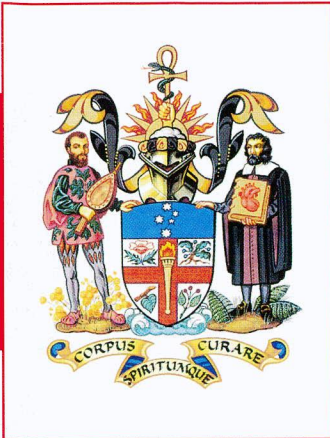


Australian and New Zealand College of Anaesthetists

ABN 82 055 042 852

Joint Faculty of Intensive Care Medicine
Faculty of Pain Medicine



Bulletin

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

Inside

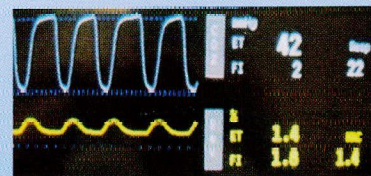
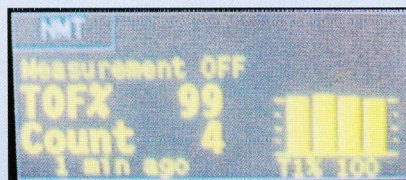
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A/Professor Kate Leslie
Dr Mike Martyn
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Mr Eddie Dean

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President's Message

Michael Cousins, AM

At the handover from Past President Dick Willis on the final day of the highly successful Perth ASM, I made the following remarks to thank the outgoing President and to outline my aims as incoming President.

Thanks to Richard Willis

Your Presidency has been of great value to ANZCA, guiding the College through some very challenging times – in a highly effective manner that has kept the ship stable and steaming ahead at good speed. Your ability to foster excellent communication among Australia and New Zealand and all States has been a highlight – as well as your skill in bringing out maximum contributions from Fellows and Council. On behalf of the Council and all Fellows, Richard, thank you, well done and rest assured your contribution is appreciated.

Challenges

Dear Fellows, it is an honour and a great responsibility to serve you as ANZCA President at this time. I take the responsibility very seriously. It is a challenge at present that I believe will be greater than that posed by bringing five speciality bodies together in the Faculty of Pain Medicine.

We are now in an era when, at a State and National level, forces are operating in Australia and New Zealand that pose a major threat to the unmatched professional milieu that we currently enjoy, and potentially also threaten the quality and safety of the care that we deliver.

As President of ANZCA I am committed to a plan for ANZCA to do more for all Fellows, however, to rephrase John F Kennedy "Ask not now what ANZCA can do for you.....but what you can do for ANZCA"

New ANZCA Task Forces

In this vein, I have identified about eight key areas that

need urgent attention by all Fellows. To obtain this input I will establish about eight task forces (to be announced after Council approval). These task forces will be headed by, and composed of, ANZCA Fellows who are not currently members of Council. The task forces will each develop a report on the key area allocated to them – for consideration by Council. I would welcome suggestions by Fellows for topics and individuals to be involved.

Time For A Unified Front By All Fellows

This is a time when all Fellows must present a united front. In some areas this will need to be channelled via ANZCA, – in others via ASA or NZSA. But in many cases ANZCA/ASA/NZSA need to work closely together. I have already met with Jim Bradley and Greg Deacon (ASA) and Mark Bukofzer (NZSA) and we all agree strongly with this approach. We will continue to work closely together.

Major Issues Currently Facing ANZCA

- Workforce – shortages of anaesthetists in some locations and situations.
- The new Overseas Trained Specialist scheme of the Australian Government to "fast track" OTS. This has implications for ANZCA regarding training, professional standards and quality of care. But clearly there are issues also for ASA and NZSA. Related to this is the Area of Need program which also strongly involves State Government issues.
- Nurse Practitioners – particularly in New Zealand at present.
- Special issues in providing Specialist services in rural areas.
- The relatively low profile of ANZCA Fellows, and the "unsung" excellent work they do – particularly in anaesthesia.

- Further development of the FANZCA training program – particularly development of high quality teaching materials – some of them via distance education.

My Major Goals for the next 2 years will be:

- To increase knowledge of the public and politicians about Anaesthesia, Intensive Care Medicine and Pain Medicine as major medical specialties.
- To further develop existing good relationships between ANZCA and other specialties in Australia and New Zealand.
- To increase communication with, and knowledge of, other bodies nationally and internationally – particularly with respect to OTS.
- To increase understanding by all ANZCA Fellows of the high value of research in enhancing the status of ANZCA (and it's Fellows) in the eyes of politicians, the public and other specialties
- To increase ANZCA (and other) financial support of Research. The ANZCA Foundation will be launched in

mid 2004 – with the new Governor General as patron. This will take place in a redeveloped dynamic new foyer in ANZCA House, Melbourne.

- To increase involvement of Fellows, particularly those in private practice in research. Involvement of a wide range of ANZCA Fellows in large multicentre clinical trials will be expanded by the new ANZCA Clinical Trials Group. Remember *“If science dies a specialty is one generation away from extinction”*.

In closing I again congratulate Mark Josephson and his Organising Committee on an outstanding scientific program and most enjoyable meeting.



Michael J Cousins
President



CIREBA 2004 – Participants who attended the Collaboration of International Related Evaluation Bodies in Anaesthesia, held recently in London, UK from 15-16 April 2004.

FEDERAL GOVERNMENT STREAMLINED OTS-AREA OF NEED PROGRAM

Background

Many Fellows will be aware of a Federal Government program to streamline the processing of Overseas Trained Medical Specialists (OTS) for Area of Need (AON) positions. A key aspect of this program was a letter to Colleges requesting them to identify specialist qualifications (if any) that are sufficiently similar to Australia/NZ qualifications (in our case FANZCA) to enable an OTS to be 'fit for task' in an AON position (Category 1). It has been emphasised by the Government that this is quite separate to assessment by ANZCA for Fellowship.

There are many complex issues that involve ANZCA (professional, educational etc) while some involve ASA (industrial, financial). Thus the qualifications issue has been directed by Government to ANZCA. Steps taken to date by ANZCA are:

- Attendance at a Government Workshop in March 2004
- Discussion with Regional/National Committee Chairs on 20 May 2004
- Discussion at a Teleconference of ANZCA Executive on 24 May 2004
- Discussion at a Council Teleconference on 27 May 2004
- Discussion at ASA Council Meeting held on 22 May 2004
- Discussion at ANZCA Council Meeting held on 4 - 5 June 2004

As a result of the above, general agreement was reached to send an initial reply to the Federal Government close to the requested date of 31 May 2004.

- Further discussion at a Teleconference of Regional/National Committee Chairs on 10 June 2004

Initial letter to Government regarding the OTS AON Program

This communication describes AMWAC and MTRP assessments of the anaesthesia workforce which indicate that we are more than meeting AMWAC recommendations.

We also outlined new initiatives to increase our Specialist output. The ANZCA Training and Assessment Program is described. The current ANZCA OTS pathway is described, including its evolution. Finally the current ANZCA OTS AON process is described as being well developed and responsive.

The Government's request for Category 1 Qualifications was answered in the following way:

1. The College has committed resources to an international body, the Conference of International Reciprocating Examination Boards in Anaesthesia (CIREBA), which is assembling data on training and examinations in anaesthesia from many countries. The first meeting of CIREBA to set this process in motion took place in London on 15 - 16 April 2004. CIREBA was formed some years ago by the major Colleges in anaesthesia from Australia/NZ, UK, Ireland, South Africa, Canada and USA.
2. ANZCA has begun work on developing criteria for assessing training programs/qualifications.
3. ANZCA will provide advice on suitable qualifications for Category 1 after completing (2) above. In advising on Category 1 qualifications, there will be key time factors for training programs, some of which have changed greatly over the last few years.
4. Thereafter we will evaluate training programs/qualifications as sufficient data become available via CIREBA and other sources including analyses of our own OTS data. As each evaluation is completed we will provide further advice.
5. ANZCA has had a training program for trainees in Hong Kong, Singapore and Malaysia for many years and there are many specialist anaesthetists in these countries who hold identical qualifications to our own Fellows (FANZCA). ANZCA is confident that these Fellows would provide a standard of care acceptable to the Australian community.
6. This matter is also under consideration by both the Board of the Joint Faculty of Intensive Care Medicine and the Board of the Faculty of Pain Medicine.

Important Issues

Our letter also drew attention to some issues which are of the utmost importance:

- (a) ANZCA is concerned that quality and safety in anaesthesia are maintained at a high level during and as a result of this new OTS process.
- (b) A pre-requisite for (a) is that a College Fellow should be involved in assessing qualifications and fitness for task at the employment interview of the Category 1 AON applicant in accordance with ANZCA Professional Document PS44 "Guidelines to Fellows Acting on Appointments Committees for Senior Staff in Anaesthesia".

(c) ANZCA would like to see data on the number of specialists in anaesthesia, intensive care medicine and pain medicine who are currently in AON positions, as well as the numbers perceived to be required.

(d) ANZCA remains concerned about: indemnity against anti-discrimination legislation; indemnity against adverse outcomes involving those specialists who have been processed by the new process, on the basis that the College has approved a qualification rather than the person with the qualifications; and possible ACCC action. Legal advice has been obtained on these issues, and the implications for our insurance have been investigated.

(e) ANZCA believes that some ongoing monitoring of Category 1 AON appointees should be carried out for a period of time.

ANZCA is currently held in high esteem by the Federal Government and it is important to maintain this situation for numerous self evident reasons. However we are determined not to compromise the quality and safety of care in Anaesthesia, Intensive Care Medicine and Pain Medicine. Of paramount importance is to ensure that our response to the Government's OTS AON streamlined program does not discriminate against or compromise our own Fellows and Trainees.

Michael Cousins
President

Coronial Report

The Victorian State Coroner has recently published the findings of an inquest into the death of a patient following elective surgery. Death occurred from post-operative haemorrhage some eight hours after the initial elective operation, and before the patient was returned to theatre.

The details of the Coroner's Report have been published, and the conclusion stated "Although it may be impossible to say whether earlier diagnosis and treatment would have altered the ultimate outcome, it would certainly have given the deceased a better chance of survival."

The Coroner made a series of recommendations concerning the need for anaesthetists, surgeons and nursing staff to communicate effectively. The Coroner requested the Australian and New Zealand College of Anaesthetists and the Royal Australasian College of Surgeons to discuss the development of guidelines "relating to patient management and care for those doctors who are concurrently on call to public hospitals whilst working in private hospitals", and "to ensure the availability of anaesthetists, surgeons and medical officers at private hospitals in time critical situations (in addition to those Recommendations for Responsibilities of the Anaesthetist in the Post-Operative Period, PS20, ANZCA."

The Coroner also reminded anaesthetists and surgeons "of the importance of adequate communication with nursing staff in the care, treatment and future management of their patients."

ANZCA TASK FORCES

As announced at the Perth ASM I will be forming a number of Taskforces to address issues of major importance to ANZCA.

GENERAL AIMS

1. To involve a wider range of ANZCA Fellows in the work of ANZCA, including those predominantly in private practice.
2. To harness ideas and abilities of Fellows not currently on ANZCA Council.
3. To develop a succinct statement of the key issues in each area and proposals for ANZCA Council to consider for ACTION. Thus, I plan to achieve an OUTCOME for each Task Force during my term as President.

WHO SHOULD ONE SUGGEST AND WHY ?

Yourself or an individual who you know with the following attributes:

- Interested and knowledgeable in the Task Force area in question
- Would like to see an outcome in a circumscribed period of time
- May not necessarily like Committees with ongoing activities
- May be interested in "trying out" for office in ANZCA later on

Note: Current Councillors are exempt but past-Councillors, current or past Regional/National Committee members are eligible.

TASK FORCE AREAS

1. **Perioperative Medicine:** This is developing in public hospitals as well as private practice in Australia, New Zealand and overseas. Some Departments of Anaesthesia in the USA are now named "Anaesthesia and Perioperative Medicine". Governments have become interested in the potential to increase quality and safety and decrease costs. However, there are many other issues including 'ability to deliver', training and education, scope of the field etc.
2. **Name of the Specialty:** This has never been rigorously examined and there are a wide array of important considerations. ANZCA has taken no a priori position on whether a name change is needed or not.
3. **Professionalism within the Specialty:** Although it may appear that this is addressed in the Revised FANZCA and in many other areas in ANZCA at present, many Fellows agree the area needs broad consideration. It is vital to the quality and safety of the care that we deliver and public/government perceptions of us. I was recently made aware of an excellent definition of professionalism:

"A group of individuals who hold themselves out to possess special knowledge and skills, gained by education, training and research, which they exercise largely for the benefit of others."

4. **Relationship of Regional/National Committees and Regions to ANZCA Council:** Regional/National Committees have ANZCA Councillors present at their meetings, have a teleconference with the President after each Council, attend Council on a rotational basis and meet with the Councillors at the ASM. However, communication both ways can be improved. Also, there is a feeling of some Fellows that Regional/National Committees could improve communication with Fellows in their Region and that Council could improve communication with Fellows.
5. **Private Practitioner involvement in ANZCA:** Many private practice anaesthetists tell me that they have little contact and/or involvement in ANZCA. On the other hand some are involved in Committees, as Examiners, Hospital Reviewers and on Council. But what are the ways in which ANZCA can be more relevant to private practice anaesthetists and how can we harness what they undoubtedly have to offer ANZCA ?
6. **New Fellows and ANZCA – From the Fellows Perspective:** We now have an ANZCA Trainees Committee and trainee representation on the Education and Training Committee and Regional and National Committees. However, we need to tap into the views and harness the capabilities and energy of New Fellows. The New Fellows' Conference can be a starting point for input to identify the key issues and possible items for action.
7. **A broader integrated approach to Quality and Safety:** This is becoming a very wide area and of high interest to governments in Australia and New Zealand. ANZCA needs to keep pace with developments locally and internationally. There are likely to be many new initiatives that could be identified for possible action.

WHAT CAN YOU DO TO HELP ?

1. Consider individuals who could **lead** a Task Force. Send the name of the person and the reasons you think they have the knowledge and interest in the area and ability to lead a group and achieve "a product" in a short time frame.
2. Consider individuals who could **contribute** to a Task Force and take action as above.
3. Call me if you wish to discuss any aspect of this initiative or would like further information (Tel: 02 9926 8423; Email: mcousins@doh.health.nsw.gov.au)

Professor Michael Cousins
President

Honours and Appointments

Dr Robert Murray Edwards (SA) - Medal of the Order of Australia (OAM) for services through the provision of medical assistance to the victims of the Bali bombings.

Dr Priya Thalayasingam (WA) - Medal of the Order of Australia (OAM) for services in the aftermath of the Bali bombing.

Dr Peter Dean (Toby) Thomas (SA) - Medal of the Order of Australia (OAM) for services through the provision of medical help to Bali bombing victims on October 12, 2002.

Dr Ray Cook (ACT) – Admitted to the Roll of Fellows, Australian Medical Association.

Professor Tess Cramond AO OBE (Qld) - Admitted to the Surf Life Saving Australia Hall of Fame.

Deaths

Dr John Campbell Barrett (NZ) – FFARACS 1965, FANZCA 1992



Law Report

Michael Gorton AM, LLB., B.Comm, FRACS (Hon), FANZCA (Hon)
College Honorary Solicitor
Partner – Russell Kennedy, Solicitors

Tax Commissioner Targets Service Trusts

Service trusts are often used by professionals as a legitimate structure for their practice – for tax planning, protection of assets, flexibility for remuneration of staff, etc.

They have been a legitimate part of business structures for some time, approved both in tax rulings and in court decisions.

Service trusts and service companies are often used by doctors, lawyers, accountants and other professionals for the provision of business services to their professional practices.

On a seemingly regular basis the Australian Taxation Office seeks to clamp down on these arrangements or at least ensure that the business structures are conducted strictly in compliance with relevant tax legislation and court decisions. In particular, the Australian Taxation Office has recently indicated that it will look again at the “commerciality” of these structures and whether the charges and “mark ups” used in the delivery of services are realistic and commercial.

Nature of Service Trusts

In the normal situation the service trust (or service company) will have a company as trustee with either a unit trust or discretionary family trust receiving the income. Distributions are then made to the nominated beneficiaries – traditionally members of the family or other entities in a business structure.

The service trust (or service company) will usually buy

business equipment, provide business premises, hire staff and provide other business services to the professional practice. The service trust is paid by the professional practice an amount for providing these services.

Benefits of Service Trusts

Predominately service trusts are useful structures for:-

- 1 Tax planning;
- 2 Asset protection (separating business assets from the professional practice at risk from potential litigation);
- 3 Separating other business income streams from the professional practice.

ATO Issues

Service trusts have been a legitimate part of tax planning and business structures for some time. Courts confirmed the efficiency of these arrangements in the “Phillips” case. However, the Phillips case also set clear parameters for these structures including:-

- Charges made by service trust must be realistic and not in excess of commercial rates.
- There must be a purpose for establishment of the business structure, such as for asset protection.
- Relevant business assets have been transferred to the service trust.
- There is an arms length relationship between the operations of the professional practice and the service trust.
- The charges and expenses transacted between the professional practice and the service trust are invoiced on a regular, preferably monthly, basis.

In recent announcements the ATO has indicated that it will be targeting service trust arrangements. Whilst it indicated that it will particularly look at professional arrangements for accountants and legal practices, these arrangements also apply to medical practices.

The ATO is likely to look at the structures and transactions where:-

- The charges made by the service trust are not realistic or commercial;
- Profits in the service trust are greater than the professional practice (indicating that the service trust fees may not be commercial);
- The service trust does not hold relevant business assets, indicating that the structure is more of a sham for taxation planning than a reality (not for asset protection purposes);

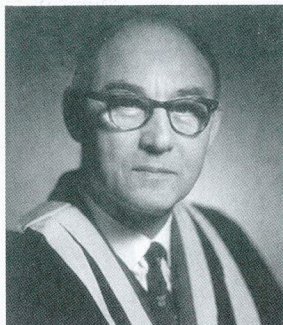
- A general lack of documentation in relation to the structure, the transactions and the charges made by the service trust.

It is always the case that, where these business structures are established, they must also be “followed through” by appropriate documentation and income flows. An essence of the success of these arrangements is the arms length nature of the distinct businesses of the professional practice and service trust itself. Where documentation, assets and income are intermingled between two, the ATO is likely to assume that the structure is not real, and merely illusory.

It is therefore appropriate to review these structures and implementation of the structures on a regular basis. If in doubt, check arrangements with your legal and financial advisors.

Series on Past Deans and Presidents

Dr Terry Loughnan



Robert Hamilton Orton

Robert Hamilton Orton was the second Dean of the Faculty of Anaesthetists, Royal Australasian College of Surgeons and held that post from 1955-1959. He succeeded Dr Douglas Renton, the inaugural Dean,

on the occasion of his retirement. Dr Renton stood down due to serious ill health that resulted in his death later that year. Dr Orton was to be succeeded by Dr Lennard Travers.

Robert Orton was born in 1906 and attended school at Wesley College. Coincidentally this school is across the Road from the Alfred Hospital site, an institution with which he was to become synonymous. He died in the Alfred Hospital on 21 December 1966.

After graduation from his medical course at Melbourne University in 1930 he undertook his residency at the Alfred Hospital. He held posts as a resident medical officer, registrar and then assistant pathologist before leaving for private practice in 1934. It is recorded differently in two articles that he was diagnosed as a diabetic in 1926 and 1932. Either way he was living as an insulin dependant diabetic early in his career. In 1938 whilst in private practice he contracted tuberculosis. This was treated with an artificial pneumothorax that left him with a contracted fibrothorax and significantly reduced respiratory capacity. It was at this stage that he decided to pursue a career in anaesthesia, a speciality that was at the time felt to be less physically demanding than others and more suitable for doctors with physical limitation.

Returning to hospital practice he obtained posts as Honorary Anaesthetist at the Alfred, Royal Women's, Royal Melbourne and Austin Hospitals. Interestingly he also held the post of acting pathologist to the Victorian Eye and Ear Hospital. In 1940 he joined the Thoracic Surgical Unit at the Alfred Hospital and thereafter dedicated much of his career to this speciality area. He met and developed a close and mutually respectful relationship with Mr C.J Officer Brown, and the two developed thoracic surgery as a speciality at the Alfred. He undertook ward rounds of all patients daily and supervised fluid resuscitation, oxygen administration and blood transfusions, clearly a holistic approach to anaesthetic care.

He was appointed as a full time anaesthetist to the Thoracic Surgical Unit at the Alfred in 1946. In 1948 he saw the introduction of cardiac surgery and in 1957 the introduction of open heart surgery. All of these advances were made

possible after much research and development in animal studies in which he was involved. In 1950 a decision was taken to establish a Department of Anaesthesia and Robert Orton was appointed as first Director. He continued in this role, including Director of Resuscitation, until his retirement on 3rd March 1966. Thereafter he was appointed Director of Medical Electronics.

Robert Orton was a skilled machinist, as was common in the Department at that time with Geoffrey Kaye and Douglas Renton acknowledged machinists. Robert was attributed with production of various pieces of anaesthetic apparatus and also turned his skill to manufacturing essential surgical equipment months before it could have been imported. "He was the first in Australia to give anaesthetics for such procedures as Blalock's operation, ligation of patent ductus arteriosus, excision of aortic coarctation and cardio-pulmonary bypass." (1) He was an enthusiastic teacher but came to the conclusion that "anaesthetic technique had now grown too complex to be taught at undergraduate level"(1) This I believe referred to the earlier practice of having students administer ten anaesthetics under supervision and thereafter be considered to be able to administer anaesthetics.

It is not recorded when Robert Orton joined the Australian Society of Anaesthetists but he was elected President of that body in 1947 and stayed in that post until 1949. He is also credited as being the Victorian State representative in 1947. He joined the Interim Faculty Board in 1953 and then became Dean in 1955-1959.

In 1948 Robert Orton was invited to examine for the Diploma of Anaesthesia (Melbourne). He pointed out that he had no formal qualification and offered to sit for the DA himself. It was decided that he could submit a thesis, which he did. The topic was thoracic anaesthesia and the thesis was considered to be of outstanding merit and secured him the DA. He was elected to Fellowship of the Faculty of Anaesthetists of the Royal College of Surgeons. He was later honoured by being awarded an Honorary Fellowship, the highest award the Faculty could bestow.

The Faculty of Anaesthetists, Royal Australasian College of Surgeons decided to recognise Robert's contribution with a medal. In the words of the Dean in his Newsletter of April 1982; "The Robert Orton Medal honours the name of a founder of the Faculty and permits the recognition of meritorious services to Anaesthesia."

References

1. Obituary. Robert Hamilton Orton. Med J Austr 1967;23:1 (18):935-8
2. Wilson G. Fifty Years: The Australian Society of Anaesthetists 1934-1984 Published 1987 ISBN 0 90981401 5

NEW FELLOWS' CONFERENCE 2004

Rottnest Island, Western Australia

The New Fellows' Conference was held at Rottnest Island Lodge. Rottnest Island is a beautiful sub-tropical sandy island 19km off the coast of Perth. The island is famous for its beaches, striking coast and quokka colonies. The New Fellows were joined by College Councillor Dr Di Khursandi and Dr Vernon van Heerden from the Joint Faculty of Intensive Care Medicine.

The delegates were picked up in central Perth, taken on a scenic route to Fremantle and then caught a ferry to Rottnest Island. The first night broke the ice with pre-dinner welcome drinks by the bar, dinner and a quiz of questionable taste arranged by the Conference Convenor! The second night was highlighted by the arrival of Drs Richard Willis and Neil Matthews for a meal by the pool. The meeting finished off with a bicycle ride around the island and a scenic ferry ride right back into central Perth.

The topic for the meeting was "Risk Management in Clinical Practice" with each delegate given a topic to research in detail. The program initially looked into the current day theories and modelling of risk management and then led into our own work places and the application of those concepts. All the speakers had clearly spent time and effort to make their presentations both visually attractive and of excellent content.

Andrew Imison

Convenor, 2004 New Fellows' Conference



2004 ASM GOLF DAY

The 11th Annual Golf Day for the ANZCA Trophy was held at the picturesque Nedlands Golf Club on Monday, 3 May 2004. Thirty-four Fellows, partners and guests enjoyed 18 holes of golf and fun in excellent conditions on a warm and sunny day in Perth. Despite some initial confusion with respect to hire equipment for some golfers, things were quickly sorted out with expert crisis management and everyone enjoyed the day.

Tony Light had a magnificent afternoon, firing a gross 70, 2 under the card, to record a score of 7 up from a 5 handicap. However, the trophy open to Fellows, was won by Phil Ragg (Vic) with a fine score of 2 up.

We are hoping for another excellent day in Auckland in May, 2005



ANZCA TRAINEE COMMITTEE

Annabel Orr

College Council recently established a Trainee Committee, principally to provide input to the Education and Training Committee directly from trainees. The impetus for this decision arose partly as a result of the recent AMC Accreditation Report which recommended, amongst other things, that there be systematic feedback from trainees regarding their rotations and training, together with trainee representation on the Education and Training Committee. The ANZCA Trainee Committee comprises the elected chairs of the Regional Trainee Committees of each Australian state, New Zealand, Hong Kong, Singapore and prospectively, Malaysia. These chairs were elected from the Regional Committees formed by interested trainee volunteers.

The Committee aims to act as a liaison between trainees and the Education and Training Committee and, through that, the College Council. The members of the Committee will at times be seeking opinions from trainees regarding training and education, rotations and related matters, and will always be happy to take any concerns, criticisms, or suggestions to the Education and Training Committee during their thrice yearly meetings.

The members of the Committee are:

- Dr Mark Adams (NZ)
- Dr Rowena Knoesen (WA)
- Dr Bronwyn Avard (ACT)
- Dr Timothy Stavarakis (NSW)
- Dr Savas Totonidis (Tas)
- Dr Kathleen Cooke (Qld)
- Dr Charles Clegg (SA/NT)
- Dr Libby Lee (Hong Kong)
- Dr Ki Jinn Chin (Singapore)
- Dr Annabel Orr (Vic), Chair

The members of the Committee will be contactable via either a central email address or an e-Community board which will shortly be provided by the College. They will be pleased to hear from trainees regarding any matters they may wish to discuss or have raised at a College level.

The formation of the Committee is a new initiative of the College to enable trainees to be involved in the direction and nature of the training program, and trainees are encouraged to take advantage of this opportunity to express their views and ideas.

Annabel Orr
Chair, Trainee Committee

2004 ORGANON RESEARCH AWARD



Professor Stephan Schug, recipient of the 2004 Organon Research Award, with Mr Erik de Nooj, Associate Product Manager, Organon Australia

ROBERT ORTON MEDAL

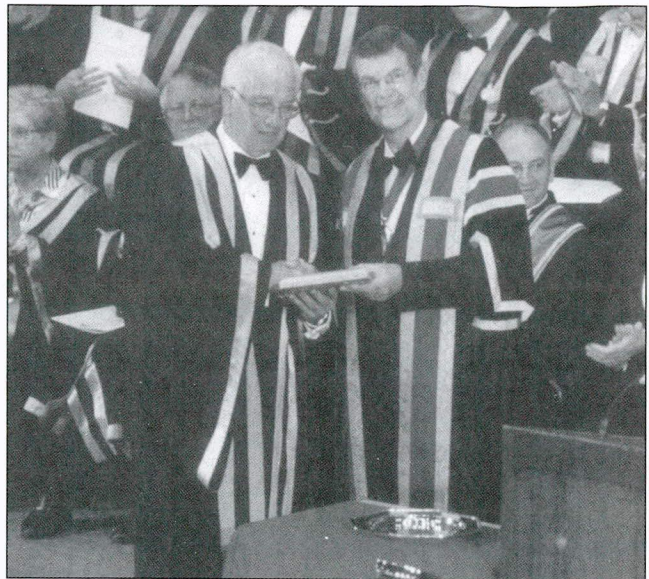
FRANCIS XAVIER MOLONEY

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.

Mr President, it is my great honour and pleasure to present Francis Xavier Moloney for the award of the Robert Orton Medal.

Dr Frank Moloney is well known to the anaesthesia community, and particularly to the rural anaesthesia and medicine community, as a result of his major contribution to the development of rural anaesthesia over a period of more than 20 years. He has also been a major contributor to the New South Wales Regional Committee of ANZCA over the past 13 years, serving as Chairman from 2000 to 2003. Of equal importance has been his role as an administrator at local, regional and State level. His credibility, integrity and humour have combined to enable him to achieve much; those who have dealt with him within and outside his specialty have invariably felt that this was a man with whom they could work effectively and furthermore anticipated an enjoyable working relationship.

In view of his subsequent strong involvement in rural medicine, it is ironic that Frank Moloney was born in rural New South Wales as an undiagnosed premature twin. The family lived on a farm out of town and it was only by sheer good fortune that their father had decided at the last minute to leave his wife in town, rather than alone on the farm without a car, while he was away for a week of work. Frank's brother Joe, now a rural Paediatrician, was born without problems. However the nurses attending the birth were in disagreement as to whether there was "another one in there". Eventually Frank was born but initially not in good condition. None of this seemed to hold him back either in sporting or scholarly achievement. Setting the scene for the rest of his life, he started life with a lot of hard farm work punctuated by sport and study in that order. He received a scholarship to St Joseph's College in Hunters Hill, Sydney which he modestly attributed to his brother's academic success. He excelled in sport, being a member of the winning 1965 St Joseph's College Rugby and Cricket teams and captaining the Senior Athletic team. His leadership properties were also underlined by his award of the 'Cadet Under Officer of the Year' as well as receiving the prize for 'All Round Excellence'. At Sydney University he continued to show leadership qualities, being elected Senior Student of St John's College, whilst he was studying medicine. However he continued to return to the farm at Junee since his father had many bouts of ill health, dying prematurely in 1969 at the age of 51. Whilst still a medical student Frank met his future wife Cate and they were married at the end of 1970, two years prior to his graduation from Medicine in 1972.



At this stage he had intended to become a rural General Practitioner and in preparation for this arranged to have a year of paediatrics at the Prince of Wales Hospital in Sydney. As fate would have it, his first rotation was into the Neonatal Intensive Care Unit which was run by two extraordinary anaesthetist role models, Drs Graham Fisk and the late John Vonwiller. Their sheer professionalism, skill and dedication inspired Frank Moloney to consider anaesthesia as a career. But he was still determined that he had to work in a rural setting. Another great role model, Dr Fred Berry provided Frank with an Anaesthesia Registrar position at Sydney Hospital in mid-1975. By this stage, Frank's family had expanded to twins David and Sarah who posed a few hurdles to passing the Primary Exam which was eventually achieved in 1977, followed by the birth of a third child, Jock in 1978 with the final Fellowship Exam accomplished also in 1978. Frank completed his anaesthesia training with rotations including the Crown Street Women's Hospital and the Royal Alexandra Hospital for Children, as well as the Westmead Hospitals.

