

Australian and New Zealand College of Anaesthetists

ACN 055 042 852

and Faculty of Intensive Care



Bulletin

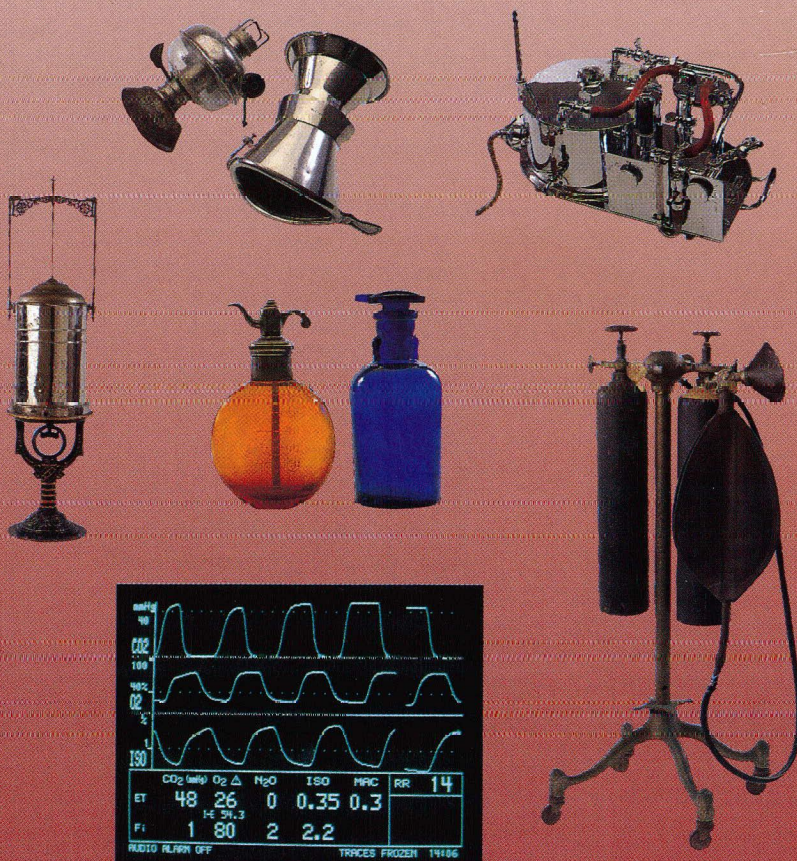
*'To serve the community by fostering safety and quality patient care
in anaesthesia, intensive care and pain management'.*

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PRESIDENT'S MESSAGE



Time marches on and so must we! I take over the College Presidency at a time when changes, developments and especially advances in our College and our professions proceed with necessary haste.

I joined the Faculty of Anaesthetists' Board in 1988 and the 10 years since then have seen remarkable changes and increasing stature of our professions. Independence as our own College in 1992 was a landmark stage and progress continues. It is important to note that the College's prime focus on maintaining and improving are the world's best training, standards setting and continuing education systems in anaesthesia and intensive care has never been lost. They will always remain paramount for the College on behalf of all involved in delivery of anaesthesia, intensive care and pain medicine services.

As you will read further in this issue of the Bulletin, the College Council at its June 1998 meeting resolved to proceed with a number of major undertakings which, I believe, will significantly further the cause of anaesthesia, intensive care and pain medicine. The College headquarters building in Melbourne will necessarily undergo major expansion over the next 18 months or so, a Faculty of Pain Medicine will be established within the College, a Fellow is to be appointed to a new salaried position as Director of Professional Affairs, research funding by the College has been markedly increased, and the College has formed the 'Anaesthesia, Intensive Care and Pain Medicine Foundation' as an organisation to publicly raise funds for research. All of these and other decisions will enhance the status and influence of our professions in overall health care services of our region. They are exciting and more than timely.

Meanwhile, the College Council looks to the future in other areas. Resultant from a review by management consultants, various infrastructure reforms and other initiatives within the College are being implemented. Over the next 12 months,

I particularly aim to see increased communication between the Council and all Fellows, and greater cooperation with Regional Committees of the College and with allied professional organisations such as the ASA, NZSA and ANZICS. I and some College staff members will visit all regions of Australia and New Zealand and attend Regional Committee and other meetings to address relevant issues as and when they arise. In the past, differences over various issues between leaders of the College, some groups of Fellows, and other organisations have created unfortunate and unnecessary tensions which generally arose from miscommunication, inadequate communication and insufficient discussion. I hope to address these deficiencies in consideration of all ongoing and future issues of mutual interest. In the spirit of constructive and cooperative efforts, the College Council has approved proposals to develop with the ASA and NZSA a new Combined CME Committee, a new generic constitution for Special Interest Groups, and a combined Asia-Pacific Aid Committee. Moreover, an Anaesthesia Rural Recruitment Service in Australia will be established with ASA involvement.

The recent Council meeting also voted that the College become a foundation member of the Australian and New Zealand Academy of Medicine – the name is still under debate and may be the Australian and New Zealand Academy of Medical Colleges. The Council had previously deferred membership until clarification of the Academy role was obtained and the views of College Fellows and Regional Committees received. The latter was sought by the then President, Garry Phillips, through letters to Fellows and Regional Committees, extensive reporting in the College Bulletin and other forums, with consequent feedback to the Council. As a result, the June College Council meeting resolved that our College will join the proposed Academy and accepted that it will in fact be a very appropriate and useful tool to enhance the prime functions and status of the College and the professions it represents. Aspects of the name of the Academy and its constitution are still of concern to the Council, but the concept of our College being in the Academy, rather than not, is very strongly supported by the Council.

I finally pay tribute to retiring Councillors Moira Westmore and Garry Phillips. They have made outstanding contributions to the College over many years, with Garry serving as President for the past two years and leading the College toward new directions and reforms. I also welcome two newly elected Councillors, Di Khursandi and Wally Thompson, both of whom have attended Council meetings over the past two years in other capacities. The new Council is well represented from all regions and looks forward to all current and future challenges.

Richard Walsh
RICHARD G. WALSH, President

OBITUARY

DR KEVIN McCAUL

1914-1998

"He has done more for women in Australia than any other person I can think of". This recognition by Mrs John Leckie, the President of the Board of the Royal Women's Hospital, Melbourne, at the time of his retirement in 1979, aptly summarised the professional contribution of Kevin McCaul who died on 16 June 1998.

A highly respected anaesthetist, teacher and administrator, he was regarded nationally and internationally as an expert in obstetric anaesthesia, analgesia and resuscitation. But colleagues who had the privilege of his friendship remember a man of integrity and culture and a delightful conversationalist with the infectious good humour of the Irish.

The son of an Irish general practitioner, in fact a fifth generation medical practitioner, he was born on 16 January 1914 in Carrickmacross, Co. Monaghan. When questioned directly, he recounted how as a young boy, he had seen his father leave home at night to treat casualties of both sides during the tragic Civil War of 1922-23 - to his father, they were all patients in need of care. He also made the comment that his father had little material wealth as he rarely sent accounts to the patients.

After primary education at St Patrick's National School at Carrickmacross, he received his secondary education at St Vincent's College, Castleknock. He undertook the clinical years of the medical course at The London Hospital, graduating in 1937 with the Conjoint Diploma of the Royal College of Physicians and the Royal College of Surgeons in Ireland, and the Licentiate in Midwifery. He returned to England for his house officer posts in 1938-39. He established an enviable reputation around London as an accomplished anaesthetist both with 'the bottle' and in performing epidurals.

Kevin McCaul's contribution to medicine and the community involved three major areas - the Royal Women's Hospital Melbourne, his military service and the development of the specialty of anaesthetics through the Faculty of Anaesthetists.

His appointment as Director of Anaesthetics at the Royal Women's Hospital in 1951 heralded a new era in the care of the mother and her unborn child. He introduced epidural anaesthesia instead of chloroform for pain relief in labour,

and within 12 months the Royal Women's Hospital was the first hospital in the world to abandon general anaesthesia in labour. He demonstrated the advantage of epidural anaesthesia in major gynaecological surgery for cancer, with emphasis on the selection of patients and perfection in the technique of administration.

He sought to assure the widest possible dissemination of the most recent advances in obstetric anaesthesia and analgesia, and with the late Dr Margaret McClelland he developed the rotational program between the Royal Women's and the Royal Children's so that all registrars in Victoria obtained training in both obstetric and paediatric anaesthesia. While maintaining absolute loyalty to his adopted State, he also thought nationally and internationally. He accepted a teaching responsibility not only for Australia but also for New Zealand and South East Asia, and made available teaching posts for registrars from these countries and the less populous Australian States - to the benefit of those anaesthetists, their patients and the dissemination of anaesthetics knowledge and skills.

Long before the concept of multidisciplinary teams was accepted, he developed in association with nurse educators antenatal education classes for fathers as well as mothers, with input from nurses and physical therapists.

Kevin McCaul obtained the Diploma of Anaesthetics in 1945 and was admitted to the Fellowship of the Faculty of Anaesthetists, Royal College of Surgeons (FFARCS) in 1953. He was admitted to the Fellowship of the Australian Faculty (FFARACS) in 1954, but of equal significance is that in 1956, just four years after his arrival in Australia, he was invited to be an examiner for the first final examination for FFARACS, and continued in that role until 1973.

He was Chairman of the Court of Examiners from 1965-1969. As a co-examiner (1963-1972), it was my privilege to witness his wisdom, tolerance and skill in assessing a candidate's performance. As Chairman, he showed great administrative ability and vision, listening to the innovators with tolerance while tempering the intolerance of new examiners with the wisdom and kindness of experience.

Kevin McCaul was elected to the Board of the Faculty in 1964. He was Vice Dean 1968-70 and Dean 1970-72, retiring from the Board in 1975. His membership of the Board covered years of great importance in the development of the Faculty, and he was at the forefront in strengthening the corporate role of the Faculty within the College. His support for me as Dean 1972-74 knew no bounds.

