively as an anaesthetist. In 1960, Dr Craig resigned his commission and entered private practice as a specialist anaesthetist in Perth. He retired in 1986. Dr Craig was awarded Foundation Membership of FARACS in 1952 and Foundation Fellowship of ANZCA in 1992.

Dr Craig initiated the *Dr JB Craig Award* because he believed that professionals should support the activities of their own colleagues and because he wanted to encourage other Fellows to make similar donations. With the re-launch of the ANZCA Foundation in 2007, it is timely to thank Dr Craig once again for his generosity and his support of research by our Fellows.

Dr JB Craig Annual Recipients

1990	Dr Roger Goucke
1991	Dr Michael Paech
1992	Dr Dermot Murphy
1995	Dr Stephanie Davies
1996	Dr Stephanie Davies
1998	Dr Lindy Roberts
2005	A/Prof Michael Paech
2006	Dr Phillip Finch

Letters to the Editor

Humanising the patients' experience

For some time now, I have been involved as a 'consumer' representative, engaged in committee work with medical practitioners in examining quality in provision of clinical care, particularly related to adult patients with cancer. (My background is engineering, both in industry and academia, including teaching quality assurance.) Of particular interest to me has been the field of psychosocial care. Cancer clinicians are now expected to be aware of the psychosocial situation of their patients¹, partly so that they can refer them on for specialist care if needed, but also so that they can, in their normal consultations, show the empathy and concern for the person as an individual as well as the bearer of a disease that needs treatment.

Although anaesthetists do not normally have an ongoing relationship with their patients, and so have less opportunity or need to be empathic with them, they see them at times when the patients are likely to be more stressed and in need of empathy than normal. My experience on the receiving end of general anaesthetics in recent years has suggested a couple of ways in which an anaesthetist can make the surgical and hospital experience a more caring one.

Recently, when visited by the anaesthetist for the preliminary consultation for a minor procedure, he told me that when I was in the preparation room he would give me Midazolam to relax me before going into the theatre. I had then to wait for over

an hour before being moved to the preparation room, and in that time decided that, as I was not at all stressed, I would prefer not to be sedated if that were an option. When the surgeon came and spoke to me in the preparation room, I asked whether it was necessary to be sedated, and he replied 'Speak to the anaesthetist about that.' In the same moment my eyesight was affected and, looking over my shoulder, I saw that the anaesthetist had come into the room and already injected the Midazolam into the drip line, without my knowing he was there, and before I had finished speaking to the surgeon. He must have heard my question to the surgeon and ignored it. I was furious, feeling that I was being treated like a piece of inanimate equipment on a workbench.

In every other anaesthetic I have received over the years, the anaesthetist has been where I could see him or her, and I was told what was about to be done before it was. I believe that this should be normal practice. It subsequently occurred to me that, while I was not at all stressed while in the holding area outside the theatre suite, many patients would be.

Taking the example of the guidelines for cancer clinicians, it seems to me that anaesthetists could do much to ease the stress and humanise the experience. All that would be needed is, after asking the necessary questions, to comment: *'People waiting here are often a bit anxious or stressed. How are you feeling?'* After the patient replies, the anaesthetist could make a reassuring response, but the response would be much less important to the

patient than the fact that the anaesthetist had enquired; that he had cared about the patient as a person as distinct from just another object to be worked on.

It may be that I overreacted to my experience, but when discussing it with others who are having continuing medical treatment, I find my feelings are widely shared.

Yours sincerely,
DR MARK TWEEDDALE

Reference

- 1 Clinical practice guidelines for the psycho-social care of adults with cancer. National Breast Cancer Institute and the National Cancer Control Initiative, 2003. (Endorsed by the NHMRC)



CORRECTION

In the March issue of the ANZCA Bulletin, we featured an obituary of the late Dr Margaret Smith, in which there was a reference to Dr Marion Whyte as being the *'first anaesthetist appointed to Dunedin Hospital and, in 1928, the first to hold an academic appointment in anaesthetics at the University of Otago'*.

It has since been drawn to our attention, by Dr Jim Clayton from Dunedin Hospital (author of *'The History of Anaesthesia in Dunedin Hospital'*), that while it is correct to say that she was the first academic appointment, that of a part time senior lecturer, Dr Whyte was not in fact the first anaesthetist appointed to the hospital. That honour went to Dr Russell Ritchie, the father of the late Associate Professor John Ritchie, and in fact Dr Russell Ritchie was appointed as the hospital's first anaesthetist in 1906.

New Criteria for Clinical Use of Intravenous Immunoglobulin (IVIg)

New criteria for the use of intravenous immunoglobulin (IVIg) in Australia have been endorsed by Australian Health Ministers.

ANZCA has been informed by the National Blood Authority that the criteria is based on reviews of the best available evidence and consultation with the Australian clinical community.

The criteria, which replace the existing AHMAC 2000 IVIg Guidelines, groups conditions into four chapters:

Chapter 5

Conditions for which IVIg has an established therapeutic role

Chapter 6

Conditions for which IVIg has an emerging role

Chapter 7

Conditions for which IVIg has a therapeutic role in exceptional circumstances only; and

Chapter 8

Conditions for which IVIg use is not indicated

The criteria provides a more comprehensive description of diagnostic, qualifying, exclusion and review criteria to determine patient eligibility for access to this product under the National Blood Arrangements.

Announcing the new criteria, the National Blood Authority said: *'IVIg is a scarce and expensive therapy manufactured from human plasma. Governments are committed to ensuring that the use of IVIg under the National Blood Arrangements reflects emerging clinical evidence of benefit to ensure that this valuable therapy is used wisely.'*

If patients do not fulfil the criteria, they are not eligible to receive IVIg under the National Blood Arrangements. *'In this circumstance, individual jurisdictions or hospitals may elect to make IVIg available through state based funding arrangements'*, the National Blood Authority said.

Information regarding the criteria, including frequently asked questions and contact information for enquiries can be found at www.nba.gov.au/ivig. This website can also be used to download electronic copies or order published copies of the full criteria and quick reference guide.

Patient Responsibility and the Anaesthetist

In the November 2002 ANZCA Bulletin (Vol 11, No 4, p2) Professor Phillips wrote a short note on the responsibility of anaesthetists to their patients. In this note he emphasised that there were four ANZCA Policy Documents which indicated that the anaesthetist should be constantly present with the anaesthetised patient from the time of induction until handover to another anaesthetist, or to recovery staff at the end of the operation and anaesthesia. These Policy Documents state:

PS3 GUIDELINES FOR THE MANAGEMENT OF MAJOR REGIONAL ANALGESIA – 2003

1.9 The responsible anaesthetist must be in attendance throughout the institution of the technique, until a satisfactory blockade has been obtained, the patient is stable and the potential for immediate complications has passed. If the technique has been instituted for anaesthesia as well as subsequent analgesia, an anaesthetist must be present for the duration of that anaesthetic.

PS9 GUIDELINES ON SEDATION AND/OR ANALGESIA FOR DIAGNOSTIC AND INTERVENTIONAL MEDICAL OR SURGICAL PROCEDURES – 2008

5.4 A medical practitioner who is skilled in airway management and cardiopulmonary resuscitation must be present whenever procedural sedation and/or analgesia are administered.

5.5 Techniques intended to produce deep sedation or general anaesthesia must not be used unless an anaesthetist is present

5.6 In situations other than those when an anaesthetist must be present (noted in 4.2 and 5.5), administration of sedation and/or analgesia and monitoring of the patient should be performed by an appropriately trained medical practitioner other than the proceduralist.

PS10 GUIDELINES ON THE HANDOVER OF RESPONSIBILITY DURING AN ANAESTHETIC – 2004

1. Introduction

During an anaesthetic, the major responsibility of the anaesthetist is to provide care for the patient. This requires the continuous presence of an anaesthetist. In certain circumstances, it is necessary for the anaesthetist to hand over that responsibility to an anaesthetic colleague. Such handovers will not compromise patient safety provided that appropriate procedures are followed. In prolonged anaesthetics, handover may be advantageous to the patient by preventing undue fatigue of the primary anaesthetist.

Temporary relief of the anaesthetist

This is necessary when the primary anaesthetist must leave the patient but will return to resume management of the patient.

Permanent handover of responsibility for care

This is necessary when the primary anaesthetist must leave the patient under the care of another anaesthetist for the remainder of the anaesthetic.

2. Protocol for transfer of responsibility

The primary anaesthetist must be satisfied as to the competence of the

relieving anaesthetist to assume management of the case AND must only hand over responsibility at a time when the clinical status of the patient is stable and no potential adverse events are likely to occur. The relieving anaesthetist must be willing to accept responsibility for the case and must have had all facts relevant to the safe management of the patient adequately explained.

PS18 RECOMMENDATIONS ON MONITORING DURING ANAESTHESIA – 2006

2. Clinical monitoring by an anaesthetist

2.1 Clinical monitoring by a vigilant anaesthetist is essential for safe patient care during anaesthesia. This should be supplemented by appropriate devices to assist the anaesthetist.

2.2 A medical practitioner whose sole responsibility is the provision of anaesthetic care for that patient must be constantly present from induction of anaesthesia until safe transfer to Recovery Room staff or Intensive Care Unit has been accomplished. This medical practitioner must be appropriately trained in Anaesthesia, or be a Trainee Anaesthetist supervised in accordance with College Professional Document TE3 *Policy on Supervision of Clinical Experience for Vocational Trainees in Anaesthesia*.

2.3 In exceptional circumstances brief absences of the person primarily responsible for the anaesthetic may be unavoidable. In such circumstances that person may temporarily delegate observation of the patient to an



appropriately qualified person who is judged to be competent for the task.

2.4 Permanent handover of responsibility must be to an anaesthetist who is able to accept continued responsibility for the care of the patient (see College Professional Document PS10 *Guidelines on the Handover of Responsibility during an Anaesthetic*).

THE CODE OF PROFESSIONAL CONDUCT

(November 2007) also has statements on the anaesthetists' responsibility to patients.

OBLIGATIONS TO PATIENTS, THE PROFESSION OF ANAESTHESIA AND THE COLLEGE

The welfare of their patients must be the primary focus of Fellows.

SECTION 1 - ANAESTHETISTS & PATIENTS

Good patient care requires a range of clinical, interpersonal and management skills. The nature of the anaesthetist-patient relationship is critical to quality of care and to the outcome of anaesthesia. Anaesthetists should pay attention to all aspects of this relationship.

SECTION 3 - ANAESTHETISTS & THE MAINTENANCE OF PROFESSIONAL STANDARDS

The quality of healthcare is multidimensional, and includes safety, timeliness, efficacy, efficiency, access, appropriateness (including cultural appropriateness) and the underpinning principle that care should be patient focussed. Anaesthetists should pursue the highest possible quality of healthcare, and should actively contribute to processes promoting such quality, particularly those specifically related to anaesthesia.

In addition to these policies the President recently sent a letter to all Fellows and Trainees again emphasising these responsibilities. This letter was in response to notification from the NSW Medical Board about a complaint which was before that Board concerning the absence by an anaesthetist, for a lengthy period of time, from an anaesthetised patient undergoing surgery. There have also been a number of other complaints from theatre staff and patients concerning these issues, and the Council is concerned that some Fellows may not understand the medical and legal significance of their actions if they do not fulfill such responsibilities to their patients.

In order to draw the attention of all Fellows and trainees to this very important responsibility they have to their patients, the Council once again wishes to emphasize that:

During an anaesthetic, the major responsibility of the anaesthetist is to provide care for the patient. This requires the continuous presence of an anaesthetist.

AND

A medical practitioner whose sole responsibility is the provision of anaesthetic care for that patient must be constantly present from induction of anaesthesia until safe transfer to Recovery Room staff or Intensive Care Unit has been accomplished.

A B BAKER
Director of Professional Affairs

Continuing Professional Development

MCNZ Approval of CPD Program

Please be advised that the College received confirmation from the Medical Council of New Zealand that if the ANZCA CPD program is undertaken, the additional requirement for 50 hours CME, 10 hours peer review and an audit are not required. These requirements will still apply to doctors who opt out of their college CPD program for any reason.

The requirements of the ANZCA CPD program are outlined below.

Participants need to obtain 40 Credits per year (or 120 Credits over the triennium) in any combination of activities, but must include at least 10 Credits each from Categories 1, 2, and 3. A cap (of 10 Credits) only applies to passive self-learning (Category 2, Level 1). A shortfall of Credits (less than 40) in a year can be made up with surplus Credits in the following year, or the preceding year of the triennium.

In year 1, Fellows must develop a CPD Plan at the start of their program and should tailor their Plan to meet the requirements of their jurisdictions. Fellows are encouraged to practise Reflection* each year. In the final year of their triennium, Fellows must evaluate their CPD participation to decide the effectiveness of their learning, CPD planning, reflection, and evaluation to earn Credits.

The same requirements apply to Fellows in full time and part time clinical practice. Fellows unable to comply due to special circumstances such as illness, parental leave, leave of absence or lack of opportunities, may be granted exemptions or special considerations on a case-by-case basis.

Fellows who are retired and are still registered, or engaged in non-clinical work, participate on a year-by-year basis (i.e. not over a triennium). They are required to obtain at least 20 Credits per year, 10 Credits each from Category 1 and Category 2. For those fully retired who do not intend to return to the workforce any time soon, a CPD plan and an evaluation report may be omitted, but they are encouraged to engage in Reflection in Category 3.

For further information please contact the CPD unit of ANZCA
Email: cpd@anzca.edu.au

* In this context Reflection means thinking carefully about.

CPD: Having difficulty getting started?

We understand that the change to the CPD program is causing some confusion among Fellows however the staff in the ANZCA CPD Unit are available to help. If you would like to discuss the changes to the program and the requirements or be talked through the new online portfolio please call the office on

+ 61 3 9510 6299

Alternatively you can email queries on where the activities you participate in fit within the program.

Email: cpd@anzca.edu.au

Further information, access to the online and offline portfolios and a number of resources are available on the College website at:

<http://www.anzca.edu.au/fellows/cpd>

Past Deans and Presidents



PROF ARTHUR BARRINGTON
(BARRY) BAKER

Professor Arthur Barrington (Barry) Baker

Professor Arthur Barrington (Barry) Baker was the eighteenth Dean of the Faculty of Anaesthetists, Royal Australasian College of Surgeons. He followed the early retirement of Dr Robyn Smallwood, due to ill health, and was succeeded by Dr Peter Livingstone. Barry fulfilled this role from 1987-1990.

Barry was born on 24 June 1939 at Brisbane Women's Hospital—later to become the Royal Women's Hospital, Brisbane—to Arthur and Loy Baker. He was an only child and grew up in Brisbane. He attended Eagle Junction State Primary School from 1949-1953 and from there, Brisbane Grammar School, from 1954-1957. Whilst there, he represented the school in rowing, middle distance running and cricket.

After completing secondary schooling, he moved on to the University of Queensland, where he completed his medical degree from 1958-1963. Thereafter, he was appointed to the Brisbane General Hospital—later to become the Royal Brisbane Hospital—where he completed his internship, residency and subsequent anaesthetic training. During this time, he came under the positive influence of Drs Alan Laws, B Jackson, David Jackson, Tess Brophy and, at Chermiside Chest Hospital, Dr Ruth Molphy. He successfully completed his FFARACS exams in 1968 as well as the FFARCS in the same year.

At this stage, he travelled to the United Kingdom and undertook studies at the Nuffield Department of Anaesthetics, Oxford University, and at Magdalen College, resulting in conferring

of a D Phil (Oxon) in 1971 for studies on Physiology of Artificial Ventilation. Whilst in Oxford, he married Dr Jane Elizabeth Colliss on 29 July 1971. They subsequently returned to Australia, where Barry took up a post as Reader in Anaesthesia at the University of Queensland and at Royal Brisbane Hospital in 1972. The next year, Barry and Jane's first child was born—a daughter named Merinda. He held this post until 1975, when he was appointed the Foundation Professor of Anaesthetics at the University of Otago and Dunedin Hospital. In 1981, this position was expanded to cover Intensive Care. Two subsequent children were born—Alex in 1975 and Matthew in 1982.

In 1992, Barry was appointed as Nuffield Professor of Anaesthetics at University of Sydney—a post he held until his retirement from hospital appointments in 2005. Barry Baker had a long-term commitment to the area of Intensive Care and was the inaugural Chairman of the Section of Intensive Care of FARACS from 1975-1977. He was elected to Board of Faculty in 1980 and completed his twelve years maximum time in 1992. During this time, he was an examiner in Physiology section of the Primary for Anaesthesia; and for

Intensive Care from 1975-1992. Barry held the post of Dean of Faculty from 1987-1990. His term as Dean was brought forward due to the ill health of the preceding Dean, which meant that Barry was Dean for almost three years at an absolutely critical period in the history of the Faculty and subsequent College.

During his time on the Board, Barry was instrumental in the introduction of the Trainee Formal Project and the Provisional Fellowship Year, as well as having close involvement with the College policy on 'Monitoring during Anaesthesia' and the concept of 30% non-clinical time in a working week for specialists.

As Dean, he and others were responsible for negotiating the sharing of funds with the Royal Australasian College of Surgeons, on a per capita basis that became the basis for funding for the College of Anaesthetists, establishing the legal entity that was the Faculty of Anaesthetists that would then later go on to become the College within a brief period of time and arranging an 'amicable separation' from RACS. This final part of the process took part during Peter Livingstone's tenure as Dean.

One thing that most Fellows probably take for granted is our College crest and motto. These did not always exist and Barry Baker was the Chairman of the College Crest Committee and the major designer of the College Crest including the motto. He was also responsible for the design of the College President's Medal and the Faculty of Intensive Care's Dean's Medal.

In 1994, Barry was awarded the Orton Medal for outstanding contribution to ANZCA. From 1997-2000 he was the ANZCA Douglas Joseph Professor. From 1975 until the present, he is on the editorial Board of Anaesthesia and Intensive Care and was acting Chief Editor from 2002-3.

His contribution to ANZCA continues as Director of Professional Affairs (2006-now) and he continues as Emeritus Professor at The University of Sydney.

I would like to thank sincerely Professor Baker for his assistance with the preparation and contributions to this monograph.

ASSOC PROF T E LOUGHNAN

The New Zealand Foundation Fellows, 1951 – 1952

Margaret Smith's death in August 2007 was a milestone in the history of the College. Margaret was the last surviving member of the group of 40 Foundation Fellows, who, with 69 Foundation Members inaugurated the Faculty of Anaesthetists, Royal Australasian College of Surgeons in August 1952. This group of versatile men and women had the practice of anaesthesia in common, yet enjoyed a notable diversity in career paths. For New Zealanders, geographical isolation from the College in Melbourne inevitably brought its own challenges. This seems an appropriate time to look at the seven New Zealand Foundation Fellows of the Faculty.

AUSTRALIA

The Faculty of Anaesthetists of the Royal Australasian College of Surgeons came into being as an initiative of the Australian Society of Anaesthetists, with the original object of fixing a uniform standard for the Diploma of Anaesthesia throughout Australasia¹. The first meeting of the Interim Board of the Faculty of Anaesthetists, RACS, took place on Wednesday 31 January 1951. Here the criteria for Membership and Fellowship of the new Faculty were deliberated. It was resolved that Foundation Fellowships (the senior level of peer recognition) could be

offered to those Medical Practitioners who held a recognised Diploma in Anaesthetics, or held a higher qualification in Medicine or Surgery and practise anaesthetics, and/or have held a Senior Anaesthetic appointment at a recognised hospital for five or more years².

The initial aim was to grant 38 Foundation Fellowships, and by 18 May 1951 a list of 33 prospective Foundation Fellows had been compiled from lists submitted by State Sections of the ASA, including the five Anaesthetists on the Interim Board³.

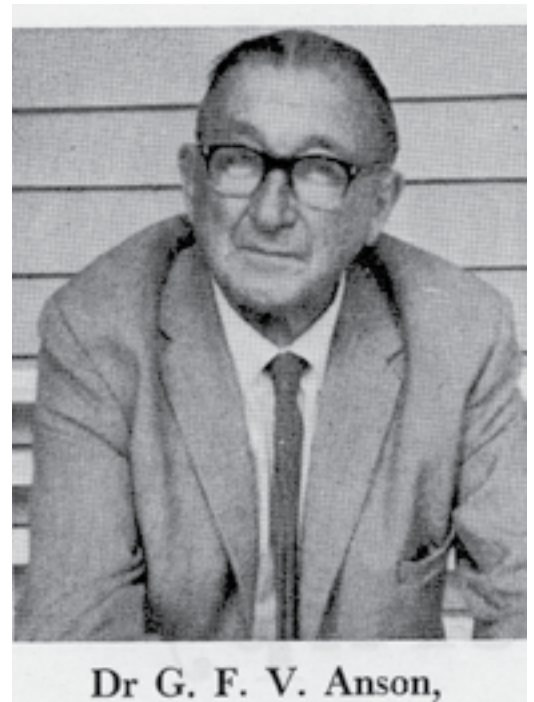
NEW ZEALAND

New Zealand practitioners were anxious to be associated with the activities of the new Faculty. While there was no NZ representation on the Interim Board (NZ having its own Society of Anaesthetists) Dr Eardley Button of Wellington, a member of RACS Council, suggested three names for inclusion on the list of Foundation Fellows: Dr G F V (Eric) Anson of Auckland, Dr Alfred Slater of Wellington and Dr Charles Morkane of Christchurch.

Formal notification of the work of the Faculty took rather longer than expected to reach Eric Anson, President of the New Zealand Society of Anaesthetists,

in Auckland. He wrote to Interim Dean Douglas Renton on 21 May 1951 exclaiming, 'Your letter to me came surface mail and took nearly a month to get to me!' He nevertheless expressed confidence that the various geographical divisions of the NZSA would offer full support to the new Faculty and further advised that he would be leaving Auckland to travel to London for the International Congress of Anaesthetists in September. He would be in Sydney on the way and hoped to see members of the Interim Board 'to help with the liaison with England'.

Fellowship invitations went to Drs Anson, Slater and Morkane in August 1951. By this time Eric Anson was in England and his wife Helen was obliged to dash off a brief note to advise the Faculty of his whereabouts while forwarding the original invitation to England by airmail. Dr Anson was able to respond with appreciation to the offer of Foundation Fellowship on 26 August 1951 from London. The only practical difficulty involved payment of the ten pound entrance fee for Fellows: Dr Anson advised that he had airmailed his bank in Auckland to forward the payment to Melbourne.



Dr G. F. V. Anson,

Alfred Slater in Wellington and Charles Morkane in Christchurch received their paperwork without postal delays. Each was invited, along with other prospective Foundation Fellows in Australia, to sign an Exordium to found the Faculty and authorise the Interim Board to conduct its business until a Board could be elected. Both replied in the affirmative without delay. Alfred Slater was at this time Honorary Secretary for the New Zealand Society of Anaesthetists. He had been informed by letter on 26 July that the policy laid down for admission to Foundation Fellowship was that those invited shall either be practising Anaesthesia full time or be in charge of Anaesthetic departments. With this in mind, he was invited to submit any (further) suggestions to the Interim Board for consideration.

Dr Slater replied on 17 August 1951 suggesting Foundation Fellowships be offered to Dr John Ritchie, Director of Anaesthesia, Dunedin Public Hospital and Dr Edward (Tim) Taylor, Director of Anaesthesia, Christchurch Public Hospital (two names also mentioned by Dr Eardley Button two months previously at RACS Council). Dr Slater noted that Dr Taylor had pioneered Anaesthesia in Canterbury for many years and played a large part in

the development of the NZSA. It took until mid February 1952 before the new invitations were dispatched. This was partly due to illness of some Melbourne-based members of the Interim Board. John Ritchie and Tim Taylor responded promptly and Acting Secretary to the Board, Harry Wheeler, was able to inform Dr Slater on 24 March 1952 that there were now 38 Foundation Fellows of the Faculty. This included five Fellows from New Zealand.

Alfred Slater wrote to the College on 15 April 1952 asking if it was not too late to place one more name from NZ for admission to the Faculty as a Foundation Fellow: Dr Margaret Smith of Christchurch. He wrote: *'She holds an English D.A. 1939. During the War years she was full time Anaesthetist at various London Hospitals. She is now and has been for some years doing Anaesthetics only in Christchurch, is visiting Anaesthetist to the Hospital, and is attached to the Plastic unit at Burwood. To my personal knowledge she is an Anaesthetist of the highest order, and does a considerable amount of teaching. I trust it is not too late to place her name before the Interim Board for admission as a Foundation Fellow.'*

Harry Wheeler wrote back on 30 April with the news that the Interim Board of Faculty had met four days before and agreed that Dr Smith should be invited to accept Foundation Fellowship. All that remained was to elicit her address from Alfred Slater, which had been omitted from the communication of two weeks previously. A letter of invitation to Dr Smith was drafted on 12 May 1952, however it took some time for the paperwork to reach her in Christchurch. The standard Exordium had to be signed by the five Faculty representatives on the Interim Board: Dr Daly in Sydney, then the three members resident in Melbourne, before the paperwork made its way to Perth for Dr Troup to sign on 1 June, then back to Melbourne and finally to Dr Smith in Christchurch. Margaret Smith quickly confirmed her acceptance, then in early August advised the Faculty that she would be attending the first general meeting of Fellows and Members of the Faculty in Melbourne scheduled for 25 August 1952. This inaugural meeting was timed to coincide with a conference of the British Medical Association in Melbourne.



Dr E. H. H. Taylor.



Dr C. J. J. Morkane.

There was still one more New Zealand anaesthetist to be offered Foundation Fellowship. On 20 May 1952 Eric Anson had written to the Faculty noting that he was somewhat in the dark as to who were being offered Foundation Fellowships in New Zealand. After stressing John Ritchie's undoubted qualifications as a DA and as Director of Anaesthesia at the Medical School in Dunedin, he wrote:

'Another who would seem to me to be at least as eligible as regards training and experience as most, would be my Assistant Director [at Auckland Hospital], Dr Alexandra Warnock. She is an M.D. of Edinburgh and has been for more than ten years an anaesthetist to the Auckland Hospitals... she is highly experienced and gives a great many of the anaesthetics for the Thoracic and Cardio-surgical team.'

Dr Anson's letter was tabled at the meeting of the Interim Board of Faculty on 24 August 1952, only a day before the inauguration of the Faculty. It was quickly resolved to invite Dr Warnock to accept Foundation Fellowship, subject to confirmation by RACS Council. A letter of invitation dated 15 September was dispatched to Dr Warnock, who responded in the affirmative on 22 September. The new Faculty now comprised 40 Foundation Fellows.

BIOGRAPHICAL

Many of the NZ Foundation Fellows engaged in periods of war service. As Basil Hutchinson noted in a letter to this writer, Eric Anson served in the Royal Navy in WW1 and in Army Medical Service, NZ Expeditionary Forces in

WW2. Margaret Smith worked in hospitals treating services personnel in the UK in WW2. Tim Taylor, Charles Morkane and Alfred Slater served in the Army during WW2. Alfred Slater's service included a period as a prisoner of war in Italy and Silesia. The following brief biographical sketches of the NZ Foundation Fellows were compiled with generous assistance from Basil Hutchinson, and more information can be found by consulting obituaries published in the NZ Medical Journal or the NZSA Newsletter. References are listed below.

Eric Anson 1892 – 1969, New Zealand's first specialist anaesthetist, Foundation Fellow of English and Australian Faculties. Born in Wellington into a medical family, educated at Wanganui Collegiate School and Trinity College, Cambridge, where he gained his MA with honours in Science. Diploma of Anaesthetics, Royal College of Physicians of London and Royal College of Surgeons of England; Practised in England for several years after WW1; Senior Anaesthetist, Wellington Hospital 1922 – 1940; Director of Anaesthesia of Auckland Hospital 1945 – 1957; Foundation President of the New Zealand Society of Anaesthetists, holding office from 1948 until 1953; Member NZ Dominion Committee FARACS 1956 – 1959; Published in NZ Medical Journal on anaesthesia matters from 1922 onwards; OBE received for WW2 service; Robert Orton Medal 1968.