At the end of 1978 Frank was discussing his future with the Director of Anaesthesia at the Royal Alexandra Hospital for Children, Dr John Overton. He just managed to get out 'anywhere in the bush' when the telephone rang with Dr Graham Worsley calling from Orange looking for a fourth anaesthetist. After spending 1979 as a Registrar, completing his training at the new Anaesthesia Department headed by Ross Holland at Westmead, Frank finally got his wish in 1980, commencing work as a VMO Anaesthetist at Orange Base Hospital.

In his early years at Orange, two major concerns exercised Frank's mind. Firstly, the isolation from specialist professional colleagues and secondly, the lack of support and training for GPs, who were expected and sanctioned to deliver anaesthesia services in rural anaesthesia. Drawing upon his previous leadership experience, Frank approached ANZCA to develop a sustainable long term rural anaesthesia rotation for trainees. Unable to obtain the response that he desired at the time, Frank teamed up

with Tony Burrell and commenced a GP anaesthesia training program in the mid 1980s. Tony Burrell moved progressively into Intensive Care and the training scheme then became Frank's key project. He became somewhat notorious for the initiatives that he was taking at a relatively early stage following his training and thus was co-opted to the New South Wales Regional Committee in 1991 where his value was rapidly appreciated to the extent that he was formally elected in 1992.

Since 1982 Frank has held the position of Director of Anaesthetics at Orange Base Hospital, Board Member of the Dudley Private Hospital from 1988 to 1994 and has served as a VMO at Orange Base Hospital; Dudley Private Hospital, Orange; Bathurst Base Hospital; Cowra District Hospital, and Parkes District Hospital. He has also served as Co-ordinator of Training of Anaesthetic Registrars at Orange Base Hospital. Frank played the pivotal role in the development of a rotation for Anaesthesia Registrars to rural base hospitals in New South Wales. He also played a key role as a member of the Joint Consultative Committee on Anaesthesia (JCCA) which co-ordinates the training and credentialling of GP Anaesthetists throughout Australia and developed a formal training program for GP Anaesthetists. This has been a challenging but ultimately rewarding process which has drawn upon all of Frank's formidable qualities to achieve a successful outcome. He has also served as a Member of the NSW State Reference Committee and has participated in co-ordinating training and examinations for GP Anaesthetist Trainees in New South Wales. He has contributed to many Anaesthesia Workshops for the Cunningham Centre in Toowoomba which trains GP Anaesthetists in Queensland.

Not surprisingly, Frank has served as Chairman of the Rural Anaesthesia Special Interest Group within ANZCA, which is primarily involved in specialist Registrar training, rural rotations and rural specialist manpower throughout Australia and New Zealand; this Special Interest Group

presents a teaching session annually at each Scientific Meeting of ANZCA.

Frank's desire to get back to the bush was fulfilled in Orange and he has spent many busy but fulfilling years firstly living in town, then on a farm and now back in town again. Outside of medicine, he is a keen golfer, developed an interest in breeding horses during his early years in Junee and for ten years was 'The Judge' at the local racecourse, Towac Park. Frank and Cate have been loving and supporting foster parents to many beautiful babies over the last 17 years.

Frank sees his time as a VMO in the rural setting as falling into two phases. Initially, he spent 10 years arguing for increased resources and accreditation of rural anaesthesia specialists and GPs. In the second phase, he was assisted by senior people from within ANZCA Council and the JCCA to produce rural rotations, training, assessment and MOPS programs for GP Anaesthetists. He remains concerned about the future of rural medicine because of lack of resources in rural health areas, the challenging dynamics of the rural economy and population and an increasing reliance on overseas trained doctors. No other individual in the rural medical setting has achieved more than Frank for his specialty and for rural medicine. He could not have done this without the support, advice and love of his wife Cate who has always been strongly behind his dedication to rural anaesthesia. For his achievements in this area and his contribution to the New South Wales Regional Committee and to ANZCA, he richly deserves the award about to be bestowed upon him.

Mr President it is my great honour and pleasure to present Francis Xavier Moloney for the award of the Robert Orton Medal.

Michael J Cousins

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS' MEDAL

DAVID HENRY McCONNEL

The Australian and New Zealand College of Anaesthetists' Medal is awarded at the discretion of the Council of the College in recognition of major contributions to the status of anaesthesia, intensive care, pain medicine or related specialties.

Mr President, it is my privilege to present to you David Henry McConnell for the award of the Australian and New Zealand College of Anaesthetists' Medal.

David McConnell began life quietly in Brisbane. His mother, who had a notable Queensland and international reputation as an educational psychologist, had a large influence on him. Like Sir Sydney Sunderland before him, he had attended the Brisbane State High School, graduating in 1956 with a Commonwealth Scholarship. Together, we commenced first year Medicine in 1957 at the University of Queensland in a year of 100 students. David was one of 56 who completed the six straight years. He spent a rustic year at the Cairns Base Hospital and returned to the Royal Brisbane Hospital in 1966 to train in Anaesthetics. He moved to the London Hospital in 1968 and gained his English Fellowship in 1969. He gained his Australasian Fellowship in 1970.

In the meantime, in 1964, David had married Audrey Edwards. This year will be their 40th wedding anniversary and some would say that Audrey deserves the medal "for keeping the genie within the bottle". They enjoy three children and one grandchild.

In 1969 David and Audrey visited me in Edinburgh and in 1970 he welcomed my family as the Angelino Lauro berthed in Cape Town. There he had taken a staff anaesthetist job at the Groote Schuur Hospital. By late 1970 David returned to a visiting staff appointment at the Royal Children's Hospital and the Royal Brisbane Hospital. In private practice, he began his long association with the Narcosis Anaesthetic Group. Increasingly neurosurgical anaesthesia attracted his interest.

In Brisbane he grew into a larger than life figure. From the top end of the table with silent surgeons and unconscious patients he became a notable authority on wine, restaurants, art, fast cars, fashion, jazz and banking strategies.

But it was in the area of anaesthetics that David made his major contributions. He was Chairman of the Queensland



State Committee of the Australian Society of Anaesthetists from 1975-77 and Federal President from 1978 to 1980.

Soon he was to become Chairman of the Queensland Regional Committee of the Faculty of Anaesthetists from 1980 to 1982. He was elected to the Faculty Board in 1984 where I observed his impact on the Board and later he was elected to the College Council. David was an Examiner, a member of the Final Examination Committee and Chairman of this Committee from 1986 to 1988. Amongst the many positions he held, his role of Protocol and GSM Officer showed him at his commanding best.

In 1994 David was appointed Clinical Associate Professor, Department of Surgery, University of Queensland.

Outside the College, David McConnell developed expertise on the Case Committees of the Medical Defence Society of Queensland for over twenty years. He became a member of the Council and, more recently, the new Board. In the same area, he was also President of the Medico-Legal Society of Queensland.

David McConnell is one of the most colourful personalities in the anaesthetic life of our two countries. Never could he be called "the silent service". His high standards of professionalism have been balanced by his infectious enthusiasm for a consuming range of interests which make him a larger than life figure. He is a great example to young trainees who might well follow in his size 11 footsteps. For his contributions to Anaesthetics in Australia and New Zealand over thirty-four years he is a fitting recipient of the College Medal.

Mr President, I present David Henry McConnell for the award of the Australian and New Zealand College of Anaesthetists' Medal.

R Leigh Atkinson

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS' MEDAL

SALLY ELIZABETH DREW

Mr President, it is my privilege to present to you Sally Elizabeth Drew for the award of the Australian and New Zealand College of Anaesthetists' Medal.

Sally was born in Glenelg in South Australia, was educated there and graduated in medicine from the University of Adelaide in 1960. After her intern and resident years she trained in anaesthesia in the South Australian training program, obtaining her Fellowship of the Faculty of Anaesthetists in 1968.

She became a Staff Anaesthetist in the Department of Anaesthesia and Intensive Care at the Royal Adelaide Hospital, diverted for a time to set up anaesthetic services at the new Modbury Hospital and then returned to administer the Department at the Royal Adelaide in various capacities from 1976 to 1997 when she retired.

Sally had the ability to provide patient care, to teach, to administer a large Department and to engage in a range of professional activities. She joined the Regional Committee of the Faculty of Anaesthetists in 1981 and fulfilled the roles of Secretary, Treasurer and Chairman before stepping aside in 1988.

These were difficult years during which she not only contributed to the Faculty and to professional affairs, but also held together the Department at the Royal Adelaide Hospital during the final illness and death of its Director, Dr Maurice Sando. She was the prime mover in establishing the Maurice Sando Chair of Anaesthesia and Intensive Care at the University of Adelaide. She held in abeyance for several years the post of Director of Anaesthesia and Intensive Care at the hospital whilst, in the face of considerable opposition, she pursued relentlessly the task given to her by Dr Sando – the establishment of a full academic department. All things take time – this achievement had been the vision of Gilbert Brown, expressed in his Embley Memorial Lecture of 1934, of Mary Burnell, the first woman Dean of the Faculty in 1966, of Maurice Sando, Dean of the Faculty in 1978, and of herself.

During her time on the South Australian Regional Committee of Faculty, there were major events happening in Anaesthesia and Intensive Care. The Chair of Anaesthesia and Intensive Care at Flinders University had



been established and filled by Michael Cousins in 1975; the Annual Scientific Meeting of the Faculty of Anaesthetists took place in Adelaide; the Burnell-Jose Professorship was revitalised; the Anaesthetic Mortality Committee faltered and was re-established; there was a major revision of the South Australian anaesthetic training program; the Sax Report was released, indicating that South Australia had too many hospital beds, too many doctors and too many nurses; the South Australian Trauma system was established, and the list goes on. With all this, Sally had time to research the location of Gilbert Brown's anaesthetic diaries, rescue them and deposit them for safe keeping in the Mortlock Library.

Sally Drew worked hard for the future of the status of anaesthesia and intensive care. The late College historian, Dr Gwen Wilson, recognised her as one of the sound and solid links in the chain connecting the past to the future of the specialty.

Sally has been described as a private person. After her years of work on the Regional Committee there is only one sentence of thanks in all the records of the Committee, "The members of the Committee thanked Dr Drew for her untiring efforts". That's all? No, that is not all. Tonight it is my great personal pleasure, on behalf of the Australian and New Zealand College of Anaesthetists, to recognize Sally Drew's contributions to the College and to our profession.

Mr President, I present to you Sally Elizabeth Drew for the award of the Australian and New Zealand College of Anaesthetists' Medal.

Garry D Phillips

Obituary

Maureen Joan Peskett (1940-2004)

FFARCS 1977, FANZCA 1992 - New Zealand

Maureen Lester was born to a gifted family on 19 January 1940. Her parents were distinguished teachers in Christchurch, New Zealand and her brother also became a medical graduate. Maureen excelled at primary school before attending Rangī Ruru Girls' School where she shone academically and gained her letters in music, drama and elocution. She did her medical intermediate at Canterbury University and was accepted for medical school at Otago University in Dunedin. There she resided at St Margaret's College and performed with distinction, graduating MB ChB in December 1962, having won the Marjorie McCallum Medal in Medicine, the Colquhoun Prize and Medal in Medicine, and from Christchurch, the Ardagh Memorial Prize in Surgery and the Dermatology Prize.

The following year she was awarded the Travelling Scholarship in Medicine and having become interested in anaesthesia she took up the scholarship in 1965 to travel to England and worked at St Bartholomew's (Barts) Hospital in London. It was during the FFARCS Primary Exam that she met Bill Peskett and six months later they were married on the Isle of Wight, Bill's home ground.

They both became FFARCS (and later FRCA) and returned to New Zealand to live and work in Auckland. Maureen was looking after their first son but was soon employed as a part-time specialist anaesthetist at Green Lane Hospital. A second son arrived but as the boys grew older, Maureen's commitment to anaesthesia increased until she was working most days.

While her work covered many specialties, the expansion of otorhinolaryngology into the field of major head and neck surgery was where Maureen made her greatest contribution, developing new techniques and protocols which have stood the test of time. In this and other areas of anaesthesia she was a talented teacher of colleagues, registrars, house surgeons, medical students, nurses and technicians. With her family background this was not surprising, as she had an interest in teaching from her earliest days, including tutoring her fellow medical students.

Maureen produced or co-authored a number of papers, her first publication in conjunction with Professor J E Caughey, being written as a fifth-year medical student. Her paper "Clinical indicators and other complications in the recovery room or post-anaesthetic care unit" published in the December 1999 issue of *Anaesthesia* is of note as she took a particular interest in that area, developing the PACU from the simpler Recovery Room concept. In her latter years Maureen took a particular interest in the Day Stay Surgical Unit, while anaesthesia based pre-admission clinics at Green Lane Hospital were championed and developed by her. Maureen's characteristic attention to detail and completeness ensured their success. She also served on a number of committees at Green Lane Hospital and developed the Policy and Procedure Manual for the hospital's accreditation. Maureen was a member of the New Zealand Society of Anaesthetists for many years.

Maureen retired in January 2003 and she and Bill were looking forward to a long and happy time together, enjoying their family, sailing, music, art and travel. Sadly this was not to be. A cerebral tumour marred Maureen's last year and despite surgical and medical treatment, coupled with Maureen's great bravery and determination, this finally took her life on 4 February 2004.

Our deepest sympathy is extended to her husband, Bill, their sons Tim and Andrew and fiancée Penny, Maureen's mother Joan, stepfather Alan and her brother Allan. Maureen's personality itself was a contribution to anaesthesia. Her patience and ability to teach already mentioned, extended to her entire practice and she was skilled in expressing an opinion in a way that ensured respect from both sides of an argument. Maureen's modesty in spite of her achievements, her quiet sense of humour, her kindness and interest in others, will be remembered by all who knew her. It is fitting that one of her water colours hangs in the Department of Anaesthesia in the new Auckland City Hospital.

Basil Hutchinson and Andrew Warmington



AUSTRALIANS HEAD CITATION CLASSICS IN ANAESTHETIC JOURNALS

Kate Leslie
Chair, ANZCA Research Committee

An analysis of articles in the anaesthesia literature over the past 60 years reported that a "citation classic" by ANZCA President, Professor Michael Cousins, and Professor Laurence Mather, led the list of the top 101 citation classics. The analysis entitled **Citation Classics in Anesthetic Journals** was published in the *Journal of Anesthesia and Analgesia* (2004; 98:443-451).

Eighteen anaesthesia journals were searched from 1945 forward to look for papers with the most citations in the medical literature (5700 major journals across 164 scientific disciplines). Five specialized pain journals were specifically excluded. Three Australians featured in the top 101 citations:

- The leading paper was: Cousins MJ, Mather LE. *Intrathecal and epidural administration of opioids. Anesthesiology* 1984; 61:276-310. This article received 707 citations. The next most-cited article received 607 citations.
- A second paper by Professor Cousins was placed at number 52: Mazze RI, Trudell J, Cousins M J *Methoxyflurane metabolism and renal dysfunction: clinical correlation in man. Anesthesiology* 1971; 35:247-252 with 248 citations.
- A classic paper on malignant hyperthermia was placed at number 70: Denborough MA, Lovell RR, Forster FJ et al. *Anaesthetic deaths in a family. Br J Anaesth* 1962; 34:395-6. This paper described deaths following inhaled anaesthetics at the Royal Melbourne Hospital.
- And finally at number 96: Tucker GT, Mather LE. *Pharmacology of local anaesthetic agents. Pharmacokinetics of local anaesthetic agents. Br J Anaesth* 1975; 47:213-4.

The decade from 1980 to 1989 produced the most citation classics with 34 articles, followed by 1970 to 1979 with 29 articles. The top-cited 101 articles originated from nine countries with the USA at the head of the list with 70 articles.

In all the anaesthetic citation classics the first author was affiliated with an academic department. All of the top five ranked individual academic departments were in the USA: University of California, San Francisco – 9 citations; Stanford University, Palo Alto – 9 citations; Mayo Medical School, Rochester – 6 citations; Harvard Medical School, Boston – 5 citations; Duke University Medical School,

North Carolina – four citations. Ranked equal sixth with two citations were The University Medical Schools of: Washington, Seattle; Pennsylvania, Philadelphia; University College, London U.K; Texas, Southwestern Medical Centre (University of Texas); Texas Heart Institute.

Professor Cousins ranked equal 6th in the list of individual authors who contributed more than one citation classic including one as first authors. This list was headed by E. Eger (9); P. Bromage (3); J. Michenfelder (3); L. Saidman (3); P.White (3); A. Froese (3); A. Bryan (3).

The authors of the citations analysis commented that the best of the top cited 101 articles reflect major advances in anaesthesia during the last 50-60 years. The leading paper by Cousins and Mather was a detailed review of the basic and clinical science underpinning the introduction of intrathecal and epidural administration of opioids. The review included a substantial amount of the original research by Cousins and Mather's group at Flinders University of South Australia, and placed the new clinical modality for acute, chronic and cancer pain in a balanced perspective. Also the paper included figures and tables that brought together and clarified a rapidly expanding literature. Most of the concepts presented have held true to the present time. Finally a substantial number of unanswered questions were posed and, interestingly, many subsequent articles used these questions as a stimulus. The review occupied Professors Cousins and Mather in a concerted effort spanning more than 18 months.

Other advances in anaesthesia knowledge and treatment represented in the citation list included:

Subject	Rank
Ketamine	2
Malignant hyperthermia	4
MAC	5
PONV	6
Intrathecal morphine	7,8
Perioperative cardiac mortality	9
Epidural analgesia and high risk patients	18
Midazolam	14
Anaesthetic effects on the diaphragm	17
Alpha-2 agonists	20
Haemodynamic effects of ventilation	21

ASA physical status	22
Pulse oximetry	27
Fentanyl and alfentanil	29
Propofol	32
Laryngeal mask	33
Sodium nitroprusside	40
Hypertension	43
Analysis of errors	46
Nitric oxide	49
Metabolism of methoxyflurane	52
Post operative hypoxaemia	54
PEEP	64
Peripheral opioid analgesia	65
Anticoagulation and regional analgesia	66
Hyperkalaemia and succinylcholine	76
Sevoflurane	87
Naloxone	90
Adverse events	93
NSAIDs and post-op pain	94
Atracurium	84
Pharmacokinetics of local anaesthetics	99

The analysis did not include key papers of relevance to anaesthesia that were published in basic science journals or clinical journals other than the eighteen journals dedicated to anaesthesia and its subspecialties.

The Research Committee aims to support high quality research by Fellows of the ANZCA, JFICM and FPM. In addition, the new ANZCA Clinical Trials Group will be fostering multi-centre research projects in our specialties. With the launch of the new ANZCA Foundation in 2004, our goal is to see a growing number of citation classics emanating from our region!

Kate Leslie
Chair, ANZCA Research Committee

ANZCA FELLOWS WITH WORLD FIRST IN RESEARCH

ANZCA funded research hit the headlines in May with the publication in *The Lancet* of the B-Aware Trial results ("Bispectral index monitoring to prevent awareness during anaesthesia: the B-Aware randomised controlled trial. *Lancet* 2004; 363: 1757-63). The paper was accompanied by an editorial that concluded that the B-Aware Trial was a "great advance" in the evidence base for awareness monitors.

The B-Aware Trial was a multi-centred, randomised controlled trial of BIS monitoring to prevent awareness during anaesthesia in 2,500 patients at high risk of awareness. There were two reports of awareness in the BIS-guided group and 11 reports in the routine care group: BIS-guided anaesthesia reduced the risk of awareness by 82% (95% confidence intervals = 17-98%; $p = 0.022$; the number needed to treat = 138). The authors concluded that the evidence supports the use of BIS monitoring in patients at high risk of awareness, but that preventing each case of awareness would come at considerable cost.

The trial was supported by a Research Project Grant from ANZCA, the Alfred Hospital Research Trust, Royal Hobart Hospital Research Foundation and the Centre for Encouragement of Philanthropy in Australia. Twenty centres around Australia, New Zealand, Hong Kong, Thailand and England recruited patients for the trial. The trial was lead by Associate Professor Paul Myles (Alfred Hospital) and Associate Professor Kate Leslie (Royal Melbourne Hospital). A/Professor Myles said: "This has been one of the largest anaesthesia research trials ever conducted in the world... Its success is a tribute to a large number of anaesthetists in our region...The results are obviously good news for anaesthetists, but are also great news for patients all around the world who are waiting to have surgery."

ANZCA Fellows involved in B-Aware Trial

P Myles (Alfred Hospital)
K Leslie (Royal Melbourne Hospital)
M Chan (Prince of Wales Hospital, HK)
T Short, R Fry (Auckland Hospital)
P McLoughlin, M Paech (Royal Perth Hospital)
M Beaudoin (Prince of Wales Hospital, Sydney)
P Peyton (Austin Hospital)
A Plowman (Geelong Hospital)
N Warwick, M Priestley (Westmead Hospital)
B Law (Kwong Wah Hospital)
S Valentine (Fremantle Hospital)
T McCulloch (Royal Prince Alfred Hospital)
S Swallow (Royal Hobart Hospital)
J Fabling (Charles Gairdner Hospital)

P Kam, S Barratt (Royal North Shore Hospital)
B Silbert (St. Vincent's Hospital)
J Monagle (Dandenong Hospital)
A Lilley, A Buettner (Royal Women's Hospital)
R Ray, G Hughes (Ballarat Base Hospital)
D Sutton (Monash Medical Centre)
T Vaughan (Flinders Medical Centre)
V Jiranantararat (Suriraj Hospital)
S Gatt (Royal Hospital for Women)
J Rigg (University of Western Australia)
G Ludbrook (University of Adelaide)
M Langley (Alfred Hospital)
G Downey (Alfred Hospital)
R McRae (Monash Medical Centre)



Dr Matthew Chan



Dr Tim Short



Dr Stephen Swallow

Admission to Fellowship by Examination

Scott Kendall AARONSON	WA	Priya KUMARADEVA	NSW
David Cameron ARCHBOLD	VIC	Keng Huat LOW	VIC
Christopher Ross BAIN	VIC	Cameron Richard McANDREW	QLD
Tillman Wolf BOESEL	NSW	Jamie Desmond McCARNEY	NSW
Alexandru BORSARU	VIC	Eugene Chin-Huat NEO	VIC
Anthony Scott BROOKS	WA	Lance Arthur NICHOLSON	QLD
Jonathan Leslie BYRNE	NSW	Ranjan Chaminda PERERA	NSW
Miriam CANHAM	NZ	Felicity Maria RE	WA
Janne Marie COMAN	QLD	Prani Prakash SHRIVASTAVA	VIC
Kirsten Louise CUNNINGHAM	NZ	Stephen Charles SMITH	VIC
Kathryn Mary DOHERTY	NSW	Gianpiero TRAINI	NSW
Paul GELDARD	VIC	Rajeewa Lakmal Siris WALPITAGAMA	NSW
Raymond Goy Wee LIP	WA	Philip Zac WICKS	NSW
Christopher GRAVES	QLD	Samuel John WILLIS	SA
Liam Macdonald GRUNDY	NZ	Jennifer Barbara WOODS	NZ
Irvin Chai Min HENG	VIC	Justine Anne WRIGHT	UK
Holger Joerg HOLLDACK	SWITZERLAND		

Admission to Fellowship by Election

Roderick Paul HARPIN NZ

Admission to Fellowship via OTS Performance Assessment Process

Chimene BHAR NSW

FINAL FELLOWSHIP EXAMINATION

MAY 2004

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

The viva examination was held at College Headquarters and the Alfred Hospital, Melbourne.

SUCCESSFUL CANDIDATES:

Buddhini Savithri Abeyesiri	NSW	Beng Seng Lim	MAL
Waleed Khalid Alkhazrajy	SA	Siak Kwang George Lim	NSW
Megan Louise Andrews	NSW	Kai Ngai Kevin Yves Low	HK
Trudy Jane Garrett Ballantine	NZ	Don Bunnag Lu	ACT
Adam Stuart Black	SA	Leonard Kheng Hian Lum	NSW
James David Barham Black	SA	Tho Nguyen Ma	NSW
Pierre Jean Botha	NZ	Catherine Jane Mair	NZ
William Pierre Lithe Bradley	NZ	Morag Mackinnon Marr	NZ
Christian Nicholas Honosè Brett	NZ	Natalie Nicolette Marshall	
Campbell Kenneth Brown	NSW	NSWStuart Duncan Marshall	NSW
Frank Frederick Buchanan	VIC	Kerryn Margaret Martin	NZ
David Carman	SA	David Michael McGuire	WA
Martine Elizabeth Casserly	QLD	Brett Robin McGuirk	VIC
Winnie Chan Wai Yee	HK	Geoffrey Philip Messer	QLD
Scott Ross Charlesworth	VIC	Craig Jarrod Mitchell	QLD
Michelle Cheung Ning	HK	Stephen John Mitchell	VIC
Ki Jinn Chin	SING	Joanne Louise Momsen	SING
Gordon Yuk Sang Choi	HK	Robert Simon Newland	NSW
Wendy Yuen Man Choi	NSW	James Richard Nielsen	NSW
Elizabeth Louisa Darbar	NSW	David George Noble	QLD
Kevin Nigel Elks	NZ	Matthew Shaun Purcell	QLD
Jane Elms	VIC	Roger Eric Stirling Pye	NSW
Christopher Hugh Fiddes	VIC	Kien Lap Quach	VIC
Steven John Fowler	NZ	Angela Lynn Ralph	TAS
Victoria Jane Fraser	NSW	Ross Alexander Rathborne	VIC
Deborah Marianne Gardiner	NZ	Jenifer Louise Reynolds	NSW
David Fitzgerald Gilbert	VIC	Angus James Richardson	VIC
Adam Clifford Harmon	QLD	Amutha Samuel	VIC
John Andrew Harrison	NSW	Deborah Elizabeth Simmons	SA
Glen Campbell Hawkins	NSW	Ching Yee So	HK
Andrew Roland Hill	NSW	Bon Huy Srun	VIC
Nicholas Hughes	QLD	Makarla Joy Stead	QLD
Raymond Hui	VIC	Bethan Kate Sutton	NSW
Marcus Joseph Ierino	NSW	Robert Andrew Swan	VIC
Elizabeth Diane Irwin	SA	Neda Taghizadeh	VIC
Nicholas Andrew Jansen	VIC	Hock Lye Tan	VIC
Sudharshan Christie Karalapillai	VIC	Jit-Ern Jonathan Tan	HK
Lee Eng Kiang	SING	Kee Soon Tan	SING
Stefan Liew	NSW	June Mary Telfer	NZ

Alvin Teo Yeng Hok	SING	Douglas Keith Whittle	QLD
Henry Tong Ka Fai	HK	Gamini Wijerathne	TAS
Lac Truong	SA	Daniel Mun-Yen Wong	VIC
Kristie Tsang Ho Sze	HK	Kwee Lian Woon	SING
Christopher George Tse	NZ	Andrew Peter Wright	SA
Patricia Frances Tucker	TAS	Timothy David Wright	NSW
Joshua Robert Vieusseux	NSW	Surendra Yogalingam	SA
Andrew Francis Wallis	SA	Henry Yau-Ching Yong	NZ

RENTON PRIZE

The Court of Examiners recommended that the **Cecil Gray Prize** for the half year ended 30 June 2004 be awarded to **Dr Christian Brett**, New Zealand.

MERIT LIST

The following candidates were awarded a Merit Certificate for their performance at the May 2004 Final Examination:

Dr Adam Harmon, QLD
 Dr Marcus Ierino, NSW
 Dr Natalie Marshall, NSW
 Dr David McGuire, WA

Dr Craig Mitchell, VIC
 Dr James Nielsen, NSW
 Dr Angus Richardson, VIC
 Dr Timothy Wright, SA

OTS PERFORMANCE ASSESSMENT

MAY 2004

The following candidates were successful at the recent Overseas Trained Specialist Performance Assessment and have completed the requirements of the OTS Assessment Process:

Mahmadhanief Hassan WA
 Nicolas Lerch VIC

The following candidates were successful at the recent Overseas Trained Specialist Performance Assessment and are yet to complete the requirements of the OTS Assessment Process:

Mervyn Atkinson SA
 Alistair Boyce NSW
 Ines Boyne QLD
 Tomy George SA
 Smrithi George QLD
 Catharina Koorts VIC
 Llewellyn Lloyd NSW
 Charles Mashonganyika QLD
 Alka Singh SA
 Michael Steyn QLD

Fellow's Profile

A Letter from Nepal

Dr Maurice Lee, FANZCA, his wife Michelle and three children recently moved to Tansen, Nepal, where Maurice contributes to an anaesthesia training program for physicians, nurses and technicians. Dr Lee's first "Letter from Nepal" was published in the November 2003 Bulletin.

Greetings from the land of great agitation !! You may have heard snippets of news about how there is much trouble in Kathmandu in terms of riots and protests, and probably also about how there was a huge battle in a district not far from here where hundreds were killed. Well, my family and I are still on the hill in Tansen, and things are going well for us.

The pre-monsoon weather is upon us. It is so dry here and getting hotter by the day. However there is some salvation in sight for our vegetable terraces because there is a leaky pipe just outside the boundary of our house and I have been going over the fence with a bucket to catch the spray. So much water destined for the nursing school below us is being lost. I have reported it already but they still haven't done anything. Our sweetcorn, beetroots, coriander, carrots and lettuces are looking good though because of their procrastination. It's a shame because the student nurses each get given only a bucket of water a day for all their needs.

I have a few busy weeks ahead. Tomorrow I am heading to Kathmandu again for a meeting and also to check with the print layout people regarding an anaesthetic manual I am proof-reading and revising for our nurse anaesthetist course. It really is a drag having to travel out of Tansen so frequently and I do worry a bit about leaving the family behind. Then in about three weeks I will have to go again, this time to hopefully complete the manual and to attend the Trainers' Course for the Primary Trauma Course (ATLS on a shoestring for the developing world). You probably know the Aussie chaps involved in its inception. In early June it is off on a gynae camp to Jumla, far up in the hills. In many ways I can't wait for the monsoon to get here as it will curtail the travelling a little! Recently an Aussie anaesthetist came over for a two week surgical camp run by our mission. Today the mobile team set off again, this time for a gynae camp with a Kiwi anaesthetist on board. Normally INF (the mission organisation) would have one of us expats go on these camps, but right now there's really only me, as one anaesthetist has left after seven years of service and the other is packing up to head home too.

This afternoon I was called by one of the nurse anaesthetists to help out in OR with a three day old baby who needed a colostomy for possible Hirschsprung's. The

baby was pretty sick and it seemed more than just an obstruction. Anyway, I decided to do it under a high caudal block, in part to give confidence to our experienced nurse anaesthetists so they might consider doing it this way instead of a GA. It appeared to have worked well, and I must say I was quietly pleased considering how sick the child was - there was a perforation and she may not survive this unfortunately.

We are planning to come back for a four month break early next year as my wife and I have decided that we will commit to another year of service here, beyond our initial plan of three years. It just seems that we would



have only started being effective at the end of our first two years! As I was planning our trip home with a good friend, I discovered that the ANZCA ASM is to be held in Auckland next May, so we have changed our return dates to enable me to attend the Conference. I am looking forward to professional nourishment. As much as I am enjoying the access to all the journals via the College website, it would be real nice to get into the buzz of what is current at a large meeting. I'll also get to present at the College Ceremony as I didn't do it before we left for Nepal.