He commanded by leadership and respect, firmly coping with hospital administrators and surgeons with equal aplomb, maintaining his Irish sense of humour, even in the most

difficult circumstances. He was selected to represent the College of Surgeons on many outside committees, and his command of the spoken word was invaluable in debate.

As Dean, he was host of the Faculty Day at the College following the IVth Annual Asian Australasian Congress of Anaesthesiology in Canberra. The warmth of his charm was not unnoticed by hundreds of overseas guests on that memorable occasion.

His was the guiding hand in the fundraising that made possible the development of the Faculty Education Centre and he was the Patron of the Victorian Chairs of Anaesthesia Appeal. The Faculty in 1976 awarded Kevin McCaul the Orton Medal – its highest honour for a practicing Fellow.

He was remarkably reticent about his war record. Having earlier been in the Irish Army, he served with distinction with the rank of Major in the Royal Army Corps in World War II – with the 15th Indian Casualty Clearing Station, the 14th Indian Field Ambulance, the 12th Indian Mobile Surgical Unit, and the 12th Indian General Hospital. Later he served with the Churchill Head Injury Unit in Oxford. In 1944 he was captured when the Japanese encircled the Seventh Division. His courage in escaping and bringing wounded prisoners to safety was recognised by the award of the MBE (Military Division).

With this background it is not surprising that he served with the Royal Australian Army Medical Corps from 1954-1972. He was Consultant Anaesthetist to Army Office with the rank of Colonel and was awarded the ED in 1972. He took a great personal interest in the professional welfare of young service doctors. During his tenure as Dean and Vice Dean, the ANZUK Hospital in Singapore, the Army Hospital at Vung Tau and the School of Underwater Medicine at HMAS Penguin were approved for limited training for Faculty examinations. This accreditation ensured that military service personnel could commence training for postgraduate qualifications while fulfilling their commitments to the armed services and many successful anaesthetists today are witness to his concern and foresight.

Kevin McCaul's contribution to medicine and the community were recognised nationally and internationally. In 1978 he was elected a Fellow of the Royal College of Obstetricians and Gynaecologists, and in 1989 the Royal Australian College of Obstetricians elected him to its Honorary Fellowship – signal honours, recognising outstanding service to obstetric and gynaecological anaesthesia.

The New Zealand Society of Anaesthetists admitted him to Honorary Membership 1954. In 1971 he was admitted to Honorary Fellowship of the Faculty Anaesthetists, Royal College of Surgeons in Ireland – the first Australian thus



honoured. He was appointed a Professorial Associate in the Department of Obstetrics and Gynaecology, University of Melbourne, in 1974 – the first anaesthetist to achieve this award. Apart from these honours, Kevin McCaul was regularly an invited lecturer and panellist at international symposia and world meetings.

From his arrival in Australia, Kevin McCaul worked tirelessly to develop the highest standards to practice to ensure safety for women requiring anaesthesia or analgesia for obstetric or gynaecological care. Countless women have been and will be indebted to him for his foresight, skill and personal endeavour.

As a senior anaesthetist, he was always prepared to make time to welcome junior colleagues to his hospital, to extend to them hospitality in his delightful home. He was always a source of reference, advice and friendship.

He had many friends in medicine and among the legal profession. Lunch at Triaca's restaurant, 'The Latin', was always a memorable experience. He was very interested in art and became a patron of the arts. He maintained a continued association with Ireland throughout his life and upon his retirement, read extensively in history and the classics, making up for his lack of an 'academic' education.

Medicine is blessed with men of his character and ability once in a generation. His memorial will be the high standard of anaesthesia for obstetrics and gynaecology that he developed and the many anaesthetists who were influenced by his ideals and practical skill. His memory will long remain in the hearts of his friends.

Kevin McCaul is survived by his wife, Margaret (Maggie), a brother and a sister, three children – Kate, Liam (Bim) and Dermot (Derry), and three grandchildren, to whom all Fellows extend sincere sympathy.

PROFESSOR TESS CRAMOND
FRCA, FANZCA

HONORARY FELLOW

CITATION –

MICHAEL WILLIAM GORTON

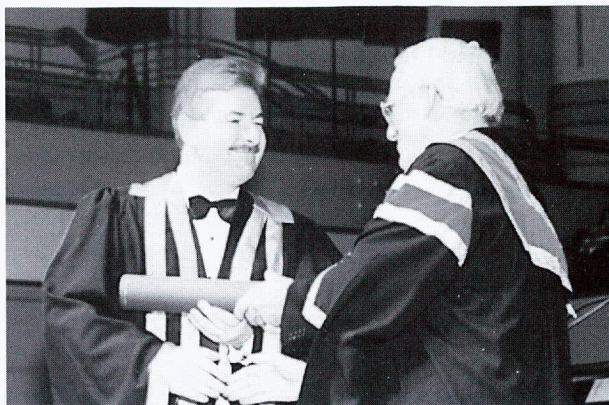
“THE COUNCIL OF THE AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS ADMITS FROM TIME TO TIME DISTINGUISHED PERSONS WHO HAVE MADE A NOTABLE CONTRIBUTION TO THE ADVANCEMENT OF THE SCIENCE AND PRACTICE OF ANAESTHESIA AND/OR INTENSIVE CARE, WHO ARE NOT PRACTISING ANAESTHESIA OR INTENSIVE CARE IN AUSTRALIA OR NEW ZEALAND.”

Mr President,

I have the honour to present to you Michael William Gorton for conferment of Honorary Fellowship of the College.

Mr Michael William Gorton has been the Honorary Solicitor of the College since its foundation in 1992 and prior to that was the Honorary Solicitor to our Faculty of Anaesthetists of the Royal Australasian College of Surgeons. He therefore has had a long and vital association with our College and its predecessor, and through this he has made an extraordinary contribution not only to the College, but also to the advancement of the professions of anaesthesia, intensive care and pain management.

Michael Gorton is a partner of the Melbourne office of Russell Kennedy Solicitors. He was educated in Melbourne and graduated from the University of Melbourne with degrees in Law and Commerce in 1981. Following this, his vigour, enthusiasm and talents led him to become involved in a wide range of professional and community activities, which must leave all of us in great awe. In 1982, he was an inaugural participant in the establishment of Greening Australia and proceeded through its ranks to the position of National President, receiving various awards within that organisation for his outstanding services, including as Honorary Solicitor. He has been closely associated with the United Nations Association of Australia and its Youth Association, serving as a former National Vice-President. He is also currently a Board Member of the Association for the Blind, the Ivanhoe Grammar School, the Maribyrnong Festival for the City of Maribyrnong, and is current Chairman of the Victorian State Reconciliation Committee auspiced by the Council for Aboriginal Reconciliation. If all this isn't enough, Michael has had an outstanding career as a debater, being a former Captain of the Australian Debating Team and appearing on a



celebrated nationally televised Campbell McComas debate with Andrew Denton and others.

Michael Gorton is a member of numerous professional organisations related to his legal career, a career particularly highlighted by his association with the medical profession. He is the Solicitor to the Royal Australasian College of Surgeons, the Royal Australasian College of Physicians, the Australian and New Zealand Intensive Care Society, the Australasian College for Emergency Medicine, and the Committee of Presidents of Medical Colleges. He is also a Commissioner of the Equal Opportunity Commission Victoria and a member of the Victorian Health Services Review Council.

Michael Gorton has served as Honorary Solicitor of our College since its inception. Over this time and before it, he has provided expert and professional counsel and many other legal services to the Council, the President, the Registrar and several College Committees and Fellows when required. He has also attended Council Meetings whenever requested to discuss in person the legal implications of specific issues, and has contributed over twenty articles on pertinent issues in the College Bulletin as distributed to all Fellows and College trainees. The donation of his services has always been provided with enthusiasm, efficiency and incredible promptness for which the College and its Council have been immensely grateful.

Up to now, many Fellows may not be fully aware of the enormous contribution the Michael Gorton has provided to our College. Those of us honoured to hold senior positions within the College clearly recognise and commend to all Fellows that we are very much indebted to this man. In awarding Honorary Fellowship to Michael Gorton, an extraordinary individual who has greatly contributed to the role, function and future of the College, is recognised.

Mr President, I have the great honour to present Michael William Gorton for conferment of Honorary Fellowship of our College.

RICHARD G. WALSH

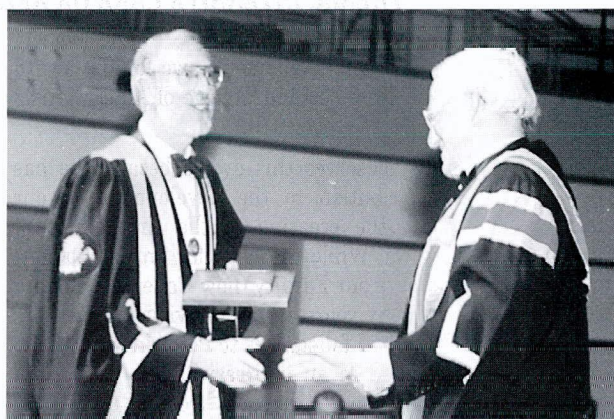
DOUGLAS JOSEPH PROFESSOR OF ANAESTHETICS

CITATION – ARTHUR BARRINGTON BAKER

Mr President I present to you Arthur Barrington (Barry) Baker for the award of the Douglas Joseph Professorship of Anaesthetics. Professor Barry Baker is presented as an outstanding contributor to the advancement of our specialty through his contributions to the Australian and New Zealand College of Anaesthetists, to education and to research in our specialty. His research activities will be significantly assisted by receipt of this award from the College.