Charles Morkane 1916 – 1988, MB ChB (NZ) 1942. In 1947 became the first full time specialist anaesthetist to practise in Christchurch; Travelled to London in 1950 to obtain the Diploma of Anaesthetics; Foundation Committee member of NZSA in 1948, President 1966 – 1967; Published in NZ Medical Journal on anaesthesia matters in 1955; Member NZ Dominion Committee FARACS 1956 – 1961; Board Member, FARACS, 1960 - 1967. President NZSA 1966 – 1968; Honorary Member of NZSA, 1983.

John Ritchie 1909 – 1976, MB ChB (NZ) 1934, D.A. (RCP & RCS) 1937, OBE 1975. Born in Dunedin into a medical family, educated at Waihi Preparatory School and Christ's College Christchurch, studied medicine at Otago, travelled to Britain 1935 to 1937 to undertake postgraduate work in anaesthetics and obstetrics; employed as a visiting anaesthetist to Otago Hospital Board, 1938; appointed as an Assistant Lecturer in Anaesthetics to the Otago Medical School in 1940; Senior Lecturer at Otago Medical School and Director of Anaesthetics at Dunedin Hospital 1950 – 1975. Associate Professor in Anaesthesia from 1970 – the first appointment of Professorial rank in Anaesthesia in NZ Universities; Foundation Committee member of NZSA in 1948, President NZSA 1954 – 1955; Published in NZ Medical Journal on anaesthesia matters from 1962; Board Member FARACS 1956 – 1960; Member NZ Dominion Committee FARACS 1960 – 1961; Life Member of NZSA, 1969; Robert Orton Medal, 1973.



Dr. I. R. Ritchie.



Dr. A. N. Slater.

Alfred Slater 1900 – 1975, MB ChB (NZ) 1923; born in Dunedin and educated at Otago Boys' High School. Commenced studies at the Otago Medical School in 1918. Moved permanently to Wellington in 1928 and commenced practice in Island Bay. Appointed to Wellington Hospital as honorary visiting anaesthetist in 1930; Published in NZ Medical Journal on anaesthesia matters from 1948; Foundation Secretary-Treasurer of NZSA in 1948, President 1956 – 1957; Board Member FARACS 1953 – 1955; Member NZ Dominion Committee FARACS 1956 – 1961; Life Member of NZSA, 1969; Elected Honorary Fellow FARACS in 1973.

Margaret Smith 1912 – 2007, MB ChB (NZ) 1936, D.A. (RCP & RCS) 1939; Resident House Surgeon at Wellington Hospital 1937 – 1938 (working with Eric Anson and Alfred Slater) and subsequently Christchurch's first fully trained anaesthetist; Published in NZ Medical Journal on anaesthesia matters in 1964; President NZSA 1976 – 1977 (first woman President); Life Member of NZSA, 1979; OBE 1990; ANZCA Medal, 2002 (presented May 2003).

Edward (Tim) Taylor 1899 – 1985, MB ChB (NZ) 1924; Born in Dunedin, studied at Waitaki Boys High School and the University of Otago Medical School. After working in the UK entered General Practice in Christchurch in 1929 and accepted an honorary appointment as part-time anaesthetist at Christchurch

Hospital; later appointed Director of Anaesthesia Christchurch Public Hospitals (part-time from 1944, full-time from 1956); Published in NZ Medical Journal on anaesthesia matters in 1955; President NZSA 1958 – 1959; Life Member of NZSA, 1969.

Alexandra Warnock 1903 - 1986, MB ChB (Edin) 1925, M.D. (Edin) 1928; Practised anaesthesia for many years in Auckland; Deputy Director of Anaesthesia at Auckland Hospital 1949 until retirement in 1958; Involved in development of cardiothoracic anaesthesia at Green Lane Hospital, Auckland; Served on NZSA Executive 1949 – 1955; Life Member of NZSA, 1972.

FRASER FAITHFULL

ANZCA Archives

With assistance from Professor Barry Baker and Dr Basil Hutchinson

Notes

- 1 See report by Douglas Renton to RACS Council Meeting, 2 June 1951, as reproduced in *One Grand Chain* Volume 2, pp. 198-200; Minutes of the Board of FARACS, 4 December 1953 (Statement by Lennard Travers regarding the original object of the Faculty).
- 2 The information regarding criteria for Foundation Fellowship and the number of Foundation Fellowships initially offered are based on Harry Daly's record of the January 1951 meeting, as reproduced in *One Grand Chain*, Volume 2, pp.188-190. The minutes of the meeting kept in ANZCA Archives are very brief. See also letter from Harry Wheeler, Secretary RACS & Acting Secretary to the Faculty, to Alfred Slater dated 26 July 1951. Held in ANZCA Archives Series 349.
- 3 The list is reproduced on pp. 194-95 of *One Grand Chain*, Volume 2. The Interim Board at this time comprised Harry Daly from Sydney, Ellis Gillespie, Douglas Renton and Lennard Travers of Melbourne and Gilbert Troup from Perth. Sir Victor Hurley, President RACS, and Henry Searby, Chairman, Executive Committee RACS, were present as RACS Council representatives.

- 4 NZ Medical Journal publication notes taken from Basil Hutchinson's *A Bibliography of Anaesthesia-Related Articles in the New Zealand Medical Journal, 1887 – 2000*, published 2003. Typescript and CD-Rom versions held at ANZCA Archives.

Obituary References

Eric Anson: Obituary, *NZ Medical Journal* 1969, vol 70 p.128; 'Eric Anson – an Appreciation', by Basil Hutchinson, 1983, kept in NZSA Archives [publication in *NZMJ* pending at June 2008].
 John Ritchie: Obituary, *NZMJ* 1976, vol 83 pp. 413-4 & vol 84, pp. 29-30.
 Alfred Slater: Obituary, *NZMJ* 1976, vol 83 pp. 90-92 & pp. 128-9.
 Edward Taylor: Obituary, *NZMJ* 1985, vol 98 p. 408.
 Alexandra Warnock: Obituary, *NZSA Newsletter*, vol 33, No. 9, June 1986, pp. 36-37.
 Charles Morkane: Obituary, *NZMJ* 1988, vol 101 pp. 674-5.
 Margaret Smith: Obituary, *NZMJ*, vol 120, issue 1261, 7 September 2007 [online publication since 2002 – unpaginated]; Obituary, *ANZCA Bulletin*, March 2008, pp. 16-17.
Copies of the obituaries listed above are available from ANZCA Archives upon request.

Further Reading

Baker, B., *50 Years of the Faculty and College of Anaesthetists*, ANZCA, Melbourne, 2002.
 Hutchinson, B.R., Gibbs, J.M., Newson, A.J., *Safety Through Knowledge – A Fifty Year History of the New Zealand Society of Anaesthetists*, NZSA, Auckland, 1998.
 Wilson, G. et al, *One Grand Chain - The History of Anaesthesia in Australia 1846 – 1962, Volume 2 1934 - 1962*, ANZCA, Melbourne, 2004.

Report following the Council Meeting of the Australian and New Zealand College of Anaesthetists held on 19th April 2008

DEATH OF FELLOW

Council noted with regret the death of Dr Robert William Jefferis (NSW) – FFARACS 1965, FANZCA 1992.

HONOURS, APPOINTMENTS AND HIGHER DEGREES

Dr Adrian Sultana (NSW) was granted Fellowship of the Royal College of Physicians and Surgeons in Glasgow. Award of this Fellowship was in recognition of Dr Sultana's contribution to the peri-operative management of bariatric surgical patients.

EDUCATION AND TRAINING

Appointment of Supervisors of Training and Rotational Supervisors

In order to avert delays, it has been agreed that the above appointments should be approved electronically by the Education and Training Committee on a monthly basis, upon receipt of the required supporting documentation.

FANZCA Training Program Review

As part of the review process, it was agreed that two items for consideration should be the need for training in procedural sedation, and training in simulation-based crisis management.

Trainee Performance Review (TPR) Process

A workshop was held in Brisbane in April to train Fellows to participate in the TPR process. Training was provided to the 18 participants by Drs Bronwyn Hartwig, Leona Wilson, Lindy Roberts and A/Prof Kate Leslie. The main component of the training related to mastering interviewing skills.

ANZCA Trainees working in Intensive Care Units not approved by JFICM for Core Training

Council supported the recommendation from the Education and Training Committee that for the purposes of FANZCA training, Intensive Care Medicine training must take place in a Unit approved by JFICM for either Core or Basic Training.

Units approved for the Core Three Months of Intensive Care Medicine under Regulation 15.5.2.2

It was clarified that, for the purposes of Regulation 15.5.2.2, intensive care units 'approved by Council' are:

- > Those accredited by the Joint Faculty of Intensive Care Medicine for core training
- > Those accredited by the Hong Kong College of Anaesthesiology
- > Those in hospitals in Singapore and Malaysia that are accredited by the College for anaesthesia training.

It was agreed that this would be reviewed in three years' time, or at such time that further units are approved by JFICM in Singapore or Malaysia.

Educational Innovation Grants

It has been agreed that the review panel for the 2009 grant applications will comprise the Chair of the Education and Training Committee, the Director of Education, and Dr Genevieve Goulding.

The Education Development Unit is developing a framework for the grants, which will include a formal agreement processes with the recipients of the grants to cover issues such as intellectual property, time frame, reporting back to the Education and Training Committee, and ethics approval.

INTERNAL AFFAIRS

Review of the role of Assistant Assessor

Following the introduction of the role of DPA Assessor in 2007, it was agreed that the position of Assistant Assessor should be disbanded, with the functions previously performed by the Assistant Assessor re-assigned as follows:

- > Final approval of Formal Projects will now be undertaken by the DPA Assessor.
- > OTV and AON paper assessments will now come under the aegis of the DPA with responsibility for OTS/IMG matters.

It was agreed that this arrangement would be reviewed in 2009.

Regulations

Following review of the Constitution, a number of amendments were required to the Regulations, mainly with regard to reference to clauses in the previous Articles of Association.

Review of Committee Structure

In accordance with resolutions passed at the February Council meeting, Regulation 2 – Committees of the Council – has been updated to reflect the new committee structure.

As a result of the change in status of the Primary and Final Examinations Committees to Subcommittees, Regulation 4 was amended accordingly and is now titled Examination Subcommittees and Courts.

Travel Policies

Two travel policies have been introduced for those on College business – one for Fellows and trainees, and one for staff.

PROFESSIONAL

Professional Documents

Following the normal review process
*PS8 – Recommendations on the Assistant
for the Anaesthetist* was reviewed and
accepted by Council.

PS18 – Recommendations on Monitoring During Anaesthesia

This document was last reviewed in 2006,
but following a suggestion from the
Victorian Regional Committee, an
undertaking has been made to provide an
update to include the requirement that
whenever patient monitors are being used
during anaesthesia or sedation, the
appropriate visual and audible alarms are
enabled and obvious to the anaesthetist/
practitioner responsible.

Overseas Trained Specialists

As part of the ongoing review of the OTS
system, Council has supported the
introduction of a process by which those
OTS who are judged ‘substantially
comparable’ be enabled to proceed to a
position of being eligible to apply for
FANZCA without examination. Such a
process is yet to be defined.

It was also accepted that the new
processes should include combining
OTS and AON interviews for those OTS
likely to be designated ‘substantially’ or
‘partially comparable’.

DR WALTER R THOMPSON
President
DR LEONA F WILSON
President-Elect

College Library



The ANZCA Library has a new librarian. Laura Foley comes from the health library field and is keen to bridge the information gap for all the College fellows and trainees using technology and regular communication. By working with Jenny Jolley, Laura hopes that the library will continue to meet everyone's information needs in a prompt and efficient manner.

NEW ONLINE RESOURCES

We have updated the Library website with additional resources. Log in to the ANZCA website with your College ID and password.

Resources available include:

Online Journals

Catalogue

Databases

Evidence Based Practice

Patient Information

CONTACT THE LIBRARY

Phone (03) 8517 5305

Fax (03) 8517 5381

Email library@anzca.edu.au



NOTICE TO NEW ZEALAND FELLOWS AND TRAINEES

A core collection of anaesthetic textbooks is available for loan from the New Zealand office of the College. Please check the library catalogue at:

<http://online.anzca.edu.au/InmagicGenie/>

Contact details for the New Zealand office are as follows:

New Zealand National Committee
(ANZCA)

PO Box 7451

Wellington South

New Zealand

Phone (04) 385 8556

Fax (04) 385 3950

Email anzca@anzca.org.nz

New additions to the College Library

STAFF RECOMMENDATIONS

Perceptions of pain

Padfield, Deborah. -- Stockport:
Dewi Lewis Publishing, 2003.

Following on from the ASM theme of 'Anaesthesia: Science, Art & Life': 'Perceptions of Pain' is a moving and startling collection of images that explores the interface between doctor and patient, photographer and subject, maker and viewer, science and art. Additional texts by Professor Brian Hurwitz, Doctor Charles Pither and Deborah Padfield examine cultural and medical aspects of pain from multiple perspectives, questioning our assumptions about the pain experience and its place within the medical setting.

Critical care safety: Essentials for ICU patient care and technology

ECRI Institute. --

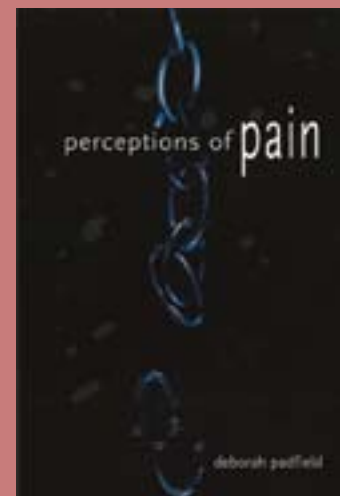
Plymouth Meeting: ECRI, 2007.

Critical Care Safety: Essentials for ICU Patient Care and Technology can assist you in reducing risk and improving safety in ICUs. It is designed to help guide clinicians, ICU managers, healthcare facility risk managers, and patient safety officers.

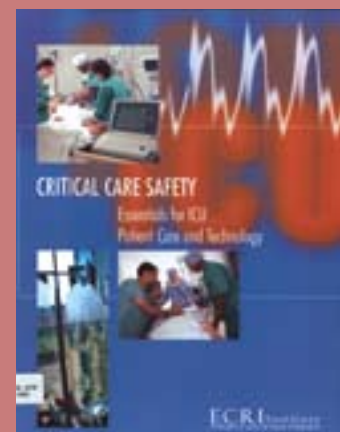
Anesthesiology

Longnecker, David E [ed.], et al. --
New York: McGraw-Hill, 2008.

Written and edited by an internationally known team of experts, Anesthesiology gives you a 360-degree view of the field, covering all of the anesthetic considerations, preparations, and procedures for the surgical patient, the pain patient or the critical care patient. You'll find a unique balance between clinical information, practical clinical procedures, and the molecular and basic scientific underpinnings of anesthesiology practice.



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5200 Butler Pike, Plymouth Meeting, PA 19462

College Library continued

KEEPING UP-TO-DATE...

The College Library can help you keep abreast of the latest anaesthesia-related information.

- > Get emailed the table of contents for journals of interest
- > Sign up for RSS feeds of the table of contents for journals of interest
- > Create an auto-alert in Medline to email you when an article on your topic is published
- > See what your colleagues around the world are discussing by signing up for RSS feeds from anaesthesia-related blogs
- > Easily create a personalised website that automatically feeds all this information into one place.

NEW BOOKS

Mayo Clinic analgesic pathway:

Peripheral nerve blockade for major orthopedic surgery / Lennon, Robert L.; Horlocker, Terese T. -- Rochester, MN: Mayo Clinic Scientific Press, Taylor and Francis Group, 2006.

Preoperative assessment and management

Sweitzer, B [ed]. -- 2nd ed. - Philadelphia; Sydney: Lippincott Williams and Wilkins, 2008.

Principles of physiology for the anaesthetist

Power, Ian; Kam, Peter. -- 2nd ed. - London: Arnold, 2008.

Principles and practice of pharmacology for anaesthetists

Calvey, T N; Williams, N E. -- 5th ed. - Victoria: Blackwell Science, 2008.

Pharmacology for anaesthesia and intensive care

Peck, T E; Hill, S A; Williams, M. -- 3rd ed. - Cambridge: Cambridge University Press, 2008.

Pulmonary pathophysiology: the essentials

West, John B. -- 7th ed. - Philadelphia: Lippincott Williams and Wilkins, 2008.

Raj's practical management of pain

Benzon, H T [ed.], et al. -- 4th ed. - Philadelphia: Mosby Elsevier, 2008.

Respiratory care: Principles & practice

Hess, Dean R, et al. -- Philadelphia: W B Saunders, 2002.

Respiratory physiology : the essentials

West, John B. -- 8th ed. - Philadelphia: Lippincott Williams and Wilkins, 2008.

The structured oral examination in anaesthesia: Practice papers for teachers and trainees - primary

Balasubramanian, Shyam; Mendonca, Cyprian; Pinnock, Colin. -- Cambridge: Cambridge University Press, 2006.

POPULAR BOOKS

1. Crisis management in anesthesiology

Gaba, David M; Fish, Kevin J; Howard, Steven K. -- New York; Melbourne: Churchill Livingstone, 1994.

2. Anaesthetic equipment

Rosewarne F. -- Melbourne: F. Rosewarne

3. Cardiopulmonary bypass: principles and practice

Gravlee, Glenn P [ed]; Davis, Richard F [ed]; Stammers, Alfred H [ed]; Ungerleider, Ross M [ed]. -- Philadelphia ; Sydney: Wolters Kluwer - Lippincott Williams and Wilkins, 2008.

4. The clinical anaesthesia viva book

Mills, Simon J; Maguire, Simon L; Barker, Julian M. -- London: Greenwich Medical Media, 2002.

5. Clinical teaching: a guide to teaching practical anaesthesia

Greaves, J David [ed], et al -- Lisse: Swets and Zeitlinger, 2003.

6. Nunn's applied respiratory physiology

Lumb, A; Nunn, J F. -- Oxford: Elsevier- Butterworth Heinemann, 2005.

7. Yao and Artusio's anesthesiology: problem-oriented patient management

Yao, Fun-Sun F [ed]; Artusio, Joseph F [ed]. -- Philadelphia: Lippincott Williams and Wilkins, 2003.

Victorian Regional Committee Chairman's Newsletter June 2008

The Victorian Regional Committee during 2007 was once again very active in promoting continuing medical education meetings for Victorian Fellows and trainees.

Significantly for Victoria, the College's Annual Scientific Meeting was held in Melbourne and was a great success. The College has been commended on the excellent scientific program of the meeting and the well attended workshops attached to the ASM. Attendance numbers exceeded our expectations.

The CME evening meetings run by the VRC were very successful and have been applauded for their quality and content by Fellows of the College.

The annual Anaesthetic Registrars' Scientific Meeting this year provided an interesting and informative program of presentations by Registrars. Our grateful thanks go out to the convenor, the prize judges and session chairs who so generously gave of their time and effort which contributed in no small way to the success of the ASM.

The 2007 Annual ASA/ANZCA combined CME in July covered a wide range of interesting and contemporary themes. We were fortunate to source a variety of excellent speakers who were informative, persuasive and entertaining. The program was very innovative and congratulations are extended to the convenors for their generous time and effort in bringing this meeting together.

We would also like to thank the Directors of Anaesthesia, Supervisors of Training, and participating lecturers in our Primary and Final full-time courses for their continued support and cooperation that enable these courses to be offered on a regular basis.

In November 2007, the College's new website was launched and we are enjoying the new and improved online facilities and extended functions.

With the expiry of the current term of office of the current VRC, it is timely to thank the current members for their interest and support in serving on this committee. The time taken out of their busy schedules is most appreciated and is indicative of their commitment to the College and the support of the profession. We wish them well in their future endeavours.

ROWAN THOMAS
Chair
Victorian Regional Committee



Quality & Safety

The use of 'triggering' anaesthetic agents in patients tested not-susceptible to Malignant Hyperthermia

Two tests are available for determining susceptibility to Malignant Hyperthermia (MH) – In vitro contracture testing (IVC testing) of excised quadriceps muscle and DNA analysis.¹ IVC testing was introduced in 1970 and remains the gold standard. DNA analysis is useful if a causative mutation has been identified in a susceptible family. A positive test indicates MH susceptibility but a negative DNA test has to be confirmed by IVC testing as some families have multiple mutations associated with MH and worldwide some mutations have yet to be identified.²

Although there have been very occasional reports of false negative muscle biopsy tests, an alternative reason for the result is present in the majority of these. A European study found the sensitivity of the IVCT 99% (i.e. 1% false negative result). In this study only 1 patient with a likely clinical MH reaction tested negative out of 105 patients. The authors point out this patient had a coexistent myopathy which can cause signs similar to MH.³ Thus, the sensitivity approaches 100%.

In excess of 700 normal muscle biopsy results (MHN) have been obtained in the four New Zealand and Australian testing centres and there have been no reports of false negative test results. This is further confirmed by an ongoing New Zealand study where the anaesthetic records of all MHN patients, their children, grandchildren and more distant generations are being reviewed. Early findings from 151 anaesthetic records (80% MHN, 20% relatives) where triggering agents have been administered indicate that there has been no evidence of MH reactions in this group. Sevoflurane was used in the majority and a combination of a potent inhalational agent and suxamethonium in 20%.

Review of these anaesthetic records however does indicate that some patients who are MHN and their relatives still receive a trigger free anaesthetic. There could be different reasons for this such as patient request, TIVA technique used for non MH reasons, occasionally an unknown biopsy result but in some records examined the reliability of the result was questioned. A trigger free technique can be inconvenient, can be more expensive and does on occasion increase the risk to a patient.

We consider that MHN results are reliable and the use of triggering agents in patients who have tested MHN will not cause an MH reaction. Recognition of MHN patients also prevents the inaccurate labelling of offspring thereby reducing an ever increasing pool of possible MH susceptible individuals. Very occasionally the MH testing unit will advise against the use of triggering agents in MHN patients because investigations have revealed a co-existent myopathy with the consequent risk of rhabdomyolysis.

N STREET, NSW
R GILLIES, VIC
P NELSON, WA
N POLLOCK, NZ
E LANGTON, NZ
M WADDINGTON, NZ
H HORTON, NZ

References

- 1 Hopkins P
Malignant Hyperthermia; advances in clinical management and diagnosis
Br J Anaesth 2000; 85; 118-28
- 2 Robinson R, Carpenter D, Shaw M, Halsall J, Hopkins P
Mutations in RYR1 in Malignant Hyperthermia and Central Core Disease
Human Mutation 2006; 27(10); 977-989
- 3 Ording H, Brancadoro V, Cozzolino S et al.
In vitro contracture test for diagnosis of malignant hyperthermia following the protocol of the European MH group; results of testing patients surviving fulminant MH and unrelated low risk subjects
Acta Anaesthesiol Scand 1997; 41; 955-966

Equipment for Difficult Airway Management Workshop

As an initiative arising out of a suggestion by Prof Bill Runciman, a workshop was held at Ulimaroa to develop an expert consensus on the equipment needed to manage a patient with a difficult airway.

The following attended the workshop, which was held on 5 April 2008:

Dr Paul Baker, NZ
Mr John Biviano, Vic
Dr Margie Cowling, SA
Dr Brendan Flanagan, Vic
Prof Alan Merry, NZ
Prof Harry Owen, SA
Dr Richard Riley, WA
Prof Bill Runciman, SA
A/Prof David Scott, Vic
Dr Reny Segal, Vic

A pre-meeting literature research identified a number of relevant resources.^{1,2,3,4,5} The benefit of alternative airway devices outside the operating room has been reviewed by Thomas C Mort.^{2,6}

Several recent coroner's cases have involved 'can't intubate, can't ventilate' scenarios that have resulted in tragic outcomes and highlighted the need for better management of airway emergencies. A recent audit in New Zealand identified inconsistencies and deficiencies of airway equipment, confirming the need for a regional airway management equipment guideline.¹ This guideline should address issues of content, proximity, education and quality assurance. Such a guideline is consistent with initiatives from other national professional societies.⁷⁻¹³

Three work streams have been identified for the future development of ANZCA guidelines:

1. Equipment for difficult airways
2. Training for difficult airways
3. Patient assessment (and setting)

The first stage will be a guideline on equipment. This will rely on evidence base wherever possible and a process of further consultation will be followed before the guideline is finalised.

A future workshop will address the second and third streams.

ALAN MERRY
New Zealand

References

1. Baker PA, Hounsell GL, Futter ME, Anderson BJ: *Airway management equipment in a metropolitan region: an audit*. *Anaesth Intensive Care* 2007; 35: 563-9
2. Mort TC: *Emergency tracheal intubation: complications associated with repeated laryngoscopic attempts*. *Anesth Analg* 2004; 99: 607-13, table of contents
3. Ericsson KA: *An expert-performance perspective of research on medical expertise: The study of clinical performance*. *Medical Education* 2007; 41: 1124-1130
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Quality & Safety continued

Airway Training Program

In response to concerns regarding adverse airway events, an airway training program has been developed at Royal Perth Hospital (RPH) with the aim of improving airway management skills of both trainees and consultants.

The airway training program has been in place for four years and an airway fellow is rotated through every six months. The program includes dedicated airway teaching sessions, utilising the full range of airway teaching techniques for anaesthetic trainees and consultants as well as medical staff from other critical care areas. Research and clinical audits are also generated from the training program. The airway fellow attachment forms a comprehensive experience that aims to produce future consultant 'airway trainers', who are experienced in contemporary airway management and many of the consultant airway trainers were once airway fellows at RPH.

Dedicated, non-clinical airway training sessions are held twice a week. These are made up of one session in the 'dry lab' and one in the 'wet lab'. Sessions involve one of the consultant airway trainers, the airway fellow and a maximum of two trainees or consultants as participants. These small groups allow for maximum participation and concentrated learning.

DRY LAB

The 'dry lab' consists of a dedicated room in the operating theatre complex that contains a comprehensive array of airway equipment, multiple bench models, an interactive simulator

(Sim-Man®) and audio-visual equipment. Also included are an anaesthetic machine and a difficult airway trolley including a VBM™ Manujet jet ventilator so as to replicate the equipment found in clinical areas. The bench models include two Laerdal® airway management trainers, an AMBU® intubation head, a Portex® cricothyroidotomy trainer, anatomical airway demonstration models and a Dexter® endoscope trainer. There are also operating fibrescopes and a visual screen to allow for simulated fibreoptic intubation. The dry lab is in close proximity to operating theatres and trainees are encouraged to use the facilities outside of the dedicated airway training sessions.

An introductory airway management session is held for basic year FANZCA trainees and critical care personnel. This consists of simple airway skills such as rapid sequence induction, bougie use and the use of different laryngoscopes, endotracheal tubes and laryngeal mask airways. Advanced airway skills management sessions are run for advanced trainees and consultants. The emphasis here is on the use of fibreoptic scopes, Aintree catheters, retrograde intubations and solutions to difficult scenarios. Emergency cricothyroidotomy and trans-tracheal ventilation are practised and discussed as part of the wet lab session.

A dry lab session usually begins with an interactive group discussion about experiences, scenarios and theory behind airway management choices and their applications. Difficult airway algorithms

such as those published by the Difficult Airway Society (DAS) and American Society of Anesthesiologists (ASA) are followed. Audiovisual equipment and models of the upper airway are used to help explain anatomy and different techniques including a demonstration of the difference between good and poor fibreoptic techniques.

WET LAB

'Wet lab' sessions consist of a separate session for trainees and consultants. It has been extended to other specialists within RPH and other hospitals. The sessions focus on the teaching of emergency cricothyroidotomy and trans-tracheal ventilation in the 'can't intubate, can't ventilate' (CICV) scenario. Sessions begin with a discussion and demonstration on a manikin, of techniques involved in managing a CICV scenario followed by similar procedures on live sheep in the wet lab teaching area. Due to the close association of RPH with the veterinary department on location at the hospital it has been possible to set up the wet lab which consists of an operating theatre with anaesthetic machine, piped gas, suction and monitoring. The live sheep are anaesthetised, intubated and ventilated for the routine production of blood agar plates by venesection prior to euthanasia. Approval has been granted by the animal ethics committee to teach and practice emergency cricothyroidotomy, whilst keeping the sheep anaesthetised, prior to euthanasia. The sheep are extubated with anaesthesia being maintained via intravenous barbiturate.

