

THE

ANZCA

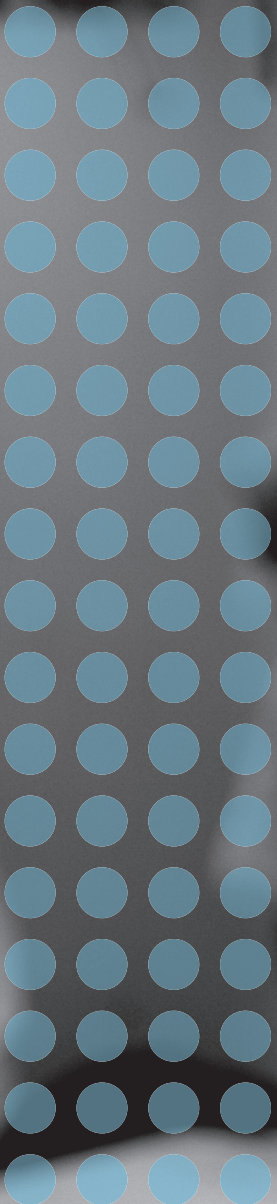
BULLETIN

Council Highlights  
MOPS workshop  
Examination reports  
Annual reports  
Future meetings

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

JULY: 2006

JOINT FACULTY OF INTENSIVE CARE MEDICINE  
FACULTY OF PAIN MEDICINE



#### THE ANZCA BULLETIN EDITORIAL

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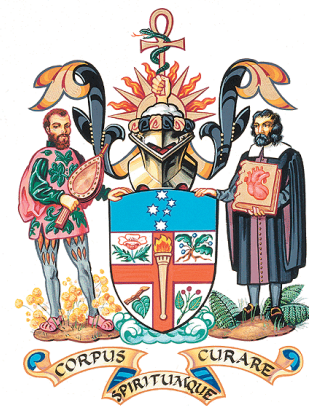
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'To serve the community by fostering safety and quality patient care in anaesthesia, intensive care and pain medicine'



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# President's message

## 'MAY YOU LIVE IN INTERESTING TIMES'

Today this ancient curse is well and truly alive in Australian and New Zealand politics and more especially so in the politics of healthcare delivery. As we brace ourselves for the Council of Australian Governments (COAG) decisions on the Productivity Commission Report into healthcare, and we witness the almost daily gyrations on policy amongst the states and jurisdictions, there can be no doubt that 2006 will be an interesting year.

At times all aspects of medical care—doctors in particular—are criticised for all the 'ills' of the systems of healthcare delivery, and at other times vast amounts of money are thrown at isolated problems. This ambivalence, plus a lack consistent policy from governments and jurisdictions at all levels, has led to growing disenchantment amongst doctors.

There is perhaps a small glimmer of hope emerging in that at some levels of government there is recognition that a more constructive dialogue is required with medical practitioners and the Medical Colleges. While on many occasions they appear to only want that dialogue to solve 'their problems' or 'their most urgent problems' this provides an opportunity for us to re-establish communications and to have our concerns listened to rather than just heard. This is an opportunity that must be grasped.

I believe that ANZCA is now well placed to take up these opportunities.

The College is completing the administrative restructure and we have appointed a Director of Government and Media Relations. In addition I consider that ANZCA has increasing credibility in a range of forums due to the features of our training program, the education initiatives, the number of Fellows that are graduating, the AMC Accreditation and the College's commitment 'to serve the community by fostering safety and quality patient care in anaesthesia, intensive care and pain medicine'.

However, in order to grasp any opportunities the College will need the support, input and commitment of Fellows at the personal, hospital, local and national levels.

The value of this input has recently been exemplified in the Taskforces initiated by the Past President. ANZCA has garnered input from a wide range of Fellows on subjects that are intimately related to its core activities. A number of initiatives have been developed or are currently being considered as a result of the recommendations from the Taskforces. The Quality and Safety Committee has been established and we are in the throes

of completing a tripartite memorandum of understanding with the Australian Society of Anaesthetists (ASA) and the New Zealand Society of Anaesthetists (NZSA) to collect anaesthesia data related to quality and safety. A Code of Professional Conduct will be considered at the June Council Meeting. The Disaster Response Executive has been established and the taskforce report is being promulgated to the jurisdictions. A Perioperative Medicine Committee has been established with the task of 'describing, supporting and actively developing the role of anaesthetists in Perioperative Medicine'. Council has moved to have a New Fellow that is a Fellow within three years of attaining Fellowship, elected to Council. That process is currently underway.

The Council is very grateful for the input received via the Taskforces and the regional and national committees. The College will be seeking to improve communications with trainees and Fellows in order to encourage their participation in a range of College affairs. ANZCA interacts well with medical organisations and somewhat less well with the jurisdictions, but as a rule we have not communicated at all well with the wider community. The College will be working to provide input a wide range of external bodies and to provide comment on anaesthesia related health issues that affect the wider community.

The recent Annual Scientific Meeting was a great success and a very good demonstration of the value of 'fellowship'. A record number of Fellows gathered in Adelaide to enhance their own professional development in a supportive environment and to contribute to the aims and activities of the College. The venue was superb. In addition to the main themes of ambulatory surgery and regional anaesthesia, the scientific program also catered for a wide diversity of interests and allowed ample opportunity for attendance at lectures, updates, workshops and QA activities. The social activities were excellent, well co-ordinated and thoroughly enjoyable. A huge vote of thanks is due to



DR WALTER THOMPSON

Dr Margie Cowling and the Regional Organising Committee, Dr Pam Macintyre, and the Scientific Program Committee plus the Key Speakers.

I would like to congratulate and welcome Dr Richard Waldron, who was elected to Council at the recent election. Richard was previously a co-opted member of Council from Tasmania. Dr Frank Moloney and Dr Leona Wilson were re-elected to Council at the recent election. I look forward to their ongoing contributions to Council.

In closing I would like to pay tribute to the immediate past President, Professor Michael Cousins. While he is retiring after eleven years on Council his involvement with the College in fact goes back to 1975 when he was appointed as a Primary Examiner. He has made extensive contributions to education, academic anaesthesia and research within Australia and has represented the College on the National Health and Medical Research Council (NHMRC). As a Councillor he overhauled the Research Committee and the Research Projects/Fellowship process and brought them into line with the NHMRC standards.

In 1998 Michael was the driving force behind the establishment of the Faculty of Pain Medicine. It is to his great credit that he was able to bring five specialty bodies together to establish a unique Faculty. The progress and development of the Faculty of Pain Medicine since that time plus the recent attainment of specialty status are enduring evidence of his vision, determination and hard work. Another major achievement was the his work on the publication of the initial document entitled "Acute Pain Management: Scientific Evidence" by the College and the NHMRC. He has taken an active interest in the Education and training Committee and has been an advocate for ANZCA to increase its educational resources, to develop a range of educational material and to move into distance education.

As President, Michael has been instrumental in enhancing communication with the two faculties and has fostered the relationships with the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists. Within ANZCA he has taken the lead on strategic planning and the review of the governance structures within the College. He has guided the College at a time of great internal change with the illness and death of Joan Sheales, the first Chief Executive Officer, through to the appointment of a new CEO and an administrative restructure. We are indebted to him for his leadership during this time.

Early in his Presidency he established ten Taskforces and invited a wide range of Fellows to contribute to them. In a relatively short period of time they have all produced significant information and recommendations for the Council to examine. Many of the recommendations have already been implemented. These Taskforces have been a great success and have set the scene for new initiatives and the refinement of current processes within ANZCA. In addition, he has worked tirelessly to set up the ANZCA Foundation for research and he hopes to complete that shortly with the launch of the Foundation.

Michael Cousins has made extraordinary contributions to the College, research and academic anaesthesia. On behalf of the Council, the Fellows and the staff of ANZCA I would congratulate and thank Michael for all his efforts. We would also like to thank Michelle for all the generous support that she has given Michael and the College over the years.



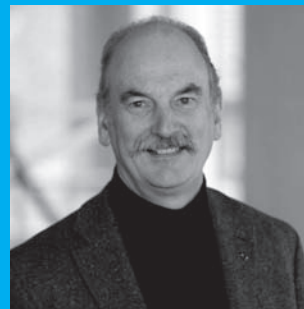
**Walter R. Thompson** President

**Postscript**

After completing this article I was informed of the death of Dr Brian Dwyer in Sydney after a prolonged illness. Brian Dwyer was a well known Sydney anaesthetist and a true gentleman. He was the Director of Anaesthesia at St. Vincent's Hospital in Sydney from 1955-1988. He was at the forefront of the developments in anaesthesia and intensive care in Sydney during the 1960's and 1970's and in his later years he was a pioneer in the areas of chronic pain management and palliative care. Brian Dwyer was an examiner and Chair of the Court of Examiners for the Faculty of Anaesthetists Royal Australasian College of Surgeons and later served as a Dean of the Faculty. He was also a Past President of the Australian Society of Anaesthetists.

Our condolences go to his wife Jacqueline and their children. Tributes to Dr Dwyer will be included in the August Edition of the Bulletin.

## Letter from the Editor



DR ROD WESTHORPE

Dear Readers,

Welcome to our new look ANZCA Bulletin, which we hope you will find agreeably stylish and user-friendly.

The new format follows our re-design of the Annual Report, and is still a work in progress. Further refinements will come with future editions and readers' feedback.

While the new look is a fairly dramatic style change, we have not at this stage significantly altered the content.

The ANZCA Communications Committee is acutely aware of the interest of Fellows in the quarterly Bulletins, evidenced in the 2003 survey of Fellows and Trainees.

That survey found 89 per cent thought the Bulletin was "extremely useful", "useful" or "of some use" and 75 per cent gave reading it a moderate or high priority.

Nevertheless the updating of The Bulletin's style and design calls for a review of its content, to ensure we remain interesting and relevant, while serving the professional needs of Fellows and Trainees.

This review will be undertaken by the Communications Committee over several months and will consider a range of possibilities, including transferring some of the "compliance material", such as regional reports, to the Annual Report.

We will also look at the possibility of commissioning occasional articles and essays from people outside ANZCA who may provoke stimulating and relevant debate on our speciality and the professional issues we face.

Other possibilities include sections on travel, or arts and media.

None of the changes will be too sudden or lightly considered, but we are confident the improvements will be welcomed by Fellows and Trainees. The Bulletin is your magazine-let us know what you would like to see in future editions.

**Dr Rod Westhorpe**  
The Editor

# Education report



RUSSELL JONES

## Director of Education, ANZCA Distance Education within ANZCA

As the Australian and New Zealand College of Anaesthetists continues to grow as an educational organisation it will embark upon a concomitant expansion in the area of distance education. There are several important reasons for this. First, our teaching and learning must reach all those who wish to optimise their knowledge, skills and abilities within anaesthesia. Second, our Fellowship and Traineeship is geographically dispersed primarily throughout five countries; Australia, New Zealand, Hong Kong, Singapore and Malaysia. Third, from a temporal perspective, these five countries cover six time zones. Fourth, many Fellows and Trainees choose to travel further a field during their professional lives and at any given time we may have Fellows and Trainees dispersed around the globe who may wish to access College educational resources. Fifth, anaesthetists are time poor and, ideally, education should be available at times and in locations convenient to Fellows and Trainees. Finally, many ANZCA learners practice in a range of environments, some of which are remote or which may have few forms of educational support other than that provided via distance education.

### Modes of Delivery

Distance education activities may adopt one of three approaches; traditional distance training methods, e-learning or blended learning (that is, learning that combines traditional training and e-learning). These approaches may utilise one or more modes of delivery including:

- Internet
- CD / DVD
- Video footage / film clips
- Annotated slide shows
- Notes
- Lectures or workshops via videoconference
- Sound bites / interviews
- Teleconference
- Books, journals, etc
- Other paper via post

### Considerations

Naturally the content of distant education materials should be such that it is of value to ANZCA Fellows and / or Trainees. In particular, learning directed towards Trainees must cover content specified in the FANZCA Curriculum Modules, and learning directed towards Fellows must cover content pertinent to Continued Professional Development and / or Quality Assurance. The overall aim of distance education materials should be to facilitate a positive change in knowledge, skill, attitude and / or behaviour in relation to anaesthesia.

Wherever possible the educational medium should be interactive, for example, in the case of internet based activities. Adequate support to Fellows and Trainees must be provided, for instance web-based learning discussions will be successful only if they are continually monitored by an instructor who can correct errors and misconceptions amongst users, coordinate communication, and provide answers to specific questions. Ongoing assessments and evaluations (either formal or informal) are important motivators for learners and help individuals gauge the quality of their learning. Hence, at a minimum, some form of self-assessment and peer comparison should be facilitated via incorporation of assessment questions and answers. Carefully crafted distance education can facilitate networking and building of relationships between anaesthetists. This may be particularly valuable for those Fellows and Trainees who feel isolated and would appreciate greater opportunities for interaction with the broader community of anaesthetists.

### Current Strategies

ANZCA is considering expansion or adoption of several distance education initiatives.

1. Extension of the currently successful online Self Assessment Tests. At present these are offered to Trainees as part of FANZCA training and to Fellows as a continuing medical education activity. Hitherto content has focused upon Professional Attributes and Professional Practice as specified in Modules 2 and 12 of the Curriculum Modules and a third test will be placed online before the end of the year specifically for new Trainees to assist their entry into the FANZCA training program. Future online tests could be created

to focus on the remaining modules, that is to focus upon introduction to anaesthesia and pain management; anaesthesia for major and trauma surgery; obstetric anaesthesia and analgesia; anaesthesia for cardiac, thoracic and vascular surgery; neuroanaesthesia; anaesthesia for ENT, eye, dental, maxillofacial and head and neck surgery; paediatric anaesthesia; intensive care; pain medicine; and education and scientific enquiry.

2. Implementation of a program of online educational kits to specifically address the needs of ANZCA Fellows identified by the recent CME Needs Analysis.

3. The evaluation of existing distance education resources using the established Framework for the Evaluation of Educational Resources to ensure an appropriate match of resource content with the needs of ANZCA Fellows and Trainees.

4. The development of distance education materials to supplement the invaluable teaching and instruction which already takes place (such as the essential teaching within hospitals, local tutorials and regional/national courses). The purpose of such materials would be to provide support to those instructors and teachers already engaged in the teaching of trainees and who may want supplementary resources as an aid to their teaching.

### Conclusion

Distance education is essential as the College seeks to provide learning opportunities for more than 5000 Fellow and Trainee anaesthetists, who are geographically and temporally dispersed, time poor, require access to learning at times and locations of convenience to them, and whose available educational support and degree of isolation varies considerably. Several distance education initiatives are currently underway within the College for the benefit of all Fellows and Trainees.

Russel W Jones  
Director of Education

# April council highlights

## Honours, Appointments and Higher Degrees



### EDUCATION AND TRAINING

#### ICU Training

Council reinforced that the College maintain its current approach whereby the three months of core Intensive Care Medicine Training must be done in a Unit accredited for core training for JFICM.

Structured Assessment of a Trainee's competence to be permitted to practice beyond Level 1 supervision

Council supported the development of a guideline titled "Assessment of Trainees to be Permitted to Practice Anaesthesia Beyond Level 1 Supervision". A Working Party has been established under the chairmanship of Dr Mark Priestly to progress this initiative.

Courses Subcommittee - Anaesthetic Emergencies in the Obstetric Patient

This course was developed at the Sydney Medical Simulation Centre, and is suitable for anaesthesia trainees with a minimum of six months general anaesthesia experience. Pending the standard evaluation process, it was approved as an optional course for ANZCA trainees.

Certificates Committee - Formal Project for ANZCA Certificate in Diving and Hyperbaric Medicine

Completion of the ANZCA Certificate in Diving and Hyperbaric Medicine now requires a Formal Project, which is relevant to DHM and is otherwise consistent with the ANZCA Formal Project Guidelines (TE11). The Diving and Hyperbaric Medicine SIG has been requested to appoint a Formal Project Officer for this purpose.

### FINANCE

#### Subscription Concession for JFICM and FPM Trainees

Council supported granting a 50% subscription concession to Fellows engaged in full-time training for Fellowship of JFICM or FPM, and undertaking no more than the equivalent of two clinical sessions per week as a specialist anaesthetist.

### INTERNAL AFFAIRS

#### Regulations

The following Regulations were promulgated:

- Regulation 30 - Reconsideration and Review Processes
- Regulation 31 – Appeals Process
- Regulation 32 – New Fellow on Council

#### Quality and Safety Committee

Following its establishment in April, the Quality and Safety Committee has been constituted as follows:

Prof Alan Merry (Chair)  
Mr Bruce Corkill  
Dr Gregory Deacon  
Dr Neville Gibbs  
Dr Christine Jorm  
Dr Michelle Joseph  
Dr Diana Khursandi  
Dr Patricia Mackay  
Dr Frank Moloney  
Prof Garry Phillips  
Dr Graham Sharpe

#### Establishment of Perioperative Medicine Committee

Council supported the establishment of this Committee under the Chairmanship of Dr Su-Jen Yap.

### Overseas Trained Specialists - Recommendations for Specialist Recognition

Council resolved the following:

1. That Overseas Trained Specialist anaesthetists who hold Fellowship of the Royal College of Anaesthetists (FRCA), or Fellowship of the College of Anaesthetists, Royal College of Surgeons in Ireland (FRCARCSI), by training and examination, who hold a Certificate of Completion of Training (CCT) or CCST, have recency of clinical anaesthesia practice, recency of Continuing Professional Development (CPD) including Quality Assurance (QA) components, and who have been interviewed by an OTS Interview Panel since January 2001, and assessed as requiring 12 months or less of clinical anaesthesia practice in Australia or New Zealand, and who have completed a minimum of 6 months of clinical anaesthesia practice in Australia or New Zealand, and who have had a satisfactory on-site assessment by a Fellow of ANZCA nominated by the College from outside their employment area, be regarded as suitable for recommendation by the College to regulatory authorities for specialist recognition.
2. That Overseas Trained Specialist anaesthetists identified in 1 (above), but who have had a restricted practice in one area of anaesthesia may be recommended to the AMC or MCNZ for specialist recognition conditional upon them remaining within their areas of established expertise. Should such applicants wish to pursue unconditional recommendation for specialist recognition, they would be required to return for further review via the OTS Assessment process.
3. That Overseas Trained Specialist anaesthetists identified in 1 (above) who have been interviewed by an OTS Panel prior to 1 January 2001, or who have not been interviewed, are required to undergo an interview by an OTS panel in order to pursue recommendation for specialist recognition.

4. That once an Overseas Trained Specialist anaesthetist identified in 1 (above) has been interviewed by an OTS Interview Panel, advice to both him/her and to regulatory authorities regarding recommendation for Specialist Recognition will be given by the Assistant Assessor, the Assistant Assessor (NZ), the Assessor or the Director of Professional Affairs.

#### **New Fellow on Council**

Following consideration of a recommendation from the Taskforces ANZCA Council has supported the inclusion of a New Fellow on Council. The Council decided that:

The New Fellow shall be elected by Fellows who are within three years of admission to ANZCA Fellowship by Examination.

The New Fellow shall be within three years of admission to ANZCA Fellowship by Examination on the date of the election.

The term of the New Fellow on Council will be of two years duration.

These points and other matters related to the New Fellow on Council have been promulgated in Regulation 32, which can be accessed on the College website. The President writing directly to all eligible Fellows in May and seeking nominations has initiated the election process.

Memorandum of Understanding with ASA regarding Mailing Lists

A Memorandum of Understanding regarding exchange of member lists between ANZCA and the ASA was accepted by Council.

#### **TASKFORCES**

##### **Relationship of Regional/National Committees with ANZCA Council**

As a result of various recommendations from the Taskforce's deliberations, Council supported the general principle of having an annual meeting with the President and available Councillors at the College, but not in conjunction with the ASM.

##### **ANZCA Australian Disaster Response/ Establishment of Disaster Response Executive**

Council supported the establishment of a 'Disaster Response Executive' under the chairmanship of Dr George Merridew. Establishing a database of deployable Fellows will be the first task for this group.

A Disaster Response Taskforce for New Zealand is working towards a report for presentation to Council.

##### **Professionalism**

The Code of Professional Conduct has been drafted by the Taskforce for formal approval by Council in June.

#### **Younger Fellows and ANZCA**

In response to a recommendation from the Taskforce about encouraging younger Fellows to become involved in College matters at trainee level, the Chair of Education and Training will write to current College Committees without Trainee representatives, to ascertain if they wish one to be included in the membership.

#### **PROFESSIONAL**

##### **Professional Documents**

The following documents were reviewed and accepted by Council:

- PS42 – Recommendations for Staffing of Departments of Anaesthesia
- TE3 – Policy on Supervision of Clinical Experience for Vocational Trainees in Anaesthesia

Guidelines for Transthoracic Echocardiography and Ultrasonic Devices in Anaesthesia

Council supported the development by ANZCA of guidelines for the training in and use of transthoracic echocardiography in anaesthesia. In addition, guidelines will be developed for the training and use of ultrasonic devices in anaesthesia.

A Working Party is to be established to progress these initiatives.

Committee of Presidents of Medical Colleges - Expert Witness Statement

Council endorsed the circulated statement drafted through the CPMC.

##### **Statement on Methoxyflurane (Penthrane)**

Council was requested to consider whether it should make a statement on the use of methoxyflurane by dentists (and others). It was agreed that ADEC should be asked to review the situation.

Clinical Practice Guidelines – Cardiovascular Support During and After Anaesthesia

Council approved the development of an evidence based medicine document entitled "Cardiovascular Support During and After Anaesthesia". A/Prof David Scott was appointed to Chair a Working Party to progress this initiative.

#### **RESEARCH**

Council supported the creation of permanent position of Clinical Trials Research Co-ordinator within ANZCA.

#### **ANZCA COUNCIL CITATION**

Dr Roman Kluger, Vic was awarded an ANZCA Council Citation for his outstanding contributions to both the CVP Special Interest Group, and the Final Examination over many years.



# Past President

Teresa Rita O'Rourke CRAMOND (nee Brophy)

Teresa (Tess) Cramond was the tenth Dean of The Faculty of Anaesthetists Royal Australasian College of Surgeons from 1972-1974 following Dr Kevin McCaul and succeeded by Dr Brian Dwyer. She was the second woman to hold the position of Dean after Dr Mary Burnell was our first female Dean in 1966-1967.



Tess was born in Maryborough, Queensland on the 22nd February 1926, the third of four daughters to Jane and William Brophy. Her name reflects her mother's maiden name of O'Rourke. Her schooling was undertaken at St Ursula's College in Toowoomba, Queensland and then Tess studied medicine at the University of Queensland graduating in 1950. After graduation she worked at the Brisbane Hospital for the four years from 1951-1955; there completing her internship and residency and two years as anaesthetic registrar.

Her interest in anaesthesia commenced on a student elective in Launceston when she learnt the techniques of venepuncture and lumbar puncture. Subsequently her first post as an intern was in anaesthesia where she enjoyed "the panorama of medicine that we saw- all age groups, many disease states, all surgical specialties- and I enjoyed learning local anaesthetic techniques. So during that year I swapped after hours duties when I was "surgical" ward call and did anaesthetics after hours- there were always male residents who were keen to do surgical call".

Tess then travelled to the U.K and held posts as anaesthetic registrar at the Poplar Hospital in 1955/56 and the London Hospital in 1956. Obtaining the Diploma in Anaesthesia of the Royal College of Physicians and Royal College of Surgeons in 1955 she went sat for and passed the Primary Fellowship exam of the Faculty of Anaesthetists Royal College of Surgeons in 1955 being awarded the Nuffield Prize for the best performed candidate in the primary exams, a prize previously won by Dr Noel Cass who was the eighth Dean of our Faculty and later by Dr Maurice Sando who would go on to become our thirteenth Dean. Tess subsequently passed the Final FFA in 1956 from a registrar post of twelve months at the Poplar Hospital. The desire to go to the UK rather than Melbourne or Sydney was fuelled by her contact with Dr Joan Dunn who was Director at the Royal Brisbane who had trained in the UK.

Returning to Australia in 1957 Tess Brophy was appointed as an anaesthetist to the Mater Hospitals in Brisbane a position that she held from 1957 until 1974 with a position at the Prince Charles' Hospital CardioThoracic Unit from 1960-1964. Thereafter she was appointed to the Foundation Chair Professor of Anaesthesia, University of Queensland a post that she held from 1978 until 1991. Throughout this time she also held an appointment to the Royal Brisbane Hospital Neurosurgical Unit from 1957-1991. In 1991 she was made Professor Emerita University of Queensland a position she still holds, and is currently still Director of the Multidisciplinary Pain Centre, Royal Brisbane Hospital and consultant in Palliative Medicine.

In 1999 she was granted Fellowship in the Faculty of Pain Medicine ANZCA as a Foundation Fellow and was likewise admitted as an honorary Fellow of the Australian Chapter of Palliative Medicine (RACP) for her contribution to the development of palliative medicine.

In addition to her clinical commitments she was also actively involved in other aspects of anaesthetic development in Australia. From 1958-1960 Tess was Secretary of the Queensland Branch of the ASA, from 1960-1964 she was honorary Federal Secretary of the Australian Society of Anaesthetists going on to be Queensland state representative from 1965-1966. She was convenor of the Scientific Programme of the Annual Scientific Meetings of the ASA from 1965-1970 and served on the Committee on Cardiopulmonary Resuscitation of the World Federation of Anaesthetic Societies (WFSA) from 1984-1988. She was also appointed to the first Editorial Board of the ASA journal "Anaesthesia and Intensive Care" a role that she held for twelve years. From October 1964 till Feb 1965 she was Visiting Professor, South Western Medical School, University of Texas to set up neuro-anaesthetic services. This was as a result of the visit to Australia of Prof Pepper Jenkins as the Overseas Visitor of the ASA in 1962.

In regards to Faculty appointments Tess Brophy was elected to Board of Faculty in 1965 and served her tenure of twelve years. She was an examiner for the Final FFARACS from 1963-1972, was assessor from 1968-1972, vice Dean 1970-1972 and Dean of Faculty 1972-1974. During her period as Dean she was the first Dean of the Anaesthetic Faculty to attend the full meeting of College(of Surgeons) Council, a major step forward. As assessor she introduced accreditation visits to hospitals to determine suitability of training posts. She also formed a link in the chain that resulted in the opening of the Faculty Education Centre and with the late Ken Jamieson moved the motion to establish the Australian Resuscitation Council which predated all other national resuscitation councils.





Throughout her illustrious career Tess has been honored by many bodies in recognition of her contributions to both the anaesthetic community and the general community and I will only highlight some her awards as space does not permit a complete record. Our College/Faculty has honored Prof Tess Cramond with the Gilbert Brown Prize in 1967 and the Robert Orton Medal in 1987. The Orton Medal is the highest award the Faculty may bestow on a practising Fellow. The Faculty of Anaesthetists of the Royal College of Surgeons awarded her the Gold Medal in 1983 and she has been acknowledged by the RACS as Counsellor of the Court of Honour.

At government level she has been honored with an Order of the British Empire (OBE) in 1977, Officer in the Order of Australia (AO) in 1991 and a Centenary Federation Medal in 2003. In addition to the plethora of activities within anaesthesia Tess has made extensive contributions within the Australian Medical Association, as a Consultant to the Armed Forces, Surf Life Saving Queensland, University of Queensland, St John's Ambulance Association, and the Australian Red Cross Society amongst considerable others. One can only hope that she finds the time to produce a series of memoirs of a remarkable career that continues today.

I am indebted to the assistance of Prof Tess Cramond in the preparation of this essay and thank her for her forbearance. As always I acknowledge the work of Gwen Wilson in her book "Fifty Years, The Australian Society of Anaesthetists"



I'm sure that we have all (at one time or another) been on the receiving end of a survey, whether it is legitimate research or some market research company asking "In the last week, have you purchased any of the following...". However, if you were to conduct your own survey research would you be able to do a better job?



ORNELLA CLAVISI

## Research report

### Survey results methods

In an attempt to help prospective researchers, members of the Trials Group have co-authored a review on survey research in Anaesthesia and Intensive Care<sup>1</sup>. The following are some helpful suggestions for those already involved or contemplating survey research<sup>1</sup>:

- Like any research, conducting a thorough and systematic literature search is crucial and serves many purposes. For example not only does it provide the background and rationale for your research, it also gives you a framework on which to develop your survey questions. It can also be helpful for identifying validated and reliable survey instruments and it can expose whether the research has already been done. Conducting a literature search is not always straightforward and it is advisable that the guidance of a search specialist /librarian is sought.
- Don't be tempted to develop your survey instrument before you have clearly defined your research objectives. Without established objectives you might end up with an unwieldy survey lacking focus and poorly structured. When developing your study objectives try to think about structuring it in terms of the target population, the precise outcomes you are interested in and what associations you wish to investigate.
- Although you may have a clear idea of who your target population will be, you will need to consider where you are going to source them from (e.g. electoral rolls, College database, registries etc). You will also need to consider whether you need to sample the whole population or a representative sample. You may also need the advice of a statistician to help estimate a sample size and minimise type II error.

- You should spend a considerable amount of time developing your survey instrument in terms of content, format and appearance. Alternatively it might be more appropriate to use a previously published validated instrument. In order to maximise response rates, your survey should be as short as possible and limited to those questions that you "need to know" rather than those that would be "nice to know". Each question should be short and unambiguous and written in plain language. You also need to consider the response format of each question for example a closed response (e.g. Yes/No) or free text. Of course this will depend on the outcome of interest and the level of detail required. Piloting your survey on a subgroup of your sample is highly recommended as it helps identify problems with the survey e.g. questions which are difficult to understand or are ambiguous, as well poor response formats. Piloting may also identify logistical problems with respect to actually conducting the survey.
- When choosing a method of data collection (i.e. personal interview, telephone, mail out or email) you will need to consider all of the following: whether the method is compatible with the type of data you wish to collect, how much each method costs, what are your time constraints and who is your target population. For example personal interviews are more effective if the questions are complex however, they are not suited for the survey of large populations and are expensive and labour intensive. Telephone surveys allow for data to be collected relatively quickly and can be used on a larger population however they may not be conducive to surveying specific populations particularly those that are busy and hard to contact (such as anaesthetists) or low socioeconomic groups which may not have ready access to a telephone. Mail out surveys have the advantage that they can reach

a large population and are relatively cheap however they are prone to poor response rates (requiring extensive follow up). Email surveys are cheaper still but have the poorest response rates of all (generally around 30%).

- Overall it is essential that your results are generalisable to the population being studied. Survey research with on low response rates can produce biased results. For self completion questionnaires one should aim for a response rate of 60% or greater and 75% for interviews. It is unlikely that you will get such a response on the first mail out, so be prepared to follow up respondents until an adequate level of follow up is reached. You should also explore the differences between responders and non-responders as this may help to explain the generalisability of the results.

Anyone with a query regarding survey research or research in general can contact the Trials Group via Ornella Clavisi (Trials Group Coordinator) on: +61 3 8517 5326 or [oclavisi@anzca.edu.au](mailto:oclavisi@anzca.edu.au).

#### References:

- 1 D Jones, D Story, O Clavisi, R Jones, P Peyton. An introductory guide to survey research in anaesthesia. *Anaesthesia and Intensive Care* 2006; 34: 245-253

Ornella Clavisi  
Research Coordinator, ANZCA Trials Group

# MOPS

## (Old) Mops to (New) CPD – Yes?

Following input on revision of the MOPS program from Fellows who responded to Bulletin articles, and who participated in the LEAP (Learning Education And Professionalism) framework pilot, a workshop to gain further views was held at the College on 6 April.

It was attended by representatives of the MOPS, Education and Training, Continuing Education and Quality Assurance, and Quality and Safety Committees, the Taskforces which had made specific recommendations on MOPS, the Education Unit and Medical Education Special Interest Group, and the Boards of the Joint Faculty of Intensive Care Medicine and the Faculty of Pain Medicine.

Professor Teik Oh summarized the development of MOPS, the changes in educational and regulatory environments, and challenged the workshop participants to consider changes to the title (from MOPS to CPD); to the objective (from “to foster continuing scholarship in order to maintain a high standard of clinical practice”) to a mission (“to encourage participation in learning activities which enhance individual skills, knowledge and personal qualities to maintain and improve safe quality patient care.”); introduction of individual needs assessment so that each anaesthetist can monitor achievement of individual goals (perhaps keeping a learning portfolio) rather than being points driven; re-evaluation of categories of CPD and their weighting, with emphasis on self-learning and interactive group education; address the barriers to participation (whether they be financial, organizational, peer or personal); and address evaluation of CPD plans and outcomes. He also raised the issue that the College should expect all Fellows to participate in the program, now that CPD has been shown to work – especially using combinations of reflective learning and interactive activities.