We had thought that things had settled down nicely here in Tansen but tonight's silence (and perception of peace) was shattered by a bomb a couple of hours ago. Pretty loud, though I think it went off in the valley below us. A friend of mine who is an anaesthetist at Auckland City Hospital wrote to me last night saying that a lot of my ex-colleagues cannot understand why we are doing this. Isn't that strange ?

Postscript

Well, it's two weeks on now, and just a couple more updates. The neonate with the perforation died later that night.

A few days ago, I had to hire a jeep (read rickety moving thingy) to get to Pokhara to hand over my digital camera to a New Zealand anaesthetist who was heading back to Auckland. My prized possession had to go to the Canon hospital after an attempt to fix it here failed - went in with one problem and returned to me with three (minus several thousand rupees!!). Anyway, I had left Tansen at 0430 and arrived at the Pokhara airport just in time to give my camera to Neil. I headed back to Tansen after a quick stop at a shop to buy a new electric jug (you wouldn't believe what a pain it is to actually have to boil water on the stove

for your showers and coffee because, if you forget about it, the kitchen becomes a sauna).

Well, my wife is absolutely right when she keeps telling me not to ride the local buses (read big rickety moving thingy). When we were about 30 minutes away from Tansen we came across the horrific scene of a bus crash that had happened at about 0900 in the morning. It was about 1300 when we got there - one of the most beautiful, scenic parts of the trip. On this stretch you can see the ribbon of asphalt attached to the steep sides of this beautiful valley for miles along as it zigzagged in and out of the terrain, with vivid green rice paddy shoots in the terraces at the bottom of the valley. We saw the wreckage from a distance away, lying at least 100m below the road, down a near vertical cliff. I need the camera, I need the camera!! I instead had to use my video camera, which, thankfully I had brought. As we got closer, I saw the bodies of some passengers lying in all sorts of abnormal postures on the side of the road. These were the ones already brought up from the carnage below. I could see more being carried up, four hours after the accident. My immediate thought was that our hospital would be inundated! It was also a Saturday and this means very little staff in the hospital.

I got out of my vehicle when we reached the point where the bus had left the road. People thought the bus had failed to take the corner but as I looked around it appeared that the driver had taken out four stone parapets well before the corner before it went over. Had he fallen asleep? Did the front cliffside tyre blow? We won't know because he apparently survived the fall and ran away! The toll - 32 fatalities at the scene, 20 taken to Tansen Hospital where a further three died. As I stood there filming this surreal scene it occurred to me that I might have been on this bus if the New Zealand anaesthetist had not been leaving on a late afternoon flight. You see, I had figured that I'd just hop on a local bus to get to Pokhara. Me, the flight times, the wreckage below, my hired jeep, the eerie silence, the calls of some of the porters below, the beautiful vista as the valley opened up to the north, the smashed parapets in front of me.



We then drove quickly home but about 1 km away from the crash site we came across a scorched, hollowed out

section on the slope beside the road, and black scorch marks on the road. A local man in my jeep told us that the backlog of traffic and the arrival of the army provided enough cover for some Maoist to opportunistically detonate a bomb as the army vehicle went past!! Fortunately no one else was hurt. These terrorist skunks waste no time do they? Life in Nepal.

I went to the hospital to find patients in the corridor, though they already had all their major injuries attended to. I spoke to one young man who had been traveling on the bus with his brother and he did not know where he was. There were many more sad stories like his.

Two days later the Planning and Infrastructure Minister flew in to Tansen to meet with the injured people in our hospital. This accident was big time news in Nepal (even though bus-off-cliff events are commonplace) because this was the greatest number of fatalities ever. The hospital asked me to show my video to the Minister and his entourage and the news crew that followed him even videoed my video, which was then aired that night on national TV. I took the opportunity (as Michelle's Aunty Dee used to say, as a mouse might be boasting) to address the Minister and the bigwigs of our town that this year was WHO's year for Preventing Road Traffic Accidents, and that there was plenty of scope for training of Nepali doctors and allied personnel in trauma management. In fact, I will be going on the PTC course next week in Kathmandu with the hope that we can use Tansen as a training base later, as we probably get more mass trauma than any other hospital in this country.



Afterwards I walked down the track to our house and listened to U2's "Beautiful Day", turned up loud on my earphones as I watched the sun cast its orange drape on the hills over our valley. It's hard to shake off all the death and the pain that people of this land suffer, it's the one thing I always wish I never had to see. There are some seasons in your life that you just have to walk through, that you come out at the end of it with a better appreciation of why things are the way they are. Lately I re-read a book by Philip Yancey. In it was a quotation from Alexander Solzhenitsyn. "All that the downtrodden can do is go on hoping. After every disappointment they must find fresh reason for hope"

Bye,
Maurice

Highlights from the Council Meeting

JUNE, 2004

WELCOME

The President welcomed Dr Peter Cooke, Chair, New Zealand National Committee, Dr Jim Bradley; President, Australian Society of Anaesthetists and Dr Mark Bukofzer, Chair, New Zealand Society of Anaesthetists.

EDUCATION

2004 Inaugural Diving and Hyperbaric Medicine Certificate Examination

The closing date for applications for the the inaugural Diving and Hyperbaric Medicine Certificate Examination is 9 August 2004 with the Written Examination to be held during the week commencing 11 October 2004 and the Oral Examination on 29 October 2004.

Guidelines for the Selection of Trainees

Council approved the reviewed and amended document for the Selection of Trainees process. This document is published on the College website and available from the College.

Trainee Committee

Council noted that Dr Annabel Orr has been elected Chair of the Trainee Committee. State and New Zealand representatives are:

Dr Bronwyn Avard (ACT)
Dr Annabel Orr - Chair (Vic)
Dr Timothy Stavrakis (NSW)
Dr Rowena Knoesen (WA)
Dr Kathleen Cooke (Qld)
Dr Mark Adams (NZ)
Dr Charles Clegg (SA/NT)
Dr Savas Totonidis (Tas)
Dr Libby Lee (Hong Kong)
Dr Ki Jinn Chin (Singapore)

Desirable Qualities in Supervisors of Training

Following discussions on risk management and the AMC's recommendations that the processes for appointment of Supervisors of Training be more precise, Council approved information required to support the nomination of Supervisors of Training.

Evaluation Form for ITA Process

An Evaluation Form reviewing the ITA process has been approved and will be forwarded to Supervisors of Training and trainees for completion.

FANZCA Training Program

Following the introduction of the FANZCA Training system, all documentation has now been brought into line for accreditation of programs and hospital departments.

Modules 2 and 12: Module 2 is now available for completion on the website. It is anticipated that Module 12 will be released on the website by the beginning of August.

Module 10: The Regulation has been amended to allow Module 10 to be completed in either basic or advanced training.

Clinical Teachers' Course

Following the successful pilot of this course, Council resolved that the Clinical Teachers Course continue to be developed and each (revised) module piloted again. These pilots will be regionally based rather than nationally, and have a maximum number of 12 participants and be of one module only. The module assessment in Evaluation will be presented in the Regions as part of the Supervisor of Training/Module Supervisor Training Program.

Clinical Teachers' Course Working Party

The CTC Working Party has been asked to develop a further module on Helping Trainees with Difficulties.

CONTINUING EDUCATION AND QUALITY ASSURANCE

2006 ASM, Adelaide

An invitation has been extended to Dr William Harrop-Griffiths as the 2006 ANZCA Foundation Visitor.

HCI Sponsorship for Speakers

Council resolved:

1. That the College, ASA and NZSA adopt a mutually-agreed policy about HCI sponsorship of speakers at their major and regional meetings.
2. That all speakers who accept sponsorship (from the meeting, the organisation or the HCI) must disclose this sponsorship in all printed material related to the meeting and at the beginning of their presentation. This applies particularly to speakers accepting sponsorship from the HCI.
3. That the sponsorship policy for Fellows and Members be as follows:
 - 3.1 At the major annual meetings, Fellows and Members who are invited to speak on the program will not be sponsored from the meeting budget, by the organisation or by the HCI with the exception of:
 - 3.1.1 A small number of suitably-qualified Fellows or Members who are invited to be keynote speakers at the Meeting and may be sponsored by the meeting budget, the organisation or by HCI. Generally,

keynote speakers should be chosen by the organisers and then suitable HCI sponsorship should be sought.

- 3.1.2 Keynote speakers offered by the HCI will be accepted at the discretion of the organising committee in consultation with the ASM Officer, or equivalent, keeping in mind the balance of the meeting and the potential for conflicts of interest.
- 3.2 At regional meetings, Local Fellows and Members who are invited to speak on the program will not be sponsored with the exception of:
 - 3.2.1 A small number of suitably-qualified Fellows or Members from other regions who are invited to be keynote speakers at the Meeting may be sponsored (as in 3.1.1 and 3.1.2).
- 3.3 At SIG meetings, Fellows and Members who are invited to speak on the program will not be sponsored with the exception of:
 - 3.3.1 A small number of suitably-qualified Fellows or Members from outside the SIG who are invited to be keynote speakers at the Meeting may be sponsored (as in 3.1.1 and 3.1.2).
4. That the policy for industry-sponsored sessions (such as "breakfast sessions") be as follows:
 - 4.1 That these sessions be conducted in accordance with the Medicine's Australia Code of Conduct or New Zealand equivalent.
 - 4.2 That Fellows or Members who are invited to speak at these sessions:
 - 4.2.1 Discuss their involvement with the meeting organisers to ensure against conflicts of interest
 - 4.2.2 Disclose at the session any sponsorship that arises from their participation in the session
5. In relation to promotional or educational materials (such as CDs or printed material) which arise from an HCI-sponsored speaker in the main program of our meetings:
 - 5.1 That permission to publish any material arising from a presentation at our meetings be sought from the organisation, as well as from the sponsored speaker.

Venues for ANZCA Annual Scientific Meetings

Venues for ANZCA ASMs have been accepted as follows:

2005	Auckland, New Zealand
2006	South Australia
2007	Victoria
2008	New South Wales
2009	Queensland

Australasian Anaesthesia

Advertisements seeking expressions of interest in the editorship of *Australasian Anaesthesia* will be placed in *Anaesthesia and Intensive Care*, the newsletters of the ASA and NZSA and the College Bulletin.

Clinical Indicators

A range of Clinical Indicators were approved for recommendation to the ACHS.

EXAMINATIONS

Renton and Cecil Gray Prizes

The Regulations have been amended to open the award of the Renton and Cecil Gray Prizes to all candidates admitted to the Primary or Final Fellowship Examinations respectively.

Final Examination Committee

In view of the expanding candidature for the Final Examination, the Final Examination Committee has been expanded to include the Chairman, Deputy Chairman, Chairmen of Examinations, a Council representative and eight members with power to coopt.

INTERNAL AFFAIRS

Area of Need Positions

In March this year the Australian Government of Health and Ageing held a workshop entitled "Streamlining Assessment Processes for Overseas Trained Specialists for Area of Need Positions". The workshop was opened by the Chief Medical Officer, Professor John Horvath AO, and addressed by the Minister, the Hon. Tony Abbott MP. It was attended by over 100 people representing the Colleges, Faculties, Australian State/Territory health officials, representatives of public and private hospitals, Australian Medical Council, Deans of Medical Schools, consumers, Department of Immigration and Multicultural and Indigenous Affairs officials and representatives of rural and remote medical organisations. The aim of the meeting was to discuss Area of Need issues and to reach agreement on processes. The minutes of the workshop were not received in time to include a full report in this Bulletin but a subsequent letter from Government to the College relating to one aspect of the workshop deliberations was discussed by Executive and Council via teleconference. The letter requested that the College identify overseas trained specialist qualifications which were considered acceptable to the College, the holders of which could be processed by a health authority without involvement of the College.

As a first step, Council is now establishing a template by which various qualifications may be reviewed and will make recommendations to the Government after due investigation. Council agreed to recommend that a representative of the College should sit on the Health Authority Appointments Committee for holders of all Overseas Trained Specialist Anaesthetist qualifications.

Upskilling Program for OTS

As part of Medicare Plus, the Australian Government has agreed to fund posts in State/Territory public hospitals for Overseas Trained Specialists who are seeking to attain FANZCA, who should require no more than 12 months to achieve this, who have an agreed learning plan developed with the assistance of the College and whose learning plan includes training in a rural setting in addition to a major teaching hospital with skills laboratories exposure. The specialist is expected to agree to bonding by the State/Territory Government for a period of six years in areas of workforce shortage.

Queensland Property

The CEO is negotiating with the RACS for the installation of videoconferencing in the Queensland Office to be utilised by all Fellows, trainees, Committees or associated organisations.

Sydney Property

Council has agreed to the College being party to a development application to extend the Sydney College office in Crows Nest. .

ANZCA Employee Relations

Council has now approved College policies with regard to bullying, grievances and sexual harassment.

Geoffrey Kaye Museum of Anaesthetic History

The Museum has now been relocated to the northern side of Level 5 of ANZCA House.

ANZCA House Foyer

Design contractors have been engaged to mount a display reflecting anaesthesia, intensive care and pain medicine in the foyer of ANZCA House.

Resignations and Retirement

Ms Karen Monette having completed 10 years of service has resigned from the College to seek a career in horticulture.

Ms Bridget Ure has resigned to pursue a career in real estate.

Following ten years of service, Ms Joyce Holland will be retiring from the College in her role as Queensland Regional Administrative Officer in July 2004.

Council extended its thanks to these staff for their enormous contributions to the College over a long period of time.

Strategic Planning Day

Council is planning a Strategic Planning Day in conjunction with the February 2005 Council Meeting to consider the functions of the Executive and Council of the College and the roles of the Regional and National Committees. It is anticipated that Mr Henry Bosch will be the facilitator for this meeting.

Organisation Risk Management Committee

Council has established an Organisation Risk Management Committee to ensure the carrying out of all College activities conform with the agreed processes.

COLLEGE AWARDS

The ANZCA Medal was awarded to Professor John Gibbs for his contribution to the College over many years.

PROFESSIONAL AFFAIRS

Victorian Coroner's Communiqué

The Victorian Coroner has instituted an approach to Coronial Findings, including the issue of a monthly Coronial Communiqué where summaries of cases that have been considered by the Coroner will be presented. The Victorian Coroner has expressed interest in an ANZCA representative to participate in the development of articles for future communiqués.

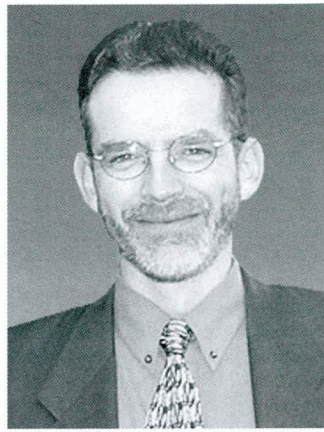
College Professional Documents

Following a recent enquiry with regard to the compliance with College Professional Documents in non teaching hospitals, Council reinforced its resolution of February 2003 that College Professional Documents are intended to apply as guidelines wherever anaesthesia is administered. This Statement has been included with the disclaimer on all College Professional Documents published subsequent to February 2003.

TECHNICAL

Standards Committees

Council noted with regret the proposed resignation of Dr John Russell as Co-ordinator of Anaesthesia Representatives for External Standards Committees. It is envisaged that a new Coordinator will be announced in the near future.



Education Report

Russell W. Jones, Director of Education, ANZCA

The Greatest Educational Challenge

Perhaps the greatest educational challenge faced by the College is to develop a cohesive educational program for both Fellows and Trainees as they progress through their professional lives. This program needs to cater for “life-long learning” including initial training for Fellowship and Continuing Professional Development (CPD) for Fellows. Such a program has four components:

1. Content
2. Teaching/learning strategies
3. Assessment
4. Evaluation processes

To a large extent the recently published *Curriculum Modules* specify much of the required content. What is needed now is to ensure that the teaching/learning strategies, assessments and evaluation processes accurately reflect this content¹.

Without a single cohesive educational program, four disjointed curricula develop. These are the:

- Intended curriculum,
- Taught curriculum,
- Learned curriculum, and
- Assessed curriculum.

The intended curriculum is comprised of those goals, outcomes and objectives that the College identifies as appropriate. The taught curriculum is what is actually taught by instructors, teachers, tutors and mentors during the course of training. The learned curriculum is what is really learned by the learners. And the assessed curriculum comprises those skills, attitudes and knowledge that are actually examined/evaluated/assessed.

These separate curricula develop whenever the content, teaching/learning strategies, assessment, and evaluation

processes are not strongly linked. For example, if the intended curriculum is specified within the *Curriculum Modules* then a cohesive educational program requires that all teaching/learning strategies, assessment, and evaluation processes are constantly checked against this document to ensure consistency. However, if this checking does not occur then a teacher might omit some specified material or include additional material in their teaching. Under this situation what is taught becomes different to what was intended by the initial curriculum and a separate ‘taught curriculum’ develops. Similarly a ‘learned curriculum’ develops when teaching/learning strategies are not carefully considered and matched to the intended curriculum. Under these circumstances learners will not learn what was intended. Differences between the intended and learned curricula will be exacerbated when learning takes place during inappropriate extra-curricular activities or through inappropriate examples demonstrated by more senior medical staff. Finally, if the assessment methodologies (eg, examinations) are not carefully checked to ensure they appropriately represent the intended curriculum then these methodologies evolve to include content that is not part of the intended curriculum or do not assess content that is specified within the intended curriculum. Thus, an ‘assessed curriculum’ evolves that is different to the intended curriculum.

Conversely, if all teaching/learning strategies, assessment, and evaluation processes are constantly checked against the intended curriculum then a single, comprehensive educational program develops. This maximises efficiency in teaching and learning as well as fairness, validity and reliability in assessment and evaluation.

¹ The Curriculum Modules specify an enormous range of content in considerable depth and breadth. Hence this document may be used as a basis for content for pre-Fellowship training and much of post-Fellowship CPD.

Report from the President to Fellows of the Australian and New Zealand College of Anaesthetists as at 3rd May 2004

It is my pleasure to report on behalf of Council on matters pertaining to the College since the last Annual General Meeting. I shall briefly summarise the many activities of the College, its Council and its many Committees, but emphasise some major developments.

GENERAL

AMC Accreditation Process

Following completion of this accreditation process in September 2001, the College was granted accreditation for the maximum six years, with a possible extension to 10 years, subject to satisfactory annual reports. I must emphasise the importance of this very satisfactory independent report of core College activities. The first annual report has now been submitted to the AMC and addresses the recommendations resulting from the accreditation process. I extend my thanks to Professor Garry Phillips for his work in compiling this report.

Communication with Regional/NZ Committees

During my term as President, I have attended as many CME and Regional/NZ Committee Meetings as time has allowed. In an effort to maintain and improve communication with the Regional/NZ Committees, Chairmen have also been invited to attend Council Meetings on a rotational basis. During the past year A/Prof Geoff Gordon (Qld) and Drs Peter Cooke (NZ), Michael Jones (NSW) and Simon Maclaurin (WA) have participated at these Meetings.

Presentations to the College

Professor John Horvath AO, Chief Medical Officer attended the February Council Meeting and provided a presentation on workforce issues and matters relating to education of trainees.

Regular presentations have been made by the College financial advisors to assist Council with decisions relating to investment strategies.

EDUCATION AND TRAINING

FANZCA Program

The revised training program was introduced from the commencement of the 2004 Hospital Year and the transition to the modular system has proven to be relatively smooth for trainees.

Trainees

The establishment of a Trainee Committee was supported by Council in June, and the Committee had its first face to face meeting just prior to the ASM. It is hoped this

Committee will give trainees the opportunity to have input into relevant matters through representation on the Education and Training Committee.

In-Training Assessment

The ITA process will be reviewed in 2004. The review will consider the introduction of a summative component to the process, and will examine the opportunities to incorporate the AMC's request for an assessment of trainees' technical and practical skills. The review will be multi-faceted and will include questionnaires to be circulated to Supervisors of Training and selected trainees.

Effective Management of Anaesthetic Crises Course (EMAC)

A review of EMAC will be carried out in 2004 with the aim of evaluating the effectiveness and usefulness of the course as a whole.

Certificate in Diving and Hyperbaric Medicine

Following Council's approval of the Certificate Program in Diving and Hyperbaric Medicine, the inaugural examination will be held in October this year. The examination comprises a Written Paper followed by a Viva Examination two to three weeks later.

Clinical Teachers' Course

Over 20 participants took part in a pilot course held at ANZCA House in February. Supervisors of Training from each region in Australia, New Zealand, Hong Kong, Singapore and Malaysia, plus representatives from the Faculty of Pain Medicine and Joint Faculty of Intensive Care Medicine attended the course, with Education and Training Committee members and Councillors in attendance as observers.

Hospital Accreditation Committee

From the commencement of 2004, ANZCA has been accrediting Departments of Anaesthesia rather than individual training posts. Departments are accredited for Basic and Advanced Training and/or the Provisional Fellowship Program. New data collection procedures are being implemented which place the onus on hospitals to carry out a detailed self-assessment of their compliance with College policies prior to the College Accreditation visit.

CONTINUING PROFESSIONAL DEVELOPMENT

Maintenance of Professional Standards

The ANZCA MOPS Program continues to be a valuable tool for Fellows to evaluate their continuing professional development. The current participation rate among active

Fellows is 45%. The College strongly encourages all Fellows in clinical practice to participate in the program. The MOPS Program Manual will be revised during 2004 and a new Manual will be circulated to all Fellows of the College. The yearly random audit of MOPS participants continues to be undertaken. The College has been impressed with the variety of activities that have been undertaken and the relevance of these activities to Fellows' practice.

Annual Scientific Meetings

This 2004 ASM is proving to be a very successful Meeting. It has been maintaining the high standards of previous Meetings and has been exceptionally well supported by the Fellows, trainees and the Health Care Industry. The Foundation Visitor to this Meeting is Professor Mike James from South Africa who delivered the Ellis Gillespie Lecture titled "Magnesium: The Once and Future Ion". Associate Professor Paul Myles (Vic) delivered the Australasian Visitor's Lecture, titled "Research in anaesthesia: changing practice and our credibility". The Mary Burnell Lecture titled "State of the Art in Obstetric Anaesthesia", was delivered by Professor David Birnbach.

In October last year, Council resolved that a Lecture be presented at the 2004 ASM to commemorate the late Dr Gilbert Troup, a prominent founding anaesthetist in Western Australia. The Gilbert Troup Lecture will be presented by Professor Mike James, entitled "Phaeochromocytoma".

The award of the Gilbert Brown Prize and Formal Project Prize, will be announced tonight during the Dinner and will be noted in future editions of the ANZCA Bulletin. I thank the Organising Committee for this immensely successful Meeting.

The 2005 ASM will be held in Auckland from 7 - 11 May and Professor David Menon from the UK has accepted the invitation to attend as Foundation Visitor.

PROFESSIONAL AFFAIRS

Asia-Pacific

Professor Garry Phillips continues to act as the external examiner for the Master of Medicine in Anaesthesia at both the University of Papua New Guinea, and the Fiji School of Medicine.

ANZCA International Scholarship

Council resolved that the ANZCA International Scholarship be established as an annual award. A stipend of \$40,000 was approved for the 2004 Scholarship which was awarded to Dr Nguyen Tat Neghiem (Vietnam). Dr Neghiem is undertaking higher training at Royal Prince Alfred Hospital in Sydney.

Obstetric Anaesthesia

The College is currently working with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the Australian College of Rural and Remote Medicine and Royal Australian College of General Practitioners towards a joint statement on the provision of obstetric anaesthesia services.

RURAL ISSUES

Support Scheme for Rural Specialists

The SSRS is a joint initiative of the Australian Government Department of Health and Ageing and the Committee of Presidents of Medical Colleges. Funding of \$301,000 was received for two pilot courses entitled Clinical Crisis Resource Management, using a simulator-based approach which were held in Orange and Cairns in 2003. Further \$334,000 of funding has been approved, and planning is underway to mount three similar courses in 2004 in Launceston, Darwin and Albury.

Rural Advanced Specialist Training Support

In 2003 \$50,000 Government funding was obtained to provide videoconferences, and this initiative has now been funded for a further 12 months.

WORKFORCE MATTERS

The Federal Department of Health and Ageing has accepted that there is a major shortage of doctors in Australia and has initiated a review of the assessment processes for Overseas Trained Specialists (OTS), particularly as it affects appointees to Areas-of-Need. All stake-holders are involved in these discussions. The specialist medical colleges are following these developments closely to ensure that the assessment processes are fair and robust.

AWARDS, HONOURS AND APPOINTMENTS

During the past year many of our Fellows have been the recipients of Awards, Honours, and Appointments.

- Dr Heather Lopert (ACT) and Dr Bill Griggs (SA) were created Members of the Order of Australia General Division (AM) in the Queen's Birthday Honours List, and Mr Michael Gorton, Hon FANZCA (Vic) was created a Member of the Order of Australia General Division (AM) in the Australia Day Honours List.
- Professor Malcolm Fisher (NSW) was created an Officer of the Order of Australia General Division (AO) in the Queen's Birthday Honours list.
- Dr Peter Sharley (SA) and Dr Dianne Stephens (NT), and trainee, Dr Priya Thalayasingam were awarded Medals of the Order of Australia (OAM) for services in the aftermath of the Bali bombing.
- Lt Col Su Winter (NT) was awarded a Conspicuous Service Cross (CSC) for services in the aftermath of the Bali bombing.
- Professor Tony Gin (HK) was elected President of the Hong Kong College of Anaesthesiologists in June.
- Mr Michael Gorton (Hon FANZCA, Vic) was appointed Chairman of the Victorian Biotechnology Ethics Advisory Committee.
- Dr Alan Duncan (WA) was appointed Chief Editor of Anaesthesia and Intensive Care.
- Dr Phoebe-Anne Mainland (Vic) was awarded an MA Medical Law and Ethics (London).

- Dr Michal Kluger (NZ) completed a Doctorate in Medicine (MD) from the University of Auckland.
- A/Professor Tony Quail (NSW) was appointed Associate Professor of Anaesthesia, University of Newcastle.
- Dr Ray Cook (ACT) was admitted to the Roll of Fellows, Australian Medical Association.

Orton Medal

The Orton Medal is the highest award the College can bestow on any practising Fellow, and I was honoured to present the Medal to Dr Frank Moloney (NSW) during the College Ceremony. This award recognises Frank's efforts and contributions to the College through his long-standing involvement with the New South Wales Regional Committee, and to rural anaesthesia, especially in areas of need.

ANZCA Medal

It gave me great pleasure to award the ANZCA Medal to two highly deserving Fellows during the College Ceremony.

Dr Sally Drew (SA) – Sally's outstanding contributions to anaesthesia have been given with enthusiasm and good humour over a very long period of time in her capacity as Chairman and Member of the South Australian Regional Committee, and as a manager of Adelaide's largest anaesthesia training Department. She was also a major force in the establishment of the Chair of Anaesthesia at the University of Adelaide.

Dr David McConnel (Qld) – David's untiring contributions to anaesthesia over many years as Councillor, teacher, member of the Queensland Regional Committee, and to the Medical Defence area have been greatly valued, and Council believed the award of the ANZCA Medal to be appropriate recognition of his efforts.

ANZCA Council Citations

The College established the ANZCA Council Citation in December 2000 to recognise significant contributions to activities of the College, particularly in education.

Citations were awarded to the following:

- Dr Carl Edmonds (NSW)
- Dr Patricia Mackay (Vic)
- Dr Peter McCartney (Tas)
- Dr David McConnel (Qld)
- Dr Anton Neilson (Qld)
- Dr Hugh Spencer (NZ)
- Dr John Williamson (SA)

Presentation of these Citations takes place at appropriate Regional meetings.

DEATH OF FELLOWS

It is with regret that I report the death of the following Fellows:

Dr David Colin Begg (NSW) – FFARACS 1981, FANZCA 1992

Dr Kevin John Byers (NSW) – FFARACS 1956, FANZCA 1992

Dr Henri Rene Paul Coutanceau (Vic) – FFARACS 1961, FANZCA 1992

Dr Trevor Talbot Currie (Vic) – FFARACS 1956, FANZCA 1992

Professor Gaisford Gerald Harrison (South Africa) – Hon FFARACS 1990, FANZCA 1992

Dr Margaret Innes (NZ) – FFARACS 1952, FANZCA 1992

Sir Anthony Jephcott, Bt (NZ) – Hon FFARACS 1990, FANZCA 1992

Dr Carl Theodorus Moller (Tas) – FANZCA 1995

Dr Maureen Joan Peskett (NZ) – FFARACS 1977, FANZCA 1992

Dr John Hamilton Stace (SA) – FFARACS 1952, FANZCA 1992

RESEARCH

Research Grants for 2004

Each application was reviewed by three independent assessors. The Reviewers' comments were fed back to the applicants and then all applications, assessments and comments were considered by the Research Committee.

Grants were awarded to:

Dr Tony Chow (VIC) \$20,000

A multi-centre randomized controlled trial to prevent chronic post-amputation pain

A/Prof Kate Leslie (VIC) \$19,529

Intravenous rehydration to prevent hypotension in patients undergoing colonoscopy

A/Prof Michael Paech (WA) \$15,617

Epidural blood patch: volume and efficacy

A/Prof Michael Paech (WA) \$27,979

Intranasal analgesia: the pharmacokinetics and clinical efficacy of hydromorphone nasal spray

A/Prof Michael Paech (WA) \$37,128

Safety of tramadol in breastfeeding: a study of post-operative use following caesarean section

Dr Neil Pollock (NZ) \$49,872

Identification and characterization of mutations in RYR1 that cause malignant hyperthermia

Dr Gerald Power (QLD) \$22,358

The effect of an epidural blood patch on cerebrospinal fluid physiology

Prof Stephan Schug (WA) \$39,840

Pharmacokinetics of sublingual ketamine for pain treatment

Dr Adam Tucker (VIC) \$40,000

Creating an anaesthetic knowledge map: extracting new information from Medline using text-mining

A/Prof Bala Venkatesh (QLD) \$40,000

Modulating cell death with anti-PARP and anti-caspase to improve outcome in hemorrhagic shock

2002 Research Fellowships (4) \$83,812

Funding for ongoing project maintenance costs in 2004 i.e. potential top-up funds to \$40,000 each

The following projects were supported for second-year funding in 2005, subject to satisfactory progress reports:

A/Prof Michael Paech (WA) \$16,085

Epidural blood patch: volume and efficacy

A/Prof Michael Paech (WA) \$18,665

Safety of tramadol in breastfeeding: a study of post-operative use following caesarean section

Harry Daly Research Fellowship

On the recommendation of the Research Committee, the Harry Daly Research Fellowship for 2004 was awarded to Dr Neil Pollock (NZ) for his project *Identification and characterization of mutations in RYR1 that cause malignant hyperthermia*.