Professor Baker graduated from the University of Queensland in 1963 and trained in anaesthesia and intensive care at the Royal Brisbane Hospital, obtaining his FFARACS in May 1968 and his FFARCS in June 1968. He then went to the Nuffield Department of Anaesthetics to carry out postgraduate research and obtained a DPhil (Oxon) in 1971 from Magdalen College, University of Oxford, for a thesis entitled *'The Physiology of Artificial Ventilation'*. Professor Baker became the Reader in Anaesthesia at the University of Queensland and Royal Brisbane Hospital from 1972 - 1975 and was subsequently Foundation Professor of Anaesthesia and of Intensive Care at the University of Otago, New Zealand from 1975 to 1992. In 1992 Professor Baker was appointed as the second occupant of the Nuffield Chair of Anaesthetics of the University of Sydney at Royal Prince Alfred Hospital, succeeding Professor Douglas Joseph.

Professor Baker has given long and meritorious service to the Faculty of Anaesthetists, RACS and subsequently to the Council of the Australian and New Zealand College of Anaesthetists spanning the years 1980 to 1992. He served as Dean of the Faculty of Anaesthetists from 1987 to 1990, during a substantial period of change in the Faculty, eventually leading to the formation of the College. It would be difficult to single out for mention individual accomplishments made by Professor Baker during his long period of service to the Faculty and College, however, his commitment to education in the speciality is manifest both in the discipline of anaesthesia and in intensive care. He played a key role in the setting up of the education committee of the Committee of Presidents of Medical Colleges, which has proved to be an extremely important vehicle for communication among Colleges. He served as an examiner in both the primary and final examination for a period of 16 years. His achievements within ANZCA were recognised in 1994 by the award of the



Orton Medal and in 1993 his contributions to the Royal Australasian College of Surgeons were recognised by his induction to the Court of Honour, RACS.

Professor Baker has published over a hundred refereed scientific articles and has been the recipient of numerous overseas and local named lectureships. His commitment to research is also demonstrated by his long standing service as a member of the editorial board of the journal *'Anaesthesia and Intensive Care'*.

Since his appointment to the Nuffield Chair of Anaesthetics, Professor Baker has continued with commitment to education in anaesthesia, playing a strong role in the development of undergraduate education in anaesthesia within the University of Sydney. He has also continued to pursue his research interest in *'low flow and closed circuit anaesthesia'*, which will be the project supported by the Douglas Joseph Professorship.

Douglas Joseph would have been pleased to see his successor receive the support of the Douglas Joseph Professorship for his research endeavours. However I suspect that he may have been even more pleased to see his commitment to undergraduate and postgraduate education continued in such a strong manner by the second occupant of the Nuffield Chair of Anaesthetics and the second recipient of the Douglas Joseph Professorship of Anaesthetics.

Mr President I have the honour to present the Douglas Joseph Professor of Anaesthetics, Arthur Barrington Baker.

MICHAEL J COUSINS AM

CITATION –

DR PETER ANDERSON LOWE

“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 OR RELATED SPECIALTIES.”

Mr President I present Peter Anderson Lowe for the award of the Australian and New Zealand College of Anaesthetists Medal.

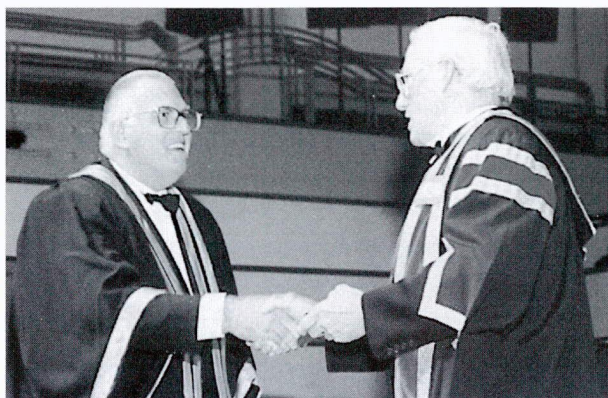
Dr Peter Lowe richly deserves this award because he has made a unique contribution to the development of our specialty, specifically the creation of the first Chair of Anaesthesia in Victoria. While the need for an autonomous Chair in the state where our Faculty (now College) is housed had been identified many years earlier, previous attempts to establish such a Chair had failed. It is to Peter Lowe's lasting credit that he succeeded in an impressively short space of time and, with unprecedented support from the Victorian anaesthesia and wider medical community and from a broad cross section of the business and general community. Many Victorian Fellows of the College will vividly remember the excitement and sense of commitment that Peter engendered at the dinner launch of the appeal to raise \$1.5 million. The fact that this target was achieved in such a short space of time in the middle of a financial recession makes Peter's achievement even more impressive.

While recognising the critical aspect of Peter's leadership role, it is appropriate to acknowledge the great commitment of his fellow members of the 'Victorian Chairs of Anaesthesia Appeal Advisory Committee' which he chaired.

As if Peter's contribution to the development of academic anaesthesia in Victoria were not enough, he also made a significant contribution to the development of the Foundation Chair of Anaesthesia & Pain Management of the University of Sydney at Royal North Shore Hospital. He gave valuable advice to Professor Michael Cousins, at the initiation of an Appeal Committee and gave a key note address at the launch of the Appeal at the Powerhouse Museum in Sydney in 1991.

It is fair to say that apart from Peter's achievement in the Victorian Chairs Appeal, a very few have been able to emulate his success in obtaining major support from the medical community.

Peter Lowe graduated from the University of Melbourne in 1963, becoming a Fellow of the Faculty of Anaesthetists in 1969. He has served on the Victorian Regional Committee of the College, including terms as Treasurer, Secretary, Deputy Chairman and Chairman. His commitment to the crucial role of academic activity, as an underpinning of clinical medicine is gauged from his membership of the Committee



of Convocation of the University of Melbourne and membership of the Council of the Graduate Union.

Peter's contributions to his family and the community do not stop with the College and the Profession. He has been married for many years to Merryl, a law graduate, and his daughter Kirsten is a graphic designer. He has served on the Glen Waverley Branch of the Rotary Club for twenty five years and has been both Sergeant of the Club and a Director of the Club. He was also awarded the prestigious Paul Harris Fellowship from the Rotary Club.

It would be difficult to think of another anaesthetist in Australia who has made a greater contribution to the development of our speciality by acting as the driving force in the development of the first Academic Chair in Victoria and making a significant contribution to the development of a second Academic Chair in New South Wales.

Sir William Osler stated: 'In science the credit goes to the man who convinces the world, not the man to whom the idea first occurred'.

Although Peter Lowe did not first conceive the idea of a Chair in Victoria, he certainly took up the idea, but most importantly he convinced the community in Victoria that they should contribute to the creation of such a Chair, and by his perseverance brought this idea to completion.

Mr President, I present Peter Anderson Lowe for the award of the Australian and New Zealand College of Anaesthetists Medal.

IAN RECHTMAN

CITATION –

ALAN FORBES MERRY

Mr President, may I present Dr Alan Forbes Merry for the award of the Australian and New Zealand College of Anaesthetists Medal.

It is both a delight and an honour to be asked to present this citation. Alan grew up in Zimbabwe and graduated from Medical School there in 1976. He and his wife Sally, who is a Child Psychiatrist, came to New Zealand during their early graduate years in 1979. Both have completed their specialty training in New Zealand although Alan diverted to obtain a Diploma of Obstetrics in 1981. In 1982 he spent a training year in Edinburgh. He gained his FFARACS in 1984. Alan soon became recognised as a skilled member of the anaesthesia workforce in Auckland working principally at various posts in Green Lane Hospital. He also has a significant interest in Pain Management. In 1987 he commenced part-time private practice and has continued with this interest until the present time. He is an enormously busy and productive person, but says that he works with some very understanding surgeons. He has continued to contribute significantly as a clinician being the obvious person for the position of Head of Department at Green Lane Hospital when this post became vacant during 1996. He has been active in various research projects and is principal author of seven publications in refereed journals and has been a co-author of eight other papers. There have also been numerous contributions to the media, other journals and various meetings. Alan has worked actively on a number of research projects and has held grants from a number of organisations. He has recently been honoured by the University of Auckland with the title of Honorary Associate Professor in Anaesthesia.

Alan was elected to the New Zealand Regional Committee of the College in 1990 and quickly became recognised for his thoughtful and valuable opinions. He was Formal Projects Officer for a number of years and is currently completing his second year as Chairman of the Committee. He has carried that responsibility in a competent, impartial and farsighted manner.

The ANZCA Medal has been awarded to Alan by Council for his services to anaesthesia in New Zealand and in particular for his role in the activities of the Medical Law Reform Group. Mr President, you are well aware of the law in New Zealand in respect of the crime that has become known as Medical



Manslaughter. It comes from a statute – unique in Commonwealth countries – that allowed the prosecution for an act of simple negligence. Anaesthetists have been particularly vulnerable to this legislation because of the immediacy of a serious outcome to a proven error of treatment. It was felt that the threshold for use of this statute should be the gross negligence that is required in other jurisdictions. Alan Merry has been responsible for the orchestration of a campaign which last November culminated in the amendment of the relevant section of the New Zealand Crimes Act. There is not time to give details of Alan's work as a member of the Committee. He has expended hundreds of hours of his own time as well as worked exhaustively – perhaps passionately is the best description. Importantly this has been done with common sense and humanity. He has been a superb ambassador for the profession. If it were not for Alan, his drive, his hard work and his integrity, it is doubtful that this very necessary law change – which will benefit many others than anaesthetists – would have been made.

Mr President, I am delighted, as a fellow New Zealander, to present Alan Forbes Merry to you for presentation of the Australian and New Zealand College of Anaesthetists Medal.