Leona Wilson reminded everybody that both in New Zealand, and progressively in Australia, regulatory authorities require that medical practitioners remain competent and fit to practise throughout their professional life. Participation in ANZCA MOPS/CPD, with a variety of categories of activities, is accepted in both countries.

Material provided by Garry Phillips included the current MOPS manual, ANZCA document TE9 “Quality Assurance”, information from programs of other Australian and New Zealand Colleges and overseas organizations, the LEAP framework, the Australian legislative processes for qualified privilege for the MOPS program and the MOPS Committee, and a background

document by Juliette Mullumby and Deandra Burrows based on administrative experience with the program over the years.

Discussion groups came up with a variety of suggestions:

- The aim should be a support and development one, not a points driven regulatory one
- If barriers were overcome, and a user friendly program developed which was flexible, self-directed and relevant to individual practice, then the College should expect Fellows to participate. If Fellows did, then other anaesthetists would be more likely to participate.
- “Mandation” by the College could be on the basis that if a Fellow did not participate, no certificate would be issued. Any other “regulation” would be up to health authorities. It could be argued that the College would be remiss in its duty to Fellows by not mandating CPD, and allowing them to be at risk of being criticised by the community and/or by credentialing bodies.
- A one year cycle does not allow completion of detailed practice audit, so extension to 2-3 years had to be catered for at least some components.
- The current MOPS program structure should be varied and built on, rather than replaced. LEAP was not suitable as it stands, but some felt the elements of Clinical Expertise, Risk Management and Professional Responsibilities could be incorporated into a new CPD program.
- Clinicians all understand the need to keep abreast of developments in their area of practice, to remain competent, and to provide quality safe patient care. The current program was likened to a tax return – a lot of effort which interrupted life periodically, rather than a “road map” (perhaps “mud” or “sand” map would be a better term) without which you got lost.
- “Them” and “Us” came across fleetingly – in this case “public” versus “private” and “city” versus “country. Scenarios suitable to different types of practice could be part of the manual, together with Frequently Asked Questions and Answers.



PROF GARRY PHILLIPS

- MOPS and CPD were not about identifying poor performers. They were about helping good performers remain good (and improve).
- Professional Practice Review in its current form was considered cumbersome – but there was support for “buddy” systems – with regular meetings to discuss issues of a clinical or professional (or personal) nature. Face to face not always possible, but telephone/fax/video/web is easy. How many doctors’ children don’t use text or MSN messaging every day.
- Peer comparison was not thought to be useful (particularly comparing points).
- There needs to be a Trainee-Fellow continuum. FANZCA incorporates the CanMEDS competencies, adapted by the Australian Medical Council (Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar, Professional). The MOPS revision should accommodate this, while taking into account CanMEDS (2005), WHO (2005) competencies and other variations.
- There was general agreement that ANZCA needed to provide increased resources for participants, to facilitate individuals reaching their goals.
- The revised program should assist joint qualification holders – e.g., ANZCA/JFICM, ANZCA/FPM.
- Audit of some type would need to be considered further. If the individual sets a plan of what he/she wants to achieve over a period of time, participates in a range of appropriate activities, keeps a record and reflects on what he/she is doing, and then evaluates what has been achieved at the end of the timeframe set, and creates new goals, perhaps as Teik Oh suggested, the scoring is easy – Good/Satisfactory/Inadequate. Isn’t that the Quality Cycle?

Professor Garry Phillips  
and Juliette Mullumby

\*MOPS: Maintenance of Professional Standards  
\*CPD: Continuing Professional Development



# Library report

## New additions to the college library

The following services are offered to all Fellows and Trainees of the College, the Joint Faculty of Intensive Care Medicine and the Faculty of Pain Medicine.

- Loan of books and videos
- Supply of journal articles
- Literature searches

### ONLINE JOURNALS

To access online journals go to:  
<http://www.anzca.edu.au/infocentres/library/journals/index.htm>

A website username and password is required to access the online journals. To apply for a website username and password go to:  
[http://www.anzca.edu.au/reg/anzca\\_reg.cfm](http://www.anzca.edu.au/reg/anzca_reg.cfm)

### CONTACT THE LIBRARIAN

Library T (03) 8517 5305  
Library F (03) 8517 5381  
Email: [libanzca@anzca.edu.au](mailto:libanzca@anzca.edu.au)

### TEXTBOOK AVAILABILITY

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://www.anzca.edu.au/libcatalogue/index.htm> for books held in New Zealand.

Contact details for the New Zealand office are as follows:

New Zealand National Committee (ANZCA)  
PO Box 7451, Wellington South  
New Zealand  
T (04) 385 8556  
F (04) 385 3950  
Email: [anzca@anzca.org.nz](mailto:anzca@anzca.org.nz)

### NEW BOOKS

1. The anaesthesia science viva book : Clinical science as applied to anaesthesia, intensive therapy and chronic pain : A guide to the oral question / Simon Bricker – Cambridge : Cambridge University Press, 2004
2. Anesthesia and uncommon diseases / ed by Lee A Fleisher – 5th ed. – Philadelphia : Saunders-Elsevier, 2006.
3. Anesthesia for congenital heart disease / ed by Dean B Andropoulos; Stephen A Stayer and Isobel A Russell -- Mass. Blackwell Futura, 2005.
4. Anesthesiology : examination and board review / Mark Dershwitz and J Matthias Walz – 6th ed. -- New York : McGraw-Hill, 2006.
5. Atlas of regional anesthesia / David L Brown – 3rd ed. – Philadelphia : Elsevier-Saunders, 2006.
6. Barrell of lunatics : Places associated with the first public demonstration of ether anesthesia / David C. Lai – Illinois : Wood Library-Museum of Anesthesiology, 1998.
7. Basic assessment and support in intensive care / ed by Charles D Gomersall and Gavin M Joynt - [Hong Kong] : The Chinese University of Hong Kong, Department of Anaesthesia and Intensive Care, 2006.
8. Clinical anesthesia / ed by Paul G Barash; Bruce F Cullen and Robert K Stoelting – 5th ed. – Philadelphia : Lippincott Williams and Wilkins, 2006.
9. Coaching and mentoring in health and social care : The essentials of practice for professionals and organisations / Julia Foster-Turner – Oxford : Radcliffe Publishing, 2006.
10. Evidence-based obstetric anesthesia / ed by Stephen H Halpern and M Joanne Douglas -- Mass. Blackwell Publishing, 2005.
11. Hospitals for war-wounded : a practical guide for setting up and running a surgical hospital in an area of armed conflict / Jenny Hayward-Karlsson – Geneva : International Committee of the Red Cross, 1998.
12. Legal and ethical aspects of anaesthesia, critical care and perioperative medicine / Stuart M White and Timothy J. Baldwin, – Cambridge : Cambridge University Press, 2004.

13. Life and death in intensive care / Joan Cassel – Philadelphia : Temple University Press, 2005.
14. Preparing a health care workforce for the 21st century : the challenge of chronic conditions – Geneva : World Health Organization, 2005.
15. Principles of pain management for anaesthetists / Stephen Coniam and Janine Mendham – London : Hodder Arnold, 2006.
16. Qbase anaesthesia 5 : MCQs for the final FRCA ed by Edward Hammond – Cambridge : Cambridge University Press, 2005.
17. Review of clinical anesthesia / ed by Neil R Connelly and David G Silverman – 4th ed. –Philadelphia : Lippincott Williams and Wilkins, 2006.
18. Smith's anesthesia for infants and children / ed by Etsuro K Motoyama and Peter J Davis – 7th ed. -- Philadelphia : Mosby, 2006.

### POPULAR BOOKS

1. Anaesthesia OSCE / G Arthurs and KM Elfituri – 2nd ed – London : Greenwich Medical Media, 2002.
2. Anesthesia and co-existing disease / Robert K Stoelting; Stephen F Dierdorf – 4th ed. -- New York : Churchill Livingstone, 2002.
3. The clinical anaesthesia viva book / Simon J Mills; Simon Maguire and Julian M Barker – London : Greenwich Medical Media, 2002.
4. Clinical teaching : a guide to teaching practical anaesthesia / ed by J David Greaves; Chris Dodds; Chandra M Kumar and Berend Mets – Lisse : Swets and Zeitlinger, 2003.
5. Concise anatomy for anaesthesia / Andreas G Erdmann – London : Greenwich Medical Media, 2002.
6. Crisis management in anesthesiology / David M Gaba; Kevin J Fish and Steven K Howard -- New York : Churchill Livingstone, 1994.
7. Equipment for anaesthesia and intensive care / WJ Russell – 2nd ed – Adelaide : W J Russell, 1997.

8. Ethics in anaesthesia and intensive care / ed by Heather Draper and Wendy E Scott – Edinburgh : Butterworth Heinemann, 2003.
9. Evidence-based practice of anesthesiology / ed by Lee A Fleisher – Philadelphia : Saunders, 2004.
10. Laryngeal mask anaesthesia : principles and practice / JR Brimacombe – 2nd ed. – Philadelphia : Saunders, 2005.
11. Ophthalmic anaesthesia / ed by Chandra M Kumar; Chris Dodds and Gary L Fanning – Netherlands : Swets and Zeitlinger, 2002.
12. Peripheral regional anesthesia : an atlas of anatomy and techniques / Gisela Meier and Johannes Buettner -- New York : Thieme, 2005.
13. Pharmacology for anaesthesia and intensive care / TE Peck; SA Hill and M Williams – 2nd ed – London : Greenwich Medical Media, 2003.
14. A practical approach to cardiac anesthesia / ed by Frederick A Hensley; Donald E Martin and Glenn P Gravlee – 3rd ed – Philadelphia : Lippincott Williams and Wilkins, 2003.
15. Practical perioperative transesophageal echocardiography / ed by David Sidebotham; Alan Merry and Malcolm Legget – Edinburgh : Butterworth Heinemann, 2003.
16. Regional anesthesia : an atlas of anatomy and techniques / ed by Marc B Hahn; Patrick M McQuillan and George J Sheplock -- St Louis : Mosby, 1996.
17. Regional nerve blocks and infiltration therapy : textbook and colour atlas / Danilo Jankovic – 3rd ed. -- Mass. : Blackwell Publishing, 2003.
18. Statistical methods for anaesthesia and intensive care / Paul Myles and Tony Gin -- Oxford : Butterworth-Heinemann, 2000.
19. TEE : An interactive exam review / ed by David S Morse and Charles D Collard -- Lippincott Williams and Wilkins, 2003.
20. Yao and Artusio's anesthesiology : problem-oriented patient management / ed by Fun-Sun F Yao and Joseph F Artusio – 5th ed – Philadelphia : Lippincott Williams and Wilkins, 2003.

# Doctors with a DIY specialty

By MICHELLE PAINE

THEY'RE doctors who make an anaesthetic machine from a biscuit jar and work in tent hospitals amid earthquake rubble or the sound of war.

Tasmanian anaesthetists Haydn Perndt and George Merridew have saved children, the elderly, bomb victims and those who would die for lack of a Caesarean section.

They know how to use ether, and equipment made 50 years ago — or by their own hands from a jar and piece of pipe.

They've trained more than 200 anaesthetists. And they don't get paid for it.

Royal Hobart Hospital anaesthetist Dr Perndt did his first overseas aid work

more than 20 years ago. In January he was in Pakistan, working amid the rubble of the earthquake-devastated city of Muzafferabad.

"It sounds corny, but when you do it the first time you realise how easy it is to make a contribution that's quite significant," Dr Perndt said.

"In 1985 I went to a Pacific Island hospital and taught a person in his native language. He's still providing anaesthetics.

"You work with severe advanced disease and use simple techniques that save lives. Here we spend a huge amount of resources and not make much difference."

In many countries doing a Caesarean section or treating an ectopic pregnancy means

life instead of certain death, albeit often without any blood supplies.

The specialised field of aid-work anaesthetics is dominated by Tasmanians.

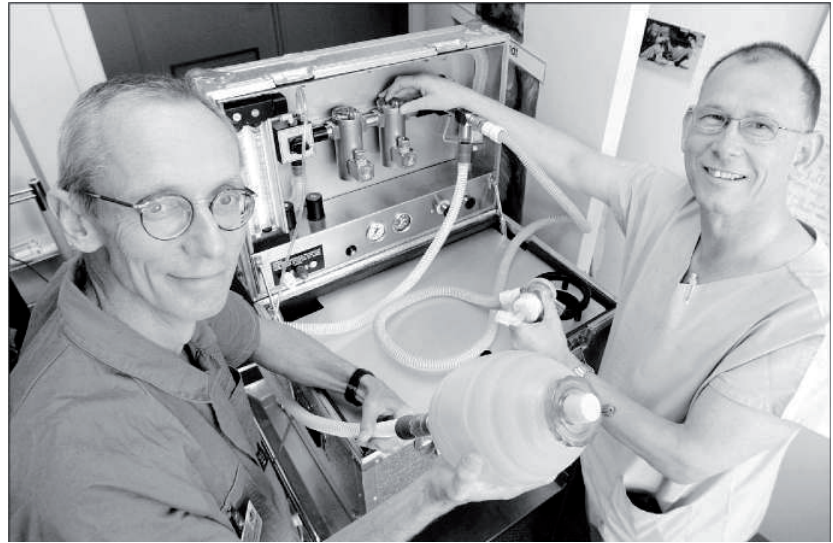
For seven years Dr Perndt and Launceston General Hospital anaesthetics director Dr Merridew have shared running courses to teach other anaesthetists the finer points of work far from a hi-tech setting.

This week a conference in Hobart with lectures by Dr Perndt and other Tasmanian anaesthetists has attracted doctors from Australia and overseas.

In the past 20 years RHH anaesthetics staff have worked and taught in more than 30 developing countries.



**MAKING DO:** A jam jar vaporiser.



**COMMITTED:** Haydn Perndt and George Merridew with a field anaesthesia machine. Pictures: RAOUL KOCHANOWSKI

Reproduced courtesy of The Mercury



## Keeping the Doctor Alive:

### A Self-care Guidebook for Medical Practitioners

The Royal Australian College of General Practitioners' Professional Peer Support Program Committee (PPSPC) was formed in 2004 in response to the need to set up a coordinated primary prevention strategy for doctors' health. The committee has widespread representation from medical practitioner organizations including the Australian and New Zealand College of Anaesthetists, represented by Dr Peter McCall and currently Dr Helen Kolawole.

In 2004 the RACGP under the direction of the PPSPC commissioned Dr Danielle Clode to conduct a literature review on doctors' emotional health. The research findings reported high levels of burnout, work-related stress, depression and psychiatric disturbance among medical practitioners. Following the completion of this literature review called "The Conspiracy of Silence" the Faculty commissioned the development of a self-care guidebook "Keeping The Doctor Alive" in 2005. This publication is a resource aimed at promoting a culture of self-care as an essential element of professional life as a medical practitioner. The guidebook was distributed to all RACGP members and members of some specialist colleges in March 2006.

The solutions found in the guidebook are ones that many medical practitioners, their friends and families have found useful. These strategies are suggested as guides and doctors are encouraged to seek solutions that best suit them and their individual circumstances.

As anaesthetists have been identified as a group of medical practitioners who are probably at higher risk of self-harm it is important that we are aware of this book and promote it amongst our colleagues. Some craft groups have supplied the guidebook to fellows and trainees. I would recommend that each hospital Department purchase a copy so that fellows and trainees can have a chance to look at it and decide if it is worth purchasing further copies.

Copies of Keeping the Doctor Alive: A Self-care Guidebook for Medical Practitioners can be purchased from the RACGP for \$5.50 plus postage.

An order form is available on the RACGP website at: [http://www.racgp.org.au/downloads/pdf/200603pubs\\_orderform.pdf](http://www.racgp.org.au/downloads/pdf/200603pubs_orderform.pdf).

A copy has also been placed in the ANZCA Library.

Prepared by Dr Helen Kolawole  
hkolawole@phcn.vic.gov.au on behalf of the Professional Peer Support Program Committee

# Area of need

## Specialist anaesthetics in Australia

In the interests of clarity, the Australian and New Zealand College of Anaesthetists has issued the following information about changes to Regulations governing the assessment of overseas trained anaesthetists in Australia.



DR MIKE RICHARDS

The Australian and New Zealand College of Anaesthetists (ANZCA) has reviewed its Area of Need (AON) process for medical specialist anaesthetists, taking into account the Productivity Commission Research Report, the Queensland Health Systems Review, the Queensland Hospitals Commission of Inquiry, the Australian Competition and Consumer Commission (ACCC) / Australian Health Workforce Officials Committee (AHWOC) Review of Australian Medical Colleges carried out during 2004/2005, and the Australian Medical Council Assessment Process User's Guide (2002).

### AREA OF NEED

The essential points in ANZCA's "Anaesthesia Services for Areas of Need in Australia" document, available at [www.anzca.edu.au](http://www.anzca.edu.au) are that:

- The hospital/health authority first identifies a position for which the employer is unable to recruit an Australian medical specialist anaesthetist, as a consequence of which local health services are adversely affected.
- Secondly, the employer matches applicants for AON positions against position descriptions and selection criteria, and selects a suitable applicant.
- Thirdly, the applicant and employer complete relevant Australian Medical Council (AMC) documents, and refer the application simultaneously to the AMC and to ANZCA, in order to avoid unnecessary delays.
- The AMC notifies the College if the documentation is satisfactory.
- ANZCA assesses the application against criteria of specialist anaesthesia training, specialist qualifications obtained, experience as a specialist, and evidence of participation in continuing professional development against the specific job description.
- ANZCA recommends to the relevant Medical Board, and advises the employer and the AMC if the applicant is suitable to practise as an AON anaesthetist without supervision in the declared position, in which case he/she is

required to work with oversight by an Australian specialist anaesthetist, and an on-site visit is carried out, with a report back to the doctor, employer, the AMC, and ANZCA.

- As this decision allows the employer to have anaesthesia services provided for only a limited period, ANZCA requires the OTS to proceed to the ANZCA Overseas Trained Specialist (OTS) specialist assessment within three months of commencement in the position.

OTS Anaesthetists who wish to gain a recommendation from the College for specialist recognition (i.e., capable of independent practice without oversight), and thus be eligible to pursue Fellowship of ANZCA, must follow the Australian Medical Council OTS Assessment Process.

### OVERSEAS TRAINED SPECIALISTS

The essential points in ANZCA's "Overseas Trained Specialists- Assessment Process", available at [www.anzca.edu.au](http://www.anzca.edu.au) are that:

- The AMC processes the documentation provided by the applicant (as described above under the AON process).
- ANZCA conducts a Face-to-Face Interview and assesses the applicant against criteria of specialist anaesthesia training in comparison with the College's training, specialist qualification obtained, experience as a specialist, and evidence of participation in a program of continuing professional development.

*'The College is working as quickly as possible towards contacting those English and Irish qualification holders currently on its books'*

- ANZCA recommends that the OTS will need to either enter the training program of the College, or that he/she is eligible to proceed to the Structured Performance Assessment/Final Examination. In this case, a Clinical Practice Assessment Period is required, to familiarize the applicant with anaesthesia practice in Australia/New Zealand and to allow assessment of practice. Following completion of all requirements, the applicant will be recommended for specialist recognition, and becomes eligible to apply for Fellowship of the College. Under specific circumstances, exemption from the written section of the Structured Performance Assessment/Final Examination may be granted.

#### RECOMMENDATION FOR SPECIALIST RECOGNITION

In April 2006, following exhaustive review of the training and education programs of the Royal College of Anaesthetists and the College of Anaesthetists, Royal College of Surgeons in Ireland, ANZCA Council agreed that these programs were substantially comparable with our own, even though there were a number of differences.

Overseas trained anaesthetists who meet all of the following criteria may be regarded as suitable for recommendation by the College to regulatory authorities for specialist recognition:

- Fellowship of the Royal College of Anaesthetists (FRCA), or Fellowship of the College of Anaesthetists, Royal College of Surgeons in Ireland (FCARCSI), by training and examination, who hold a Certification of Completion of Training (CCT) or a Certification of Completion of Specialist Training (CCST)
- Recency of clinical anaesthesia practice
- Recency of Continuing Professional Development including Quality Assurance components
- Have been interviewed by an OTS Interview Panel since January 2001, and assessed as requiring 12 months or less of clinical anaesthesia practice in Australia or New Zealand
- Have completed a minimum of 6 months of clinical anaesthesia practice in Australia or New Zealand
- Have had a satisfactory on-site assessment by a Fellow of ANZCA nominated by the College from within their employment area.

Overseas trained specialist anaesthetists identified above, but who have had a restricted practice in one area of anaesthesia may be recommended to regulatory authorities for specialist recognition conditional upon them remaining within their areas of established

expertise. Should such applicants wish to pursue unconditional recommendation for specialist recognition, they would be required to return for further review via the OTS process.

Overseas trained specialist anaesthetists identified above, who have been interviewed by an OTS Panel prior to 1 January 2001, or who have not been interviewed, are required to undergo an interview by an OTS panel in order to pursue recommendation for specialist recognition.

The College is working as quickly as possible towards contacting those English and Irish qualification holders currently on its books who meet the criteria in order to alert them to this addition to the AON/OTS Assessment process. Those who require an on-site assessment will be required to provide a signed indemnity from the hospital at which the on-site assessment is to be undertaken, in the same manner as the AON on-site assessors are indemnified.

Please contact Ms Jill Humphreys at ANZCA on 03 9510 6299 or via [jhumphreys@anzca.edu.au](mailto:jhumphreys@anzca.edu.au) if you have any questions relating to these matters.

The College will in due course examine other overseas national specialist anaesthesia qualifications using as a guide the Standards and Procedures for Accreditation of Specialist Medical Education and Training and Professional Development Programs of the Australian Medical Council.

.....  
Dr Mike Richards  
Chief Executive Officer



# Obituary

Gavin Robert Dawson 18 May 1933 to 3 November 2005

Gavin Robert Dawson's professional life was one of quiet accomplishments. Every day, each of us benefits from his legacy without realizing our debt. I came to know Gav, first as an undergraduate, and later as his deputy at Prince Henry's Hospital in Melbourne. I found him to be an ebullient, but thoughtful man, who with barely restrained enthusiasm led by example, rather than proselytizing in journals, or at conferences. He planted ideas, and he planted them firmly. His trainees took them, and nurtured them, and transplanted them in hospitals all over the country.



Born in Middleton in Teesdale Co. Durham in 1933 he graduated in medicine from the grey granite Aberdeen University in 1958. For several years he roamed training successively in Aberdeen, Darlington, Launceston, Townsville, Chelmsford in England, Köping in Sweden, and finally migrated to Australia arriving in 1967.

He was awarded his English Diploma in Anaesthetics in 1963, a time when anaesthetics was still widely regarded merely as a technical skill exercised under the supervision of surgeons. To accentuate this point, the diploma was 'granted' as certification of what the Royal College of Physicians and the Royal College of Surgeons regarded as competence. In 1966 he gained his Fellowship in the Faculty of Anaesthetists of the Royal College of Surgeons, and then its Australian equivalent two years later.

While working in Launceston Hospital in 1960 he met a young nurse, Kay. They were married in Launceston in 1963. She was to be his life-long partner and soul mate, and together they raised two daughters Sally and Carolyn. Family was a very important part of to Gavin's life. Later he became a very proud and devoted grand-father, showing great joy and interest in his grand-children's development.

In 1967 Gavin became Deputy Director of Anaesthetics at Prince Henry's Hospital in Melbourne, and in 1969 was appointed Director. This was time of upheaval in medicine in Australia. The system of 'visiting honoraries' providing their service for no fee to public patients was waning, with fewer Rolls Royces and Bentleys parked at the front of the hospital. Fulltime specialist medical staff were progressively replacing much of the honoraries' patriarchal practice. Gavin slowly began adding full-time anaesthetists to the department. This required foresight, diplomacy and tact. His new fulltime staff, supplemented by visiting specialists, enabled him to standardize procedures, and accountability. He introduced a rudimentary system of quality assessment and control. This was a novel and controversial idea at the time, but was strongly resisted by many administrators and surgeons. They argued passionately that collecting such data was

dangerous, because if there were no figures then no one could be blamed for mishaps – and what is more startling is that they meant it. Gavin realized it was a time when medical practice was waiting patiently for change. Such changes take courage, and patience and are always uncomfortable. His good humour eased the way.

Now with irrefutable data in his hands, he could work from a foundation of certainty. He rapidly recognized that more than half of postoperative deaths occurred in the first hour after emergence from the anaesthetic. At that time recovery rooms were regarded as a luxury by many hospitals, but strangely induction rooms were seen as essential. Patients regained consciousness, attended only by a trainee ward nurse, in the corridor or back in the ward. He argued forcibly for a formal recovery room with dedicated nurses and immediately established a training program. He wrote manuals and organised and presented lectures. Within a short time the almost daily shrill sound of our theatre's alarm bell became silent.

The jargon of those years is revealing; 'heroic surgery' and 'anaesthetic deaths' are terms that spring to mind. Perhaps it was his Air Force training, but I remember a meeting when he was called to defend the management of an 'anaesthetic complication' in a sick elderly patient undergoing emergency surgery. He forcibly put the point that in complex systems it is rarely a single event that causes mishaps, but more a 'critical-mass' (a popular term in those Cold War days) of circumstances that led to disaster.

Early in his career he recognized that anaesthetists had skills extending beyond the operating theatre. In the early 1970s with Alan Beech, a vascular surgeon, he established the first hospital based hyperbaric oxygen service in Victoria. The little monoplace chamber soon was busy treating gas gangrene, and numerous abalone divers with the bends (who occasionally presented us with a couple of large crayfish). He became one of Australia's first civilian specialists in underwater medicine, and gained the Diploma in the specialty from the Royal Australian Navy in 1975. In those

days gas gangrene was almost a death sentence with immediate amputation the only treatment. He clearly demonstrated that postoperative hyperbaric oxygen therapy was life saving and over the following years successfully treated several scores of patients. A much larger walk-in unit at the Alfred Hospital later replaced this little chamber.

Unable to gain formal lecture time, he organised a popular repeating sequence of six undergraduate tutorials in anaesthetic skills. These were so popular that they continued for more than a decade after he had resigned as director.

During his Prince Henry's years Gavin was Victoria's senior reserve anaesthetist with the RAAF with the rank of Wing Commander, the highest rank reservists could attain. Each year he would take his registrars to Point Cook Air Force Base so that they could personally experience the physiological effects of high altitude in the base's pressure chamber. His association with the RAAF led him to be elected a member of the Aerospace Medical Association of the USA. In 1969 he was appointed by NASA as part of their cardiovascular monitoring team for the Apollo 12 moon landing. I remember crowding around a desk in his office desk that lunchtime on Thursday 24th July listening to Neil Armstrong's heart beat, relayed from Parkes Observatory in NSW, race to 170 as he put his foot on the moon. He later toured Victoria with a TV News reader, Brian Naylor, giving a series of popular lectures explaining Aerospace medicine and the Apollo space program.

Returning from a visit to the United States in 1976 he augmented Safar's methods of cardiopulmonary resuscitation. He then became actively involved in training Civil Ambulance Staff in CPR, paving the way for our current MICA services. Against considerable prejudice he was one of those who argued effectively to allow ambulance drivers to be able to administer morphine, put up drips and give first line drugs for resuscitation. He recognized the somewhat unusual anaesthetic needs of the police force, and had a large part in establishing theatre services for the nearby Victorian Police Hospital.



For a number of years he was secretary for the Victorian Central Directors of Anaesthesia - loose group of directors of anaesthetic departments. This group guided anaesthetic registrar training away from the previous ad hoc apprenticeship towards a structured program with rotations between hospitals. He insisted that high standards of anaesthetic practice could only be achieved by ensuring consultant anaesthetists did routine lists, and that these were not delegated to inexperienced juniors (especially after hours).

In those early years it was not uncommon for a registrar with perhaps 4 months training to give an unsupervised anaesthetic for major abdominal cancer surgery to a sick elderly person. It is even more surprising when one knows the only monitoring available at that time, was a finger on the pulse, a stethoscope on the chest, a mercury sphygmomanometer, and an 'educated hand' squeezing the bag. Our one ventilator shared amongst the six operating theatres was complicated to set up and terrifyingly unreliable. There were no disconnect monitors and pulse oximetry was not to appear on the scene for another 15 years. With a bit of luck the department's only ECG monitor might be available. Its orange bouncing ball trace was somewhat reassuring. There was no freeze function, no paper trace printout and with each two second sweep across the tiny circular screen the complexes would dissolve before the next train appeared.

Gavin had been a boxer in his youth and gained a Boxing Blue at Aberdeen University. He maintained his interest in sports medicine, and bodybuilding. For over 30 years he published and presented papers widely in these subjects. He was an inaugural member of the Australian Sports Medicine Federation and one of the first to recognise sport's medicine as a specialty in its own right. In 1989 he published "Scientific Body Building" that has become a classic in the field.

In his spare time he spent 12 years as a volunteer officer in the St John's Ambulance Brigade who attended the football at each of the VFL's grounds. He almost certainly holds the record for the biggest audience to directly witness the technique of intubation. One year, a spectator collapsed during the Football Grand Final at the Melbourne Cricket Ground. Gavin finding no open space in the packed crowd, moved the patient onto the oval between the fence and the boundary line, and intubated him in front of 100 000 people.

In 1981 Gavin, left Prince Henry's and for a while worked in private practice. However, always a quiet but restless innovator he found this tiresome, and in 1986 Gavin and Kay moved to Alice Springs where he became The Director of Anaesthesia and Intensive Care at the base hospital there.

Within a short time of taking this post he introduced epidurals to Aboriginal women for their labour. Kay tells me that within no time the bush telegraph had spread the news about the injection for a 'no-pain baby', and the women descended on the hospital from for hundreds of miles around. He set-up a day surgery unit, and co-ordinated and synchronized the long distance multi-organ transplant services with surgeons in Melbourne and Sydney, an achievement in which he felt particularly pride. His experience with the RAAF enabled him to organize a Medivac services with the Royal Flying Doctors Service, and he often accompanied patients flown from The Alice to Adelaide.

In 1997 Gavin and Kay moved to Launceston where they settled in Blacktown. He worked at Launceston General until he retired in 2000.

Not only was Gavin Robert Dawson's professional career one of quiet accomplishments, this truly applied to his whole life.



## Deaths

Council noted with regret the deaths of:

Dr Douglas Ian Chisholm (NZ)  
FFARACS 1957, FANZCA 1992

Dr Jeanne Margaret Collison (NSW)  
FFARACS 1956, FANZCA 1992

# Examination Reports

## Primary and Final Examinations



### Primary Examination February/April 2006 - Court of Examiners

Front Row: Dr. David Austin, Dr. Helen Kolawole, Dr. Lindy Cass, Dr. Noel Roberts (Chairman), Dr. Yahya Shehabi, Dr. Craig Noonan, Dr. Annette Turley

Back Row: Dr. Peter Kruger, Prof. James Sleigh, Dr. Terry Loughnan, Dr. Alan McKenzie, Dr. Graham Roper, Dr. Gerard Meijer, Dr. Brien Hennessy, Dr. Ian McKenzie, Prof. Guy Ludbrook  
Absent: A/Prof. Matthew Chan, Dr. Brad Smith

## PRIMARY EXAMINATION

### FEBRUARY/APRIL 2006

The written section of the examination was held in: all capital cities in Australia, Cairns, Launceston, Newcastle, Townsville, Auckland, Christchurch, Dunedin, Hamilton, Hong Kong, Kuala Lumpur, Singapore and Wellington.  
The viva examination was held at College Headquarters, Melbourne.

### SUCCESSFUL CANDIDATES

The following candidates successfully completed the Primary Fellowship Examination at this sitting.