When oxygen saturations fall to 70% the participants are required to manage a CICV scenario. The core skill they first perform is an emergency needle cricothyroidotomy using a 14G Insyte™. This is followed by oxygenation first using low pressure oxygen tubing attached to a flowmeter and three way tap, followed by a high pressure VBM™x Manujet ventilator. Emphasis is placed not only on the insertion of the cannula but also on the technique of safe jet ventilation.

The live sheep model recreates the stress of the CICV scenario. There is a degree of anxiety and sense of responsibility in participants as they attempt to adequately oxygenate a live subject. Realistic dynamic changes in oxygenation are demonstrated by the pulse oximeter. There are often complications such as bleeding, aspiration, surgical emphysema, kinking of the cannula and cardiac arrest, which are likely to resemble real life events and troubleshooting these problems is an invaluable learning experience. The CICV model has been used to compare different cannulae, Seldinger techniques (e.g. Melker® kits) and surgical cricothyroidotomy techniques. There is opportunity for simulation of difficult neck anatomy that is achieved with the infusion of saline subcutaneously into the neck thus obscuring landmarks and placing the trachea deep to the skin. It emphasises correct use of the cannula as well as the use of dissection and displacement of the neck tissues prior to needle or surgical cricothyroidotomy. It also allows the demonstration of the benefit of ultrasound. At the end of the session the sheep are euthanised as per local veterinary protocol.

Attendance at the wet lab is purely voluntary with verbal and written information provided prior to participation. Ethical considerations are discussed and personal beliefs are respected. Personal safety is maintained and protective clothing used. We have been able to conduct observational studies on this realistic model and have recently formulated a CICV algorithm for anaesthetists. This focuses on cannula techniques and hence is directed specifically at the practical skill base of anaesthetists.



ADDITIONAL TRAINING

In addition to the structured teaching sessions the airway fellow is allocated to a weekly ENT and Maxillary-Facial list, so that the theoretical and simulated knowledge of airway management can be transferred to the clinical setting. A consultant airway trainer supervises these lists. Later in the fellowship an extra junior registrar is allocated so that the airway fellow can assume the teaching role. The fellows also make themselves available to assist or observe in the management of other patients with predicted difficult airways.

A fiberoptic course has been designed and run whereby participants have the opportunity to practise both the local anaesthetic technique and fibro-endoscopy on each other. It also allows the trainers to develop and improve training techniques.

A monthly discussion club presents relevant and interesting journal articles for interested participants. The 'Airway group' often presents results of audits and research or other interesting publications to the anaesthetic department at weekly meetings.

In summary the airway training program at RPH has benefited the anaesthetic department by increasing the interest in airway management and its training. The structured approach has improved the amount of airway training for the trainee, hopefully meeting limitations in the current fellowship. It also has facilitated for the development of consultant airway trainers to become experts in airway management and to teach this expertise. We would recommend other anaesthetic departments consider initiating similar structured programs to gain from these benefits.

SHANNON MATZELLE
(Airway Fellow)
ANDREW HEARD
PATRICK EAKINS
(Consultants, Airway Training Supervisors)
Anaesthesia & Pain Medicine Department
RPH Western Australia

Victorian Regional Committee Australian and New Zealand College of Anaesthetists Annual Report March 2007 to April 2008

OFFICE BEARERS

Winifred Burnett

Chair

Rowan Thomas

Deputy Chair

Rod Tayler

Honorary Secretary/Treasurer

Craig Noonan

Regional Education Officer

Richard Horton

Assistant Regional Education Officer

Maggie Wong

Formal Project Officer

Debra Devonshire

Continuing Medical Education Officer

Paul Mezzavia

Assistant Continuing
Medical Education Officer
(June 2006 – July 2007)

Mark Hurley

Joined November 2007

Andrew Buettner

3rd Year Training Liaison Officer

Annabel Orr

Social Officer

Fred Rosewarne

Paramedical Personnel Officer

Andrew Schneider

Safety Officer

EX-OFFICIO MEMBERS

Kate Leslie

Councillor

Tony Weeks

Councillor

Rod Westhorpe

Councillor

CO-OPTED

Assoc Prof Larry McNicol

Victorian Consultative Council
on Anaesthetic Mortality and Morbidity

Simon Reilly

Australian Society of Anaesthetists
Representative

Julia Fleming

Faculty of Pain Medicine Representative

Richard Bulach

New Fellow (from 5/2/07 – 31/4/08)

Sean Hearn

Trainee Issues (from 5/6/06 – 31/10/07)

TOTAL NUMBER OF REGIONAL COMMITTEE MEETINGS FOR YEAR

2007 = 8

2008 = 2

Daphne Erler

Victorian Regional Co-ordinator

Kate Briggs

VRC Course Co-ordinator

ATTENDANCES OF ELECTED MEMBERS

Dr Buettner	7/10
Dr Burnett	7/10
Dr Devonshire	8/10
Dr Horton	9/10
Dr Hurley	4/10 (joined Nov 07)
Dr Mezzavia	1/10 (Resigned July 07)
Dr Noonan	8/10
Dr Orr	5/10
Dr Rosewarne	6/10
Dr Schneider	9/10
Dr Tayler	10/10
Dr R Thomas	10/10
Dr Wong	3/5 (6 Months Sabbatical from Aug 07 – Jan 08)

INTRODUCTION

During 2007 the VRC continued to focus on conducting Continuing Medical Education and Quality Assurance Meetings for Fellows, running Pre-Fellowship Courses for Trainees and organising other VRC functions.

In its second year of office, the VRC saw some changes to the membership with the resignation of Dr Paul Mezzavia and the co-opting of Dr Mark Hurley in his place. Also during the year Dr Richard Bulach was invited to join the Committee as a new Fellow for the remainder of the current term of office. In August of 2007 Dr Maggie Wong went on sabbatical for six months to the United Kingdom and returned in early 2008. The new Course Coordinator Kate Briggs was welcomed to the VRC in January 2007 and has provided excellent service and support to the Committee, the convenors and the trainees.

Members of the VRC contributed substantially to the Annual Scientific Meeting at the Melbourne Exhibition and Convention Centre in May 2007.

The conference was a tremendous success with 1892 registrants for a four day program entitled '*Perioperative Medicine: Evidence and Practice*'. There were 36 workshops, 39 PBLDs and four QA sessions in addition to three concurrent lecture streams and the social program.

The conference was strongly supported by the health care industry and provided an excellent forum for continuing professional development.

The VRC would like to thank all Fellows who contributed to the scientific program and to recognise the contribution of the organising committee who were:

Rowan Thomas
Convenor

David Story
Scientific Convenor

Julia Fleming
FPM scientific convenor

Winifred Burnett, Rick Horton
Workshop convenors

Rod Tayler
PBLD convenor

Andrew Schneider
Social convenor

Chris Fiddes
HCI liaison

Maggie Wong
New Fellows' Conference convenor

Ian Rechtman, Peter McCall
ROC committee members

Kate Leslie
Council representative

Margie Cowling
ANZCA ASM officer

Christine Gill
ASM Administrative officer

Juliette Mullumby
Executive officer

The Committee continues to dedicate time out of their busy schedules to reviewing Professional Documents, undertaking hospital reviews and Area of Need and OTS assessments. Their interest in matters relating to anaesthesia and the quality of service and training is invaluable to the College and we look forward to their continuing support.

CME Evening Meetings run by the VRC during the year were by all accounts very successful and were applauded for their quality and content by the participating Fellows of the College.

CONSULTATIVE COUNCIL ON ANAESTHETIC MORTALITY AND MORBIDITY (CCAMM)

The major issue for VCCAMM for 2007 was the publication in October of the Ninth Report of the Victorian Consultative Council on Anaesthetic Mortality & Morbidity.

In addition, there were three new members appointed to Council during the year; Dr Gino Toncich who is the representative of the Australasian College of Emergency Medicine, Dr Alex Barbarczy and Dr Robert Beavis who are the representatives nominated by the Australian Society of Anaesthetists. Dr Barbarczy also previously served on Council from 1998-2004.

EDUCATION

Annual Registrars' Scientific Meeting

The Annual Registrars' Scientific Meeting was held on Friday, 27 July 2007 at ANZCA House. The Meeting was a great success and continues to draw strong support from both Trainees and Fellows of the College. The prize was generously sponsored by Pharmatel Fresenius Kabi Pty Ltd.

Our grateful thanks go to the Convenor Dr Craig Noonan and Formal Project Officer Dr Maggie Wong for giving their time and support so generously in the running of this event.

Victorian Trainee Committee (VTC)

The Victorian Trainee Committee had a change of committee membership from November 2007, with Dr Suzi Nou being elected as Chair and Dr Kushlani Stevenson as Co-Chair.

A significant factor in the improved governance of the VTC has been the opportunity to hold meetings at ANZCA House and the invaluable support of the VRC Secretariat, Ms Daphne Erler and Ms Kate Briggs. The 2007 VTC Committee met seven times during the year.

Whilst the VTC considers its main role is to represent Victorian trainees, in 2007 there was a focus on improving communication and transparency between the VTC and ANZCA.

One initiative that the new Committee undertook was to develop a plain language summary of the Formal Project Guidelines. These were made available to new trainees attending the orientation to Anaesthesia Training Course hosted by the VRC in February this year. Other collaborative efforts between the VTC and VRC have been assistance with the AGM, an Airways Workshop and regular attendance at VRC meetings. The VTC also participated in a DHS Ministerial Review of Public Health Medical Staff.

The VTC values the opportunities to be involved in College activities and hopes by so doing, to raise the profile of these events amongst trainees.

In 2008 the VTC hopes to further improve communication with trainees so that they can be better represented to the College.

Orientation Meetings

In February, the VRC held the 2008 Orientation Course for new and first year Registrars and recorded the best ever attendance at this course. The program this year took on a more interactive format that commenced with a presenting of the College's museum pieces followed by a presentation on the new website and online functionalities. The remainder of the program consisted of a panel discussion that included the College's Director of Education, a representative from GASACT, the Chair of the Victorian Trainee Committee, the Formal Project Officer and Supervisor of Training at the Austin. The Regional Education Officer, Dr Richard Horton guided a very interesting program through to a satisfactory conclusion.

FINANCE

The College financial system and processes continue to evolve so as to provide a more user-friendly system for both the Finance Department and staff in general.

IT AND WEB SERVICES

The IT Department over the last twelve months has implemented some significant changes to the level of equipment and support services provided to staff. The new website was launched in late 2007 and the new VRC web page went live in early 2008.

CONTINUING EDUCATION

The number and quality of CME activities for Anaesthetists and trainees in Victoria continues to grow. VRC sponsored activities included:

21 April 2007

Airway Workshop for Trainees –
Convenor: Dr Rod Tayler.

21 April 2007

Airway Refresher Workshop for Fellows –
Convenor: Dr Rod Tayler. The program included an interactive lecture ranging from routine airway management issues through to coping with challenging situations. The Workshop included hands-on activities and small group discussions.

24 April 2007

Clinical Teaching Course
'Assessment in the Workplace'.
Convenor: Professor Russell Jones.

27 Jul 2007

Annual Registrars' Scientific Meeting
at ANZCA House.
Convenor: Dr Craig Noonan.

28 Jul 2007

28th Annual Combined ANZCA/ASA Continuing Medical Education Meeting. 'Facing the Challenges of the Future!', at Sofitel Hotel, Melbourne.
Convenor: Dr Debra Devonshire.

18 Aug 2007

Quality Assurance Workshop in conjunction with the ASA.
Convenor: Dr Rod Tayler.

13 Sep 2007

CME Evening Meeting. 'Anaesthesia For Bariatric Surgery'. Presenter was Dr Ashish Sinha, Department of Anesthesiology & Critical Care, University of Pennsylvania, School of Medicine.
Convenor: Dr Debra Devonshire.

The 28th Annual Combined ANZCA/ASA CME Meeting was held on 28 July 2007 at the Sofitel Hotel, Melbourne.

The Meeting theme was 'Facing the Challenges of the Future!' The Program consisted of four Sessions and focused on anaesthesia's interaction with global conflict, poverty, environment and electronic media. Speakers included international and interstate anaesthetists and members of the local anaesthesia fraternity.

Delegates enjoyed the topical presentations and the international flavour of the meeting. Attendance was lower than in previous years due in part to other major science based meetings occurring at and around the same time. The health care industry, which was once again well represented at this meeting, is thanked for their ongoing support.

The Convenor, Dr Debra Devonshire, and the CME Organising Committee are thanked for their generous time and effort that went into the organising of this event. Also gratefully acknowledged is the support and administrative assistance provided by the ASA.

Once again, anaesthetic departments organised additional CME activities for Victorian Fellows. We thank them for their initiatives and contribution in a climate of heavy workloads and demanding schedules. The high standard of these meetings, combined with College and ASA activities, provided ample CME activities in Victoria.

RURAL REPORT – REQUESTED FROM FRED 21 FEB 08

Staffing issues have remained a major concern during 2007. Despite a significant increase in anaesthetists opting for rural and regional anaesthetic practice, the increased workload associated with an expansion of services has meant that demand for anaesthetists continues to grow. Increased numbers of professional development activities have been strongly supported by the GP anaesthetists of Victoria including the Travelling Speakers program and RWAV sponsored Interactive Workshops arranged by Dr Quentin Tibballs. The clinical refresher programs for rural GP anaesthetists at major regional hospitals, such as Ballarat, have again been well supported and demand is likely to continue to increase in the coming year. The State-wide Ultrasound in Regional Anaesthesia Audit initiated by St Vincent's Hospital (Melbourne) has been strongly supported by regional anaesthetic

departments. In terms of total block numbers registered in the audit during 2007, five of the top seven hospitals were outside of metropolitan Melbourne.

SAFETY

The VRC received reports of failed spinal anesthesia for Caesarean section at both Sunshine Hospital and Royal Women's Hospital using heavy 0.5% Marcain; both from the same batch. Astra Zeneca is investigating this matter.

VICTORIAN MEDICAL POSTGRADUATE FOUNDATION INC

The VMPF Career Expo was held at the Melbourne Tennis Centre on Saturday 2 June. Dr Richard Horton has coordinated the anaesthesia booth for the last two years and his efforts and enthusiasm are thankfully acknowledged.

Last year, the Anaesthesia, Intensive Care and Pain Medicine booth was well represented by Andrea Bowyer, Mahsa Adabi, Shalini Achutan, Jason Ma, Anil Gill, Abhay Umranikar, Forbes McGain (and son), Craig French (and son and daughter), Sathyajith Kootayi, Kit James and Shiva Malekzadeh.

The Expo gave Medical students, Interns and HMOs the opportunity to talk to doctors in training and specialists in the field about the specialty and how best to navigate one's way through the selection process. Interest was great with over 100 information booklets being taken up. Our representatives enjoyed meeting the prospective future of the profession and networking with the other booth holders as nearly all the health services and major specialties were represented.

FORMAL PROJECTS

Victorian trainees have produced some interesting formal projects this year. Several trainees presented their projects at national meetings, whilst others submitted published work.

Many presented at the Annual Anaesthetic Registrars' Scientific Meeting 2007 (ARSM) organised by the Regional Education Officer, Dr Craig Noonan and the Formal Project Officer, Dr Maggie Wong. As there is an increase in trainee participation in departmental, hospital, and multi-centre studies, Formal Project submissions are required to be accompanied by a Declaration of Contribution signed by both the trainee and Supervisor of project.

For the latter half of 2007, the formal projects were reviewed and approved by Dr Richard Horton as Acting Formal Project Officer. The VRC would like to acknowledge his diligence and contribution for stepping in while Dr Maggie Wong was on sabbatical. Approved formal projects for the last twelve months are listed below.

Mullion Atkins

Serum Levels Following Multi-Dosing of Intravenous (Iv) Paracetamol in Preterm And Term Babies

Maryanne Balkin

Patient Recollection of Epidural Consent

Deas Brouwer

Case Report - Systematic Absorption of Low-Dose Oral Vancomycin

Man Cheung-Yiu

A Unique Case of Recurrent Asystole Secondary to Paroxysmal Pain of Acute Herpetic Ophthalmicus

Angela Chia

A Comparison of Stress in Anaesthesia Training between Hong Kong and Melbourne

Premilla Chinnappa

The Efficacy of a Comprehensive Educational Package on Drug Dosing, Prescribing and Administration for final year Medical Students

Adriano Cocciant

The Accuracy and Precision of Delivered Bolus Volumes from Various Sized Syringes at Nominal Capacity for Saline, Water, Colloid and Emulsion

Matthew Coglan

The Antibacterial Activities of Local Anaesthetics Used in Epidural Infusions

Myles Conroy

Outcome of Patients with Drug-Eluting Coronary Stents Presenting for Non-Cardiac Surgery

Christopher Duffy

Relative Analgesic Potencies of Levobupivacaine and Ropivacaine for Caudal Anaesthesia in Children

Natalie Gattuso

Accuracy of Self-Reported Height and Weight in Elective Surgery Patients

Guy Godsall

Application for Prior Learning to be Considered as Formal Project

Doran Gradstein

Literature Review of the Use of Insulin During Cardiac Surgery

Adrian Grico

Case Report – Rigid Bronchoscopy-Guided Percutaneous Tracheostomy – Published Article

Benjamin Hallett

Perioperative Medicine and Anaesthesia – A Handbook for the Mongolian Society of Anaesthetists

Mark Heynes

Master of Medicine (Pain Management) Degree

Madeleine Ho

Epidural Cooling for Spinal Cord Protection in Thoraco-Abdominal Aortic Surgery: A Melbourne Experience

Brad Hockey

Review of the Identified Mutations and the Functionally Analysed Mutations of the Ryanodine Receptor and Other Genes Involved in Malignant Hyperthermia

Stephen Hur

Change of Anaesthetic Record to Meet the Growing Medicolegal Challenge

George Iacono

Risk of Respiratory Complications and Wound Infection in Patients Undergoing Ambulatory Surgery

Daniel Jolley

Free and Open Anaesthesia Monitoring Equipment for Developing Countries

Roni Krieser

Modern Use and Safety of the Laryngeal Mask Airway: A Prospective Audit

David Lam

ID 14934
Subarachnoid Haematoma after Spinal Anaesthesia Presenting as Transient Radicular Irritation – A Case Report, Literature Review and Discussion

David Lam

ID 38296
Long-term Morbidity and Mortality Follow-up to the B-Aware Trial in Ballarat Base Hospital

Emelyn Lee

Formative Assessment of FANZCA Module 1: Design of a Bank of Online Multiple Choice Questions

Ian Letson

General Anaesthesia for Caesarean Section at the Mercy Hospital for Women – A Five Year Audit

Enjarn Lin

Cell Salvage and Autotransfusion does not Increase Post-Operative Bleeding – A Randomized Controlled Study

Li Lin

Presentation of Hemiplegic Migraine-Hemiplegia and Hemi-Sensory Loss Following General Anaesthesia

Francis Loh

Unplanned Admission to the Intensive Care Unit in Postoperative Patients – An Indicator of Quality of Anaesthetic Care?

Matthew Matusik

Sedative Premedication in Patients with Cardiovascular Disease

Daniel McIntyre

Subarachnoid – Cutaneous Fistula Post Intrathecal Infusion

Al Motavallie

Analysis of POISE Study Patients at the Royal Melbourne Hospital

Ainslie Murdoch

A Case Study of Tracheobronchial Rupture Complicating Endotracheal Intubation



Bradley O'Connor

Non-Invasive Metabolic Monitoring of Patients Under Anaesthesia by Continuous Indirect Calorimetry – An In-Vivo Trial of a New Method

Poh Loong Sharon Ong

Post-Intubation Tracheal Web

Frank Raineri

Cardiac Complications and Mortality Rates in Diabetic Patients Following Non-Cardiac Surgery in an Australian Hospital

Barbara Rodriguez

How do Anaesthetists Choose Their Drugs in Clinical Practice?

Philip Russell

Reliability of Pulse Palpation as a Test for Cardiac Arrest by Healthcare Personnel to Diagnose Paediatric Cardiac Arrest

Stefan Sabato

Epidural Analgesia Compared to Peripheral Nerve Blockade after Major Knee Surgery – A Systematic Review and Meta-Analysis of Randomized Trials

Mhousci Scanlan

Anaesthetic Department Guidelines for the Insertion and Use of Central Venous Catheters, Pulmonary Artery Catheters and Peripherally Inserted Central Catheters at the Alfred Hospital

Lyndon Siu

Effect of Patient Positioning On Acquisition of Cardiac Output Measurement with USCOM (Ultrasonic Cardiac Output Monitor)

Mark Suss

Robotic Surgery and Anaesthesia – A Review

Jason Thomas

Ropivacaine Spinal Anaesthesia In Neonates: A Dose Range Finding Study

Burger Van Der Merwe

ENIGMA Trial Long-term Follow-up Study

Evan Weeks

Acupuncture for the Management of Post-operative Nausea and Vomiting – A Patient Survey in an Australian Hospital

Amanda Young

Understanding Ourselves – Issues Confronting Registrars and how they Cope

Sandy Zalstein

Haemostatic Resuscitation: Recent Advances Learned from Treating Combat Trauma Patients in the Middle East

The VRC remains very committed to and involved in Health Care Committees. Listed below are VRC Members on External Committees:

Dr Annabel Orr

Coroner's Health and Medical Advisory Committee

Dr Richard Horton

AMA – Victorian Council

Dr Winifred Burnett

Committee of Chairmen of Victorian State Committees of Medical Colleges (Chair VRC)

Dr Winifred Burnett

RACS Victorian State Committee (Chair VRC)

Dr Winifred Burnett

ASA State Committee (Chair VRC)

A/Prof L McNicol

Consultative Council on Anaesthetic Mortality and Morbidity

Dr Rodney N Westhorpe

Anaesthesia Continuing Education Co-ordinating Committee

Dr Richard Horton

Victorian Medical Postgraduate Foundation (VMPPF)

CONCLUSION

The Victorian Regional Committee would like to thank all Fellows for their contribution to the activities outlined above and for their general support of the College as it strives to sustain its position as a meaningful and vibrant provider in the training of specialists in anaesthesia, intensive care medicine and pain medicine.

Finally the committee would like to thank the VRC administrative staff for their valuable assistance during the year.

New South Wales Regional Committee Australian and New Zealand College of Anaesthetists Annual Report April 2007 to March 2008

OFFICE BEARERS & MEMBERS

Dr Joanna Sutherland

Chair

Dr Stephen Barratt

Deputy Chair

Dr Michael Amos

Secretary/Treasurer

Dr Tracey Tay

Regional Education Officer

Dr Stephen Barratt

Formal Project Officer

Dr Mark Priestley

Continuing Education Officer

COMMITTEE MEMBERS AND ATTENDANCE

Dr Michael Amos	4:6
Dr Margaret Bailey	4:6
Dr Stephen Barratt (resigned December '07)	2:5
Dr Kim Gray	6:6
Dr Richard Halliwell	5:6
Dr Stafford Hughes	6:6
Dr Richard Morris	4:6
Dr Blair Munford (resigned June '08)	0:2
Dr Brad Smith (co-opted August '08)	4:4
Dr Gregory O'Sullivan	4:6
Dr Keith Streatfeild	3:6
Dr Joanna Sutherland	6:6
Dr Tracey Tay	6:6

EX-OFFICIO MEMBERS

Dr Francis Moloney

Councillor

Dr Michael Levitt & Dr Anthony Padley

ASA Representative

Dr Ray Raper

Joint Faculty of Intensive Care
Medicine Representative

Dr K E Khor

Faculty of Pain Medicine Representative

Dr Stephen Brazenor

ACT Representative

Dr Natalie Smith

New Fellows Representative

Dr James Halloway

Trainee Committee Representative

Professor Peter Kam

Course Organiser – Primary

Dr Timothy McCulloch &

Dr Andrew Watts

Course Organiser – Final

REPRESENTATIVES ON EXTERNAL COMMITTEES

Dr Joanna Sutherland

- > Committee of Chairmen of NSW State Committees of Medical Colleges
- > Standing Committee of College Chairmen
- > NSW State Committee,
Royal Australian College of Surgeons
- > Working Party – Pre Procedure Preparation Tool Kit (NSW DoH)

Dr Michael Amos

- > Committee of Management,
Australian Society of Anaesthetists
- > Greater Metropolitan Clinical Taskforce

Dr Tracey Tay

- > Working Party – Pre Procedure Preparation Tool Kit (NSW DoH)

Jan Taylor

(to June '07)

Annette Strauss

(from July '07)

- > NSW Regional Co-ordinator

Annette Strauss (to June '07)

Suyin Conabere (from July '07-Feb '08)

- > Course Co-ordinator
& Administrative Officer

TOTAL NO. OF REGIONAL COMMITTEE MEETINGS FOR YEAR: 6

OFFICES AND SECRETARIAT

117 Alexander Street,
Crows Nest NSW 2065



Wet Simulation Lab, Royal North Shore Hospital, Sydney

REGIONAL EDUCATION OFFICER

Dr Tracey Tay

The broad issue of supervision of junior staff has been in the spotlight in NSW. In the context of anaesthesia training, the NSW Regional Committee has discussed ways in which we can support Supervisors of Training in their often difficult job.

Representation has been made, along with other Colleges, through the NSW Institute for Medical Education and Training, for NSW Health to show greater recognition for the role of SoT by ensuring adequate time, space and administrative support.

In addition, nomination of new Supervisors of Training is followed by a more thorough discussion with the nominee. Orientation to the role is given, along with encouragement to identify a mentor in the form of a more experienced SoT and the offer of assistance from the REO at any time. Furthermore, supervisors are directed to the College resources for a framework to manage difficult issues and encouraged to notify the College early if the usual processes are inadequate.

A trial of a web streamed education session was conducted in 2007. 28 trainees provided feedback. While there were many constructive suggestions for improvement of the technical aspects of the stream, there was unanimously positive feedback for the model that allows viewing of high quality educational material at the convenience of the trainee. An expanded trial is now in development that aims to provide 20 such sessions to support Final Examination preparation.

Thanks again to all Supervisors of Training who provide an essential service under often difficult conditions.

FORMAL PROJECTS

Dr Joanna Sutherland

(Acting Formal Project Officer)

For the 2007 year this office received 64 formal project proposals of which 57 projects were finally approved. Many thanks to all who have assisted with review of projects – this is a time consuming, but rewarding activity. I particularly thank Richard Morris for his support.

Projects approved 2007

Malcolm Albany

Audit of Blood product use at Sydney Aeromedical Retrieval Service & Careflight Retrieval Services (Joint Project by Drs Eu-gin Lim and Malcolm Albany)

Michael Ayling

Sciatic nerve block in a battle casualty amputee

Luke Barnett

The Use of Neuraxial Anaesthesia Techniques in Parturients with Spinal Dyraphism – A Review of the Literature

Aaron Bellette

Complete Tracheal Transection: Case Report & Literature Review

Robert Bolger

Failed Intubation/Failed Ventilation and Fulminant Malignant Hyperthermia in an 18 year old man for Appendicectomy

Lyndon Chee

Pilot Study of the Application of Potential Utility of Ultrasound During the Insertion of Peribular Eye Blocks for

Patients Undergoing Elective Cataract Extraction and Insertion of an Intraocular Lens

Peter Clapham

Improving the Practice of Nutrition in the Critically Ill: An international Quality Improvement Project

Lisa Dayman

An interaction between Tramadol & Warfarin

Kent Douglas

A Retrospective audit of Obstetric Epidural practice at the Nepean Hospital over the 18 month period 01-07-2003 to 31-12-2004

Billy Drew

Acute pain service data management system using a personal digital assistant data collection interface

Carl D'Souza

Pharmacology for the Primary Exam

Tamara Eichel

Difficult Airway Management

Kate France

Respiratory complications in children with obstructive sleep apnea post-adenotonsillectomy: Assessing the need for routine post-operative intensive care monitoring

Bart Fielden

Audit of acute pain management in recovery before and after introduction of a standardised pain management protocol

Winnie Fung

Introduction of Obstructive Sleep Apnoea Guideline in Concord Hospital



Susan George

Intracerebral haemorrhage from a cerebral arteriovenous malformation following Caesarean section.