JOHN M. GIBBS

Honours and Appointments

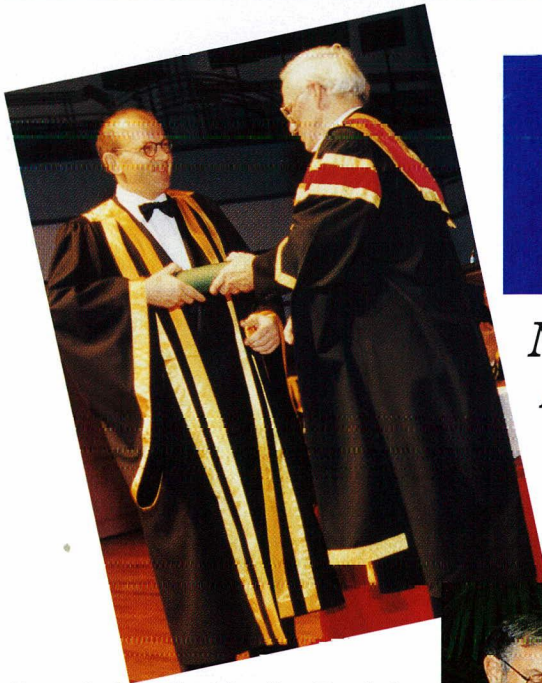
Congratulations are extended to the following Fellows:

- Dr Geoffrey M Clarke, WA
– Member of the Order of Australia (AM)
- Associate Professor John A H Williamson, SA
– Member of the Order of Australia (AM)
- Professor Garry D Phillips, SA
– Visiting Professor in Anaesthesia, University of Papua New Guinea
- Professor Michael J Cousins, AM, NSW
– Visiting Professor, Chinese University of Hong Kong
- Mr Michael Gorton, VIC
– 1998 Pro Bono Award for Large Metropolitan Practitioners

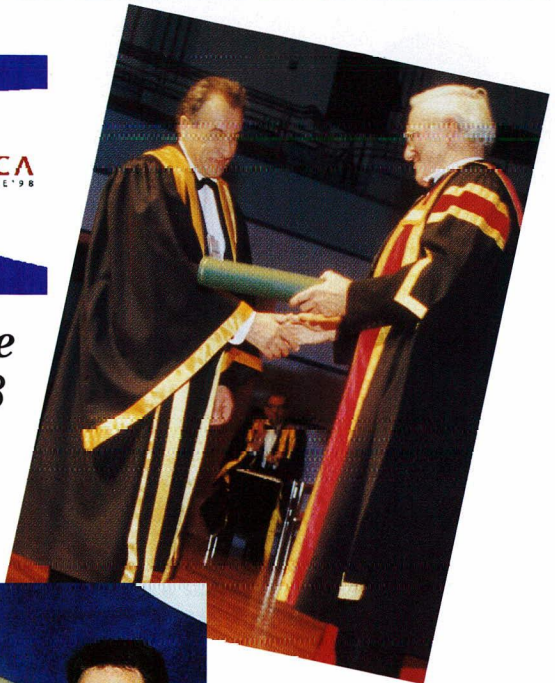
DEATHS OF FELLOWS

The death of the following Fellows is noted with regret:

- Dr Kevin McCaul, VIC – MBE, FFARACS 1954, FANZCA 1992
- Dr Bede Patrick Francis Mooney, NSW – FFARACS 1968, FANZCA 1992
- Dr Kevin Lorne Merrett, VIC – FFARACS 1991, FANZCA 1992
- Dr James Gordon Opie, NSW – MFARACS 1959, FANZCA 1992
- Dr Sankarakurup Gopinathan Nair, NZ – FFARACS 1984, FANZCA 1992
- Dr David Govett Romaine Wright, NZ – FFARACS 1956, FANZCA 1992



**Newcastle
May 1998**



Above – Professor Hugo Van Aken, Foundation Visitor, receives his Fellowship of the College from President Professor Garry Phillips at the Newcastle meeting.

Right – Professor Barry Baker (left) is presented with his Australasian Visitor's medal by Professor Phillips, as Mr Mark Wallwork, National Sales Manager of ASTRA's Hospital Business Unit looks on.



Above – Foundation Visitor Professor Simon Gelman (left) was inducted as a Fellow during the College Ceremony at the Newcastle ASM.



Left – 1990 Visitor, Professor David Glass (right), returned for the 1998 ASM in Newcastle, and discussed his experiences with 1998 Foundation Visitors, Professors Simon Gelman (USA) and Hugo Van Aken (Germany).



Below left – Gilbert Brown Prize winner Dr John Moloney (left) is presented with his medal during the College Ceremony in Newcastle, while below right, Dr Brian Spain (right) receives the Formal Project Prize from Professor Phillips and Education Officer Dr Stuart Henderson (centre).



LAW REPORT

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

ACCESS TO MEDICAL RECORDS IN THE ACT

New legislation in the Australian Capital Territory now requires that doctors create and maintain records in a manner which ensures the privacy of health information, but also requires that consumers have adequate opportunities to access the information held in those records, in relation to information which concerns them.

The legislation may be a "taste of things to come" – if other States or the Federal Government consider introducing similar requirements.

The Australian Capital Territory Health Records (Privacy and Access) Act 1997 applies to records maintained by doctors and health services in the Australian Capital Territory, both public and private, as well as personal information which may be contained in documents kept by other organisations, not necessarily health services organisations. Accordingly, local medical centres, municipal health services and/or contractors to health services may all be responsible for certain obligations under the legislation.

The legislation arises from the decision in the **Breen Case** in the High Court of Australia, which ruled that medical records are owned by doctors and that there was no automatic right of access to those records by patients.

Privacy Principles

A doctor who maintains personal health information in the Australian Capital Territory must observe the "privacy principles" set out in the legislation.

In summary these are:

- 1 The personal health information recorded must be relevant to the health services provided.
- 2 The patient should know why the information has been recorded and who will have access to it.
- 3 The information recorded must be accurate and relevant to the purpose for which it is collected (and not intrusive).
- 4 The information must be safely and securely maintained.



- 5 Upon request by a patient, the doctor must advise whether they possess personal health information of the patient, and how the information may be accessed.
- 6 Personal health information may only be accessed by the patient, treating doctors and health professionals, relevant management/administration personnel, or others with specific legal authority.
- 7 Personal health information cannot be altered, but accurate information may be added (including to correct any inaccurate information). Statements by patients can be added where they disagree with information in the records. Incorrect or misleading information can be kept separately from day-to-day information.
- 8 Doctors should ensure that information is up to date and accurate.
- 9 The personal health information can only be used for treatment purposes, unless the patient has otherwise consented to other uses, the use is necessary to avoid risk to the patient's health, or the other use is authorised by law.
- 10 Personal health information can only be disclosed to the patient or other treating health professionals if the patient has consented, the disclosure is necessary to

avoid risk to the patient's health, the disclosure is authorised by law, or an immediate family member needs to be consulted in an emergency situation.

- 11 If the doctor's practice is sold or discontinued, patients must be given an opportunity to nominate another practice to which records may be sent, and remaining records must nonetheless be stored safely. Records may ultimately be destroyed as part of normal archive destruction.
- 12 A current treating doctor must have access to the patient's records.

Access

The legislation now contains a statutory obligation for a doctor in the Australian Capital Territory to provide access by patients to personal health information and records maintained by the doctor.

Whilst access arrangements can clearly be negotiated between the patient and the doctor, and access given in any manner and on such terms as the patient and doctor agree, the legislation can require that the doctor allow access:

- By permitting the patient an opportunity to inspect records (and, if in electronic form, a print out of the records), and take notes of the contents.
- To provide the patient with a copy of the record (or print out).
- To provide the patient an opportunity to inspect the records and have the contents explained by the doctor.

Accordingly, even though doctors will often maintain records in shorthand form, with technical information, abbreviations, etc., there will now be an obligation on the doctor to provide an explanation of the record, its meaning, import and implications.

Where a written request for access to documents has been made, the legislation requires the doctor to respond within fourteen (14) days, and in most cases, access must actually be provided within thirty (30) days.

The doctor can charge a reasonable fee for photocopying.

It is not clear whether the discussion of contents of the information may actually amount to a 'consultation'. If the discussion amounts to a consultation, the usual consultation fee may be charged.

The doctor is entitled to require proof of identity before disclosing personal health information.

It is also possible for patients to authorise other people to seek access to medical information. A patient can specifically authorise another person to obtain a record on their behalf. Parents and legal guardians can also make requests in relation to children or people under their control. People with Enduring Powers of Attorney and legal representatives of deceased people, may also make requests.

The right of access does not apply to opinions recorded before the legislation commenced - 1 February, 1998.

Exemption

The legislation contains three broad exemptions where a doctor may not be required to disclose personal health information:

- If the doctor believes on reasonable grounds that the provision of the information would constitute a significant risk to the life or health of the patient.
- Where the provision of the information may constitute a significant risk to the life and health of another person.
- Where provision of the information, or access to the information, may constitute a breach of confidence.

If a doctor refuses access based on these exemptions, the patient can ask for a review of the decision by another medical practitioner. Ultimately a patient could request a review of any exemption by the Australian Capital Territory Community and Health Services Complaints' Commissioner.

The legislation also contains provisions for offences (with penalties) for doctors who destroy personal health information, or take it out of the Australian Capital Territory, in order to avoid providing access, as required under the legislation. Failure to comply with the privacy principles can be the basis of a complaint to the Community and Health Services Complaints' Commissioner. It is also an offence for a person to request or obtain health information by threat or false representation.

[The author acknowledges information supplied by the Australian Capital Territory Department of Health and Community Care - The Australian Capital Territory Health Records (Privacy and Access) Act 1997 - Information for Consumers and Providers of Health Services.]

ITEMS OF INTEREST

FOLLOWING THE JUNE 1998 COUNCIL MEETINGS

PAIN MEDICINE

Council agreed that reference to Pain Management be amended to read Pain Medicine. Following a recommendation from a joint meeting of the Pain Medicine Committee and representatives from the Royal Australasian College of Physicians, the Royal Australasian College of Surgeons, the Royal Australian and New Zealand College of Psychiatrists and the Australasian Faculty of Rehabilitation Medicine it has been agreed that a Diploma of ANZCA in Pain Medicine be a multi-disciplinary qualification available to Fellows of ANZCA and these Colleges.