Theodore Adraktas	VIC	Lisen Emma Hockings	WA	Nicholas Jason Randall	NZ
Mahnaz Afsari	NZ	Amanda Jane Honour	VIC	Paul Andrew Richards	SA
Jonathan William James Albrett	NZ	James Allen Hosking	QLD	Stephen Allen Richards	NSW
Uate Qalo Babitu	SA	Raymond Tiong Chin Hu	VIC	Scott Craig Robinson	NZ
James Batty	NSW	Matthew Hung	VIC	David Matthew Rusk	NZ
Nicola Beauchamp	QLD	Seumas William Munro Hyslop	NSW	Erandhi Nirupama Samaraweera	NZ
Dane Blackford	TAS	Claire Jane Ireland	NZ	Peter John Schuller	QLD
David Martin Blundell	NZ	Romi Janovic	VIC	Damian Michael Simpson	NZ
Mark Stephen Boesch	NT	James Paul Jarman	NZ	Anthony Singh	VIC
Louise Kathleen Borland	VIC	Dumindu Sanjeeva Jayasinghe	QLD	Shane Barry Smith	NSW
Allan James Brown	NZ	Manika Jegathesan	VIC	John Robert Smithells	NZ
William Benjamin Browne	VIC	Matthew Alexander Jenks	NZ	Craig Geoffrey Surtees	NZ
Wayne Carstens	SA	Rajdeep Kanwar	NSW	Wai Yin Tam	VIC
Janette Yuk Sau Chan	VIC	Tanya Michelle Kelly	NT	Tan Chern Ching	VIC
Timothy Mark Chapman	NZ	Oscar Kwon	NSW	Vincent Tan	VIC
Adrian Chin	QLD	Chung Fei Lai	VIC	Su Sien Thon	NZ
Peter Chi-Ming Ching	SA	Stuart James Lawrie	NSW	Amelia Traino	NSW
Chu Ka Lai	HKG	Emelyn Mei-Lin Lee	VIC	Kristine Yvonne Wardle	VIC
Russell Craig Clarke	WA	Graham Duncan Lethbridge	VIC	Robert Stephen Williams	NSW
Michael John Collins	VIC	Siv Eing Lim	NSW	Gretchen Ann Willis	NSW
Suzanne Cook	VIC	Win Nie Lim	TAS	Wong Sze Ming	HKG
Lisa Frances Cowell	QLD	Gareth Brian Lyttle	SA	Caroline Chunlei Zhou	NZ
Linda Rose Dadds	SA	Marc Christopher Hugo Maguire	QLD		
Louise Mary Ellard	VIC	Marcus Neil Maller	NSW		
Andrew William Fenton	NZ	Elmo Niroshan Mariampillai	VIC		
Catherine Maree Fuller	WA	Raymond Mervyn John Martin	QLD		
Alexander Hugh Degaris Gale	TAS	Kirsten Naomi Matheson	NZ		
Marshall Guy Godsell	NT	David Ian McCormack	QLD		
Jonathan Rael Golshevsky	VIC	Sarah Grace McLeod	VIC		
Kieran James Guy	QLD	Andrew John Mitchell	QLD		
Timothy Holmes Hall	NZ	Yu Po Mok	NSW		
James Anthony Halloway	NSW	Matthew James Newman	SA		
Nigel David Hamilton	WA	Ng Lai Ming	HKG		
Conrad Hermann Heim	QLD	Dick Montague Ongley	NZ		
Jonathan Gurney Hiller	VIC	Clinton George Paine	NZ		
		Margo Joan Peart	NSW		
		Steven John Philpot	WA		
		Poon Ching Mei Clara	HKG		
		Claudia Publig	NSW		

### RENTON PRIZE

The Court of Examiners recommended that the Renton Prize for the half year ended 30 June 2006 be awarded to:

Dr. Raymond Tiong Chin Hu VIC

### MERIT CERTIFICATES

Merit Certificates were awarded to:

Dr. Lisen Emma Hockings	WA
Dr. James Paul Jarman	NZ
Dr. Jonathan Rael Golshevsky	VIC
Dr. Steven John Philpot	WA
Dr. Jonathan Gurney Hiller	VIC
Dr. Kirsten Naomi Matheson	NZ

## FINAL FELLOWSHIP EXAMINATION (ANAESTHESIA) MAY 2005

The written section of the examination was held in all capital cities in Australia, Adelaide, Launceston, Hobart, Newcastle, Auckland, Brisbane, Christchurch, Darwin, Hamilton, Hong Kong, Kuala Lumpur, Singapore, Perth, Sydney, Townsville and Wellington.

The viva examination was held at College Headquarters and the Medicals were held at the Alfred and Royal Melbourne Hospitals, Melbourne.

### SUCCESSFUL CANDIDATES

Nicholas Mark Abbott	NZ	Tze Yan Li	HK
Lucia Chinnappa	VIC	Sok Ping Cheong	SA
Donald Hannah	VIC	Lloyd Kenneth Green	WA
Nigel Ian Akroyd	QLD	Denise Li-Furn Lim	WA
John Chippendale	QLD	Eu-Gin Lim	NSW
Madeline Louise Ho	VIC	Richard Pendleton	QLD
Vanessa Andean	VIC	Jamie Stevens	WA
Chin Ted Chong	SG	Gloria Sui-Yeng Liu	QLD
Brad Michael Hockey	NZ	Andrew Phillips	NSW
Mullion Atkins	NZ	Alice Summons	NSW
Brett Coleman	VIC	Knox Crichton Low	NSW
Timothy Hodgson	NZ	Frank Phillips	QLD
Jarrett Barker-Whittle	NSW	Anita Lee-Ann Sumpter	NZ
Carmen Dang	VIC	Anna McDonald	TAS
Christine Huxtable	SA	Simon Anthony Pitt	NSW
Denise Barnett	NSW	Jacqueline Sushames	VIC
Lisa Dayman	NSW	Kylie Jayne McGregor	NZ
Georgina Imberger	VIC	Catherine Quigg	VIC
Luke Barnett	NSW	Mark Tahmindjis	NSW
Joanna Doa	NZ	Rishi Mehra	VIC
Elizabeth Johnston	NSW	Stefan Sabato	VIC
Linda Beckmann	QLD	Zufar Tameev	NSW
Ken James Douglas	NSW	Phillip Melksham	QLD
Daniel Howard Jolley	VIC	Mhousci Scanlan	VIC
Andrew Beinssen	SA	Theresa Phuong Trinh	VIC
Billy Drew	NSW	Elenor Moreno	VIC
Kylie Adelle Julian	NZ	Markus Schmidt	WA
Robert Bolger	NSW	Narko Anthony Tutuo	NZ
Christopher Duffy	VIC	Christopher Munns	NZ
Serge Kaplanian	WA	Catherine Sengupta	NSW
Barry Wayne Benham	QLD	Sharyn Van Alphen	QLD
Jonathan Dutt-Gupta	SA	Parag Nalavade	QLD
Joanne Kara-Brightwell	VIC	Divya-Jyoti Sharma	WA
David Charles Brown	NZ	Anton Van Niekerk	NZ
Michael John Farr	SA	Michelle Natividad	VIC
Manith Kha	SA	Caroline Sharpe	VIC
Daniel Frederick Brown	QLD	Peter Waterhouse	QLD
Heide Feberwee	NZ	Nicole O'Brien	NZ
Madhuri Kishore	QLD	Naomi Skeahan	QLD
Jane Elizabeth Brown	VIC	Laurence Weinberg	VIC
Rebekah Ferris	QLD	Bradley O'Connor	VIC
Tai Quy Lam	NSW	Andrew John Snell	NZ
Roger Browning	WA	Gary Lee Willis	NSW
Barton John Fielden	NSW	Alex Eui-Chang Oh	NSW
Adrian Jeffrey Lee	VIC	Ban Leong Sng	SG
Van Tung Bui	NSW	John Campbell Wilson	NZ
Victoria Fletcher	NSW	Edmund O'Loughlin	WA
Ka Yee Lee	HK	Subhapriya Sreedharan	QLD
Alison Louise Burke	NSW	Yu-Lin Wong	SG
James Fowlie	SA	Usha Padmanabhan	VIC
Keat Leong Lee	SA	Tony Stambe	VIC
John Carruthers	VIC		
Winnie Chi Sum Fung	HK		
Yuk Ming Sunny Lee	HK		
Choi Hung Chan	HK		
Winnie Wing Fung	NSW		
Ka Ki Leung	HK		
Kwok Bun Chan	HK		
James Gledden	VIC		
Ronert Andrew Lewin	NSW		
Michelle Chan	TAS		
Dani Goh	NSW		
Shawn Xiang Li	NSW		
Brett Arthur Chaseling	QLD		
Simon Gower	VIC		

### CECIL GRAY PRIZE

The Court of Examiners recommended that the Cecil Gray Prize for the half year ended 30

The following candidates were awarded a Merit Certificate for their performance at the May 2006 Final Examination:

- Peter Waterhouse, Queensland
- Daniel Jolley, Victoria
- Linda Beckmann, Queensland

# 2006 College Ceremony

## Professor Cousins' Report

*'Unfortunately politicians, the media and community, have been provided with numerous myths about medical colleges.'*

ANZCA is in a stronger position than ever before with respect to: superb facilities; high calibre staff; adequate financial resources and strong programs relevant to the College's Mission which is "To serve the community with safety and quality patient care in anaesthesia, intensive care and pain medicine".

In total ANZCA now has 4000 Fellows and 2000 trainees (including those in anaesthesia, intensive care and pain medicine). In anaesthesia ANZCA has doubled the output of FANZCAs over the last ten years. Also in 2005 there were 25 graduates from the Overseas Trained Specialist Process. Importantly our tripartite JCCA program for general practitioner anaesthetists in remote areas continues to be strong; this program is unique to Australia.

However ANZCA and other Colleges face enormous challenges. Foremost are the current interest in Medical Colleges by both the Australian and New Zealand Governments eg the ACCC inquiry and implementation, The Productivity Commission inquiry, The Morris and Forster inquiries, OTS Area of Need programs, as well as recent interest by Universities.

Unfortunately politicians, the media and community, have been provided with numerous myths about medical colleges. To correct these myths, ANZCA needs to communicate vital information to the debate, such as:

### MYTHS ABOUT THE PROFESSION

**Myth 1: The Colleges are "old boys clubs" who look after Specialist's incomes**

ANZCA Council is almost 40% female and not old. ANZCA has no role in incomes or industrial matters.

The prime role of Specialist Medical Colleges is to ensure and maintain the quality and safety of Medical Specialist services for the Australian and New Zealand community. They do this by their highly developed educational and training programs, which include in-training assessment and examinations at appropriate stages. As a result of those programs the Medical Colleges, which are run at no cost to governments or to the community, have for many years provided the Australian and New Zealand community with Medical Specialists who are acknowledged as being among the best in the world.

**Myth 2: Universities could train specialists better and cheaper**

Many Medical Specialist Colleges have been working with Universities for a substantial period of time to provide educational opportunities for trainee Medical Specialists. This is logical. ANZCA aims to further develop these relationships where appropriate. The educational activities provided by the Universities are not the same as clinical training. Clinical training is provided by the Medical Specialists, who make up the Medical Specialist Colleges, and this also relies upon the substantial infrastructure of the Medical Colleges.

Most of these activities of the College are provided pro bono. These activities are estimated to be worth many millions of dollars per year.

**Myth 3: Colleges control the number of trainees and this causes a shortage of specialists**

The number of Medical Specialist training positions in each State is determined by the relevant State Government, since they are responsible for providing the funds for these positions. ANZCA does not control the number of training posts, it inspects and approves training programs. All of the Medical Specialist colleges are now working very closely with State Governments to ensure that adequate numbers of training positions are available.

**Myth 4: Specialist training is a major problem in healthcare**

There may be a shortage in some specialties, in some parts of the country (rapidly being addressed) however there is no problem with the training programs and the quality of specialists produced. In ANZCA's case, the College has been a world leader in quality and safety programs and we currently exceed AMWAC recommendations for output by 73 specialists.

There are many aspects of health care that are currently in need of urgent attention including State versus Federal responsibilities in Australia.



It thus seems illogical to invest time, energy and funding on 'fixing' Medical Specialist Training that is not 'broken', rather than concentrating on major problems in health care delivery that do need attention.

**Myth 5: Colleges are elitist, self serving bodies**

ANZCA Fellows have contributed over many years to substantial community services, including a key role in medical relief operations in military and non-military situations (eg. Thredbo disaster), associated with wars, natural disasters and terrorist attacks. Recent examples include East Timor, Iraq, Banda Aceh and Pakistan. Such individuals place themselves in substantial danger, on a voluntary basis, to provide highly specialised services to those in need. Recently ANZCA developed a Disaster Response Executive to enhance this program

Fellows, there is a great need for increased involvement in your College. If this increased involvement does not occur, the current unmatched professional milieu and standards of patient care will suffer in a way that may be irreparable. We owe it to our patients not to let this happen.

I would now like to highlight some key elements of ANZCA's approach to current external challenges:

Firstly the ANZCA 10-Point Plan (published in the ANZCA Bulletin)

1. Development of brief key messages for external communication eg a 15-item summary entitled "Anaesthesia is the practice of Medicine". (Also published in the Bulletin)
2. Development of material for detailed submissions to appropriate bodies. The DPA has played a major and much appreciated role.
3. Informing Fellows and developing a consistent approach.
4. Strategic Planning. ANZCA has engaged professionals to assist the College.
5. Political Dialogue. A Director, Government and Media Relations, David Broadbent has been appointed to work fulltime in ANZCA and with all Regional/National Committees.

6. Legal Advice. We have excellent legal advice via our Honorary Solicitor, Michael Gorton.

7. First-hand insight into the work of Anaesthetists for Politicians.

8. Informative Brochures. Excellent pictorial material describing the broad range of work of specialist anaesthetists was developed for the display in the ANZCA House foyer. Brochures are being developed from this material.

9. Additional Methods of Communication with Fellows

10. Key New Initiatives Resulting from Taskforces.

## CHANGES WITHIN ANZCA

In order for ANZCA to meet the external challenges some major changes have been made.

### 1. Changes to ANZCA Governance

In early 2005, ANZCA Council and key administrative staff were involved in two Strategic Planning Days, facilitated by Former Chairman of ASIC, Mr. Henry Bosch AO.

Major changes to ANZCA governance resulting from this day were passed by ANZCA Council and are now in operation for Council and its functions.

### 2. Review of ANZCA Administration Staffing, organisational structure and administration arrangements

In November, 2005 consultants were engaged by our new CEO; a report was developed and reviewed by the CEO, endorsed by Council and a new structure and staff appointments are now almost completed. This type of timely and effective action is typical of Dr Mike Richards and I would like to express my and Council's appreciation of all that he has done since taking office.

### 3. Education and Training Initiatives

Since the development of the Education Unit in 2001 there have been no less than 11 new initiatives. Over the past 2 years there has been particular emphasis on:

- Development of a course for Clinical Teachers
- Refinement of a course for Instructors in Medical Simulation Centres
- Development of further distance education material for the modular education program
- Revision of procedures for Selection of Examiners
- Further development of Examiner Workshops

### 4. Evidence-Based Medicine Clinical Practice Guidelines

In mid 2005 ANZCA published the NHMRC endorsed "Acute Pain Management: Scientific Evidence" 2nd Edition. This has been received with acclamation worldwide and is in use across all health care disciplines to the benefit of a wide range of patients. Warm Congratulations to Dr. Pam Macintyre (Adelaide) and her Committee.



At the last ANZCA Council approval was given for ANZCA's second document "Cardiovascular support during and after Anaesthesia" to be chaired by Assoc Professor David Scott (Melbourne)

### 5. ANZCA Taskforces

Ten taskforces appointed 18 months ago, have all completed their work. Over 100 Fellows, most not previously engaged in the College, have worked hard to achieve outstanding results, with over 140 recommendations for action. Regional / National Committees, ASA and NZSA have all had input

A running action sheet has been developed which will be tabled at each Council meeting, until completed. A project manager has been appointed. Following are the Taskforces and their chairs:

- Private Practitioner involvement in ANZCA Dr. Michelle Mulligan (ACT)
- Quality & Safety Dr. Pat McKay (Vic)
- Professionalism Dr. Terry Little (Vic)
- Regional / National Committees and ANZCA Dr. Mathew Crawford (NSW)
- Data Dr. Michelle Joseph (Vic)
- Name of the Specialty Prof Guy Ludbrook (SA)
- Perioperative Medicine Dr. Sue-Jen Yap (NSW)
- Non-medical Members of the Anaesthesia Care Team Dr. Phil Ragg (VIC)
- Younger Fellows and ANZCA Dr. Andrew Patrick (VIC)
- Australian Disaster Response Group Captain Dr. George Merridew (Tas)

I warmly congratulate all members of these taskforces for a major effort which has produced key recommendations for ANZCA's Strategic Plan and which will determine actions well into the future. Well done!

## New ANZCA Committees and other outcomes of Taskforces

Resulting from some of the taskforce recommendations Council has approved two new key committees:

- Quality and Safety - chaired by Prof Alan Merry (Auck, NZ)
- Perioperative Medicine - chaired by Dr. Sue-Jen Yap (Syd.NSW)

These two committees will implement the large number of recommendations of the taskforces.

Also, to implement recommendations of the corresponding taskforce Council approved

- An Australian Disaster Response Executive to be chaired by Group Captain Dr. George Merridew (Launceston, Tas).

A parallel initiative is under development in NZ

An ANZCA "Code of Professional Conduct" will be published shortly – resulting from the taskforce on Professionalism

### 6. Trainee Representatives on ANZCA Committees

ANZCA and the two Faculties now have trainees on major committees

### 7. New Fellow Representative on Council

At the last Council meeting it was resolved to include on Council a New Fellow, within three years of attaining the FANZCA qualification

### 8. Research and the ANZCA Foundation

ANZCA Fellows have now contributed almost \$1/4 M to the Foundation. However many Fellows have yet to contribute – I urge them to reconsider. Research achievements translated into improved patient care are vital to the well being of our patients and help to project the College to the community – a vital task at present.

Finally I wish to thank the President-elect Wally Thompson, the DPA Garry Phillips and our new CEO Dr Mike Richards, and Council for a very productive output in the new format of 6 Council meetings per year. Thank you and best wishes for the future.

Professor Michael Cousins



# New Zealand

## OFFICE BEARERS AND MEMBERS

**Chairman** Dr Vaughan Laursen  
**Deputy Chairman** Dr Peter Cooke  
**Honorary Secretary**  
 A/Prof Jennifer Weller  
**Honorary Treasurer** Dr Tom Watson  
**Education Officer**  
 A/Prof Michael Harrison  
**Formal Projects Officer** Dr Alastair McGeorge  
**Committee Members** Dr Vanessa Beavis  
 Dr Don Mackie Dr Gerard McHugh  
 Dr Paul Smeele Dr Malcolm Stuart  
 Dr Duncan Watts  
**New Fellows' representative**  
 Dr Arthur Rudman

## COUNCILLORS

Dr Leona Wilson  
 Prof Alan Merry  
**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 Corinne Bennett-Law, 2005 Chair  
 Dr Nick Hutton, 2006 Chair  
**NZSA Representative**  
 Dr Graham Sharpe, President, NZSA  
**Executive Officer**  
 Heather Ann Moodie  
**Administrative Officer**  
 Lorna Berwick to November 2005  
 Jan Brown November 2005 -

**Asst. Administrative Officer, ANZCA and Administrative Officer, JFICM**  
 Jan Brown to November 2005  
 Karen Hearfield November 2005

**Total number of national Committee meetings for year:**  
 Three (two days each)

## ATTENDANCE OF ELECTED MEMBERS

**June 2005:** Full attendance  
**November 2005:**  
 Apologies from Dr Alastair McGeorge (Saturday) and Dr Don Mackie (Friday)  
**March 2006:**  
 Apologies from Dr Tom Watson and Dr Duncan Watts.

## CHAIRMAN'S REPORT DR VAUGHAN LAURENSEN

This last year has proceeded smoothly, although there have been some important changes that have presented challenges. The recent enactment of the Health Practitioners Competence Assurance Act (HPCAA) has presented challenges and opportunities for New Zealand health practitioners. The ANZCA New Zealand National Committee (NZNC) has considered issues stemming from this Act. These are outlined below in more detail in the body of this report. These included: nurse practitioner prescribing; anaesthetic technicians' application to become regulated as health professionals under the HPCAA; restricted activities; the Medical Council's requirements for registration of doctors; Protected Quality Assurance Activities, Mortality Committees, to name a few. Other legislative changes have also raised issues for the medical profession such as: the Accident Compensation Corporation's system for reporting of harm.

ANZCA head office and NZNC has also had changes this year. The death of Joan Sheales saddened the ANZCA community. Joan made many trips to New Zealand to help with issues involving the NZNC. Her contributions were greatly appreciated and she was considered a friend of the New Zealand Fellows. Our sympathy is extended to Joan's family and friends. Joan had been pleased that Dr Mike Richards was appointed as the new CEO. We

welcome Mike and look forward to working closely with Council, committee members and staff, as new initiatives are progressed.

Last November, Lorna Berwick retired from her full-time position as Administrative Officer at the ANZCA New Zealand Office. Lorna has given tremendous service to the Faculty and College of Anaesthetists over 27 years and her bright easy-going personality will be missed. The New Zealand Committee held a dinner for Lorna during the committee meeting in November. Past Chairs of the committee were invited to attend. It was a real mark of the esteem committee Chairs have for Lorna that twelve Chairs spanning the 27 years were able to come to Wellington for Lorna's retirement dinner. The Council citation was presented to Lorna during the speeches to honour her contribution. Jan Brown has moved roles after seven years, mostly spent looking after JFICM NZ National Committee and the office accounts and has stepped into Lorna's ANZCA Administrative Officer's role. JFICM NZNC thanked Jan at a special lunch during the November NZNC meeting. Karen Hearfield has taken over Jan's JFICM and accounts role. We welcome Karen to the New Zealand office team.

NZNC member' roles changed during 2005. Dr Peter Cooke completed his two-year term as Chair of NZNC at the end of June 2005. At the mid-year NZNC meeting, the members of the National Committee and the President, Professor Michael Cousins, on behalf of the

College, thanked Peter Cooke for all his hard work and good interaction during his two years as Chair of NZNC. There were difficult times with challenging issues to deal with. The way Peter worked very productively and co-operatively with NZSA on the issues was greatly valued. I very much endorse these sentiments as the work achieved during Peter's two-year term has made taking over the Chairmanship much easier.

The New Zealand Committee of ANZCA is formed on a two yearly basis and elections were held in 2006. The first meeting of the 2006-2008 NZNC committee will be on 21/22 July. The retiring members of the committee are A/Prof Michael Harrison, Dr Don Mackie, Dr Tom Watson, Dr Duncan Watts and A/Prof Jennifer Weller. I wish to acknowledge and thank them for their valuable contributions over the years. Their presence and input will be missed.

A postal ballot for the election was not required in 2006. The new members of the committee are: Drs Brian Lewer, Geoff Long, Arthur Rudman and Joe Sherriff. We congratulate these Fellows and look forward to welcoming them at the July meeting. Our committee is also well supported by our two New Zealand councillors, Professor Alan Merry and Dr Leona Wilson and the JFICM Chair, Dr Tony Williams and NZ Board members, Dr Ross Freebairn and JFICM Dean, Dr Jack Havill. Dr David Jones represents the FPM



DR VAUGHAN LAURENSON  
CHAIR, NEW ZEALAND NATIONAL  
COMMITTEE, ANZCA

Board having recently completed twelve years as an elected NZNC member. The trainee committee was initiated in 2004 and the New Zealand Chair, Dr Corinne Law (2005) and Dr Nick Hutton (2006), now attends the New Zealand Committee meetings. Being able to gain the trainees' perspective on many issues is useful to the College. The committee members willingly give their time and expertise and I appreciate their support.

I attended the Council meeting in September 2005 and February 2006. This always provides NZNC with an opportunity to be involved in the discussions on issues affecting both sides of the Tasman. The New Zealand committee appreciates the support it receives from Council, and in particular the President in dealing with the many issues that arise in New Zealand. As New Zealand is a separate country with its own legislation and health systems, being able to share issues at Council meetings is invaluable. I know NZNC feels that it is in the interests of both the New Zealand and Australian Fellows for us to maintain good communications.

We have appreciated having the opportunity to be involved in various discussions including the ANZCA taskforces, review of professional documents, review of the OTS assessment processes, the roles of those within the perioperative team and rural anaesthesia services. The introduction of the ANZCA Clinical Teachers' Courses has been welcomed by New Zealand SOTs and module supervisors.

### NZNC Communication

GASBAG, the monthly email communication to all New Zealand anaesthetists from the NZNC has now been in circulation for almost five years. It is emailed to all hospital departments. This is a cost effective way of disseminating information from the New Zealand Committee to anaesthetists. NZNC agreed that Gasbag should also be posted on the New Zealand anaesthesia website.

Dr Richard French, the webmaster is coordinating the redesign of the New Zealand anaesthesia website, [www.anaesthesia.org.nz](http://www.anaesthesia.org.nz). This website is shared jointly by NZSA and ANZCA NZNC. It also includes information about the NZ Anaesthesia Education Committee (NZAEC) and CME events and courses. A public area provides information about anaesthesia services. Thanks are due to Richard French for his coordination of this. If Fellows have news they would like included in Gasbag or the website, please contact the New Zealand office.

ANZCA headquarters IT department is developing networks that will allow the New Zealand office staff access to the College database, so that data and reports can easily be accessed directly from New Zealand. This will be welcomed as systems will be streamlined with improved responses.

### NZAEC and Scientific meetings

The New Zealand Anaesthesia Education Committee (NZAEC) is a joint venture between NZSA and the NZNC of ANZCA. Dr Don Mackie has been the Chair of the committee this year and I am grateful to him, the administrative officer, Rose Chadwick and committee members for the work achieved. Key areas of activity were: finalising the updated NZAEC conference manual, the formation of a network of those interested in and responsible for providing CME at a departmental level, the BWT Ritchie Scholarship award and continuing support and ongoing planning of the NZSA/ANZCA combined ASM.

In 2005, New Zealand hosted successful ASMs (2) and a Single Theme Meeting:

[ANZCA ASM – Aotea Centre, Auckland, 7 – 11 May 2005](#)

The ANZCA ASM in Auckland was very successful, with over 1200 registrants enjoying presentations, workshops and meetings on a wide range of topics related to anaesthesia, intensive care and pain medicine. The ASM provided a great opportunity for attendees to share ideas and progress issues that affect our profession. Thanks are due to Dr Charles Bradfield and his ASM committee for organizing this conference.

New Zealand anaesthetists and trainees were prominent amongst the award winners at the College ceremony and dinner: Associate Professor Bob Boas – Honorary Fellowship, Faculty of Pain Medicine; Dr Christian Brett – Cecil Gray Prize; Dr Paul Dalley – Cecil Gray Prize; Dr Duncan McKay – Formal Projects Prize; Professor John Gibbs – ANZCA Medal (Professor Gibbs now lives in Australia, but spent many years working in New Zealand).

The President made a presentation to Lorna Berwick in recognition of her 26 years long service working in the New Zealand office. Congratulations to all those who were recognised for their special achievements.

The New Fellows' Conference was held at The Grand Chateau, Tongariro National Park in conjunction with the ANZCA ASM. The NZ anaesthesia New Fellows chosen to attend were: Drs John Foy, Hamish Gray and Malcolm Stuart. This event was a great success and provided challenges to participants through activities at the Outdoor Pursuits Centre. Thanks are due to Dr Alastair McGeorge for providing an opportunity for these New Fellows to have this great New Zealand experience.

Combined NZSA/ANZCA-NZNC Scientific Meeting, "Infection and the Anaesthetist" Nelson, 14-17 September

The theme of the conference was of particular interest with SARS and Avian influenza being so topical recently. Attendees were very impressed with the scientific programme and the atmosphere of friendliness we felt was 'second to none'. Thanks are due to Drs Alan Grant and Phil Cornish and their team.

The Annual Meeting of NZ Fellows was held on Thursday 15 September 2005 at 5.30 pm, during the ASM.

### [SINGLE THEME MEETING \(STM\), ROTORUA 17 – 18 MARCH 2006](#)

The STM theme was "Current Concepts in Emergency Anaesthesia and Trauma". The sessions attracted a lot of interest and support from other specialities beside anaesthesia and ICU. The social events, especially the conference dinner, were well received. Unfortunately this is the last of the STM that have long been a feature of the NZ scene. Thanks are due to Dr David Laidlow and the STM team for a great event.

### [NZ ANAESTHESIA ANNUAL SCIENTIFIC MEETING 2006, DUNEDIN 23-26 AUGUST 2006 Registrations open mid May 2006](#)

The theme of the ASM is Establishment and Innovation and the meeting aims to re-examine established practices of the past in light of current knowledge and to discuss issues of current and future interest for the practising anaesthetist. The Scientific Programme Committee has assembled a distinguished faculty of international and national renown who will present a scientific programme with something to interest all delegates. The Keynote Invited Speakers are A/Prof David Clarke (Stanford), Dr Martin Tramer (Geneva) and Prof Paul Myles (Melbourne) and the NZSA Visitor is A/Prof Brian Anderson (Auckland). Topics include genetic disorders and anaesthesia, pharmacogenomics, pain relief, sacred cows in anaesthesia, modern spinal surgery, anaesthesia and the persistent pain patient, evidence-based practice and not-so-evidence-based practice.

### **BWT Ritchie Scholarship**

The 2005 recipient, Dr Rebecca de Souza, has returned to New Zealand after doing a clinical fellowship specialising in vascular anaesthesia at Addenbrookes Hospital in Cambridge, UK. The 2006 recipients are Dr Amanda Dawson (Cardiac Anaesthesia Fellowship at Papworth Hospital in Cambridge, England and to sit the PTEeXAM in Toronto, Canada) and Dr Paul Gardiner (Fellowship/consultancy in Anaesthesia and Intensive Care at Addenbrookes, Cambridge, England). Congratulations to Dr Dawson and Dr Gardiner.

### **FANZCA Training**

I would like to thank A/Professor Michael Harrison 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.

### **Formal Projects**

As the number of New Zealand trainees continues to rise, the quantity of Formal Projects that need assessing each year also increases. The vast majority of projects have to be assessed by people who give their time freely. Dr Alastair McGeorge, as NZNC's Formal Project Officer, has spent a significant amount of time streamlining the process, so trainees know what is required. Assessment of Formal Projects is an important and time-consuming role. I thank Alastair and the other colleagues who have helped review projects.

### **Anaesthesia Workforce**

This has been one of the main topics that NZNC has discussed over the last year, especially rural anaesthesia services.

### **Anaesthesia training in the smaller provincial centres**

NZNC has a commitment to support training in the smaller provincial hospitals. A review of the training rotations in the North Island is currently being undertaken to identify how best these smaller centres can fit within the rotational schemes.

### **Anaesthesia training for rural general practitioners and hospital doctors**

The New Zealand Committee has decided to foster the development of a training program similar to the one provided by the Joint Consultative Committee on Anaesthesia (JCCA). The JCCA is a tripartite committee with representatives from ANZCA, RACGP (Rural Faculty) and the Australian College of Rural and Remote Medicine. The Australian model will require adaptation to the New Zealand environment. Ongoing discussions with the RNZCGP and the Rural Hospital Doctors' Vocational Working Group are progressing positively.

### **New Zealand Anaesthetic Technicians Society (NZATS)**

Dr Malcolm Stuart is the NZNC representative to the NZATS Executive and NZNC provides the funds for Malcolm to travel to the Auckland NZATS Executive meetings.

NZATS's application to become a registered health profession under the HPCA Act has been lodged with the Ministry of Health. If this application is successful, the new profession will need a registration authority. ANZCA supports this application and will prepare a submission to the Ministry of Health.

The training for anaesthetic technicians will now involve completing a diploma from Auckland University of Technology (AUT). The last certificate of proficiency exam will probably be in May 2007. The registration/exit exam will be separate from the AUT assessment. AUT has approached the College regarding ANZCA acting as an external monitor/moderator for the Diploma course. ANZCA Council has agreed to this. The technicians' training has included the relevant ANZCA professional documents' requirements. A CPD/MOPS program is being developed that will be based on the Health Professionals Council of the UK.

### **MOH consultation document 'Implementing Nurse Practitioner Prescribing'**

The ANZCA NZ National Committee prepared a submission on the Ministry of Health's discussion document on Nurse Practitioner Prescribing. The submission highlighted our concerns about patient safety if practitioners were to be allowed to administer anaesthesia medicines without sufficient training or experience in anaesthesia practice. Our concerns were heeded and the New Prescribers Advisory Committee (NPAC) recommended that Neuromuscular Blockers, Anaesthetic Inhalants and Anaesthetic Induction medicines be excluded from the list of medicines that nurse practitioners will be able to prescribe.