Wendy Goh

Adverse reactions to Intravenous Contrast; Anaesthetic Implications

Andrew Guy

Discitis following spinal anaesthesia – a case report and literature review

Adam Hastings

Long-term follow-up for evaluation of nitrous oxide in the gas mixture for anaesthesia (ENIGMA) trial – Westmead Hospital

Andrew Hehir

Master of Medicine with submission of research on patient safety

B J Huh

Femoral Nerve Block under US Guidance

Delyth Jones

Rethinking the difficult airway trolley: using simulation to standardise difficult airway trolleys across an area health service.

Sarah Khatib

Fat Embolism

Dae-Soo Kim

Perioperative use of recombinant activated factor VII for bilateral hip arthroplasty in a patient with hemophilia A and inhibitor.

Orison Kim

Elective Caesarean section for a Woman with Emery-Dreifuss Muscular Dystrophy

Sam Koch

Intravenous infusions in hyperbaric chambers: effect of syringe plunger construction on syringe function

Steven Koh

Bachelor of Science (Medical) (Honours)

Oscar Kwon

Aprepitant and Substance P/Neurokinin 1 Antagonists: pharmacology and role in postoperative nausea & vomiting

Hai Yen Lam

Redesigning the Anaesthetic Record Chart at Liverpool Hospital

Tai Quy Lam

Trends in anaesthetic education methods: mind mapping and concept mapping – a look at endocrine physiology

Richard Lees

Case studies in Sepsis 1 & 2

Shawn Li

Psychomotor Performance of Anaesthetic and ICU Registrars During a Week of Night-Shifts

Clarence Lim

Anaesthetic Management of a Neonate with Arthrogyrosis Multiplex Congenita (AMC)

Eu-gin Lim

Audit of Blood product use at Sydney Aeromedical Retrieval Service and Careflight Retrieval Service (Joint Project by Drs Eu-gin Lim and Malcolm Albany)

Khai-Ching Lim

A case report of a patient with a BIVAD and a history of Heparin-Induced Thrombocytopenia requiring a heart and kidney transplant

Andrew Lo

A New Technique for Regional Anaesthesia and Nerve Localisation Utilising Realtime Ultrasonography in the Performance of the Midhumeral Brachial Plexus Block

Knox Lo

Survey of Acute Pain Service Data Collection in Aust & NZ: an Application to Nepean Hospital

Bojidar Manasiev

One-lung Ventilation

Tim Morgan

Hypoglycaemia Coma in Undiagnosed Acute Fatty Liver of Pregnancy

Sagy Nathan

Minimally Invasive Robotic Mitral Value Repair: An Anaesthetic Regimen

Angus Neal

Fellowship of the Joint Faculty of Intensive Care Medicine

Alex Oh

Screening for diabetes in Pre-Admission Clinic using random capillary glucose measurement

Ben Olesnicky

Total Intravenous Anaesthesia vs Volatile Based Anaesthesia; An Evidence Based on Review of Differences'

Michael Poon

Literature Review & Airway Workshop Manual

Brendan Powers

B-Aware Trial Long-term Morbidity & Mortality Follow-up at Prince of Wales Hospital, Randwick

Ian Sherratt

Outpatient General Anaesthesia for Magnetic Resonance Imaging in Children – Evidence from a Prospective Audit

Joanne Silverton

'Introduction of a new epidural information pamphlet: A patient satisfaction survey'

Michael Stone

Masters of Medicine (Pain Management)

Alice Summons

Two cases reporting the use of a biliary catheter with variable balloon inflation as a bronchial blocker for single lung ventilation in infants

Arun Thiagarajan

'Use of Helium-Oxygen (Heliox) Mixtures in Upper Airway Obstruction: A Literature Review and Suggested Protocol'

Minh Hai Tran

Xenobiotic induction of human CYP3A genes using transgenic mouse models: The effects of herbals

Thanh Tran

A 5 year audit of oesophagectomy outcomes at Nepean Hospital

Michelle Tso

Stereoselective effects of ketamine on dopamine, serotonin and noradrenaline release and uptake in rat brain

Andy Wang

Anaesthetist's responses to patients' self-reported drug allergies

Gary Willis

Transient Pourfour du Petit Syndrome following a non-fatal gunshot wound to the neck

Caroline Yeoh

The Australasian Cardiac Anaesthesia and Surgery Survey – results from a participating hospital

Wanda Yung

'A Prospective Audit on the Use of Ultrasound Guided Vascular Access and Regional Anaesthesia in Westmead Hospital to Evaluate its Efficacy Safety and Patient Satisfaction'.

CONTINUING EDUCATION

In 2007 the NSW ACE Committee organised three education meetings – 2 one day meetings in Sydney and a weekend meeting in Orange.

The first meeting for the year, 'Code Orange – Anaesthetic Complications: Their Management and Prevention', was held in Orange on 21-22 April 2007. It featured three sessions of lectures and two sessions of workshops and covered a wide range of complications including airway disasters, arrhythmias, anaphylaxis and nerve injuries, as well as many related general topics such as incident monitoring and root cause analyses.

Orange was a new venue for our meetings and the ACE committee was keen to test the management and popularity of a regional centre slightly further away from Sydney than the usual Hunter Valley/Blue Mountains/Southern Highlands destinations. Thanks to the exuberance and excellent management of the local anaesthetists, in particular Drs Tsung Chai, Ming Chan and Frank Moloney, the meeting was extremely successful – well attended and highly praised for both the magnificent scientific and social programs. Orange is certainly a bright spot on the culinary map. It is clear that ACE meetings can successfully be run outside the Sydney basin and the committee welcomes suggestions for future NSW rural venues.

The second meeting, 'Potions for Muggles' was held on Saturday 11 August 2007 at the Hilton Hotel in Sydney. It was both a pharmacology update and a farewell to Professor Laurie Mather, an icon in the field of anaesthesia research

in Australia. Professor Mather himself contributed to the program with interesting insights into the progress of anaesthetic pharmacology, and many of his co-contributors at the meeting were colleagues or former students. Once again the meeting was well attended and received good feedback.

The final meeting of the year, 'Improving your Image' was held on Saturday 27 October 2007 at the Sydney Convention and Exhibition Centre, Darling Harbour. It was an update in the anaesthetic related aspects of ultrasound, radiology and other imaging modalities. Particular emphasis was given to the emerging use of ultrasound in regional anaesthesia and vascular access.

Attendees once again provided very positive feedback about the sessions, with the talks from non-anaesthetists (cardiologist, radiologist and surgeon) being particularly popular. Although the venue is very popular as it is purpose built for such meetings and the catering is excellent, it is a more expensive venue and as the number of registrations was a little lower than expected the meeting ran at a financial loss. This has resulted in the ACE committee reviewing its financial practices and future meetings will have registration fees that more accurately reflect the true running costs.

As always, the NSW ACE committee welcomes input from the broader anaesthetic community when planning topics, formats and venues. Even the wider interpretation of 'Anaesthesia Continuing Education', in our current age of electronic information, could be considered to extend beyond the

traditional format of centralised lectures and workshops. Post us your ideas at nsw@anzca.edu.au to 117 Alexander St, Crows Nest NSW 2065, or talk directly to a committee member. The current committee members are Mark Priestley (Chairman), Leonie Watterson, Chris Jones, Steven Gibson, Catherine Downs, Michael Bennett, Richard Connolly, David Kinchington, Tsung Chai and David Elliott.

DR MARK PRIESTLEY
Chairman NSWACE

PROFESSIONAL AFFAIRS

A number of significant changes have occurred during 2007 for the NSW Regional Committee. Early in the year we farewelled two resigning members – Drs Blair Munford and David Cottee. We thank Blair and David for their contributions to the work of our committee. At the end of 2007 Dr Stephen Barratt resigned as a member of the Committee and Formal Project Officer after five years of service. Sincere thanks to Stephen, and also to Dr Richard Morris who has returned to the position of Acting Formal Project Officer. Also during 2007 we said farewell to Ms Jan Taylor who has been our mainstay as Regional Co-ordinator, corporate memory and advisor to more Chairmen than she (or we) care to remember. Jan left us after ten years and we thank her most sincerely for all her hard work on behalf of ANZCA NSW and its Fellows.

Despite reporting in 2006 of the review of anaesthesia training delivered by IMET, the regional Committee is still

awaiting the response of NSW Health to this report, and implementation of the recommendations. The issues identified by IMET which continue to challenge the delivery of high quality training in anaesthesia in NSW include:

Security of funding for training positions, particularly paediatric training positions.

Support for Supervisors of Training and module supervisors – it is apparent that with the increase in medical graduates forecast for the coming years that anaesthetists who provide training and supervision are likely to need increased levels of support.

Dichotomy and conflict between training and service requirements. The regional Committee has been made aware of several rural hospitals where the nexus between training requirements of trainees and service requirements of hospitals has been problematic.

The Regional Committee has also contributed to the work of the GMCT (Greater Metropolitan Clinical Taskforce), particularly concerning issues surrounding appropriate delivery of sedation for patients undergoing gastrointestinal endoscopic procedures. Requests from this body have resulted in the revision of PS 9 (Guidelines on Conscious sedation for Diagnostic, Interventional Medical and Surgical procedures). The key recommendations are that ‘...non-anaesthetist medical practitioners wishing to provide procedural sedation/analgesia should have received a minimum of three months full time equivalent supervised training in procedural sedation and/or analgesia and anaesthesia. They should

participate in a process of In-Training and Competency Assessment. Training should include completion of a crisis resource management simulation centre course...

Annual certification in advanced cardiac and life support, and evidence of relevant Continuing Professional Development are highly desirable for credentialing...

Such trained medical practitioners should receive oversight from nominated anaesthetists in the hospital or centre.’

The NSW Regional Committee has also communicated with the NSW Coroner, with regard to appropriate reporting of deaths related to sedation, as well as to anaesthesia. It was the impression of the Committee that although anaesthetists are well aware of their obligations under the Coroner’s Act to report deaths occurring within 24 hours of the administration of anaesthesia, it is unclear whether other practitioners administering sedation and/or anaesthetic drugs (e.g. in emergency, ICU or endoscopy departments) were similarly scrupulous regarding reporting deaths subsequent to the administration of sedative drugs. (Indeed, the Act is unclear whether deaths subsequent to sedation rather than anaesthesia are a reportable outcome). This has been identified in ANZCA publications previously as a shortfall in our collection of morbidity and mortality data. Accordingly, we wrote to the Coroner with these concerns. The Attorney General’s department is currently formulating advice with a view to amending the Coroner’s Act, specifically to address these concerns.

2007 saw the inaugural ‘Part zero’

Right
Training at Royal North
Shore Hospital, Sydney

Far right
Audio/visual recording
is part of the assessment
of trainees in the
simulation lab,
Royal North Shore
Hospital, Sydney



course in anaesthesia, an introductory course for current and prospective trainees in anaesthesia, and their close family and supporters. The course was a joint venture between the ASA (NSW) and the NSW Regional Committee. The aim of this course was to address some of the non-clinical aspects of anaesthesia training, such as fatigue, depression in the workplace and coping mechanisms. As reported previously, the keynote address was delivered by Professor Gordon Parker of the Black Dog Institute, a clinical and research facility allied with the University of NSW, and specialising in mood disorders. The feedback received from this course was overwhelmingly positive, and we intend to make it a regular feature of our educational calendar.

The routine 'housekeeping' functions of the regional committee have continued with hospital accreditation inspections as well as Area of Need oversight visits. All these activities are time consuming responsibilities, and I thank all members of the Committee for their input. We have particularly welcomed the input from our colleagues in the ACT, especially chair, Stephen Brazenor, to our Regional Committee meetings, and look forward to a continuing reciprocal arrangement with the ACT to facilitate hospital accreditation and AON oversight visits. Lastly, many thanks to our administrative staff, ably led by Annette Strauss. Annette has moved up to the role of Regional Co-ordinator with enthusiasm, professionalism and dedication, allowing the Committee to fulfill its many functions.

The main focus of activity within NSW in 2008 will be the Inquiry into Acute Care in NSW Public Hospitals, chaired by Justice Peter Garling. ANZCA's submission is being co-ordinated by Professor Barry Baker (DPA) with input from our Committee. Our response to such an inquiry is a reminder of the difficulties faced by the College directly relating to its structure and governance. Policy is formulated federally, by College Council. This is both a strength and a weakness for the organisation. Clearly, it is an advantage to be a bi-national organisation when dealing with jurisdictions, and making the case for ANZCA as the pre-eminent training body for anaesthetists in Australia and New Zealand. However when dealing with NSW Health, the Regional Committee has no authority with regard to policy function, and Council has neither time nor resources to micromanage details relating to the delivery of training at a local level. My suggestion is that Council consider ex-officio status for all regional Chairs to all its meetings, or other mechanisms whereby issues of concern to the regions can be addressed more closely by Council. In the absence of such an improvement, organisations such as IMET must inevitably become more relevant to the delivery of training at a state level.

The voice of the College in NSW will only be as strong as the extent to which it represents its Fellows. If Fellows in NSW believe that ANZCA has an important and ongoing role in the delivery of training to the next generation of anaesthetists, then active involvement in College activities is required at every level.

DR JOANNA SUTHERLAND

South Australian and Northern Territory Regional Committee Australian and New Zealand College of Anaesthetists Annual Report April 2007 to March 2008

OFFICE BEARERS AND MEMBERS

(* denotes co-opted members)

Dr Kym Osborn
Chair

Dr Simon Jenkins
Vice Chair

Dr Simon Jenkins
Hon. Secretary

Dr Simon Jenkins
Hon. Treasurer

Dr Lynne Rainey
Regional Education Officer:

Dr Simon Jenkins
Formal Project Officer

Dr Aileen Craig/Dr Sam Willis
Rotational Supervisors

Dr John Clarke/Dr Ken Chin*

COMMITTEE MEMBERS

Dr Kym Osborn

Dr Simon Jenkins

Dr Charlie Clegg

Dr Lynne Rainey

Dr Glenys Miller

Dr Pam Macintyre

Dr Aileen Craig

Dr Waleed Alkhazrajy

Dr Brian Spain

Dr Johnathan Hopkinson

Dr Gerry Neumeister

EXOFFICIO MEMBERS

Dr Margie Cowling
Councillor

CO-OPTED MEMBERS

Dr Gerry O'Callaghan
Joint Faculty of Intensive Care
Representative

Dr Penny Briscoe
Faculty of Pain Medicine Representative

Dr Mark Sinclair
ASA Representative

Dr Aileen Craig
New Fellow

Dr Justin Porter/Dr Tim Porter
Trainee Committee Representative

Dr Peter Doran/Dr Julia Coldrey
Course Organisers Primary

Dr Julia Coldrey
CME Representative

Dr Todd Maddock
Course Organiser Final Fellowship

Dr Margie Cowling
Welfare Officer

**Mrs Georgina Douglas-Morse/
Mrs Jodie Cottrell**
Administrative Officers

**Total Number of Regional Committee
Meetings for Year: 9**

ATTENDANCES OF ELECTED MEMBERS

Dr Kym Osborn

Dr Simon Jenkins

Dr Charlie Clegg

Dr Lynne Rainey

Dr Glenys Miller

Dr Pam Macintyre

Dr Aileen Craig

Dr Waleed Alkhazrajy

Dr Brian Spain

Dr Johnathan Hopkinson

****Dr Margie Cowling**

* Dr Willis appointed November 2007

Dr Chin appointed February 2008

** Denotes Ex-Officio Members

THE COMMITTEE

Members of the committee have been active in a variety of college and SA Health Department activities, including the coordination of in-hospital training and courses, hospital accreditation visits and the medical career expo. I would like to thank the members for their support to me as Chairman.

OFFICES AND SECRETARIAT

The SA & NT Regional Office has undergone a change of staff following the resignation of Georgina Douglas-Morse. Jodie Cottrell was appointed to the position of Regional Officer and Tania Back joined the office in November 2007 as Administrative Assistant.

Right and far right

Lindsay 'Tub' Worthley established an annual Short Course in Intensive Care Medicine in 1983, with the first course attended by four candidates. It initially concentrated on teaching intensive care trainees the basics of intensive care medicine, but in more recent years has focussed on assisting trainees with their preparation for the Fellowship Examination. Tub ran the Course for almost 20 years, and although he has now handed over the reigns to Rob Young and an enthusiastic team including Nick Edwards, Alex Wurm and Owen Roodenberg, he continues to be involved, sharing his experience and wisdom with the candidates. In response to feedback from past participants, it now has little in terms of didactic teaching, preferring to expose the candidates to the rigors of actually sitting a written examination and a number of individual vivas and hot cases, as well as discussion on Examination technique. The Course has continued to grow in size and demand, and in 2008 was held at the National Wine Centre in Adelaide, involving 54 candidates (50 of whom were from interstate and overseas) and 27 faculty.



FINANCE

The regions finances are within budget. The introduction of more accountable financial practices should be beneficial. The cost of running our monthly CME meetings, which are videoconferenced to Darwin and Berri, have continued to be monitored and alternative venues are being considered.

The conference held as part of the Burnell Jose Triennial Visiting Professorship made a modest profit and was well supported by fellows and sponsors.

EDUCATION AND TRAINING

Courses

The Part I and Part II courses were run successfully in 2007. We would like to thank Dr Julia Coldrey, Dr Peter Doran and Dr Todd Maddock for their outstanding efforts in coordinating these courses which are invaluable in assisting our trainees to prepare for their examinations the pass rate of which remains high. Dr Coldrey and Dr Doran handed over the organisation of the Part I course in 2008 to Dr Chris Huxtable.

Many Fellows attended the Clinical Teachers workshop 'Assisting Trainees with Difficulties' conducted on Saturday, 9 June 2007 by Prof Russell Jones and Dr Di Khursandi. The Committee would like to thank the coordinators and the College for this initiative.

Rotational Training Scheme

Our rotational training scheme continues to draw many high quality applicants from across Australia and New Zealand with increasing competition for new places. We would like to thank our two rotational supervisors, Dr John Clarke

and Dr Aileen Craig who worked hard to ensure the smooth coordination of this scheme. In November Dr Clarke and Dr Craig submitted their resignation as rotational supervisors and replacements were sought. Dr Sam Willis and Dr Ken Chin were appointed as their replacements. We would like to thank Dr Clarke and Dr Craig for all their hard work and dedication.

During 2007 consideration was given to splitting the training scheme in two. After consultation with the trainees and the release of the State Health Plan it was decided not to proceed with this proposal.

Trainee Committee

Dr Justin Porter
(Chairman) succeeded by
Dr Tim Porter

Dr Andy Beinssen

Dr Luke Murtagh

Dr Raje Rajasekaram (until August 2007)

Dr David Cardone

Dr Paul Lambert

The Trainee Committee has worked hard to facilitate communication between the trainees and the Committee. Their efforts have been valuable to both trainees and the Committee. Dr Tim Porter successfully organised a Part III course for trainees.

Registrars Scientific Evening

The Registrars Scientific Evening was held on 28 November at Next Generation, Memorial Drive. Thien LeCong and Angelo Riccardelli won the prize generously donated by Abbott Australasia.

FORMAL PROJECTS

The following Formal Projects were completed in 2007

Dr Kelly Bratkovic

3 January 2007

'Anaesthesia for Off-pump Coronary Artery Surgery in a Patient with Cold Agglutinin Disease'

Dr Kristen Llewellyn

25 January 2007

'Making Noise with Meaning – the use of auditory feedback for respiratory monitoring in Anaesthesia'

Dr Victor Avramov

30 January 2007

'A randomised controlled prospective trial comparing the pharmacokinetics of epidural administration of two local anaesthetic preparations'

Dr Pedram Naderi

30 January 2007

'A randomised controlled prospective trial comparing the pharmacokinetics of epidural administration of two local anaesthetic preparations'

Dr Ivan Ward

30 January 2007

'Impact of an epidural haematoma on the rate of epidural use: an audit and survey of clinical practice'

Dr Elizabeth Freihaut

7 February 2007

'Syntocinon following LSCS'

Dr Jonathan Dutt-Gupta

24 February 2007

'The effects of warning about pain prior to IV cannulation'

Dr Toby Bown

27 February 2007

'The effects of warning about pain prior to IV cannulation'

Dr Cameron Main

20 March 2007

'Buprenorphine and methadone in pregnancy: Peripartum analgesia and anaesthesia'

Dr Kenneth Chin

15 April 2007

'A comparison of Ondansetron vs Droperidol in post-operative nausea and vomiting after laparoscopic gynaecological surgery'

Dr Diem Le

15 April 2007

'The Queen Elizabeth Hospital emergency theatre priority booking system'

Dr Keat Leong Lee

7 August 2007

'Perioperative Temperature Audit in the Tropics'

Dr Matthew Newman

19 September 2007

'The Immediate Management of Accidental Dural Puncture During Insertion Of A Labour Epidural: A Survey of Australian Obstetric Anaesthetists'

Dr Monica Korecki

10 December 2007

'Who ceases aspirin perioperatively? A survey of South Australian Anaesthetists'

Dr Paul Richards

29 December 2007

'An audit of anaesthetic techniques and outcomes in lower limb arthroplasty surgery at The Queen Elizabeth Hospital'

Dr Peter Ching

31 December 2007

'Therapeutic communications for induction of paediatric anaesthesia: an observational study'

Dr Thien Lecong

31 December 2007

'The effects of sleep inertia on clinic decision making in specialist anaesthetists'

Supervisors of Training**Flinders Medical Centre**

Dr Peter Doran

Dr Cormac Fahy

Lyell McEwin Health Service

Dr Andrew Michael

Modbury Hospital

Dr Kar Woh Ng

replaced by Dr Robyn Campbell

Repatriation General Hospital

Dr Lena Ong

Dr Michael Jones

Royal Adelaide Hospital

Dr Stephanie Armstrong

Dr Ian Banks

Royal Darwin Hospital

Dr Attila Nagy

The Queen Elizabeth Hospital

Dr Thava Visvanathan

Dr Gary Tham

Women's and Children's Hospital

Dr Marian Andrew

Dr Todd Maddock

CONTINUING MEDICAL EDUCATION**The 2007 CME Committee**

consists of:

Julia Coldrey

Chair

Committee Members**Kevin Parry****Deb Simmons****Stephanie Armstrong****Grace Koo****Rob Singleton****David Zoanetti****Suren Yogalingam****Michael Abbott****William Cheng****Following are the meetings held in 2007 each meeting was video****conferenced to Darwin and Berri:**

28 February 2007

'Mu, Glu and Special K'

28 March 2007

'ECG Quiz'

6 June 2007

'Anaesthetic Works Issues: Are Non Medical Providers a Solution?'

15 August 2007

'The New Medical Board'

31 October 2007

Maurice Sando Memorial Lecture

'Consent in anaesthesia – ethics and Law'

28 November 2007

'Registrars Scientific Evening'

The triennial Burnell Jose Visiting Professorship took place in October/ November 2007. Dr David Bogod from Nottingham City NHS Trust in the UK was the visiting professor. His areas of special interest were obstetric anaesthesia and medico legal issues. He was the key note speaker at the Burnell Jose Conference at which there were over 100 delegates. In addition he visited public hospital anaesthetic departments and private anaesthetic groups and spoke at the Part I and Part II courses. Dr Bogod's sessions were informative as well as being inspiring and entertaining.

We would like to thank Julia Coldrey and the CME Committee for their efforts in 2007, particularly with regard to the Burnell Jose Visiting Professorship which involved a great deal of organisation.

PROFESSIONAL AFFAIRS**ASM 2007**

The ASM did not take place in 2007; it was replaced by the Burnell Jose Visiting Professorship.

Tasmanian Regional Committee Australian and New Zealand College of Anaesthetists Annual Report May 2007 – April 2008

In 2007, the Tasmanian Regional Committee met six times during what was a relatively quiet year. The meetings are held in tandem with the ASA and the directors and supervisors of training of each of Tasmania's three public hospitals are invited. The main activities of the Committee were related to:

- > Annual CME meetings
- > on-site assessment of area-of-need (AON) specialists
- > review of College professional and technical documents

CME activities included the annual combined meeting held in Launceston in February. The theme was 'Quality and Safety' and the invited speaker was Alan Merry. There was a workshop on fiberoptic intubation using the Dexter which was popular. There were two ultrasound workshops during the year. The first was in Launceston in August organised principally by Stuart Day. The second was a 'Point of Care' course in Hobart at the beginning of December. This was run from the University of Melbourne and organised by David Cauty from the Royal Hobart Hospital with minimal input from the TRC. Both were well-attended and successful. There was also a registrars meeting in March. The theme was a 'Part 3 course' and Richard Waldron and his family kindly held it at their house.

The Committee is very grateful to those Tasmanian specialists who have been involved in the assessment of overseas trained specialists (OTS) in AON positions, especially John Paull who retired at the end of 2007.

FORMAL PROJECTS

During the year the following formal projects were completed and assessed:

Dr A McDonald

Consent for labour epidurals.
Can we do it better?

Dr D McGlone

Does laparoscopy decrease propofol infusion requirements? A controlled trial comparing laparoscopic and mini-laparotomy cholecystectomy

Dr M Thomas

Diagnosis by Chest X-Ray.

The Committee would also like to thank Di Cornish at the College office in Hobart for all her excellent assistance during this (and many other) years.

MARK REEVES
Chair, TRC



ANZCA ASM 2008

The 2008 Annual Scientific Meeting was held at the Sydney Convention and Exhibition Centre from 3-7 May and has been acclaimed as a great success. There was a record attendance at the meeting, with 2094 registrations.

The theme of the meeting was 'Anaesthesia: Science, Art and Life'. The Foundation speakers were Prof Steven Shafer (Anaesthesia) and Prof Quinn Hogan (Pain Medicine) who gave outstanding lectures on 'Critical thinking in anaesthesia' and 'New observations about anatomy in regional anaesthesia'.

Prof Michael Paech was the Australasian Visitor and contributed to several sessions including 'Does surgery still have to be a sickening experience?' Dr David Bogod, NSW Visitor for Anaesthesia, delivered the Mary Burnell Lecture titled 'Stabbed in the back; individual and systematic failures in obstetric anaesthesia and their medicolegal consequences'.

Other highlights of the scientific program included 'Healing the Mind', presented by Prof Gordon Parker; the hilarious debate 'Is Anaesthesia a Science or an Art?' complete with the panel dressed as Roman centurions, as well as a quiz to determine 'Who is the Smartest Anaesthetist?'

Complementing the didactic sessions, a number of very successful workshops, PBLDs and Quality Assurance sessions were held and these were all well attended.

On behalf of the Organising Committee, our thanks are extended to all our colleagues who generously donated their time and expertise to contribute to the meeting. Their contribution plays an integral role in the success of the meeting.

The social climax of the ASM was the highly entertaining Gala Event at Luna Park, where the crowds were entertained with rides, carnival side shows and dancing. This event was like no conference dinner ever held, with aerial performers, fire eaters and Brazilian dancers. The College Ceremony was held at the Sydney Convention Centre where 158 New Fellows were presented from ANZCA, FPM and JFICM. The oration was delivered by Dr Gary Hartstein who engaged the audience with his account of 'The Thrills and Spills of a Formula One Anaesthetist'. The Ceremony was followed by a cocktail party, complete with a stunning firework display over Darling Harbour. The Art and Photography exhibition showcased the artistic talents of our Fellows, with some exceptional entries.

The meeting saw the successful introduction of the Registrars' Lunch, which was well attended by approximately 150 trainees. A number of the trainees commented that it gave them an insight to the collegiality that exists within our profession of which they were previously unaware. We hope the luncheon will become a regular feature of future ASMs.

The meeting also acknowledges the continued generous support of all our sponsors and exhibitors.

I am sure you will join me in looking forward to the 2009 meeting, 'Anaesthesia: Branching Out' which will be held in Cairns from 2-6 May 2009.