Organon Research Award

On the recommendation of the Research Committee, the Organon Research Award was awarded to Professor Stephan Schug (WA) for his project *Pharmacokinetics of sublingual ketamine for pain treatment*.

Academic Enhancement Grant 2003

The Academic Enhancement Grant for 2003 was not awarded.

Simulation/Education Grant 2004

The following project was supported for the award of the 2004 Simulation/Education Grant:

Dr Leonie Watterson (NSW) \$12,700 Yr 1
\$12,934 Yr 2

Evaluation of simulation training transfer on skills acquisition and subsequent learning behaviours

ADMISSION TO FELLOWSHIP BY ELECTION

The following were elected to Fellowship of the College:

Under Regulation 6.3.1(b)

Dr Michele Anne Duffy (Tas)

Dr Joseph John Herbert (Joe) Sherriff (NZ)

Dr Roderick Harpin (NZ)

Dr Felicity Pugh (NZ)

Dr Joan Irene Sutherland (Vic)

Dr Peter Tolley (Vic)

Dr Marlene Elizabeth Ward (NSW)

PROFESSIONAL DOCUMENTS

The following Professional Documents were reviewed and promulgated during the past twelve months:

- PS7 – *Recommendations on the Pre-Anaesthesia Consultation*
- PS8 – *Guidelines on the Assistant for the Anaesthetist*
- PS27 – *Guidelines for Fellows who Practice Major Extracorporeal Perfusion*
- PS31 – *Recommendations on Checking Anaesthesia Delivery Systems*
- PS37 – *Statement on Local Anaesthesia and Allied Health Practitioners*
- PS46 – *Recommendations for Training and Practice of Diagnostic Perioperative Transoesophageal Echocardiography in Adults*
- PS49 – *Guidelines on the Health of Specialists and Trainees*
- PS50 – *Recommendations on Practice Re-entry for a Specialist Anaesthetist*
- TE1 – *Recommendations for Hospitals Seeking College Approval for Vocational Training in Anaesthesia*
- TE2 – *Policy on Vocational Training Modules*
- TE3 – *Policy on Supervision of Clinical Experience for Vocational Trainees in Anaesthesia*
- TE4 – *Policy on Duties of Regional Education Officers in Anaesthesia*
- TE5 – *Policy for Supervisors of Training in Anaesthesia*
- TE8 – *Guidelines for the Learning Portfolio for Trainees in Anaesthesia*
- TE10 – *Recommendations for Vocational Training Programs*
- TE11 – *Formal Project Guidelines*
- TE13 – *Guidelines for the Provisional Fellowship Program*
- TE17 – *Policy on Advisors of Candidates for Anaesthesia Training*

Withdrawal of Professional Documents

The following College Professional Documents were withdrawn during the past twelve months:

- P11 – *Management of Cardiopulmonary Bypass*
- PS27 – *Standards of Practice for Major Extracorporeal Perfusion*
- PS36 – *Guidelines on Conscious Sedation for Regional Anaesthesia for Ophthalmic Surgery*

PRIMARY EXAMINATION

July/September 2003

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

A total of one hundred and fifty nine (159) candidates presented for the Primary Examination and one hundred and eleven (111) candidates were approved.

One hundred and forty five (145) candidates presented for the Pharmacology Module and one hundred and eighty three (183) candidates presented for the Physiology Module.

	TOTAL No CANDIDATES		INVITED TO ORAL		APPROVED	
	Pharmacology	Physiology	Pharmacology	Physiology	Pharmacology	Physiology
MELBOURNE	145	183	130	155	102	134

	TOTAL No CANDIDATES SITTING BOTH SUBJECTS	CANDIDATES PASSED BOTH SUBJECTS AT THIS SITTING	PRIMARY EXAMINATION APPROVED
	MELBOURNE	103	66

SUCCESSFUL CANDIDATES:

Penelope Jane Alderson	QLD	Cameron Scott Graydon	VIC	Roger Eric Stirling Pye	NSW
Vanessa Kathryn Andean	VIC	Andrew Benjamin Green	VIC	Catherine Anne Quigg	VIC
Nicole Leanne Anderson	QLD	Robert Hackett	NSW	Frank Raineri	VIC
Bronwyn Jane Avard	NSW	Sarah Louise Hedges	TAS	Hari Ravindranathan	TAS
Maryanne Balkin	VIC	Andrew Peter Hehir	NSW	Maziar Razavian	NSW
Jarrett Barker-Whittle	NSW	Christopher Owen Jackson	SA	David Jeremy Rowe	QLD
Renee Gail Beer	VIC	Daniel Howard Jolley	NT	Andrew Leigh Rubinfeld	VIC
David Belavy	QLD	Delyth Angharad Jones	NSW	Stefan Christian Sabato	VIC
Aaron Joseph Bellette	ACT	Navkiran Kaur	NSW	Anil Jason Sen Gupta	NSW
Barry Wayne Benham	QLD	Elizabeth Karlie Keating	ACT	Caroline Anne Sharpe	VIC
Aparna Bhatt	NSW	Kong Kau Fung Vincent	HKG	Lyndon Wai Lun Siu	VIC
Rebecca Jane Branch	NZ	Michal Zdzislaw Kulisiewicz	NSW	Barry Michael Slon	NZ
Roger Malcolm Browning	NZ	Tai Quy Lam	NSW	Andrew John Snell	SA
Katharine Emily Brunette	NZ	Thien Le Cong	SA	Marcus David Soo	QLD
Van Tung Bui	NSW	Gene Sit Yee Lee	NSW	Vincent Michael Sperando	NSW
Jane Frances Calder	NZ	Lee Ka Yee	HKG	Tony Stambe	VIC
Michelle Yee Ling Chan	VIC	Wan Ling Leong	SIN	Anna Louise Sullivan	SA
Brett Arthur Chaseling	QLD	Martyn Ian Lethbridge	QLD	Alice Kathleen Summons	NSW
John Andrew Chippendale	QLD	Ling Sing Tao, Thomas	HKG	Jacqueline Vanessa Sushames	VIC
Brett Daniel Coleman	VIC	Eu-gin Lim	NSW	Mark Benjamin Suss	VIC
Kathleen Mary Cooke	QLD	Khai-Ching Lim	VIC	Chiew Peng Tan	SIN
Tamara Joan Culnane	WA	Kristen Sarah Llewelyn	SA	Jamal A A Tashkandi	NZ
Lisa Louise Dayman	NSW	Andrew David Lo	NSW	Darren Choon Aik Teoh	VIC
Alexandra Evan Douglas	QLD	Lo Chor Kwan	HKG	Benjamin Roger Towell	VIC
Billy Markus Drew	NSW	Francis Ling Check Loh	VIC	Theresa Phuong Trinh	VIC
Christopher Charles Duffy	WA	Knox Crichton Low	NSW	Alpha Mang Sze Tung	NSW
Aruna Shantha Evana Henedige	SA	Daniel Edward Magee	NSW	Evangelos Tziavrangos	WA
Rebekah Jane Ferris	QLD	Anna Catherine McDonald	TAS	Sharyn Mary Van Alphen	VIC
Barton John Hughes Fielden	NSW	Kylie Jayne McGregor	NZ	Burger Van Der Merwe	NZ
James Alexander Fowlie	SA	Ian Duncan Henare McKay	NZ	Andrew David Weatherall	NSW
Kate Elizabeth France	SA	Martin Peter Misur	NZ	Heidi Leigh Werder	NZ
Claire Elizabeth Ann Frost	NZ	David Moore	NZ	Denise Wing Yin Wong	NSW
Winnie Wing Lei Fung	NSW	Eleanor Margaret Moreno	VIC	Roger Tzekin Wong	TAS
Anil Singh Gill	MAL	Nicole Cherie O'Brien	NZ	Cheryl Lok See Yeung	HKG
Rachael Sarah Glew	NZ	Catherine Nabuduwa Olweny	VIC	Mark Graham Young	QLD
Maria Masha Golikov	QLD	George Kit Fai Pang	QLD		
Yukiko Goto	WA	Jennifer Jane Philip	WA		
Simon Thomas Gower	VIC	Brendan David Powers	NSW		

The **Renton Prize** for the half year ended 30 December 2003 was awarded to **Tamara Joan Culnane** of Western Australia. **Merit Certificates** were awarded to **Daniel Howard Jolley** ACT, **Christopher Charles Duffy** WA, **Roger Malcolm Browning** NZ, **Brett Arthur Chaseling** QLD.

PRIMARY EXAMINATION

February/March 2004

The written section of the examination was held in all capital cities in Australia, Cairns, Newcastle, Townsville, Auckland, Wellington, Christchurch, Dunedin, Hamilton, Hong Kong and Singapore.

A total of one hundred and eighty two (182) candidates presented for the examination. Sixty one (61) candidates sat both the Pharmacology and Physiology sections, of whom fifty seven (57) candidates passed both sections at this examination. One hundred and forty four (144) candidates presented for the Pharmacology section of whom one hundred and six (106) were approved. One hundred and thirty five (135) candidates presented for the Physiology section of whom ninety three (93) were approved.

Ninety five (95) candidates successfully completed the Primary Fellowship Examination.

	TOTAL No CANDIDATES		INVITED TO ORAL		APPROVED	
	Pharmacology	Physiology	Pharmacology	Physiology	Pharmacology	Physiology
MELBOURNE	132	121	119	109	102	88
HONG KONG	12	14	9	7	4	5
TOTAL	144	135	128	116	106	93

	TOTAL No CANDIDATES SITTING BOTH SUBJECTS	CANDIDATES PASSED BOTH SUBJECTS AT THIS SITTING	PRIMARY EXAMINATION APPROVED
	61	57	95

SUCCESSFUL CANDIDATES

Nicholas Mark Abbott	NZ	Bong Joon Huh	NSW	Suzi Ludy Hac Nou	VIC
Nigel Ian Akroyd	ACT	Stephen Patrick Hur	VIC	Bradley David O'Connor	VIC
Malcolm Gordon Albany	NSW	Christine Anne Huxtable	SA	Edmond John O'Loughlin	WA
Harmeet Singh Aneja	VIC	Shanon Lee Jarvis	WA	Cameron David Leigh Osborne	VIC
Mullion Atkins	NZ	Anthony Stephen Jenkins	QLD	Reshma Pargass	TAS
Michael Richard Ayling	NSW	Angela Jerath	NZ	Richard James Pendleton	QLD
Matthew Benedict Bailey	NZ	Serge George Kaplanian	WA	Simon Anthony Meredith Pitt	TAS
Alexander Robert Baker	NSW	Joanne Bridget Kara-Brightwell	VIC	Justin Matthew Porter	SA
Peter Francis Barrett	QLD	Sarah Keron	NZ	Dani Rodrick	NSW
Andrew Peter Alexander Beinssen	SA	Dae Soo Kim	NSW	Barbara Anne Rodriguez	VIC
Philip Michael Black	VIC	Michael Edward King	QLD	Mhousci Anne Scanlan	VIC
Emma Jane Blair	NZ	Daniel Paul Lane	VIC	Erich Bernard Schulz	QLD
Tobias Robert Bown	SA	Matthew Leach	NSW	Rachel Elizabeth Shanks	VIC
Ralf Brachold	VIC	Jong Chan Lee	NSW	Sanjeev Kumar Sharma	NSW
Jane Elizabeth Brown	VIC	Timothy Heung Wah Lee	VIC	Joanne Nicole Silverton	NSW
Benjamin Koon Wah Cheung	QLD	Ian Keith Letson	VIC	Reuben James Slater	VIC
Angela Ching Lam Chia	HKG	Leung Ka Ki	HKG	Ian James Smith	NZ
Lucia Nallamma P. Chinnappa	VIC	Leung Yin Yee	HKG	Ban Leong Sng	SIN
Chin Ted Chong	SIN	Li Tze Yan	HKG	Jamie Paul Stevens	WA
Mark James Davie	QLD	Ana Licina	NSW	Penelope Anne Strickland	SA
Geoffrey Kiong Aun Ding	ACT	Tse Jiann Danny Lim	SIN	David John Sturgess	QLD
Joanne Michelle Doa	NZ	Lisa Chih-Mei Lin	VIC	Mark Alexander Tahmindjis	NSW
Kent James Douglas	NSW	Rebecca Eleanor Martin	WA	Chong Oon Tan	VIC
Heide-Marie Feberwee	NZ	Paul Michael Martin	QLD	Yee Wei Teo	SIN
James Stanley Gledden	VIC	Matthew Roman Matusik	VIC	Jason David Thomas	VIC
Lloyd Kenneth Green	WA	Geoffrey Boyce McCracken	NZ	Rudolf Van der Westhuizen	QLD
Robert John Greenberg	VIC	Daniel John McIntyre	VIC	Heidi Christian Walker	NZ
Donald George Hannah	VIC	Timothy Lachlan McIver	VIC	Yu-Lin Wong	SIN
Jason Leonard Henwood	NZ	Luke Nathan McKean	QLD	Anthony Carl Young	NZ
Elizabeth Charlotte Hessian	VIC	Rishi Mehra	VIC		
Jeremy Michael Hickling	NZ	Welarambage Manel Ma Mendis	NZ		
Timothy Peter Hodgson	NZ	Kenneth Yue-Kei Nam	NSW		
Justin Piers Holborow	NZ	Kar Peng Ng	SA		

The **Renton Prize** for the half year ended 30 June 2004 was awarded to **Dr Jamie Paul Stevens** of Western Australia. **Merit Certificates** were awarded to Tobias Robert Bown SA, Alexander Robert Baker NSW, Heidi Christian Walker NZ, **Jeremy Michael Hickling** NZ, **Rebecca Eleanor Martin** WA, **Justin Matthew Porter** SA

FINAL EXAMINATION

April/May 2003

The written section of the examination was held in all capital cities in Australia, Newcastle, Townsville, Auckland, Wellington, Christchurch, Hamilton, Hong Kong, Kuala Lumpur and Singapore.

The viva examination was held at College Headquarters and the Alfred Hospital, Melbourne.

139 candidates presented in Melbourne and 108 were approved.

SUCCESSFUL CANDIDATES

Mark James Adams	NZ	Jonathan Paul Gibson	NSW	Frances Anne Perret	VIC
Anne-Maree Aders	NSW	Jennifer Eleanor Greenwood	QLD	Johnny Petrovski	NSW
Mark Jason Alter	VIC	Simon James Hanning	NSW	Nicole Louise Phillips	NSW
Christopher Leo Ashley	NSW	Michael John Heytman	SA	Mathew Piercy	VIC
Fraser Lucas Barry	VIC	John David Hollott	NSW	John Poulos	NSW
James Lyndon Beit	QLD	Gary Lewis Hopgood	NZ	Lachlan Michael Rathie	QLD
Brendon John Bigwood	NZ	Adam James Howarth	QLD	Michael Charles Reade	UK
Martin Bohm	NSW	Christopher Hoy	VIC	Kim Adele Rees	VIC
Ian Alexander Bridgland	NSW	Anthony John Hull	VIC	Christopher Allan Richardson	QLD
Christie Michelle Cameron	VIC	Anthony Charles Keeble	VIC	Arthur Mervyn Rudman	NZ
David Jeffrey Canty	VIC	Matthew Walters Kelso	NSW	Orysia Christine Sandry	TAS
Kerryn Jennifer Carter	NZ	Beth Michele Kienzle	QLD	Stephanie Sarantopoulos	VIC
Brian Owen Chan	WA	Bradley Wayne La Ferlita	VIC	Michael Owen Schultz	VIC
Wei-Ping Chan	VIC	Harold Hau Lok Lam	NSW	Lloyd Hay Smail	NSW
Cheung Wing Wai, Rochelle	HK	Bridget Antonia Langley	VIC	Adam Allen Smeulders	NSW
Barbara Chia	VIC	Anna Kam Suen Lee	HK	Peter James Squire	VIC
Kean Woon Chong	SA	Ha Yun Lee	HK	Heather Jane Stevens	SA
Elaine Marie Christiansen	WA	Su-Li Lim	VIC	Steven Paul Swanson	WA
Tony Chung Hay Chu	NSW	Andrew Frederic Lovegrove	WA	Joel Ari Symons	VIC
Daniel Vincent Collins	SA	Graham Ralph Lowry	SA	Nicole Lay Tin Tan	VIC
Ruth Elizabeth Coward	QLD	Andrew Kenneth MacCormick	VIC	Priya Thalayasingam	WA
Colin Christopher Crowe	QLD	Todd William Maddock	SA	Benjamin Robert Turner	VIC
Bryce John Curran	NZ	Shiva Malekzadeh	VIC	Brent Randolph Waldron	NZ
Amanda Jane Dawson	NZ	Stephanie Louise McInnes	NSW	Sue Ann Wan	NSW
Rebecca Louise De Souza	NZ	Joshua McNamara	SA	Brian Joseph Warden	QLD
James Mayfield Dennis	SA	Andrew Anthony Messmer	ACT	Justin William Watts	VIC
Ben Jon Di Luca	VIC	Andrew Livingstone Miller	NZ	Diana Lynn Webb	NSW
Dean Dimovski	VIC	Rodney Greig Mitchell	SA	Samuel John Willis	SA
Tzung Ping Ding	VIC	Kirsten Elissa Morgan	NSW	Andrew Ching Wong	NZ
Ruth Irene Duncan	QLD	Subita Marie Nobre	NZ	Wong Chau Ping, Joyce	HK
Simeon Michael Eaton	NZ	Stephen James Nutter	VIC	Jason Peter Woodrow	NSW
Kevin Charles Elliott	NZ	Andrew James Olney	WA	Chen Wu	QLD
Caroline May Fahey	NSW	Thomas William Painter	SA	Vivian Man-Ying Yuen	HK
Ian Coulter Forsyth	VIC	Joanne Elizabeth Paver	NZ	Mark Steven Zammit	VIC
Salwan Fransi	VIC	Veronica Margaret Payne	NSW		
Thomas Charles Edward Gale	VIC	James Francis Pedley	VIC		
Michael Phillip Garrett	VIC	Kate Elizabeth Pennington	NSW		

The Cecil Gray Prize for the half year ended 30 June 2003 be awarded to Dr Nicole Louise Phillips of NSW.

Merit Certificates were awarded to Martin Bohm NSW, Kerryn Jennifer Carter NZ, Ian Coulter Forsyth VIC, Gary Lewis Hopgood VIC, Anthony John Hull VIC, Anthony Charles Keeble VIC.

FINAL EXAMINATION

August/September 2003

The written section of the examination was held in all capital cities in Australia, Launceston, Newcastle, Auckland, Wellington, Christchurch, Dunedin, Hamilton, Hong Kong, Kuala Lumpur and Singapore.

The viva examination was held at Prince of Wales Hospital and Sydney Children's Hospital, Randwick.

101 candidates presented in Sydney and 78 were approved.

SUCCESSFUL CANDIDATES

Scott Kendall Aaronson	WA	Lan-Hoa Le	NSW
Leinani Salamasina Aiono-Le-Tagaloa	NZ	Philip Seng Loong Lee	SA
Ammar Ali Beck	NSW	May Ling Lim	VIC
David Geoffrey Allen	NZ	Phang-Chien Lim	SA
Peter John Allsop	NSW	Lim Boon Kian	HK
Rafidah Atan	MAL	Peta Gayle Lorroway	QLD
Linda Aykut	NSW	Justine Marilyn Lowe	WA
Joanne Marie Berkahn	NZ	Hang Wai James Lui	NSW
Maged Samir Bishay	NSW	Justine Mary McCarthy	QLD
Matthew Lawrence Norman Bowman	VIC	Forbes McGain	VIC
Luke Philip Bromilow	NSW	Brenton Clifford Millard	SA
Simon Lloyd Mortlock Burrows	NSW	Helen Frances Nicol	NSW
Neroli Anne Chadderton	NZ	Luke John O'Halloran	VIC
James Dat Hing Chee	NSW	Annabel Orr	VIC
Charles Maxwell Clegg	SA	Michael Robert Bruce Ranger	NZ
Michael Peter Clifford	VIC	Jason Ray	QLD
Erin John Cook	NSW	Reinette Robbertze	NZ
Heinrich Raubenheimer Cornelissen	NZ	Christine Lee Rowe	QLD
Stephen James Davies	ACT	Martin Russnak	VIC
Stuart Kenneth Day	TAS	Joyce Savage	VIC
Peter Dzendrowskyj	NZ	Catherine Ann Sayer	NZ
Tod Richard Eggleton	NSW	Vera Spika	NZ
Anna Englin	VIC	Kylie Marie Stanton	NSW
Elizabeth Anne Ferguson	WA	Timothy Stavakis	NSW
Kenneth Robert Fitzsimmons	QLD	Fiona Louise Strahan	VIC
Clement Wang Chee Fong	NSW	Tan Khong Cheong	MAL
Fong Cheuk Yin, Cherry	HK	Tan Kian Hian	SING
Paul Clinton Frank	QLD	Adel Shokry Ishak Tanious	QLD
Liadain (Lia) Anne Freestone	VIC	Bernice Teh	VIC
Matthew Rhys Grill	SA	Wendy Hui Ling Teoh	SING
Bruce Richard John Hammonds	NZ	Savas Totonidis	TAS
Nicole Annette Healy	QLD	Phong Thanh Do Tran	QLD
Catherine Mary Hellier	QLD	Ingrid Halina Walkley	SA
Sin Shing Ho	HK	Viraj Paul Wijeyewickrema	NZ
Ho Whei Wern Lorraine	SING	Gail Kwei-Mun Wong	NSW
Lewis Charles Holford	NZ	Kathy Ming-Lai Woo	NSW
Phillip Andrew Holz	NSW	Damien Frederick Wood	QLD
Zamil Mehboob Karim	NZ	David Andrew Wright	WA
Eugenie Kayak	VIC		
Kwok On Ki	HK		

The Cecil Gray Prize for the half year ended 31st December 2003 was awarded to Dr Nicole Healy, Queensland. Dr Healy received the Renton Prize at the September 1999 examination.

Merit Certificates were awarded to: Michael Peter Clifford VIC, Matthew Rhys Grill SA, Justine Marilyn Lowe WA

COLLEGE MATTERS

Finance

The College remains in a good financial position. A full Financial Report of the College will be presented by the Honorary Treasurer, Dr Mike Martyn. It is noteworthy that Annual Subscriptions and Training/Registration Fees have remained static for the past six years.

COLLEGE COUNCIL MEMBERSHIP

In accordance with the provisions of the Constitution, nominations were called for eight vacancies on Council. Ten nominations were received. Professor Michael Cousins, A/Prof Tony Weeks, Dr Diana Khursandi, Dr Walter Thompson and Dr Rod Westhorpe were re-elected for a period of three years, along with new Councillors Dr Margaret Cowling (SA), Dr Neil Maycock (SA) and Dr Lindy Roberts (WA). I congratulate Professor Cousins, A/Prof Weeks and Drs Khursandi, Thompson and Westhorpe on their re-election, and Drs Cowling, Maycock and Roberts on their election to Council.

The following is the result of the Ballot:

TOTAL BALLOTS COUNTED	934
Total Votes Counted ÷ 8	
Envelopes Received	951
Less Invalid Envelopes	17
Ballots Received	934
Less Invalid Ballots	--
POSITION ON BALLOT	VOTES COUNTED
1 THOMPSON, Walter Ross	869
2 WESTHORPE, Rodney Neill	851
3 ROBERTS, Lindy Jane	799
4 COWLING, Margaret Helen	772
5 WEEKS, Anthony Maxwell	767
6 MAYCOCK, Neil Frederick	765
7 KHURSANDI, Diana Coraline Strange	732
8 COUSINS, Michael John	719
9 BEEM, Michael Francis	619
10 GATT, Stephen Paul	579
TOTAL VOTES COUNTED	7472

COLLEGE ADMINISTRATION

The following staff changes have occurred in the past twelve months:

In May 2003, two appointments were made following the resignation of staff in the Examinations and Training Department. Ms Julie Lucid was appointed to the position of Administrative Assistant (Final Examination), but resigned in June. She was replaced by Ms Elizabeth Woods at the beginning of August, and the position reassigned Administrative Officer. Ms Megan Perry was appointed Administrative Assistant (Trainees) in May, but tendered her resignation in November, and was replaced by Ms Amanda Reed. Following the resignation of Miss Kelly Phillips as Administrative Assistant (Primary Examination) in July 2003, Ms Adele Brimelow was appointed to replace her, and the position reassigned Administrative Officer.

In November Miss Helen Shanks tendered her resignation as Administrative Assistant with the Education Unit, and was replaced by Ms Alice Chong.

Miss Nicole Barns resigned as Clerical Assistant in December, and was replaced by Miss Allison Robins.

To conclude this report, I wish to record my grateful thanks to Councillors, particularly retiring Councillors Prof Teik Oh and Dr Steuart Henderson, members of Boards of Faculties, Chairs and members of Regional Committees and the New Zealand National Committee, members of other College Committees and Fellows who contributed time pro bono to the College, and the CEO Mrs Joan Sheales and all the College administrative staff. Our combined efforts will provide the basis for the continued development and promotion of our College and specialties.

I wish to record my sincere thanks to Mr Michael Gorton for his wise counsel and support of our College in his capacity as Honorary Solicitor.

I have greatly enjoyed serving the College over the last twelve years including the past two years as President and wish Michael Cousins all the very best for a successful Presidency.

Richard J Willis
President

Annual Report

NEW ZEALAND NATIONAL COMMITTEE

Office Bearers and Members

Chair

Dr Peter Cooke

Deputy Chair

Dr Sharon King

Honorary Secretary

Dr Vaughan Laurenson

Honorary Treasurer

Dr Brent Boon

Education Officer

Associate Professor Michael Harrison
Dr Jenny Weller (February to
November 2004)

Formal Projects Officer

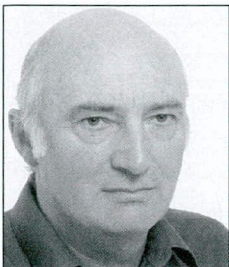
Dr Hugh Spencer
Dr Alastair McGeorge (from February
2004)

Committee Members

Dr David Jones
Dr Don Mackie
Dr Malcolm Stuart
Dr Tom Watson
Dr Jennifer Weller



*Dr Peter Cooke
Chair*



*Dr Vaughan Laurenson
Honorary Secretary*

TOTAL NUMBER OF NATIONAL COMMITTEE MEETINGS FOR YEAR:

Three (two days each)

ATTENDANCE OF ELECTED MEMBERS:

July 2003: Apologies from A/Prof Michael Harrison, Dr Hugh Spencer and Dr Malcolm Stuart

November 2003: Apologies from Dr Tom Watson, Dr Donald Mackie (one day) and Dr Alastair McGeorge (one day)

March 2004: Apologies from Dr Brent Boon, A/Prof Michael Harrison, Dr David Jones and Dr Sharon King

CHAIRMAN'S REPORT – Dr Peter Cooke

The New Zealand Committee met three times during 2003 at Elliott House, Kent Terrace, Wellington, the New Zealand ANZCA and JFICM headquarters.

Elliott House was acquired in 1991 and is jointly owned by the RACS and ANZCA and provides accommodation and meeting facilities for office bearers. Being an older building (built in 1913) that was originally the home and surgery of Sir James Sands Elliott, general surgeon and his son Sir Randall Elliott, who became a Wellington eye surgeon, it is not a purpose built office building. However, with its red brick three story construction and white timber joinery, with no encroaching structures either side, the building is a notable one.

A high-ranking NZ health official has told me in the last year that Medical Colleges are "Victorian in their thinking" (circa.1837-1901). A few months ago, whilst alighting a taxi outside Elliott House, the prominence and historic nature of our building caused me to briefly reflect on this statement (at the same time as paying the fare!) Were colleges an anachronism? Did our building symbolise this in some way? Moments later anxiety dissipated and confidence returned, yes, there are some elements of our structures and processes (as well as our building) that have a history, but in some ways our history is something we should celebrate and use to assist us to choose our path in today's ever changing world. Yes, we do have a responsibility to conduct our business well, as our processes require us to, and should we promote new ideas? Of course we should, and, looking from a renewed perspective, Colleges do have a different view on some issues and we should be proud of this.

The New Zealand National Committee is but one of ANZCA's regional committees and has a number of roles, the principal ones are:

- To advise ANZCA Council of any matters within New Zealand that may concern ANZCA
- To advise regarding training issues within the region
- To act for the College, by maintaining a liaison with various NZ Government and other agencies
- To arrange and conduct an educational and scientific meeting annually for Fellows
- To ensure that courses of instruction in conformity with College regulations are available to trainees in the region

I am grateful to all the members of the Committee for their hard work during the year, as well as all anaesthetists who have committed time and effort to assist the Fellowship and its trainees and the profession in general. We have been supported during the year by visits from our President, Richard Willis and Chief Executive Officer, Joan Sheales. Jim Bradley, President of the ASA, has also attended.

New Fellows' Representative
Dr Alastair McGeorge

Councillors
Dr Stuart Henderson
Dr Leona Wilson

Joint Faculty of Intensive Care Medicine Representative

Dr Ross Freebairn
Chair, JFICM

NZSA Representative
Dr Mark Bukofzer
President, NZSA

Executive Officer
Heather Ann Moodie

Administrative Officer
Lorna Berwick

Asst. Administrative Officer, ANZCA
Administrative Officer, JFICM
Jan Brown

Our Committee is also well supported by our two councillors, Leona Wilson and Stuart Henderson. It is with great sadness that we will now lose Stuart's involvement with the Committee as he comes to the end of his term as a Councillor. Stuart has made an amazing contribution to the College.

It has been a time of considerable change with the introduction of the revised FANZCA program, the appointment of module supervisors and several new Supervisors of Training, and the establishment of a Trainees' Committee.

One hospital during the year requested that the NZNC nominate a Fellow (not a staff member) to act as a member on a hospital specialist appointment committee. This practice used to be routine with respect to appointments in New Zealand hospitals but I am uncertain whether or not all hospitals do currently obtain independent advice to appointment committees from an ANZCA Fellow. The correct procedures according to College regulations are found in Professional Documents TE1 (2003) and PS44 (2001). I would encourage all NZ hospitals to take this issue seriously.

There have been two very successful Single Theme meetings in the last year and gratitude is extended to the Convenors and Organising Committees for those conferences. Both "Anaesthesia on the Edge", March 2003, in Whangarei and the recent "Heart of the Matter" conference in Auckland were well supported. We look forward to the New Zealand ASM entitled "Crisis in Anaesthesia" coming up in Wellington, 17-20 November 2004.

GASBAG, the monthly email communication to all New Zealand anaesthetists from the NZNC has now been in circulation for two years. It is emailed to all hospital departments. This is a cost effective way of disseminating information from the New Zealand Committee to anaesthetists. Individuals and private anaesthetic groups are welcome to join the mailing list by contacting the New Zealand office (Email: anzca@anzca.org.nz).