The reasoning of the New Prescribers Advisory Committee was apparently that while the Nursing Council had the legal authority to proceed with nurse anaesthesia, there are currently no nurse anaesthesia training programmes in New Zealand and the nature of anaesthesia practice made the proposed monitoring by pharmacists impractical. Thanks are due to NZNC and ANZCA together with NZSA for working hard to highlight our concerns.

### **Medical Council of New Zealand (MCNZ)**

NZNC and the office staff work closely with MCNZ in a number of areas, the most significant being the assessment of overseas trained specialists 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 Paul Smeele, Don Mackie and Leona Wilson and staff involved.

During 2005, the MCNZ reviewed JFICM's application for the re-accreditation of the vocational branch of intensive care medicine and MCNZ has recommended that JFICM be re-accredited for a further term. The length of this term is still to be announced.

NZNC members and staff have attended a number of workshops and meetings at the Medical Council, on topics such as international medical graduates' pathway to registration within a vocational scope; cultural competence; performance evaluation programme; cosmetic surgery, as well as preparing submissions on a number of discussion documents.

### **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. The CMC is able to provide support to ANZCA with respect to issues affecting anaesthetists. For example, ANZCA has enjoyed both support and wise counsel from other CMC partners with respect to the nurse practitioner and mortality review issues.

A Ministry of Health and CMC Memorandum of Understanding was signed this year. CMC's aim is to have more influence on Government policy and to undertake some work on a contractual basis for the Ministry. It is hoped this work will increase the funding CMC has available as in 2005, CMC ran a deficit, with a resulting significant increase in the fees Colleges and Faculties had to pay.

### **Mortality committees**

In 2005, the Minister of Health announced the composition of the Perinatal and Maternal Mortality Committee. As currently composed there is no anaesthesia representative on this committee. NZNC is working together with the NZSA to try and remedy this significant omission. It is important that we learn from this experience when we are developing recommendations for the composition of the perioperative mortality committee.

### **New ACC Treatment Injury law changes**

ACC's medical misadventure rules are being replaced with new Treatment Injury provisions under a new law. The primary purpose of the Injury Prevention, Rehabilitation, and Compensation Amendment Act (No 3) was to implement new rules for medical misadventure that would be known as treatment injury. No longer do ACC claimants have to demonstrate medical error when they suffer an injury during treatment by a registered health provider. A learning environment would be fostered for health providers and organisations now that punitive fault-finding was gone from ACC's processes.

ANZCA and JFICM representatives have attended ACC workshops during the year on the 'Reporting of Harm' process.

### **Other health-related meetings and workshops**

The Chair, Committee members, staff and representatives have attended a variety of health-related meetings and workshops over the last year including:



- ANZCA – Council, Taskforce meetings, Workforce Committee, Clinical Teachers Courses, Examination Committee and staff workshops
- JFICM NZNC meetings
- NZ Society of Anaesthetists Executive meetings and the annual NZNC/NZSA meeting
- NZ Anaesthetic Technicians Society – Executive meetings and meetings re: training and regulation as a health profession
- Council of Medical Colleges
- Medical Council – on a variety of topics
- Accident Compensation Commission (ACC) – Harm reporting workshop; External Clinical Advisors
- MoH/NZHIS – Perioperative Mortality Review
- Perinatal Mortality Review Committee – anaesthesia input
- Rural Health Summit and meeting with the Minister for Rural Affairs
- RNZCGP/Rural Hospital Doctors/Rural network – anaesthesia training
- MoH seminar – ‘Restoring the balance - The importance of General Medicine in the NZ Health System’
- MoH – meetings with advisors on a number of issues
- Nursing Council of New Zealand – Nurse Practitioner scope of practice
- Maternity Stakeholder Forum
- Standards New Zealand forum and working committees
- Farewell to the Director General of Health at Parliament
- Launch of the ‘Implementing the New Zealand Health Strategy 2005’ by the Minister of Health
- Nominations to external working groups
- NZNC representatives have contributed to the following groups:
- Standards New Zealand Health and Disability Sector Standards expert committee, Dr Don Mackie
- PHARMAC Ad-Hoc advisory committee to PHARMAC on anaesthetic gases, Drs Paul Smeele and Stephen Laurent
- Standards NZ, Ambulance Service Sector Standards, Dr Ross Freebairn
- Dr Paul Smeele as the ANZCA NZ Pharmaceutical and Technical Advisor has been involved in reviewing Ministry of Health and Standards New Zealand documents
- Fellows are also involved as external clinical advisors to ACC and the Health and Disability Commissioner

### **In Conclusion**

It has been a busy year for the New Zealand National Committee. Formal submissions have been made with respect to 22 consultation documents in the course of the 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.

### **TREASURER'S REPORT DR TOM WATSON**

(Year ending 31 December 2005)

The New Zealand Committee expenditure during the year ending 31 December 2005 was up 2.2% compared with the previous year. The total operating expenses equalled \$435,360 (previous year, \$424,672).

The income as shown in the statement of Financial Performance increased from \$287,832 to \$606,034. The significant increase was mainly due to the income received from the New Zealand-based CME events that were organised by ANZCA headquarters in 2005. These funds are collected on behalf of ANZCA and included cash received for the ANZCA ASM and the FPM Refresher course

The main increases/decreases (those over \$5,000) in income and expenditure compared with the year ending 2004 were:

#### **Income**

- CME Account - \$25,500 increase (Profit from Wellington ASM)
- JFICM annual training fees - \$9,500 increase
- Medical Council - \$6,000 decrease (less OTS interviews)
- ANZCA ASM 2005 - \$327,086 increase (only held every 6th or 7th year in New Zealand)
- FPM refresher course (compared with the 2004 SIG) - \$28,000 decrease

#### **Expenditure**

- External consultants' expenses - \$62,000 decrease (Nil costs in 2005, compared with costs incurred in 2004 with respect to the HPCA Act issues)
- FPM refresher course (compared with the 2004 SIG) - \$27,500 decrease
- Property costs - \$8,000 increase (External paintwork)
- Staff costs - \$48,000 increase (related to retirement and recruitment costs and had been budgeted for)
- New Fellows conference - \$24,000 increase (this conference is only run in New Zealand once every 6 or so years)
- Melbourne costs - \$9,000 increase (Clinical Teachers Course)
- NZNC Travel and accommodation cost - \$8,500 increase
- NZAEC costs - \$11,000 increase (NZAEC in 2004 did not have a paid staff member)

The total assets of the committee are \$324,935 with fixed assets amounting to \$87,817.

### **Revised FANZCA Program**

The modular system for training anaesthetists seems to be 'settling in'. There are still some aspects to be fine tuned but problems seem to be locality based rather than systematic; this may be considered a debatable point.

A report on the rotation schemes (with information from Module Supervisors) suggested that there were few problems. This contrasted with the suggestion from a trainee survey that there were many problems. The truth is probably somewhere in between as trainees' personal issues may have coloured the survey highlighting specific issues rather than systematic problems.

### **Training schemes:**

At the moment there are three rotation schemes in New Zealand, Auckland/Waikato, Wellington, and Christchurch/Dunedin based. With the advent of neurosurgical services at Waikato it is planned to have a separate Waikato rotation scheme.

To clarify the issue of which hospitals are included in which North Island rotation it is planned to have a 'round-table' discussion between interested parties – Waikato representatives, Rotational Supervisor from Auckland, representatives from the peripheral hospitals in the middle of the North Island, and NZNC committee members (Chairman, NEO). This should go a long way to reduce the present uncertainty.

### **Trainee Committee, NZ 2005**

The trainees' committee for 2005 comprised: Dr Corinne Bennett-Law, Chair, Dr Pierre Botha, Dr Richard Sullivan, Dr Grant Hounsell, Dr Heidi Walker, Dr Darren Cathcart, A/Prof Michael Harrison, EO, NZ Dr Peter Cooke, Chair, NZ National Committee, Lorna Berwick, ANZCA.

### **2006**

The trainees' committee for 2006 is: Dr Nick Hutton, Dr Daniel Faulke, Dr Jennifer Taylor, Dr Annick Depuydt, Dr Corinne Law, Dr Kathleen Mistry. Dr Darren Cathcart has stayed on the Committee until April 2006.

An attempt was made in 2005 to get trainees together for the annual meeting. After many iterations it was found to be impossible. Further attempts this year will be made.

### **Supervisors of Training:**

#### **Education sub-committee meeting**

A request was made for items for an agenda – two items were raised – both very local. It was decided to address these problems locally and by email consultation.

## Supervisors due for re-appointments in 2005

Melbourne used the TE5 as a reference for assessing the SoTs for reappointment. The NZNC agreed to re-appoint the SoTs who had completed 5 years of service.

## Supervisors - Long Service Certificates

Drs Adele Wilson, Karen Smith and Joseph Sherriff were awarded Long Service Certificates for 2005.

## New SoTs

Appointment of Drs Peter Schenk, Wanganui and Alison Kirkman, Middlemore were ratified at the November Education and Training Committee.

Drs Colin King, Auckland City Hospital, Rob Carpenter at Waikato and Stephan Neff are awaiting this.

## Module Supervisors

Most Departments have informed the office of the names of the supervisors. A request for updated information was sent in April 2005.

## Rotational Supervisors

Dr Malcolm Futter - Northern rotation  
Dr Deborah Goodall - Southern rotation  
Dr Chris Thorn - Wellington rotation

## Clinical Teachers Course

A Clinical Teachers Course was organized to take place at the beginning of December at Elliott House; fog disrupted the attendance at one of the meetings and so a further course was organized for 28 March 2006 with 9 attending.

## Hospital inspections

Hospitals have been inspected and re-inspected, and hospitals have been accredited for training anaesthetists. The New Zealand EO has not been directly involved in these in 2005, but is kept informed of developments. The following inspections have been completed: Wellington, Hutt, Palmerston North, Hastings, Nelson, Wanganui and Southland.

## New Zealand Courses:

Part 1 FANZCA Course - Christchurch  
Course dates: 22-29 January 2006.  
Part II Revision Course - Wellington

## Course in Medical Assessment for the Final FANZCA Examination

Course dates: 27-30 April 2006

and 17-20 August 2006

Part I FANZCA Course - Hamilton

Course dates: 22-May to 2 June 2006.

Part II Revision Course - Auckland

Course dates: 19-30 June 2006.

The College is grateful to all those who work hard to make the FANZCA training program a success, the supervisors, those involved in the exam courses, hospital inspectors, ANZCA committee members and staff.

## FORMAL PROJECT OFFICER'S REPORT DR ALASTAIR MCGEORGE

01/04/05-31/03/06

Firstly, and most importantly I would like to thank all the Fellows around the country who give their time freely to help assess the Formal Projects.

The past 12 months has continued to be a busy time with a steady stream of Formal Projects being submitted through out the year.

New Projects Registered: 41  
Projects Recommended to Assessor: 28  
Projects currently Registered and in Progress: 50

The standard and quality of Formal Projects submitted continues to represent the whole spectrum from dreadful to excellent. A continuing source of frustration is the not insignificant number of Projects submitted in what appears to be 'draft' form (spelling and grammar mistakes, bad English, etc.). Trainees and their supervisors need to rectify this!!!

TE11 clearly states "A Trainee should prospectively register the project with his/her Regional/National Committee (or Training Committee in South East Asia) Formal Project Officer and seek advice prior to commencing work on the project." Despite this a significant number of New Zealand trainees are failing to do so. This year this resulted in a number of New Zealand Formal Projects that were submitted for the Formal Projects Prize Session at the ASM in Adelaide NOT being considered. The SOTs through out the country need to reinforce this requirement to the trainees in their departments.

In an effort to help trainees understand what is expected for the Formal Projects, a flow chart has been produced outlining the steps required, this is available from the NZ office for anyone who is interested. This has been followed up with a face to face question and answer session with trainees in Auckland and Waikato as part of their induction at the beginning of their rotations. It is intended that a powerpoint presentation will also be available later in the year.

The New Zealand Formal Project Prize this year was awarded to Dr Gary Hopgood for his Project 'Relationship between Central and Peripheral estimates of venous pressure in surgical patients'. This prize will be presented to him later in the year.

Finally, I intend stepping down from the position of Formal Project Officer at the July 2006 NZNC Committee Meeting.

## Projects Completed and Confirmed

**David Allen** Problems Produced By Pethidine in Persistent Pain

**Maria Balenovich-Kordich** Entropy as a measure of Anaesthesia Depth: A Clinical Study of Patients undergoing Laparoscopic Surgery using Sevoflurane Inhalational Anaesthesia

**Pierre Botha** Epidural Haematoma after Epidural Catheter Placement presenting with Brown-Sequard Syndrome

**Katharine Brunette** Bilateral Brachial Plexopathy following Laparoscopic Bariatric Surgery

**Kerryn Carter** A Prospective Audit of Perioperative Beta Blocker use in patients undergoing major surgery at Waikato Hospital

**Tim Chapman** Audit and Blood Transfusion Practice in Hip and Knee Arthroplasty Surgery

**Heinrich Cornelissen** Preoperative Assessment for Cardiac Surgery

**Iain Gilmore** Renal Protection in Anaesthesia

**Janette Gross** Where is it? How do you use it? An Audit of the Familiarity of Anaesthetic Department

**Justin Holborow** An Assessment of Pressure Control Ventilation Through Long Breathing Circuits

**Gary Hopgood** Relationship between Central and Peripheral estimates of venous pressure in surgical patients

**Sarah Keron** Neuroleptic Malignant Syndrome: Case Study and Review of Therapies

**Kerstin Krueger** The Eternal Problem of PONV

**Mark Krumrey** The Effect of a Sedation Algorithm used in the Intensive Care Unit on Duration of Vent.

**Leinani LeTagaloa** Superficial Cervical Plexus Block for Ipsilateral Shoulder Pain post Thoracotomy

**Nolan McDonnell** Malignant Hyperthermia and Day Stay Anaesthesia

**Duncan McKay** EEG entropy and sevoflurane anaesthesia

**Ashley Padayachee** Smartsite Leur Plug - Flow Restrictors?

**Arun Ratnavadivel** Comparison of the Single Use Laryngeal Mask Airway vs Reusable Laryngeal Mask Airway

**Johanna Rose** Ruptured Abdominal Aortic Aneurysms : Clinical Presentation in Auckland 1993-1997

**Catherine Sayer** Red Cell Salvage: Its Place in Blood Conservation

**Vincent Sperando** Tramadol - Pharmacology and Clinical Implications in Anaesthesia

**Peggy Yip** Comparison of radiant and forced-air warming devices during spinal anaesthesia

**Haythem Yousif** Glove Contamination during Epidural Catheter Insertion : A Clinical Audit

**Heidi Walker** Case Report: An unusual cause of Post-Operative Respiratory Failure

**Roger Wandless** Introduction of Intrathecal Morphine for Knee Arthroplasty: A Prospective Audit

**Zarina Wong** The Role of Intraoperative Frozen Section in the Management of Thyroid Nodules



# Tasmania

## OFFICE BEARERS AND MEMBERS

**Chair** Mark Reeves  
**Secretary** Orysia Sandry  
**Treasurer** Cameron Gourlay  
**Regional Education Officer** Mike Grubb  
**Committee members** David Brown, Margaret Walker  
**Council Rep** Richard Waldron **Faculty of Pain Rep**  
 Gajinder Oberoi **Trainee Rep** Angela Ralph

**Total number of meetings for the year:** 4  
 M Reeves: 4  
 C Gourlay: 4  
 O Sandry: 3  
 M Grubb: 4  
 R Waldron: 4  
 A Ralph: 3  
 D Brown: 3



MARK REEVES

## ACTIVITIES IN 2005 HAVE INCLUDED

### Reviewing ANZCA policy documents and Task Force reports

Input into TASM (surgical mortality reporting)

Phil Browne stepped down as Chairman in February and the committee thanks him for his input. Committee meetings have been held in tandem with the Tasmanian ASA as many issues are common to both organizations at a local level. Mike Martyn's term as councilor ended early in the year. The committee thanks him for sharing his understanding of what's going on at 630 St Kilda Road and his invaluable corporate knowledge and memory. Richard Waldron resigned from the committee only to find himself back on it as the unanimous choice for Council representative co-opted in the absence of an elected Tasmanian councilor. Now he has been elected directly so many congratulations to him.

College decisions and promulgations proceed apace at St Kilda Road and we have little input or influence, in part due to the gap between each meeting. Therefore we have decided to increase the number of meetings held each year from four to six. From next year we will also issue a standing invitation to the directors of the three public hospital anaesthetic departments to the regional Committee meetings.

Continuing Medical Education activities in 2004 included a successful annual meeting at St Helens run by Jeremy Wallace and Richard Waldron. David Scott from St Vincent's in Melbourne was the principal invited speaker and a team from Western Australia ran a popular workshop on surgical airways.

### Education and Training

The revised FANZCA has caused a few headaches as trainees and supervisors get to grips with it. Understanding has been improved with Leona Wilson's visit in November to the Registrars meeting.

There were two accreditation visits in 2005. North West Regional Hospital has had its duration of training extended to two years and the Mersey campus has been approved as a satellite hospital. Royal Hobart Hospital had its status of three years maintained. Both approvals are conditional on certain issues being addressed. One of these issues was an "above the line" (i.e. mandatory) requirement that a program is put in place to train assistants to the anaesthetist in line with College document PS8. This will prove a significant challenge.

### Formal Projects

**Roger Wong** Cerebral Venous Sinus Thrombosis Associated with Epidural Blood Patch

**Savas Totonidis** The Use of Trichloroethylene to Supplement Halothane Anaesthesia

**Sarah Hedges** Laboratory Assessment of the compact 200 Field Ventilator

**Gamini Wijerathne** Cardiac Arrest Caused by

External Compression of Left Atrium and Pulmonary Vessels by a Larger Hiatus Hernia

**Elizabeth Irwin** Management of Near-Fatal Blunt Laryngeal Trauma

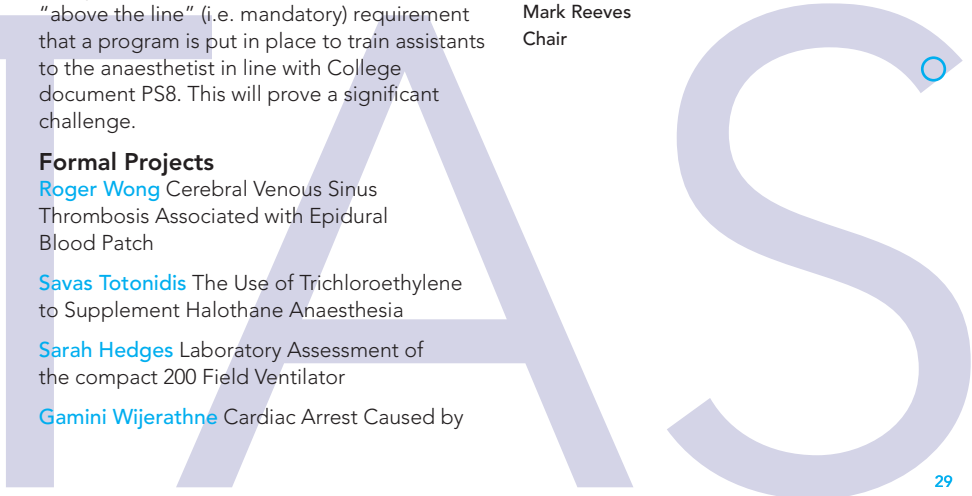
**Angela Ralph** Recovery Room Analgesia Audit Royal Hobart Hospital 2005

### Overseas Trained Specialists

The Committee arranged two Area of Need appointment assessments in 2005. A further one would have been necessary except that the appointee resigned when it became immediately apparent that he was unable to perform independently to the standard required. The committee wrote to the college in regards to concerns raised about AON appointments but has received no feedback as yet.

The next elections for places on the regional committee are due in February 2006.

.....  
**Mark Reeves**  
 Chair



# South Australia and Northern Territory

## OFFICE BEARERS AND MEMBERS

**Chair** Dr Lynne Rainey  
**Vice Chair** Dr Kym Osborn  
**Hon. Secretary** Dr Kym Osborn  
**Hon. Treasurer** Dr Kym Osborn  
**Regional Education Officer** Dr Glenys Miller  
**Formal Project Officer** Prof Don Moyes\*\*  
**Rotational Supervisors** Dr Aileen Craig,  
 Dr John Clarke\*\*

## COMMITTEE MEMBERS

- 1 Dr Lynne Rainey
- 2 Dr Brian Spain
- 3 Dr Meredith Craigie
- 4 Dr Kym Osborn
- 5 Dr Glenys Miller
- 6 Dr Pam Macintyre
- 7 Dr Aileen Craig
- 8 Dr Suzy Szekeley
- 9 Dr Simon Jenkins

## EXOFFICIO MEMBERS

**Councilor** Dr Margie Cowling

## CO-OPTED MEMBERS

**Joint Faculty of Intensive Care Representative**  
 Dr Robert Young  
**Faculty of Pain Medicine Representative**  
 Dr Penny Briscoe  
**ASA Representative** Dr Paul McGrath  
**New Fellows/Trainee Representative**  
 Dr Aileen Craig  
**Course Organisers Primary** Dr Peter Doran,  
 Dr Julia Coldrey  
**Course Organiser Final Fellowship**  
 Dr Todd Maddock  
**Welfare Officer** Dr Margie Cowling  
**Administrative Officer**  
 Mrs Georgina Douglas-Morse

Total Number of Regional Committee Meetings for Year: 11

## Attendances of Elected Members (No. of Meetings)

Dr Aileen Craig	6/11
Dr Meredith Craigie	10/11
Dr Simon Jenkins	5/11
Dr Pam Macintyre	6/11
Dr Glenys Miller	9/11
Dr Kym Osborn	8/11
Dr Lynne Rainey	10/11
Dr Brian Spain	0/11
Dr Suzy Szekeley	5/11

\* denotes co-opted members

\*\*Dr Margie Cowling 10/11

\*\* Denotes Ex-Officio Members

## THE COMMITTEE

This is my last annual report as chairperson and I would like to thank the College and the Committee for all its help and support.

### Offices and Secretariat

Georgina has settled in as our new Regional Administrative Office and continues to perform well in her role.

### Finance

Our financial status is well maintained. Our primary and final fellowship courses continue to run free of charge. Our CME committee continues to run our Continuing medical Education programme cost neutral, and ran a very successful weekend meeting in October 2005.

### Education and Training

#### Courses

The Part I and Part II Courses were run successfully in 2005. We would like to thank Dr Julia Coldrey, Dr Peter Doran and Dr Todd Maddock for their outstanding efforts in coordinating these course which are invaluable in assisting our Trainees to prepare for their examinations.

### Rotational Training Scheme

Our rotational training scheme is becoming increasingly popular with much competition for new places. We would like to thank our two new rotational supervisors, John Clarke and Aileen Craig for all their hard work in the running and coordination of this scheme.

### Trainee Committee

The Trainee Committee in 2005 consisted of:

**Dr Andy Beinssen (Chairman)**

**Dr Chris Jackson**

**Dr Tim Porter**

**Dr Justin Porter**

**Dr Melanie Olsen**

**Dr Waleed Alkhazraj**

**Dr William Cheng**

### Registrars Scientific Evening

The Registrars Scientific Evening was held on 9th November 2005 at Next Generation, Memorial Drive. Andy Beinssen and Christine Huxtable's joint project; "Can words affect patient experience prior to elective surgery caesarean section? A randomised controlled trial" won the prize generously donated by Abbott Australasia.

### Formal Projects

The following Formal Projects were completed in 2005

**Dr James Black** "Issues of Consent for Regional Analgesia in Labor: A survey of Obstetric Anaesthetists"  
 Date: 20th May 2005

**Dr Andrew Lavender** "The utility of an anaesthetic information sheet for patients: an audit"  
 Date: 24th October 2005

**Dr K S Tanggaveloo** "Distance from the skin to the lumbar epidural space in an Asian obstetric population"  
 Date: 31st October 2005

**Dr Madhuri Kishore** "Subcutaneous Emphysema in Labor and Delivery – Anaesthetic Implications"  
 Date: 7th November 2005

### Dr Christine Huxtable

**Dr Andy Beinssen** "Can words affect patient experience prior to elective surgery caesarean section? A randomised controlled trial"  
 Date: 9th November 2005

**Dr Gerald Toh** "Anaesthesia and hip fracture: A review of the current literature"  
 Date: 6th December 2005

**Dr James Corcoran** "Baseline Health Assessment"  
 Date: 13th December 2005

**Dr James Fowlie** "Arterial oxygen desaturation during only one of two similar Thorascopic procedures on the same patient"  
 Date: 23rd December 2005

**Dr Linda Partridge** "Calculation of margin of safety requires measurement of double lumen tube dimensions"  
 Date: 23rd December 2005

## Supervisors of Training

### Flinders Medical Centre

Dr Peter Doran  
Dr Cormac Fahy  
Lyell McEwin Health Service  
Dr Andrew Michael  
Modbury Hospital  
Dr Kar Wah Ng

### Repatriation General Hospital

Dr Lena Ong  
Dr Michael Jones  
Royal Adelaide Hospital  
Dr Carolyn Wood  
Dr Ian Banks

### Royal Darwin Hospital

Dr Mike van Gulik  
The Queen Elizabeth Hospital  
Dr Thava Visvanathan  
Dr Gary Tham

### Women's and Children's Hospital

Dr Marian Andrew

## Continuing Medical Education

The 2005 CME Committee consists of:

Chair: Kevin Parry  
Committee Members: Cormac Fahy

Deb Simmons  
Margie Cowling  
Tim Hampton  
Grace Koo  
Kym Osborn  
Julia Coldrey  
Ian Banks  
Rob Singleton  
David Zoanetti

Following are the meetings held in 2005 each meeting was video conferenced to Darwin:

[23rd March 2005](#)

"The ACCC and Anaesthetists"

[13th April 2005](#)

"Avoiding Dental Injury in Anaesthesia"

[18th May 2005](#)

"Hypothermia in brain Injury - An Update"

[22nd June 2005](#)

"Third World Intraoperative Medicine"

[20th July 2005](#)

"So you filled in a form 16?"

[17th August 2005](#)

"The Adult with Congenital Heart Disease"

[9th November 2005](#)

"Registrars Scientific Evening"

In addition the annual weekend meeting was held 29th October 2005 at the Radisson Playford Hotel. The topic was "Improving Performance in Anaesthetic Emergencies"

## Professional Affairs

ASM 2006

We would like to thank the Scientific Convenor and the committee for all their hard work organising the ASM and have no doubt it will be a great success.

## Acknowledgements

It is with great sorrow that we acknowledge the death of our CEO Joan Sheales.



# Victoria

## OFFICE BEARERS:

W Burnett **Chairman**  
 Deputy Chairman R Thomas  
 Honorary Secretary R Tayler  
 Education (Anaesthesia) REO C Noonan  
 Assistant Education Officer R Horton  
 CME D Devonshire  
 CME (Assistant) P Mezzavia  
 Formal Projects Officer M Wong  
 Social A Orr  
 Safety A Schneider  
 IT A Buettner  
 Paramedical Personnel F Rosewarne

## Total number of Regional Committee

### Meetings for Year:

2005 = 11  
 2006 = 2

### Administrative Officer:

Daphne Erler/Alexandra Hodgson

### Attendances of Elected Members:

Dr Ashwood	5
Dr Buettner	5/11
Dr Burnett	8/11
Dr Horton	7/11
Dr Noonan	6/6
Dr McCall	11/11
Dr Tayler	10/11
Dr Thomas	8/11
Dr Williams	6/11

## INTRODUCTION

As with past years, the VRC has carried out its core business of conducting CME for Fellows, assisting training for Trainees and organising numerous College functions specific to Victoria. Many members of the Committee were members of the Taskforces instigated this year by Council. During the year Beth Ashwood resigned due to other commitments. Her considerable contribution to the VRC in many roles is acknowledged.

## CONSULTATIVE COUNCIL ON ANAESTHETIC MORTALITY AND MORBIDITY (CCAMM)

A/Prof Larry McNicol was appointed the new Chairman [October 2004] because of the retirement of Dr Pat MacKay. Dr Tony Weaver also retired as Deputy Chair. Their contributions will be obvious to all Fellows. There have been two major activities for VCCAMM in addition to the usual busy year involved with case reviews. In July, Council made a submission to the Victorian Parliament Law Reform Committee's Discussion Paper on the Coroner's Act 1985. In August, a submission was also made to the Review of the Health Act 1958. These legislative review processes are likely to have a significant impact in improving the mechanisms for adverse event reporting and therefore enhancing the work of VCCAMM. In addition, it is encouraging that the ANZCA Data and Safety & Quality Taskforce Recommendations include the pursuit of accurate information on

numerator (ie frequency of adverse events) and denominator (number of anaesthesia procedures) data. Council is very supportive of these initiatives.

## EDUCATION

### Annual Registrars' Scientific Meeting

The Annual Registrars' Scientific Meeting was held on Friday 29th July 2005 at ANZCA House and continues to enjoy strong support from Fellows and Trainees. Again the standard of research, presentation and ensuing discussion was excellent. The prize was generously sponsored by AstraZeneca Pty Ltd.

### Victorian Trainee Committee (VTC)

The Victorian Trainee Committee was very active during the twelve months from March 2005 to March 2006. The position of Chair was held by Annabel Orr and subsequently Stuart Marshall. The committee members represented most of the teaching hospitals in Melbourne.

The Committee was involved in the successful orientation for new registrars at the College which was well attended.

The Victorian Trainee Committee met regularly over the course of the year and was able to respond to issues directed to it by the Education and Training Committee. In particular there was much input relating to modifications to the new modular system of training, and the ongoing review of the Provisional Fellowship programme.

It is envisaged that eventually the Victorian Trainee Committee will broaden its representation on Victorian hospitals as well as cementing its place in College affairs.

## Orientation Meetings

In February the VRC held the 2006 Orientation Meeting for new and 1st year Registrars. At this meeting the VRC introduced Trainees to the College and its facilities, and a number of speakers gave them information on study and research techniques.

## FINANCE

The Committee in 2005 continued its involvement with, and support of, Supervisors of Training Workshops, the Orientation to Anaesthesia Course, Part 1 and Part 2 Courses and CME events.

## IT AND WEB SERVICES

The web site for the College is now located onsite at the College providing greater capacity and flexibility. Much work was done to select a new look for the College website, integrating regional sites and working on a more intuitive navigation system. Changes in IT staff have slowed the implementation of the new web site, however future plans include greater interactivity, for example online registration and payment of college events, and the introduction of a content management system that would allow non-IT staff to directly update material.

## CONTINUING EDUCATION

The number and quality of CME activities for anaesthetists and Trainees in Victoria continues to grow. College sponsored activities included:

### 22 April 2005

Education Workshop at Cumberland Lorne Resort. Dr Rod Tayler Convenor.

### 14 May 2005

Airways Refresher (Fellows) at the College. Dr Rod Tayler Convenor.

### 14 May 2005

VMPF – Medical Careers Expo, Melbourne Park Function Centre, Dr Reny Segal Organiser and volunteers.

### 17 May 2005

CME Evening: "Myths and mischief: the importance of research in obstetric anaesthesia" at the College. Presenter was Professor Warwick Ngan Kee. Dr Rowan Thomas, Convenor and CME Officer.

### 4th July 2005

CME Evening. Reflections on the last 50 years of Anaesthesia at St. Vincent's hospital. Dr. Ralph Clark and Prof. Michael Davies.

### 29 July 2005

Annual Registrars' Scientific Meeting. At ANZCA House. Convenor: Dr Winifred Burnett.

### 30 July 2005

26th Annual Combined ANZCA /ASA/ Continuing Medical Education Meeting: "Who are you going to call?", at Sofitel Hotel, Melbourne. Convenor: Dr Rowan Thomas.

### 12 August 2005

VRC Clinical Teachers Course at the College. Participants: Drs Leona Wilson, Russell Jones, David Bain, Craig Noonan.

### 13 August 2005

Airway Workshop – Fellows and Trainees, at the College. Convenor Dr Rod Tayler.

### 11th October 2005

"Tackling the 2nd Part Workshop" Dr Craig Noonan facilitator.