DAVID ELLIOTT
Convenor, 2008 ANZCA ASM

ANZCA ASM 2008





Queensland Regional Committee Australian and New Zealand College of Anaesthetists Annual Report April 2007 to March 2008

OFFICE BEARERS & MEMBERS

Michael Fanshawe

Chair

Geoff Gordon

Vice Chair

Anton Loewenthal

Honorary Secretary

Charmaine Barrett

Honorary Treasurer

Mark Gibbs

Regional Education Officer

Pal Sivalingam

Formal Project Officer

Genevieve Goulding

Continuing Medical Education Officer

Lorraine Robinson

Continuing Medical Education Officer

ELECTED MEMBERS

Michael Beem

(resigned May 07)

Dr Julia Byatte

(resigned May 07)

Dr Michael Haines

Dr Michael Steyn

EX-OFFICIO MEMBERS

Di Khursandi

(Councillor) (resigned May 2007)

Kerry Brandis

(Councillor)

Genevieve Goulding

(Councillor) elected May 2007

Peter Cook

(Councillor) elected May 2007

Rob Boots

(Chair QRC Faculty of Intensive Care Representative)

Paul Cook

(Chair ASA Qld Executive)

David Trappett

Co-Opted New Fellows' Representative

Lisa Cowell

Co-Opted Chair of Qld Trainees Committee

COURSE ORGANISERS

Dr Kerry Brandis

Primary Short Course May

Dr Rebekka Ferris

Primary Long Course

No convenor available

Primary Practise Viva Sessions

Martin Wakefield

Final Fellowship Short Courses

No convenor available

Final Practise Viva Sessions

Dr Helmut Schoegen

Final Fellowship Long Course

Sharon Miethke

Queensland Regional Co-ordinator

Kylie Joynson

Queensland Course Co-ordinator

REPRESENTATIVES ON EXTERNAL COMMITTEES

Dr Michael Fanshawe

- > Chairman, AMAQ Committee of Combined College Chairs
- > Invited member ASA Qld Executive
- > Panel to provide advice for framework in best practice for the procurement and utilisation of blood and blood products in Qld
- > ANZCA QRC Representative Qld Health State Anaesthetic Clinical Network

Dr Geoff Gordon

- > Medical Workforce Specialist Working Party
- > Staff Panel of Peers
- > Visiting Panel of Peers, Queensland Health
- > Annual Peer Review of applications from Staff and Visiting Specialists for advancement to senior status
- > Member of Qld Health State Anaesthetic Clinical Network

Dr Anton Loewenthal

- > Quality Management Committee for Bowel Cancer screening Program in Qld

Dr Mark Gibbs

- > State Health Emergency Response Plan Reference Group
- > RACS Queensland Trauma Committee
- > Qld Health Southern Area Clinical Governance Committee

Dr Michael Steyn

- > Acting Chairman Qld Health State Anaesthetic Clinical Network

Dr Genevieve Goulding

- > Maternity Services Steering Committee; QRC representative

Dr Kerry Brandis

- > Committee re Use of Scheduled Drugs by Podiatrists and Podiatric Surgeons in Qld

TOTAL NO. OF REGIONAL COMMITTEE MEETINGS FOR YEAR APRIL 2007 TO MARCH 2008 = 8 meetings

Attendances of Elected Members (No. of Meetings)

Dr Charmaine Barrett	7:8
Dr Michael Fanshawe	7:8
Dr Mark Gibbs	6:8
Dr Geoffrey Gordon	5:8
Dr Genevieve Goulding	6:8
Dr Michael Haines	6:8
Dr Anton Loewenthal	5:8
Dr Lorraine Robinson	3:8
Dr Pal Sivalingam	4:8
Dr Michael Steyn	8:8

CHAIRMAN'S REPORT 2007

Once again the past year has been busy and rewarding for the College in Queensland.

There has been the usual array of College sponsored activities: primary long and short courses, second part long and short courses, primary and second part practice vivas, and the annual registrar interviews.

Dr Genevieve Goulding and her CME committee have continued with the evening educational sessions. These sessions have been very well received.

The annual registrar's meeting was a great success and the annual CME meeting held on the Gold Coast was also well received. Our thanks go to Dr Pal Sivalingam and Dr Paul Cook respectively for their organization of these meetings.

Dr Mark Gibbs has enthusiastically continued in his role as the Regional Education Officer. A big change has been the introduction of a North Queensland rotation. This highlights the ongoing importance of North Queensland to the College in Queensland. The regional committee realises that there are many anaesthetists and trainees in North Queensland. This area will continue to grow in numbers and importance. Presently these anaesthetists are geographically isolated from many of the activities of the regional committee let alone the College nationally. The regional committee continues to encourage North Queensland involvement and is actively searching for technological means to help. We believe that support from the College nationally is of paramount importance in this endeavour.

Once again my thanks go to Sharon and Kylie (our secretariat) for their excellent work over the course of the year. After a long search, after losing the Water Street facility, our new home at Pidgeon St West End has now opened. This new facility has been well received by Fellows and trainees who have used it so far. It has functioned well in the many courses offered through the regional committee. I am sure this facility will provided adequately for our needs for many years into the future. I would encourage all Fellows to visit.

I would like to thank all members of the committee for their hard work and efforts over the year. I would also like to thank all who have contributed to and coordinated our many courses and educational activities. Your efforts are greatly appreciated. I would also like to ask all Fellows to consider how they could contribute over the next year. The more involved we all are in the College the better it will function.

MICHAEL FANSHAWE
Chairman

**QLD REGIONAL COMMITTEE
QUEENSLAND REGIONAL EDUCATION
OFFICER'S REPORT**

Anaesthetic training continues to increase in Queensland with 238 Registrar Grade positions in hospitals approved for training by the Australian and New Zealand College of Anaesthetists. Of these 238 positions 186 are held by ANZCA trainees progressing toward Fellowship. Most of the remaining positions are held by trainees from the following programs: the Joint Faculty of Intensive Care Medicine; the Royal Australian College of General Practice; and the Australian College of Emergency Medicine.

The coordination and liaison between the Joint Faculty of Intensive Care has continued to improve due to Dr Peter Kruger's (JFICM – SOT) efforts.

Dr Dennis Lennox from Q Health has been active in improving training for registrars who are completing Fellowships in General Practice or Rural and Remote Medicine.

The Queensland Anaesthetic Rotational Training Scheme (QARTS) has now been divided into three (3) rotations.

The Northern Rotation with only 25 ANZCA Trainees is coordinated by Dr Michael Heytman and has a few teething problems; particularly with exposure to cardiac anaesthesia. Mackay Hospital has recently been accredited by HAC and has joined this rotation.

Dr Lyndall Patterson and Dr Kerry Brandis continue to coordinate the Central and Southern Rotations respectively. Keeping track of these

161 trainees is very labour intensive. This year there were more than 130 applications to join the QARTS. Thank you to those Anaesthetists who gave up time for interviews and selection meetings. In particular I must thank Dr Jeneen Thatcher for coordinating the interviews.

Q Health continues to demonstrate a commitment to improve anaesthetic training. The Office of Workforce Planning is working constructively with the REO to identify increased training options.

The twice yearly SOT meetings continue to identify ways to improve training in Queensland and 2008 will see the further Module Supervisors Meetings.

The short courses and long courses for the Primary and the Final Fellowship exam, as well as viva practice sessions before each exam, continued to be available throughout 2007 and into 2008. These courses are all well attended and are invaluable. There continues to be a demand for new Fellows to assist in these educational areas.

This report would not be complete without acknowledging and thanking many very dedicated people particularly the Rotational Co-ordinators, SOTs, Anaesthetic Course Organisers, Lecturers and Module Supervisors. Many thanks to Sharon Miethke for all she does to keep the Queensland Office of College operating so efficiently.

MARK GIBBS
Qld Regional Education Officer

WA Regional Committee

Australian and New Zealand College of Anaesthetists

Annual Report March 2007 to February 2008

OFFICE BEARERS

Dr Michael Veltman

Chairman

Dr David Wright

Vice Chairman

Dr Jodie Graham

Honorary Secretary

Dr Simon Maclaurin

Immediate Past Chairman

Dr Suzanne Bertrand

Regional Education Officer

Dr John Martyr

Formal Projects Officer

Assoc Prof Richard Riley

Webmaster

COMMITTEE

Dr Grant Turner

Dr Jenny Stedmon

Dr Andrew Gardner

EX-OFFICIO

Dr Wally Thompson

President

Dr Lindy Roberts

Councillor

Dr Roger Goucke

Dean, Faculty of Pain Medicine

Dr Sai Fong

ASA Representative

CO-OPTED

Dr Alison Corbett

Continuing Education Officer

Markus Schmidt

New Fellows' Representative

Dr Kevin Elks

New Fellows' Representative

Dr Szu Chan

Trainee Representative

Dr Neville Gibbs

WA Mortality Committee

Dr Mary Pinder

JFICM/ARC

Dr Nedra vanden Driesen

WAASM Representative

Dr Stephan Schug

UWA Anaesthesia

Dr Chris Cokis

Assoc Prof Michael Paech

Mrs Sandra Box

Administrative Officer

Attendance of Elected Members at Regional Committee Meetings

Dr Michael Veltman	6/6
Dr David Wright	4/6
Dr Simon Maclaurin	5/6
Dr Andrew Gardner	3/6
Dr John Martyr	4/6
Dr Grant Turner	2/6
Dr Jenny Stedmon	4/6
Dr Jodie Graham	5/6
Assoc Prof Richard Riley	5/6
Dr Suzanne Bertrand	6/6

WA CHAIRMAN'S REPORT

Committee Changes

Major changes this past year include the following:

Dr Suzanne Bertrand took over the position of REO in June 2007, and I am grateful to her for taking on this very important role. Dr Bertrand is at present on maternity leave and thanks need to be extended to Dr David Vyse and Dr Soo-Im Lim who have both taken over responsibility for the REO duties until Dr Bertrand returns in the middle of the year.

The increasing size of the training program in WA has prompted a reorganisation of REO's role. Previously the REO also held the position of rotational officer, but with the increasing workload over the last few years a decision was made to separate the positions. Dr Soo-Im Lim also commenced in June 2007 as Rotational Officer, a position previously combined with the REO, and I am also grateful to her for offering her time to co-ordinate all the trainees' rotations in WA.

Dr Alison Corbett also took over the role of CME Officer in late 2007. I am grateful to her for taking on such an important role. Thanks are extended to the outgoing CME Officer Dr David Wright who contributed extensively to the success of the WA CME activities during 2006 and 2007.

Secretariat

The Secretariat Office has been on the campus of the University of Western Australia at the Simulator Centre for the past couple of years but pressure for space in the CTEC building has required

us to recently move out. The new offices are located at Suite 21, 18 Stirling Highway, Nedlands. The new offices include space for meetings, examinations and workshop and Fellows and Trainees are welcome to visit. The office is opened Monday, Tuesday and Friday, 9am to 5pm.

Communications with ANZCA Council

ANZCA continues to improve the communication with the regional committees under the current Federal Council. Teleconferences with the regional chairs after meetings occur several times a year and the college is looking to increase the frequency of face to face visits with the regional chairs. Further suggestions have been made by councillors to increase the communication at regional meetings with the whole regional committee which will be discussed shortly. We are also fortunate to have two Councillors from WA, both of whom attend our two monthly meetings when possible.

Relations with the ASA

We continue to work closely with the ASA. Between our two monthly Regional Committee meetings, a joint meeting (convened as 'Anaesthesia WA') is held with the WA ASA Committee where common issues are discussed. These are usually education related to enhance co-ordination of CME meetings in WA. As Regional Committee Chair I then attend the ASA meeting which follows as a third meeting for the night. I also meet with the Chairman of the WA Section of the ASA on a fortnightly basis.

CME Committee

Due to the increase in the workload for CME in WA, a combined CME committee has been formed in conjunction with the ASA to organise all CME activities for WA. To date this has proved very successful in allowing rapid progression of all CME activities in the state, with reports being submitted to ANZCA and the ASA at their meetings. See separate CME report from Dr Alison Corbett for further information.

WA Surgical Audit

The College of Surgeons has established a Western Australian Audit of Surgical Mortality (WAASM) and has requested our participation at the related meetings. Dr Nedra vanden Driesen has represented us and provides them an anaesthetic perspective when appropriate. We have declined to integrate our State Anaesthetic Mortality Committee with theirs, ours being long established both via State legislation and in fact. However, the Surgical Audit is promising and we will remain in communication with them.

Manpower

While our registrar numbers keep steadily increasing, specialist shortages in anaesthesia remain in rural and regional Western Australia. The ANZCA (WA) secretariat continues to field a regular number of calls each year from hospital administrators seeking help. There have been significant difficulties in finding and retaining anaesthetists in all teaching and non-teaching hospitals in WA.

The current plan for WA Health is the commissioning of a new teaching hospital, the Fiona Stanley Hospital. This aims to serve the needs of Perth's rapidly

growing southern corridor. Major expansions of peripheral hospitals including at Armadale, Midland and Joondalup will also require substantial anaesthetic manpower. Workload issues will remain a significant issue for the state as WA grows over the next decade.

Training Scheme

The West Australian Inter Hospital Rotational Training Scheme continues to grow in size, with an increasing burden of workload, particularly on the Regional Educational Officer. This has already necessitated changes to separate out roles. There is now a separate Formal Project Officer and a separate Rotational Supervisor to reduce the workload of the REO.

The decision to replicate the primary course into two twelve month courses running simultaneously, one commencing in January and the other course commencing in July will continue again for 2008.

Options for providing further formal training have been discussed including the creation of a formal short course in WA for the primary and fellowship exam.

Election of Trainee Representatives is progressing and we look forward to further interaction with the trainees in WA.

Australian Resuscitation Council – WA Branch

Dr Mary Pinder has represented WA Anaesthetists on this Regional committee. The committee continues to review ARC policy documents, provide feedback to the Federal body and assist with the implementation of any recommended changes where required.



Faculty of Pain Medicine ANZCA

Dr Roger Goucke represents the Faculty on the WA Regional Committee.

Faculty of Intensive Care ANZCA

Dr Mary Pinder has represented the faculty on the WA Regional committee

Western Australian Anaesthesia Mortality Committee

Dr Neville Gibbs is chairman of the WA Anaesthetic Mortality Committee and has embarked on a process of increasing the awareness of the anaesthetic community of the function and workings of the committee.

Acknowledgements

Managing all of this is made possible by the efforts of many people. In particular I would thank Ms Sandra Box for her tireless efforts for the college. It would not be possible to function in this position without her assistance. I continue to be grateful for the advice of the past chair, Dr Simon Maclaurin. I know that every member of the committee has taken time out of their work and home lives to maintain the college's role in WA, and I also thank each and every one of them for this.

DR MICHAEL VELTMAN
Chair, Western Australian Regional Committee

WA REGIONAL EDUCATION OFFICER'S REPORT

The WA training scheme has had another extremely successful year, and continues to provide an exceptional training environment for future anaesthetists in Western Australia. Trainees are adapting to the new FANZCA curriculum with few difficulties. Despite nearly one

hundred FTE trainees in basic and advanced training, the program runs very smoothly thanks to the hard work and dedicated efforts of Fellows in all the teaching hospitals.

Appointments to the training scheme

Selection of trainees for the first four years of training is made by a committee that acts for the heads of departments as employers. All teaching hospitals are represented on this committee, and trainees are rotated through the various hospitals to gain exposure to the various modules and clinical experience. As in previous years, applicants during 2007 far outnumbered the positions available at the teaching hospitals, and we are continually looking to increase the opportunities for training in the state.

Hospitals and accreditation

All teaching hospitals were assessed by the College Hospital Accreditation Committee in 2007. The Supervisors of Training and the Heads of Department in particular worked very hard to achieve a successful outcome at each hospital, and I thank them for their committed efforts. It was a great opportunity for review and change, with input from all levels from the College through to our junior registrars. Several areas for improvement were discussed, and these have mostly been implemented smoothly. Royal Perth Hospital now has three supervisors of training, Drs Evan Tziavrangos, Mark Williams and Helen Daly. Sir Charles Gardiner Hospital also now has three Supervisors of Training, Drs Steve Myles, Jodi Graham and Irina Kurowski. They are working together well to maintain the high standard of training and create a

challenging yet supportive environment for the large number of registrars at each hospital. Thanks also to Alan Millard at Fremantle Hospital, Katherine Shelley at King Edward Hospital, David Vyse at Princess Margaret Hospital, Dave Matthews at Bunbury, and Peter Baumgartener at Joondalup Hospital.

The Department of Anaesthesia at Joondalup Hospital has had significant changes over the past twelve months, helping it to regain its status as an accredited teaching hospital. With a new Head of Department, an increased number of FANZCA trainees and a revised teaching program, we now have positive signs for the future and a great learning environment for trainees.

Rotational Supervisor

Many thanks to Dr Soo-Im Lim, who has not only taken on the role of rotational supervisor, but also taken on the responsibilities of the REO position while I am on maternity leave. She is assisted by Dr David Vyse in both these areas.

Primary Examination Course

The primary examination course continues to be co-ordinated by Drs Brien Hennessy, Emma Giles and Jay Bruce. Trainees are streamed into two groups depending on the timing of their exams, and this allows more focused teaching. Over 20 tutors have contributed to his course. Congratulations to Christine Tan and Timothy Paterson on achieving a merit award in 2007.

Fellowship Examination Course

This has been co-ordinated by Dr Irina Kurowski and Dr Simon Maclaurin. A structured course of fortnightly tutorials, and enthusiastic teaching and support from a large number of anaesthetists has again been rewarded with some excellent results. Overseas trained specialists also participate in this program.

Formal Projects

Dr John Martyr continued as the Formal Project officer for the Region this year. Several trainees were successful in producing research for publication, while others presented their work at the state or national meetings.

Trainee representative

Dr Szu Lyn Chan is the trainee representative to the Regional Committee, and is also chair of the National Trainee Committee.

Challenges for the future

The Western Australian Rotational Training Program continues to work well. Close communication between the REO, the Rotational Supervisor and the SOTs allows early detection of trainees with difficulties, and problems with module completion. We continue to look for ways to improve the training environment for our registrars and increase the opportunities for training in the state, both in the public and private sectors.

DR SUZANNE BERTRAND
REO, Western Australian
Regional Committee

CONTINUING EDUCATION REPORT

The ANZCA WA Regional Committee has continued its successful long standing cooperation with the WA ASA Educational Committee, working closely as Anaesthesia WA. A separate Anaesthesia WA CME Committee has now been formed. Members include me as ANZCA WA CME Officer, Dr Prani Shrivastava – ASA CME Officer, Dr David Vyse – Industry Liaison, Dr Sarah Wyatt – Bunker Bay Convenor, Dr Sai Fong – Chair ASA WA, Dr David Wright-Deputy Chair ANZCA WA and Dr Dan Durack – ASA Trainee Rep.

Annual Winter Scientific Meeting

On Saturday 30 June 2007, the Western Australian Regional Committee hosted the Winter Scientific Meeting at the University Club of WA. The main theme of the meeting was a Resuscitation Update. The meeting was a great success with around 80 people registering for the meeting.

This Scientific Meeting was the first of the 2007-2009 Winter Scientific Meeting Lectureship named in honour of our esteemed colleague Dr Nerida Dilworth. The Dr Nerida Dilworth Lecturer for 2007 was Associate Professor Ian Jacobs, Head of Emergency Medicine at the University of Western Australia. Associate Professor Jacobs delivered the keynote address entitled 'Resuscitation Guidelines: The Science Revisited'. The presentation outlined the evidence evaluation process, the science which underpinned the resuscitation guideline changes and highlighted the controversies. He also gave an

informative presentation on the research directions currently being undertaken in the area of resuscitation.

2007 ASM Foundation

Visitor's Visit to WA

Following the ASM in Melbourne, the 2007 Foundation Visitor Professor Bruce Spiess visited WA as part of his regional visit from 29 May to 1 June. On 30 May, Professor Spiess visited the Submarine Escape Training Facility at the Royal Australian Naval Base HMAS Stirling, followed by a visit to the Department of Diving and Hyperbaric Medicine at Fremantle Hospital. On the evening of 30 May Professor Spiess gave an informative presentation to WA Fellows and Trainees entitled 'The Future of Perfluorocarbon Blood Substitutes: Brains, Hearts and Submarines'.

Thanks need to be extended to Dr David Wright, the previous CME Officer for organising the above events.

Future CME

The Annual Autumn Scientific Meeting is scheduled for Saturday, 29 March 2008 at the University club of WA. The theme of the meeting will be Education, Communication and Risk Management. Professor Teik Oh will explain the new Continuing Professional Development Program, Professor Michael Paech will give a talk on appraising clinical trial research/meta analysis and Dr Sai Fong will speak about the effective use of electronic literature. Other presentations will include risk disclosure, cardiac CT and Communication during a critical incident.

The 2008 Bunker Bay Updates will not be held until the weekend of 31 October to 2 November at the Quay West Resort, Bunker Bay. The theme of this meeting is 'Achieving Dreams and Avoiding Nightmares'. The program will include Dr Peter Hebbard as the invited speaker who will speak about Ultrasound and Anaesthesia. Ultrasound Workshops have also been planned along with avoidance of nightmares – selection of cases suitable for non-tertiary referral centres and achieving your dreams – gadgets and toys.

DR ALISON CORBETT
CME Officer, Western Australian
Regional Committee

WA FORMAL PROJECTS OFFICER'S REPORT

Western Australian Trainees have produced some interesting Formal Projects during the year. Several of the Trainees presented their projects at the WA Autumn Scientific Meeting whilst others submitted published works.

The following formal projects were approved in 2007:

Dr Markus Schmidt

Case Report: 'Difficult double-lumen tube placement due to Laryngeal web'. Written with Dr R Riley. Submitted for publication in AIC.

Dr Reshma Pargass

Case Report: 'Suspected Air Embolism following fall from great height'. Reviewed by Dr L Wang and W Weightman.

Dr Elizabeth Holt

Has written the protocol for a review to be published on the Cochran Library website in April 07. The review is entitled 'Non-pharmacological interventions for induction of anaesthesia in children'.

Dr Chui Chong

A research project with Professor Stephan Schug, 'Bioavailability of ketamine after oral or sublingual administration'. Presented at Adelaide ANZCA meeting in 2006, and the abstract printed in both AIC and Pain Medicine. Approved by Frank Moloney, College assistant assessor.

Dr David Law

A case report, 'Unexplained Anaemia after massive transfusion for haematemesis'. Published in Critical Care and Resuscitation in 2006. Written with Mark Lennon.

Dr Gene Palmer

Bachelor of Science at UWA with a double major in Pharmacology and Biochemistry. Completed an Honours thesis in Biochemistry under the supervision of Professor Peter Klincken titled, 'The role of Lyn in erythropoiesis'. Approved by College assistant assessor, Dr Frank Moloney.

Dr Alex Swann

'Recall after procedural sedation in the emergency department.' A study published in Emerg Med J, 2007.

Dr Shannon Matzelle

'Systemic anticoagulant effect of low-dose subcutaneous unfractionated heparin as determined using thromboelastography'. A study published in AIC, August 2007. Co-authored by Drs Neville Gibbs, Bill Weightman et al.

Dr Martyn Lethbridge

'Patterns of sevoflurane use in a children's hospital: the effects of a simple educational intervention'. An observational study conducted with Neil Chambers at PMH. Published in AIC, August 2007.

Dr Chris Mitchell

'Pre-epidural rapid ultrasound assessment of landmarks in obese parturients: observational pilot study'. Presented at ASA National Scientific Congress, Perth, Sep 2007. Abstract published in AIC, Oct 2007. With N McDonnell and M Paech.

Dr Steve Lamb

'A retrospective descriptive series to determine the effect of anaesthetic technique on intraoperative complications and post operative respiratory support requirements in ex-premature neonates undergoing laser treatment for retinopathy of prematurity'. The study was completed at PMH with Drs Lim and Johnston.

DR JOHN MARTYR
Formal Projects Officer
Western Australian Regional Committee

Australian Capital Territory Regional Committee Australian and New Zealand College of Anaesthetists Annual Report May 2007 – April 2008

OFFICE BEARERS AND MEMBERS

Stephen Brazenor

Chair

Grant Devine

Secretary

Caroline Fahey

Treasurer

Carmel McInerney

REO

Linda Weber

ASA Representative

Mark Oliver

FICM Representative

Professor Thomas Brussel

Member

Richard Galluzzo

Trainee Rep

Ms Eve Edwards

Regional Administrative Officer

MEETINGS HELD:	5
Attendance:	
Brazenor	5
Brussel	4
Devine	5
Fahey	4
Galluzzo	3
Oliver	2
Peady	3
Weber	2

OVERVIEW

The 2007-8 ANZCA Year has been busy with excellent trainee performance in examinations, significant progress towards the establishment of an ACT Mortality and Morbidity Committee, tightening of the structure of the Regional Committee and the first steps towards a reciprocal relationship with the NSW Committee for assessment of OTS anaesthetists. Concern about the trainee environment in one hospital has required measured and continuing intervention by the Committee.

EDUCATION AND TRAINING

Twenty-two trainees in the region are rotated through The Canberra Hospital (14, 1 in ICU), Calvary Hospital (6) and Albury (2). Some stress was reported towards the end of 2007 which resulted in meetings with the Director and Supervisor of Training. Liaison with Leona Wilson resulted in a request for a Workload and Staffing Assessment which is still forthcoming but here is strong evidence that the action by the Regional Committee has diminished stress on the registrars and restored the training environment.

In examinations, candidates achieved a 100% pass rate in the second part with Callum Gilchrist receiving an honourable mention. Trainees also performed well in the Part I examinations with Hon Sen receiving a merit award.

Speciality modules continue to attract enthusiastic praise from trainees. The appointment of Dr Jay Govind who holds a master of Pain Medicine has greatly improved this module's popularity.

Excellent presentations by trainees at the Floriade Conference attracted praise from their senior colleagues.

STAFFING AND WORKLOAD

There is a rapidly increasing workload with the Territory with procedures increasing at the Canberra Hospital from 10,000 to 14,000 per annum over the last two years. This has placed some stress upon Directors and anaesthetists alike. Retirements of senior staff such as Hugh Lawrence and Ken Downes and loss of other anaesthetists to other jurisdictions (happily for reasons other than work dissatisfaction) have added to the stress. Due to a prompt response by Prof. Brussel much of this stress will be reduced by the appointment of a number of local and OTS anaesthetists in the near future. Unfortunately, it seems that trainees have born some of this stress despite strong support from the Regional Committee. As stated this is now well under control.

The increasing number of OTS anaesthetists has prompted the Regional Committee to make an approach to the NSW Regional Committee to establish a co-operative relationship for OTS assessments.

CONTINUING MEDICAL EDUCATION

The Canberra Hospital has continued its impressive CME program with a range of National and International Speakers. This program is organised with the assistance of industry strictly in accordance with ANZCA and Medicines Australia guidelines.



Speakers included:

Leonie Waterson

Which Simulator for Value for Money?

Peter Bissaker

Off Pump Bypass

Nick Melhuish

Statistical Power in Anaesthetics

Colin Childers

Multimodal Analgesia

Paul Myles

N2O

Stephan Shug

Cox-2 Inhibitors

Jan Baum(Germany)

Low Flow Anaesthesia

The Floriade Conference (Something Borrowed, Something Blue) was a great success under the guidance of Prof. Brussel. The major themes included ventilation and developments in anaesthetic machines, the old chestnut (but still worthy) hip fractures and (as a separate topic) embolism. The Conference was attended by the President Wally Thompson who I believe, as other attendees, enjoyed the weekend and the information and insights provided. This conference distinguished itself also in making a healthy profit. This conference continues to grow each year.

In 2008, the anticipated theme is Madonna and Child (New developments in Obstetric and Paediatric Anaesthesia). Professor Brussel will once again be the convenor.

In recent developments, Canberra has been accorded the honour of organising the SPANZA 2009 Conference to be held in November.

ACT MORTALITY & MORBIDITY COMMITTEE

The 2007-8 ANZCA year commenced with the resignation of Cliff Peady after several years of striving to form a Committee for the ACT. Over the last six months however, there has been some progress towards this long-held goal of the ACT Regional Committee largely as a result of a change in personnel in ACT Health.

These developments have included the appointment of a project officer within ACT Health and an encouragingly positive attitude by the Director of the Patient Safety and Quality Unit, Alice Jones. After a meeting with them, I undertook to write a plain English specification for the Committee which borrowed heavily from the WA Committee. This is currently in the hands of the Government solicitor to determine what legal impedimenta exist and to draft a plan for enacting legislation for the Committee.

The timeline laid down is preparation of legislation by late 2008 with enactment early 2009. The underlying form to this timeline is ACT Elections in October this year which prevents earlier enactment.