As highlighted in the recent Bulletin, anaesthetic workforce issues are a problem in New Zealand and Australia. The National Committee has been made aware of real difficulties in the recruitment of anaesthetists to rural and provincial hospitals in New Zealand.

The NZNC and the NZSA are developing a consultation document on this subject. This process will involve all NZ Fellows. It is not the intention of the NZNC to reinvent the wheel in this area but, along with the NZSA, we hope to articulate the issues from the anaesthetic perspective, take account of the other initiatives that are under way and provide clear recommendations.

The discussion paper and its recommendations will be discussed with the Ministry of Health and the District Health Board New Zealand in order to obtain their support. It is hoped that the recommendations, if followed, will help many District Health Boards improve their anaesthesia services.

Another related consultation underway involves the Royal New Zealand College of General Practitioners. In Australia, the Joint Consultative Committee on Anaesthesia, a joint initiative involving ANZCA, the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine, manages a program for general practitioner anaesthetists. The applicability of this model in New Zealand has been discussed with a small group of GP representatives and further consultation with the RNZCGP is planned.

The NZNC is an active member of the Council of Medical Colleges. This involves four meetings per year and maintaining correspondence regarding issues that arise between meetings. The CMC is able to provide support to ANZCA with respect to issues affecting anaesthetists. It is reassuring that there is a broad base of support for anaesthesia within the CMC.

The most significant legislative change in New Zealand in the last 12 months affecting health practitioners has been enactment of the Health Practitioners Competence Assurance Bill in September 2003. Its provisions will come into

full effect in September 2004. The College has requested that certain aspects of anaesthesia practice should be declared restricted activities as defined in the Act and a response is awaited from the Ministry of Health regarding this. The most controversial aspect of this Act is the new concept of "scopes of practice". All registered health practitioners are now covered by the provisions of this Act, with a separate authority for each of the 11 practitioner groups. Both the Medical Council and the Nursing Council become authorities under the new Act. Each authority is able to specify scopes of practice for its members and where scopes of practice overlap consultation with that related authority is expected. It seems likely that over time disputes will arise around the edges of scopes of practice. The other major provision of the Act relates to quality assurance activities. The Act enables a confidential approach to quality assurance activities with some caveats, provided that an annual report is furnished to the Ministry of Health outlining how the aims of the particular quality assurance programme have been met. The Act will be reviewed in three years' time.

The NZNC continues to maintain close links with the New Zealand Society of Anaesthetists. For the last three to four years, joint meetings of both committees had taken place for a half-day, three times per year. Both groups have now chosen to meet at different times, thus allowing their respective chairs to attend the other group's full meeting. However, a very successful joint meeting was held in March (attended by the Minister of Health) and it is likely that joint meetings of the committees will occur on perhaps an annual basis.

The body known as the Continuing Education Committee of Anaesthetists of New Zealand (CECANZ) has now been disestablished after 17 years of successive CECANZ Medical Directors. I wish to pay tribute to all the anaesthetists that have been CECANZ Directors, namely, Trevor Dobbinson, Steuart Henderson, Mike Harrison, Sandy Garden and Vaughan Laurenson, as well as the personnel who have assisted them either in a secretarial or CECANZ committee role. Medical Directors have played a key role in assisting conference convenors and coordinating the HELP Modules that have now been discontinued.

After much consideration a new committee has been set up, the New Zealand Anaesthesia Education Committee which is also a joint venture between NZSA and the NZNC of ANZCA.

The primary purpose of this committee will be to co-ordinate and oversee educational activities for New Zealand anaesthetists, rather than to initiate and generate educational material.

A new name was chosen to emphasise the different scope of activities from CECANZ and to improve the identity of the ASM, especially with overseas anaesthetists.

The Committee is made up of two members from each of the parent bodies with the President of NZSA and the Chair of NZNC as observers. Current members are Ross Kennedy (NZSA), Claudia Schneider (NZSA), Jennifer Weller (NZNC) and Sharon King (NZNZ). The current Chair of NZAEC is Ross Kennedy, the NZSA Education Officer.

Details of the exact role and support structure for NZAEC are still evolving. However the Committee is determined to initiate a number of activities while these issues are being resolved. Key areas of activity that have been agreed are:

- Co-ordination of the ASM (to be known as NZAASM)
- Establishment of a network of meeting convenors to facilitate exchange of information
- Establishment of a network of those interested in and responsible for providing CME at a departmental level.
- Maintenance of a database of all CME meetings in NZ (via the ACECC website)
- Continuing support for all meetings currently in the planning phase that were initiated by CECANZ

Interim administrative support is being provided from the NZNC Office.

The health landscape in New Zealand continues to change in other ways as well. In recent years Fellows have experienced the development of hospital based credentialling processes that, although initiated by the Ministry of Health, have been developed within different Health Boards along different lines. In addition to this, most New Zealand hospitals are now accredited by one of the quality organisations and this year will see further progress towards the introduction of licensing standards for hospitals. It remains as important as ever for ANZCA to maintain a visible presence in the New Zealand health environment and "to serve the community by fostering safety and quality patient care in anaesthesia, intensive care and pain medicine".

TREASURER'S REPORT – Dr Brent Boon

(Year ending 31 December 2003)

The New Zealand Committee expenditure remained approximately the same during the year ending 31 December 2003 compared with the previous year. Total operating expenditure was \$362,401.

Variances in expenditure compared with the 2002 year included:

- Decrease in NZNC travel expenses (2002 had an extra NZNC meeting)

- Decrease in legal costs (2002 costs related to the nurse practitioner anaesthesia issue)
- Increase in staff expenses – increase from two staff to three
- Increase in bank charges – EFTPOS transactions for Queenstown SIG
- Increase in postage and courier – surveys conducted in 2003
- Transactions relating to the Queenstown SIG and ANZCA ASM 2005 are recorded in the 2003 NZNC reports
- Medical Council shown as income and expense entries rather than net amount

The CME account is stable with the closing balance slightly greater than previous year. The conference profits for the 2002 Christchurch ASM and the Auckland STM helped maintain the balance.

The total assets of the Committee are \$291,101 with fixed assets amounting to \$75,646. The Elliott House value is separate to this total.

NATIONAL EDUCATION OFFICER'S REPORT – Associate Professor Michael Harrison

Another busy year. The revised FANZCA has been implemented in New Zealand

Training Schemes

A proposed fourth New Zealand training rotation based on Waikato Hospital has been discussed.

The ANZCA Assessor, Dr Stuart Henderson, stated that he supported this proposal as long as Waikato can fulfil all the requirements (e.g. subject to neurosurgery being available as part of the rotation).

Nelson – has one registrar linked to the Wellington rotation. In the interim the module supervisors based in Wellington will oversee this position. It was noted that the CTA has not funded the new Nelson trainee positions, so only one registrar has been appointed.

Lakeland Health – NZNC supports Lakeland Health becoming a training centre, pending consideration by HAC

New Zealand Trainee Committee

After advertising the need for trainees to form a Trainee Committee a teleconference was held with the nominees (chaired by the New Zealand EO, minutes taken by Lorna Berwick) to discuss how a chairperson was to be chosen. This was done by an email vote through to Lorna Berwick with Dr Mark Adams being elected as Chair. A further meeting was subsequently held to initiate the committee system for the trainees.

Supervisors of Training

Supervisors due for re-appointments in 2004 : TE5 was used as a reference for assessing the SoTs for reappointment, and Melbourne advised accordingly.

Supervisors due for Long Service Certificates in 2004: A list of supervisors due for Long Service Certificates in 2004 was drafted and these awards will be presented at the 2004 ASM in Wellington.

New Supervisors of Training:

Tauranga – Dr Justin Imrie; Dunedin – Dr Duncan Watts;
Nelson – Dr Rodger Fitzgerald; Greenlane – Dr Cornelius Kruger;
Palmerston North – Dr John Sendall.

Module Supervisors:

NZNC reviewed the names of the module supervisors for New Zealand. It was agreed that these names be sent to the Chair of the ANZCA Education and Training Committee for ratification. [An attempt at producing a Module evaluation form by Dr Andrew Munro (SoT, Waikato) which was to be processed at the Wellington Office in an anonymous manner failed due to the lack of response by the local trainees.]

Rotational Supervisors:

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

Implementation of the Revised FANZCA

In accordance with the directives of the College, a meeting was held on 3rd April 2003, in Auckland, for Supervisors of Training from all New Zealand centres. The meeting was also attended by some Heads of Departments, some Module Co-ordinators and Rotation Supervisors. The program was tailored to College requirements and to requests from the SoTs. It was considered a valuable experience.

On October 13th 2003 a second meeting was held in Wellington. The purpose of this meeting was to train SoTs in the running of the revised FANZCA system. The SoTs have to be congratulated on the thought they have put into implementing this new system.

Trainee Database

The attempt to create a spreadsheet detailing the location of each trainee in New Zealand (ANZCA and Non-ANZCA) has continued in 2004. The movement between hospitals is not easy to track and with part-timers (job-sharing) / locums, maternity/paternity leave and such like it is not an easy task to keep it up to date. I would like to thank those SoTs who have responded to my requests for details.

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 2004, but is kept informed of developments.

The following inspections have been completed: Nelson, Whangarei and Middlemore.

New Zealand Courses

Part I FANZCA Course - Christchurch

Course Dates: February 2003

Course Convenor: Dr Wayne Morriss, Department of Anaesthesia, Christchurch Hospital

Part II Revision Course - Wellington

Course in Medical Assessment for the Final FANZCA Examination

Course Dates: April and August 2003

Course Convenor: Kate Coombe-McNaught, Department of Anaesthesia and Pain Management, Wellington Hospital

Part I FANZCA Course - Hamilton

Course Dates: May/June 2003

Course Convenor: Dr John Barnard, Department of Anaesthetics, Waikato Hospital

Part II Revision Course - Auckland

Course Dates: June /July 2003

Course Convenor, Dr Jane Torrie, Department of Anaesthesia, Auckland Hospital.

Pilot Workshop on Training Clinical Teachers

A pilot Workshop on Training Clinical Teachers was held in Melbourne on 27/28 March 2004. Drs Graham Roper and Seton Henderson attended this workshop as New Zealand representatives for anaesthesia and intensive care respectively.

Sabbatical

Acting Education Officer, Associate Professor Michael Harrison, is to be out of the country for nine months from 21 February 2004. NZNC agreed that Dr Jenny Weller would be appointed as the interim Education Officer for this period. I would like to thank her for stepping into this role in my absence

I would also like to convey my gratitude to the staff at Elliott House without whom I would be totally lost - Heather Ann Moodie, Lorna Berwick and Jan Brown.

Any errors of omission or commission are mine.

NZNC FORMAL PROJECTS OFFICERS' REPORT - Dr Alastair McGeorge

Formal Projects approved April 2003 to 19 April 2004:

Catherine Caldwell	Self learning manual on obstetric anaesthesia interventions for midwives
Kirsten Cunningham	Fibreoptic intubation after topicalization with "in-circuit" nebulised lidocaine in a child with a difficult airway
Paul Dalley	The use of high fidelity human patient simulation and the introduction of new anaesthesia delivery systems
Jonah Desforges	Thesis - the effects of carbachol on bovine pigmented ciliary body epithelial cells
Philip Eames	Comparison of ease of use of three automated external defibrillators by untrained lay people - published in Resuscitation, 58(2003) 25-30
Mark Edwards	Diagnosis and outcome from suspected mesenteric ischemia following cardiac surgery
Vincent Fong	Additional benefit of cardiac Troponin T to Tu score in prognosis of complicated recovery post cardiac surgery

Bruce Hammonds	Aspects of tramadol and ondansetron
Ian Harrison	Hypotension following total hip joint replacement
Kim Jamieson	Troponin T and long term outcome following aortic surgery
Nicholas Ireland	Expression of leukocyte cytokine mRNA in elective orthopaedic patients
Keat Lee	A national survey on obstetric analgesia services in New Zealand
Alastair Mark	An audit of anaesthesia related critical incidents at Wellington Hospital 1999-2001: Do factors contributing to critical incidents predict motivation for incident reporting by senior and resident anaesthetists
Kerryn Martin	Effective non-anatomical endoscopy training produces clinical airway endoscopy proficiency
Maria Middlemiss	A comparison of inhalation agents sevoflurane and halothane in paediatric anaesthetics
Andrew Miller	Does bispectral analysis of the EEG add anything but complexity
Nico Mostert	Evaluation of anaesthetic informational videos
Andrew Muncaster	A prospective study of postoperative symptoms at home in children following day-stay surgery at Waikato Hospital
Juliet Nayagam	Fatal systemic air embolism during endoscopic retrograde cholangiopancreatography
Sarah Nicholson	End stage liver disease presenting in late pregnancy – a case report
Ronald Pereira	Can audit change the allogenic blood transfusion rate for primary hip and knee replacement surgery?
Karen Ryan	Children and consent to anaesthesia: a New Zealand perspective
Reny Segal	A cardiac anaesthetic manual – “Wellington Hearts”
Shamani Singham	Nociceptive and anaesthetic-induced change in pulse transit time during general anaesthesia
Andrew Tse	Diploma in Aviation Medicine
Christopher Tse	The effects of C-FOS antisense DNA on the neurochemistry of the rat basal ganglia (M Med thesis)
Andrew Udy	Management of in-hospital cardiac arrest – a national survey as to who manages the airway
Mike van Gulik	A double-blind randomised controlled trial of Bupivacaine 0.08% with Fentanyl 2mcg/ml vs Bupivacaine 0.125% with Fentanyl 2mcg/ml for post operative epidural analgesia after major joint replacement surgery
Paul Wieland	Acupuncture use in anaesthesia, a review of the available evidence in the anaesthetic literature
Justine Wright	Two case reports of central anticholinergic syndrome in neurosurgical patients and treatment of this syndrome
Henry Yong	Survey of incident reporting in New Zealand

Peter Cooke
Chair

PRIMARY EXAMINATION

FEBRUARY/MARCH 2004



Court of Examiners

*Front Row: A/Professor Greg Knoblanche, Dr Julia Fleming, A/Professor David Cottee (Chairman), Drs Jo Sutherland, Neil Warwick and Gill Bishop
Back Row: Professor Jamie Sleight, Drs Alan McKenzie, Noel Roberts, Craig Noonan and Mark Finnis.*

FINAL EXAMINATION

MAY 2004



Examiners from the Final Exam, May 2004







Dean's Message

Neil Matthews

This will be my last Dean's message. My time as Dean has been demanding, rewarding and enjoyable, especially meeting Fellows and Trainees, and discussing problems of common interest. I would like to think that the Board has proactively and collaboratively confronted issues that have been emotional and difficult, and yet maintained integrity in decision making to ensure we move forward positively. As has been said before, much has been done but much more remains and important and difficult issues have yet to be resolved.

From my perspective, two of the most important achievements have been a strengthening of the relationship with ANZICS, and development of a collaborative arrangement with the Australasian Academy of Critical Care Medicine (AACCM). While the Joint Faculty of Intensive Care Medicine and ANZICS have roles which are most appropriately independent, many of our goals are inherently linked, and outcomes will be enhanced by collaborative efforts, in particular for workforce issues and for Rural Practice. I continue to maintain that our specialty must be made more attractive for medical students and graduate doctors and in particular for women, in the face of changes in life style and retirement age.

You will have received your first copy of "Critical Care and Resuscitation", which is the culmination of developing a collaborative arrangement with the AACCM. This Journal will be the official Journal of the

Joint Faculty of Intensive Care Medicine, and we will be providing infrastructure support for its publication, while maintaining editorial independence. The Journal is five years old and is the unbelievable achievement of Tub Worthley. Its focus is contemporary and practical, and I urge you to support it with content, comment and debate.

I would like to thank other Board Members for their support, counsel, hard work and vigorous debate to ensure the Board maintains standards of excellence in the Specialty of Intensive Care Medicine on behalf of its Fellows and Regional Committees. Carol Cunningham Browne, as the Executive Officer, is the "face" of our organisation, and continues to be invaluable in her support of the Board, Fellows and Trainees, as do Megan and Andrew in the Administrative Office. Importantly, I would like to thank our Fellows and Trainees for their encouragement, support, passion and energy which have ensured a vibrant and energetic Board. The impressive list of Fellows standing for election is a wonderful testament to our future. Finally, I congratulate Jack Havill, Dean Elect, and wish him well during his tenure as Dean.

A handwritten signature in black ink that reads "Neil Matthews". The signature is written in a cursive, flowing style.

Neil Matthews
Dean

2004 ANNUAL SCIENTIFIC MEETING PERTH

1 to 2 May 2004

The JFICM program of the ANZCA ASM was held in Perth on the 1st and 2nd May 2004. Under a conference theme of "State of the Art", the JFICM program, convened by Dr David Simes, provided a mixture of current research developments and overviews of issues facing modern Intensive Care Practice. Foremost of the presentations was a thought-provoking address on global injury patterns and the role of physicians in injury prevention by the ANZCA Foundation Visitor, Professor Ian Roberts of the London School of Hygiene and Tropical Medicine. Issues of an injury-related epidemic in the developing world and epidemiological studies were presented, concluding with a movie clip imploring physicians to play their role. Professor Roberts also presented the CRASH (Corticosteroid Randomisation After Serious Head injury) trial that is currently underway across the globe. At this session about the role of steroids in clinical practice trials, A/Prof Bala Venkatesh presented an excellent review of adrenal replacement therapy in the critically ill, followed by a presentation by another invited speaker, Prof David Linton from Jerusalem, reviewing the role of steroids in ARDS and sepsis.

A/Prof John Myburgh presented the results of the SAFE (Saline vs Albumin Fluid Evaluation) trial that has recently been conducted and Dr David Blythe presented an initiative of the ANZICS Clinical Trials Group addressing ethical issues in conducting clinical trials in the critically ill. A strong basic science program addressed

procalcitonin, genetic susceptibility to infection, oxygen physiology and aspects of lung protection. A session of free papers from Intensive Care physicians and trainees was also presented.

A general meeting of the Joint Faculty was held on Sunday 2 May 2004 where reports from the Dean, Treasurer, Education Officer, Censor and ASM Officer were made. As in previous years it was disappointing that so few Fellows were present at this meeting. An enjoyable, informal Intensive Care dinner was held at the Perth Mint.

The Board honoured an agreement with the Royal Australian College of Physicians to present new Fellows of JFICM in 2004 at the RACP ASM in Canberra in May. Consequently, no FJFICMs were presented at the ANZCA College Ceremony. In 2005, the inaugural Annual Scientific Meeting of the JFICM will be held in Sydney from June 10-12. At this meeting, an admission ceremony for new Fellows will be held. This single-theme meeting on neuro-intensive care will be held in conjunction with ANZICS and promises to be an exciting initiative in the development of the Joint Faculty.

The Board wishes to thank the organisers and convenors of the meeting, in particular Dr David Simes for coordinating a high quality meeting.

See you in Sydney in 2005!

John Myburgh
ASM Officer



Dr Neil Matthews presents Professor Ian Roberts with the JFICM Foundation Visitors Medal for his lecture entitled 'Prevention is the Panacea: evidence and the Cochrane Collaboration'.



Dr Neil Matthews, Dr Alan Duncan and Dr Geoff Clarke at the College Ceremony

2004 ANNUAL SCIENTIFIC MEETING PERTH



College Ceremony



Drs Richard Lee (NSW) and David Ernest (Vic) at the Intensive Care Dinner, Perth Mint.

Teaching Care of the Critically Ill Patient

There is acknowledgement that critically ill patients are often managed poorly. This may occur for any number of reasons but the outcome for the patient is too often singular and regrettable – death! It is even more regrettable because in many instances the demise of the patient could have been anticipated and prevented if only simple, timely measures had been undertaken.

This is underscored by recent evidence from the UK. Patients admitted to intensive care were twice as likely to die if they received sub-optimal care prior to entering ICU whereas patient care could have been optimized in most instances by simple, prompt actions¹. Closer to home, the data appears no more encouraging. The Quality in Australian Health Care Study revealed that 65% of adverse events in hospitalised patients resulted from failure in either the assessment or management process, with a high preventability factor, and were associated with significant permanent disability and mortality². Other data suggests that a significant proportion of ICU admissions and hospital mortality result from failure to hospitalise or act upon evidence of clinical instability³.

The primary aim of the Care of the Critically Ill Surgical Patient (CCrISP) course, conducted through the Royal Australasian College of Surgeons, is to improve the management of critically ill patients. Over two-and-a-half days, the course emphasises prevention, early recognition and management of complications. It encourages the adoption of a system of assessment to avoid errors and omissions, and uses relevant clinical scenarios to reinforce these objectives. The course assists in developing simple, useful skills for managing critically ill patients, and promotes the coordination of multidisciplinary care where appropriate. The course is as much about putting clinical knowledge, acumen, and procedural skills to use as it is about communication, responsibility and leadership. The

course does not equip the participant to be an expert in critical care, but rather to recognise when it may be best to seek further or multidisciplinary assistance.

CCrISP is sufficiently generic to be suitable for any doctor who is likely to encounter critically ill patients (either surgical or medical). By virtue of the programme content, the course is delivered by a multi-disciplinary faculty comprising of anaesthetists, intensivists, emergency physicians, surgeons and nurses. Each instructor is invited to contribute their expertise throughout the course and to instil good practices amongst the participants.

The CCrISP Programme has a structured training programme for those involved in teaching on the course; this includes participation at an instructor's course for those who have not undertaken formal instructional training previously. The instructor's course aims to familiarise potential instructors with contemporary educational principles. Participants are assisted in developing the necessary teaching and assessment skills using the CCrISP programme for reference. Currently, CCrISP Instructor Courses are scheduled twice a year, and are conducted over 2 1/2 days.

If you would like further information on how to be involved in teaching on the CCrISP Course programme please contact Carmel Barry, carmel.barry@surgeons.org or phone 03 9276 7450.

- 1 McQuillan P et al, "Confidential Inquiry into Quality of Care Before Admission to Intensive Care". *Br Med J* 1998;316:1853-1858
- 2 Wilson R et al, "An analysis of the causes of adverse events from the Quality in Australian Health Care Study". *Med J Aust* 1999;170:411-415
- 3 Buist M et al, "Recognising clinical instability in hospital patients before cardiac arrest or unplanned admission to intensive care" *Med J Aust* 1999;177:22-25

Presentation of New Fellows

RACP College Ceremony

The presentation of new Fellows of the Joint Faculty was this year held in conjunction with the RACP College Ceremony, on Sunday 16th May at the National Convention Centre in Canberra.

Drs Jeremy Cohen of Brisbane, Jonathan Egan of Sydney and Paul Lane of Townsville were presented by the Dean, Dr Neil Matthews.

Dr Matthews presented Dr Jeremy Cohen and Dr David Morgan with the G.A. (Don) Harrison Medal, who jointly received the award for 2003. A very enjoyable oration was delivered by Professor John Funder, Professor of Medicine at Monash University on 'The Meaning of a Profession', followed by a reception.



Dr Jeremy Cohen



Dr David Morgan



New Fellows: Drs Paul Lane, Jeremy Cohen and Dr Jonathan Egan at the ceremony in Canberra with the Dean, Dr Neil Matthews.

APRIL/MAY 2004 FELLOWSHIP EXAMINATION

SUCCESSFUL CANDIDATES



From left: Drs Asif Raza, Brian O'Brien, Jo Ritchie, Catriona Cody, Kin Wai Chan, David Charlesworth, Hui Ling Tan, Rajesh Ayer, Shawn Sturland, Stephen Warrillow, Robert Lewin (& Timothy Lewin), Enda O'Connor (kneeling), Hayden White, Carole Foot (front), Nicky Blackwell, Chris Graves, Jorge Brieve (OTS). Absent: Dr John Bates

Admission to Fellowship of the Joint Faculty of Intensive Care Medicine

The following have completed all requirements for Admission to Fellowship by Examination:

Heike Gunhild Koelzow	NSW
Dhawal Ramniklal Ghelani	NSW
Paul James Lane	QLD
Jeremy Cohen	QLD
Celia Maree Bradford	NSW
David William Collins	NSW

Endorsed in Paediatric Intensive Care Medicine

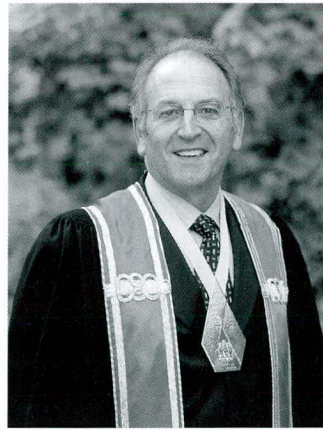
Jonathan Rogers Egan	NSW
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Joint Faculty of Intensive Care Medicine

ABN 82 055 042 852

POLICY DOCUMENTS

- IC-1 (2003) Minimum Standards for Intensive Care Units *Bulletin August 2003, pg 69*
- IC-2 (2000) The Duties of an Intensive Care Specialist in Hospitals with Approved Training Posts *Bulletin November 2000, pg 53*
- IC-3 (2003) Guidelines for Intensive Care Units Seeking Accreditation for Training in Intensive Care Medicine *Bulletin November 2003, pg 61*
- IC-4 (2000) The Supervision of Vocational Trainees in Intensive Care *Bulletin March 2000, pg 57*
- IC-6 (2002) The Role of Supervisors of Training in Intensive Care Medicine *Bulletin September 2002, pg 36*
- IC-7 (2000) Secretarial Services to Intensive Care Units *Bulletin March 2000, pg 58*
- IC-8 (2000) Quality Assurance *Bulletin November 2000, pg 55*
- IC-9 (1997) Statement on the Ethical Practice of Intensive Care Medicine *Bulletin November 2002, pg 57*
- IC-10 (2003) Minimum Standards for Transport of Critically Ill Patients *Bulletin March 2003, pg 29*
- IC-11 (2003) Guidelines for the In-Training Assessment of Trainees in Intensive Care Medicine *Bulletin November 2003, pg 64*
- IC-12 (2001) Examination Candidates Suffering from Illness, Accident or Disability *Bulletin November 2001, pg 63*
- IC-13 (2002) Recommendation on Standards for High Dependency Units Seeking Accreditation for Training in Intensive Care Medicine *Bulletin June 2002, pg 68*
- PS38 (1999) Statement Relating to the Relief of Pain and Suffering and End of Life Decisions *Bulletin June 1999, pg 93*
- PS39 (2003) Minimum Standards for Intrahospital Transport of Critically Ill Patients *Bulletin June 2003, pg 90*
- PS40 (2000) Guidelines for the Relationship Between Fellows and the Healthcare Industry *Bulletin March 2000, pg 55*
- PS45 (2001) Statement of Patient's Rights to Pain Management *Bulletin March 2002, pg 72*
- PS48 (2003) Statement on Clinical Principles for Procedural Sedation *Bulletin March 2003, pg 73*
- PS49 (2003) Guidelines on the Health of Specialists and Trainees *Bulletin August 2003, pg 88*



Dean's Message

Milton Cohen

In my first Dean's Message I would like to pay tribute to Leigh Atkinson. Under his wise leadership the Faculty has stabilised on course and indeed gathered momentum. With Leigh's experienced hand on the tiller, we have started to contemplate the further horizon of Pain Medicine in Australia and New Zealand.

The Faculty has now reached a critical phase in its development. At the time of writing we await the outcome of our application for Recognition of Pain Medicine as a Specialty with cautious optimism. Among other things this recognition would have a major effect on how our discipline is perceived. Although as a Fellowship we can feel comfortable within ourselves as pain physicians and proud of what the Faculty has achieved over a relatively short five years, we still face some big challenges. The first is to raise the visibility and profile of Pain Medicine in the contexts in which we practise. Do our colleagues in community and hospital practice acknowledge that pain is a problem in its own right? Do they recognise us as having unique expertise in pain management? Is referral to the Pain Clinic their last resort? The time is now right for each Fellow and Trainee to take opportunities to educate colleagues at all levels, in fact to proselytise.

The second challenge for the Faculty is to re-engage with our component Colleges. The essence of Pain Medicine is its interdisciplinary nature. Although we have enjoyed major involvement with ANZCA, our relationships with the Colleges of Physicians, Psychiatrists, Surgeons and the Faculty of Rehabilitation Medicine need nurturing. Important steps have already been taken, with presentations on Pain Medicine to the recent scientific meetings of the Colleges of Physicians, Surgeons, Psychiatrists and the Australian Association of Neurologists. Our recent Refresher Day in Perth presented a successful opportunity to interact with the Faculty of Rehabilitation Medicine and the Australian Society for Geriatric Medicine. In July the Faculty will host an

Intercollegiate Forum which will be attended by senior office-holders of our component Colleges as well as other medical Colleges and Societies with an interest in Pain Medicine, in order to strengthen and establish bonds, especially for education and training.


Thirdly, arising out of these two challenges, is that of attracting trainees to our program.

Our now well-established systems for training and continuing education, for accreditation and development of units, and for examination and assessment are unique in the world. We offer Fellows from a variety of backgrounds the opportunity to expand their knowledge and skills to complement their hard-won competencies. Taken together with the unmet community need for better pain management, we have the challenge to create a demand for training, which in turn would translate into pressure on Departments of Health to recognise the needs of patients and to support our programs.

The recent ASM in Perth provided a fine example of the diverse nature of Pain Medicine with scientific contributions spanning the biopsychosocial spectrum. We are grateful to Stephan Schug and Roger Goucke for their organisation of the ASM and Refresher Day programs. Our Foundation Visitor, Professor Ralf Baron from Germany, delighted a variety of audiences with the lucidity as well as the depth and clinical relevance of his presentations. For the first time, a specific session at the ASM was devoted to basic science presentations, very successfully. Our second Refresher Day attracted many colleagues from outside the Faculty with its theme of Pain Following Stroke in the morning. In the afternoon, the pattern of sessions addressing pain-specific clinical skills continued, with a presentation on communication issues and the launching of the Pain-Orientated Physical Examination teaching video. The Faculty is grateful to CSL Pharmaceuticals for enabling the production of this video and to Pfizer for their ongoing support of the Refresher Day.

I have now passed the baton of Education Officer to Rob Helme. To have been chairman of the Education Committee over the last five years has been an exciting privilege. Much has been achieved, including the second iteration of the Objectives of Training with a revised Reading List. Other educational material developed by the committee is being posted on our website. I would like to thank all who have contributed to such a sterling effort. The Board has established a Research Committee under the chairmanship of Julia Fleming, which will enhance that dimension of Faculty activity. Finally the Board

appreciates the responses received to the recent survey of Fellows and Trainees. As committees are reformed over time, expect to be contacted!



Milton Cohen
Dean

Admission to Fellowship of the Faculty of Pain Medicine

By Training and Examination:

Joseph Azzopardi	NSW/SA
Gavin Pattullo	NSW

By Election

Gelsomina Borromeo	Vic
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Dean's Report

Annual General Meeting – 2nd May, 2004

Welcome to the 6th Annual General Meeting of the Faculty of Pain Medicine. I now have the pleasure of presenting my report on behalf of the Board of Faculty for the year 2003/2004.