A letter of understanding from the ANZCA President and the Chairman of the Pain Medicine Committee has been forwarded to the various College members of the Joint Committee seeking formal approval from the Colleges for ANZCA to proceed as recommended.

Council approved in principle the formation of a Faculty of Pain Medicine within the College and requested the Executive explore further its formation, in conjunction with the JACPM and the Pain Medicine Committee.

FINANCE

Expansion of Ulimaroa

Council approved the construction of an extension to Ulimaroa consisting of six levels, plus two basement levels of carparking, at an approximate cost of \$5.75M. Financing of this undertaking will be by existing College funds.

1999 College Research Grants

Council agreed that an amount of \$250,000 be allocated for the College Research Grants in 1999.

Anaesthesia, Intensive Care and Pain Medicine Foundation

At the time of incorporation, the College established the ANZCA Foundation under a Trust Deed. At this time, this was the only College vehicle which permitted taxation concessions for donations and held funds such as subscriptions in advance, CME surpluses, bequests and donations to the Foundation.

Over the past few months, Council has been discussing the establishment of a new Foundation which would include outside representation on the Board of Management and permit an aggressive appeal to the community, Fellows and the industry to raise funds for research.

Council, at its recent meeting, accepted a Constitution for the Anaesthesia, Intensive Care and Pain Medicine Foundation. Development of this Foundation will proceed over the ensuing months.

CONTINUING EDUCATION

ASM - Church Service

Council resolved that the Church service associated with Annual Scientific Meetings no longer be a routine part of the ASM, but that information on various church services be included for registrants in the published programme.

Foundation Visitors' Regional Visits

Dr David Rowbotham will visit New South Wales and Professor Peter Moore (USA), New Zealand, following the Annual Scientific Meeting in Adelaide, May 1999.

1999 ASM – Adelaide – Younger Fellows' Conference

Dr Lisa McEwin was appointed the Convenor of the Younger Fellows' Conference to be held in conjunction with the 1999 ASM. The venue for this meeting has not yet been decided. Council further resolved that the theme for this meeting be 'Striving for a Job Well Done'.

2000 ASM – Melbourne – Foundation Visitors

Professor James Bovill (Netherlands) and Professor Daniel Sessler (USA) have accepted invitations as Foundation Visitors to this meeting.

Generic Constitution for Special Interest Groups

A draft generic constitution of Special Interest Groups was approved by Council and has been forwarded to the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists for input and will then be forwarded to the Special Interest Groups for implementation.

Special Interest Group – Diving and Hyperbaric Medicine

Council agreed to the establishment of a Diving and Hyperbaric Medicine Special Interest Group within the College.

INTERNAL AFFAIRS***Postponement of Hospital Visits***

As a result of problems with hospitals not supplying documentation in adequate time for the reviewers to consider prior to hospital visits, Council has now agreed that hospital visits will be postponed in the event that all completed data is not available to the College reviewers four weeks prior to the date of the review.

Appointment of a Part-time Director of Professional Affairs

Council accepted the job description for a part-time Director of Professional Affairs within the College and an advertisement is included in this edition of the *College Bulletin*. The initial contract will be for two years which will include a six month probationary period with continued re-appointment dependant upon appraisal.

Staff Management Review

Council resolved that:

- (i) All staff Position Descriptions will be reviewed by the Salaries Review Committee. Particular consideration will be given to:
 - (a) definition of duties for all senior staff
 - (b) the titles of all staff positions
 - (c) the Human Resources Management role being incorporated into the role of the Registrar
 - (d) the Business Management role being incorporated into the role of the Finance Manager

- (ii) that a Performance Management System be developed and introduced
- (iii) that the Executive Committee be authorised by Council to establish a Staff Management Committee with definition of its role, structure and function
- (iv) that the Position of Director of Professional Affairs (part-time) be advertised in the August *College Bulletin*
- (v) that an Administrative Assistant to the Faculty of Intensive Care be approved as a full-time position
- (vi) that a group consisting of the Registrar, Deputy Registrar and Finance Manager be established to make recommendations to the Executive and Council on progressive implementation of other relevant recommendations of the Dench McClean Report.

ANZCA Rural Recruitment Service

In an endeavour to assist in the placement of anaesthetists in rural areas for both locum and permanent positions in Australia, Council accepted a document setting out objectives, structure and function for such a service which is published elsewhere in this *Bulletin*.

Regulation 15 – Examinations and Training

Regulation 15 has been reviewed over a period of time and has been amended and approved by Council. This document will be printed and forwarded to all trainees and Supervisors of Training.

Australian and New Zealand Academy of Medicine/Medical Colleges

Council agreed that the Australian and New Zealand College of Anaesthetists become a Foundation Member of the Australian and New Zealand Academy of Medicine/Medical Colleges. The definitive name of this organisation will be decided later in the year.

ANZCA Articles of Association

There will be a postal ballot of Fellows to amend the relevant Articles of Association to address issues related to gender discrimination, minor processes and to change the College financial year to a calendar year. Following the latter amendment, the Annual General Meeting will be held at the time of the Annual Scientific Meeting and Regional Committees will be required to complete their financial accounts and return information for the College audit by mid January.

As the changes in Officers and Office-Bearers will now take place at the time of the Annual General Meeting at the ASM, a Council Meeting will be held at the completion of the ASM to elect the Vice-President, Officers of Council and appoint Committees. As a result, the June Council meeting will be a two day meeting instead of three.

Award of Undergraduate Prize in Anaesthesia

The College Council resolved that ANZCA offer each Dean (or Executive Dean where relevant) of all Australasian Medical Schools an annual undergraduate prize in anaesthesia based on agreed guidelines.

It was also resolved that consideration be given to applications for such prizes from University Departments of Anaesthesia in countries outside Australia in which ANZCA has accredited training posts.

EDUCATION***It's Your Labour – Video***

Council approved a leaflet and video cover to accompany the video tape 'It's Your Labour' which was a collaborative activity of Astra Pharmaceuticals and the College.

Skills Laboratories

Council supported the principle of cooperative development of Joint Skills Laboratories with other Colleges.

Interpretation of Single Institution

Following the College statement that no more than four of the five years of vocational training at one hospital will be recognised towards Fellowship, Council further defined that this resolution does not mean a rotational training program with appropriate rotation to different hospitals. It means one hospital/institution.

Confidentiality Statements

All Councillors, members of Regional Committees, staff, examiners, hospital reviewers, members of Research Committees and others involved in College activities will be required to complete a confidentiality statement with respect to information relating to hospitals, trainees and Fellows of the College.

In-training Assessments – Personal Development Reviews

Legal advice has been received that the College in-training assessments and forms must be maintained on a confidential basis. This information must be retained within the College on a confidential basis, but the documents may be shared between College officers and agents, including Supervisors of Training despite this falling outside the definition of 'inside the College'. Clearly, this information must not go to outside bodies, such as hospitals and universities, for the purposes of personal development reviews.

Primary Examiners Workshop

Council agreed to a workshop for Primary Examiners to proceed in association with the Primary Examination in September 1998 and that Associate Professor David Powis from the Faculty of Medicine and Health Sciences, University of Newcastle, facilitate such a workshop.

ELECTION OF OFFICE BEARERS AND COMMITTEES FOR 1998/1999

A list of Officers and Committees for 1998/1999 is published elsewhere in this *Bulletin*.

SPECIALIST QUALIFICATION IN PAIN MEDICINE

Fellows will be aware that ANZCA has been discussing the need to appropriately develop the role of ANZCA Fellows in the field of Pain Management. As an initial response to the obvious need for a professionally organised training program, ANZCA Council approved the commencement of a 'Certificate in Pain Management' at the beginning of 1996. Requirements for the Certificate are:

1. One year of training in an ANZCA-approved multidisciplinary Pain Management Centre.
2. Approval of a log book of a requisite number of patients in the categories acute, chronic and cancer pain.
3. Presentation of a satisfactory 'treatise' describing and discussing four patients (1 acute, 1 cancer, 2 chronic pain) as described in ANZCA Policy Document TE15. Guidelines for Trainees and Departments seeking College approval of parts for the Certificate in Pain Management.

To date, ANZCA has approved Pain Centres on the basis of a set of criteria in Policy Document P25 'Requirements for Multidisciplinary Pain Management Centres offering the Certificate in Pain Management'. Currently eight centres are approved in Australia and New Zealand, with a total of 12 training positions. At this time, eight candidates have been approved for award of the Certificate in Pain Management.

During discussions by ANZCA Council in 1995, it was recognised that the Certificate would be an interim measure and Council in 1996 agreed to proceed to development of a specialist qualification which at that time was referred to as a 'Pain Diploma'. The ANZCA Pain Management Committee was given responsibility for developing the Pain Diploma and it was agreed that this should be in keeping with the multidisciplinary nature of this field. Accordingly, the President of ANZCA wrote to the Presidents of medical specialties involved in Pain Management, namely: The Royal Australasian College of Physicians, the Royal Australasian College of Surgeons, The Royal Australian and New Zealand College of Psychiatrists, the Australasian Faculty of Rehabilitation Medicine of the Royal Australasian College of Physicians. The Presidents of the foregoing Colleges/Faculty were invited to nominate representatives to join a 'Joint Advisory Committee on Pain Management' (JACPM), to be chaired by the Chairman of ANZCA Pain Management Committee, Professor Michael Cousins, and also comprising five representatives drawn from the ANZCA Pain Management Committee and ANZCA Council.

ANZCA members of the JACPM include current and past office bearers of the Australian and New Zealand Pain Societies. Both of these key bodies have been kept well informed and input has been requested on all matters pertinent to this development. The JACPM has now met on 12 March 1998 and 10 June 1998, with extremely harmonious and productive outcomes of both meetings. Agreement has now been reached on:

- A core curriculum
- Broad principles of a training program
- Format of an examination
- Criteria for election of foundation 'Pain Specialists'
- Time scale for holding an initial examination

ANZCA now has 2½ years experience with a good deal of the proposed ingredients of the mooted specialist qualification in Pain Management via its 'Certificate'. This experience will be useful in the build up to the new qualification.