ADMINISTRATION

The Regional Committee has recently been made aware of the Victorian Regional Committee Handbook which has helped a great deal in moving towards a more measured and strict administration. The increasing administrative load and specific needs of our Fellows and trainees has prompted an internal review of our tenancy arrangement with the College of Surgeons. This may result in change in this area.

The Regional Committee would like to thank Ms Eve Edwards for her assistance throughout the year.

STEPHEN BRAZENOR
Chairman
ACT Regional Committee
ANZCA

New Zealand National Committee Annual Report 2007/2008



DR VAUGHAN LAURENSEN

OFFICE BEARERS AND MEMBERS

Dr Vaughan Laurenson

Chairman

Dr Vanessa Beavis

Deputy Chairman

Dr Gerard McHugh

Honorary Secretary

Dr Gerard McHugh

Honorary Treasurer

Dr Paul Smeele

Education Officer

Dr Arthur Rudman

Formal Projects Officer

COMMITTEE MEMBERS

Dr Peter Cooke

Dr Brian Lewer

Dr Geoff Long

Dr Alastair McGeorge

Dr Joe Sherriff

Dr Malcolm Stuart

New Fellows' Representative

Dr Rebecca De Souza

COUNCILLORS

Prof Alan Merry

Dr Leona Wilson

Joint Faculty of Intensive Care Medicine Representative

Dr Tony Williams

Chair, JFICM NZNC

Faculty of Pain Medicine Representative

Dr David Jones

FPM Board member

NZ Trainees' Committee

Dr Kylie Julian

Chair NZ Trainees' Committee

Heather Ann Moodie

Executive Officer

Jan Brown

Administrative Officer

Karen Hearfield

Asst. Administrative Officer, ANZCA and
Administrative Officer, JFICM

Total number of National Committee meetings for the 2007 year:

Three (March and November, one day
each; July, one and a half days)

Attendance of Elected Members:

Friday 23 March 2007

Apologies from Dr Brian Lewer and Dr
Joe Sherriff

Friday/Saturday morning 20/21 July 2007:
(combined meeting with NZSA on the
Friday morning)

Apologies from Dr Peter Cooke
(Saturday morning)

Friday 23 November 2007:

Apologies from Dr Brian Lewer (Friday
afternoon) and Dr Geoff Long.

CHAIRMAN'S REPORT

The ANZCA New Zealand National Committee (NZNC) and staff have had a busy year with a wide range of activities and issues to respond to. These activities are outlined in more detail in the body of this report and include:

- > The College and Faculties' new office in New Zealand
- > ANZCA NZNC 2007 activities' highlights
- > ANZCA New Zealand National Committee meetings and election
- > Deaths
- > Appointments
- > FANZCA Training Program
- > ANZCA MOPS/New CPD Program
- > Medical Council of New Zealand
- > Council of Medical Colleges
- > Workforce
- > Perioperative Mortality Review Committee establishment
- > NZ Anaesthesia Education Committee (NZAEC)
- > NZ Anaesthesia ASM
- > NZAEC Chairman
- > BWT Ritchie Scholarship
- > Report from the Health & Disability Commissioner
- > Review of the Health Practitioners Competence Assurance Act
- > Rural Hospital Medicine Services
- > New Zealand Anaesthetic Technicians – regulatory body
- > Nursing Council meeting
- > Therapeutic Products and Medicines Bill
- > Anaesthesia Bibliographies

THE COLLEGE AND FACULTIES' NEW OFFICE IN NEW ZEALAND

The New Zealand office of the College and Faculties relocated its premises in July to Level 7, Exchange Place, 5 – 7 Willeston Street in the CBD in Wellington. The new office was officially opened on Friday, 23 November by the President of ANZCA, Dr Walter Thompson.

The opening cocktail function provided an opportunity to promote the role of the College and Faculties in providing training, education, standards and research in anaesthesia, intensive care and pain medicine.

Guests included Fellows and trainees and representatives from Government and non-Government agencies with whom ANZCA, JFICM and FPM interact with in New Zealand. The Hon. Mita Hirinui, Associate Minister of Health, represented the Prime Minister, the Rt. Hon Helen Clark. The Mayor of Wellington, Her Worship Kerry Prendergast, also attended the opening.

The new office is closer to many of the agencies we interact with, than the previous office in Elliott House. The office provides good IT and staff facilities and space for meetings and workshops. Exchange Place has a pleasant outlook across the waterfront and harbour.

Fellows and Trainees are welcome to use the facilities when in Wellington. The New Zealand National Committee and staff look forward to welcoming you to the National Office.

Elliott House sale

Negotiations are occurring with RACS regarding the sale of ANZCA's one-third ownership of Elliott House.

ANZCA NZNC 2007 ACTIVITIES' HIGHLIGHTS

The New Zealand Committee has had a wide range of issues to consider and progress over the last 12 months. These have involved interactions and meetings with ANZCA Council, committees, Fellows and trainees, Joint Faculty of Intensive Care Medicine and Faculty of Pain Medicine as well as with 'external' organisations and individuals such as the Medical Council of New Zealand (MCNZ), Ministry of Health (MoH) & District Health Boards of New Zealand (DHBNZ), Council of Medical Colleges (CMC), Director General of Health, Health and Disability Commissioner (HDC), Chief Coroner, New Zealand Society of Anaesthetists (NZSA), NZ Anaesthetic Technicians Society (NZATS), Nursing Council of New Zealand and the New Zealand Pharmaceutical Management Agency (Pharmac).

The New Zealand Committee of ANZCA has considered many 'internal' and 'external' discussion documents over the year. Thirty-eight submissions were prepared. Topics covered a wide range of anaesthesia practice and New Zealand health care issues, such as:

- > Review of the Health Practitioners Competence Assurance Act (HPCA Act)
- > New Zealand Therapeutic Products and Medicines Bill
- > Scopes of Practice for nurses, pharmacists, rural hospital doctors

- > Applications for regulation of anaesthetic technicians and perfusionists under the HPCA Act
- > Prescribing rights for nurses and pharmacists
- > ANZCA's new CPD Program
- > MCNZ Performance Evaluation Program
- > Registration of International Medical Graduates (IMGs)
- > Standards NZ draft standards
- > Nominations for HDC expert advisors, Health Practitioners Disciplinary Tribunal, Medical Council and its Education Committee, CMC Executive, Ministerial Medical Training Board
- > MoH & DHBNZ Workforce issues
- > Medsafe and Pharmac – medicines' safety issues
- > HDC Naming Policy
- > Clinical Training Agency Purchasing Intentions Plan
- > Medical Training Board workforce statistics
- > MCNZ Medical registration and recertification requirements for doctors working in non-clinical practice registered in a vocational scope

All the College work could not be done without the voluntary commitment from ANZCA Council and committee members, examiners, assessors, the ASM committees and the dedication of supervisors of training, clinical directors and others in the anaesthesia departments and ANZCA staff. My thanks to everyone who has strived to ensure the training, education and standard of anaesthesia are maintained for the benefit of the public of New Zealand.

ANZCA NEW ZEALAND NATIONAL COMMITTEE MEETINGS AND ELECTIONS

The New Zealand National Committee (NZNC) met in Wellington on three occasions during 2007.

We were pleased that Professor Barry Baker (July meeting) and Dr Stuart Henderson (November Meeting), who are ANZCA Directors of Professional Affairs (DPA) could join our meetings. We appreciate Professor Baker's, Professor Garry Phillips' and Dr Stuart Henderson's contributions to NZNC in their DPA roles.

At the mid-year NZNC meeting, a morning was spent at a joint meeting with NZSA. These annual joint meetings are useful forums for discussing topics of mutual interest such as legislative changes, joint education initiatives, anaesthetic technicians' issues and Ministry of Health workforce proposals. Karen Bennett, Chairperson New Zealand Anaesthetic Technicians Association (NZATS) and Nicola Smith-Guerin, NZATS Treasurer and Convenor, NZATS conference attended the joint meeting. For the November meeting the President of ANZCA, Dr Wally Thompson, the Director of Policy, John Biviano, Dr Mike Richards, CEO of the College attended in addition to Dr Stuart Henderson. Dr John Marwick, Manager Workforce, Health and Disability Systems Strategy Directorate and Mr Ryan McLean, Policy Analyst from the Ministry of Health attended the meeting to discuss various aspects of the Health Practitioners Competence Assurance Act review.

NZNC Elections

2008 is an election year for NZNC. Dr Peter Cooke will have completed twelve years on the committee, so will not be seeking re-election. We thank Peter for all his hard work. This included terms as the NZNC Chairman, Honorary Treasurer and member of the New Zealand Anaesthesia Education Committee.

All other current members of the committee are seeking re-election. I will have completed three years as Chairman, so will be handing this portfolio on when the new committee is formed in July.

DEATHS

We were saddened this year to hear of the deaths of three Fellows who have served the New Zealand anaesthesia community well during their careers:

- > Dr Margaret Smith was a consultant specialist in Christchurch and was the last Foundation Fellow.
- > Dr Peter Henry Caldwell was NZSA President in 1970-71.
- > Dr Alan G Bradford was director of anaesthesia in Nelson for many years.

APPOINTMENTS

Ministerial Quality Improvement Committee

Professor Alan Merry has been appointed by the Minister of Health to the statutory body, 'Quality Improvement Committee'. Alan Merry has been involved in quality initiatives for many years and this appointment recognises his expertise and commitment to patient safety and quality. His book '*Safety and Ethics in Health Care: A Guide to Getting It Right*', written with Bill Runciman and Merrilyn Walton, was

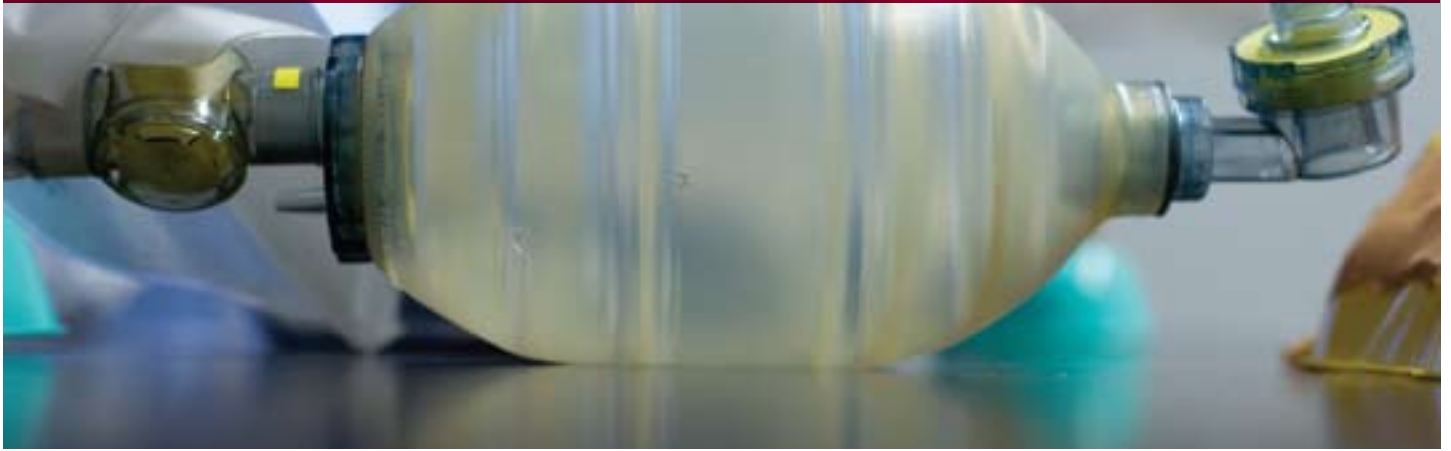
recently published. During 2007, Alan received an honorary Fellowship of the Royal College of Anaesthetists.

President-Elect of ANZCA

ANZCA Council at its February 2008 meeting, elected Dr Leona Wilson as President-Elect. This appointment is historic, as Dr Wilson is the first New Zealander and the first female anaesthetist to be elected as President of ANZCA. As a Fellow of the College and a member of Council, Dr Wilson has contributed to a wide range of College activities, including chairing the Education and Training Committee and the Hospital Accreditation Committee and being heavily involved in the Quality Assurance and Continuing Professional Development Committee. As well as this, Dr Wilson provides expert advice to a number of other organisations, including the Health Practitioners Disciplinary Tribunal, Health and Disability Commissioner, and the ACC Medical Advisory Committee. In 2007, Leona completed a Masters in Public Health from Otago University.

ANZCA Director of Professional Affairs (DPA)

At the end of 2007, Dr Stuart Henderson was appointed as an ANZCA DPA to undertake primarily the Assessor role for the College, but also has responsibility for reviewing and updating the Regulations for Council and to contribute to the work of NZNC regarding New Zealand issues of interest to ANZCA. Stuart was a New Zealand member of ANZCA Council for 12 years. We welcome Stuart back to NZNC.



Medical Training Board

Dr Malcolm Futter has been appointed by the Minister to this newly formed Board which we hope will bring some sense to the workforce planning discussions. Malcolm Futter has held key positions within the New Zealand National Committee, as Chairman of the NZNC, National Education Officer and New Zealand Assessor. He has also been an examiner for ANZCA and for the Royal College of Anaesthetists in the UK.

During the period of 1989 to 2005, Malcolm Futter was Chairman of the Anaesthetic Vocational Training Committee for the Auckland Region and the ANZCA Regional Supervisor of Training for the northern rotation in New Zealand. Malcolm Futter has recently been appointed as the Clinical Director of Theatres, Anaesthesia, Intensive Care and Pain Services in Wellington.

Medical Council Education Committee

In August, A/Prof Jennifer Weller was appointed to the MCNZ Education Committee. A/Prof Weller has been a member of the New Zealand National Committee and has been very involved in the education area of ANZCA as well as involvement with many other medical groups' education initiatives. Her research in medical education is wide ranging and she recently completed a MD in this area. She is currently the Director of the Centre for Medical and Health Sciences Education, Faculty of Medical and Health Sciences, University of Auckland, and a specialist anaesthetist at Auckland City Hospital.

She has been involved in training of medical students, vocational training of registrars and has instituted a

postgraduate program in Clinical Education at Auckland University. Another area of education has been her innovative involvement in the development of simulation education centres in Wellington and Auckland.

Order of the Hospital of St John

Two New Zealand anaesthetists were invested into the Order of St John at the ceremony in May. Tony Smith of Auckland was invested as an Officer and Malcolm Stuart of Greymouth as a Member of the Order.

FANZCA TRAINING

I would like to thank Dr Paul Smeele for his guidance as Education Officer and also gratitude to the Rotational Supervisors and the Supervisors of Training and Modules Supervisors together with the Heads of Departments for all the work they do to make sure the training in the New Zealand setting gives trainees a rewarding experience. Many Fellows also give significant time to the training in their roles as examiners, committee members, hospital inspectors and work on the vocational training scheme committees.

The Education and Training Committee continues to refine the FANZCA Program and ANZCA headquarters has been streamlining administrative processes to ensure training documentation is up to date. The new ANZCA website has improved the flow of information regarding the training program.

I would like to thank Dr Arthur Rudman, the New Zealand Formal Project Officer and his deputy, Dr Geoff Long and the

other colleagues who have helped review formal projects. This is a time-consuming and important role.

ANZCA MOPS/NEW CPD PROGRAM

NZNC submitted the new ANZCA CPD Program to MCNZ for approval. Members of ANZCA NZNC met with the MCNZ Education Committee in July to outline the improvements this CPD Program presents. The Education Committee congratulated ANZCA on the evidence-based approach it has taken in the development of the program. The Committee commended the reflection aspects and the focus of interactive activities. The MCNZ approval was confirmed in December.

MEDICAL COUNCIL OF NEW ZEALAND

NZNC and the office staff work closely with MCNZ in a number of areas, the most significant being the assessment of International Medical Graduates (IMG) on behalf of the Medical Council. I am grateful to our New Zealand Assessor, Dr Vanessa Beavis, for the time and expertise she gives and to the members of the assessment panel, Drs Alastair McGeorge, Paul Smeele and Leona Wilson and staff involved. Lorna Berwick is the lay member of the panel.

The Faculty of Pain Medicine intends seeking recognition as a separate scope of practice in New Zealand, as it already is in Australia. There are five medical colleges whose clinicians deal with different aspects of pain. The strong connections that FPM has to the ANZCA CME, CPD and Standards should strengthen the application process.



COUNCIL OF MEDICAL COLLEGES (CMC)

The NZNC is an active member of the Council of Medical Colleges. CMC meets four times a year and maintains correspondence regarding issues that arise between meetings. I am a member of the CMC Executive and in this capacity I am invited to attend meetings with the Minister of Health.

WORKFORCE

The Ministerial Workforce Taskforce submitted recommendations to the Minister of Health at the end of March and a report was launched in May.

This report makes five recommendations as the first step toward making changes that, the Ministry hopes, will result in a sustainable medical education and training system to produce medical practitioners who are fit for purpose and for practice in the minimum time period. The recommendations cover the following areas:

1. Oversight and implications of the continuum of learning
2. A commitment to ongoing self-sufficiency for the medical workforce
3. New roles and inter-professional collaboration
4. Accountability for clinical training
5. An increasing focus on generalism.

One of the ideas to come out of the report is the possibility of reducing the trainee intern/PGY1/PGY2 period from three years to two.

The Taskforce recommended that a Training Board be established for the implementation of future changes to ensure a sustainable medical education

and training program. The Medical Training Board is chaired by Len Cook and Dr Malcolm Futter, FANZCA, is a member of the Board. Both will be attending the next NZNC meeting in March.

Representatives of ANZCA attended a Ministry of Health/DHBNZ workforce conference in Wellington in June. The message at the conference was that change is necessary as the NZ workforce will not be able to provide the numbers (particularly for doctors, but also other areas) in the future. The change the Ministry seemed to be pushing was for everyone to be more flexible about health practitioners' roles in providing healthcare to patients, and for the law to be changed to permit this flexibility.

The MoH/DHBNZ Health Career Framework initiative has similar goals. NZNC prepared a submission on this. NZNC's main concern was how this high level framework would actually work in practice, especially the contention that transportability between the professions should occur more easily through changed scopes of practice and shared competencies. The MoH and DHBNZ wishes to reduce the silo or hierarchical model so that moving between roles in the health sector is facilitated.

PERIOPERATIVE MORTALITY REVIEW COMMITTEE ESTABLISHMENT

In October, ANZCA representatives met with the Director General of Health, Stephen McKernan and Ministry officials to progress the idea of establishing a Perioperative Mortality Review Committee. The Ministry now seems in

favour of progressing this. ANZCA is currently gathering more information to help move this idea forward including a meeting with the Chief Coroner and two Christchurch coroners to discuss the process for gathering anaesthesia related data.

NZ ANAESTHESIA EDUCATION COMMITTEE (NZAEC)

NZ Anaesthesia ASM – Auckland

On behalf of the New Zealand National Committee of the ANZCA, I congratulate and express thanks to Helen Frith, Alan McLintic and the others on the organizing committee from Middlemore Hospital for bringing together such an exciting programme in Auckland in November for the combined scientific meeting of the New Zealand Committee of ANZCA and the New Zealand Society of Anaesthetists.

The program, based on the theme 'Facts, fads and folklore', challenged and entertained the large number of attendees who were able to consider how the evidence presented impacts on how we deliver safe and effective anaesthesia. An exceptional faculty of international and local experts addressed this issue over a broad range of topics. In addition, throughout the meeting, there were thought provoking contributions from scientists outside anaesthesia, including world authorities on global warming and sports doping.

My thanks also go to the New Zealand Anaesthesia Education Committee (NZAEC) and Rose Chadwick for providing guidance to the organisers of the ASM. A number of NZAEC led

- meetings during the ASM allowed:
- > Past, present and future ASM convenors to share information
 - > Trade representatives to meet with ANZCA, NZSA and the ASM committee members
 - > Representatives from New Zealand Departments of Anaesthesia to share ideas of continuing professional development (CPD) activities and to discuss the new ANZCA CPD program.

NZAEC Chairmen

I wish to congratulate Dr Ross Kennedy, who has recently been appointed Associate Professor of Anaesthesia in Christchurch, an honour which recognises his long interest in research, education and teaching. He has relinquished the position of Chair of NZAEC following his resignation from the NZSA Executive. Ross has made a significant contribution to NZAEC and will continue to use his expertise as convenor for the 2010 ANZCA ASM in Christchurch. We wish to thank Ross Kennedy for his commitment and leadership.

NZAEC recently elected Dr Brian Lewer as the new Chair of NZAEC. Brian is a member of ANZCA NZNC and is one of the NZNC representatives on NZAEC. Congratulations to Brian on this appointment.

BWT Ritchie Scholarship

The BWT Ritchie Scholarship selection committee has awarded scholarships for 2008 to Dr Nick Abbott and to Dr Rachael Glew. NZNC congratulates this year's two Scholarship winners. Dr Nick Abbott completed his provisional fellowship at Middlemore Hospital in 2007 and has been offered a fellowship

position at the Alfred Hospital in Melbourne for 2008. Dr Abbott is particularly looking forward to developing his skills in the areas of transplant anaesthesia (especially heart and lung, as well as ventricular assist devices) and major trauma, and to consolidating his skills in anaesthesia for otolaryngology, facio-maxillary and airway management. Dr Abbott has identified several CME meetings in Australia that he is interesting in attending while there.

Dr Rachael Glew has recently completed her fellowship in Liver and Cardiac Anaesthesia in Auckland and has secured a Clinical Fellowship in the ICU at Middlesex Hospital in London. A key focus for Dr Glew will be finding out more about the use of Transoesophageal Doppler in Goal directed therapy. Dr Glew notes that being located in a busy central London hospital will provide exposure to a wide and interesting case mix, with an opportunity to gain invaluable experience in perioperative and medical management of critical patients.

At the 2007 Auckland ASM, the 2006 recipients, Dr Amanda Dawson and Dr Paul Gardiner presented reports of their experiences overseas. Mr Jonathan Ritchie, trustee of the BWT Ritchie Scholarship (and son of BWT Ritchie) attended the presentations.

REPORT FROM THE HEALTH AND DISABILITY COMMISSIONER

NZNC received an anonymised report prepared by the Health and Disability Commissioner's office on a case concerning inappropriate post-operative care by an anaesthetist, and misplacing of patient dentures causing respiratory arrest. The case has been referred to us for the education of anaesthetists. This anonymised report (case 05HDC02988) can be found on the Health and Disability Commissioner's website. The link address is: <http://www.hdc.org.nz/files/hdc/opinions/05hdc02988orthopaedic-surgeon.pdf>

REVIEW OF THE HEALTH PRACTITIONERS COMPETENCE ASSURANCE ACT (HPCA Act)

The NZNC submission on the HPCA Act review discussion document covered many aspects of the Act. The purpose of the Act is to protect public safety. NZNC feels that the Act is partially achieving its purpose.

The regulatory authorities are good at identifying and enforcing the entry requirements into a given professional group for practitioners training within New Zealand.

From ANZCA's perspective there are several areas where the implementation of the current Act fails to ensure its purpose is achieved. The main areas of concern that were highlighted in the NZNC submission were the need to improve the processes regarding:

- > Registration of International Medical Graduates (IMGs)

- > Regulation for new groups of registered health professionals
- > Overlapping Scopes of Practice – failure to ensure that overlapping Scopes of Practice provide the same standard of care
- > Ensuring competence.

As well, this Act covers the requirements for CPD and also how regulatory authorities' members are appointed. NZNC and Council of Medical Colleges (CMC) have submitted that members of these authorities should include a proportion of those elected by the profession.

RURAL HOSPITAL MEDICINE SERVICES

NZNC continues to have discussions with the Rural Hospital Doctors working group, the Joint Consultative Committee for Anaesthesia and the Royal New Zealand College of General Practitioners about the suggestion of a training and MOPS program for rural doctors in New Zealand who wish to provide anaesthesia services in a rural setting.

The outcome of the Rural Hospital Medicine application for recognition as a separate vocational specialty is still awaited. If their application is successful we will have a framework to develop a New Zealand variant of the JCCA.

The Ministry is funding an increase in the exposure to rural practice both in the undergraduate and post graduate medical years. It is hoped that this will improve the future recruitment and retention in rural and provincial centres.

NEW ZEALAND ANAESTHETIC TECHNICIANS – REGULATORY BODY

The previous Minister of Health, Pete Hodgson agreed that anaesthetic technicians are to be regulated as a health profession under the HPCA Act. A decision is awaited on which authority will regulate this group. I understand that this decision has been postponed pending the outcome of the review of the Act.

NURSING COUNCIL MEETING

In October, I met with the Chair and CEO of the Nursing Council to discuss roles for nurses in perioperative care. This was a very constructive meeting and I was able to clarify what the Nursing Council's thoughts are on issues such as nursing scopes of practice and in particular the nurse practitioners' scope, prescribing rights for nurses and roles of nurses in perioperative care.

THERAPEUTIC PRODUCTS AND MEDICINES BILL

This Bill was put aside by Parliament. ANZCA NZNC had supported many aspects of this Bill as it had the potential to solve a number of problems arising from the current legislation.

Foremost for anaesthetists is the concern about section 29 of the Medicines Act with respect to unlicensed medicines used in anaesthesia. The Bill aimed to create a joint Trans Tasman therapeutic products and medicines registration body which would result in a larger number of licensed medicines available in New Zealand. Also medical devices and complementary medicines would have to be registered as well (which New Zealand doesn't currently require).

The Bill also had the potential to allow a greater number of health practitioners to gain prescribing rights. Nursing organisations had proposed to the Minister that nurse practitioners be given authorised prescribing rights (being able to prescribe all medicines on the pharmaceutical schedule, the same as medical practitioners, dentists and midwives). The Minister did not proceed with this prescribing proposal. NZNC has spent quite a lot of time and effort this year submitting to the Minister, Ministry, Select Committees and regulatory authorities outlining our concerns about widening of prescription rights for practitioners who appear to not have the training and experience to safely prescribe. Such proposals have come from the Pharmacy Council as well as the Nursing Council.

ANAESTHESIA BIBLIOGRAPHIES

Dr Basil Hutchinson has prepared a CD, 'Bibliography of anaesthesia-related articles in the New Zealand Medical Journal, 1887-2000' which is available from the ANZCA New Zealand office. He has also compiled an Appendix which includes indexes of NZ authors of anaesthesia and related books, NZ anaesthetists with higher university degrees and obituaries of anaesthetists. Dr Hutchinson has also completed a 'Bibliography of anaesthesia-related articles in the New Zealand Dental Journal, 1905-2006'.



IN CONCLUSION

It has been a busy year for the New Zealand National Committee. NZNC representatives attended ninety-nine meetings during 2007 on behalf of the anaesthesia community. Forty-nine (47 in 2006) consultation documents and requests for nominations have been considered for the year to March 2008. Formal submissions have been made on thirty-eight of these consultation documents and nominations, up from 33 last year. This takes time and energy but is worth the effort in order to ensure that our perspectives on issues are understood. I would like to acknowledge all the committee members who give freely of their time as well as the many others who contribute to the fellowship, such as examiners, inspectors, lecturers at exam courses and clinicians who provide mentorship and assistance to trainees and peers. It is these activities and those of the office staff that keep our college alive and relevant.

DR VAUGHAN LAURENSEN
Chair, New Zealand National Committee
ANZCA, March 2008

TREASURER'S REPORT

New auditors and accountants in New Zealand

The College has engaged a new firm, RSM Prince & Partners, to prepare the 2007 audited financial accounts for the New Zealand office. The change has been made to bring New Zealand's account into the RSM financial services network. RSM Prince & Partners are the New Zealand counterpart of the Melbourne based RSM Bird Cameron that has been engaged by the ANZCA Head Office to act as the College auditors. In previous years, following incorporation into the Head Office accounts, the New Zealand accounts had been audited as part of the Head Office audit. However, following recent advice, the New Zealand 'branch' of ANZCA has been registered with the New Zealand Companies Office and this requires that audited accounts are prepared separately for the New Zealand office activities. Due to delays beyond our control, these audited accounts were not finalised at the time of writing this annual report, so figures have not been able to be included in the annual report as in previous years. When it has become available, copies of the audited financial report will be circulated for the New Zealand Annual Business Meeting on the 13 October in Wellington. In advance of the report being available, any interested NZ Fellows can be reassured that there will be no substantial variations or departures from previous years.