APPLICATION TO THE AMC FOR RECOGNITION OF PAIN MEDICINE AS A SPECIALTY

I would like to acknowledge and thank Michael Cousins and Garry Phillips for the time they dedicated to working on the Faculty's submission to the AMC for specialty recognition. I would also like to thank all those involved with the AMC team visits to the Geelong Hospital and Prince of Wales Hospital.

The Faculty has submitted its reply to the AMC's draft report. We now await the Minister's decision.

CENSOR

I would like to thank David Jones and Graham Rice for their continuing contributions as Censor and Assistant Censor. The Censor's role is to assess all applications for the training programme and the Assistant Censor reviews overseas occupational training visas and applications for election to Fellowship.

EDUCATION

Our Education Committee, under the chair of Milton Cohen, continues to undertake numerous tasks. A CD on Pain Orientation Physical Examination was launched at the Faculty's Refresher Course Day last Friday, 30th April. Other activities included a major revision of the Objectives of Training and Reading List, developing problem based learning scenarios as education tools and developing the program for the Refresher Course Day. Two issues to be addressed in the forthcoming year are a Supervisor of Training Kit and welfare of Fellows.

The Education Committee recently conducted a survey of all Fellows with a view to harnessing the interests of Fellows, particularly in Committees and other projects. This survey is currently being analysed. The Committee would like to thank Fellows and Trainees for their responses.

MEETINGS

Regional Education Meetings

The Faculty is running its first regional education meeting on 5th May in Melbourne in conjunction with the Victorian Pain Management Group. Our Foundation Visitor, Professor Ralf Baron will be the guest speaker. It is anticipated that meetings will be run in Sydney and

Brisbane later this year.

Refresher Course Days

Our first Refresher Course Day Meeting was held in Hobart in May 2003. This was successful with 70 delegates attending.

Our 2004 Refresher Course Day was held on Friday, 30th April in conjunction with the Faculty of Rehabilitation Medicine and Society for Geriatric Medicine Annual Scientific Meeting in Fremantle.

Participating Colleges' Annual Scientific Meetings

As well as being involved with the AFRM Meeting, the Faculty is running Pain Medicine sessions at the ASMs of RACS, RACP and RANZCP this year.

EXAMINATION

The 2003 annual examination was held at the Royal Brisbane Hospital in October. We sincerely thank Tess Cramond for her enormous contribution to the running of this examination and also to the Examination Committee and Examiners. Seven candidates presented and it was a 100% success rate.

The Barbara Walker Prize for Excellence in Pain Management is awarded to the top candidate when at least 70% is achieved. No award was presented in 2003.

RESEARCH

The Board has established a Research Committee under the Chair of Julia Fleming. The Committee has met this morning for its first face to face meeting. The Committee has set its goals which include

- to promote the collection of evidence to allow evidence-based practice
- to promote FPM Fellows' research knowledge base and to foster pain-related research of its Fellows.

A list of clinical trials by Fellows is posted on the Faculty's web page.

HOSPITAL ACCREDITATION

I am pleased to confirm that two further Pain Management Centres were accredited in 2003, being Concord Hospital, NSW and for paediatric pain medicine training, the Royal Children's Hospital, Vic. There is now a total of 15 accredited Pain Management Centres throughout Australia and New Zealand. I would like to thank Roger Goucke for continuing to Chair this Committee and also to the reviewers.

FELLOWSHIP

Awards, Honours & Appointments

Dean-Elect

I am pleased to announce that Assoc Professor Milton Cohen FRACP has been elected Dean of the Faculty and will commence his appointment following this meeting.

ANZCA President-Elect

I am also pleased to announce that Professor Michael Cousins has been elected President-Elect of ANZCA. Michael will take up office on 5th May.

Admission to Fellowship by Training and Examination

Since my last report the following were admitted to the Fellowship by training and examination

Joseph Azzopardi FRCA	NSW/SA
Pradeepa Oshadhi Gunawardane FANZCA	SA/NZ
Jennifer Mary Morgan FANZCA	WA
Stephan Peter Willi Neff FANZCA	SA
Gavin George Pattullo FANZCA	NSW

Admission to Fellowship by Election

Michael Anthony Ashby FRACP	Vic
Gelsomina Lucia Borromeo BDSc, PhD	Vic
Peter George Courtney FANZCA	Vic
Katherine Alice Jackson FRCA	Vic
Tsun Woon Lee FANZCA	Hong Kong
Terence C Lim FAFRM (RACP)	Vic
Geoffrey Keith Gourlay BPharm, PhD	SA
René Gaston Pols FRANZCP	SA
Saxby Arthur Pridmore FRANZCP	Tas
Andrew Michael Singer FRANZCP	NSW
Dilip KAPUR FANZCA	SA
Slav Hristov KOSTOV FRANZCP	WA

Total Fellowship

I am happy to report that total Fellowship as at 1st April 2004 is 181, six of whom are Honorary Fellows.

MAINTENANCE OF PROFESSIONAL STANDARDS (MOPS)

During 2003 the Board resolved that MOPS should be mandatory from 2004. Fellows can either complete their MOPS Program through their primary College or by using the ANZCA MOPS Program. In 2003, 58 participated in the ANZCA Pain Medicine MOPS Program and as at 1st April 2004, 78 have enrolled.

PROFESSIONAL DOCUMENTS

A revised version of PM2 *Requirements for Multidisciplinary Pain Centres Offering Training in Pain Medicine* was promulgated in October 2003.

INTERNAL AFFAIRS

Synapse Newsletter

The Synapse Newsletter is emailed to all Fellows and Trainees who are on-line. This has now been running for 18 months and it is believed to be an effective means of communicating on a regular basis with the Fellowship. We are happy to receive items of news for circulation to the wider Fellowship.

Office Bearers and Committees

The appointment of Office Bearers and Committees for the forthcoming year will occur at the new Board Meeting to be held after this AGM.

Working Parties and External Committees

I would like to thank all Fellows who have contributed to the working parties of the Faculty and also who have represented the Faculty at external meetings. We appreciate that this is all honorary work and can take considerable time out of Fellows' busy practices.

Leigh Atkinson
April 26, 2004

Application to the Australian Medical Council for Recognition of Pain Medicine as a Specialty

The initial report from the AMC has been reviewed and the Faculty has forwarded its response. We now wait to hear from the AMC.

Highlights from the Business Meeting

HELD ON FEBRUARY 12, 2004

Professor John Horvath AO, Chief Medical Officer, Department of Health and Ageing, Australian Government was a visitor to the Board Meeting.

Dean Elect

Associate Professor Milton Cohen FRACP, was elected Dean-Elect and will take office following the Annual General Meeting in May.

Education

A meeting of the Education Committee was held on February 11. Issues discussed included:

Revision of the Objectives of Training and Reading List

It is anticipated that the revision of this document will be concluded shortly.

Guide to Taking a Pain History

This revision is continuing.

Supervisor of Training Manual

The Committee determined the items to be included in this Manual. Further work will continue. The Committee is seeking volunteers from the Faculty to assist with writing this manual.

Problem Based Learning Scenarios

It is anticipated to develop six or seven PBLs as an educational resource tool for Fellows.

Research

The Committee held its first teleconference on February 2. The roles of the Committee were determined as:

- To promote collection of evidence to allow evidence-based practice

- To promote FPM Fellows' s research knowledge base
- To foster recognition of the FPM and of pain-related research of its Fellows
- To provide a body of individuals competent to independently assess and evaluate research protocols relating to pain and pain management and the progress of this research
- To monitor results of the Committee's activities and act accordingly

Hospital Accreditation

Pain Units in the following hospitals have been approved for training:

Concord Hospital, NSW

Royal Children's Hospital, Vic (for paediatric pain medicine training)

Executive

At the strategy meeting an initiative discussed was the establishment of an Executive Committee. It was agreed the Executive Committee comprising the Dean, Vice Dean and Executive Officer meet on a monthly basis.

Annual Scientific Meetings

2004 Perth

The scientific program has been finalised.

Refresher Course Day, Fremantle, April 30

The registration brochures were distributed last week and it is also on the web page. Transport from Perth to the meeting has been arranged.

Annual Dinner, April 30

Arrangements are being finalised.

Highlights from the Strategy Meeting

HELD ON FEBRUARY 12, 2004

Review of Progress

The review commenced with a comparison of achievements against the 2002-03 Business Plan.

The positives were summarised as increasing recognition, a solid platform for future development, better definition of tasks and some product development especially the curriculum and study path.

The major negatives were lack of penetration in the community, within the supporting Colleges, with potential trainees, in political circles and in education.

Succession Planning

Board operation became the focus of discussion within the theme of succession planning.

- . A review of the Administrative Instructions is required.
- . Institution of an Executive and Executive Meetings to streamline Board business.

- . An inter-college communications sub-committee needs to be established for improved communication to the supporting Colleges.
- . A need to maintain corporate knowledge. There should be more formalised procedures to appointing the Dean-Elect and the immediate Past Dean within the Board.
- . A need to recruit more Fellows to Committees and Working Parties.

Governance

There was preliminary discussion on goals and objectives

There is a need for more public recognition and political influence.

The long term objectives are to increase the number of training posts and trainees, improve skills, knowledge and attitudes of pain medicine specialists and to provide relevant information for patients in pain.

2004 ANNUAL SCIENTIFIC MEETING

Perth



Milton Cohen presenting a gift to Leigh Atkinson at the Faculty's Annual Dinner



Leigh Atkinson, Ralf Baron, Michael Cousins



Graham Rice, Kieran Davis, Roger Goucke



Milton Cohen with new Fellows Bernard Lee, Joseph Azzopardi and Jennifer Morgan



Ralf Baron with Tess Cramond, Frank New, Paul Frank, Sarah Lindsay, Joan Hammond and Leigh Atkinson



Roger Goucke, Geoff Gourlay, Bob Large, Stephan Schug, Christoph Stein, Ralf Baron

Faculty of Pain Medicine

ABN 82 055 042 852

PROFESSIONAL DOCUMENTS

P = Professional

PS = Professional standards

- PM1 (2002) Guidelines for Trainees and Departments Seeking Faculty Approval of Posts for Training in Pain Medicine
- PM2 (2003) Requirements for Multidisciplinary Pain Centres Offering Training in Pain Medicine
- PM3 (2002) Lumbar Epidural Administration of Corticosteroids
- PS3 (2003) Guidelines for the Management of Major Regional Analgesia
- PS40 (2000) 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

COLLEGE PROFESSIONAL DOCUMENTS ADOPTED BY THE FACULTY:

- PS4 (2000) Recommendations for the Post-Anaesthesia Recovery Room (Adopted February 2001)
- PS7 (1998) The Pre-Anaesthesia Consultation (Adopted February 2001)
- PS8 (1998) The Assistant for the Anaesthetist (Adopted February 2001)
- PS9 (2001) Guidelines on Conscious Sedation for Diagnostic, Interventional Medical and Surgical Procedures (May 2002)
- PS10 (1999) 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 (2000) 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)

Regional Annual Reports

Australian Capital Territory

Office Bearers and Members

Chair

Dr Frank Lah

Honorary Secretary

Dr Michelle Mulligan

Regional Education Officer

Dr Prue Martin

Formal Projects Officer

Dr Paul Burt

ASA Representative

Dr Nicholas Gemmell-Smith

CME Officer

Dr Vida Viliunas

Administrative Officer

Mrs Eve Edwards

TOTAL NUMBER OF COMMITTEE MEETINGS FOR THE YEAR: 4

ATTENDANCE OF ELECTED MEMBERS:

Dr Frank Lah (Chairman)	-	4
Dr Michelle Mulligan	-	3
Dr Prue Martin	-	3
Dr Vida Viliunas	-	3
Dr Paul Burt	-	2

2003 was a difficult year for College Fellows within the ACT Region. Sequential crises involving Medical Indemnity and negotiating Public Hospital contracts exhausted most College Fellows.

The Training Program for registrars had a successful year. Dr Andrew Messmer and Dr Stephen Davies successfully completed their Part 2 Examination during the year. Andrew and Stephen were the first registrars to complete the four year Training Program co-ordinated from the ACT Region. Dr Andrew Messmer was selected as the first Trainee Representative on the College's Education and Training Committee. Both are completing their Clinical Fellowship year outside the region with Andrew going to Bern in Switzerland and Stephen working with CareFlight in Sydney. The Clinical Fellows this year came from training programs in Sydney and two overseas Fellows from Switzerland and France.

In September 2003 a very successful Regional CME Meeting with the theme "Extreme Anaesthesia" was held. There were 169 registrants and a large representative group of the anaesthetic supply industry. The Regional Committee particularly wishes to thank Dr John Ellingham for the excellent scientific and social program. The planning for the next Regional CME Meeting on 9 October 2004 is progressing. The theme of the meeting will be "Uncharted Territory".

The introduction of the new FANZCA seems to be progressing smoothly. The Module Supervisors have been appointed. In October 2003 Dr Russell Jones addressed meetings of registrars and Module Supervisors and resolved most of the difficulties involved in the implementation of the program.

Little progress has occurred in the development of a Committee to investigate deaths associated with anaesthesia. Co-operation of Government bureaucracy is lacking.

The ACT Regional Committee is again indebted to the Regional Administrative Officer, Mrs Eve Edwards. The efficient and smooth running of the Committee's work is largely due to her effort.

Frank Lah
Chair

NEW SOUTH WALES

Office Bearers and Members

Chair

Dr Michael Jones

Deputy Chair

Associate Professor Anthony Quail

Regional Education Officer

Dr Ross Kerridge

Formal Project Officer

Dr Richard Morris

Continuing Education Officer

Dr Matthew Crawford

Committee Members

Dr Michael Amos

Dr Margaret Bailey

Dr Stephen Barrett

Dr Richard Halliwell

Dr Frank Moloney

Dr Greg O'Sullivan

Dr Joanna Sutherland

Ex-Officio Member

Professor Michael Cousins (Councillor)

ASA Representative

Dr Gregory Purcell

New Fellows Representative

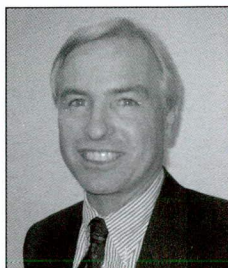
Dr Lisa De Gabrielle

Course Organiser Primary

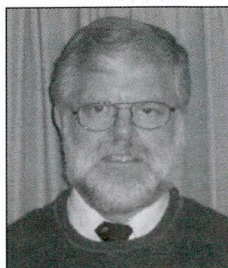
Dr Peter Kam

Course Organiser Final Fellowship

Dr Tim McCulloch



Dr Michael Jones
Chair



A/Professor Tony Quail
Deputy Chair

TOTAL NO. OF REGIONAL COMMITTEE MEETINGS FOR YEAR: 6

ATTENDANCE OF ELECTED MEMBERS

Committee Members:

	Meeting Attendance
Dr Michael Amos	6 of 6
Dr Margaret Bailey	5 of 6
Dr Stephen Barratt	6 of 6
Dr Matthew Crawford	4 of 6
Dr Richard Halliwell	3 of 6
Dr Michael Jones	6 of 6
Dr Ross Kerridge	6 of 6
Dr Frank Moloney	6 of 6
Dr Richard Morris	5 of 6
Dr Greg O'Sullivan	6 of 6
A/Professor Tony Quail	4 of 6
Dr Joanna Sutherland	4 of 6

EDUCATION – Dr Ross Kerridge

There are approximately 200 trainees in NSW. Most of these trainees are appointed to one of nine training programs, but a number are in independent posts. The last twelve months have seen a number of significant developments in NSW with regard to Anaesthetic training.

Revised FANZCA

The changes to the FANZCA program, and introduction of modular training, created a great deal of concern about the impact this would have on trainees, and particularly on Supervisors of Training. Despite the concerns, the changeover to the new system has proceeded reasonably smoothly, greatly assisted by the release of the Learning Portfolio from the College. Inevitably, there are still a number of areas of confusion and concern, and some 'teething problems', particularly with regard to assessment of training in different centres, and partial completion of modules. Most of these issues are becoming clearer with greater familiarity with the program. Some of the 'new' components of the program, in particular professional issues such as management and ethics, present some challenges for teaching. Resources to assist this teaching are being developed.

The changes to the provisional fellowship year have caused a great deal of ongoing discussion. It is not clear at this stage how this should be resolved.

Hospital Accreditation

For various reasons, the Revised FANZCA was accompanied by a change from accreditation of positions to accreditation of hospitals. This has led to a situation of some NSW trainees gaining accredited training time whilst not formally 'attached' to a comprehensive training scheme. There is an ongoing debate about how these trainees should be managed. This situation must be regarded as being in evolution.

It is of note that a number of new hospitals, particularly in rural areas, have been accredited for training. It is hoped that this will eventually help reduce the rural anaesthetic staffing problem.

In Training Assessment

As foreshadowed previously, the system of In-Training Assessment is to be reviewed later this year. The assessment system currently in place is formative rather than summative (ie it cannot be used alone to 'fail' a trainee). While there is ongoing discussion about how to introduce a workable summative component to assessment, the value of a formative process, particularly regular and structured interviews providing both positive and negative feedback, should not be underestimated.

Regional Administrative Officer

Janice Taylor

Administrative Assistant/Course Secretary

Annette Strauss

Representatives on External Committees:

Dr Matthew Crawford

Peer Review Subcommittee, NSW Council on Quality in Health Care

Safe Work Hours Working Party, NSW Health

Dr Michael Jones

Committee of Chairmen of NSW State Committees of Medical Colleges
Standing Committee of College Chairmen

NSW State Committee, Royal Australasian College of Surgeons

Committee of Management, Australian Society of Anaesthetists

Assistant Editor, Australasian Anaesthesia

Dr Ross Kerridge

Medical Training and Education Council, NSW Health

Dr Frank Moloney

Joint Consultative Committee on Anaesthesia

Executive Committee, Rural Special Interest Group

Dr Richard Morris

Medical Training and Education Council, NSW Health

Dr Jo Sutherland

Scientific & Technical Advisory Committee, Australian Red Cross Blood Service

Blood Use Improvement Group, NSW Health Department

Courses

For many years the College has conducted short (two week) and long courses for the Part 1 and Part 2 exams. These courses have recently been extensively revised, in particular to match the requirements of the Revised FANZCA. Tim McCulloch, Tracy Tay and Michael Jones as well as the course presenters, are to be thanked for this work. The numbers attending the Part 2 course have increased markedly in the last few years. The use of videoconferencing facilities to help support rural and other trainees is being explored.

Ed Loughman, Chimene Bhar, and Greg Purcell attended the pilot 'Clinical Teaching Course' in Melbourne in March. It is planned that this course will provide a base for local courses in teaching for NSW anaesthetists.

NSW Department of Health

Important developments are occurring in the State Department of Health, which is taking a more active interest in postgraduate medical training (including specialist training) than in the past. This interest is being actioned through the recently established Medical Training and Education Council. Richard Morris and I have been delegated to represent the College on the Council.

It is clear that these moves represent a concern by NSW Health to ensure that specialist training in NSW provides adequate numbers and quality of specialists for the state; that selection of trainees is appropriate; and that training is appropriately structured and distributed across the state, particularly in outer metropolitan and rural hospitals. It is my impression that the Department is reasonably content with anaesthetic training in NSW at present, particularly after the recent increase in numbers of rural trainees attached to rotational programs. Other specialties are less satisfactory from the viewpoint of NSW Health.

MTEC may become interested in training and certification of Career Medical Officers (CMOs), including CMOs with critical care skills. This will require some input from Anaesthetists.

Trainee Committee

Following recommendations from the Australian Medical Council, a NSW Trainee Committee was formed in late 2003. It is hoped that this committee will ensure good ongoing liaison between the College and trainees. All trainees should be encouraged to contact the Committee (through the NSW Office) and become involved if possible.

Summary

Although there are a number of ongoing issues producing some concern, the numbers of trainees, the quality of these trainees, and the popularity of the specialty are testimony to the good results being produced by the training system. This is a great tribute to the hard work of many, particularly the Supervisors of Training.

FORMAL PROJECTS – Dr Richard Morris

This year 48 formal projects were successfully completed. Only 1 required any revision. There was also one which was rejected. 47 new proposals were submitted on a wide range of interesting topics.

These 48 formal projects were:

Grant Devine	Anaesthetic Management of Freeman-Sheldon Syndrome - Case Report and Literature Survey
Ean Huey Lim	The Influence of a Hospital Newsletter on Resuscitation Knowledge
James Cameron	The Pentasaccharide Anticoagulants: Pharmacology and Clinical Developments

Cameron Hunt	A Prospective Determination of the Validity and Repeatability of Temperature Measurement in the Recovery Unit following General Anaesthesia
Nicholas Ignatenko	Tracheal haemorrhage caused by single-use tracheal tube introducer
Matthew Yarrow	The use of anabolic steroids and anaesthetic considerations
Anne Duggan	Combined Spinal and Epidural Anaesthesia in a Parturient with Severe Primary Pulmonary hypertension
Lawrence Fan	Comparison of combined general-spinal anesthesia to general anesthesia for coronary artery surgery
Gretel Davidson	Effect of Oxygen Flow Rate on Inspired Oxygen and Carbon Dioxide Concentrations and Patient Comfort in the Amron Oxygen Hood
Tony Chu	Endoscopic Retrograde Cholangiopancreatography Anaesthetic Survey on Risk Assessments, Techniques and Intra-Operative Events
Christopher O'Sullivan	Information Provision About Labour Epidurals
Minh Tran	Dexmedetomidine Versus Propofol For Sedation After Cardiac Surgery: A Comparative Pilot Study
David McLeod	Preoperative Fasting Guidelines - A Survey Of Patient & Anaesthetist Understanding Of Preoperative Fasting
Buddhini Abeysiri	A Retrospective Audit of the Management & Outcomes of Patients with Fractured Neck of Femura at the Nepean Hospital, Penrith, during the six month period 30-12-01 to 30-06-02
Ruth Coward	Artificial Airway Management In A Tertiary Intensive Care Unit: Indications For Intubation An Extubation, Complications And Predictors Of Successful Trial Extubation
Cyrus DeSouza	Assessment of the Non-Rebreathing Oxygen Mask for the Delivery of Nitrous Oxide and Oxygen Mixture
George Lim	Red Blood Cell Transfusion: Result Of A 5 Month Audit Of General Surgical Patients In A District General Hospital
Peter Brennan	Risk Of Death Among Cases Attending South Australian Major Trauma Services After Severe Trauma: The First 4 Years Of Operation Of A State Trauma System
Donald Innes	VDD Pacing at Short Atrioventricular Intervals Does Not Improve Cardiac Output in Patients with Dilated Heart Failure
Christine Huang	The Role of Acupuncture in the Postoperative Period
Robyn Moss	History of Anaesthetic Training
Amira Bishai	Liver Metastases from Carcinoid Tumour are Sometimes Lipiodol Avid - Therapeutic Potential?
Nicole Phillips	Brugada-Type Electrocardiographic Pattern Induced By Epidural Bupivacaine
Ajaypal Thind	The In-Vitro Effects of Propofol On Gravid Human Myometrium
Melinda Davis	The Visual Analogue Scale: Is it Linear for Moderate to Severe Pain?
Simon Harper	Homocysteine and Anaesthesia
Kevin Lee	Operating Theatre Case Cancellations
Richard Chin	The Use of Intravenous Naloxone Infusion may Reduce the Incidence of Pruritus in Post Caesarean Section Patients receiving Intrathecal Morphine
Katherine Taylor	A Pilot Study of the Arterial Pressure Waveform
Rachel Vassiliadis	Remifentanyl Infusion In Adjustable Strabismus Repair Surgery
Peter Davidson	Anaesthesia for Upper Airway Endoscopy and Microlaryngeal Surgery
Stephanie Aplin	Anaesthesia for Caesarean Section in a Woman with Unresectable Intracardiac Phaeochromocytoma - a Vertical Case Series and Review of the Literature

Jason Koh	Comparison of 1% Ropivacaine and a Mixture of 2% Lignocaine and 0.5% Bupivacaine for Sub-Tenon's Capsule Block in Cataract Surgery
Geoff Tweeddale	Evaluation of an Intravenous Fluid Warmer designed for Prehospital Use
Jeremy Sheard	Use of Automated External Defibrillators In Out Of Hospital Cardiac Arrest: A Review
Fergus Davidson	Protocols and Staffing Arrangements for Resuscitation of Neonates during Delivery by Caesarean Section
Edwin Khoo	Control of the Post-Ictal Haemodynamic Response after Electroconvulsive Therapy using Remifentanil and Phentolamine in a Patient with a Cerebral Aneurysm
Andrew Jackson	A Randomised, Controlled Trial of the Double Setup Endotracheal Tube During Fiberoptic Orotracheal Intubation Under General Anaesthesia
Quentin King	The Process Involved In And The Patenting Of The Intellectual Property 'System For Providing Tactile Stimulation In Response To A Predetermined Alarm Condition' With Application To Anaesthesia
Connie Tao	Comparison of Remifentanil and Fentanyl as Patient Controlled Analgesia
Desmond Chu	Anaesthesia for Endovascular Repair Of Acute Abdominal Aortic Aneurysms - A Case Series
Vincent Da Silva	Automated External Defibrillators: A Review
Sam Cavallaro	Prolonged Brachial Plexus Block Using The Supraclavicular Approach
Tsung Chai	To Determine Whether A Modification Of The Kessell Laryngoscope Blade Decreases The Contact With The Upper Incisors During Intubation Of The Trachea Of A Manikin By Inexperinced Intubators
Hugh Longworth	Rapid Sequence Induction Revisited: A Web Survey Of Practice
Dale Greer	Negative Pressure Pulmonary Oedema Associated With Acute Upper Airway Obsruction Caused By Laryngospasm
Yin-Wan Ng	Myogenicity in placental blood vessels - a pilot study
John Lee	Utilisation of Pre-admission Anaesthesia Clinic and Causes of Cancelled Elective Surgery

I would especially like to thank all our Reviewers for their sterling efforts and particularly for their comments which are appreciated by the trainees.

CONTINUING EDUCATION – Dr Matthew Crawford, Chairman NSWACE

We have had another successful year in 2003 with our Continuing Education Program, commencing on 10th May with 'Just Make a Decision'. This event was organised primarily by Leonie Watterson and Michele Joseph, concentrating upon the management of adverse events and their management in relationship to Anaesthesia. The proceedings were broadcast via video link to a number of country and interstate sites and included interactive video based discussion with these sites. High profile speakers included an ASM Visitor James Eisenkraft, discussing anaesthesia machine failures, Bill Runciman (AIMS) and Merrillyn Walton (Australian Council for Safety and Quality in Health Care). The audience was probably the largest ever for an ACE meeting considering those attending at remote sites, and the format is likely to be repeated in the future, should those meetings lend themselves to that type of technology. Certainly many more than usual of our country colleagues found it possible to participate in the meeting, with it being broadcast to their local hospital.

16th & 17th August saw the production of 'Blood and Bone' in Leura. This was our rural meeting for the year and dealt with advances in orthopaedic surgery and anaesthesia management as well as blood component and anticoagulant therapy. This meeting attracted an unusually large audience for a country meeting, and was arranged by Ed Loughman and Michael Jones.

The last meeting of 2003 was 'The Germs are Taking Over' and discussed SARS, CJD, Hepatitis, HIV, multi drug resistance, infection control, IV catheter sepsis and bioterrorism and the impact that these may have upon anaesthesia practice. Although this was a very high quality meeting it attracted a relatively poor attendance, compared to our usual meetings, as it occurred on the same weekend as the SPANZA meeting. This was most unfortunate, and we will need to develop a more co-ordinated system in the future to avert such clashes. The covenors for this meeting were Peter Isert and Matthew Crawford.

Our next meeting will again be in the Hunter Valley and is entitled 'Up to Speed with Trauma'. It is a two day affair and is focused upon trauma and retrieval, its management both paediatric and adult and the principles of major disaster planning. The Saturday night dinner will include a 'Murder Mystery' with audience participation. The event should be a lot of fun.

As Chairman I would like to thank all hard working members of the Committee, especially Peter Isert, Michael Jones, Ed Loughman, Mark Priestley and Leonie Watterson for their efforts over the years. A special thanks also to Michele Joseph who has now left our Committee to take up residence in Melbourne.

PROFESSIONAL AFFAIRS – Dr Michael Jones, Chairman

The NSW Regional Committee has met 6 times since the last report. In addition, Dr Frank Moloney's time as Chairman has expired and Dr Michael Jones was voted the new Chairman as of July 2003. Dr Frank Moloney and Dr Matthew Crawford will be leaving the Committee as of June 2004. They have both provided a magnificent contribution to College activities in New South Wales in particular, but also at a national level. Both are ex Chairmen of the Regional Committee and have been highly generous of their time and efforts to support College activities. Dr Moloney is to be awarded the Orton Medal at the College Annual Scientific Meeting in Perth – an honour that is most deserved.

Professional Affairs

Without doubt the two major issues that have confronted the Committee in 2003/2004 have been Area of Need (AoN) and the Revised FANZCA.

The rising number of AoN applications from both rural and outer metropolitan areas has provided a great deal of concern and debate for both the NSW Regional and the NSW ASA Committee of Management. Frustration exists because of the seeming hair-trigger readiness of some administrators to go to AoN to solve recruitment difficulties, rather than to confront and solve workforce issues that hinder local applicants for this growing number of positions. The NSW Department of Health, on occasions, does ask the NSW Regional Committee for our views regarding the assessment stage of an AoN declaration. (In most other States the Health Departments do not do this). A strong case can be made for ASA involvement at this early stage to consider local issues that might be hindering local appointments. Once this assessment/declaration stage has been finalized the role of ANZCA becomes much clearer in the credentialling and ongoing review of overseas trained specialists filling these AoN positions.

Approaches have been made by both the NSW Regional Committee and the ASA to the NSW Department of Health to review these concerns, with only mixed success. The Federal Department of Health and Ageing is looking at major changes to the AoN process and the immediate Past President, Dr Richard Willis, has attended several workshops (see reports in previous Bulletins). A final working paper is expected shortly, but whether this improves or clouds the issues we will have to wait and see.

On to other matters: The Revised FANZCA program raised a multitude of issues for the NSW Regional Committee and the Directors of the major NSW hospitals' training programs. Much forthright and direct discussions occurred with the College Council. Some compromises were reached and I would like to acknowledge the particular contributions of Dr Richard Willis and Professor Michael Cousins in this regard. However, an uneasy anticipation of impending access block to subspecialty modules in the years to come remains with many of us in NSW. It must be said however, that the introduction of the Revised FANZCA since January this year has been fairly painless – so far!

Other activities of the NSW Regional Committee members include oversight of Overseas Trained Specialists from across the state and outer metropolitan Sydney, active involvement in NSW Health Department committees, including the Committee of College Chairman, Medical Training and Education Committee (MTEC), Area of Need Working Parties, to name a few.