At the JACPM meeting on 10 June, representatives unanimously expressed the view that there should be a **single** training program, inspection process, examination and qualification. At the time of the meeting, ANZCA also received input from all participating specialist bodies that it was their wish that ANZCA act as the 'home' for the Pain Medicine qualification. All of this would be overseen by the JACPM, with strong oversight of all aspects by the participating Colleges and Faculty and involvement of all participants in inspections, examinations, etc.

This agreement of five specialist bodies to cooperate closely in training, examinations and certification, represents a unique development in medical specialties in Australia and New Zealand.

It is a considerable compliment to ANZCA, and a recognition of the leading role of ANZCA pain specialists, that our College has been asked to award the specialist qualification in Pain Management. The JACPM has made two important recommendations at its June 10 meeting:

1. That the terminology 'Pain Medicine' replace 'Pain Management'. This is based upon the following:
 - a. The JACPM represents specialist medical colleges
 - b. Medically qualified specialists in Pain Centres practise 'Pain Medicine' including prescribing and other activities which are not available to other staff broadly involved in 'Pain Management'.

- c. Other staff in Pain Centres such as clinical psychologists, physiotherapists and nurses would not necessarily view ANZCA as appropriate to oversee their training and accreditation.
- d. The terminology 'Pain Medicine' is uniformly used internationally (eg American Academy of Pain Medicine; Pain Medicine in the American Society of Regional Anaesthesia) and by the Australian Pain Society.

'Pain Management' may imply to 'non-procedural' Colleges an emphasis only on the technical skills possessed by anaesthetists. Pain Medicine is a broader term that is more appropriate for multidisciplinary specialist medical practice.

That specialists from participating Colleges who undergo an agreed training program and pass the proposed examination, should be awarded an appropriate specialist qualification.

In subsequent discussion it has been unanimously agreed:

1. That a Faculty of Pain Medicine should be formed within ANZCA.
2. That the sole specialist qualification in pain medicine be a Fellowship of the Faculty of Pain Medicine in ANZCA.

At the ANZCA Council meeting of 12 June 1998, it was agreed in principle to proceed with the formation of a Faculty of Pain

Medicine. It is envisaged that the Faculty of Pain Medicine would operate within ANZCA with similarities to the Faculty of Intensive Care. Importantly, possession of the Fellowship of Pain Medicine, ANZCA, would qualify the holder only to practise as a Pain Specialist, not as a specialist anaesthetist. All candidates for this Pain Fellowship would have already qualified as a specialist in their own base specialty, eg Medicine, Surgery, Psychiatry, Rehabilitation Medicine.

The next steps are:

1. Advertisements for appointment of Foundation Diplomates in late 1998 and early 1999. The criteria for election to Fellowship have been developed by the JACPM and aim to elect senior individuals to act as examiners. The criteria will be as per ANZCA Policy Document P25.
2. The first examination will take place in November 1999.
3. Advertisements for expressions of interest for possible examiners will be placed in late 1998, with a closing date for applications of February 28, 1999.
4. It is anticipated that Foundation Fellows will be appointed by the College Council following the establishment of the Faculty.

MICHAEL COUSINS
Chairman – ANZCA Pain Medicine Committee

CHANGES AT ROYAL ALEXANDRA HOSPITAL FOR CHILDREN

JOHN OVERTON RETIRES AS DIRECTOR

In May this year, Associate Professor John Overton retired as Director of Anaesthesia at the Royal Alexandra Hospital for Children (now the New Children's Hospital), Sydney.

John first worked at the hospital as a registrar in 1968, becoming a staff specialist in 1970. He succeeded Dr George Lomaz as Director in 1978.

During his 20 years as Director, John made many contributions to paediatric anaesthesia and founded a well structured department with an international reputation. John was intimately involved in the development of paediatric cardiopulmonary bypass and cardiac anaesthesia, as well as the development of the Intensive Care Unit and also the home ventilation program. His roles were however, not just confined to anaesthesia and the operating theatres, and he continued to play a large role in the administration of the hospital, becoming Deputy Director of Medical Services, and subsequently Director of Clinical Services.

He has made enormous contributions in other areas including being an examiner for the Faculty of Anaesthetics, RACS, serving on the Editorial Board of Anaesthesia and Intensive Care, Senior Medical Advisor to the NSW Ambulance Service, a member of the Australian Resuscitation Council, and serving on committees of the NSW Medical Board.

One of John's great interests has been the armed forces and he was consultant in anaesthesia to the Royal Australian Navy and the Army, becoming Colonel RAAMC, and Consultant in Anaesthesia to the Surgeon General, Australian Defence Forces.

In 1991, John was made Clinical Associate Professor of Paediatric Anaesthesia within the University of Sydney in recognition of his contributions to paediatric anaesthesia.

Some highlights of developments within the Department have included the paediatric anaesthesia component of the National Liver Transplant Unit in 1986, the Vincent Fairfax Pain Unit in 1990, and the Ulco Fellowship which sponsors a paediatric anaesthetist from a developing country to work in the department for six months.



John coordinated and oversaw the transition and expansion of the department from Camperdown to the hospital's new site at Westmead in November 1995, resulting in a much larger department with 13 staff anaesthetists, 5 VMOs, 4 Fellows and 14 registrars rotating for six months.

Those who know John well will realise that he is not a person to take it easy. He will continue his usual clinical anaesthetic commitments, as well as being the Deputy Executive Director of the hospital. He has also become the Director of Clinical Outreach which involves liaising with other hospitals and health care units about appropriate paediatric services within the state of New South Wales.

John Overton's successor is Dr John Keneally, who will now be the Head, Department of Anaesthetics.

MICHAEL G. COOPER

FELLOWSHIP PROFILE –

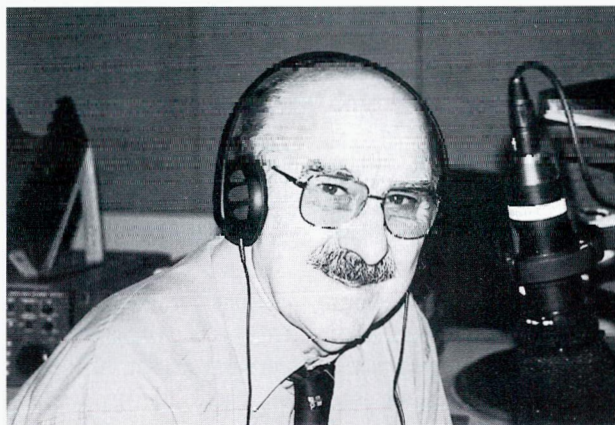
GEORGE M BOFFA

George Boffa was born in Malta in 1933 to a medical family, which included an uncle, Sir Paul Boffa, a post-war Prime Minister of Malta. George graduated initially in Pharmacy and then Medicine from the Royal University of Malta. He went on to achieve a Diploma of Anaesthesia through the World Health Organisation scheme based in Denmark in 1967, and subsequently gained Fellowships of the Faculty of Anaesthetists RCS in both England and Ireland. After practising as a specialist anaesthetist for several years in Malta, George, his wife Laura and their four children migrated to Australia in 1977 due to what he describes as prevalent 'medico-political conflicts' (who's a stranger to these?) in Malta. After settling in Sydney, he achieved Fellowship of the Faculty of Anaesthetists RACS in 1982 and then Fellowship of ANZCA on its establishment in 1992. He was Director of Anaesthesia and Intensive Care of the now closed Lewisham Hospital in inner western Sydney for many years and is currently a VMO at Concord Hospital, Sydney Hospital and several local private hospitals, as well as holding an academic appointment in anaesthesia at the University of Sydney.

So much for George's interesting medical career summarised but very briefly. George is deeply devoted to the Maltese community in Sydney, indeed that of Australia. In late 1978, he commenced an incredible career with SBS Radio as an appointed 'Community Health Educator' for the NSW Health Commission. At SBS Radio, which is broadcast nationally, he has given weekly talks (now numbering almost 800 in all – c.f. Alistair Cooke, John Cargher!) on many medical topics, all delivered in his native tongue and directed, of course, towards improved health of the Maltese community.

George Boffa's SBS medical talks have now run for almost twenty years and have covered a wide variety of community health issues, including of course his own special interests of anaesthesia, intensive care and pain management. The Maltese community was well briefed on such topics as the 1996 World Congress of Anaesthesiologists and the annual National Anaesthesia Days. George certainly predated the more recent public campaigns of both ANZCA and the ASA to improve the status of our specialties by quietly and modestly using his media talents in a significant section of our community.

When George commenced his SBS broadcasts in 1978, he had no formal training or established standards to follow but he



was obviously a 'natural' for the task, as judged by his success. He has also subsequently presented hour-long programmes, conducted interviews with visiting Maltese public figures, and participated in talkback sessions and other special programmes (e.g. Australia Day, Christmas Day). His contributions to SBS Radio have all been voluntary and any 'remuneration' (\$30 per talk) is minuscule considering the required studio time, travel and particularly research and preparation.

George Boffa is an extremely modest man with an enthusiasm to achieve improvements in many aspects of our society. He has strong personal religious and moral beliefs and equally strongly believes in the right to express one's views. On graduating recently from a course undertaken in medical ethics, he typified his broad and liberal perspective in commenting that the course 'widened my horizons in understanding the views of those with whom I do not agree'.

Finally, and perhaps not surprisingly, George Boffa has contributed to many other community projects and organisations outside the medical profession, a list of which he refused to provide. His contribution to awareness of public health issues in the Maltese community in Australia has undeniably been outstanding. It is fitting that George Boffa has recently been honoured with the appropriately and breathtakingly grand title as a Knight of Magistral Grace of the Sovereign Military Hospitaller Order of St John of Rhodes and Malta.

Well done George Boffa and congratulations!