Income from New Zealand Fellows' Annual Subscriptions

In 2007, New Zealand Fellows continued to pay their annual subscriptions to the ANZCA Head Office. A portion (70%) of these subscriptions is New Zealand Committee income as it is deemed to cover work that is carried out in New Zealand on behalf of the New Zealand Fellows. This portion attracts New Zealand GST. The funds have then required to be transferred back to New Zealand for the National Committee to use in the conduct of its activities. In recent NZNC annual financial statements these transferred funds have been labelled 'Funds from Australia' under current liabilities. The NZNC income had to be recorded as a 'liability' because ANZCA Head Office had already coded it as 'income' in Australia. This necessary peculiarity has meant that the allocated proportion of subscriptions is recorded in New Zealand as a 'liability' rather than as New Zealand 'income'. Because the NZ report is effectively a sub-component of the overall College accounts, this has resulted in the 2007 NZNC financial report showing an overall deficit.

From 2008, the New Zealand Fellows' subscriptions will be collected in New Zealand. As well as other practical advantages, this will correct the income/liability recording anomaly that has occurred in the past.

DR GERARD McHUGH

NATIONAL EDUCATION OFFICER'S REPORT

Trainee Committee, NZ 2007

Dr Kylie Julian was Chairman, with Drs Annick Depuyt, Nick Hutton, Corinne Law, Phillip Kriel, Jennifer Taylor, David Whybrew, Claire Ireland, Nav Sidhu and Chris Poynter as Committee members. Dr Vaughan Laurenson, Chairman of the NZNC and Dr Paul Smeele, National Education Officer are ex-officio members of this Committee.

The committee has met on three occasions by teleconference in 2007. A meeting for trainees was held during the Auckland ASM in November, which gave an opportunity for trainees to meet the ANZCA President and Vice-President.

Education sub-committee meeting

The Education sub-committee met on two occasions during 2007. As well as acting as a forum to discuss changes implemented by the College Council, the Committee also is looking at options to reduce the number of trainees who are not formally part of a rotation.

SUPERVISORS OF TRAINING

Supervisor – Certificates of Recognition after 5 years service

Dr Yvonne Wagner

Auckland City Hospital

Supervisor reappointed for 2007

Dr Stephen Pearce

Whangarei Hospital

Thank you to the following who have now retired from these roles.

Supervisors of Training

Dr Yvonne Wagner

Auckland City Hospital

Dr Alan McKenzie

Wellington Hospital

Dr Cornelius Kruger

Auckland City Hospital

Dr Chris Thorn

Wellington Hospital

Rotational Supervisors

Dr Malcolm Futter

Northern Rotation

Dr Chris Thorn

Central Rotation

Dr Debbie Goodall

Southern Rotation

New Supervisors of Training, appointed during 2007

Dr Mandy Perrin

Rotorua Hospital

Dr Timothy Wright

Dunedin Hospital

Dr Jack Hill

National Women's Hospital
(ACH Level 9)

Dr Sandy Garden

Assistant SoT at Wellington Hospital

Dr Lance Nicholson

North Shore Hospital

Dr Amanda Dawson

Auckland City Hospital (Level 4)

Dr Sally Ure

Wellington Hospital

Rotational Supervisors - 2007

Dr Darcy Price

Northern rotation

Dr Andrew Munro

Midland rotation

Dr Sandy Garden

Central rotation

Dr David Bain

Southern rotation

Clinical Teachers Course

A Clinical Teachers Course 'Teaching in the Operating Theatre' was conducted on the 28 November 2007 at the New Zealand Office in Wellington, with 12 Supervisors of Training and Modules Supervisors attending.

Hospital inspections

Wellington Hospital has experienced difficulties in meeting ANZCA's requirements for training. It has been given accreditation for the 2008 hospital year and will be reinspected during the course of the year to determine accreditation beyond 2008.

New Zealand Courses:

Part 1 FANZCA Course – Christchurch
Course dates 4 – 11 February 2007.

FANZCA Final Course, Oral Examination
– Wellington

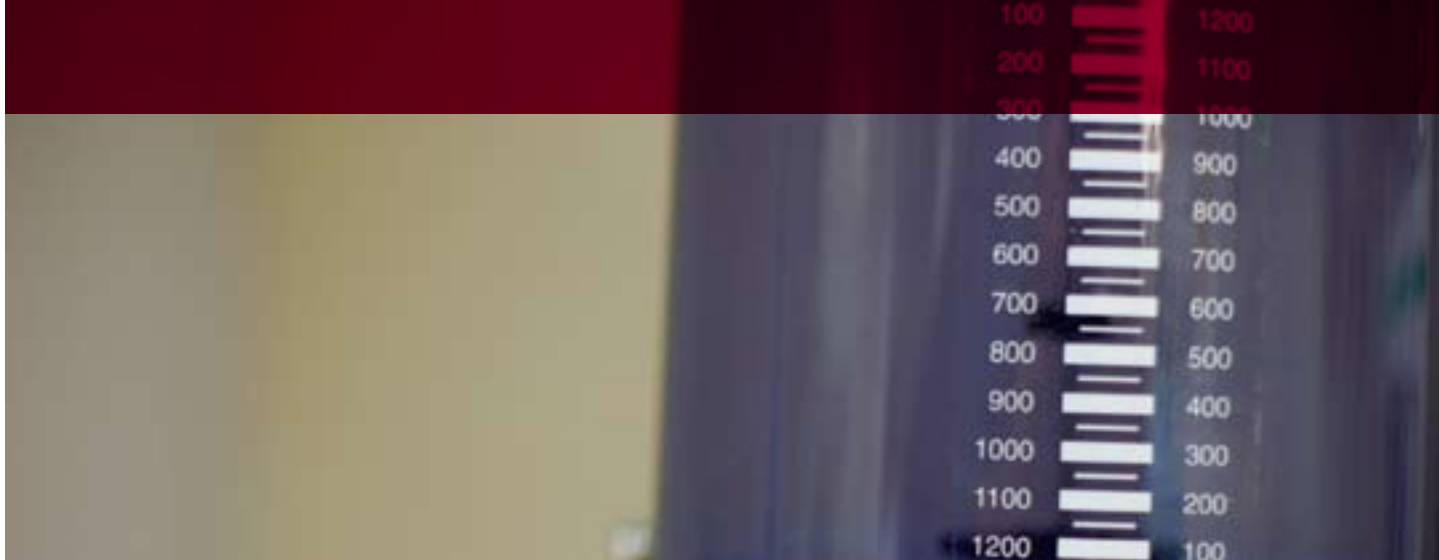
Course dates: 26-29 April and 9-12
August 2007

Part I FANZCA Course – Hamilton
Course dates: 14-25 May 2007

Part II Revision Course – Auckland
Course dates: 18-29 June 2007

The New Zealand National Committee is grateful to all those who work hard to make the FANZCA training program a success, its Fellows, the College supervisors, examiners, those involved in the exam courses, hospital inspections, ANZCA committee members and staff.

DR PAUL SMEELE



FORMAL PROJECT OFFICER'S REPORT

Firstly, I would like to thank Dr Geoff Long, the assistant FPO NZNC, for his assistance and support and Ms Jan Brown from the New Zealand ANZCA office for the huge amount of secretarial and administrative support. I am grateful to many Fellows who contribute their time and experience in providing me with advice and in the assessment of the Formal Projects.

2007 was once again a busy year with a steady stream of Formal Projects being submitted throughout the year.

New Projects Registered:	30
Projects Confirmed by Assessor:	35
Projects currently registered and in progress:	38
Projects currently with Assessor:	3

Module 11 (the Formal Project module) continues to be a controversial subject and in this regard a working party was established to consider how this module could be improved. Feedback was requested from a number of parties including current Formal Project Officers and trainees and a draft report has recently been received. We have been asked to provide further input into this draft report.

An Annual Registrars' Meeting was once again convened by Dr Nelis Kruger. This was very successful with a total of 7 registrar presentations. These were all of a high standard and I would like to thank all those who contributed to this meeting. It is envisaged that this will become an annual event.

The Formal Project prize for 2006 was awarded to Dr Richard Sullivan for his Formal Project entitled 'The Effect of Leaving in Dentures on Bag-Mask Ventilation at Induction of General Anaesthesia'. The prize was presented on behalf of NZNC to Dr Sullivan at a Department function in Melbourne where he is currently training. A shortlist of Formal Projects for the New Zealand Formal Project Prize for 2007 is being assessed. It is anticipated that this prize will be presented later in the year.

Projects Completed and Confirmed

Dr Nicholas Abbott

The LifeVent CPAP system. Audit of the introduction of a novel CPAP system

Dr Cambell Bennett

The EEG in anaesthesia: how does human pattern recognition compare with mathematical analysis?

Dr Emma Blair

Tracheal intubation via the Classic and Proseal laryngeal mask airways: a mannikin study using the Aintree Intubating Catheter

Dr Rebecca Branch

A new indication for conversion from Off-Pump CABG

Dr Neroli Chadderton

Detection of changes of lung compliance and airway resistance using manual ventilation by anaesthetists

Dr Amber Chisholm

Opioid abuse amongst Anaesthetists: a system to detect personal usage

Dr Alison Davies

A study to investigate a correlation between isolated genetic mutations known to be associated with Malignant Hyperthermia and the strength of experimental and clinical response

Dr Joanna Doa

Obstetric Anaesthesia Guidelines 2007 for the Department of Anaesthesia, Counties Manukau DHB

Dr Pamela Eccles

Management guidelines for neuraxial analgesia in cancer and palliative care patients

Dr Daniel Faulke

Determination of mode of ventilation using computational methods

Dr Heide-Marie Feberwee

Ward complications of pain management modalities

Dr Rachael Glew

Cardiac Anaesthesia Survey at Auckland City Hospital, NZ

Dr Timothy Hall

Personal case study of the management of change in a professional operation: The development of the Manukau Surgical Centre by Counties-Manukau DHB

Dr Gareth Harris

A case report and review of anaesthesia for Succinic Semialdehyde Dehydrogenase (SSADH) deficiency, a disorder of Gamma-aminobutyric acid (GABA) metabolism

Dr Timothy Hodgson

Introduction of an Obstetric Epidural Form at Waikato Hospital

Dr Matthew Jenks

Audit of blood sugar levels in cardiac surgery patients (on-pump) Christchurch Hospital (2005-2006)

Dr Kylie Julian

Unapproved Medicines in Anaesthesia – a survey of practice

Dr James Nicholas King

Safety and efficacy of ultrasound-guided brachial plexus anaesthesia

Dr Corinne Law

Unconsciousness and severe respiratory depression following intrathecal morphine analgesia for lumbar spinal surgery

Dr Sheila Malcolmson

Low dose spinals in the elderly with fractured neck of femur: a clinical audit looking at cardio-vascular stability and adequacy of duration

Dr Sally Marsh

A course for anaesthetic technician trainees

Dr Kylie McGregor

Clinical Indicators and Complications in the Recovery room

Dr Wai Leap Ng

Outcome in subarachnoid haemorrhage patients with fever on presentation for intracranial aneurysm surgery

Dr Stephen O'Donoghue

Hypernatremia is an independent predictor of mortality in intensive care patients

Dr Sabine Pecher

'Alternative' effekte von lokalanasthetika

Dr Sarah Preissler

Coronary artery bypass surgery – has the thromboelastogram changed perioperative blood product usage at Waikato Hospital?

Dr Margot Rumball

Why Spinals Fail: a case history and review of the literature

Dr Navdeep Sidhu

'Not for resuscitation' orders in Australian public hospitals: policies, standardised order forms and patient information leaflets

Dr Craig Surtees

'Introduction to Cardiac Anaesthesia'. A video production.

Dr June Telfer

Creutzfeld-Jakob disease – implications for the anaesthetist

Dr Maartjie Tulp

Aortic Valve Replacement in a patient with Paroxysmal Nocturnal Haemoglobinuria – a case report and review of perioperative management

Dr Nicola Whittle

A survey of allocation of ASA Physical Status scores by New Zealand anaesthetists

Dr Viraj Wijeywickrema

Acute toxicity of Ropivacaine in a parturient patient

Dr Gerald Wong

Evaluating the time interval from theatre notification until delivery of baby in emergency caesarean sections

Dr William Young

Audit of morbidity and mortality following neck of femur fracture using the POSSUM scoring system

DR ARTHUR RUDMAN

Review PS8

(2008)

RECOMMENDATIONS ON THE ASSISTANT FOR THE ANAESTHETIST

The presence of a trained assistant for the anaesthetist during the conduct of anaesthesia is a major contributory factor to safe patient management. The assistant must have undertaken appropriate training in order to provide effective support to the anaesthetist. The recommendations that follow establish both the practical and educational responsibilities of a competent assistant to the anaesthetist.

1. PRINCIPLES

These recommendations apply wherever general anaesthesia, regional anaesthesia, local anaesthesia and/or sedation are administered by an anaesthetist. Henceforth, these activities are referred to as "anaesthesia".

- 1.2 The presence of a trained assistant for the anaesthetist is essential for the safe and efficient conduct of anaesthesia:
 - 1.2.1 during preparation for and induction of anaesthesia. The assistant must remain under the immediate direction of the anaesthetist until instructed that this level of assistance is no longer required.
 - 1.2.2 at short notice if required during the maintenance of anaesthesia.
 - 1.2.3 at the conclusion of anaesthesia.
- 1.3 Facilities in which anaesthesia is administered must provide a service which ensures that anaesthetic equipment is available, properly maintained, checked before use and appropriately cleaned, as per College Professional Documents T1 (2006) Recommendations on Minimum Facilities for Safe Administration of Anaesthesia in Operating Suites and Other Anaesthetising Locations and PS31 (2003) Recommendations on Checking Anaesthesia Delivery Systems.
- 1.4 Staff employed for these roles must be properly trained, as defined below.

2. DEPLOYMENT OF ASSISTANTS

- 2.1 The assistant to the anaesthetist is an essential member of the staff establishment in all locations where anaesthesia is administered.
- 2.2 Management must ensure that staff establishments and rostering practices allow the allocation of an assistant to the anaesthetist for every case where anaesthesia is administered.
- 2.3 The number and status of assistants in the staff establishment will be determined by the number and types of procedures undertaken by the anaesthesia service at each facility.
- 2.4 The duties of the assistants in each location must be specified in an appropriate job description.
- 2.5 Where a number of assistants are employed, an appropriately trained and experienced senior member of the group should be designated as the supervisor.
- 2.6 Whilst assisting the anaesthetist, the assistant must be wholly and exclusively responsible to that anaesthetist.

3. EDUCATIONAL REQUIREMENTS FOR ASSISTANTS

An adequately trained assistant to the anaesthetist must have completed a training course which has met, as a minimum, the following criteria:

- 3.1 Eligibility
 - 3.1.1 Those without previous health sector experience must have the Higher School Certificate or its equivalent.
 - 3.1.2 Those with nursing experience must hold a certificate as a Registered Nurse (Registered Nurse Division 1) or as an Enrolled Nurse (Registered Nurse Division 2), or their equivalents.
 - 3.1.3 Registered Nurses, Division 1 or 2 or their equivalents, must be in current clinical employment or have been so employed within one year of acceptance into a training course.

3.2 Course of Instruction

The course should be developed and administered by an appropriate institute of learning. Courses may include a distance learning component where appropriate, and may be provided full-time, part-time or as a combination of full-time and part-time. There should be continuous employment of trainee anaesthesia assistants during any part-time components of the course.

As a minimum, the course must include:

- 3.2.1 A course of lectures of at least 150 hours duration.
- 3.2.3 Supervised practical experience in anaesthetising locations, which should be documented in a log book describing the type of instruction received and the competencies demonstrated.
- 3.2.4 Successful completion of assignments appropriate to the curriculum that are suitable for presentation to trainees and supervisors.

Successful completion of internal assessments, including demonstrated competencies and designated examinations.
- 3.2.6 Input from anaesthetists in curriculum development, preparation and delivery of lectures, practical supervision and assessments. The minimum curriculum content for courses is outlined in the Addendum.

3.3 Duration of the Course

- 3.3.1 Those without previous hospital experience must complete three years of full-time employment comprising study and work as a trainee anaesthesia assistant.
- 3.3.2 Those with Registered Nurse Division 2 qualifications or similar must complete two years of full-time employment comprising study and work as a trainee anaesthesia assistant.
- 3.3.3 Those with Registered Nurse Division 1 qualifications must complete one year of full-time employment comprising study and work as a trainee anaesthesia assistant.

4. CONTINUING EDUCATION OF ASSISTANTS

Anaesthesia assistants must maintain and upgrade their knowledge and skills with regular continuing education activities. Management must ensure that staff establishments and rostering practices allow for continuing education of anaesthesia assistants.

ADDENDUM

RECOMMENDED CONTENT OF TRAINING COURSES FOR THE ASSISTANT TO THE ANAESTHETIST

1. Basic Sciences

Instruction must include appropriate elements of the following basic sciences as they apply to anaesthesia:

Physics
Chemistry
Pharmacology
Anatomy
Physiology
Clinical Measurement
Microbiology

2. Anaesthesia

In-depth understanding of the following topics is necessary and must be reinforced by appropriate practical experience obtained while providing assistance to anaesthetists.

(a) Anaesthetic Equipment

- (i) The care, use and servicing of equipment
Anaesthesia delivery systems and ventilators
Monitoring equipment including ultrasound devices
Airways devices including fiberoptic instruments
Intravascular devices
- (ii) Cleaning and sterilisation of equipment
- (iii) Infection control issues for staff, equipment and patients
- (iv) Pollution prevention

(b) Safety

Electrical safety
Gas cylinders and pipelines
Hazards in anaesthetising locations
Patient safety
Staff safety

(c) Anaesthetic techniques

including all areas of perioperative practice (preparation, monitoring, induction, securing the airway, maintenance, recovery) in both theoretical and practical terms.

Invasive Techniques

including insertion of peripheral, central venous and pulmonary artery catheters and arterial lines, as well as their ongoing management; intercostal tube drainage; red cell salvage, and endoscopy of the airways.

Regional and Local Anaesthesia

including all commonly used techniques for regional and local blockade.

(e) Ultrasound

including use for nerve and vascular localisation.

(f) Therapeutics

including the storage, preparation and use of all drugs, fluids and other therapeutic substances administered during anaesthesia.

Emergency Care

including knowledge of appropriate algorithms for crisis management, assistance to the anaesthetist, and provision and care of necessary equipment for:

Cardiopulmonary resuscitation
Management of the difficult airway and failed intubation
Cardiac defibrillation and cardioversion
Massive blood transfusion
Anaphylaxis
Malignant hyperthermia

Postoperative Pain

including management and equipment required.

3. Management

Rostering
Budgets
Anaesthesia standards and protocols
Incident monitoring
Workplace, Occupational Health & Safety Regulations
Communication
Privacy Protection
Interfaces with other healthcare workers
Legal responsibilities
Human resources management

COLLEGE PROFESSIONAL DOCUMENTS

College Professional Documents are progressively being coded as follows:

TE	Training and Educational
EX	Examinations
PS	Professional Standards
T	Technical

POLICY - defined as 'a course of action adopted and pursued by the College'. These are matters coming within the authority and control of the College.

RECOMMENDATIONS – defined as 'advisable courses of action'.

GUIDELINES – defined as 'a document offering advice'. These may be clinical (in which case they will eventually be evidence-based), or non-clinical.

STATEMENTS – defined as 'a communication setting out information'.

This document is intended to apply wherever anaesthesia is administered. This document has been prepared having regard to general circumstances, and it is the responsibility of the practitioner to have express regard to the particular circumstances of each case, and the application of this document in each case. Professional documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure that the practitioner has obtained the current version. Professional documents have been prepared having regard to the information available at the time of their preparation, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently. Whilst the College endeavours to ensure that professional documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

Promulgated: June 1989

Reviewed: October 1993, 1998, 2003

Date of Current Document: Apr 2008

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College Website: <http://www.anzca.edu.au/>

Professional Documents

TE1	(2005)	Recommendations for Hospitals Seeking College Approval for Vocational Training in Anaesthesia
TE2	(2006)	Policy on Vocational Training Modules and Module Supervision (interim review)
TE3	(2006)	Policy on Supervision of Clinical Experience for Vocational Trainees in Anaesthesia
TE4	(2003)	Policy on Duties of Regional Education Officers in Anaesthesia
TE5	(2003)	Policy for Supervisors of Training in Anaesthesia
TE6	(2006)	Guidelines on the Duties of an Anaesthetist
TE7	(2005)	Guidelines for Secretarial and Support Services to Departments of Anaesthesia
TE8	(2003)	Guidelines for the Learning Portfolio for Trainees in Anaesthesia
TE9	(2005)	Guidelines on Quality Assurance in Anaesthesia
TE10	(2003)	Recommendations for Vocational Training Programs
TE11	(2003)	Formal Project Guidelines
TE13	(2003)	Guidelines for the Provisional Fellowship Program
TE14	(2007)	Policy for the In-Training Assessment of Trainees in Anaesthesia
TE17	(2003)	Policy on Advisors of Candidates for Anaesthesia Training
TE18	(2005)	Guidelines for Assisting Trainees with Difficulties
EX1	(2006)	Policy on Examination Candidates Suffering from Illness, Accident or Disability
T1	(2006)	Recommendations on Minimum Facilities for Safe Administration of Anaesthesia in Operating Suites and Other Anaesthetising Locations
T3	(2006)	Minimum Safety Requirements for Anaesthetic Machines for Clinical Practice
PS1	(2002)	Recommendations on Essential Training for Rural General Practitioners in Australia Proposing to Administer Anaesthesia
PS2	(2006)	Statement on Credentialling in Anaesthesia
PS3	(2003)	Guidelines for the Management of Major Regional Analgesia
PS4	(2006)	Recommendations for the Post-Anaesthesia Recovery Room
PS6	(2006)	The Anaesthesia Record. Recommendations on the Recording of an Episode of Anaesthesia Care Pre-Anaesthesia Consultation
PS8	(2008)	Guidelines on the Assistant for the Anaesthetist
PS9	(2007)	Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical Procedures
PS10	(2004)	Handover of Responsibility During an Anaesthetic

P = Professional
T = Technical
EX = Examinations
PS = Professional standards
TE = Training and Educational

PS12	(2007)	Statement on Smoking as Related to the Perioperative Period
PS15	(2006)	Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery
PS16	(2001)	Statement on the Standards of Practice of a Specialist Anaesthetist
PS18	(2006)	Recommendations on Monitoring During Anaesthesia
PS19	(2006)	Recommendations on Monitored Care by an Anaesthetist
PS20	(2006)	Recommendations for Responsibilities of the Anaesthetist in the Post-Operative Period
PS21	(2003)	Guidelines on Conscious Sedation for Dental Procedures
PS24	(2004)	Guidelines on Sedation for Gastrointestinal Endoscopic Procedures
PS26	(2005)	Guidelines on Consent for Anaesthesia or Sedation
PS27	(2004)	Guidelines for Fellows who Practice Major Extracorporeal Perfusion
PS28	(2005)	Guidelines on Infection Control in Anaesthesia
PS29	(2002)	Statement on Anaesthesia Care of Children in Healthcare Facilities without Dedicated Paediatric Facilities
PS31	(2003)	Recommendations on Checking Anaesthesia Delivery Systems
PS37	(2004)	Regional Anaesthesia and Allied Health Practitioners
PS38	(2004)	Statement Relating to the Relief of Pain and Suffering and End of Life Decisions
PS39	(2003)	Minimum Standards for Intrahospital Transport of Critically Ill Patients
PS40	(2005)	Guidelines for the Relationship Between Fellows and the Healthcare Industry
PS41	(2007)	Guidelines on Acute Pain Management
PS42	(2006)	Recommendations for Staffing of Departments of Anaesthesia
PS43	(2007)	Statement on Fatigue and the Anaesthetist
PS44	(2006)	Guidelines to Fellows Acting on Appointments Committees for Senior Staff in Anaesthesia
PS45	(2001)	Statement on Patients' Rights to Pain Management
PS46	(2004)	Recommendations for Training and Practice of Diagnostic Perioperative Transoesophageal Echocardiography in Adults
PS47	(2002)	Guidelines for Hospitals Seeking College Approval of Posts for Vocational Training in Diving and Hyperbaric Medicine
PS48	(2003)	Statement on Clinical Principles for Procedural Sedation
PS49	(2003)	Guidelines on the Health of Specialists and Trainees
PS50	(2004)	Recommendations on Practice Re-entry for a Specialist Anaesthetist

JOINT FACULTY OF INTENSIVE CARE MEDICINE

Dean's message



DR RICHARD LEE

Changing of the Guard

By the time this Dean's message is printed, the ASM and AGM will have been held and a new Dean, Peter (Vernon) van Heerden, will have taken the reins of the Joint Faculty. Vernon brings immense skills and intellect to the role. He also brings experience as Treasurer, Deputy Censor, Censor and the Editor-in-Chief of Critical Care and Resuscitation (CCR). He took over CCR from Lindsay (Tub) Worthley, who had created and fostered the Journal, and he took this great asset to indexation. I am sure he will guide the development of JFICM in the same manner.

This point of time in the college cycle also sees appointment of new Presidents of ANZCA and the RACP. Dr Leona Wilson will be familiar to those reading this message but the new President of the RACP, Associate Professor Geoffrey Metz, may not. He is a Melbourne gastroenterologist with international experience in teaching and assessment and is also clinical sub-Dean at the University of Melbourne. We welcome them and look forward to working with both the leaders of our parent colleges.

On the 1st of June, the new JFICM Board will be installed and portfolios allocated. Dr Gavin Joynt from Hong Kong will be the first member of the Board from that region and we welcome him and look forward to his contribution.

Changeless

Of course some things do not change. The challenge for each year remains to keep the rigorous and effective training and education program running efficiently.

Also for years there have been calls to combine the Joint Faculty with ANZICS. At a time when we are considering the future of the JFICM, the topic has resurfaced. There are obvious potential economies of scale for such a union but the idea neglects the current realities of pressure from the jurisdictions and medical councils to separate the functions of societies and training bodies. There will be shared roles well into the future but, as with the parliament and the judiciary, there will be always a place for separation of some roles. The ACCC and Productivity Commission have changed the landscape. In the past, the society and college went together to Canberra or Wellington to argue for pay and conditions, but this is no longer possible. The fear of an 'old boys/girls club' controlling the industrial scene has changed the imperatives.

Repeatedly the JFICM has been grateful that its focus is on training and standards when talking to hospital administrators or government representatives. Critics of the current arrangement do not recognise the extent of the credibility we gain from this focus.

During the last few years, the society and the Joint Faculty have achieved a greater understanding of each other's roles and have increased communication and cooperation between the two groups. We hope to grow and maintain both these groups. A strong society and strong training entity are very important.

In 1994, Dr Brian Dwyer, when delivering the oration at the opening of Ulimaroa, spoke of the separation of ANZCA and the ASA as draining the physical and financial resources of anaesthetists. He called for their combining. The lesson of history is that both organisations went on to formulate an MOU, defined their separate and shared roles, and have both prospered individually and separately, while sending representatives to each other's Councils. I hope that this model will guide our growth in the future.

The year ahead

During the last 12 months we have experienced many distractions from the main game. It is the Board's hope that we can find a way forward, which allows for continued growth and prospering of ICM training.

Many tasks remain incomplete. The Objectives of Training need to be further linked to the assessment processes in both Basic and Advanced Training and active education incorporated further into our

Trainee Committee

A Trainee Committee was established in 2004 with the purpose of providing feedback from trainees to the Education Committee on broad education and training matters. The Committee also serves to provide a mechanism for trainees to approach the Joint Faculty with any matters of interest and provide a more relevant and immediate form of action. A representative from each region within Australia is represented on the Committee as well as New Zealand. The Committee is chaired by the New Fellow representative to the Board.

The Committee meets three times a year prior to the Education Committee. The Chair of the Committee liaises directly with the Education Committee, as evidenced recently when the opportunity arose to provide feedback on the Objectives of Training and Competency for Basic and Advanced Training in their draft stage.