The CME evenings were well attended and very informative. Videoconferencing enabled many regional and interstate Fellows the opportunity to participate in these excellent sessions.

The 26th Annual Combined ANZCA/ASA CME Meeting was held on 30th July 2005 at the Sofitel Hotel, Melbourne. The Meeting theme was "Who are you going to call?" The Meeting brought together experts in crisis management, communication and specialists in the management of difficult anaesthetic situations such as allergy and malignant hyperthermia. Sessions examined ways to provide assistance to anaesthetists as soon as they need it by examining not only whom to call, but also when, why and how to call for assistance. Contributors included prominent local and interstate anaesthetists, physicians and risk management educators.

It is appropriate to acknowledge and thank the Anaesthetic Departments who organise additional CME activities for Victorian Fellows. The high standard of these meetings, combined with College and ASA activities provide ample CME activities in Victoria. A local Register of Meetings is maintained. Anyone with details of planned meetings wishing inclusion on this list should contact the VRC Administrative Officer via e-mail vic@anzca.edu.au; phone (03) 9510 6299 or fax (03) 9510 6786.

## RURAL REPORT

In November 2005 the 'Rural Directions for a better State of Health' policy was released providing guidelines for strategic planning across a number of areas. The DHS (Victoria) is preparing a series of capability based planning frameworks similar to the 'Rural Birthing Services' document released in December 2004. In late 2005 a Rural Procedural Services Advisory Group was established to comment on the next capability based planning document 'Rural Procedural Services - Discussion Paper Stage 1: General Surgery and Gastroenterology.' The advisory group met on March 1 2006 and the document is available at [www.health.vic.gov.au/ruralhealth/hservices/rps.htm](http://www.health.vic.gov.au/ruralhealth/hservices/rps.htm). This planning framework discusses the stratification of procedures undertaken in rural hospitals and health services in relation to the support services and staffing required to facilitate healthcare delivery. Similar documents are planned for other surgical services and emergency departments in the future.

The Rural Anaesthetist Travelling Speakers Program has continued this year with organisation by the ASA and VRC with considerable effort by Dr Rod Taylor (VRC) and Dr Quentin Tibbals (ASA GP Liaison Officer). During 2005, 15 presentations were delivered in regional Victoria. Funding from the Rural Workforce Agency Victoria (RWAV) has continued to assist the program.

Rural Anaesthesia Meetings: The Beechworth Meeting in November was very well attended and amongst other topics, obstetric anaesthesia, remote location anaesthesia and resuscitation were discussed in detail.

The successful monthly registrar training videoconferencing program on Thursday afternoons has continued with good support. Access is available through Global TeleHealth via [www.telehealth.com.au](http://www.telehealth.com.au) and run at 1600-1730 EST.

In addition, videoconferencing of CME meetings held in Melbourne is available for practitioners outside the metropolitan area.

Refresher programs for rural GP anaesthetists have continued at several hospitals including Ballarat Base Hospital and these have been strongly supported.

Wellbeing of Rural Practitioners: The Rural Welfare Agency (RWAV) provides wide-ranging assistance for rural doctors including personal support, and professional development services available at [www.rwav.com.au](http://www.rwav.com.au). This website includes links to a variety of programs available in regional Victoria.

## SAFETY

The Safety Officer of the Committee is responsible for monitoring drug and equipment issues, which are important to Victorian patients. The Committee has a committed and continued interest in the safety of therapeutic goods and strongly commends a regular review of the TGA Newsletter. Fellows are invited to contact the Safety Officer with issues or problems regarding safety.

## VICTORIAN MEDICAL POSTGRADUATE FOUNDATION INC.

The VMPF held their annual Medical Careers Expo on Saturday May 14th 2005 at Melbourne Park Function Centre. The expo targets medical students and resident doctors about to embark on specialty training programs. Most of the Colleges were represented, including lesser-known associations such as Aerospace Medicine and Pathology. From all accounts the evening was a great success for exhibitors and College volunteers who fielded questions from more than 50 eager young residents and medical students over a very interesting but thoroughly rewarding five hours at the Expo.

## VICTORIAN DOCTORS HEALTH PROGRAM

In early 2005 an independent review of the VDHP was conducted; the reviewers were very impressed with the program and what had been achieved since its establishment in 2001. Recommendations made in the Review are being addressed.

## 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 were presented at the Annual Anaesthetic Registrars' Scientific Meeting 2005 (ARSM) organised by the Regional Education Officer, Dr Craig Noonan and the Formal Projects Officer, Dr Beth Ashwood and the Honorary Secretary, Dr Winifred Burnett. For this reason, to aid prize session judging and Formal Project assessment, presenters at the ARSM are now required to submit a declaration of contribution with their abstract.

### Dr Brett McGuirk

A Research Trail

### Dr Chantal McNally

Teaching Ophthalmic Regional Anaesthesia to Anaesthetic Trainees: A New Approach

### Dr Craig Mitchell

General Practitioners Awareness of Epidural Abscess

### Dr James Griffiths

A prospective observational study of the cognitive effects of night duty on Anaesthetic Registrars

### Dr Ross Rathborne

Anaphylaxis to Atracurium

### Dr Simon McPherson

Long Term Prognostic Value of Troponin I following CABG Surgery

### Dr Raymond Hui

Venous Air Embolism and the Sitting Position: A Case Series

### Dr Fraser L Barry

Lumbar Plexus Block and total Knee Replacement

### Dr Gerard Bunsee

The effectiveness of paracetamol in augmenting post caesarean section, analgesia provided by rectal oxycodone and diclofenac – a retrospective audit

### Dr Matt Acheson

The Effect of Clonidine Premedication on Total Intravenous Anaesthesia Requirements during Lower Extremity Vascular Surgery: A Randomized Controlled Trial

### Dr Michelle Soh

10,000 Reasons to Step Out – Exercise Patterns and Pedometer Evaluation of Consultant Anaesthetists

### Dr Chris Fiddes

Patient's Knowledge of and Attitudes Towards Awareness and Depth of Anaesthesia Monitoring

### Dr Timothy Lee

The Role of Levosimendan in the management of Heart Failure

### Dr Fiona Louise Strahan

The Persisting Concentrating and Second gas Effects of Nitrous Oxide Uptake on Alveolar Oxygenation

### Dr Tung Ong John Tang

Retrospective Audit of Continuous Spinal Analgesia at Frankston Hospital between August 1999 and August 2001

### Dr Praveen Vats

Negative Pressure Pulmonary Oedema

### Dr Angus J Richardson

Anaesthesia in a State Burns Service, an Audit of Practice

### Dr Britt A Fraser

Anaphylaxis to Cisatracurium Following Negative Skin Testing

### Dr Anna Englin

Changing Practice: A Quantitative Assessment of Pain Reviews (1987-2005)

### Dr Simon Gower

A Comparison of Patient Self-administered and Investigator-assisted Measurement of Quality of Recovery Using the QoR-40

### Dr Kasia Charbucinska

Case Study of Complications in Patients with DES, Undergoing Vascular Surgery

### Dr John Lau

Throat Pack Audit and Practice in Routine Tonsillectomy/Adenoidectomy and Dental Extractions/Restorations Surgery

The VRC remains very committed to and involved in Health Care Committees

**Coroner's Health and Medical Advisory Committee** Dr Winifred J Burnett

**MPB Working Group on the problem of sexual misconduct** Dr Rowan R Molnar

**AMA Victorian Council** Dr Richard Horton

**Committee of Chairmen of Victorian State Committees of Medical Colleges**  
Dr Peter R McCall

**RACS Victorian State Committee**  
Dr Peter R McCall

**ASA State Committee** Dr Peter R McCall

**ARCBS - Blood Group** Dr Peter R McCall

**Consultative Council on Anaesthetic Mortality and Morbidity** A/Prof L McNicol

**NHMRC Blood and Blood Product Working Group** Dr Craig J French (ANZCA)  
Dr Megan S Robertson (IC)

**DHS Planning for Intensive Care Service in Vic – Issues Paper Workshop**  
Dr Craig J French (ANZCA)  
Dr Megan S Robertson (IC)

**Victorian Quality Council (DHS)**  
Dr R (Tony) Weaver  
Dr Brendan T Flanagan

**Victorian Doctors Health Program**  
Dr Stephen C Chester

**Anaesthesia Continuing Education Co-ordinating Committee**

Dr Rodney N Westhorpe

**Tort Law Reform Group** (Comprises representatives from the AMA, RACGP, the OSA, the RACOG and executive members of the Committee of Chairmen (VIC))  
Dr Mark V Tuck

**Chinese Medicine Regulation Working Party (MPB)** Dr Tony K Chow

**Victorian Consultative Committee on Road Traffic Fatalities** Dr Andrew J Silvers

**RACS Victorian Trauma Committee**  
Dr John T Moloney

**RACS Victorian Road Trauma Committee**  
Dr John T Moloney

**Australian Resuscitation Council**  
Dr John T Moloney

**Rural Specialist Interest Group**  
Dr Francis X Moloney

**Victorian Medical Postgraduate Foundation (VMPF)** Dr Richard Horton

**RACGP - Professional Peer Support Program Committee** Dr H Kolawole  
Dr J Warhaft

## CONCLUSION

The Victorian Regional Committee would like to thank all Fellows who have contributed to the activities outlined above.

Finally the Committee would like to thank all the staff, especially Judy Gardener, at College Headquarters, for their valuable assistance during the year. We extend our particular thanks to our Administrative Officers, Ms Corinne Millane and Alexandra Hodgson for their excellent support.





# Australian Capital Territory

## OFFICE BEARERS AND MEMBERS

**Chair** Dr Cliff Peady

**Secretary** Dr Grant Devine

**Treasurer** Dr John Ellingham

**Regional Education Officer** Dr Prue Martin

**ASA Representative** Dr Mark Skacel

**Formal Projects Officer** Dr Vida Viliunas

**Other Committee members**

Prof. Thomas Bruessel

Dr Paul Burt

**Regional Administrative Office** Mrs Eve Edwards

Attendance at Regional Committee Meetings

Professor Bruessel 5/6

Dr Burt 5/6

Dr Devine 6/6

Dr Ellingham 2/6

Dr Martin 3/6

Dr Peady 6/6

Dr Viliunas 2/3



DR CLIFF PEADY

2005 started as another difficult year for anaesthesia in the ACT. Severe staff shortages in the public sector, a succession of acting Directors at the major teaching hospital (The Canberra Hospital-TCH), and questions raised over the level of supervision of trainees.

However, a number of new consultant appointments (several being products of the ACT Anaesthesia Training Program), and the appointment of Professor Bruessel as Director of Anaesthesia at TCH have given cause for optimism.

A total of 21 ANZCA trainees are now employed through the ACT Anaesthesia Training Program (including one on rotation from St George Hospital in Sydney).

ACT trainees continued to enjoy exam success- Dr Steve Dimadis and Dr Than Truc Tran were successful in passing the Part 2 exam, and Dr Mohammed Essop, Dr Callum Gilchrist, Dr Sentham Ponniah, and Dr Richard Galluzzo successfully completed the Part 1.

Three formal projects were submitted and accepted: Dr Steve Dimadis ("Case Report and Literature Review- Platypnoea-Orthodexia Syndrome associated with a fenestrated atrial septal aneurysm."); Dr Bill Egerton ("Laparoscopic gastric Banding- An Anaesthetic Audit"); and Dr James French ("An Audit of intraoperative RBC transfusion at The Canberra Hospital").

The annual "Floriade" meeting was held on the weekend of October 15th and 16th.

Professor Bruessel as convenor is to be congratulated on a very successful, informative and entertaining meeting. The theme was "Perioperative Complications", with a range of local, interstate and overseas speakers, and was attended by 109 registrants, a marked increase from the previous year.

Professor Bruessel is again convenor of this years' meeting, to be held on the weekend of September 23rd -24th. The theme is to be "Monitoring and Outcome", and a topical, practical and interesting programme is again anticipated.

Dr Stephen Brazenor, with the assistance of Professor Bruessel, has also organised an ongoing series of CME lectures for the benefit of ACT region Fellows and Trainees. Visiting

lecturers to date include Michael Paech (What's new in obstetric anaesthesia?), Kester Brown, Alan Merry (Risk Management in Anaesthesia), and David Murrel (Regional techniques in Paediatrics). Dr Brazenor, Professor Bruessel, and the visiting speakers are to be heartily congratulated for their efforts.

2006 will likely hold new challenges on the medico-political front with the possibility that the ACT government will introduce changes to post graduate medical training along the lines of IMET in NSW. However our college is well placed to meet these challenges in the ACT. The ACT training programme is able to fulfil all the module requirements, and deficiencies in the consultant workforce are being met. With continued maturation of the regions training programme, it is anticipated that the ACT's anaesthetic workforce will become self-sufficient.

The ACT Regional Committee would again like to thank Mrs Eve Edwards for her invaluable and cheerful assistance throughout the year.

# New South Wales

## OFFICE BEARERS & MEMBERS

**Chair** Dr Michael Jones

**Deputy Chair** Assoc Prof Anthony Quail

**Regional Education Officer**

Dr Ross Kerridge/Dr Tracey Tay

**Formal Project Officer** Dr Richard Morris

**Continuing Education Officer** Dr Matthew

Crawford/Dr Mark Priestley

**Committee Members:**

Meeting Attendance

1. Dr Michael Amos	5 of 6
2. Dr Margaret Baile	5 of 6
3. Dr Stephen Barratt	6 of 6
4. Dr Richard Halliwell	4 of 6
5. Dr Michael Jones	6 of 6
6. Dr Ross Kerridge	6 of 6
7. Dr Richard Morris	5 of 6
8. Dr Blair Munford	5 of 6

9. Dr Gregory O'Sullivan 3 of 6

10. Assoc Prof Tony Quail 5 of 6

11. Dr Joanna Sutherland 6 of 6

12. Dr Tracey Tay 6 of 6

**Ex-Officio Members**

**Councillors** Professor Michael Cousins, Dr Francis Moloney

**ASA Representative** Dr Elizabeth Feeney

**Joint Faculty of Intensive Care Medicine**

**Representative** Dr Edward Stachowski

**Faculty of Pain Medicine Representative**

Assoc Professor Milton Cohen

**Co-opted Rural NSW Representative**

Dr Stafford Hughes

**ACT Representative** Dr Clifford Peady

**New Fellows Representative** Dr Lisa De Gabrielle

**Course Organizer - Primary** Professor Peter Kam

**Course Organizer - Final** Dr Timothy McCulloch

**Representatives on External Committees**

Dr Michael Jones

**Committee of Chairmen of NSW State Committees of Medical Colleges**

**Standing Committee of College Chairmen**

**NSW State Committee,**

**Royal Australian College of Surgeons**

**Committee of Management,**

**Australian Society of Anaesthetists:**

Dr Ross Kerridge

**NSW Institute of Medical Education**

**& Training (IMET)**

**Clinical Chair, Critical Care Stream, NSW IMET**

**Regional Administrative Officer** Janice Taylor

**Administrative Assistant/Course Secretary**

Annette Strauss

**Total No. of Regional Committee Meetings**

**for Year:** 6

Offices and Secretariat

117 Alexander Street, Crows Nest NSW 2065



DR MICHAEL JONES

## EDUCATION

### Dr Tracey Tay

The inestimable contribution of Dr Ross Kerridge to the development of Anaesthesia training in NSW continues through his position as Chair of the NSW IMET Review of Anaesthetic Training. Consolidation of initiatives in paediatric training, attempts to address the issue of independent or non-scheme trainees are among the issues raised by NSW Supervisors of Training and are addressed in detail in the IMET Review Report.

A Clinical Teaching Course was held on 10th February, 2006, and was oversubscribed with a number of rural and regional SoTs attending. The Course was 'Assisting Trainees with Difficulties', presented by Dr Di Khursandi and Dr Russell Jones. Feedback was unanimously positive. The course was followed by the NSW Supervisors of Training meeting attended by 17 SoTs, Drs Khursandi and Jones, and by IMET representatives who gave a presentation to the group.

A number of NSW SoTs have taken initiative in developing tools to assist in standardising local assessment of trainees, for example prior to proceeding past Level one Supervision, and to guide feedback on performance in the operating theatre and preoperative assessment clinic. Their input has been sought by the Education and Training Committee to develop guidelines for development of local tools.

Support for Module Supervisors has been sought. Work done by Dr Mark Priestley at Westmead Hospital in outlining local module content has been shared throughout the ANZCA regions as an example of ways in which modules can be developed and supported.

Thank you to all the NSW Supervisors of Training for your hard work and dedication in the face of considerable time and resource constraints.

## FORMAL PROJECTS

### Dr Richard Morris

This year 42 formal projects were successfully completed and 35 new proposals were submitted on a wide range of interesting topics. The pool of reviewers has been further enlarged with several younger reviewers taking on the task with enthusiasm.

These 42 formal projects were –

**1. S McInnes**

The relative safety of forward and reverse multilevel diving profiles

**2. A Hill**

Case Report: Acute severe hypertension following subarachnoid block for caesarean section – sudden presentation of pre-eclampsia or paradoxical haemodynamic response to spinal anaesthesia?

**3. S Vuong**

Failure to wake after anaesthesia: Report of two cases due to conversion disorder

**4. A A Beck**

A Clinical Evaluation of Low Flow Anaesthesia using Isoflurane and an Oxford Miniature Vaporizer placed In-Circuit

**5. A M S Tung**

COX-3: biochemistry, pharmacology, relevance to paracetamol and future prospects

**6. L Aykut**

A comparison of intravenous patient-controlled analgesia and intermittent subcutaneous morphine in open gynaecological surgery

**7. S K Begg**

Mucositis, a multi-disciplinary complication of cancer treatment

**8. L-H Le**

Poster – Remifentanyl in Transhepatic Portal Venous Sampling of the Pancreas to Isolate Insulinomas

**9. J L Reynolds**

Audit of compliance with the implemented Intravenous Sedation for Diagnostic and Minor Surgical Procedures Policy at Liverpool Hospital

**10. J P Woodrow**

Incidence of postoperative nausea and vomiting in paediatric ambulatory surgery. Audit of 150 consecutive patients in Sydney Children's Hospital and literature review

**11. C K B Brown**

Peri-operative blood transfusion requirements during 'Heartmate' left ventricular assist device (LVAD) implantation at St Vincent's Hospital

**12. M Mackintosh**

The mechanisms of spinal injuries

**13. C McIntosh**

How much work is enough work? A survey of attitudes towards part-time anaesthesia practice in Australia and the USA

**14. H H Lam**

An audit of 'more than anticipated' use of pain relief medications in Recovery

**15. V T Bui**

Anaesthetic implications of variant Creutzfeldt-Jakob Disease

**16. L P Bromilow**

Audit of Emergency transfers from the Nuffield Orthopaedic Centre to the John Radcliffe Hospital between June 2003 and August 2004

**17. J Cowan**

Review of neurological injuries in pregnancy and development of an algorithm for management of obstetric patients with neurological injuries after delivery

**18. A Smeulders**

A retrospective study of Perioperative Mortality in Patients with Fractured Neck of Femur undergoing Total Hip Arthroplasty or Hemiarthroplasty

**19. M S Paleologos**

2 published articles 'Persistent, progressive hypophosphataemia after voluntary hyperventilation' & 'Cohort Study of Vitamin C Intake and Cognitive Impairment'

**20. G S Y Lee**

Review article of the ProSeal™ LMA device

**21. N Marshall**

The Incidence and Management of Side Effects of Intrathecal and Spinal Opioids in Patients Post-Lower Segment Caesarean Section

**22. K Stanton**

Perioperative management of respiratory disease

**23. V L Fletcher**

NADH oxidoreductase activity in human and mouse cells treated with free radical generating agents

**24. C W C Fong**

Anaesthesia for children with Hyperleukocytosis: A retrospective review

**25. G Wong**

Factors affecting the decision to request epidural analgesia in labour

**26. V Hua**

Training in fiberoptic intubation (FOI) – a pilot study on developing a sustainable program for Liverpool Hospital

**27. P A Holz**

Seizure-like activity during caesarean sections under spinal anaesthesia

**28. B K Lising**

Life threatening venous air embolism via anti-reflux valves

**29. M J Ierino**

Ehlers-Danlos Syndrome in the Parturient: anaesthetic implications

**30. D W Y Barnett**

Herbal Medicine and Pregnancy: Pharmacology & Clinical implications

**31. E M L Lee**

Regional anaesthesia in developing countries – A review of literature and an illustrated report of work experience in Papua New Guinea

**32. B K Sutton**

Pulmonary Complications of Chronic Liver Disease and their anaesthetic implications

**33. C Johnson**

Website for Anaesthetic Department

**34. M L Dreux**

Endoscopic outcomes in a Sydney Teaching Hospital

**35. M W Hayman**

Master of Public Health

**36. D Cardone**

Propofol Infusion Syndrome

**37. K M-L Woo**

Evaluation of the current methods and level of information provided to pregnant women regarding their options for pain relief in labour

**38. G C Hawkins**

The outcome of chronic wounds following hyperbaric oxygen therapy – a prospective cohort study

**39. D F Brown**

Does commencing epidural infusion early in the intra-operative period have any post-operative advantages over blousing the epidural intra-operatively?

**40. J R Nielsen**

Adult Fiberoptic Intubation: equipment, airway anaesthesia, sedation and techniques

**41. P T Oosterhuis**

How accurate are our oxygen flowmeters? An investigation of the oxygen flowmeters of an urban district hospital

**42. M L Andrews**

Disposable Laryngoscope – Illuminance Measurement: a pilot study

## CONTINUING EDUCATION

### Dr Mark Priestley, Chairman NSWACE

In 2005 we held three meetings in a return to our normal program of two Sydney meetings and a weekend meeting in Leura. In addition to a theme for each meeting we included a workshop dedicated specifically to refreshing core skills and knowledge. We also took on board the results of a survey on the CME needs of ANZCA fellows provided by Dr Adam Tucker.

The first meeting for 2005 was held at the Sofitel Wentworth Sydney Hotel on Saturday 30th April and was titled 'What's big in anaesthesia?' focusing on the anaesthesia-related issues of obesity. This meeting was well attended and covered a broad range of areas including the epidemiology and pathophysiology of obesity, the anaesthetic and surgical aspects of bariatric surgery, as well as the practical challenges to providing anaesthesia for obese patients for both general and obstetric surgery. The opening session also included an entertaining personal account of the fight against obesity by Dr Norman Swan. The workshops covered a range of obesity related topics, but perhaps the most interest was in the emerging field of ultrasound use for vascular access. This area is undergoing significant change in both the technology and applications and our meetings are sure to revisit it in the near future. The refresher workshops at this meeting covered the area of advanced CPR.

The second meeting for the year was held at Peppers Fairmont Resort at Leura in NSW on 20th-21st August and was titled 'Perioperative Medicine'. This covered a range of valuable topics including the new information on consent in NSW as well as a perspective from South Australia. Topics as wide-ranging as new drugs, perioperative care in private practice, the future of perioperative services and the concept of the hospitalist were covered on the Saturday, while the Sunday included what drugs to cease preoperatively and the important perioperative topics of cardiology and smoking. The workshops were equally wide-ranging, with the refresher workshops for this meeting covering cardiac dysrhythmias.

The final meeting of the year was held at the Sheraton-on-the-Park Hotel in Sydney. It was titled 'Remote Anaesthesia...are we there yet?' and covered the important and increasing area of anaesthesia in remote locations. We were able to cover the rapidly changing areas of neuroradiology, vascular surgery and cardiac defibrillators and pacing, but also included in the definition of 'remote' the anaesthetic involvement in the Tsunami response in Banda Aceh, and looked at relevant aspects of a hypothetical 9/11 disaster scenario. The refresher workshops at this meeting covered anaphylaxis.

2005 saw some major changes to the membership of the NSWACE committee. We lost the valuable experience and hard-working contributions of Matthew Crawford (the outgoing chairman), Ed Loughman and Peter Isert. All three have been long standing members of NSWACE and have made major contributions to the development of continuing education in this state. In their place we have expanded the size of the committee and have been joined by Michael Bennett, Tsung Chai, Richard Connolly, Catherine Downs, David Elliott, Stephen Gibson, David Kinchington and Tony Padley. These new members join Chris Jones, Mark Priestley (the new chairman) and Leonie Watterson in forming the new committee. The new members come from a range of backgrounds – metropolitan and rural, private and public practice as well as having a variety of subspecialty interests, and with this broad background we hope to represent the CME interests of the ANZCA and ASA members of NSW. We have a good range of meetings planned for 2006, commencing with 'Blood, Sweat and Tears – Minimising Blood Transfusion in the Modern Era' on 20th May at the Menzies Hotel in Sydney.

It is important that CME in NSW continues to reflect the needs and goals of anaesthetists in this state. This can only be accomplished with good communication between the NSWACE committee and the broader anaesthetic community. To borrow a phrase from the ABC television network: 'It's your CME' – if you have ideas about topics you would like covered, or formats for teaching and learning you would like used, or have opinions about any other aspects of anaesthetic CME in NSW we would love to hear from you at [nsw@anzca.edu.au](mailto:nsw@anzca.edu.au) or by mail to the ANZCA office at 117 Alexander Street, Crows Nest NSW 2065.

## NSW INSTITUTE OF MEDICAL EDUCATION & TRAINING

Dr Ross Kerridge

In many jurisdictions, both in Australia and internationally, governments are 'taking a more active interest' in medical specialist training. To some extent, this has arisen as a result of problems that have arisen when training programs in some specialties have not responded to the changing future workforce needs of the health system. This increased government interest in specialist training is a reality. It is likely that the best outcomes will depend on a collaborative approach to solving these problems.

In NSW, IMET was formed in late 2005 by the merging of the PostGraduate Medical Council and the Medical Training & Education Council. It is quasi-autonomous, and advises the Minister for Health and the Director General on matters pertaining to medical training. I was appointed as Chair of the Critical Care Stream advisory group.

IMET is currently conducting a review of anaesthetic training. A consultative group including ANZCA representation, Directors, trainers, and trainees is advising this review. Particular issues being dealt with include access to subspecialty training, support for trainers, formalisation of rotational training schemes, dealing with the 'problem' of "independent" trainees, and assured access to quality anaesthetic training for trainees from other specialties (i.e. emergency medicine, intensive care, rural GPs). Uncertainty about the future of registrar positions at the Childrens Hospitals is still an unresolved issue, and may require some frank negotiation between the combined Departmental directors, ANZCA, and the Department of Health.

An open consultation process after the first stage of the review received over 140 responses – more than any other specialty being reviewed – which was very gratifying. These responses included a very strong response against a centralised selection process (as has developed in surgery), although some central oversight to ensure fairness, transparency and equity was accepted as appropriate.

A possible outcome of the review will be a statewide committee with supervision of Anaesthetic Training, including representatives of all stakeholders (Directors, ANZCA, Department, Area Health Services, Trainers, Trainees and community). This may well be a subcommittee of a larger body coordinating Critical Care training generally.

These initiatives in NSW will probably be reflected in other states and jurisdictions. Anaesthetists need to pay close attention to these developments.

## PROFESSIONAL AFFAIRS

Dr Michael Jones, Chairman

The last 12 months have been an exceptionally busy time for the NSW Regional Committee. All of the major training programmes have been inspected, workforce issues continue to bubble away, a new Quality Improvement body, the Clinical Excellence Commission has been established and, like everywhere else, the ANZCA Taskforces have provided a major workload to many NSW Fellows. Communication between ANZCA and the ASA has never been better and I would like to particularly acknowledge the contribution of Dr Liz Feeney.

However, the most significant development in NSW has been the IMET (Institute of Medical Education & Training) review of anaesthesia training. IMET is a NSW government body that reports directly to the Minister of Health and has been reviewing various specialist training programmes. The review of anaesthesia training has been quite cordial, and in the main quite fruitful. Some issues remain to be settled and we await the final submission to NSW Health.

Of particular concern remains the funding for rural anaesthetic posts, and the extra paediatric training posts established in 2002. Why NSW Health seems so determined to withdraw funding for a programme that 2 separate independent reviews have commended is beyond comprehension ... anyway the battle continues.

The Part 1 & 2 short courses continue to be heavily subscribed and generate highly favourable comment from attendees. Peter Kam and Tim McCulloch, in particular, are to be congratulated.

After 12 years of hard labour Ross Kerridge, Tony Quail and I will be retiring from the Committee in June 2006. I would like to thank Jan Taylor and Annette Strauss their invaluable administrative assistance and also the substantial contributions of many NSW Fellows to the ever increasing demands of College Affairs.

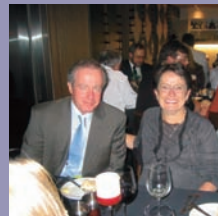
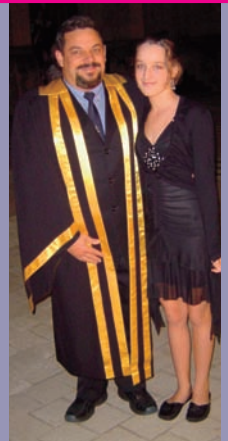
John Keneally needs special recognition for his sterling efforts in editing 6 editions of the Blue Book 'Australasian Anaesthesia' (and the book '150 Years On' – from the 1996 World Congress). The painstaking proof-reading of ever complex, practical, entertaining, etc, chapters has required many hours of patient review. Congratulations JK.

I am also sure that several senior colleagues will be glad to see the back of me, as I have regularly bailed-up Greg Knoblanche, Richard Walsh, Michael Cousins, Frank Moloney, Barry Baker and Peter Klineberg for advice/direction and help, particularly during my last 3 years as Chairman.

Our speciality has never faced more challenges. Both ANZCA and the ASA need the support of their Fellows and members. Please do not hesitate to communicate directly with us and all offers to participate will be gratefully appreciated.



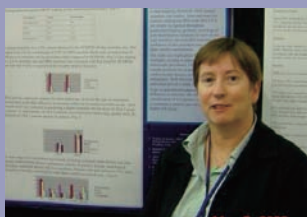
# ASM



# ANNUAL SCIENTIFIC MEETING

## ADELAIDE

# 06



The 2006 Annual Scientific Meeting in Adelaide produced an encouraging number of positive media reports, ranging from disaster response, post-operative pain management and obesity, to hypnotism during childbirth and veterinary anaesthesia.

The essential role of ANZCA Fellows in disaster response was highlighted in several lengthy newspaper reports including this feature in the national broadsheet The Australian.

# Disaster in the wings

*Despite tough talk from politicians, front-line disaster medicine workers say we are not ready to cope with a terrorist attack, writes Imre Salusinszky*

A Sydney ferry crammed with terrified passengers was high jacked and aimed at a passing oil tanker. This colourful event last week was part of an anti-terror exercise, the latest in a series being conducted around the country with the equally colourful title, Exercise Neptune's Treasure.

Neptune's Treasure included NSW police, emergency workers and the Australian Defence Force. However, it didn't include Sydney's hospitals or any of the specialist nurses, intensivists, surgeons and anaesthetists who, in the event of a real terror attack, would be charged with saving the burnt and the critically injured.

Front-line disaster medicine workers say this is precisely where our vulnerabilities lie: in the number of trained personnel who will be able to save the dying and in the tools they will have available for their work.

While the politicians and bureaucrats are telling us medical preparedness for an attack is well advanced, the medicos are telling us anything but. Earlier this month Peter Varghese, head of Australia's peak intelligence agency, the Office of National Assessments, told a conference in Canberra the threat of terrorism "will likely be with us for at least a decade and possibly a generation".

As the terror bombings in Madrid in 2004 and London in 2005 demonstrated, the rapid mobilisation of hospital facilities and medicos specifically trained in bomb-related trauma, is the thin blue line between disaster and catastrophe – catastrophe being untold unnecessary death, disability and disfigurement.

*"The issue will be that there are not enough doctors and nurses on site at any one time..."*

The central business district of Sydney crammed with national landmarks, including the opera house and the harbour bridge, along with 500,000 weekday workers, in an obvious target. Yet this is precisely where the delivery of high-quality emergency medicine to hundreds of seriously injured victims, half of them with third-degree burns, would prove most fraught. There are about 50 hospitals located in central London and precisely one located in the Sydney CBD – Sydney Hospital. It has been progressively downgraded to a specialist eye and hand facility and is now without an intensive care unit.