RICHARD G WALSH

GUIDELINES FOR GP ANAESTHETISTS AND SPECIALIST ANAESTHETISTS WORKING TOGETHER IN RURAL/PROVINCIAL SITUATIONS

It is difficult to make hard and fast guidelines to cover all eventualities, as the ratio of GPs to Specialists will vary, as will the medico-political situation in each state. Therefore, some general principles should be applied.

1. There should be agreement between the parties about adequate anaesthetic caseloads for both GPs and special lists, taking in consideration economic realities, as well as the need to retain competence and confidence in practice. Local surgeons and other users of anaesthetic services should be involved in negotiations.
2. There should be agreement between the parties about a suitable on-call roster, taking into consideration the question of 'back-up' in event of major disaster.
3. There should be some agreement between the parties about cover for holidays for both the GPs and the specialists. This may involve locums or internal cover in the town.
4. There should be on-going co-operative CME activity for all anaesthetists in the town. This may be local or involve external activities.
5. In all discussions and negotiations, optimum patient care and patient safety must remain the priority.

DR DAVID MEREFIELD

Chairman, Joint Consultative Committee on Anaesthesia
November 1997

PRIMARY EXAMINATION

MARCH/APRIL 1998

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

The viva examination was held at College Headquarters in Melbourne and at Prince of Wales Hospital, Hong Kong

One hundred and twenty-three (123) candidates presented, seventy-six (76) candidates were invited to present for the oral examination in Melbourne and 12 were invited to present for the oral examination in Hong Kong. Sixty-nine (69) candidates were approved.

Ioana Arhanghelschi	VIC	Anne E Greer	HKG	Attila K Nagy	VIC
Sarah H Armarego	ACT	Timothy B Hadlow	WA	Andrew Needham	NSW
Craig W Birch	QLD	Craig Hargreaves	NSW	David W Nemeth	SA
Matthew L N Bowman	VIC	Stuart M Harrison	NSW	Yin-Wan C Ng	NSW
Catherine M Brooksbank	QLD	Jason R Hollard	NSW	Jo Ann E Pahl	NZ
Laura A Burgoyne	SA	Christopher D Holmes	NSW	Ronald Pang	WA
Andrew M Carll	NZ	Julian M K Hu	NSW	Claus M Poppinghaus	NSW
Janet O L Cheung	NSW	Cameron M Hunt	NSW	Joanne E Ritchie	NZ
Eu-Han Chin	NSW	Nicholas V Ignatenko	NSW	Jonathon M Rothwell	NSW
Gordon Y S Choi	HKG	Simon A Jenkins	SA	Alan B Rouse	NSW
Patrick K Y Chung	NSW	Stephanie L Keel	NZ	Jamie A Smart	VIC
David W Collins	NSW	Lisa S Kenway	NSW	Soh Chai Rick	S'PORE
Kirsten L Cunningham	NZ	Alison M Kirkman	NZ	Francois H Stapelberg	NZ
Alicia T Dennis	VIC	Jason W M Koh	NSW	Timothy S Strong	SA
Steven Dimadis	ACT	Lai Kin Wah	HKG	Simon J Tame	NSW
Kathryn M Doherty	NSW	Jennifer S Lain	NSW	Deral Tanil	VIC
Peter S Doran	NZ	Cheuk S Law	HKG	Andrew M Tymms	VIC
Anthony Fisher	SA	Lee Mun Kam Bernard	S'PORE	Andrew G Usher	NZ
Christopher G Flynn	QLD	Stephen J Lightfoot	NSW	Petrus J DuP Vermeulen	NZ
Sai C Fong	QLD	Huey S Lim	HKG	Carlo Vernier	NSW
Vincent V Fong	NZ	David K Linscott	NZ	Darren L Wolfers	NSW
Alan J Goodey	NZ	Matthew I R McGill	NZ	Jason P Woodrow	NZ
Hamish D Gray	NZ	David W McLeod	NSW	Sow N Yeo	S'PORE

FINAL FELLOWSHIP EXAMINATION

APRIL/MAY 1998

The Written Examination was conducted in all capital cities in Australia, Auckland, Christchurch, Hamilton, Wellington, Hong Kong, Kuala Lumpur and Singapore.

The Viva Voce Examination was held at College Headquarters and the clinical examination at the Alfred Hospital, Melbourne.

One hundred (100) candidates presented in Melbourne and Seventy-four (74) were approved.

Thomas M Allen	WA	Gaylene C Heard	VIC	Husain S Nazir	WA
Ian C Banks	UK	Brien Hennessy	VIC	Susan J O'Regan	NSW
Pauline A Booth	NZ	Jeffrey K James	QLD	Michael J A Parr	NSW
Stuart M Bottrell	NSW	Don F C Jayamaha	VIC	Hugh C R Platt	VIC
Andrew W Bowie	SA	Christopher P Jones	NSW	Stephen N Prineas	NSW
Timothy P Brownridge	SA	Charlotte E Jorgensen	WA	Pathmanathan Ranjan	VIC
Guy R Buchanan	NSW	Michael H Jungmann	NSW	Anselm S Rao	M'SIA
Anthony C Burke	SA	Christopher P H Kalinowski	NZ	Keith Rees	VIC
Ferdinand T F Chan	HKG	Steven G Katz	QLD	Mark D S Reeves	VIC
Jonathan P Clarke	SA	Susan J Kelly	NZ	Jonathan M Riley	NSW
Julia V Clarke	VIC	John S N Keys	QLD	Andrew L Rodbert	QLD
Bernard J Creati	VIC	Michael D Kirton	VIC	Daniel D Rubens	NSW
Mark R Daley	NSW	Alex H Konstantatos	VIC	Martin N Schuitemaker	NZ
A Sion Davies	VIC	H Harry Koumoukelis	NSW	Peter H Scott	QLD
Ann C Duffield	NSW	Ajay Kumar	NSW	N Soon Tak Che	HKG
John G Ellingham	NSW	Kwok Wing Hong	HKG	William A L Soong	QLD
David J Evans	SA	Cindy S Y Lai	VIC	Rodney J Strykowski	NSW
John E Foy	NZ	Mei S M Lee	NSW	Karlo A Testen	VIC
Antony Ganendran	SA	Barry S L Lim	WA	Hugh M Thomas	TAS
W Mark Garrett	QLD	Gregory J Lumsden	WA	Adam P Tucker	VIC
Michael J Gillham	NZ	Gabriel C Mar Fan	QLD	Sean D Wells	QLD
Robert P Grauer	VIC	Gerard A Meijer	QLD	Daryl L Williams	VIC
Alistair J Gray	NZ	Teresa E Meyer	WA	Michael D Wilson	NSW
Paul D Gray	QLD	Gregory P Morris	NSW	Norma S Yousif	VIC
Steven C Hams	VIC	Steven A R Myles	WA		

ASM GOLF

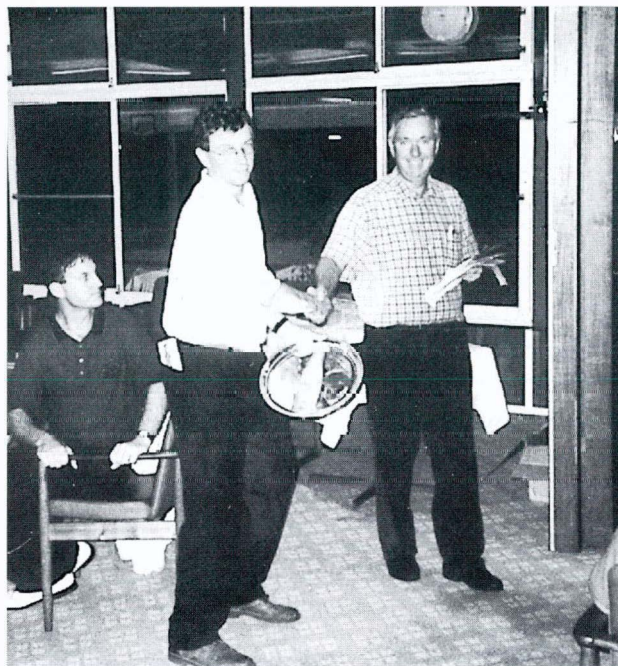
Despite the best efforts, occasional prayers and mutterings about 'misinformed weathermen not knowing el Nino from el Macpherson' within the organising committee, the annual contest for the 'prestigious' ANZCA golf trophy was held in conditions best described as testing.

The field checked their wellies and waders and teed off at the first hole of the par 72 championship course at Royal Newcastle Golf Club on the afternoon of Monday 4 May.

Greg Norman may have something to worry about if Queensland Michael Barrowcliffe ever succumbs to an urge to swap professions; he not only took out the singles par event, but also led the field home in the 4BBB.

Runners up in the four ball better ball were New South Wales' Michael Dowling and Victorian David Hoyle, who appeared to find comfort in the familiarity of the prevailing conditions, as did compatriot Tony Sutherland, runner up in the singles.

The success of the competition proved the adage that golfers are a hardy lot; the planned water sport, a sailing regatta, was cancelled because of inclement weather . . . Chief scorekeeper for the event, Martyn Westerman, believes none



of the results are questionable, particularly as the saturated cards were beyond redemption, let alone scrutiny after the event.

THE ANAESTHESIA, INTENSIVE CARE AND PAIN MEDICINE FOUNDATION

CONSTITUTION – JUNE 1998

NAME

The name of the Foundation is 'The Anaesthesia, Intensive Care and Pain Medicine Foundation'.

The Foundation will be managed by 'The Board of The Anaesthesia, Intensive Care and Pain Medicine Foundation'.

OBJECTIVES

1. To promote and nurture academic and clinical research in the sciences of anaesthesia, intensive care and pain medicine and related clinical fields.
2. To provide major funding from the Foundation for scientific research into the sciences of anaesthesia, intensive care, pain medicine and related clinical fields.
3. To raise funds for the Foundation from:
 - Practising professionals in anaesthesia, intensive care, pain medicine and related clinical areas and from their representative bodies
 - The medical profession as a whole and from its representative bodies
 - The commercial health care industry as related to anaesthesia, intensive care medicine, pain medicine and related clinical areas
 - The general community
 - Other such sources as may be relevant
4. To manage the financial assets of the Foundation by investment and other means in order to increase the value of such assets.