On the education front, the Part II Long Course has been totally overhauled to encompass modern techniques and problem-based learning with a high input expected from participants. Drs Tim McCulloch, Tracey Tay, Mark Priestley and Michael Rose have made an outstanding contribution and some radical changes. In addition, the Long Courses now take place at ANZCA NSW Office in Crows Nest. The facility exists for videoconferencing of these sessions so participation can be maintained for trainees on rural rotations.

On behalf of all New South Wales Fellows I would like to thank all members of the New South Wales Regional Committee, and our Administrative Officer Jan Taylor and Administrative Assistant, Annette Strauss for their time and efforts over the last 12 months.

Michael Jones
Chair

QUEENSLAND

Office Bearers and Members

Chair

Associate Professor Geoffrey Gordon

Vice Chair

Dr Patricia Goonetilleke

Honorary Secretary

Dr Mervyn Cobcroft

Honorary Treasurer

Dr Michael Beem

Regional Education Officer

Dr Julia Byatte

Formal Project Officer

Dr Michael Fanshawe

Continuing Education Officers

Dr Daryll Koch

Dr Anton Loewenthal

QRC IT Officer

Dr Ian Cameron

Committee Members

Dr Ian Cooper

Dr Charmaine Barrett

Ex-officio Members

Dr Di Khursandi (Councillor)

Dr Kerry Brandis (Councillor)

Dr Ranald Pascoe (Joint Faculty of

Intensive Care Medicine Representative)

Dr Martin Culwick

(ASA Representative)



Assoc. Prof. Geoffrey Gordon
Chair



Dr Mervyn Cobcroft
Honorary Secretary

TOTAL NUMBER OF COMMITTEE MEETINGS FOR YEAR: 8

ATTENDANCE OF ELECTED MEMBERS

Dr Charmaine Barrett	5:8
Dr Michael Beem	5:8
Dr Kerry Brandis	7:8
Dr Julia Byatte	8:8
Dr Ian Cameron	1:8
Dr Mervyn Cobcroft	3:8
Dr Ian Cooper	5:8
Dr Michael Fanshawe	5:8
Dr Patricia Goonetilleke	3:8
Dr Geoffrey Gordon	8:8
Dr Daryll Koch	4:8
Dr Di Khursandi	5:8
Dr Anton Loewenthal	5:8
Dr Sonia Vaughan	3:5

FINANCIAL REPORT

The accounts of the Queensland Regional Committee (QRC) continue to be managed in Melbourne. All of the educational activities of the QRC ran at a surplus this year and the centralised accounts remain with sufficient funds for the anticipated operating activities of the Committee. The courses conducted by ANZCA and the Combined CME Meetings (reported elsewhere) continue to attract the interest of Fellows and Trainees and have been very well attended.

Major purchases this financial year have included replacing our data projector, lap top computer and both desk top computers. Additionally, the QRC has acquired four College Gowns to be kept at College House and available for use by Queensland Fellows.

EDUCATION

Trainees

The change from accreditation of positions to accreditation of Departments has produced the expected increase in number of trainees in Queensland this year. We have approximately 145 registered trainees in accredited hospitals throughout Queensland, along with another 10 trainees on leave for various reasons such as overseas work and travel and family leave. While all positions in accredited hospitals can now be counted as training registrar positions, there are still some of the previous PHO positions which are used for others needing anaesthetic experience, eg ICU, Emergency Medicine or rural trainees.

Demand for training positions in Queensland remains strong and our formalised selection process, based on a written application, referees reports and a formal interview again enabled the selection of new trainees based on merit. By March of this year, all of the trainees on the reserve list had been placed in training positions either in Queensland or interstate.

Trainee Committee

It is pleasing to note that a national committee has been set up for trainees. The Queensland members are Kathleen Cooke (chair), Kellie Rudd, Ben Lloyd and Andrea Noar. Hopefully this will provide a means by which trainees can have some input into matters of interest to the College Council via the Education and Training Committee.

Registrar Training Courses

The Primary and Final Long Courses continue to run smoothly. These courses are held at 50 Water Street. The Primary Long Course this year is being run by Dr David Liessmann and the Final Long Course by Dr Jane Morris. These courses are well attended and well regarded by the registrars as part of their exam preparation.

Co-opted New Fellows' Representative
Dr Sonia Vaughan

Course Organisers

Primary Short Course (February)
Dr Greg Euston

Primary Short Course (May)
Dr Kerry Brandis

Primary Long Course
Dr David Liessmann

Part I Practise Viva Sessions
Dr Greg Euston

Final Fellowship Short Courses
Dr Martin Wakefield

Part II Practise Viva Sessions
Dr Martin Wakefield

Final Fellowship Long Course
Dr Jane Morris

*Advisor of Candidates for Anaesthesia
Training*

Dr Gerard Handley

Regional Administrative Officer
Joyce Holland

Administrative Assistant
Anne Strasburg

**Representatives on External
Committees**

Associate Professor Geoffrey Gordon
Committee of Queensland Medical
Colleges, Medical Workforce
Specialist Working Party
Staff Panel of Peers, Senior Staff
Specialist Status, Queensland Health
Visiting Panel of Peers, Senior Visiting
Specialist Status, Queensland Health
ANZCA/RACS Building Committee

Dr Bart McKenzie
Medical Workforce Specialist Working
Party
Queensland Ambulance Medical
Advisory Committee

Dr Julia Byatte
Queensland Committee to Investigate
Perioperative Deaths
TAFE Course for Anaesthetic
Assistants – Scrutineer for ANZCA

Dr Di Khursandi
Medical Advisory Committee of
Queensland
Post-graduate Medical Education
Committee, University of Queensland
ANZCA/RACS Building Committee

The Primary Short Course run each May by Dr Brandis continues to be very successful and well attended. The second short course which was held in February 2003 was unable to be held this year due to a lack of numbers enrolled for the course. It was felt that if a second course was to continue it may be better for this to be held in November, however at present there is no one available to run the course, and unless another course convenor is found this course will no longer continue.

The input from those who run and lecture at these courses is much appreciated, as this involves a lot of effort in their own time from these people. Any new volunteers who would be able to contribute in any way, no matter how small, are always appreciated.

Other Training Issues

Over this period, Queensland trainees have enjoyed excellent results in the College's examinations. 26 trainees have been successful in the Primary examination and 22 have been successful in the Final examination. Notably, Dr Nicole Healy was awarded the Cecil Gray prize for her performance in the Final Examination in September 2003. She was also previously awarded the Renton Prize and thus becomes one of those rare trainees who has medaled at each of the College's examinations. Dr Brett Chaseling was awarded a Merit Certificate for his performance in the September 2003 Primary Examination.

CONTINUING EDUCATION

The 27th Annual Combined CME meeting was held on the 12 July 2003 at Conrad Jupiter's on the Gold Coast. This meeting was ably convened by Dr Hamish Holland and attracted 203 registrants as well as 14 exhibitors in the Health Care Industry Hall. The theme of this meeting was "Perioperative Medicine – The Anaesthetist's Role". On the Saturday evening Dr Richard Willis, College President, presented ANZCA Citations to Dr Allison Holloway, Dr John Board and Dr Anton Neilson.

The 7th Combined ANZCA/ASA Annual Registrars' Meeting was held at College House in Brisbane on Saturday 25th October 2003. This meeting continues to grow in popularity with 20 papers being delivered by our trainees. The Tess Cramond Prize for Best Formal Project was awarded to Dr Lisa Mohanlal for her paper entitled "The incidence and severity of aortic stenosis in patients undergoing hip fracture surgery: a pilot study". Dr Chris Richardson was runner up and he received the Gavan Carroll Award. This prize is donated annually by Axxon Health and is given the name of a Queensland Anaesthetist who has made a significant contribution to the specialty in Queensland. The QRC would like to acknowledge Dr Amanda Harvey and Dr Michael Fanshawe for convening this important meeting.

Other CME Matters

Following the QRC Annual General Meeting held on the 3 June 2003, Dr Michael Ward presented a paper on "The Skills Development Centre – Opportunities for Anaesthetists". This paper was well received by the healthy number of Fellows attending the AGM and provoked much discussion over the long overdue availability of simulator training in Queensland. Fellows were urged to become involved in the activities of this centre which is scheduled to run its first course in August 2004.

PROFESSIONAL AFFAIRS

A Health Expo organized by the AMA Queensland was held over the weekend of the 26-27 July 2003 in Brisbane. Over 110 exhibitors were in attendance and the ASA and ANZCA manned a large booth configured to represent an operating theatre. This exhibit attracted a lot of public interest and the thanks of the wider fellowship is extended to those who manned the booth and promoted our specialty to the public. With over 14,000 people attending, exposure such as this must eventually raise the profile of the profession.

Dr Ian Stephens
Maternal Morbidity and Mortality
Sub-Committee of Queensland
Council on Obstetric and Paediatric
Morbidity and Mortality

Dr Paul Mead
Australian Resuscitation Council

Dr Norris Green
RACS Queensland Trauma Committee

Dr Michael Fanshawe
Editorial Committee Australasian
Anaesthesia.

ACKNOWLEDGEMENTS

The Queensland Regional Committee would once again like to acknowledge the extraordinary contribution made to the activities of the Committee, Fellows and Trainees in Queensland by Joyce Holland, the Regional Administrative Officer. Things do not happen, ideas are not advanced and courses and meetings just do not happen unless there is a secretariat that is both capable and willing to work for us. Thanks to Joyce Holland and Anne Strasburg for being the machinery of the Committee. Lastly I wish to acknowledge the efforts of our Fellows and Trainees who all but anonymously deliver an uncompromisingly high standard of compassion and care to our community and continue to do so week in and week out despite minimal recognition and burgeoning criticism .

Geoff Gordon
Chair

Professional Documents Under Review

In line with College policy, the following Professional Documents are due for review in 2004:

- TE7 *Secretarial and Support Services to Departments of Anaesthesia*
- TE9 *Quality Assurance*
- PS10 *Handover of Responsibility During an Anaesthetic*
- PS26 *Guidelines on Providing Information about the Services of an Anaesthetist*
- PS38 *Statement Relating to the Relief of Pain and Suffering and End of Life Decisions*

The Executive will welcome any input or suggestions relating to these documents which will be considered during the review.

SOUTH AUSTRALIA AND NORTHERN TERRITORY

Office Bearers and Members

Chair

Dr Margaret Cowling

Vice Chair

Dr Lynne Rainey

Hon. Secretary/Treasurer

Dr Daryl Catt (until Oct 2003)

Dr Lynne Rainey (from Nov 2003)

Committee Members

Dr Tony Laver

Dr Robin Limb (until July 2003)

Professor Don Moyes

Dr Alistair Norton

Dr Peter Doran

Dr Kym Osborn

Dr Glenys Miller

Dr Simon Jenkins (from Nov 2003)

TOTAL NO. OF REGIONAL COMMITTEE MEETINGS FOR YEAR: 10

ATTENDANCE OF ELECTED MEMBERS

Committee Members	Meetings Attended
Dr Margaret Cowling	10 of 10
Dr Lynne Rainey	10 of 10
Dr Daryl Catt	5 of 6
Professor Don Moyes	3 of 10
Dr Anthony Laver	8 of 10
Dr Robin Limb	2 of 3
Dr Alistair Norton	1 of 10
Dr Peter Doran	4 of 10
Dr Kym Osborn	7 of 10
Dr Glenys Miller	7 of 10
Dr Simon Jenkins	2 of 4

THE COMMITTEE

The last year has seen some changes in membership of the South Australian and Northern Territory Regional Committee. Due to other commitments, Dr Robin Limb resigned in July and Dr Daryl Catt in October. On behalf of the region I would like to thank them both for their significant contribution while in office.

Dr Simon Jenkins was coopted with full support of the Regional Committee to occupy the position left by Dr Limb. However, the vacancy created by Dr Catt's resignation has not been filled.

As 2004 is an election year the full compliment of 10 members should be restored.

EDUCATION

Revised FANZCA

In July, Dr Leona Wilson and Dr Richard Willis, met with all Supervisors of Training including Dr Steven Hams from the Royal Darwin Hospital, to further clarify the framework of the Revised FANZCA.

Many thanks go to Dr Glenys Miller (Regional Education Officer) and all the Supervisors of Training for the preparation which enabled a smooth transition to the Revised FANZCA program in January 2004.

Courses

Part I Course

The Part I Course has been well attended and the interactive format well received. Modifications are planned by Dr Lynne Rainey in response to feedback from the trainees, many of whom also attend courses interstate.

Part II Course

Dr David McLeod has retired after successfully organising the Part II Course for 6 years. Dr Kym Osborn, Dr Guy Christie-Taylor and Dr Ian Banks have now taken on this task. From 2004 the course is based on the modules of the Revised FANZCA and will be held at Royal Adelaide Hospital, Flinders Medical Centre and Women's and Children's Hospital to enable videoconferencing to Darwin.

Rotational Training Scheme

In 2003 there were two intakes into the scheme and all positions were filled. Those on the selection committee were impressed by the quality of the applicants wishing to enter the specialty.

Dr Suzy Szekely continues as the Rotational Supervisor. This important and time consuming position is proficiently managed by Dr Szekely and her dedication to this role is very much appreciated.



Dr Margaret Cowling
Chair



Dr Daryl Catt
Honorary Secretary

Formal Projects Officer
Professor Don Moyes

Northern Territory Representative
Dr Brian Spain

Faculty of Intensive Care Representative
Dr Sandra Peake

Faculty of Pain Medicine Representative
Dr Penny Briscoe

New Fellows Representative
Dr Peter Doran

ASA Representative
Dr Neil Maycock (until August 2003)
Dr Paul McGrath (from Sept 2003)

Ex Officio
Member of Council
Dr Richard Willis

Directors Representative
Dr Peter Lillie

Regional Education Sub-Committee:
Chairman - Regional Education Officer
Dr Glenys Miller

Coordinator of Training/Rotational Supervisor
Dr Suzanne Szekely

Organiser - CME
Dr Lynne Rainey (until Dec 2003)
Dr Kevin Parry (from Jan 2004)

Course Organiser - Primary
Dr Lynne Rainey
Dr Peter Doran (until Dec 2003)
Dr Julia Coldrey (from Jan 2004)
Dr Grace Koo (SAQ and VIVA Practice)

Course Organiser - Final Fellowship
Dr David McLeod (until Dec 2003)
Dr Kym Osborn (from Jan 2004)
Dr Ian Banks (from Jan 2004)
Dr Guy Christie-Taylor (from Jan 2004)

Administrative Officer
Ms Jane Hinchey (until April 2003)
Ms Christie Richards (from April 2003)

Training Representative

Dr David Costi provided valuable input to the Regional Education Sub Committee as the Trainee Representative in 2003.

Several trainees have expressed an interest in the Trainee Committee, a new committee which will enable trainees to feedback to the College via the Education and Training Committee.

Registrar Scientific Meeting

There were four excellent presentations at the Registrar Scientific Evening held in November. The prize for the best paper, a simulator session in Sydney donated by Abbott, was awarded to Dr William Cheng.

CONTINUING MEDICAL EDUCATION

Dr Lynne Rainey again coordinated a superb program of regular meetings. She retired as Chair of CME at the end of 2003 and Dr Kevin Parry has assumed this position.

The Annual Combined ANZCA/ASA CME Weekend Meeting "Advances in Regional Anaesthesia" was held at the Novotel in the Barossa Valley in September. Professor Thomas Bruessel and Assoc. Professor Michael Paech were keynote speakers at this very successful meeting, which attracted over 80 registrants.

Adelaide was fortunate to have Professor Henrik Kehlet, the Foundation Speaker for the Faculty of Pain Medicine, visit following the ASM in Hobart. Local surgeons joined anaesthetists in attending his presentation.

Other meetings over the last 12 months, all of which were videoconferenced to Darwin were

April 2003	New Drugs in Anaesthesia Speakers: Dr David McLeod and Dr Kevin Parry
May 2003	Postoperative Analgesia and Patient Outcomes: The second round needs a change in tactics Speaker: Professor Henrik Kehlet
June 2003	Anaesthetic Implications of Chemical, Biological & Radiological Incidents - Be Aware, Not Alarmed Speaker: Dr Piers Robertson
July 2003	Permanent Pacemakers and Implantable Defibrillators in Theatre Speaker: Mr David Cleghorn
August 2003	Alternative Therapies in Medicine and Hypnosis for Anaesthetists Speakers: Dr Steve Keeley and Dr Alan Cyna
November 2003	Registrar Scientific Evening
March 2004	The Eyes Have It - Anaesthesia for squint, vitreo-retinal and cataract surgery Speakers: Dr Jon Clarke and Dr Pat Moran

BURNELL-JOSE PROFESSORSHIP

The triennial Burnell-Jose Professor for 2004 is Assoc. Professor Dara Breslin, Duke University, North Carolina, U.S.A. Professor Breslin, whose interests are regional anaesthesia and medical education, will be in Adelaide for a week in November. A weekend meeting on November 6th is a highlight of his visit.

ASM 2006

World political events forced a change to the calendar of host cities for future Annual Scientific Meetings and Adelaide is now hosting the ASM in 2006. A Regional Organising Committee comprises:

Convenor:	Dr Margaret Cowling
Deputy Convenor:	Dr Meredith Craigie
Scientific Convenor:	Dr Pam Macintyre
Social Convenor:	Dr Lynne Rainey
HCI Liaison:	Dr Kevin Parry
FPM Convenor:	Dr Timothy Semple and Dr Dilip Kapur
JFICM Convenor:	Dr Mark Finnis

2004 NEW FELLOWS' CONFERENCE REPRESENTATIVES

Dr Grace Koo
Dr Aileen Craig

POMC REPORT

Early in 2003 the Department of Human Services (DHS) funded several surgeons to visit Western Australia and personally assess the Western Australian Audit of Surgical Mortality. Subsequently a decision was made by the DHS to establish a similar body, with funded administrative support, in South Australia. This will be known as the South Australian Audit of Surgical Mortality (SAASM).

Unfortunately, the POMC was not consulted until after this determination was made, but the committee has agreed to cooperate with the initiative. At the time of writing it is unclear how the POMC will fit into the structure of the SAASM, however, the Committee chaired by Dr Peter Gartrell, will continue to function unchanged until the situation is clarified.

Dr Gartrell must be acknowledged for his outstanding service to the POMC for a period spanning four decades. The POMC has not had funded secretarial support, so particularly during his term as Chairman, this has been a very significant commitment.

WEBSITE

During the year Dr Daryl Catt created the informative website for the South Australian and Northern Territory Regional Committee. The site at www.sant.anzca.edu.au gives links to ANZCA, ASA and provides details of courses, training hospitals and CME meetings.

ADMINISTRATIVE OFFICER

Ms Christie Richards was appointed as the new Administrative Officer in April 2003. Christie's excellent secretarial and communication skills combined with her cheerful manner have proved invaluable to all who contact the office.

ACKNOWLEDGEMENTS

As my term as Chairman of the South Australian and Northern Territory Regional Committee concludes at the end of May, I would like to thank the members of the Committee for their support and encouragement over the last 2 years.

I also gratefully acknowledge all other Fellows in South Australia and Northern Territory who contribute back to the profession in a voluntary capacity.

Margaret Cowling
Chair

TASMANIA

Office Bearers and Members

Chair

Dr Philip Browne

Deputy Chair

Dr Mark Reeves

Secretary

Dr Daniela Eugster

Treasurer

Dr Richard Waldron

Regional Education Officer

Dr Mike Grubb

Committee Member

Dr Margaret Walker

Co-opted Member

Dr Michael Martyn (Councillor)

Joint Faculty of Intensive Care Medicine Representative

Vacant

Faculty of Pain Medicine Representative

Dr Gajinder Oberoi

New Fellows Representative

Vacant

Regional Administrative Officer

Ms Dianne Cornish

CHAIRMAN'S REPORT – Dr Philip Browne

The introduction of the New FANZCA Program has started smoothly in Tasmania. Module supervisors have been appointed at all hospitals. The availability of specialist training for the later modules will be watched closely.

The University of Tasmania will change the duration of the medical course from six to five years to commence from 2006. The number of places will also increase significantly. This will necessitate changes to the undergraduate anaesthetic training and assessment. Malcolm Anderson is monitoring the changes in his position as School of Medicine Advisory Committee Representative.

The Regional Committee was involved in assessing Overseas Trained Specialists at the Mersey General Hospital. A number of Professional Documents were reviewed throughout the year.

Videoconferences under the rural education initiative were well attended in Burnie and Launceston. The Annual Registrars' Meeting was held in Hobart in 2003. The Combined ASA/ANZCA Annual Tasmanian Scientific Meeting was held at Cradle Mountain in February 2004. Paul Myles was the guest speaker and the meeting progressed very successfully under the guidance of Jeremy Wallace as Convenor. Paul returned to Tasmania in May as Australasian Visitor after the Perth ASM. He presented at Launceston and Hobart and conducted registrar tutorials.

Simulator Courses will be conducted in Launceston in May as part of the rural education initiatives.

Margaret Walker stepped down as Chair of the Tasmanian Regional Committee after six years. Her contribution has been much appreciated.

Supervisors of Training

Royal Hobart Hospital:	Peter Lane
Launceston General Hospital:	Michael Bremner
NorthWest Regional Hospital:	Mark Reeves

Representation on Other Committees

Post-Graduate Medical Committee:	Mike Hodgson
Remote Area Anaesthesia:	Malcolm Anderson
Tas Medical Retrieval:	Malcolm Anderson
Tasmanian Medical Advisory Committee:	Malcolm Anderson

Philip Browne
Chair



Dr Philip Brown
Chair

VICTORIA

Office Bearers and Members

Chair

Dr Peter McCall

Deputy Chairman

Dr Rowan Molnar

Honorary Secretary/Social

Dr Elizabeth Ashwood

Honorary Treasurer

Dr Mark Fajgman

Formal Project Officer

Dr David Bain

Regional Education Officer

Dr Mark Buckland

Assistant Education Officer

Dr Winifred Burnett

3rd Year Training

Dr Alison Lilley

Paramedical Personnel/Assistant CME Officer

Dr Philip Ragg

Safety Officer

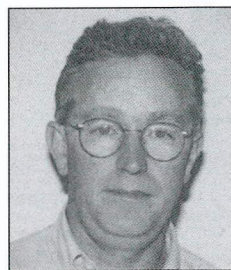
Dr Rod Tayler

Continuing Medical Education / IT

Dr Rowan Thomas

Rural

Dr Mark Tuck (Retired 9/12/03)



Dr Peter McCall
Chair



Dr Elizabeth Ashwood
Honorary Secretary

TOTAL NUMBER OF REGIONAL COMMITTEE MEETINGS FOR YEAR

2003 - 11

2004 - 2

ATTENDANCES OF ELECTED MEMBERS

Dr Ashwood 9/11 Dr Bain 9/11 Dr Buckland 9/11 Dr Burnett 10/11

Dr Fajgman 6/11 Dr Lilley 4/11 Dr McCall 8/11 Dr Molnar 10/11

Dr Ragg 8/11 Dr Tayler 9/11 Dr Thomas 11/11

The term of the current Committee has come to an end. Nominations received for the 2004 - 2006 Committee were 11 for 12 positions, therefore no election was necessary. The nominees await Council ratification in May 2004. The VRC now has four new Members: Andrew Buettner, Richard Horton, Craig Noonan and Daryl Williams.

I would like to thank retiring Members for their outstanding contributions to the Committee. Regretfully Sesto Cairo, Co-opted New Fellow, and Andrew Haughton, Co-opted Rural Officer did not nominate for election; Mark Buckland (10 years) and Alison Lilley (2 years) did not re-nominate due to work and personal commitments. Having served 12 years Mark Fajgman and Philip Ragg were not eligible to re-nominate.

As indicated in the following report the VRC has been very active in 2003/2004. The introduction of the Revised FANZCA and initiatives to improve educational opportunities for rural anaesthetists have been major achievements.

CONSULTATIVE COUNCIL ON ANAESTHETIC MORTALITY AND MORBIDITY (CCAMM)

Cases Reviewed During 2003

Total Mortality reviewed during 2003:	83
Total Morbidity reviewed during 2003:	57
Total Critical Incidents reviewed during 2003:	8
Total cases reviewed during 2003:	148

Total Sentinel Events forwarded to and reviewed by Council during 2003:	3
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The Council convened on 10 occasions during the year 2003, giving an average of 15 cases reviewed per meeting.

2003 has been a particularly busy year with a number of major projects.

Development of the CCAMM Website

This was considerably enlarged during 2003 and there has been a strongly positive response by anaesthetists and other organisations to the usefulness of the information provided in enhancing patient safety. During 2003 there were approximately 27,600 page views (60,000 hits) recorded.

New Database Program

Considerable time has been expended on the development of a new program, which will cover both data management and also the complex organisational activities of the Council to enable both rapid feedback and communication with all relevant organisations and individuals. It is hoped that the program will be introduced early in 2004.

Pain Management

The initiative by VCCAMM in approaching the Victorian Quality Council with concerns about safety of acute pain management has been successfully adopted by the VQC and a very active multidisciplinary working party has been set up with Dr Tony Weaver as Chairman.

Appointment of a Trainee

The recruitment of a trainee anaesthetist and intensivist to participate in Council activities is a completely new innovation in Australia. Dr Mathew

Ex-Officio

Assoc. Professor Kate Leslie Councillor
Dr Rod Westhorpe Councillor
Assoc. Professor Tony Weeks Councillor

Co-opted

Royal Australasian College of Surgeons
Professor Paddy Dewan

*Consultative Council on Anaesthetic
Mortality and Morbidity*
Dr Patricia Mackay

*Australian Society of Anaesthetists
Representative*
Dr Simon Reilly

*Joint Faculty of Intensive Care Medicine
Representative*
Dr Craig French

Faculty of Pain Medicine Representative
Dr Julia Fleming

New Fellow
Dr Sesto Cairo

Rural Officer
Dr Andrew Haughton

Administrative Officer
Corinne Millane

Piercy has been appointed and a program has been set up in conjunction with the Intensive Care Department at St Vincent's Hospital.

VICTORIAN DOCTORS HEALTH PROGRAM

The annual meeting of the Consultative Council of VDHP was held on 31 March, 2004 where it was reported that the VDHP has assisted 361 doctors and medical students since May 2001 when the program began.

Its role is to support and assess doctors and medical students and then refer them to appropriately qualified specialists and experts to formulate a management program for their illness - physical, mental, alcohol or drug addiction. Ultimately, the aim is to change doctors' culture, with respect to illness, so that all illnesses are diagnosed and treated early: before they have an impact on the family, patients and possibly result in a request to present to the Medical Practitioners Board.

All consultations are confidential. Over half the total presentations were related to alcohol and drug abuse and psychiatric illness and 25% of the substance abuse disorder cases had psychiatric disorders.

The VDHP considers it essential that all doctors and medical students have their own general practitioner or physician, and have an annual check-up, to ensure early diagnosis and treatment of any illness or substance abuse. Consequently, it is requesting the Medical Practitioners Board to make this a requirement of registration.

EDUCATION

Introduction of Revised FANZCA 2004

The planned [and now executed] introduction of the Revised FANZCA has been the major educational issue for the last twelve months. Meetings and other educational modalities were used to introduce the program, as well as advising on its implementation. There have been few problems in our region, and the College policy of not disadvantaging existing trainees has been very helpful in smoothing the transition to the "new" system. All hospitals have now appointed the appropriate Module Supervisors for their circumstances, and a number have appointed Assistant Supervisors of Training to help manage the increased workload. The College is to be commended for its increased support of Supervisors and those involved in training.

Annual Anaesthetic Registrars' Scientific Meeting

The Annual Registrars' Scientific Meeting was held on 18 July, 2003 at the College Headquarters. This year we were fortunate to welcome College President, Richard Willis who presented the prize for the best presentation. Again the standard of research, presentation and ensuing discussion was excellent. Anaequip Pty Ltd again kindly sponsored the Prize, presented by the President to Richard Bulach for his presentation "Double-blind randomized controlled trial to determine the extent of the amnesic properties of midazolam immediately before general anaesthesia: a pilot study" which characterizes the extent of immediate retrograde and anterograde amnesia following intravenous midazolam, administered before general anaesthesia.

Victorian Trainee Committee (VTC)

In line with the College's determination to develop a Trainee Committee the VRC invited expressions of interest from Victorian Registrars. Subsequently interested Registrars met in December 2003 and elected the Victorian Regional Chairperson, Dr Annabel Orr, who will attend a meeting in May in Perth with other Regional Chairs to elect a Chair. Dr Orr has written to Victorian Trainees and Supervisors of Training outlining the College's desire to have greater Trainee input into College affairs and has also circulated a questionnaire seeking Trainee input on various items of interest.

Orientation Meeting

In February 2004, the VRC held the Orientation Meeting for new and 1st year Registrars. At this meeting the VRC introduces Trainees to the College and its facilities, and gives them information on study and research techniques. A very successful joint Orientation and VTC welcome cocktails were held immediately following the Course with approximately 60 or 70 guests in attendance. Members of Council and College Staff were also present.

3rd YEAR TRAINING

In 2003 the VRC formed a sub-committee to review and resolve the problem of third year Anaesthesia training in the sub-specialities of paediatrics and obstetrics. With the co-operation of the Directors of Departments agreeing to an overall strategy and additional funding obtained from the DHS a solution was achieved that has enabled all eligible applicants to be placed in 2004. However the issue of a potentially increasing number of applicants in a market of a limited number of sub-speciality positions, and the new demands of the module training system, means ongoing discussions between teaching hospitals and the VRC are important. Positions are currently running at about 35 - 37 each year and probably 40 - 42 positions would be the maximum that could be accommodated.

FINANCE

The Committee in 2003 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.

CONTINUING EDUCATION

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

- | | |
|------------------|--|
| 15th April 2003 | Victorian Regional Committee CME Evening Meeting "Assessing Competence in Anaesthesia", Dr David Greaves from Newcastle Upon Tyne UK : Convenor and CME Officer: Dr Rowan Thomas |
| 30th June 2003 | Victorian Regional Committee CME Evening Meeting: "Aging and Postoperative Cognitive Dysfunction", A/Prof Gregory J Crosby, Boston Massachusetts USA, Convenor and CME Officer: Dr Rowan Thomas |
| 18th July 2003 | Annual Registrars' Scientific Meeting, Convenors: Drs Mark Buckland (Regional Education Officer) and Winifred Burnett (Assistant Education Officer) |
| 19th July 2003 | 24th Annual Combined ANZCA/ASA CME Meeting: "Current Concepts in Perioperative Care", Convenor and CME Officer: Dr Rowan Thomas |
| 16th August 2003 | VMPF - Careers Advice and Training Expo for Medical Students and Recent Graduates, Organiser: Dr Sesto Cairo and volunteers |
| 2nd Sept 2003 | Victorian Regional Committee CME Evening Meeting: "Monitoring anaesthetic depth using Isolated Forearm Technique", Dr Ian Russell, East Yorkshire England, Convenor and CME Officer: Dr Rowan Thomas |

All of these Meetings were videotaped and may be borrowed from the ANZCA Library.