"We would not compare well with London because we don't have adequate emergency response medical capability right in the heart of the city," says John Graham, chairman of the department of medicine at Sydney Hospital, who has been lobbying for a ramping up of its disaster response capability.

Graham argues that, following a big terror attack, the walking wounded will make their way to his front door, whether the emergency planning authorities like it or not. Once there, they will need to be treated before being moved to other, larger hospitals via ambulances or helicopters.

"If you have an adequate number of the right types of people you will be able to do a much better job of triaging and stabilising people before external teams start arriving," he says. "The issue will be that there are not enough doctors and nurses on site at any one time, especially with the right qualifications in general surgery and orthopedics."

Other specialists confirm Graham's worries and place them in a national context.

"There were about 800 serious casualties in the 2002 Bali bombings, but even only half that many would overwhelm Australia's resources," says George Merridew, Australia's most experienced disaster-trained anaesthetist. A group captain in the ADF reserve, who served six weeks in an ICU in Iraq and rubbed shoulders with US Defence Secretary Donald Rumsfeld, Merridew accompanied a dozen seriously injured Australian Bali victims in the third C130 from Bali to Darwin in October 2002. He says it was good luck that kept the death toll among the 65 survivors who left Bali down to five, three of whom subsequently died in hospitals in Australian southern capitals.

The diagnosis is confirmed by David Read, consultant surgeon at Royal Darwin Hospital, who also flew to Bali to provide immediate relief in 2002 and accompanied the seriously injured home. "The Royal Darwin Hospital is a very busy hospital and is the only shop in town," he says. "If it gets full there's nowhere to go, and we run at 105 percent occupancy."

"Both Bali bombings happened on quiet weekends when intensive care was relatively empty. If we had been at full capacity, with people waiting in emergency for beds, and if ICU had been full, it would have been a lot tougher and we wouldn't have done as well."

Given the broad arc of radical Islam that fans out from Australia's north, RDH could find itself at the terror front-line again, which is why the Howard Government has allocated \$50 million to beefing up its emergency facilities. "Those at the pointy end have not seen much of the money at all," Read says. "It all looks really good on paper, but Bali was four years ago and we're pretty keen to take the next step."

Merridew, who head a new disaster response executive for the Australian and New Zealand College of Anaesthetists, says hospital beds and ICUs may be less of an issue than the number of doctors who have been trained to work at a disaster site with the field-specialised equipment they will find there.

*"The tools of anaesthesia and surgery that come with a deployable field hospital can prove highly unfamiliar..."*

So far, only 250 Australian anaesthetists have taken the necessary training – a number ANZCA wants to increase tenfold, along with creating a robust national database of qualified anaesthesia and ICU personnel.

The tools of anaesthesia and surgery that come with a deployable field hospital can prove highly unfamiliar to doctors used to working in an air-conditioned Western operating suite. And the ADF's moveable hospital stock, which is likely to figure prominently in any response here or offshore, consists of only 100 transportable beds, four operating tables and six ventilators – a capability Merridew describes as boutique scale.

If these comments imply we should be alarmed as well as alert, they are mild compared with the message coming from those with the most precious of all post-disaster skills, the burns specialists.

Adelaide surgeon John Greenwood, head of Australia's sole burns assessment team, says there are only 14 burns specialists across the country, and three of those are paediatric.

Greenwood, who worked standing up for 17 hours straight at RDH in 2002, says that in the event of a Bali-style attack on home soil "we couldn't cope without enlisting international help". This is largely the consequence of the tyranny of distance and a small population. A handful of burns specialists is sufficient to cope with day-to-day cases in Australia, but would be entirely insufficient in the event of a surge. But even attempts to beef up our capabilities modestly, through recruitment, have failed, Greenwood say.

"Burns is certainly the worst of all of the surgical specialities – the cases are horrible and the remuneration is rubbish," he says.



DONALD RUMSFELD AND GEORGE MERRIDEW

That's because there is no private practice in burns and those who do choose to practice it have to be lured from the lucrative pool of plastic surgery. "If you can do boobs and little skin cancers and earn 10 times the wage, why wouldn't you?" Greenwood says.

What particularly bothers him is that the treatment of burns, which are now surgically excised before they can poison the patient's own immune system, has moved along in leaps and bounds in recent years. As a result, even the most well-meaning and expert surgeon in a related field, drafted into a burns unit in an emergency, will not be able to produce a good outcome. "Unless the burn is taken off, the patient is not going to do well," Greenwood says. "If they have to be pushed around in a wheelchair, if they can't feed themselves or toilet themselves, if they can't resume a social life or a sexual life or a working life, that's as much of a disaster as losing a patient with burns."

In all the medical areas mentioned here, state and federal authorities are able to describe solid, developed plans that have been put in place to deal with a terror event. Spread around Sydney in secret locations, for example, are deposits of transportable emergency medical equipment, ready for use in a disaster.

In Melbourne and Sydney, disaster medical plans include the immediate cancellation of all elective surgery and the mobilisation of hospitals across both cities, as well as regional hospitals (though not, as Merridew insists should happen, private hospitals).

And within an hour of such an event occurring anywhere in Australia, the Australian Health Protection Committee will convene in its 24-hour national incident room in Canberra and commence rolling out resources from one jurisdiction to another, just as it did so successfully following the tsunami in 2004.

*"If the anaesthetists don't know about the plan for surgically treating trauma, then there isn't one."*

What worries the experts, however, is that even the best-laid plans are flawed if there are not the resources, or if they have not been developed in tandem with those who will be expected to carry them out.

Greenwood says the AusBurnPlan, the national burns disaster plan, missed the point. "It made attempts to show how a disaster could be dealt with from an administrative level, but ignored the fact there were very few resources to actually manage," he says. "All the chiefs were right, but none of the Indians were in place."

Merridew says it's all about a sudden surge in trauma cases and having the resources to deal with it. "If there are a few hundred cases requiring a sufficient number of trained people in anaesthetics and intensive care, and if those people aren't available, then you cannot do it," he says.

And as for plans: "If the anaesthetists don't know about the plan for surgically treating trauma, then there isn't one"

**Imre Salusinsky is The Australian's NSW political reporter.**

Courtesy: The Australian



# Queensland



DR ANTON LOEWENTHAL

## OFFICE BEARERS AND MEMBERS

**Chair** Anton Loewenthal

**Vice chair** Geoff Gordon

**Honorary Secretary** Michael Fanshawe

**Honorary Treasurer** Mervyn Cobcroft

**Regional Education Officer** Julia Byatte

**Formal Project Officer** Pal Sivalingam

**Continuing Education Officer** Micahel Fanshawe, Lorraine Robinson

**Elected Member** Michael Beem

**Co-opted Committee members** Mark Gibbs, Michael Haines, Sonia Vaughan, Charmaine Barrett

**Ex-officio Members** Di Khursandi (Councillor)

Kerry Brandis (Councillor)

Rob Boots (Faculty of Intensive Care

Representative)

Martin Culwick (ASA Representative)

**Co-Opted New Fellows' Representatives**

Andrea Nowitz

**Co-Opted Qld Trainees Representative** Ben Lloyd

**Course Organisers**

**Primary Short Course** May, Kerry Brandis

**Primary Long Course** Justine McCarthy

**Primary Practise Viva Sessions** No convenor available

**Final Fellowship Short Courses** Martin Wakefield

**Final Practise Viva Sessions** Martin Wakefield

**Final Fellowship Long Course** Jane Morris

**Regional Administrative Officer** Sharon Miethke

**Administrative Assistant** Kylie Joynton

(from November 2005)

**Representatives on External Committees**

Anne Strasburg (until October 2005)

**DR ANTON LOEWENTHAL** Chairman

- ANZCA/RACS Building Committee
- Quality Management Committee for bowel cancer screening program in Qld
- AMAQ Committee of Combined College Chairs
- Invited member ASA Qld Executive
- 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

**DR MICHAEL FANSHAWE**

- Editorial Committee Australasian Anaesthesia
- Scientific Program Convenor ASA NSC 2005
- Panel to provide advice for framework in best practice for the procurement and utilisation of blood and blood products in Qld

**DR JULIA BYATTE**

- Queensland Committee to Investigate Perioperative Deaths
- TAFE Course for Anaesthetic Assistants – Scrutineer for ANZCA

**DR MARK GIBBS**

- State Health Emergency Response Plan Reference Group
- RACS Queensland Trauma Committee

**DR DIANA KHURSANDI**

- Medical Advisory Committee of Queensland
- Post-graduate Medical Education Committee, University of Queensland
- Appointments Committee Royal Brisbane and Women's Hospital
- ANZCA/RACS Building Committee
- DR KERRY BRANDIS
- Ensuring Correct Surgery Reference Group
- Committee re Use of Scheduled Drugs by Podiatrists and Podiatric Surgeons in Qld

Total No. of Regional Committee Meetings for Year: April 2005 to March 2006 = 8 meetings

Attendances of Elected Members

(No. of Meetings)	
	Dr Charmaine Barrett 6:8
	Dr Michael Beev m 5:8
	Dr Kerry Brandis 5:8
	Dr Julia Byatte 5:8
	Dr Mervyn Cobcroft 7:8
	Dr Michael Fanshawe 5:8
	Dr Mark t Gibbs 6:8
	Dr Geoffrey Gordon 6:8
	Dr Michael Haines 3:6
	Dr Di Khursandi 6:8
	Dr Ben Lloyd 2:8
	Dr Anton Loewenthal 7:8
	Dr Andrea Nowitz 3:8
	Dr Lorraine Robinson 6:8
	Dr Pal Sivalingam 7:8
	Dr Sonia Vaughan 0:8

Once again the Queensland Regional Committee of the Australian and New Zealand College of Anaesthetists has participated in a varied and at times hectic year of College affairs. I would like to thank my colleagues on the Committee including those elected and co-opted members for their dedication and guidance during the year. It would seem appropriate to pause for reflection on the countless hours that some of our Fellows provide freely to support and enhance the functions of our College. I doubt that there would be many other organisations that rely so heavily on the voluntary efforts of such highly qualified individuals.

A massive endeavour of ANZCA during 2005 was the formation and functioning of the various taskforces instituted by our president, as part of his vision for ensuring the continued strength and relevance of the College into the future. Several members of our Committee along with other Queensland Fellows were asked to take part in one or more of these taskforces. The wealth of information to come out of the collective thought processes provided by the taskforces must surely represent one of the major achievements of our College in recent times. I would encourage all Fellows to read at the very least the executive summaries and recommendations of the taskforces and to provide feedback to their local regional committees on the ideas presented. The sheer volume of information

to emerge from the taskforces will provide a challenge for our new CEO to distil into an action plan that can provide meaningful and timely change to the way that our College operates.

Queensland Fellows would undoubtedly be aware that the provision of healthcare in general and anaesthesia services in particular within our state has become a divisive issue. We still rely heavily on overseas trained specialists to provide services across the state. This is particularly noticeable in rural and remote areas. I believe that Queensland has the greatest reliance on non-locally trained anaesthetists of any area in Australasia. The fallout from the "Patel experience" is that local health authorities and members of the

public are more aware of this reliance and more questioning of the systems in place to ensure that those events will not recur. The regional committee is often asked to provide oversight and assessment of overseas trained anaesthetists for registration and vocational purposes. Such assessments are often time consuming and stressful affairs for both the assessor and the person being assessed. I would request that all of our Fellows who work alongside overseas trained anaesthetists attempt to provide support and encouragement to these individuals. It is especially important that anaesthetists who are properly trained and experienced be encouraged to complete the College's process for eligibility for admission to fellowship, otherwise we run the risk of endorsing a two tiered system of specialist anaesthesia care in Queensland.

The year has seen a number of changes to working conditions within the public sector in Queensland. Whilst it is important that the College does not become involved in workplace conditions and industrial issues it is worthy of comment that many of the changes that have taken place have been to the advantage of the medical providers of healthcare. This is of relevance to the College because of the central role that public hospitals and public departments of anaesthesia play in the training of our registrars. I am a firm believer in the value of having a strong and functional public health system without which our trainees would not get the same quality of teaching. Improvement in conditions for both full-time and visiting staff should be acknowledged and can only help to achieve this goal.

The 2005 year for Queensland saw another successful program from our continuing education sub-committee. The highlight of the year being the Port Douglas meeting in July with the feedback from those who attended being overwhelming positive. This year's meeting will be held in chilly Stanthorpe over the weekend of the 8th and 9th of July. I urge all Fellows to attend what promises to be an informative and enjoyable event. Encouragingly there have been a number of hospital-based educational events both public and private that were well attended, and once again the Cognitive Institute ran their interactive interpersonal skills workshops. The ASA's national meeting for 2005 was held at the Gold Coast Convention and Exhibition Centre and was well supported by local Fellows. We are all looking forward to their next national meeting at Coolumb in October of 2006. Queensland Fellows also participated in the AMA Health and Lifestyle Expo at the Brisbane Convention Centre, and took part in the Vocational Training

Exhibition at the Royal Brisbane and Women's Hospital. The effort put in by those Fellows into improving the profile of our specialty is greatly appreciated. The guest speaker at the Annual General Meeting of the Queensland Regional Committee was Dr David Molloy in his role as immediate past president of the Queensland section of the AMA. He spoke about the topical issue of the Morris Inquiry into the events surrounding the provision of surgical services at the Bundaberg Base Hospital.

Trainees were supported by the continuing provision of both short and long courses for the first and second part examinations. These courses are always very popular and very well received and are usually full well in advance of their closing dates. Again I would like to thank those local Fellows who provide freely of their time to organize and participate in these courses, as well as the variety of formal and informal training sessions that take place over the year. The Registrars' annual meeting for 2005 was again a successful and informative forum for trainees to present their formal projects and participate in local continuing educational activities.

I am often asked by my colleagues about the College's Maintenance of Professional Standards program. It would appear from the feedback that I receive that many Fellows believe that the current program has some shortfalls particularly in relation to relevance and attainability, with Quality Assurance activities being the greatest cause of angst. I was fortunate enough to have taken part in a workshop run by the College to address some of these issues, and I believe that I was able to present the views that had been expressed to me regarding these problems with the current program.

Queensland Fellows are no doubt aware that our regional offices in Water Street are jointly owned by our College and the Royal Australasian College of Surgeons. The building has served us well but sadly has become increasingly under strain from the pressures of constant usage. The RACS secretariat has greatly expanded over the year with a number of previously Melbourne based activities relocating to Brisbane. Unfortunately the building can no longer cope and something needs to be done to allow us to continue with the multitude of activities that take place there. Our combined College's looked at a variety of options and came to the conclusion that our interests both now and into the future would best be served by demolishing the current structure and starting afresh with a purpose

build facility on the same site. I was hoping that during my term of chairmanship I would be able to report to our fellows that significant progress to this goal had been achieved. Unfortunately we remain locked in negotiations with our surgical colleagues and very little has been achieved.

On a local note I would like to thank our Regional Administrative Officer Ms Sharon Miethke for her tireless help and support throughout the year. Sharon recently announced her engagement and we all wish her well for her upcoming wedding. I would also like to formally welcome Ms Kylie Joynson who joined us at the end of 2005 as our administrative assistant in the Queensland office. Finally I would like to congratulate Dr Merv Cobcroft who completes his twelfth year of service to the Queensland Regional Committee and who will be retiring at the end of this current term.

.....  
**Dr Anton Loewenthal, Chairman  
Queensland Regional Committee**



# Western Australia



DR SIMON MACLAURIN

## OFFICE BEARERS

**Chairman** Dr Simon Maclaurin  
**Vice Chairman** Dr Chris Cokis  
**Honorary Secretary** Dr Michael Veltman  
**Immediate Past Chairman** Dr Grant Turner  
**Regional Education Officer** Dr Andrew Gardner  
**Continuing Education Officer**  
 Dr Jennifer Fabling (Resigned 20/8/05)  
**Continuing Education Committee**  
 Assoc Prof Michael Paech  
**Education Officer / WAASM Representative**  
 Dr Nedra vanden Driesen  
**Webmaster** Assoc Prof Richard Riley  
**Councillors** Dr Lindy Roberts, Dr Wally Thompson  
**Co-opted** Dr Suzanne Bertrand, Dr Jodi Graham,  
 Dr John Martyr  
**Acting Continuing Education Officer**  
 Dr David Wright  
**Trainee Committee** Dr Alan Millard  
**Mortality Committee** Dr Neville Gibbs  
**Australian Resuscitation Council**  
 Dr Aileen Donaghy

**Day Care Anaesthesia** Dr Stephen Watts  
**SARG/ Rural Education** Dr Leigh Coombs  
**ASA Representative** Dr Rob Storer  
**Faculty of Pain Medicine** Dr Roger Goucke  
**Faculty of Intensive Care/Simulation**  
 Dr Mary Pinder  
**Administrative Officer** Mrs Sandra Box

## Attendance at Regional Committee Meetings

Dr Simon Maclaurin	6/6
Dr Chris Cokis	5/6
Dr Michael Veltman	3/6
Dr Grant Turner	3/6
Dr Andrew Gardner	6/6
Dr Jennifer Fabling	3/6
Dr Nedra vanden Driesen	3/6
Assoc Prof Richard Riley	5/6
Assoc Prof Michael Paech	5/6
Dr Lindy Roberts	4/6
Dr Wally Thompson	4/6

## W.A. CHAIRMAN'S REPORT

### Committee Changes

Major changes this past year include the following:

Our Administrative Assistant of recent years, Mrs Patricia Luxford, resigned for family reasons having been outstanding in the position. We were fortunate to be able to appoint Mrs Sandra Box to replace Patricia and she has proved an excellent choice.

Dr Jenny Fabling, our Continuing Education Officer, stepped down as she and her family were leaving WA and Dr David Wright has been co-opted onto Committee to replace her. I thank them both.

Dr John Martyr has been appointed as Formal Project Officer and we welcome Dr Mary Pinder as our new JFICM Representative. She is also the new Director of CASMS (Centre of Anaesthesia Skills and Medical Simulation) taking over from Dr Richard Riley. Thanks to Richard Riley for a job extremely well done.

### Secretariat

Along with the major staff change noted above with the appointment of our new Administrative Assistant, we also now face the need to find a new physical location for the Secretariat. Having been on the campus of the University of Western Australia at the Simulator Centre for the past couple of years, pressure for space there has required us to move out. Fortunately, the University appears keen to accommodate us elsewhere on the campus, probably in conjunction with the College of Surgeons and other colleges. This would be an excellent outcome, providing a handy medical context with many good facilities nearby.

### Communications with ANZCA Council

These have improved over my time as Chairman via increased contact both in person and electronically. I have attended two Council meetings (in three years) and both the past and present Presidents have been welcoming and communicative. Tele-conferences following Council meetings between the President and Regional/National Chairs have helped keep us "in the loop" with regard to Council issues. We are also fortunate to have two Councillors from WA, both of whom try and attend our two monthly meetings when possible.

### General Issues:

Winter Scientific Meeting with the College of Surgeons

Dr Fabling's last function in her role as Continuing Education Officer was to organise our annual Winter Scientific Meeting. In 2005 this was a joint meeting with the College of Surgeons. It went very well in our now preferred venue at the new "University Club". Common topics of interest were explored in plenary sessions and both Colleges had separate streams for AGMs, registrar presentations etc.

### Relations with the ASA

We continue to work closely with the ASA. Following 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 coordination 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.

## 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, we remain aware of specialist anaesthetic shortages in rural and regional Western Australia. Most of the northern towns would appear to have a chronic shortage of anaesthetists and our secretariat fields a regular number of calls each year from hospital administrators seeking help. Not being an agency for such a service we can only suggest advertising options, however the ongoing nature of these requests is important for the College to be aware of.

## W.A. REGIONAL EDUCATION OFFICER REPORT Dr Andrew Gardner

### Training Numbers

There were 73 full time and part time trainees within the WA training scheme in BTY1, 2 and ATY 1 and 2. There is no doubt that part time trainees put extra strain on departments, and I thank our departments for so willingly accepting part time trainees.

The total number of positions for training in accredited departments now approaches 100 positions.

### Training Rotations

There remain no significant issues regarding the introduction of the modular FANZCA in Western Australia. Extra ICU rotations were secured for 2005 and 2006 to overcome this bottleneck. Preparations were made for introducing in 2006 a four term rotation scheme to the King Edward Memorial Hospital for Women and the Princess Margaret Hospital for Children. This will overcome the bottlenecks in these modules. Being in the fortunate position of having

one training scheme, we are able to monitor issues with respect to module completion and act pre-emptively to overcome these problems.

### Accredited Departments

Two of our hospitals have recently been under the scrutiny of the Hospital Accreditation Committee. I thank all those concerned at those two institutions for accepting and implementing the challenges and recommendations of HAC, and working to ensure that our departments provide a high standard for our trainees. I wish to also thank the consultants of all teaching hospitals who undertake a large number of roles in their non clinical and own time to ensure high quality training.

### Trainee Selection

As in previous years, selection of trainees was conducted by an inter-hospital group chaired by the REO. This process is under review.

### Trainee Orientation

In 2006, this was held as part of a "striving, surviving, and thriving" seminar. The guest speaker was a Leith MacPherson, a lecturer in acting from the Western Australian Academy of Performing Arts at Edith Cowan University, who spoke on communicating with confidence.

### Trainee Representative

Szu Lynn Chan was elected the trainee representative.

### Formal Projects Officer

Dr John Martyr has recently been appointed Formal Projects officer for the region. Approved projects may be found on the College website.

### Part 1 course

The Part One Course is coordinated by Brien Hennessy and Jay Bruce. Results continue to excellent. In 2005 the Renton Prize was awarded to both Luke Torre and Shannon Matzelle.

### Part 2 Course

In 2005 this was coordinated by Jeremy Macfarlane, and in 2006 is coordinated by Irina Kurowski. This course is also open to OTS who are sitting the OTS examination.

### Supervisors of Training

My thanks to the Supervisors of Training for their help in running the programme in 2005/2006: Jay Bruce, Soo-Im Lim, John Male, Steve Myles, Felicity Re, Polly Booth, Mark Somerville, Michael Veltman, and Alan Millard. Jay Bruce has completed a marathon term as Supervisor of Training at Fremantle Hospital, and is thanked for her contribution to our trainees.

## Appreciation

The tireless efforts of many in the WA Anaesthesia Community facilitate the smooth running of the programme, and this is evidenced by the excellent examination results. My sincere thanks go to all those who assist with clinical and scientific teaching, as mentors and in the selection of training.

The assistance of Sandra Box from the WA anaesthesia secretariat is most appreciated, in the smooth running of the training scheme, and also of the examinations.

Simon Maclaurin as Regional Chair has been a great support to me in this position.

## CONTINUING EDUCATION REPORT Dr David Wright

### Regional Scientific Meetings

The 2005 Winter Scientific Meeting (WSM): The WSM was held on 20th August 2005 at the University Club in the grounds of the University of Western Australia. This was a combined meeting with the Royal Australasian College of Surgeons, Western Australian State Branch. Two combined plenary sessions were held, and one separate craft plenary session. This was the second biannual visiting lectureship to honour Dr Maxwell T Sloss. Dr Michael Corkeron from Townsville Hospital was the Visiting Lecturer. Dr Corkeron undertook a series of lectures over the preceding week at metropolitan teaching hospitals, as well as visiting Bunbury.

The WSM keynote address by Dr Corkeron was "Older, Sicker, Fatter ... Where are the limits?" This address from the perspective of an anesthetist – intensivist was followed by Dr David Hillman providing an overview on the perioperative management of patients with obstructive sleep apnoea, and Mr Richard Lewis outlining the surgical options for management of obstructive sleep apnoea.

WA Anaesthesia thanks Smiths Medical Australasia for their generous sponsorship of this meeting and visiting lectureship. WA Anaesthesia also thanks Dr Jenny Fabling who completed her 15 month term as WA Regional Continuing Medical Education Officer at this meeting, and has since returned to Auckland, New Zealand.

The 2006 Autumn Scientific Meeting (ASM): The ASM was held on 18th March 2006 at the University Club. This meeting was organized predominantly by members of the ASA Committee with the theme "Pearls of Wisdom". This multidisciplinary meeting provided updates in diabetes, cardiology, and anaesthesia for laparoscopic gastric banding. A successful series of workshops were conducted in airway management and ultrasound techniques. The Bunny Wilson Lecture, "Tears of the Moon," was delivered by Dr Robert Wong, relating his experience with the pearl diving industry in Broome. Dr John Martyr shared his experiences of working in Banda Aceh in the aftermath of the tsunami. WA Anaesthesia thanks the sponsors and trade exhibitors.

### Other Activities

On 17th October 2005, we welcomed Professor Stefan De Hert from the Department of Anaesthesiology at the University of Antwerp. His presentation Cardio-Protection – Improving Outcomes in the “at risk” patient at the University Club was kindly sponsored by Abbott Australasia. The evening was completed with Dr Neville Gibbs presenting Trends in Anaesthetic Mortality.

For the past two years, Dr David Vyse has led a team from both Princess Margaret Hospital and King Edward Memorial Hospital in organizing two weekend country meetings at Bunker Bay Resort Dunsborough with the support of WA Anaesthesia. After the successful 2005 Update in Paediatric Anaesthesia, the 2006 Update in Obstetric Anaesthesia was again fully subscribed. Our thanks are also extended to the major sponsors Abbott Australasia and AMN AMRO Morgans and the trade exhibitors.

### Future Continuing Medical Education

The 2006 Spring Scientific Meeting will be held at the University Club on 2nd September 2006. The theme of this meeting is to be Imaging in Anaesthesia.

### Australian Resuscitation Council – WA Branch

Dr Aileen Donaghy has represented WA Anaesthetists on this Regional committee. Dr Mary Pinder will be the new representative. 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 ANZCA WA Committee and has kept the committee abreast of the many developments in the new Faculty.

### Faculty of Intensive Care ANZCA

Dr Mary Pinder has represented the faculty on the 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.

### Conclusion

As always, many contribute to the successful running of our Regional Committee. This is my third and last year in the role as Chairman and I would like to thank both outgoing and incoming Administrative Assistants (Mrs Patricia Luxford and Mrs Sandra Box) for their excellent work. All members of the Committee contribute in different ways and to different degrees – I think the Regional Education Officer role is the busiest and I thank Dr Andrew Gardner for all his time and effort.

Finally to all remaining members of the Committee, thank you too for your support of, and your contribution to, the work of the WA Regional Committee. Dr Michael Veltman is “Chairman elect” and due to take over from me after the May Council meeting later this year. I wish him well.

.....  
Simon Maclaurin  
Chair



# Robert Orton Medal

The Robert Orton Medal is the highest honour the College can award to its Fellows in Anaesthesia. This Award is made at the discretion of the Council, the sole criterion being distinguished service to Anaesthesia.

## Cindy Sui Tee Aun

Presented by Dr Leona Wilson

Professor Cindy Aun is well known to the anaesthesia community, and particularly to the paediatric anaesthesia community, as a result of her major contributions to paediatric anaesthesia, medical education and scientific enquiry over a period of more than 25 years.

Cindy was born in Amoy, China, but shortly after that her family moved to Burma during a period of unrest in China. She received her schooling at the Chinese Methodist High School in Rangoon, as her father even then believed that his children must have a Chinese education, as he foresaw that China would be a worldwide force in the future. She then graduated in medicine from the Rangoon Institute of Medicine. Again, at this time there was civil unrest in the country in which she was living, and her family moved on to Taiwan. After completing her House Officer time there in Rangoon General Hospital, Cindy moved to Hong Kong, where she started her anaesthesia training in the Tung Wah Group of Hospitals.

At this time there was no local specialist qualification in anaesthesia in Hong Kong, the Hong Kong College of Anaesthesiologists being formed in 1989, so Cindy then travelled to Britain to continue her training in anaesthesia. Cindy trained as a Senior House Officer and Registrar in Liverpool, and then as a Senior Registrar in The Royal Free Group of Hospitals, gaining her Fellowship of the Faculty of Anaesthetists, Royal College of Surgeons. After working as a Lecturer in the Anaesthetic Unit at the London Hospital, Cindy returned to Hong Kong in 1983.

On her arrival in Hong Kong she was appointed as Senior Lecturer, and she joined Professor J A Thornton and Dr Jean Horton in setting up the Department of Anaesthesia and Intensive Care in the Chinese University of Hong Kong, at the Prince of Wales Hospital. She immediately became the co-ordinator of the Paediatric Anaesthesia Service in the Department, an interest which stayed with her for the rest of her professional life. She was appointed as Reader

in the Department of Anaesthesia and Intensive Care in 1994, and Professor in 1995. In 2000, Cindy was appointed the Head of the Graduate Division of the Department of Anaesthesia and Intensive Care of the Chinese University of Hong Kong. She retired from active practice in 2005, but is still busier than ever finishing her research.

She was awarded her MD degree in 1994 for her research into propofol in paediatric anaesthesia. The research that she has undertaken has produced an extensive list of publications and presentations in conferences around the world. Topics include those related to paediatric anaesthesia, propofol, anaesthesia for ENT surgery, especially without endotracheal tubes, and lately investigations into post-operative cognitive function in children, the results of which is still in press.

Cindy's expertise in the practice of and research into paediatric anaesthesia was recognised internationally in that she is a member of the WFSA Paediatric Anaesthesia Committee, and a member of the Editorial Board of Paediatric Anaesthesia. Cindy has been very active in the anaesthesia community in Hong Kong, holding a variety of offices with the Society of Anaesthetists of Hong Kong. She was a Councillor of the Hong Kong College of Anaesthesiologists, and Chairman of their Board of Examiners for eight years.

ANZCA has benefited to an enormous extent from Cindy's service in Hong Kong. She was the Supervisor of Anaesthesia Training from 1984 until 2001; being one of our longest serving Supervisors. Our trainees benefited from her unstinting support of them, and her readiness to act in defence of their interests. Our examinations in Hong Kong were coordinated by Cindy, who also acted as an invigilator. ANZCA conferred the Diploma of FANZCA upon her in 1995.

Although she had a high flying career in anaesthesia, she was extremely modest, and a gifted, gentle and caring teacher to all anaesthesia trainees with whom she worked. All those who she taught found her very approachable and available to help out at any time.



Lately Cindy has been studying Buddhism, and trying to increase her understanding of the Dhamma through discourses with Buddhist monks. Alongside this she has been practicing Taijiquan and improving her photography skills.

Mr President, it is my great honour and pleasure to present Cindy Sui Tee Aun for the award of the Robert Orton Medal.

Dr Leona Wilson

## Garry David Phillips

Presented by Walter Thompson

Professor Garry Phillips is well known to the anaesthesia communities in Australia, New Zealand and the South Pacific. He has made major contributions to academic anaesthesia, intensive care medicine and emergency medicine in addition to his extensive contributions to the College over the last 21 years.

Garry was born in Bendigo and his secondary education was at St Ignatius College, Riverview, in Sydney. He spent two years as a Cadet Patrol Officer with the Department of Native Affairs in Papua New Guinea before commencing his medical training at the University of Sydney. He completed a Bachelor of Medical Science and married his wife, Marcia, before graduating MBBS in 1965. He worked at the St George Hospital in Sydney and the Mersey Hospital in Tasmania before undertaking his anaesthesia training at St George Hospital. Garry was admitted to Fellowship of the Faculty of Anaesthetists of the Royal Australasian College of Surgeons (FFARACS) in 1969. Later that year he, Marcia and the first two of their five children (Helen and Madeleine) travelled overseas as Garry had secured a position under Sir Geoffrey Organe as a Research Senior Registrar in the Magill Department of Anaesthesia at the Westminster Hospital in London. He subsequently worked in intensive care at the Karolinska Institute in Sweden under the direction of Professor Bertil Lofstrom and at the Hospital for Sick Children in Toronto under Dr Al Conn. He returned to Sydney

with experience in anaesthesia, research and intensive care plus two more children, Anthony and Anna. He was appointed Director of Intensive Care at the St George Hospital in 1973. At St George he supervised the Intensive Care Unit, administered anaesthesia, provided regional anaesthesia for cancer pain relief and in addition explored his interests in respiratory therapy and parenteral nutrition. At that time he was a member of the NSW Intensive Care Group, which preceded the formation of the Australian and New Zealand Intensive Care Society (ANZICS) and drafted the Constitution. He thus became a Foundation Member of ANZICS.