All trainees are encouraged to voice any concerns regarding their education and training to their regional representative via e-mail which can be found on the JFICM website under 'About JFICM'.

The Members of the Committee are:

Dr Nikki Blackwell
New Fellow Representative (Chair)

Dr Nhi Nguyen
New South Wales representative

Dr Sessa Boppudi
New Zealand representative

Dr Pankaj Dubey
Queensland representative

Dr Brett Sampson
South Australia representative

Dr Craig Young
Tasmania representative

Dr Claire Cattigan
Victoria representative

Dr Godfrey Lo
Western Australia representative

New JFICM Executive Officer

Following the departure of the long serving JFICM Executive Officer, Carol Cunningham-Browne, early in the year, a new EO was recruited, Mr Phil Hart, who commenced work on the April 14, 2008. Phil has a background as a physiotherapist and hospital manager, and for the past four years, has worked for the Australian Physiotherapy Association as their National Manager of Professional Development and Specialisation.

Phil is a keen Western Bulldogs fan, but these days usually spends more of the weekend driving his two children (Ben and Julia) to their sporting commitments and barracking for them!



program. The Primary is being bedded in but there is work to be done around it with courses and teaching programs. Interlinked issues to be addressed include:

- > Loss of trainees to the lifestyle specialties – we are attracting trainees to a long-term career in ICM but we need to do more
- > Supporting Supervisors of Training
- > Supporting, in practical ways, the non-clinical roles of intensivists (QA supervisor, researcher, database manager, human resource manager)
- > Building up the full-time workforce
- > Supporting the part-time intensivists and non-FJFICM intensivists
- > Preparing the trainees for the non-clinical roles of specialist practice

I would like to take the opportunity in my last message to thank the wonderful staff at Ulimaroa for their great work and friendships. They have kept the Joint Faculty functioning well.

I would also like to thank Allison Burger for holding the fort so ably and amicably during the early part of the year and Phil Hart for filling the shoes of Carol Cunningham-Browne's so well. We all wish Vernon a productive and happy two years as Dean.

DR RICHARD LEE
Dean

New Fellows

The following Fellows were admitted to Fellowship of the Joint Faculty of Intensive Care Medicine by examination in the previous 12 months:

Owen Stewart Roodenburg
SA May 2007

Emma Louise Hothersall
QLD May 2007

Matthew Robert Hooper
QLD April 2007

Sumesh Arora
NSW April 2007

Nicholas Anthony Barrett
NSW April 2007

Timothy Michael Errington Crozier
VIC April 2007

Joseph Ogg
QLD May 2007

James Walsham
QLD June 2007

Stewart Faulkener Moodie
QLD June 2007

Miland Sanap
SA January 2007

David Rigg
TAS July 2007

Geoffrey Ding
ACT January 2005

Hari Ravindranathan
NSW January 2007

Gordon Laurie
QLD September 2007

Brien O'Brian
Ireland June 2007

Arvind Rajamani Rangaswami
NSW August 2007

Pranesh Manilal Jogia
NZ August 2007

Arthur Charles Stephenson
WA June 2007

Robert Gordon Hislop
NSW September 2007

Stuart Jonathan Wilson
VIC September 2007

Robert Scott Simpson
QLD June 2007

Manmozhi Vellaichamy
QLD October 2007

Angus John Neal
NSW October 2007

Timothy Peter Stanley
NSW July 2007

Adam Matthew Deane
VIC September 2007

Kenneth Hee King Lee
SA October 2007

Caroline Jane Killick
VIC November 2007

Godfrey Koon-Yan Lo
WA January 2008

Elizabeth Jane Croston
WA October 2007

Benjamin Koon Cheung
QLD January 2008

Alpesh Patel
SA January 2008

Stephen Daniel O'Donoghue
QLD January 2008

Elizabeth Anne Steel
NSW January 2008

Indranil Chatterjee
QLD January 2008

Bruce Richard Hammonds
QLD January 2008

Shyamala Sriram
VIC January 2008

Anand Krishnan
QLD January 2008

Matthew Piercy
VIC February 2008

Andrew James Casamento
VIC February 2008

Louisa Yuk Li Chan
SA January 2008

Shu Wing Ku
HK January 2008

Carl Augustus Edward Horsley
NZ February 2008

Andrew John Westbrook
VIC March 2008

New Fellows' Conference

The inaugural New Fellows' Conference of the Joint Faculty of Intensive Care Medicine was held at the Royce Hotel from 28–29 May 2008. One Fellow within eight years of receiving Fellowship was nominated by each region to attend.

The Conference commenced with a Murder Mystery Dinner held in the 19th century surrounds of Ulimaroa, the home of the JFICM Office. This was followed by two full days of sessions covering topics relevant to Intensivists including leadership, legal issues for Intensivists, early career direction and handling difficult colleagues. A representative from among the attendees was nominated to attend the November Board meeting to present a report on the Conference.

All in all the Conference was very successful.



Primary successful candidates

Examinations

The February/April 2008 Primary Examination results

The Intensive Care Primary Examination tests the basic sciences applied to Intensive Care with an emphasis on integration of knowledge across disciplines. The examination was run for the second time in February and April 2008. The Written Section was held in Brisbane, Melbourne and Sydney. The Oral Section of the Examination was held at Ulimaroa in Melbourne. Three candidates presented and one was successful. Congratulations to the successful candidate, Dr Ravisubramanian Chockalingam Pillai:

A second Primary Examination for 2008

While there was only one Intensive Care Primary Examination in 2007, in 2008 there will be two examinations. The second Primary Examination for 2008 will take place in September and November of this year.

For more information please go to the following link:

<http://www.anzca.edu.au/jfcm/training-and-education/exams/primary-exam.html>

JFICM Examination dates for the rest of 2008

GENERAL EXAMINATION

AUGUST/OCTOBER	LOCATION	DATE
Written Section	All Major Centres	18 th August 2008
Oral Section	Melbourne	16 th – 17 th October 2008
Closing Date	-	30 th June 2008

PAEDIATRIC INTENSIVE CARE EXAMINATION

AUGUST/OCTOBER	LOCATION	DATE
Written Section	All Major Centres	18th August 2008
Oral Section	Melbourne	13th – 14th October 2008
Closing Date	-	30th June 2008

PRIMARY EXAMINATION

FEBRUARY/APRIL	LOCATION	DATE
Written Section	All Major Centres	22nd September 2008
Oral Section	Melbourne	7th November 2008
Closing Date	-	28th July 2008

Policy Documents

IC-1	(2003)	Minimum Standards for Intensive Care Units
IC-2	(2005)	Intensive Care Specialist Practice in Hospitals Accredited for Training in Intensive Care Medicine
IC-3	(2003)	Guidelines for Intensive Care Units seeking Accreditation for Training in Intensive Care Medicine
IC-4	(2006)	The Supervision of Vocational Trainees in Intensive Care
IC-6	(2002)	The Role of Supervisors of Training in Intensive Care Medicine
IC-7	(2006)	Secretarial Services to Intensive Care Units
IC-8	(2000)	Quality Assurance
IC-9	(2002)	Statement on the Ethical Practice of Intensive Care Medicine
IC-10	(2003)	Minimum Standards for Transport of the Critically Ill
IC-11	(2003)	Guidelines for the In-Training Assessment of Trainees in Intensive Care Medicine
IC-12	(2001)	Examination Candidates Suffering from Illness, Accident or Disability
IC-13	(2002)	Recommendations on Standards for High Dependency Units Seeking Accreditation for Training in Intensive Care Medicine
IC-14	(2004)	Statement on Withholding and Withdrawing Treatment
IC-15	(2004)	Recommendations on Practice Re-entry for an Intensive Care Specialist
PS38	(2004)	Statement Relating to the Relief of Pain and Suffering and End of Life Decisions
PS39	(2003)	Intrahospital Transport of Critically Ill Patients
PS40	(2005)	Guidelines for the Relationship between Fellows and the Healthcare Industry
PS45	(2001)	Statement of Patient's Rights to Pain Management
PS48	(2003)	Statement on Clinical Principles for Procedural Sedation Bulletin
PS49	(2003)	Guidelines on the Health of Specialists and Trainees

Dean's message



DR PENELOPE BRISCOE

The Annual General Meeting (AGM) of the Faculty of Pain Medicine was held at the Sydney Convention and Exhibition Centre on 4 May 2008 and the new Board met immediately afterwards.

Following on from the Dean's Report submitted to the 2008 AGM, the new Board structure was implemented. Recognising the Faculty's responsibility to Fellows, we have now formed four Portfolios:

- Relationships
- Trainee Affairs
- Fellowship Affairs
- Resources

Dr Roger Goucke stepped down as Dean of the Faculty following his two year tenure, and I would once again like to express my gratitude to Roger for the time and effort he has given to the Faculty, and comment particularly on his aim to foster relationships with other groups.

At the new Board Meeting:

- David Jones was elected Vice-Dean
- It was agreed the Dean would Chair the Relationships Portfolio
- Brendan Moore was elected Chair of the Trainee Affairs Portfolio
- David Jones, the Vice-Dean, is to Chair the Fellowship Affairs Portfolio
- Leigh Atkinson was elected Chair of the Resources Portfolio

Other Board members were elected to chair the Faculty's major committees except Examinations and Dr Ray Garrick was elected Chair. They are all currently in the process of forming those committees. I would certainly encourage Fellows to contact either myself or the Executive Officer if they wish to be involved with the Faculty by serving on one of the committees.

Also at the AGM (following the Faculty's Free Paper session at the ASM), the inaugural Dean's Prize was awarded to Dr Paul Wrigley for his paper '*Somatosensory cortical reorganisation associated with neuropathic pain following spinal cord injury*'. The inaugural Best Free Paper Award was given to Dr Allyson Browne for '*A prospective investigation of the prevalence of persistent pain following traumatic injury*'. I congratulate those two recipients.

Since the Annual Scientific Meeting, the Victorian Department of Human Services convened a Medical Specialist Training Forum at which the Faculty had representation and a letter has been written to the Victorian Minister of Health encouraging the continued funding of the new specialist training positions in the Victorian public hospitals.

As Dean, I would like to encourage Fellows to consider what you would like the Faculty to do for you, and contact either myself or David Jones with your suggestions. Secondly, and I believe more importantly, ask yourself what you can do for the Fellowship. Certainly as our Faculty continues to grow we need the support of the Fellows both to help us move forward and also to raise our profile in the wider community.

DR PENELOPE BRISCOE
Dean

Faculty of Pain Medicine Board

Back row

Ms H M Morris (Executive Officer),
Drs K J Brandis, F J New, A/Professors M L Cohen,
R L Atkinson, Professor E A Shipton

Front row

Drs C A Arnold, D Jones,
C R Goucke (Dean), P A Briscoe (Vice-Dean),
B J Moore, C Hayes



Dean's Report to the Annual General Meeting 2008



DR ROGER GOUCKE

The Faculty this year has made a number of steps to improve our corporate responsibility, raise our profile in the wider community and make ourselves more supportive of our Fellows.

The Board believes that its impending restructure, to take effect from this AGM, will contribute significantly to achieve these aims.

The number of Fellows grew to 236, of whom seven are Honorary. Eighty-five have been admitted through training and examination. Of the 226 active Fellows, 178 were domiciled in Australia, 13 in New Zealand and 35 in other countries. Those whose primary specialty is anaesthesia make up just over 60% of the Fellowship. In 2007, fifteen Fellows were admitted to Fellowship; eleven by training and examination and four by election. 2007 saw the admission of two surgeons and three rehabilitation physicians.

STRATEGIC PLANNING

Priorities identified during the Board's Strategic Planning Day in July 2006 were further advanced in 2007:

Academic

The Faculty submitted a basic syllabus in Pain Medicine to the Confederation of Postgraduate Medical Education Committee (CPMEC) for PGY1 and 2. This syllabus now forms a compulsory part of skills training for PGY1&2.

At an undergraduate level, a document was sent to the Heads of all Undergraduate Curriculum Committees outlining the training needs and to provide a basic syllabus in Pain Medicine. Positive feedback was obtained.

The Faculty was represented at the anzMET meeting in Sydney – the Inaugural Postgraduate Medical Education and Training Forum, incorporating the 12th National Prevocational Medical Education Forum.

Fellowship

The strategic objective of placing more emphasis on providing services to Fellows, in addition to the current and continuing focus on trainees, was addressed in plans for the Board restructure. There will be a designated Board member responsible for Fellowship Affairs.

Formation of Regional Committees has been encouraged again with the aim of improving communication between Fellows and with the College. Queensland Fellows have formed the Faculty's first Regional Committee.

Relationships

In 2007, regular teleconference meetings with the Australian Pain Society and New Zealand Pain Society were convened to discuss areas of mutual interest, including the Global Day Against Pain, our respective Annual Scientific Meetings and mechanisms to promote pain related activities throughout Australia and New Zealand.

A Delegation of Responsibility document is now in place between ANZCA Council and the Faculty and is working well. A budget for 2007 was established to provide adequate funding to meet the requirements of expanding Faculty activities. The Faculty initiated the development of a Memorandum of Understanding (MoU) to facilitate communication and collaboration between the Faculty and its Founding bodies. Following a positive response to this initiative, it is anticipated the MoU will be signed off by the participating bodies in May 2008.

The Faculty was successful in progressing an extensive Pain Medicine Program at the RACS ASM in Christchurch and participated in the adult medicine scientific program at the RACP Congress in Melbourne.

The President of the Royal Australasian College of Physicians, Professor Napier Thompson and the Chair, Professional Development and Standards Board, Royal Australasian College of Surgeons, Mr Ian Dickinson, met with the Board in May and October 2007 respectively to discuss opportunities for communication with regard to educational issues and potential areas of collaboration.

October saw the commencement of the Global Year Against Pain in Women. The Faculty will take this opportunity to raise awareness of painful conditions more common or specific to women, and to develop links with RANZCOG and

gynaecological colleagues, to develop more multidisciplinary services for female chronic pelvic pain.

The American Academy of Pain Medicine, with which the Faculty shares the journal *Pain Medicine*, is keen to strengthen ties with the Faculty and offered further representation on the Editorial Board of the journal. There has been a steady rise in the Impact Factor of this journal which now exceeds that of *Anesthesia and Analgesia*, *Spine*, and the *Journal of Pain and Symptom Management*. Discussions commenced with regard to identifying Faculty input into the program for their scientific meeting in Hawaii in February 2009.

Policy/Government

Following the recognition of Pain Medicine as a Medical Specialty in Australia in November 2005, the Faculty continued to explore options with the Medical Council of New Zealand with regard to an application for recognition of Pain Medicine as a medical specialty in that country. Following changes to the submission process, an application will be made in 2008.

Annual Reports were provided to the Australian Medical Council and Medical Training Review Panel and communication continued with the state/territory Registration Boards.

The Faculty presented information to the Victorian Parliament's inquiry into misuse/abuse of benzodiazepines and other pharmaceutical drugs. The interim report of that committee has focused on proscriptive and legislative areas with only a limited view on educational activities. As this is not only a Victorian issue, the Faculty has called for a national working group to address some of the problems raised. With the support of the CPMC and AMA the Faculty has plans to convene a multidisciplinary taskforce to progress the work initiated by the RACP/ AChAM working party looking at the management of pain in people with drug dependency.

EDUCATION AND TRAINING

The ETC is a large and active committee of 19 members, and oversees all education and training requirements of the Faculty. The work of the ETC is

expanding so rapidly that, with the Board restructure, the opportunity will be taken to divide the work into smaller committees under the new portfolios.

Educational documents on the *Conduct of Diagnostic Cervical and Lumbar Medial Branch Blocks*, *Use of 'Off label' or Drugs Beyond Licence in Pain Medicine*, *Pain Medicine Practitioners and Wellbeing* and *Guidelines on Continuous Quality Improvement* were approved for promulgation.

Professional Document PM6 *Guidelines for Long Term Intrathecal Infusions* was approved and PS41 *Guidelines on Acute Pain Management* was revised. PM1 (2006) *Policy for Trainees Seeking Faculty Approval of Programs for Training in Multidisciplinary Pain Medicine* was rescinded.

Work commenced on the development of material for patient education on various aspects of interventional Pain Medicine, which should be of value to Fellows and their patients. It is intended that these pamphlets will be accessible on the Faculty's website in a pdf format.

The Faculty's 2007 Annual Scientific Meeting in Melbourne was a great success and the satellite Refresher Course Day had a record attendance. A highlight of the ASM program was the Sunday afternoon rotating series of lectures, workshops and simulations held at the Royal Australian College of Surgeons, which focused on neurosurgical and anaesthetic interventions for pain and development of key outcome indicators for pain.

The Faculty held its inaugural Spring Meeting, *Waves of Change in Pain and Suffering*, on the Gold Coast in conjunction with the Medico-Legal Society of Queensland. The meeting was well attended, with 123 delegates, there was considerable variety in the program including judicial, medical scientific, sports injuries, rehabilitation and opioids. The 2008 Spring Meeting, *Pain at the Centre*, will be held in conjunction with the Acute Pain Special Interest Group (SIG) of ANZCA/ASA/NZSA and the IASP Acute Pain SIG at Ayers Rock in September. The theme will be Acute Pain and will recognise the 20th anniversary of Acute Pain Services.

A Supervisor of Training Workshop was convened during the 2007 ASM focusing on the Examination, including examination failure, Case Reports and development of a Mini Clinical Exercise to give trainees guidance on how to talk to patients about neuropathic pain. In an effort to further support SoTs, a second workshop for SoTs was convened on the Gold Coast in conjunction with the Faculty's inaugural Spring Meeting.

A Trainee Agreement, to formulate the obligations of each party involved in FPM training, and a Trainee Performance Review process, to allow for an independent review to determine the future of a Trainee, were developed in line with ANZCA processes and will take effect in 2008.

The Faculty commenced a 'Blueprinting' process to map out the main criteria required of a Pain Medicine Specialist, and to align these objectives with the training requirements and assessment processes to ensure that all core components of the curriculum are being delivered and assessed. The Blueprinting Sub-Committee of ETC includes multidisciplinary representation and is being facilitated by Professor Brian Jolly, Monash University.

MOPS/CPD

The Faculty was actively involved in the design of the new Continuing Professional Development Program run by ANZCA, which will replace the Maintenance of Professional Standards Program from 2008. Compliance with a CPD program is a mandatory requirement for ongoing Fellowship of the Faculty and an audit of compliance was undertaken in 2007.

EXAMINATIONS

The Faculty Examination was held at the Geelong Hospital, Victoria on 28 to 30 November. All seventeen candidates were successful and were from the following disciplines: anaesthesia (14) and rehabilitation medicine (3).

A Pre-Examination short course was held at the Royal Adelaide Hospital in September and was attended by sixteen trainees.

Admission to Fellowship of the Faculty of Pain Medicine

By training and examination:

Dr Leigh Dotchin	Qld
Dr Peter Georgius	Tas
Dr Daniel Lee	Vic
Dr Alice Man	NSW
Dr Duncan McKay	WA
Dr Richard Pendleton	Qld

By examination

Dr David Lindholm	Vic
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By Election

Dr Graham Wright	SA
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TRAINING UNIT ACCREDITATION

In 2007, Sir Charles Gairdner Hospital (WA), Westmead Multidisciplinary Pain Service (NSW), the Hunter Integrated Pain Service (NSW), Geelong Hospital Pain Management Unit (Vic), Royal North Shore Pain Management Centre (NSW), Flinders Medical Centre Pain Management Unit (SA) and the Royal Hobart Hospital were reaccredited for Pain Medicine Training. The Royal Prince Alfred Pain Management Centre (NSW), Bayside Pain Service: Caulfield Pain Management and Research Centre and Alfred Anaesthesia were accredited.

There are now 22 accredited Pain Medicine Training Units in Australia and New Zealand.

Accreditation Reviewer training was made available to Faculty Reviewers through ANZCA to address issues of consistency. The electronic Unit Accreditation Questionnaire and Report developed in 2006 proved useful in simplifying the processes during this busy year of accreditation reviews.

The Faculty Board wishes to focus not only on chronic pain medicine but also acute pain medicine and to this end, a number of initiatives were commenced in 2007. These include; a closer liaison with the ANZCA Hospital Accreditation Committee (with appointment of a Faculty representative), offering a closer involvement with ANZCA Module 10 and support of the development of Acute Pain Management: Scientific Evidence 3rd Edition. The Faculty ETC began a review of the Acute Pain component of the Faculty's training program.

RESEARCH

The FPM Research Committee continued its focus on promoting a culture of research to its Fellows and Trainees.

A Dean's Prize, to be awarded to the Fellow/Trainee judged to have presented the most original Pain Medicine/pain Research paper at the Free Paper Session of the FPM ASM, was introduced in 2007. The inaugural Dean's Prize was not awarded and the Faculty has made significant efforts to raise awareness of the Prize in advance of the 2008 ASM. As a result of the general high quality of Free Papers presented in 2007, the Board resolved to award a Best Free Paper Prize in addition to the Dean's Prize for papers of sufficient standard from 2008.

The Faculty contributed seed funding, in partnership with the Australian Pain Society and the Australian Society of Clinical and Experimental Pharmacologists and Toxicologists, to the Australian Health and Medical Research Congress in November 2008 in Brisbane. It is hoped that by being represented at this important research congress we can help bridge the gap between clinical and experimental research in Pain Medicine.

COMMUNICATIONS

The development of the Faculty website was a focus in 2007 and functionality and content were significantly improved. A trainee e-newsletter was established. The Faculty's bi-monthly e-newsletter Synapse continued to keep Fellows and Trainees informed of items of interest.

HONOURS AND APPOINTMENTS

A number of Fellows were recipients of awards and honours in 2007:

- Dr James Bradley (Qld) – award of Honorary Life Membership Australian Society of Anaesthetists and New Zealand Society of Anaesthetists
- Prof Michael Cousins (NSW) – receipt of the Pugh Award, Australian Society of Anaesthetists and conferral of DSc, University of Sydney
- Professor Alan Merry – conferral of Honorary Fellowship, Royal College of Anaesthetists
- Prof Michael Paech (WA) – conferral of Honorary Fellowship, Royal Australian and New Zealand College of Obstetricians and Gynaecologists

THANK YOU

Without the input from Board members and committee chairs, together with the work of Fellows, none of the achievements outlined above would occur. The significant amount of time and effort committed to the Faculty is greatly appreciated.

Thanks must also go to the tireless work of our Executive Officer Ms Helen Morris and her team Jenni Allison and Penny McNair.

ROGER GOUCKE
Dean
4 May 2008

Right

The Faculty of Pain Medicine in conjunction with the Victorian Pain Management Group, held an educational evening at ANZCA House on 8 May. The meeting was supported by Orphan Australia. The guest speaker, Dr Robert Blackshear, MD, President, CEO and Founder, White River Anesthesia Associates, Inc., Branson, Missouri, USA (Center) spoke on 'Early Clinical Experience with a new Epidural Analgesic: Depodur in the Postoperative Setting'



Top left

Professor Quinn Hogan (right), the Faculty's Foundation Visitor, visited Western Australia following his participation in the Annual Scientific Meeting in Sydney. Professor Hogan is pictured with Dr Mark Schutze at Sir Charles Gairdner Hospital.

Centre left

Dr Roger Goucke presents the inaugural Dean's Prize to Dr Paul Wrigley

Bottom left

Dr Charles Brooker (FPM Scientific Convenor), Professor Linda Watkins (NSW Visitor - Pain Medicine), Dr Roger Goucke (FPM Dean), Mr Joseph Halwagy (Pfizer) and Professor Quinn Hogan (FPM Foundation Visitor)

Above

Dr Roger Goucke is presented with a gift by Dr Penny Briscoe

Faculty of Pain Medicine
2008 Refresher Course Day
and Annual Dinner





Professor Tess Cramond



Governor Quentin Bryce, at a ceremony at Government House Brisbane, recently named the Royal Brisbane & Women's Hospital Pain Centre after its founder, Professor Tess Cramond.

Professor Cramond has had a distinguished career with international recognition for her work in Pain Medicine as well as in her professional discipline as an Anaesthetist. She played a key role introducing mouth to mouth resuscitation into Australia, including teaching the technique to many lifesavers. Medical education has been a continuing interest, with her achievements including appointment to the Foundation Chair of Anaesthetics at University of Queensland in 1978, the nation's first female professor in the discipline. She was actively involved in the development of Anaesthetics, and subsequently the development of the multidisciplinary Faculty of Pain Medicine.

Naming the clinic she established as The Professor Tess Cramond Multidisciplinary Pain Centre is a fitting tribute to her magnificent career. Following her graduation from the University of Queensland in 1951, one of seven female graduates in a class of

eighty-five, she paved the way for women in the medical profession on many fronts. While acknowledging the enduring good will and support of many colleagues during her career, it has been her foresight, courage and dedication that has led to her very prominent role in developing, maintaining and improving standards of the art of the practice of Medicine, Pain Medicine in particular.

In 1967, Professor Cramond set up the RBWH Pain Clinic after seeing the agony experienced by a medical friend with Hodgkin's Sarcoma. Her experience in being able to provide remarkable relief for him from his pain and suffering has continued to motivate her work in developing the Pain Clinic to its current level, which is outstanding in its successes, as indicated by many measures of the outcomes of treatment, training and research.

The multidisciplinary approach and standards required by the Faculty of Pain Medicine, particularly the focus on relief of suffering by good quality clinical care based on sophisticated application of scientifically proven methodology, reflects the standards adopted and practiced by Professor Cramond during her career.

'When I was a young graduate, I was given the Physician's Prayer. It talked about having compassion, using our expertise, but mostly to be appreciative of the rare privilege it is to practice medicine and to be able to help people. Medicine has been a rare privilege for me.'

On the occasion of the naming of the unit, Professor Cramond announced her intention to retire in the early part of 2009. As usual, she has, by example, set a challenge for those following to take up and to continue the work that she had developed to such high standard. She has a proud record of inspiring many of those with whom she has been close to, patients, their relatives, nursing and allied health staff as well as medical practitioners, consistent with her own success in developing a progressive and truly multidisciplinary team over forty years.

DR FRANK NEW

Professional Documents

PM2	(2005)	Guidelines for Units Offering Training in Multidisciplinary Pain Medicine
PM3	(2002)	Lumbar Epidural Administration of Corticosteroids
PM4	(2005)	Guidelines for Patient Assessment and Implantation of Intrathecal Catheters, Ports and Pumps for Intrathecal Therapy
PM5	(2006)	Policy for Supervisors of Training in Pain Medicine
PM6	(2007)	Guidelines for Longterm Intrathecal Infusions (Analgesics/Adjuvants/Antispasmodics)
PS3	(2003)	Guidelines for the Management of Major Regional Analgesia
PS38	(2004)	Statement Relating to the Relief of Pain and Suffering and End of Life Decisions
PS39	(2003)	Minimum Standards for Intrahospital transport of Critically Ill Patients
PS40	(2005)	Guidelines for the Relationship Between Fellows and the Healthcare Industry
PS41	(2007)	Guidelines on Acute Pain Management
PS45	(2001)	Statement on Patients' Rights to Pain Management
PS49	(2003)	Guidelines on the Health of Specialists and Trainees

ANZCA Professional Documents adopted by the Faculty:

PS4	(2006)	Recommendations for the Post-Anaesthesia Recovery Room (Adopted February 2001)
PS7	(2003)	Recommendations on the Pre-Anaesthesia Consultation (Adopted November 2003)
PS8	(2008)	Guidelines on the Assistant for the Anaesthetist (Adopted November 2003)
PS9	(2008)	Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical or Surgical Procedures (Adopted 2008)
PS10	(2004)	The Handover of Responsibility During an Anaesthetic (Adopted February 2001)
PS15	(2006)	Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery (Adopted February 2001)
PS18	(2006)	Recommendations on Monitoring During Anaesthesia (Adopted February 2001)
PS20	(2006)	Recommendations on Responsibilities of the Anaesthetist in the Post-Anaesthesia Period (Adopted February 2001)
PS31	(2003)	Recommendations on Checking Anaesthesia Delivery Systems (Adopted July 2003)
T1	(2006)	Recommendations on Minimum Facilities for Safe Anaesthesia Practice in Operating Suites (Adopted May 2006)