The 24th Annual Combined ANZCA/ASA CME Meeting was held on 19th July 2003 at the Sheraton Towers Southgate. The meeting theme, "Current concepts in Perioperative Care" addressed risk assessment, perioperative disease management and medical defence in 2003. Local and interstate anaesthetists, physicians, cardiologists and risk managers contributed to the meeting.

The 25th Annual Combined ANZCA/ASA CME Meeting will be held on 17th July 2004 at the Sofitel Hotel Melbourne. The meeting theme will be "Risky - Bloody - Obstetrics: Clinical dilemmas in everyday practice". The meeting will focus on obstetrics, risk management, issues relating to consent and a haematology update including case presentations and discussion. Contributors will include prominent local and interstate anaesthetists, physicians and risk management educators.

It is appropriate to acknowledge and thank the Anaesthetic Departments that 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 ACTIVITIES

Recruitment and retention issues continue to be an ongoing problem in the rural area. A promising development has occurred with the DHS Rural Workforce Strategy. The DHS has allocated funding to provide financial support to a range of projects that aim to improve the recruitment and retention of the health workforce in rural and regional areas in Victoria.

A new initiative supported by the Committee has seen a Traveling Speaker's Rural CME Meeting program being developed with successful meetings being held in Bairnsdale and Camperdown. These meetings involving case discussions and other educational activities are constructed to meet the local needs of the anaesthetic community concerned. They have been seen as a highly valuable and useful way to help satisfy CME and QA points that are often hard to acquire in the rural sector. There are negotiations with the Rural Workforce Agency Victoria (RWAV) to extend both the funding and scope of this project.

In other educational news, the Rural Anaesthetic Meeting will be held at Echuca later this year after a few years with no meeting. Other projects including the Registrar Videoconferencing Program, the combined ANZCA/RANZCOG videoconference Quality Assurance and Risk Management in Obstetrics Program and the Mobile Simulation Project have all been met with enthusiastic feedback. Using different technology to augment educational activities and hopefully reduce isolation in rural areas has been a major focus of all of these projects.

Many problems still exist, many issues compounded by the issue of medical indemnity. Several rural Anaesthetists are reviewing their risk profile and in several cases altering their case loads to reduce risk to a perceived acceptable level. Work in rural areas continues, and projects such as the risk management videoconferencing discussed above have allowed some discussion on this in the areas participating.

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 VRC once again represented the College at the VMPF – Careers Advice and Training Expo for Medical Students and Recent Graduates held on Saturday 16th August 2003. All major Colleges, teaching and country hospitals were represented. Sesto Cairo with the assistance of five volunteers manned the College booth responding to many and varied questions about anaesthesia as a career and hopefully inspired some of the participants to find out more about our great specialty.

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 (ARSM) organised by the Regional Education Officer, Dr Mark Buckland and the Assistant Education Officer, 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 Peter Squire	Theories of Consciousness
Dr Christopher Hoy	Awake Craniotomy – Ropivacaine Assay Study
Dr Christopher Scarff	The Effect of Posture on Post-operative Nausea and Vomiting
Dr Joel Symons	Anaesthetists' attitudes towards awareness and depth-of-anaesthesia monitoring
Dr Deral Tanil	Development and Psychometric Testing of a Quality of Recovery Score after General Anaesthesia and Surgery in Adults
Dr David Ware	The Pharmacokinetics and Safety of Lignocaine Infusions Used in the Treatment of Complex Regional Pain Syndromes
Dr Andrew Tymms	An Unusual Presentation of an Orbital Haemangioma during Spinal Surgery
Dr Wei-Ping Chan	Induction of Anaesthesia in the Home
Dr Dugald McAdam	Spinal Procaine 2% With and Without Fentanyl 15 Micrograms
Dr David Morgan	Epidural blood patch rate in private anaesthetic practice in Australia
Dr Gabrielle Van Essen	Natural Justice and Human Research Ethics Committees: an Australia-wide survey
Dr Jannett Marxsen	Recovery Room Stat > 2 Hours – an audit of three years of clinical indicator data at Frankston Hospital
Dr Laurence Weinberg	Post-operative paraplegia following spinal cord infection
Dr Kylie Wright	Upper gastrointestinal endoscope using a laryngeal mask airway in children aged five and under

Dr Bradley La Ferlita	Observational Study of the use of 0.1% Bupivacain and 2mcg/ml Fentanyl in 185 Consecutive Labour Epidurals
Dr Boyd Yim	Impact of New Transfusion Guidelines on Reduction of Blood Product Usage after Cardiac Surgery
Dr Chris Bowden	Treatment of Prolonged Post Dural Puncture Headache with Epidural Saline Infusion after Failure of Multiple Epidural Blood Patches
Dr Irene Ng	The Medical Emergency Team: A Model for a Victorian Regional Hospital
Dr Leonard Lee	Target Words for the Word Stem Completion Test in Australian Patients
Dr Hock Tan	The need and availability of debriefing after critical incidents for anaesthetic trainees
Dr Lynn Hong	The efficacy of ketamine with opioids for post-operative analgesia: A qualitative systematic review
Dr Patrick Ronchi	Correlation between Preoperative Cardiopulmonary Exercise Testing and Postoperative Events
Dr Phillip Wicks	An audit following introduction of patient controlled epidural labour analgesia to a tertiary obstetric hospital
Dr Tasoula Zafirooulos	Venous Air Embolism during Neurosurgery in the Sitting Position
Dr Linda Gualano	Extreme Respiratory Alkalosis of Uncertain Aetiology: A Case Report and Literature Review
Dr Sathi Seevanayagam	Laryngeal mask airway and acute transient unilateral submandibular gland swelling
Dr Daniel Wong	Akinesia and Sub-Tenons block: a prospective audit
Dr Nicole Tan	Reporting of Ethical Approval and Informed Consent in Clinical Research Published in leading Anaesthesia Journals
Dr Salwan Fransi	Anaphylaxis to intravenous amiodarone
Dr Kien Quach	Transient Lumbar Pain After 5% Hyperbaric Lignocaine Spinal Anaesthesia in Patient Having Minor Vascular Surgery
Dr Gail	The Pen or the Phone: reporting from outside the Operating Room
Dr Mihaela Diacon	Herbal Medicine and the Perioperative Patient
Dr Suzanne Domanski	POISE Audit
Dr Paul Geldard	Thoracic Aneurysm Resection
Dr Nicole Urquhart	The Linearity of the Visual Analog Scale in Patients with Severe Acute Pain
Dr Keng Low	Uniblock – A Comparison of Continuous Femoral versus Epidural Analgesia in Total Knee Joint Replacement Surgery
Dr David Archbold	Quality of Recovery: PCA vs Epidural Analgesia
Dr Ian Lack	Severe Hypotension Secondary to High Epidural Blockade in an Infant Undergoing Lower Abdominal Urologic Surgery
Dr Richard Bulach	Double-blind randomized controlled trial to determine the extent of the amnesic properties of midazolam immediately before general anaesthesia: a pilot study
Dr Christopher Bain	Relationship between Impact Factor and Levels of Evidence in Anaesthesia Journals
Dr Stephanie Sarantopoulos	Suspected case of Venous Air Embolism in an Infant Undergoing Hip Arthrogram
Dr Eugene Neo	Hypotension during Colonoscopy
Dr Luke O'Halloran	An Ultrasound Study of the Change in Subclavian Vein Morphology due to Patient Positioning
Dr Mark Zammit	In-vivo Dynamic Calibration of Intravascular Monitoring Systems
Dr Frances Perret	Are electrocardiogram electrodes really acceptable for bispectral index monitoring?
Dr Stephen Smith	Does Contamination of a Blood Sample with Propofol Influence Activated Clotting Time after Full Heparinisation in Cardiac Surgery?

- Dr Paul Bent** Professional monitoring and critical incident reporting using personal digital assistants
- Dr Alexandru Borsaru** Variability of the ASA Physical Status Classification amongst Australian Anaesthetists

The VRC remains very much committed to and involved in health care committees and workshops as follows:

COMMITTEE

REPRESENTATIVE

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 Rowan R Molnar
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
NHMRC - Blood Group	Dr Peter R McCall
Consultative Council on Anaesthetic Mortality and Morbidity	Dr Pat Mackay, Chair Dr Mark Langley Dr Philip G Ragg Dr Patrick J Hughes
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

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 at College Headquarters for their valuable assistance during the year. We extend our particular thanks to our Administrative Officer, Ms Corinne Millane for her excellent support.

Peter McCall
Chair

WESTERN AUSTRALIA

Office Bearers and Members

Chairman

Dr Simon Maclaurin

Honorary Secretary

Dr Chris Cokis

Immediate Past Chairman

Dr Grant Turner

Continuing Education Officer

Associate Professor Michael Paech
Dr Jennifer Fabling (from Oct 2003)

Education Officer

Dr Nedra vanden Driesen

Regional Education Officer

Dr Lindy Roberts

Webmaster / Simulation

Associate Professor Richard Riley

Convenor of ASM 2004

Dr Mark Josephson

Committee Members

Dr Andrew Imison
Dr T Mark Allen

Councillors

Professor Teik Oh
Dr Wally Thompson



Dr Simon Maclaurin
Chair



Dr Chris Cokis
Honorary Secretary

ATTENDANCE AT REGIONAL COMMITTEE MEETINGS

Dr Simon Maclaurin	6/6
Dr Chris Cokis	3/6
Dr Grant Turner	4/6
A/Professor Michael Paech	4/6
Dr Nedra vanden Driesen	1/6
Dr Lindy Roberts	6/6
A/Professor Richard Riley	6/6
Dr Mark Josephson	3/6
Dr Andrew Imison	1/6
Dr T Mark Allen	0/6
Professor Teik Oh	1/6
Dr Wally Thompson	3/6

CHAIRMAN'S REPORT – Dr Simon Maclaurin

Committee Composition and Office Bearers

A number of changes occurred during the year. Dr Chris Cokis was elected Honorary Secretary and Dr Wilson Lim resigned as Rural Representative. I thank Dr Lim for his unique perspective and appreciate the commitment it took to attend bi-monthly meetings in Perth when you live in Bunbury. Three people were coopted onto the Committee: Dr Jenny Fabling, Professor Stephan Schug and Dr Michael Veltman are all warmly welcomed. Dr Fabling is currently taking over the important role of Continuing Education Officer from A/Professor Michael Paech. I thank Michael most sincerely for his long-standing work in this role.

Secretariat Location

The Anaesthesia WA Secretariat, which operates on behalf of both the ANZCA Regional Committee and the WA ASA Committee, re-located to the Medical and Surgical Skill Centre ("CTEC") at the University of Western Australia. This site incorporates CASMS (Centre for Anaesthesia Skills and Medical Simulation) and is an excellent location for us. Committee meetings are now also held here.

New FANZCA Program

This program is moving into Western Australia as elsewhere with good back up from College Headquarters and a considerable amount of work from the REO (Dr Lindy Roberts), SOTs and Module Supervisors. Two major meetings for trainees have already been held to "bed the changes in".

Medical Simulation

A/Professor Richard Riley continues to drive a very busy and successful Simulation Centre, which caters for a wide range of "medical consumers". Additionally, three EMAC courses have now been run and future courses are coordinated with Eastern States/NZ to minimise timing clashes.

Technology

Teleconferences for Regional Committee Chairs with the College President have been most appreciated, giving a strong sense of what both Council and "the regions" are up to on a wide range of College issues.

Videoconferencing is perhaps more challenging to arrange involving more people and different groups each time at both ends. While in Western Australia we have obvious zone differences, there is interest in progressing with this medium – however to date interested groups are small and sometimes not viable financially. It can be difficult to set up especially at short notice. CTEC is trying to help with their excellent technical resources.

Co-opted

Professor Stephan Schug (from Oct 2003)

Dr Michael Veitman (from Oct 2003)

New Fellows Representative

Dr Andrew Gardner

Mortality Committee

Dr Neville Gibbs

Australian Resuscitation Council

Dr Aileen Donaghy

Country Representative

Dr Wilson Lim (resigned 12/03)

Day Care Anaesthesia

Dr Stephen Watts

SARG/ Rural Education

Dr Leigh Coombs

ASA Representative

Dr Ken Williams

Faculty of Pain Medicine

Dr Roger Goucke

Joint Faculty of Intensive Care Medicine

Dr Bernice Ng

Administrative Officer

Mrs Patricia Luxford

ANZCA Annual Scientific Meeting, Perth (May 2004)

As expected, considerable effort has gone into the preparation for this, especially by Dr Mark Josephson (ASM Convenor), Dr Lindy Roberts (Scientific Program Convenor), Dr Andrew Gardner (Social Program Convenor) and their excellent and hard working committee. I thank them all very much.

ECT Advisory Group

This has been set up by the Health Department of Western Australia to review ECT in the State and to ensure it is performed according to "best international practice". Dr Grant Turner is representing the College on this group.

Order of Australia

Dr Priya Thalayasingam was commended with the Order of Australia – General Division for her contribution to patient care following the Bali bombings. She and her husband (who was also commended) were in Bali when the bombings took place.

REGIONAL EDUCATION OFFICER REPORT - Dr Lindy Roberts

Trainee numbers: The WA Program currently has 49 Trainees in Years 1 to 4

Trainee Rotations and Subspecialty Experience

Hospital rotations continue to be organised with reference to trainee preferences which are sought in September each year. There are rotations to all major metropolitan hospitals, and one non-metropolitan position in Bunbury. It is anticipated that some additional pressure will be placed on subspecialty rotations by the change to accreditation of Departments rather than posts.

Selection of Trainees

In Western Australia a centralised, standardised selection process based on ANZCA guidelines and WA public sector standards is organised with applications handled through the administration at Sir Charles Gairdner Hospital. Applicants are required to address selection criteria and obtain standard format confidential referee reports. A committee of 3 shortlists applicants who are then interviewed by a panel of 3. Appointments are finalised by a joint committee of HODs and ANZCA representatives (Chair of Regional Committee, SOTs and REO).

Trainee Orientation

Since 2000, this meeting has been held in the first week or two of the new training year. Most recently it has been convened by Simon Maclaurin. Topics covered include the role and structure of the College, training requirements and role of the REO and SOTs, the ASA (including GASACT), the Part 1 exam, and 'Looking after yourself during training' (presented by Martin Chapman, psychiatrist).

Trainee Newsletter: This continues to be a regular communication between the REO and trainees.

The following trainees joined or will join the Western Australian Training Program during 2004: Yasir Al-Tamimi, Vanessa Askew, Michael Birch, Roger Browning, Chin-Wern Chan, Chui Chong, Amanda Curo, Angelique Halliday, Martyn Lethbridge, Kate Luscombe, Shane Merriman, Audrey Ng, Julie Ng, Marilyn Ong, Angela Palumbo, Luke Torre, Marianne Vlaskovska, Samantha Weaver

Meeting for Department Heads, Supervisors of Training, Module Supervisors and Trainees

A meeting about the revised FANZCA Training Program was held on 13th August 2003, facilitated by Russell Jones. A further meeting of trainees with the REO, organised by the recently convened ANZCA Trainee Committee, was held in February 2004.

Formal Projects

The standard of formal projects and quality of supervision in Western Australia has remained high. Trainees are encouraged to present their work at the Autumn or Winter Scientific meetings in Perth.

Formal projects approved during the past year are as follows:

- Scott Aaronsen** Emergency surgical airway access simulation using a sheep model. With Ralph Longhorn, Simon Maclaurin. Royal Perth Hospital. To be presented as a free paper at Perth ASM May 2004.
- Deborah Bell** A preliminary process evaluation of the Nottingham Prostitute Outreach Workers (POW). Completed in the Department of Public Health and Epidemiology, Thesis for Bachelor of Medical Science, University of Nottingham, 1995.
- Suzanne Bertrand** It's not always your fault. Post-operative nerve injury and the Parsonage-Turner Syndrome. Presented at the ANZCA ASM, Hobart, May 2003.
- Tony Brooks** Baxter S, Brooks A, Cook T. Use of a Proseal LMA for maintenance after failed intubation during a modified rapid sequence induction. *Anaesthesia* 2003;58:1132-3.
- Joel Butler** Brennan P, Fortes C, Butler J, Agudo A, Benhamou S et al. A multicenter case-control study of diet and lung cancer among non-smokers. *Cancer Causes and Control*.2000; 11:49-58. Supervisor: Dr Paul Brennan, International Agency for Research on Cancer, Lyon, France.
- Brian Chan** Chan BO, Paech MJ. Persistent cerebrospinal fluid leak: a complication of the combined-spinal epidural technique. *Anesthesia and Analgesia* 2003;98:828-30.
- Tanya Farrell** The Medisense, Optium[®] glucometer: an accurate alternative in the Neonatal Intensive Care Unit? With R Pang, S Donath, J Mills. Royal Children's Hospital, Melbourne.
- Jodi Graham** Relationship between temperature-corrected oxygenator exhaust PCO₂ and arterial PCO₂ during hypothermic cardiopulmonary bypass. Supervisor: NM Gibbs, Sir Charles Gairdner Hospital. Presented at ANZCA ASM, May 2002 and ANZCA WA Winter Scientific Meeting, June 2002 (joint recipient of the Nerida Dilworth Prize).
- Bruce Hullett** Gibbs NM, Weightman W, Hullett B, Thackray M, Newman M, A comparison of CardioQTM and thermodilution cardiac output during off-pump coronary artery surgery. *J Cardiothoracic Vascular Anaesthesia* (in press).
- Rowena Knoesen** Host-parasite interactions in murine *Syphacia obvelata* infection. Thesis for Master of Science, University of Queensland. Supervisor: Professor Paul Provic. Grice RL, Provic P. In vitro embryonation of *Syphacia obvelata* eggs. *Int J Parasitology* 1993;23:257-260.
- Nic Lam** A pilot randomised double-blind dose-ranging study of intravenous granisetron (Kytrel) in the prevention of postoperative nausea and vomiting in subjects undergoing abdominal hysterectomy. Multicentre trial, co-investigator.
- Soo Ming Lim** Nosocomial infections in intensive care units. A review.
- David McGuire** The effect of vasopressors on fetal pH in elective spinal Caesarean Section. Supervised by Michael Paech. King Edward Memorial Hospital.
- Felicity Re** The effect of cardiac output, as assessed by transcutaneous Doppler measurement, on the induction dose of propofol required for anaesthesia. With MG Veltman, M Pulletz, M Ward, Royal Perth Hospital. Presented as a free paper at the ASA & NZSA Combined Scientific Congress, 2003.
- Tania Rogerson** Rogerson T, Ingram D, Sterrett G, Goh Y-W. Areolar discharge and peri-areolar breast cysts in adolescent females. *The Breast* 2002;11(2):181-184.
- Fiona Sharp** Diving Disease Research Centre Doctors' Manual. (developed at the Diving Disease Research Centre, Plymouth, United Kingdom)
- Prani Shrivastava** The development of a parental information leaflet. With A Corbett, Fremantle Hospital.
- Steve Swanson** SP Swanson, L Roberts, MD Chapman. Are anaesthetists prone to suicide? A review of rates and risk factors. *Anaesth Intens Care* 2003; 4:434-445.
- Lukas Tan** Comparison of monitoring of hypnotic state between clinical assessment and bispectral index. Supervisor: Steve Valentine, Fremantle Hospital. Presented at the ANZCA/ASA WA Winter Scientific Meeting, June 2003.

- Priya Thalayasingam** Southwick GJ, Pethick AJ, Thalayasingam P, Vijayasekaran VS, Hogg JJW. Australian doctors in Bali: the initial medical response to the Bali bombing. *Med J Australia* 2002;177:624-626. Presented at the Melbourne ASA and NZSA Combined Scientific Congress, October 2003.
- David Vyse** Sore throat and laryngeal mask anaesthesia. An audit of clinical practice at the Kent and Canterbury Hospital (with Dr R Lloyd). Presented as a free paper at the WA ANZCA/ASA Winter Scientific Meeting, Perth, June 2003.

Part-time Trainees

In 2004, there are nine part-time trainees. This has workload implications for Departments and their continuing support in this area is acknowledged.

Examinations

The examination pass rate in Western Australia has remained high. The Renton Prize was won by Tamara Culnane (September 2003) and Jamie Stevens (March 2004). Merit certificates were awarded to Chris Duffy (Part 1), Rebecca Martin (Part 1), Jeremy Macfarlane (Part 2) and Justine Lowe (Part 2).

Part 1 Course

Held on a Friday afternoon at Sir Charles Gairdner Hospital. An integrated program with Physiology coordinated by Jay Bruce (Fremantle Hospital) and Pharmacology by Brien Hennessy (Sir Charles Gairdner Hospital). Trainees attend in-hours with the support of local Departments.

Part 2 Course

Coordinated by Priya Thalayasingam. An evening tutorial programme is held throughout the year, and viva-oriented sessions are run in-hours by Simon Maclaurin and Chris Cokis (Royal Perth Hospital) in the two months prior to each exam. Bill Weightman has retired as co-ordinator and we thank him for his contribution over many years.

Winter Scientific Meeting

A trainee session "stress and anaesthesia" was organised by Prani Shrivastava.

Many thanks to the following whose contribution to the Western Australian Training Program is greatly valued:

Supervisors of Training:

Mark Somerville (Joondalup Health Campus)
Jay Bruce (Fremantle Hospital)
Michael Veltman (Royal Perth Hospital)
Felicity Re (King Edward Memorial Hospital)
Soo Im Lim (Princess Margaret Hospital)
John Male (Bunbury Regional Hospital)
Steve Myles (Sir Charles Gairdner Hospital)
and to retiring SOTs, Ramin Gharbi and Polly Harmon

Trainee Selection: Andrew Gardner, Soo Im Lim, Simon Maclaurin, Michael Paech.

Clinical Teachers, Lecturers, Trial Examiners, Mentors, and Project Supervisors: Too many to mention by name, thanks for your input.

CONTINUING EDUCATION REPORT - Associate Professor Michael Paech

Major Regional Scientific Meetings

The 2003 Winter Scientific Meeting (WSM) was held on 14th June 2003 at the St John of God Conference Centre, Subiaco. This was the third of three such meetings honouring Dr John Hankey.

Dr. Alison Lilley, Head, Department of Anaesthesia, The Royal Women's Hospital, Melbourne was the Visiting Lecturer and her plenary lecture was "Is our health system serving us well?" She undertook a busy program in the week preceding the WSM, including teaching and lecturing in Bunbury and at several metropolitan teaching hospitals. Alison proved a highly popular visitor, her blend of management and clinical expertise and wicked sense of humour proving a compelling mix. The standard of free papers at the WSM, principally by trainees, was again excellent. WA Anaesthesia thanks Boots Healthcare for their generous sponsorship and their commitment to sponsorship again in 2004.

The 2004 WSM will be held a little later than usual, on Saturday 7th August 2004, and Professor Alan Merry has accepted the invitation to be the inaugural Dr Max Sloss Winter Visitor.

Due to its proximity to the forthcoming ANZCA ASM, this year the annual Autumn Scientific Meeting has been deferred.

Other Activities

In May 2003 we welcomed Professor Dennis Maki who spoke on "SARS: The new coronavirus and its epidemiology" at the Rydges Hotel. This presentation was kindly sponsored by Boots Healthcare and Western Biomedical.

In November 2003 Dr Len Carrie demonstrated "The Glass Spine" to trainees and other interested anaesthetists, his visit being sponsored by Boots Healthcare.

Future Continuing Education

Perth is host to the 2004 Annual Scientific Meeting of the College and a dedicated team, led by Convenor Dr Mark Josephson, Scientific Program Convenor Dr Lindy Roberts and Social Convenor Dr Andrew Gardner, has organised an exciting conference. The ANZCA Foundation Visitor is Professor Mike James from the University of Cape Town; the Australasian Visitor Associate Professor Paul Myles from the Alfred Hospital and Monash University; the JFICM Foundation Visitor Professor Ian Roberts from London School of Hygiene and Tropical Medicine; and the Faculty of Pain Medicine Foundation Visitor Professor Ralf Baron from Christian-Albrechts-Universität Kiel. Despite the proximity of the conference to events such as the World Congress of Anaesthesiology, the numbers of registrants has been very satisfactory.

I would like to pass on my best wishes to the new ANZCA Regional Continuing Education Officer for the 2004/2005 period, Dr Jennifer Fabling.

AUSTRALIAN RESUSCITATION COUNCIL – WA BRANCH

Dr Aileen Donaghy represents Western Australian Anaesthetists on this Regional Committee. The Committee continues to review ARC policy documents, provide feedback to the Federal body and assist with the implementation of any recommended changes where required.

FACULTY OF PAIN MEDICINE, ANZCA

Dr Roger Goucke represents the Faculty on the ANZCA Western Australian Regional Committee and has kept the Committee abreast of the many developments in the new Faculty.

JOINT FACULTY OF INTENSIVE CARE MEDICINE

Dr Bernice Ng 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.

ANAESTHESIA WA WEBSITE – Clinical Assoc Prof Richard Riley, Webmaster

The Anaesthesia WA website (maintained by the Anaesthesia WA Continuing Education Committee) no longer receives sponsorship from a pharmaceutical company but is now hosted gratis by the the Clinical Training and Education Centre, University of Western Australia. Its new internet address is : <http://www.ctec.uwa.edu.au/anaesthesiawa/index.html>. The website may also be found by using the simpler domain name www.anaesthesiawa.org

The main page features a news column and links to ANZCA and the ASA. It also directs the user to pages detailing various committees, educational material and other resources, such as malignant hyperthermia and anaesthetic allergy testing facilities in Western Australia. Many of the information pages are being converted into the Adobe PDF format. PDF files preserve formatting and help protect the intellectual property of authors. Dreamweaver was recently purchased to enable the webmaster to use a current software program for website maintenance. The website also is a convenient portal to Departments of Anaesthesia located in Western Australia. A link to our Emergencies and Guidelines page has been placed on the Australian Anaesthesia website. Modifications to the website are made following ANZCA and ASA committee approval.

HEALTH DEPARTMENT OF WESTERN AUSTRALIA COMMITTEES

ANZCA WA contributes to the state committee on Rural General Practice Anaesthesia.

WESTERN AUSTRALIAN ANAESTHETISTS SUPPORT GROUP

This is a small informal confidential group supporting Colleagues in the midst of personal or professional crises. It is a joint project of ANZCA and ASA in Western Australia.

I would like to thank all members of the Regional Committee who contribute in so many ways to the effective functioning of the College in Western Australia. I would particularly like to thank our Administrative Officer, Mrs Patricia Luxford, who does so much for us all on the Committee.

Simon Maclaurin
Chair

Australian And New Zealand College Of Anaesthetists

ABN 82 055 042 852

PROFESSIONAL DOCUMENTS

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

- TE1 (2003) Recommendations for Hospitals Seeking College Approval for Vocational Training in Anaesthesia
Despatched with August 2003 Bulletin
- TE2 (2003) Policy on Vocational Training Modules and Module Supervisor *Despatched with August 2003 Bulletin*
- TE3 (2003) Policy on Supervision of Clinical Experience for Vocational Trainees in Anaesthesia *Despatched with August 2003 Bulletin*
- TE4 (2003) Policy on Duties of Regional Education Officers in Anaesthesia *Despatched with August 2003 Bulletin*
- TE5 (2003) Policy for Supervisors of Training in Anaesthesia *Despatched with August 2003 Bulletin*
- TE6 (2000) Guidelines on the Duties of an Anaesthetist *Bulletin July 2000, pg 86*
- TE7 (1999) Secretarial and Support Services to Departments of Anaesthesia *Bulletin November 1999, pg 89*
- TE8 (2003) Guidelines for the Learning Portfolio for Trainees in Anaesthesia *Despatched with August 2003 Bulletin*
- TE9 (1999) Quality Assurance *Bulletin June 1999, pg 94*
- TE10 (2003) Recommendations for Vocational Training Programs *Despatched with August 2003 Bulletin*
- TE11 (2003) Formal Project Guidelines *Bulletin November 2003, pg 92*
- TE13 (2003) Guidelines for the Provisional Fellowship Program *Despatched with August 2003 Bulletin*
- TE14 (2001) Policy for the In-Training Assessment of Trainees in Anaesthesia *Bulletin November 2001, pg 84*
- TE17 (2003) Policy on Advisors of Candidates for Anaesthesia Training *Despatched with August 2003 Bulletin*
- TE18 (2000) Guidelines for Assisting Trainees with Difficulties *Bulletin March 2001, pg 76*
- EX1 (2001) Policy on Examination Candidates Suffering from Illness, Accident or Disability *Bulletin November 2001, pg 75*
- T1 (2000) Recommendations on Minimum Facilities for Safe Anaesthesia Practice in Operating Suites *Bulletin March 2001, pg 68*
- T2 (2000) Recommendations on Minimum Facilities for Safe Anaesthesia Practice outside Operating Suites *Bulletin March 2001, pg 72*
- PS1 (2002) Recommendations on Essential Training for Rural General Practitioners in Australia Proposing to Administer Anaesthesia *Bulletin November 2002, pg 78*
- PS2 (2001) Statement on Credentialling in Anaesthesia *Bulletin March 2002, pg 65*
- PS3 (2003) Guidelines for the Management of Major Regional Analgesia *Bulletin March 2003, pg 70*
- PS4 (2000) Recommendations for the Post-Anaesthesia Recovery Room *Bulletin November 2000, pg 72*
- PS6 (2001) Recommendations on the Recording of an Episode of Anaesthesia Care (the Anaesthesia Record)
Bulletin November 2001, pg 77
- PS7 (2003) Recommendations on the Pre-Anaesthesia Consultation *Bulletin November 2003, pg 87*
- PS8 (2003) Guidelines on the Assistant for the Anaesthetist *Bulletin November 2003, pg 89*
- PS9 (2001) Guidelines on Conscious Sedation for Diagnostic, Interventional Medical and Surgical Procedures
Bulletin June 2001, pg 88
- PS10 (1999) The Handover of Responsibility During an Anaesthetic *Bulletin November 1999, pg 62*
- PS12 (2001) Statement on Smoking as Related to the Perioperative Period *Bulletin November 2001, pg 79*
- PS14 (1998) Guidelines for the Conduct of Major Regional Analgesia in Obstetrics *Bulletin November 1998, pg 81*
- PS15 (2000) Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery *Bulletin November 2000, pg 75*
- PS16 (2001) Statement on the Standards of Practice of a Specialist Anaesthetist *Bulletin November 2001, pg 81*
- PS18 (2000) Recommendations on Monitoring During Anaesthesia *Bulletin November 2000, pg 78*
- PS19 (2001) Recommendations on Monitored Care by an Anaesthetist *Bulletin November 2001, pg 82*
- PS20 (2001) Recommendations for Responsibilities of the Anaesthetist in the Post-Operative Period *Bulletin November 2001, pg 83*
- P21 (2003) Guidelines on Conscious Sedation for Dental Procedures *Bulletin June 2003, pg 93*
- P24 (1997) Sedation for Endoscopy *Bulletin May 1997, pg 78*