In 1976 he was appointed Senior Lecturer in Anaesthesia and Intensive Care at the newly established Flinders University and the Director of Intensive Care at the Flinders Medical Centre in Adelaide. Stephen, the youngest of their children, was born in Adelaide. In those early years at Flinders he established the Intensive Care Unit and was instrumental with Dr Fred Gilligan in setting up the South Australian Trauma and Retrieval Service. In 1982 he also took on the position of Director of the Accident and Emergency Department at Flinders. He was a Foundation Fellow of the Australian College of Emergency Medicine and contributed significantly to the development of the syllabus and examination system of that body. In addition, he has been an examiner and the Censor for the College of Emergency Medicine. Between 1989 and 1992 he was the Director of Anaesthesia and the Chair of the Division of Emergency and Perioperative Medicine at Flinders Medical Centre. He then returned to clinical anaesthesia with special interests in day ophthalmic anaesthesia and anaesthesia for liver transplantation. In 1992 he was appointed the Professor of Anaesthesia and Intensive Care at Flinders University.

At Flinders Professor Phillips made major contributions to the teaching of fourth and sixth year medical students and developed a multisystem approach to the Graduate Entry Medical Program linking anaesthesia, intensive care and emergency medicine. He was a major force in the education of trainees in anaesthesia and intensive care and was amongst the founding members of the medical research community at Flinders Medical Centre. His research interests have included cardiovascular physiology, respiratory therapy, parenteral nutrition, epidemiology of trauma, computer-based patient monitoring and computer-based data analysis in ICU. Professor Phillips has authored some 32 publications in scientific journals on a wide range of topics and contributed to over 30 books and chapters in

addition to 57 presentations at national and international meetings. He has also taught extensively in the South Pacific, particularly at the University of Papua New Guinea and the Fiji School of Medicine for their Masters of Medicine programs in Anaesthesia. In addition he has been an Examiner for the School of Postgraduate Studies in Singapore, the Chinese University in Hong Kong, the School of Medicine in Fiji and the University of Papua New Guinea.

Professor Phillips has also made a very great contribution to the teaching and training of Ambulance and Paramedic Officers in South Australia, including the introduction of the Bachelor of Health Science (Ambulance) at Flinders University. In recognition of his efforts he was inducted as a Serving Brother of the Order of St John in 1984 and in 1996 he was made an Officer of the Order of St John. He has been the Ministerial nominee to the South Australian Trauma Clinical Advisory Committee and the South Australian Ambulance Service Board. From 1988 to 1995 he was an instructor and the Director in South Australia for the Early Management of Severe Trauma Course for the Royal Australasian College of Surgeons (RACS).

Garry was elected to the Board of the Faculty of Anaesthetists, RACS in 1985 and in 1992 he became Councillor of the Australian and New Zealand College of Anaesthetists (ANZCA). During that time he contributed significantly to the development of the College and held the positions of Chairman of the Intensive Care Education Committee, Maintenance of Standards Officer and Chair of the General Examinations Committee. He developed and introduced the College's Maintenance of Professional Standards Program. He was the President of ANZCA from 1996 to 1998, an office which he exercised with great wisdom, diligence and a quiet determination to enhance the status of anaesthesia and the College.

Professor Phillips has been a member of the Committee of Presidents of Medical Colleges, Chairman of the Workforce and Restructuring Committee and a member of the Medical Training Review Panel. In addition, he has contributed to the Australian Medical Workforce Advisory Committee since its inception in 1995. He is widely respected by our sister Colleges, the Universities, the Federal Government and the jurisdictions for his integrity, knowledge, common sense and fairness. He was awarded the Order of Australia (AM) in 2005 for his contributions to anaesthesia, intensive care and emergency medicine plus his teaching and community service.



Professor Phillips currently holds the positions of Emeritus Professor, Flinders University; Visiting Professor, University of Papua New Guinea and the Director of Professional Affairs within ANZCA. He was appointed as the inaugural Director of Professional Affairs for the College in 1999 and has served with great distinction in that capacity. He has represented the College on countless Boards, enquiries and 'think-tanks'. His patience, ability to listen and capacity to produce sound arguments plus sensible directions are greatly admired and appreciated in these forums. Garry, together with Jeanette Thirlwell Jones and Barry Baker, ensured that the second volume of One Grand Chain (The History of Anaesthesia in Australia 1846-1962) was completed and published after the death of Gwen Wilson. It is largely due to his prodigious work, attention to detail and perseverance that the College was able to secure accreditation from the Australian Medical Council. In addition to a clear and incisive mind which is able to work through the nuances of complex situations and produce workable solutions, he has the ability to deliver his findings with tact and diplomacy.

He has provided the Council with a wealth of background knowledge about the Faculty of Anaesthetists and the College and produced well crafted advice which has guided and facilitated the deliberations of Council. Professor Phillips has been the ideal Director of Professional Affairs and in the last ten years he has contributed enormously to the current status of the College and its future development. Throughout his career he has had the support, advice and love of Marcia, their five children and more recently the grandchildren and we owe them a debt of gratitude for the assistance they have given him in all these endeavours.

Mr President, Professor Garry David Phillips has made distinguished contributions to anaesthesia, intensive care medicine, academic anaesthesia, teaching and research in addition to his exemplary contributions to the College. It is, therefore a great honour and pleasure to present him for the award of the Robert Orton Medal.

.....  
**Dr Walter Thompson**

# Robert Orton Medal



## Pamela Elizabeth Macintyre Presented by Professor Milton Cohen

Dr Pam Macintyre enjoys a national and international reputation for her clinical work, teaching and leadership in the field of management of acute pain.

Pam was born in Scotland and spent her formative years in Tasmania, progressing to a Bachelor of Medical Science degree in 1971 and Bachelor of Medicine and Bachelor of Surgery degrees three years later from the University of Tasmania. After graduation she moved to the Royal Adelaide Hospital and then the Adelaide Children's Hospital in pursuit of her earlier interest in paediatrics. There, a serendipitous exposure to the challenges of anaesthesia in children evolved into a desire to train in anaesthetics which she pursued initially at Kingston-on-Thames in England for eighteen months. During that time she was awarded the Gold Medal for the Primary Fellowship Examination of the Faculty of Anaesthetists of the Royal College of Surgeons of Ireland. In late 1979 she returned to Adelaide to complete her anaesthetic training. She was admitted as a Fellow of the then Faculty of Anaesthetists in 1981 and worked as a consultant at Flinders Medical Centre and at Daw Park Repatriation Hospital in Adelaide.

In 1984 Pam was drawn to Seattle, as an Attending Anesthesiologist in the Department at the University of Washington. The two years she spent there were to reorientate the course of her career, as she came into contact with the legendary John Bonica and worked with Brian Ready who was at that time initiating a post-operative pain service, with the then innovative techniques of epidural and patient-controlled intravenous analgesia.

On her return to the Royal Adelaide Hospital, Pam was encouraged by Bill Runciman and Bruce Rounsefell to set up an Acute Pain Service, of which she has been the Director since 1989. In characteristic style – low profile and team-work - and with the support of Guy Ludbrook, Neil Maycock and Dick Willis in particular at the Royal Adelaide, and the collaboration of major players in other centres such as David Scott and Stephan Schug, she has set the agenda in extending the concept and purview of a hospital Acute Pain Service beyond post-operative pain into consultant-based comprehensive perioperative care and the management of acute pain in non-operative situations.

Pam Macintyre has been a tireless contributor to the disciplines of anaesthesia and pain medicine. Evidently she enjoys organising meetings, having been not only the Scientific Convenor of this meeting but also Convenor of the College Meeting in Adelaide in 1999, Deputy Convenor of the Pain Section for the World Congress of Anaesthesiologists in 1996 and for the ASA Meeting in 2000. She served on the Executive Committee of the Acute Pain Special Interest Group of ANZCA from 1994 to 2003 and was an Examiner for the College from 1997 to 2005. She is a Foundation Fellow of the Faculty of Pain Medicine and served on the Faculty Board and its Education Committee from 1998 until 2003. She has been an Examiner for the Faculty since 2000.

When it comes to writing the word and spreading the word, Pam Macintyre and acute pain management are almost synonymous.

Her book, with Brian Ready, *Acute Pain Management: a practical guide*, first published in 1996, has been translated into Greek and Italian and is being prepared for its third edition. She is Joint Series Editor of the Acute Pain volume of the tetralogy *Clinical Pain Management*, now into preparation of its second edition.

She has been Chair of the Working Party which produced *Acute Pain Management: Scientific Evidence, Second Edition*, published by the College and the Faculty of Pain Medicine last year with the imprimatur of the National Health and Medical Research Council, to international acclaim. These have been backed by numerous publications and presentations, including the theme of effective opioid usage in acute pain.

Along the way, Pam has achieved a Masters Degree in Health Administration from the University of New South Wales in which she excelled. She is a Clinical Lecturer at the University of Adelaide and has been an enthusiastic teacher of undergraduate medical students, of trainee anaesthetists and pain physicians, of general practitioners and of nurses.

It is a singular source of pride that Pam is the first Fellow of the Faculty of Pain Medicine to be awarded the Orton Medal for her service to Anaesthesia, thus underlining the pioneering nature of her contributions.

Mr President, I present Pamela Elizabeth Macintyre for the award of the Robert Orton Medal.

.....  
Professor Milton Cohen



Tuvalu is a very small island nation in the Pacific ocean. It has the smallest population of any independent nation, apart from the Vatican, and is the fourth smallest in terms of land area. It lies in the middle of the Pacific Ocean halfway between Australia and Hawaii, and consists of a ring of nine narrow islands and atolls.



## Dr Christopher Reid

Austin Health Hospital  
East Launceston Tasmania

The largest is Funafuti, about 10 km long and only 5m. above sea level at its highest point. As a consequence it is at high risk of submergence from global warming and many believe that Tuvalu will have to be evacuated in the next 20 years or so.

Tuvaluans are very poor with very large extended families. There is no primary industry and most income comes from foreign aid.

Our orthopaedic trip was part of the Pacific Island Project (PIP), funded by the Australian Government through AusAID. Our five man team consisted of a radiographer Steve Corbett, an orthopaedic theatre nurse Paul Van Nynanten, two orthopods Mr Peter Van Winden and Mr Roger Butorac, and myself. The trip was from 14th-21st May 2006 and all the surgery was performed at the Princess Margaret Hospital on the main island of Funafuti. Before we left Paul had organised for about \$125,000 worth of orthopaedic equipment to be sent there in 44 boxes. The equipment was mainly donated by Smith and Nephew and the rest by Kimberly Clark and Linvatec.

Before going I tried to find out as much as I could from Dr David McCuaig who had been there before, Dr George Merridew and Dr David Pescod. The anaesthetic equipment that we took was organised by Helen Postma from the RACS, it consisted of a box of drugs, a bag of disposables and an Artema anaesthetic monitor. In addition I took my own nerve stimulator.

Getting there was the hardest part of all. We flew from Sydney to Nadi to Suva. On Monday morning at Suva airport things rapidly went into neutral and then reverse. We told the airport manager we were going to Funafuti and he helped us put all our luggage through the x-ray. We then walked two metres to the check-in desk where the same manager was very sorry to tell us but our plane to Tuvalu was "broken" and would not be ready for TWO days! So there we were stuck in rainy Suva for two days. Initially Air Fiji booked us into a hotel in Suva which looked very seedy and we quickly moved out of. Later we found out that an Australian had been murdered in the hotel last

year! While in Suva we checked out the local markets and I visited some friends who have been living there for a couple of years.

Four am Wednesday morning we were up and heading out to the airport. We were crossing our fingers that we would actually be able to fly to Tuvalu. By 6.30 am we were airborne and flying out over the neverending Pacific ocean. By 9am we were landing on the strip of beach called Funafuti in 30 degrees heat and 80% humidity. We were taken straight to the hospital where we met the Minister of Health, and then we got going.

*'I went down to outpatients to find it overcrowded and the two surgeons working their way through 50-100 patients.'*

The Princess Margaret Hospital was relatively new, being built by the Japanese about three years ago. However due to lack of funds for maintenance it is already showing signs of neglect and being run down. There was only one theatre which was quite well equipped. It had a Boyles machine and circle circuit with a plentiful supply of CO2 absorber. There were 4 relatively new portable monitors for theatre and recovery but with no gas analysis. We quickly got to work setting up the anaesthetic equipment, drugs and disposables and Paul set up all the surgical equipment. Despite the fact that about ten boxes of orthopaedic equipment had not turned up by midday we were ready to go. I went down to outpatients to find it overcrowded and the two surgeons working their way through 50-100 patients. Apparently word had been sent out over the local radio and locals had been arriving by boat from the outer islands. It looked like there would be no operating on Wednesday! I helped the surgeons with the patients and saw those that were earmarked for surgery and soon we had a list for Thursday. That night we had a few beers and went to bed early.



Thursday, Friday and Saturday were quite similar. We started about 8.30 am and worked straight through until about 8 pm. In the 3 days Peter and Roger saw about 150-200 patients and we performed 16 procedures, of those about half were children and most of those cases were for talipes correction. Otherwise the most common cases were washouts for osteomyelitis or infected metalwork. We tried to avoid inserting any metal where possible and to perform cases that would have maximum benefit with the lowest risk of complications. We had one memorable surgical complication where we had washed out infected metalwork on a distal femoral fracture. A couple of hours postop the 25 year old patient was rushed back to theatre clutching a garbage bag under his knee with about two litres of blood clot. Luckily my femoral nerve block was still working and we stemmed the flow just under local anaesthesia.

On Sunday we had the morning free so we hired a couple of the local fishermen to take us out to the conservation area. The boat picked us up from our hotel and took us to the most stunning island. The sand was pure white and the water incredibly clear and blue. We snorkelled and swam the whole morning and then before we knew it we were back on our plane to Australia.

Overall we felt the trip was a success and hopefully we made a difference, especially to the children.

# JOINT FACULTY OF INTENSIVE CARE MEDICINE

## Dean's report

### Kia Ora,

I am about to hand over the Dean's role to Richard Lee from Royal North Shore Hospital, Sydney, so this will be my last Dean's Message. The two years have been rewarding and it has been a pleasure to get to know Fellows in the various regions. Thank you for your support. The Fellowship is strong and in good heart, with an excellent group of Board Members, who genuinely have the welfare of Fellows in mind. Numbers are steadily growing (638 registered trainees 533 Fellows, which of course means a lot more work for our administrative staff, Examiners, Board Members, Regional Committee and New Zealand National Committee members, and other committee members. The amount of pro-bono work is staggering and of high quality.

### DIRECTOR OF PROFESSIONAL AFFAIRS

A new venture for the Faculty is the appointment of a Director of Professional Affairs. We are extremely pleased that Dr Felicity Hawker has agreed to take the position as she brings a lot of experience and other suitable skills. Initially the paid position will require eight hours per week. She will work alongside Professor Garry Phillips who has been the ANZCA DPA and has assisted the Joint Faculty in a major way. The job description is wide, but includes development of submissions, policy documents and guidelines, meeting outside bodies, and assisting the Dean and Executive Officer with their duties. Felicity will also bring wise counsel to the Board in our deliberations as Fellows will remember that Felicity was a former Dean.

### ANZCA AND RACP ANNUAL SCIENTIFIC MEETINGS

Both these were held recently. JFICM provided a single intensive care session at the RACP meeting in Cairns with the major contribution made by Drew Wenck. The ANZCA/JFICM/FPM meeting had a more extensive program which was generally well attended. The Foundation Fellow was Dr Geoff Shaw from Christchurch and he presented some of his excellent research work done at Christchurch (NZ) in association with the School of Mechanical Engineering. His contributions were very well received. Thank you to Dr Mark Finnis for organizing the program.

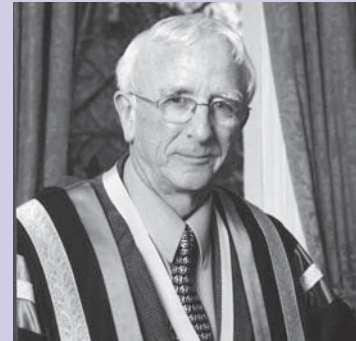
### EXAMINATIONS

The first set of examinations have just been held for 2006. You will remember that we were concerned about the pass rate at the previous examination. We are pleased to announce that 22 out of 29 were successful. The only change we have made is to allow candidates to sit the clinical part of the examination if they reach 45% in the written (previously it was 50%).

The draft syllabus for the Primary Examination has now been completed (with thanks to the efforts of our Chair of Exams, Dr Peter Morley) and it is intended to distribute this soon so that potential candidates and teachers will have at least 12 months to prepare. The first examination will be in 2007.

### ANZICS AND JFICM

The relationship between the two Boards is excellent at the moment. This has been helped enormously by the President and Dean attending both sets of Board Meetings. I believe that it is extremely important that the two bodies work in close cooperation as we, along with other Colleges and Associations have many challenges ahead. These include dealing with outside bodies such as the ACCC, the NZ Commerce Commission, the Productivity Commission of Australia, the Australian Medical Council, the NZ Medical Council, the Universities and the various State Registration Boards. We have nearly completed a document which defines our mutual functions i.e. main functions of JFICM, main functions of ANZICS and areas which are common responsibilities and where we will have to particularly work well together.



JACK HAVILL

### RETIREMENT FROM THE BOARD OF DR NEIL MATTHEWS

Neil has now finished 12 years on the Board, and the rules state he must stand down. He has made an outstanding contribution bringing a mixture of many qualities including humour, analytical thinking, awareness of the needs of the Fellows, hard work, and a paediatric presence. He has held many portfolios including that of Dean. I first met Neil many years ago at the Waikato ICU when he came to NZ to enjoy some OE and trout fishing. He was an excellent registrar then and it is fortunate for us that his outstanding qualities have been applied to intensive care and JFICM. We wish you well Neil.

### CONCLUSION

Finally, I wish to thank our staff. It has been a great pleasure working with them. Andrew Coghill has now left for greener pastures and we wish him well. As this is my last Dean's letter, I wish to pay particular tribute to Carol Cunningham-Browne our Executive Officer, who has been a tower of strength to me and a number of Deans now. Carol guides the affairs of JFICM with great pleasantness. Among other things, she trouble-shoots, enables, supports Fellows and Trainees and puts in an enormous amount of work. We are very fortunate to have such a talented person at the helm.

  
Jack H Havill  
Dean

# Western Australia

## OFFICE BEARERS AND MEMBERS

Chairman Dr C. Edibam  
 Deputy Dr David Simes  
 Hon. Treasurer Dr Brad Power  
 Hon. Secretary Dr Stuart Baker

## EX-OFFICIO MEMBERS

Board member Dr Vernon van Heerden

## CO-OPTED MEMBERS

New Fellow representative Dr David Morgan  
 Trainee representative Dr John Lewis  
 Trainee Liaison Officer Dr Steve Edlin  
 Administrative Officer Ms Sandra Box  
 (Secretary replacing Ms P Luxford- retired.)

## MEETINGS 2005/2006

12 July 2005  
 13 October 2005  
 16 March 2006

## ATTENDANCE OF ELECTED MEMBERS

Dr C Edibam: 3  
 Dr D Simes: 2  
 Dr B Power: 3  
 Dr V van Heerden: 1  
 Dr S Baker: 1

## CHAIRMAN'S REPORT

The last 12 months has been a relatively fruitful year for the WA regional committee. Several new initiatives have been discussed and are currently being actioned. These initiatives include

1. The creation of a central trainee liaison officer position. Dr Steven Edlin accepted the new Trainee Liaison Officer position in January 2006. He has contacted all the registered trainees and has identified those with serious intentions regarding future ICU training. Of the 33 "registered" trainees in WA it has become apparent that less than 15-20% seriously consider IC medicine as their chosen career path. Most registered, "just-in-case"!
2. Combined local ANZICS/JFICM meetings. The aim is to have 4 educational meetings per year (AGM/ASM included). We will endeavour to have them as sponsored evening dinner events with at least one out of state speaker per year. Given the small cohort and dual membership, this approach is far more practical than having separate ANZICS and JFICM meetings. It is noted however that ANZICS business is separately minuted. We have had three combined dinner meetings with speakers including Dr Jonathon Janes from the UK talking on sepsis as well as some stimulating clinical case conferences.

3. The provision of formalised training sessions and workshops for trainees. There was unanimous agreement to design and run an inter-hospital trainee teaching schedule. This is envisaged to take over a year to finalise the program and includes the provision of didactic lectures and skill workshops in addition to the unit based teaching and exam practice sessions that have been provided for decades. Drs David Morgan, Cyrus Edibam, David Simes and Mary Pinder have kindly agreed to form a subcommittee to assist this process. This will hopefully improve on the already outstanding record of WA trainees in the JFICM fellowship exam.

4. The possibility of role delineation and closure amongst the various public hospitals under the current WA Labor Government increases the need for an interhospital rotating training scheme. Exposure to adequate case-mix may be only possible with this type of scheme. This is currently under discussion. In addition there was vigorous debate over some issues raised by the central Faculty. Of note, were the discussions centring on the mandatory 6 month senior registrar position. There was unanimous in-principle support for this concept but the practicalities of implementing this in bigger units, like Royal Perth Hospital are not possible. If this were to become a mandatory requirement as opposed to a recommendation, then a rotating trainee scheme whereby trainees can move to smaller units for their "on-call" time would become necessary.

I would personally like to thank the JFICM for inviting me to the February Board meeting in Melbourne as an observer, which was an enlightening experience. The amount of "extra" work put in by the Board members is appreciated.

Finally, The WA Regional committee would like to acknowledge the productive Deanship of Dr Havill and congratulate Dr Richard Lee on becoming the new Dean.

.....  
 Dr Cyrus Edibam  
 Chairman  
 WA Regional Committee  
 3/05/2006

# South Australia

## EDUCATION

Trainees: Two local trainees, Louisa Chan and Scott Simpson, were successful in the Joint Faculty Fellowship Examination in 2005. JV Peter was awarded the inaugural Felicity Hawker Prize for Best Registrar Presentation at the JFICM ASM in Sydney, 2005.

"Tub's course" (the Australian Short Course on Intensive Care Medicine) was very successful and, once again, was heavily oversubscribed. Thanks to all Fellows who make this course possible through their efforts as members of the faculty.

Tub Worthley retired from the organization of the Short Course after more than 20 years in that role. In that time Tub has taught the vast majority of the intensivists who currently practice in Australia and New Zealand! He is to be congratulated for such an extraordinary effort and deserves the thanks of all those who have benefited from his teaching. In appreciation of his commitment to teaching it was resolved that the Short Course should continue to be called "Tub's course".

Supervisors of Training: All South Australian Supervisors of Training remain as co-opted members of the Regional Committee to facilitate communication between the different training Units.

## CONTINUING EDUCATION

Local Meetings: A combined JFICM and ANZICS meeting on the new SA Coroner's Act was addressed by the South Australian Coroner, Mr Wayne Chivell. The meeting was very successful with clarification of the implications of the new Act for intensivists in SA. Local Fellows were busy throughout the year with organization of the highly successful ANZICS ASM in Adelaide in October.

College Meeting Adelaide 2006: Mark Finnis, as the Intensive Care Convenor, has organized an interesting intensive care program for the ANZCA ASM. The Faculty Visitor will be Geoff Shaw. David Evans will convene the Younger Fellows' Conference.

## OTHER MATTERS

A reciprocal arrangement was set up in 2003 whereby the Chair of ANZICS (SA) and the Chair of the JFICM (SA) were to be invited to the meetings of the other's Regional Committee. Given the overlap in the membership of the ANZICS and Joint Faculty Regional Committees and the small number of members involved, it was agreed to run concurrent meetings of these 2 committees. This has proven to be successful and will continue in future. The regional ANZCA Chair has also been invited to attend our meetings to facilitate communication, particularly in regard to training.

.....  
**Dr Robert Young**  
Chair  
9th May, 2006



# New South Wales

## OFFICE BEARERS & MEMBERS 2005 / 2006

**Chair** Yahya Shehabi  
**Vice Chair** Ian Seppelt  
**Secretary** Elizabeth Fugaccia  
**Elected members** Edward Stachowski  
 John Myburgh (also ex-officio)  
 Ray Raper (also ex-officio)  
**ACT Representative** Helen Bidstrup  
**New Fellows' Representative** Michael Davis  
**Ex-officio Board Members** Richard Lee

### Retirement of Regional Committee members 2006

Nominations for NSW RC membership was sought from NSW fellows in March 2006.

Drs J Myburgh, Ian Seppelt, Y Shehabi and E Stachowski did not seek re-election.

Total number of Regional Committee meetings held: 3

### Dates of meetings:

20 July 2005  
 9 November 2005  
 5 April 2006

### Attendance of elected members:

Edward Stachowski: 2  
 Elizabeth Fugaccia: 2  
 Yahya Shehabi: 3  
 Ian Seppelt: 1  
 John Myburgh: 2  
 Ray Raper: 3

## HOSPITAL ACCREDITATION

The current status of hospitals accredited at C24 and C12 remained unchanged.

Inspections were undertaken for Concord Hospital, Royal North Shore Hospital, Sutherland Hospital, the Mater Hospital, Newcastle, and the Prince of Wales Hospital. Representation at interviews for intensive care positions across NSW hospitals was made on behalf of the JFICM.

## NSW INTENSIVE CARE LONG & SHORT COURSES

These courses continue to attract trainees from NSW and interstate and have been running in 2005/06 along the same format.

## BIMONTHLY MEETING AT THE PRINCE OF WALES HOSPITAL

In collaboration with Australian Donate, the Regional Committee patron the first meeting of 2006, which was attended by more than 65 JFICM fellows, to raise awareness of issues related to organ donation in NSW.

## AMA CAREER EXHIBITION DAY MARCH 25 2006

The Chairman of the Regional Committee and Dr David Collins attended this career day for NSW medical students and JMOs. The exhibit was attended by more than 300 registrants and interest in the JFICM booth was overwhelming. Dr Patricia Figgis, a trainee from Prince of Wales Hospital, gave a presentation outlining the role of intensivists and inviting young doctors to consider intensive care a future career.

This event will be held annually following the success this year. Its important to have adequate preparation by the head office including 200 intensive care brochures, videos and perhaps a projector presenting the attractive nature of intensive care as a career for young doctors.

## STATE COMMITTEES REPRESENTATION

The Regional Committee Chair continued to represent the JFICM on the NSW Standing Committee for College Chairmen, through which comments and response from the Regional Committee on issues of concern was presented. Of note is the response to the Institute of Medical Training and Education

(IMET) plans towards overseeing the process of training in intensive care in NSW. Richard Lee and Ray Raper submitted a Regional Committee response to the IMET plans for overseeing the ANZCA training in NSW which has significant implications to intensive care trainees seeking a 12 months placement in Anaesthesia.

## NEW ELECTED REGIONAL COMMITTEE MEMBERS

The following were elected unopposed:

Dr Deepak Bhonagiri

Dr Elizabeth Fugaccia

Dr Preya Nair

Dr Raymond Raper

Prepared by

Yahya Shehabi

Chairman NSW Regional Committee

Dated: 9 May 2006



# Tasmania

## OFFICE BEARERS

Chair Dr John Gowardman  
 Hon Secretary Dr Alan Beswick  
 Hon Treasurer Dr Alan Rouse

The Tasmanian sub-committee of the Joint Faculty of Intensive Care Medicine has been in operation for a little over one year.

The Tasmanian sub-committee was formed in February 2005 and remains comprised of Chairman, Dr John Gowardman, Honorary Treasurer, Dr Alan Rouse and Honorary Secretary, Dr Alan Beswick.

The last twelve months has been a productive one for the Tasmanian Faculty. In August of 2005, the Burnie Hospital hosted the Annual Scientific Meeting for the State which was attended by guest speakers including Dr Michael Buist. The theme was of medico-legal flair with emphasis on hospital emergencies and their response.

This meeting was organised by Dr Marcus Skinner and Trudy Seager from the North West Regional Hospital and was extremely well attended with a very good trade display.

The combined ANZICS JFICM meetings continue to be held at least three times per year in Launceston and remain popular. Because of the small group of Fellows, many of whom are ANZICS members, the meetings are overlapping. However we have attempted to separate the Joint Faculty of Intensive Care Medicine business from the ANZICS business.

Dr Stan Yastrebrov, (Chairman, Tas ANZICS), has been diligent in organising these meetings and this brings Fellows together from all the major hospitals from within the State. These meetings are often accompanied by an educational programme sometimes with guest speakers. Thank you to Stan for making these an ongoing success.

## EDUCATION AND TRAINING

Dr David Cooper from the Royal Hobart Hospital's appointed supervisor of training during the 2005 year and Dr John Gowardman from the Launceston General Hospital remains the current supervisor of training for that unit. The Royal Hobart Hospital remains accredited for 24 months of core training and the Launceston General Hospital for 12 months of core training. Both hospitals have had pleasing recruitment with retention of better quality and more experienced registrars staffing their Units. In particular, the Launceston General Hospital has now five full time registrars and one resident medical officer which is a vast improvement from previous years.

As of the 7th February 2006 the state of Tasmania had eight trainees registered with the JFICM.

## TRAUMA VERIFICATION PROGRAMME

The Australasian Trauma Verification programme of which the Joint Faculty of Intensive Care Medicine in the Australian New Zealand College of Anaesthetists are active participants is a multi-disciplinary inter-collegiate process developed through the College of Surgeons to assist hospitals in analysing the system of care of the injured patient.

Sub-committees were asked to nominate suitable applicants to form reviewing committees and Dr Scott Parkes from Launceston was nominated as the Tasmanian representative to this panel.

## NEW FELLOWS CONFERENCE 2006

Unfortunately Tasmania was unable to provide a new Fellows representative to this meeting.

## OTHER BUSINESS

Preparations are well under way for the combined ANZICS/ACCCN meeting in Hobart in October. Invited speakers include Dr Fiona Coyer, Thomas E Stuart and Dr Julian Bion. This should be a very good meeting and we thank Andrew Turner and Jenny Barnes as the medical and nursing convenors respectively.

## ADMINISTRATIVE

We would like to thank Di Cornish from ANZCA in Hobart for providing secretarial assistance to the sub-committee over the last 12 months.

.....  
 John Gowardman  
 Chairman  
 Tasmanian Regional Sub-Committee  
 Joint Faculty of Intensive Care Medicine  
 Launceston  
 April 2006





PAUL JOHN TORZILLO AM

## Citation

Paul Torzillo graduated in Medicine from the University of Sydney in 1976. He completed his advanced training in Respiratory Medicine and was admitted to Fellowship of the College in 1982. In 2002, he became a Fellow of the Joint Faculty of Intensive Care Medicine. In 1985, Paul was appointed as a Visiting Physician in both General Medicine and Thoracic Medicine at the Royal Prince Alfred Hospital (RPAH) and in the next year also took up a position as a Staff Specialist in Intensive Care at the same hospital.

Since that time, his clinical responsibilities have continued to increase and he currently holds the positions of Senior Respiratory Physician and Senior Staff Specialist in Intensive Care at the Royal Prince Alfred Hospital, Visiting Respiratory Physician at the New Children's Hospital Westmead, Clinical Director of the Respiratory and Clinical Care Services for the Central Sydney Area Health Service and Medical Director of the Nganampa Health Council in the Pitjantjatjara Lands in Central Australia.

Paul has also been an active member of a large number of Commonwealth and State Government Committees and Advisory Groups, largely in the areas of Public Health and delivery of clinical care to Aboriginal patients. These have included membership of the Remote Area Aboriginal Health Committee – a ministerial appointment in 1997, Aboriginal Health Expert Advisor to the Commonwealth Department of Health since 1998 and a member of the Indigenous Health Reference Group to the Australian Health Ministers Conference in 2003. He also held a number of consultancies for the World Health Organisation in Ethiopia and Vietnam, advising on protocols of acute respiratory management, particularly in children.

Paul has been an active College member and apart from his work in Aboriginal Health, he has made major contributions in post graduate training. He has been a member of the Written Examinations Committee (Adult Medicine) since 1988 and its Chairman since 1998. During this time, he has overseen major changes and developments of the Written Examination and in particular to the issues of standard setting and blueprinting questions across the informal curriculum. He has been a critical and knowledgeable examiner in the Clinical Examination since 1993 and, as Clinical Superintendent and, later, Director of Physician Training at RPAH, he has been a major contributor to the preparation of trainees for the FRACP Examination. For these activities and for his contributions to the Indigenous Health programmes in Australia and overseas, he was made a Member of the Order of Australia in 2003.

Paul Torzillo is one of those people who can be relied on to make a contribution, over a wide range of interests. He offers sound, impartial advice, he sees the flaws in superficial arguments and he always puts the interests of the College as a high priority. He expects high standards of others but he is supportive and tolerant. He has been a huge resource for individual doctors, the College and Internal Medicine in Australia. He is a very worthy recipient of the John Sands Medal.



# Professional documents

## JOINT FACULTY OF INTENSIVE CARE MEDICINE

### 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 (2000)

The Supervision of Vocational Trainees in Intensive Care

### IC-5 (1995)

Withdrawn

### 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 of 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)

Minimum Standards for Intrahospital Transport of Critically Ill Patients



Successful JFICM exam candidates March/May 2006

Left to right: Dr A J Neal, Dr K Grove, Dr C O'Loughlin, Dr F Van Haren (OTS), Dr J S chan, Dr C Killick, Dr A J Westbrook, Dr S Sane, Dr D Moxon, Dr R Rajaram, Dr S Sriram, Dr S O'Donoghue, Dr R Pandit, Dr D Rigg, Dr Y Lawrey, Dr T Corcoran, Dr P Figgis, Dr E Hothersall, Dr R Rai, Dr A Shah, Dr N Raut (Dr J Ogg absent)

### PS40 (2005)

Guidelines for the Relationship Between Fellows, Trainees, and the Healthcare Industry

### PS45 (2001)

Statement of Patient's Rights to Pain Management

### PS48 (2003)

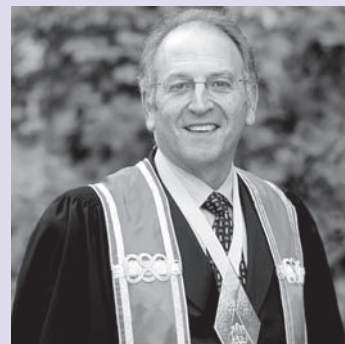
Statement on Clinical Principles for Procedural Sedation

### PS49 (2003)

Guidelines on the Health of Specialists and Trainees



# FACULTY OF PAIN MEDICINE



MILTON L. COHEN

## Retiring Dean's report to the AGM

In November 2005, the Australian Federal Minister for Health and Ageing advised the Australian Medical Council that a case had been made for Pain Medicine to be recognised as a medical specialty in Australia, thus completing Stage 1 of the AMC's process for such assessment.

### PAIN MEDICINE RECOGNISED AS A MEDICAL SPECIALTY

Stage 2, assessment by the AMC of the education and training programs available for the medical specialty, was also completed and re-accreditation has been given to 31 December 2008, in line with the next accreditation review of ANZCA.

The Faculty has been acting as an agent for Medicare Australia with respect to registering pain specialists. We are grateful to the ASA for its negotiation of the new fee structure on behalf of pain specialists.

### FELLOWSHIP

The active Fellowship now numbers 213, of whom 74 have been admitted through training and examination. Just over 60% of the Fellowship are anaesthetists by primary college fellowship. There are seven Honorary Fellows.

The Board has completed an extensive process of revising, reorganising and realigning its Administrative Instructions. The signal role of the Censor, Dr David Jones, as architect of this revision, is acknowledged with gratitude.

Entry to Pain Medicine training is now open to Fellows of RACGP or RNZCGP and to Fellows of a Chapter or Faculty of a participating College; such trainees (other than AFRM) must complete three years of approved training, of which two must be spent in a Faculty-accredited unit.

### PERSONAL AND PERSONNEL

The Faculty noted with sadness the death of Mrs Joan Sheales FANZCA (Hon), the first CEO of the College. We have welcomed Dr Mike Richards as CEO of ANZCA.

Mrs Barbara Walker, donor of the Barbara Walker Prize for Excellence in Pain Medicine at the Faculty Examination, was honoured with an AO.

Congratulations go to Dr Pam Macintyre on her award of the Robert Orton Medal by ANZCA.

At the recent Board election, A/Prof Leigh Atkinson FRACS was re-elected unopposed, Dr Penny Briscoe FANZCA, A/Prof Milton Cohen FRACP, Dr Roger Goucke FANZCA and Dr David Jones FANZCA, were re-elected and Dr Carolyn Arnold FAFRM was elected. Prof Rob Helme leaves the Board with our gratitude for his outstanding contribution to the affairs of the Faculty, especially his vision and expertise as Chairman of the Education Committee.

We have welcomed Monique Baker who was appointed in August as full-time Administrative Assistant, to replace Mary Silvestro. Monique's specific responsibilities include the Research Committee and the Unit Accreditation Committee.

### EDUCATION AND TRAINING

The Education and Training Committee, chaired by Prof Rob Helme, has been actively developing a number of initiatives. Resource materials produced in 2005 include Psychosocial Assessment, Guide to the History of the Patient in Pain, and Epidemiology for the Pain Physician. The second edition of Acute Pain Management: Scientific Evidence was finalised with the input of a number of Faculty Fellows and was launched by the Federal Minister for Health at the IASP Congress in Sydney in August. Preparation of questions on pain medicine for first part examinations of participating bodies is progressing.

Revisions of the Prospectus for Trainees and the Exit Questionnaire were completed.

Support for Supervisors of Training is a priority: a half-day workshop is to be held at this ASM. The work of Drs Tim Semple and Susie Lord is acknowledged with gratitude.

The Board is turning its attention to defining the core competencies that need to have been attained by the end of pain medicine training and to identifying which aspects of training from each participating discipline are likely to find favour for approval as "other" training towards FPM Fellowship. Allied to this, the Board is also addressing the issue of welfare of pain physicians and trainees.



*'The Board is turning its attention to defining the core competencies that need to have been attained by the end of Pain Medicine training...'*

#### SCIENTIFIC MEETINGS

The Faculty's Foundation Visitor for this ASM was Dr Bill Macrae from Dundee, whose theme is the epidemiology of post-operative pain. The South Australian Visitor is Dr Suellen Walker (FFPMANZCA, now based in London).

The Faculty is most grateful to Drs Tim Semple and Dilip Kapur for building an innovative and broad-ranging Refresher Day and Scientific Program with a strong interdisciplinary approach.

For the meeting in Melbourne in 2007, the Foundation Visitor will be Professor Martin Koltzenberg from London, an outstanding clinical and experimental neurologist.

The Faculty presented at the ASM of the RANZCP and will present to the neurosurgical section of the RACS ASM. Regional educational meetings were held in Brisbane and Melbourne.

#### EXAMINATION

Under Dr Penny Briscoe's skilled direction, the Examination Committee and the Court of Examiners have been active in fine-tuning the assessment instruments used by the Faculty, in order to monitor competency and performance as well as knowledge, skills and attitudes.

The pre-examination Short Course held in Adelaide on 8-9 September was received very positively. Dr Robyn Campbell's ongoing stewardship of this course is gratefully acknowledged.

The 2005 Examination was held at Prince of Wales Hospital in Sydney on 19-21 October. Nineteen of the twenty-four candidates were successful. The Barbara Walker Prize was awarded to Dr Mark Rockett FRCA of Auckland; a Merit Certificate was awarded to Dr Martine Casserly FANZCA of Brisbane. The process itself of this largest examination yet held by the Faculty was very successful, due in no small measure to the efforts of Dr Matthew Crawford and his team. The Alternate Pathway to Fellowship has now closed.

#### TRAINING UNIT AND PROGRAM ACCREDITATION

The Faculty's change in policy of unit accreditation and trainee program approval has been working well. The instruments for accreditation have been extensively revised. There are now eighteen accredited units in Australia and New Zealand with at least two more in the process. There are currently 43 registered trainees.

#### RESEARCH

The Board sees research as a core business of the Faculty. The Research Committee, under its chairman Dr Geoff Booth, has produced a comprehensive proposal to foster a culture of research, which will be finalised at a meeting at this ASM.

#### AMERICAN ACADEMY OF PAIN MEDICINE AND ITS JOURNAL, PAIN MEDICINE

At the IASP Congress, members of the Board met informally with representatives of the American Board of Pain Medicine/American Academy of Pain Medicine to explore areas for cooperation, in addition to the Journal enterprise. The August 2005 issue of Pain Medicine contained an editorial about the Faculty. The revised Acute Pain Management: Scientific Guidelines generated an editorial in the January/February 2006 issue of Pain Medicine. Prof Colin Goodchild has negotiated on behalf of the Faculty to have abstracts from the ASM published in Pain Medicine.

#### THANK YOU

I would like to thank the members of the Board, especially the Dean-Elect, Dr Roger Goucke, and those Fellows who have contributed to committees, as examiners or as representatives of the Faculty, for your personal support and contributions to the projects of the Faculty over the last two years. I would also express my personal appreciation and that of the Faculty to our EO, Helen Morris, for her skill, good humour and dedication to the task.

.....  
Professor Milton L Cohen  
14 May 2006



DR ROGER GOUCKE

## Dean's report

*'The Faculty continues to have good representation on the editorial board of Pain Medicine.'*

### FACULTY OF PAIN MEDICINE

At the May Annual General Meeting of the Faculty, a new Board was elected and appointments were made to the respective Faculty committees. Details are presented in this edition of the Bulletin.

Associate Professor Milton Cohen, while being re-elected to the Board, stepped down as Dean following his two-year appointment. I would like to reiterate my gratitude to him for the time, effort and diligence that he put into his term.

Other changes to the Board include the retirement of Robert Helme, who vacated the Chair of the Education and Training Committee, and we thank him for his stewardship of this challenging committee during his time on the Board. I would like to welcome Carolyn Arnold, a rehabilitation physician from Melbourne who joins the Board.

### Strategic planning

The Board will be holding a strategic planning day in July, the outcome of which will be detailed in future editions of the Bulletin. It is important that the future direction of the Faculty embodies the ideas and ideals of the Fellowship. Consequently, the Board would be very happy to receive input from Fellows. Please email [painmed@anzca.edu.au](mailto:painmed@anzca.edu.au)

### Liaison with our sister colleges

The Faculty is very fortunate in enjoying relative autonomy from ANZCA and our other parent colleges. The Board, however, does feel that strengthening links between the Faculty and our founding colleges and faculty will strengthen the teaching and research aspects of the Faculty's function. We believe that this can be a two-way transfer of ideas. It is heartening that the Royal Australian College of Surgeons has shown interest in offering the Faculty's modification of ANZCA's Module 10 on Pain Medicine to their trainees and also that there has been a move to encourage questions relative to Pain Medicine in examinations for the Faculty of Rehabilitation Medicine and the RACP.

### Pain Medicine journal

The Faculty continues to have good representation on the editorial board of Pain Medicine. Fellows will note that the Faculty's name appears on the front cover of Pain Medicine and we look forward to developing further links with the American Academy of Pain Medicine. The editors are interested in reviewing work produced in Australia for possible publication in Pain Medicine and I would urge trainees and Fellows to consider this journal as a publication source.

### Overseas-trained specialists

Qualifications to enter Pain Medicine training and for the award of Fellowship have been discussed at length by the Board. Administrative Instruction 3.2 defines the current requirements, without which a medical practitioner cannot become registered as a trainee of the Faculty and thus progress towards Fellowship. The issue of overseas-trained specialists continues to challenge the Board, while acknowledging that we have an obligation to offer training to overseas graduates – which the Board recognises will enhance the standing of the Faculty in our region – yet recognising the complexity of assessing the equivalent qualifications in anaesthesia, surgery, medicine, psychiatry and rehabilitation medicine. The Board will endeavour to progress discussions on this issue further.

### Educational meeting

For a couple of years now, the Board has been discussing the place of a second major educational meeting, perhaps to run in the second half of the calendar year. The first of these will be held in the second half of 2007, either in Queensland or northern New South Wales, and will be run by Dr Brendan Moore and Associate Professor Leigh Atkinson. Further details of this will be announced through Synapse and direct mailing.

Roger Goucke  
Dean  
10th June 2006

# Highlights from the Board Meetings

11 and 14 May 2006



## FACULTY OF PAIN MEDICINE

**BACK ROW:** DR F J NEW, PROFESSOR R L ATKINSON, DR B J MOORE, PROFESSORS G D PHILLIPS, E A SHIPTON  
**FRONT ROW:** DRS G C BOOTH, P A BRISCOE, C R GOUCKE (DEAN), A/PROFESSOR M L COHEN (DEAN), DR D JONES, PROFESSOR R D HELME, MS H M MORRIS (EXECUTIVE OFFICER)

The Faculty Board met on 11 May to transact usual business; the “new” Board met on 14 May for the purpose of appointing office-bearers and committees.

## FELLOWSHIP

Five Fellows were admitted to Fellowship by training and examination and Drs Tobie Sacks FRANZCP, John Akers FANZCA and Lynette Lee FAFRM (RACP) were admitted to Fellowship by election.

Qualifications to enter Pain Medicine training and award of Fellowship were discussed at length. It was reaffirmed that a person without a qualification equivalent to the minimum standard outlined in 3.2.1.5 and 3.2.1.6 of the Administrative Instructions cannot become a registered trainee of the Faculty progressing toward Fellowship.

The Board is developing guidelines to address applications from OTS who wish to study Pain Medicine in Australia.

## PAIN MEDICINE FELLOW COMPETENCIES

The identification of core competencies that need to have been attained at the end of pain medicine training was discussed and will be addressed further at a Strategic Planning Day in July.

## FINANCE

The audited accounts for the 12 months 31 December 2005 and the accounts for the 3 months ended 31 March 2006 were accepted.

ANZCA's subscription concession of 50% to Fellows whose practise is 100% Intensive Care Medicine or Pain Medicine was highlighted. The Board undertook to write to the non- ANZCA parent colleges to seek consideration of a reduced subscription to the primary college.

ANZCA has also granted a 50% subscription concession to ANZCA Fellows engaged in full-time training for Fellowship of JFICM or FPM, and undertaking no more than the equivalent of two clinical sessions per week as a specialist anaesthetist.

## EDUCATION AND TRAINING

### Supervisors of Training

Dr Paul Wrigley, Royal North Shore Hospital, and Dr Faizur Noore, Nepean Hospital, were appointed as Supervisors of Training.

### Pain Medicine Prize

The Board resolved to establish a Pain Medicine Prize to be awarded at the ASM for original work in the area of pain medicine presented at the meeting.

## EXAMINATION

### Timing of Examination

Subsequent to a survey of recent graduates and Supervisors of Training with respect to the timing of future examinations, it was resolved that the timing of the examination would remain unchanged.

## Annual Training Fee

The Board resolved that at the end of each calendar year, trainees who have not completed training and/or assessment will be asked if they wish to remain registered as a trainee.

Those wishing to remain registered will be required to pay an administrative fee for that year. Those choosing not to remain registered, but who later decide to complete their training and/or assessment, will need to re-enrol as a trainee.

## ADMINISTRATIVE INSTRUCTIONS

The revised Administrative Instructions have been accepted by ANZCA Council. The operational date was confirmed as 8 April, 2006.

## PROFESSIONAL

### Professional Documents

A Faculty Professional Document is in development for Supervisors of Training in Pain Medicine and is expected to be finalised by July.

PM1 (2002) Guidelines for Trainees and Departments Seeking Faculty Approval of Posts for Training In Pain Medicine, is under revision to align it with the updated Administrative Instructions.

### Intercollegiate Relationships

The Board will continue to pursue opportunities to progress intercollegiate interaction through participation in participating Colleges annual meetings and through liaison with the appropriate officers.

## Recognition of Pain Medicine as a specialty

To facilitate and expedite access to pain medicine item numbers in the MBS, the Faculty has undertaken to circulate a proforma to eligible Fellows and to collate and submit them to Medicare along with the Faculty's confirmation of eligibility for recognition as a specialist in Pain Medicine. Fellows not wishing to provide details to the Faculty can apply directly to Medicare, which attracts an application fee.

It was noted that whether physicians use consultant physician or pain medicine physician item numbers is a matter only of generating data for analysis. However Medicare Australia wish to encourage the use of the appropriate item number where it is easily identifiable at the time of the consultation.

## Welfare of Pain Physicians

In recognition of the need to raise awareness of these issues, a document on Pain Medicine Practitioners and Wellbeing is being drafted for inclusion in the Trainee Support Kit and for promulgation to Fellows. The document will be cross-referenced with PS49 Guidelines on the Health of Specialists and Trainees.

## CONTINUING EDUCATION

2006 ASM Adelaide and Refresher Course Day

Abstracts and slides from these meetings can be viewed on the Faculty Website: <http://www.anzca.edu.au/infocentres/asm2006/index.htm> and <http://www.fpm.anzca.edu.au/meetings/arc06.htm>

## CORPORATE AFFAIRS

### Board Election

Results of the Board election were noted as:

* Carolyn Anne Arnold	81
* Rupert Leigh Atkinson	
Elected unopposed	
* Geoffrey Charles Booth	
Not due for re-election	
* Penelope Anne Briscoe	98
* Milton Laurence Cohen	94
* Charles Roger Goucke	102
Robert Darrel Helme	75
* David Jones	80
* Brendan Joseph Moore	
Not due for re-election	
* Frank James New	
Not due for re-election	
* Edward Archibald Shipton	
Not due for re-election	
* Successful	

## STRATEGIC PLANNING MEETING

A Strategic Planning Meeting will be held on Sunday 16 July 2006, the day before the July Board Meeting. The Board would encourage submissions from the Fellowship to this process.

## BOARD MEMBERS/ANZCA COMMITTEES

### BOARD MEMBERS:

Dean	Roger Goucke
Vice Dean / Chairman Examination Committee	Penelope Briscoe
Censor	David Jones
Assistant Censor	Carolyn Arnold
Chairman Education and Training	Ted Shipton
Chairman Training Unit Accreditation Committee	Brendan Moore
Chairman Research Committee	Geoff Booth
Treasurer	Leigh Atkinson
MOPS Officer	Milton Cohen
	Frank New
Co-opted Member representing ANZCA	Garry Phillips
ASM Officer	Stephan Schug (non Board Member)
Senior Editor Pain Medicine	Colin Goodchild (non Board Member)

### EXAMINATION COMMITTEE:

Chair	Penelope Briscoe
Deputy Chair	Ray Garrick
Dean (ex officio)	Roger Goucke
Chairman Education and Training Committee	Ted Shipton

#### Members:

RACP	Milton Cohen
	Robert Helme
ANZCA	Lindy Roberts
AFRM (RACP)	Carolyn Arnold
RANZCP	George Mendelson
	Frank New
RACS	Leigh Atkinson
New Fellow Representative	Eric Visser

### EDUCATION AND TRAINING COMMITTEE:

Chair	Ted Shipton
Dean (ex officio)	Roger Goucke
Chair Examination Committee	Penelope Briscoe

#### Members:

ANZCA	Jane Trinca
AFRM (RACP)	Geoff Booth
RACP	Milton Cohen
	Michael Butler
RANZCP	Faizur Noore
	Frank New
RACS	Leigh Atkinson
	Peter Teddy
New Fellow Representative	Susan Lord
Supervisor, SoTs	Tim Semple
Director of Education, ANZCA	Russell Jones

#### TRAINING UNIT ACCREDITATION COMMITTEE:

Chair	Brendan Moore
Dean	Roger Goucke
Censor	David Jones
Chair, Examination Committee	Penelope Briscoe
Chair, Education and Training Committee	Ted Shipton
ANZCA	David Gronow
AFRM (RACP)	Carolyn Arnold
RACS	Pauline Waites

#### RESEARCH COMMITTEE:

Chair	Geoff Booth
Dean	Roger Goucke
RACP	Anthony Schwarzer
	Robert Helme
ANZCA	Stephan Schug
	Julia Fleming
	Chris Hayes
	Tim Pavy
	Malcolm Hogg
Senior Editor, Pain Medicine Journal	Colin Goodchild
AFRM (RACP)	Di Pacey
MBBS, PhD	Philip Siddall
Univ of Adelaide (non Fellow)	Andrew Somogyi
Univ of Qld (non Fellow)	Maree Smith

#### REPRESENTATION ON ANZCA COMMITTEES:

Education	Ted Shipton
	Jane Trinca
General Examinations	Penelope Briscoe
Primary Examination	Penelope Briscoe
CE&QA	Milton Cohen
Workforce	Roger Goucke
Board of Anaesthesia, Intensive Care & Pain Medicine Foundation	Roger Goucke
Communications	Leigh Atkinson
Information Technology	Malcolm Hogg
ASM Scientific Program Officers 2007	Julia Fleming
	Melissa Viney
ASM	Stephan Schug
Research	Geoff Booth
ACECC	Jane Trinca
Clinical Trials Group	Philip Siddall
Library	Pam Macintyre
Clinical Indicators Working Party	Paul Wrigley
OTS	David Jones
Finance Audit and Risk Management Committee	Roger Goucke

#### Regional Committees:

Queensland	Brendan Moore
New South Wales	K E Khor
Victoria	Julia Fleming
Tasmania	Gajinder Oberoi
South Australia	To be confirmed
Western Australia	Roger Goucke
New Zealand National Committee	David Jones

#### External Committees & Organisations:

Australasian Anaesthesia	Robyn Campbell
Neuroscience Trials Australia (NTA)	Robert Helme
	Julia Fleming

# Professional documents

## FACULTY OF PAIN MEDICINE

### PM1 (2002)

Guidelines for Trainees and Departments Seeking Faculty Approval of Posts for Training in Pain Medicine

### 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

### 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

### PS40 (2005)

Guidelines for the Relationship Between Fellows and the Healthcare Industry

### PS41 (2000)

Guidelines on Acute Pain Management

### PS45 (2001)

Statement on Patients' Rights to Pain Management

### PS48 (2003)

Statement on Clinical Principles for Procedural Sedation

### PS49 (2003)

Guidelines on the Health of Specialists and Trainees

## ANZCA PROFESSIONAL DOCUMENTS ADOPTED BY THE FACULTY:

### PS4 (2000)

Recommendations for the Post-Anaesthesia Recovery Room (Adopted February 2001)

### PS7 (2003)

Recommendations on the Pre-Anaesthesia Consultation (Adopted November 2003)

### PS8 (2003)

Guidelines on the Assistant for the Anaesthetist (Adopted November 2003)

### PS9 (2005)

Guidelines on Conscious Sedation for Diagnostic, Interventional Medical and Surgical Procedures (May 2002)

### PS10 (2004)

The Handover of Responsibility During an Anaesthetic (Adopted February 2001)

### PS15 (2000)

Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery with amendment to the title to read

Recommendations for the Perioperative Care of Patients Selected for Day Care Procedures (Adopted February 2001)

### PS18 (2006)

Recommendations on Monitoring During Anaesthesia (Adopted February 2001)

### PS20 (2001)

Recommendations for Responsibilities of the Anaesthetist in the Post-Operative 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

## FELLOWSHIP TRAINING AND EXAMINATION DATES FOR 2006

### Closing Date for Registration

13 October 2006

### Pre-Examination Short Course

28-29 September 2006

Royal Adelaide Hospital

### Examination Dates

29 November – 1 December 2006

Sir Charles Gairdner Hospital, Nedlands, WA



## ADMISSION TO FELLOWSHIP OF THE FACULTY OF PAIN MEDICINE

### By training and examination:

Dr Bridin Patricia Murnion	NSW
Dr Jason Ray	QLD
Dr Payam Max Majedi	WA
Dr Derrick Malcolm Brown	QLD
Dr Jocelyn C Que	PHILIPPINES

### By election:

Dr Toble Leon Sacks	VIC
Dr John Andrew Akers	WA
Dr Lynette Ann Lee	NSW

# Professional documents list

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

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

## AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

TE1 (2005)

Recommendations for Hospitals Seeking College Approval for Vocational Training in Anaesthesia

TE2 (2003)

Policy on Vocational Training Modules and module supervision

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 (2000)

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 (2001)

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 (2001)

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 (2001)

Statement on Credentialling in Anaesthesia

PS3 (2003)

Guidelines for the Management of Major Regional Analgesia

PS4 (2000)

Recommendations for the Post-Anaesthesia Recovery Room

PS6 (2001)

Recommendations on the Recording of an Episode of Anaesthesia Care (the Anaesthesia Record)

PS7 (2003)

Recommendations on the Pre-Anaesthesia Consultation

PS8 (2003)

Guidelines on the Assistant for the Anaesthetist

PS9 (2005)

Guidelines on Conscious Sedation for Diagnostic, Interventional Medical and Surgical Procedures

PS10 (2004)

Handover of Responsibility During an Anaesthetic

PS12 (2001)

Statement on Smoking as Related to the Perioperative Period

PS14 (1998)

Guidelines for the Conduct of Major Regional Analgesia in Obstetrics

PS15 (2000)

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 (2001)

Recommendations on Monitored Care by an Anaesthetist

PS20 (2001)

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 \(2000\)](#)

Guidelines on Acute Pain Management

.....  
[PS42 \(2006\)](#)

Recommendations for Staffing of  
Departments of Anaesthesia

.....  
[PS43 \(2001\)](#)

Statement on Fatigue and the Anaesthetist

.....  
[PS44 \(2001\)](#)

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

MAY 06

**AUSTRALIAN AND NEW ZEALAND  
COLLEGE OF ANAESTHETISTS**

ACN 055 042 852

**Minutes recording the proceedings at a Business Meeting of Fellows of  
the Australian and New Zealand College of Anaesthetists  
held in Hall E, Adelaide Convention Centre, Adelaide  
on Tuesday 16<sup>th</sup> May 2006 at 5.15 p.m.**

**PRESENT:** President – Prof Michael Cousins in the Chair and 40 Fellows

**IN ATTENDANCE:** Dr Mike Richards, CEO  
Mrs Carolyn Handley, Director, Corporate

**OPENING**

The President declared the Meeting open and welcomed all in attendance. He explained that the General Business Meeting of Fellows allows for discussion of various topics in an open forum. As there was no Agenda for this Meeting, Professor Cousins invited Fellows to raise any items for consideration.

**Permanent Memorial to Mrs Joan Sheales, Inaugural Chief Executive Officer – Dr Ian Rechtman (Vic)**

Dr Rechtman requested that Council give consideration to some form of permanent and perpetual memorial to Joan Sheales, following her death in January.

There was general support for this suggestion, and Council undertook to include this as an item for discussion at the June meeting.

There being no further items for discussion, the President thanked everyone for their attendance and the Meeting concluded at 5.20 pm.

**AUSTRALIAN AND NEW ZEALAND  
COLLEGE OF ANAESTHETISTS**

ABN 82 055 042 852

**Minutes recording the proceedings of the Annual General Meeting of  
the Australian and New Zealand College of Anaesthetists  
held in Hall E, Adelaide Convention Centre, Adelaide  
on Tuesday 16<sup>th</sup> May 2006 at 5.00 p.m.**

**PRESENT** Prof Michael Cousins, AM (President and Chairman)  
and the following Fellows who indicated their attendance on the circulated register:

Dr Mark Anderson, Vic	A/Prof Kate Leslie, Vic	Dr Lindy Roberts, WA
Dr Rob Beavis, Vic	Dr Anton Loewenthal, Qld	Dr Paul Rodoreda, WA
Dr Kerry Brandis, Qld	Dr Simon Maclaurin, WA	Dr Graham Sharpe, NZ
Dr Anne Chenoweth, Vic	Dr Elizabeth Maycock, Qld	Dr Robert Singleton, SA
Dr Peter Cooke, NZ	Dr David McConnel, Qld	Dr Walter Thompson, WA
Dr Margaret Cowling, SA	Dr George Merridew, Tas	Dr Richard Waldron, Tas
Dr Aileen Craig, SA	Prof Alan Merry, NZ	Dr Andrew Walpole, Vic
Dr Meredith Craigie, SA	Dr Glenys Miller, SA	A/Prof Tony Weeks, Vic
Dr Rebecca De Souza, NZ	Dr Frank Moloney, NSW	Dr Helen Weir, NZ
Prof John Gibbs, Qld	Dr Craig Morgan, Vic	Dr Rod Westhorpe, Vic
Mr Michael Gorton, Vic	Prof Garry Phillips, SA	Dr Leona Wilson, NZ
Dr Genevieve Goulding, Qld	Dr Lynne Rainey, SA	Dr David Wright, WA
Dr Christopher Harrison, NZ	Dr Gayle Robertson, SA	Dr Su-Jen Yap, NSW
Dr Diana Khursandi, Qld		

**IN ATTENDANCE** Dr Mike Richards (CEO)  
Mrs Carolyn Handley (Director, Corporate)

The President welcomed all in attendance to the thirteenth Annual General Meeting of the Australian and New Zealand College of Anaesthetists.

**APOLOGIES**

Apologies for non-attendance were received from:

Dr Michael Allam, ACT	Dr Michael Hodgson, Tas	Dr David McCuaig, Vic
Prof Barry Baker, NSW	Dr Stafford Hughes, NSW	Dr Brian Pezzutti, NSW
Dr Jane Baker, NSW	Dr Basil Hutchinson, NZ	Dr Sandra Taylor, NSW
Prof Tess Cramond, Qld	Dr John Marum, Vic	A/Prof Richard Walsh, NSW
Dr Alan Duncan, WA		

**1. Confirmation of Previous Meeting held on 10<sup>th</sup> May 2005**

The President advised that the Minutes of the last Meeting held on 10<sup>th</sup> May 2005 had been previously circulated. I Rechtman moved, seconded by R N Westhorpe, that the Minutes be accepted. The President put the motion which was carried.

## **Resolution**

I Rechtman/R N Westhorpe

**That the Minutes of the Annual General Meeting held on 10<sup>th</sup> May 2005 be accepted.**

Carried

### **2. President's Report on College Matters**

The President referred to his circulated report, and the recently published Annual Report. There were no questions from the floor on either document.

### **3. Declaration of the Poll**

There had been three nominations for the three vacancies on the Council, therefore an election was not necessary. The President congratulated Dr Frank Moloney and Dr Richard Waldron on their appointment, and standing Councillor Dr Leona Wilson on her re-appointment to Council.

### **4. Balance Sheet, Income and Expenditure Account and Auditor's Report**

The Treasurer was invited to report on the College's financial affairs.

A/Prof Leslie advised that the Financial Reports had been published in the required statutory format in the Annual Report, and confirmed to the Fellowship that the College is in good financial standing.

Overall revenue for the 2005 calendar year amounted to just under \$12M, representing a 10% increase from 2004. Total expenses increased by 8% to just under \$10M. Income from investments increased to just over \$900,000, subscriptions increased to just over \$3.4M, and Training and Examination fees increased to \$3.46M. These figures reflect the higher number of Fellows and Trainees in the reporting year.

During 2005, expenses increased in the Trainee and Examination area to \$3.46M, and in the administration area to \$3.6M.

The net assets of the College increased by 8.2% to just over \$23M, and include investments amounting to \$14M. Total assets of just under \$30M include property, plant and equipment amounting to \$11M, which are accounted for on a cash basis, minus depreciation.

In concluding her report, the Treasurer recognised the commitment of Councillors, Committee members, Fellows and staff throughout Australia, New Zealand and South East Asia. She also highlighted the generosity of Fellows in making donations in the order of \$250,000 to the Foundation, and their participation in the subscriptions-in-advance scheme from 1985 to 2005.

Questions were invited from the floor, but none were forthcoming.

The Treasurer moved, seconded by D H McConnel, that the Balance Sheet, Income and Expenditure Account and Auditor's Report for the period ended 31st December 2005 be received and adopted. The President put the motion which was carried.

## **Resolution**

K Leslie/D H McConnel

**That the Balance Sheet, Income and Expenditure Account and Auditor's Report for the period ended 31st December 2005 be received and adopted.**

Carried

**5. Appointment of Auditors**

The Treasurer moved, seconded by D H McConnel, that RSM Bird Cameron be appointed the Auditors for the College.

There being no further discussion the President put the motion which was carried.

**Resolution**

K Leslie/D H McConnel

**That RSM Bird Cameron be appointed the Auditors for the College.**

Carried

**6. Other Business of which due notice has been given to the CEO in accordance with the Articles of Association of the College**

There was no item for discussion under this heading.

In drawing the meeting to a close, Prof Cousins encouraged Fellows to consider ways of projecting the College externally. He believed the ANZCA Foundation to be an appropriate conduit, and suggested that Council may give consideration to donating part of the College's surplus to the Foundation. A significant degree of interest was recorded in this suggestion following a straw poll of Fellows in attendance.

The President thanked everyone for their attendance, and declared the Meeting closed at 5.15 p.m.