RESPONSIBILITIES AND STRUCTURE

1. The Board will at all times be responsible to the Council of the College.
2. Membership of the Board will be appointed by the Council and will be the following:
 - Two Councillors of the College
 - The Honorary Treasurer of the College (not one of the above Councillors)
 - Two other Fellows of the College
 - One Member of the Board of the Faculty of Intensive Care
 - One nominee each of the ASA and the NZSA
 - Up to four members of the general community, which may include Fellows of the College, nominated for their expertise and interest in furthering the objectives of the Foundation

Each Board member shall be appointed for a term of three years, excepting those who cease to hold their office (eg Councillor, FIC Board Member) during their term, and will be eligible for reappointment for up to a total of twelve years.

The Board shall elect from its members a Chairman who shall have a term of three years and will be eligible for re-election as Chairman for up to a total of six years.

3. The Board shall meet at least annually and more regularly as required. It shall:
 - Consider all activities instituted towards achieving the Objectives
 - Make recommendations to the College Council for approval and action
 - Make minutes of all Board meetings, copies of which shall be forwarded to the College Council
4. The Board shall receive funds from all sources as stated in the Objectives. Such funds shall be deposited in the specific Foundation account held by the College. The Foundation account shall be managed by the College Finance Department which shall invest funds in line with College policy to increase the monetary value of the Foundation.
5. The Board shall allocate funds from the Foundation annually for the awarding of research grants and fellowships. This annual amount will be budgeted two years in advance and will be recommended to the College Council for approval when all other College budgets are considered. The Board shall not be involved in determining recipients of College research grants and fellowships, a role which will remain with the College Council on recommendations from the College Research Committee.
6. The Board shall produce an Annual Report on all activities instituted towards achieving the Objectives of the Foundation. The report shall:
 - Acknowledge all donations to the Foundation
 - Include full annual financial statements of the Foundation
 - Be distributed, on approval by the College Council, to all Fellows, College Trainees, donors to the Foundation, and other interested parties.

WOMEN AND ANAESTHESIA

Introduction

Women comprise a significant proportion of the anaesthesia and intensive care workforce:

- 17% (471) of ANZCA Fellows (and a similar proportion of ASA members) are women.
- 32% of current trainees are women

Although approximately 50% of medical students are women, they are less likely to choose the specialist training option after qualification; nonetheless, it is likely that there will be an increase in the proportion of women anaesthetists and intensivists as the 50% cohort of women progressively joins the medical workforce.

This feminisation of the medical and anaesthetic workforce has implications not only for relatively gender-specific problems such as the need for part-time training or work to accommodate domestic commitments (especially the care of small children), but also to encourage representation of this increasing sector of Fellows on Regional Committees and College Council.

AUSTRALIAN AND NEW ZEALAND STATISTICS^(1,2)

- Two thirds of women anaesthetists have children; in most cases they are the prime care givers
- One third of women anaesthetists (at any time) are working part time in the profession, usually due to domestic commitments.
- The part time (flexible) training is currently utilised as an option by nine trainees (one male and eight female).
- Many women put off childbearing during training – at least until the Provisional Fellowship Year – by which time they are usually over 30.
- One third of women anaesthetists are single.
- 49% of women have served on professional committees (cf 66% of men). Of those women who had not served, 80% had not been approached to do so. Female representatives comprise about 14% of Regional Committee and Council members.

PROFESSIONAL ISSUES

Training

The training years for specialisation are particularly stressful, especially for women with domestic commitments.

Many comments testify to this. Some women trainees working part time have been made to feel less 'valuable'⁽¹⁾. The ticking of the biological clock – the real possibility that by delaying childbearing a woman may jeopardise her ability to have children – can be an added stress.

ATTITUDES AND IMAGE

Negative attitudes to women in the profession have been documented⁽¹⁾; these add to the problems already experienced by women bearing the load of the majority of domestic duties in the family. The image of the anaesthetist in the public's perception ('is he/she a doctor?') can be even more nebulous for women ('she must be a nurse')⁽¹⁾.

The following quote summarises the societal and personal attitudes that many professional women have experienced in the course of their careers. (Men can also be hampered by traditional attitudes – their own and those of others!)

'We have come to understand the extent to which male cognitive and achievement styles have structured socialisation, teaching and rewards and have contributed to women's feelings of being at odds, being second best and not being truly 'right'. Such feelings clearly affect personal comfort, self esteem and relationships'.⁽³⁾

PART TIME WORK

There is a perception that part time work is less 'valuable' than full time⁽¹⁾. The woman with domestic commitments who works part time is a no less valuable contributor to the profession than her (male) colleague working full time. Rosters and after hours calls (sometimes contentious issues⁽¹⁾) must cater for the needs of both the individual (male or female) and the service provision necessary.

COMMITTEES

Without official 'affirmative action', there has been a pleasing increase in the number of women on ANZCA regional committees and ASA state committees in recent years. This has been in part due to the active encouragement of women by some senior anaesthetists. In some cases, an encouraging word from a senior colleague has been all that is necessary for a woman to put herself forward for election. This trend must be encouraged and continued. The attitude that there should be a 'token' woman in such groups is not helpful. Women often have a different approach to problems; their style may be quite different to that of male committee members, but their

contributions are equally valuable. (Chairman to only woman on the committee: 'That's an excellent suggestion, Miss Smith – perhaps you could get one of the men to make it' – admittedly a cartoon quip, but an attitude experienced by some). They may be more susceptible to real or implied criticism. In addition, many women (and men) simply do not have the extra time necessary to contribute in this way⁽¹⁾.

CAREER PATHS

Career advancement is often delayed or postponed by bearing and raising children. 'Catching up' may be difficult, not only because of temporal delays, but because some practitioners lose confidence after years away from full time work. This loss of confidence can be compounded by the inevitable professional isolation incurred during time spent away from full time practice.

WHAT CAN WE DO?

1. Positively encourage potential trainees (both women and men) to pursue anaesthesia and/or intensive care as a career; discuss the implications of training on personal life; find appropriate mentors for support and guidance.
2. Examine in more detail the barriers to specialisation for women.
3. Encourage senior anaesthetists and intensivists, both male and female, to be role models to women and as well as men.
4. There are a few well known female role models in the profession – their number will increase slowly. ALL senior Fellows must work at humanising the profession by recognising, discussing, and understanding the domestic commitments of their younger anaesthetists, especially women (1).
5. Encourage trainees to explore the part-time training option.
6. Encourage hospitals to facilitate part-time training arrangements.
7. Encourage departments and employers to construct fatigue-avoiding rosters (beneficial to both young and old, men and women).
8. Encourage women to participate in professional committees. Affirmative action is not a very palatable option in a meritocracy, but steps to encourage women to hold office should be taken. The opinion of women should be sought in mounting such a campaign.
9. Recognise the professional and personal isolation that some single women anaesthetists experience.
10. Recognise the need for women with domestic commitments to adopt a different professional lifestyle, especially during the time when their children are young.
11. Recognise that the careers of women who have fewer domestic commitments can be delayed compared with those of men.
12. Encourage older women who have fewer domestic commitments to develop their careers and to make continuing contribution to the profession.

Any feedback on these issues would be welcomed.

Diana Strange Khursandi

email dcsk@petrie.starway.net.au

Moira Westmore

email westmore@cyllene.uwa.edu.au

References

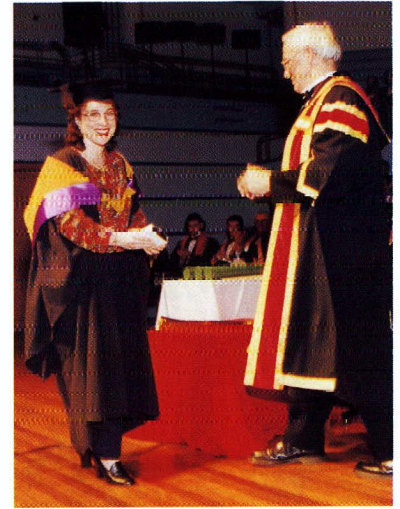
1. 'Unpacking the Burden' – Gender issues in Anaesthesia. A report on the Australian Society of Anaesthetists' survey, 'Does gender affect the pursuit of a career in anaesthesia?', DSC Khursandi, Anaesthesia and Intensive Care, February 1998.
2. ANZCA database.
3. 'Medical Marriages', edited by Gabbard & Menninger.



Thanking Professor Michael Cousins (right) for the donation of a copy of the fourth edition of *Neural Blockade in clinical anaesthesia and management of pain* is former College President, Professor Garry Phillips.



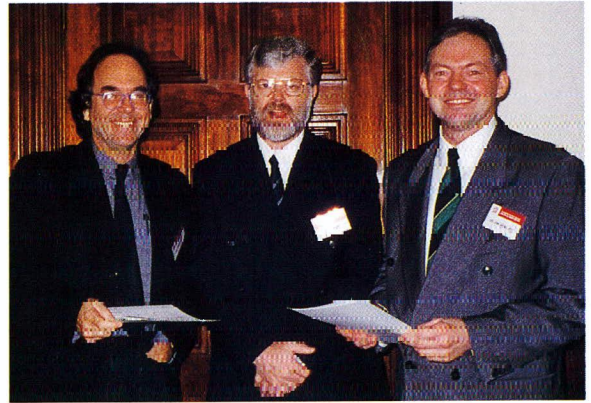
Renton Prize winner for the period ended 31 December 1997, Dr David Lardner (NZ) is presented with his medal by College President, Professor Garry Phillips during the Newcastle ASM.



Cecil Gray Prize winner for the half year ended 31 December 1997, Dr Catherine Downs (NSW) is presented with her medal. Dr Downs received the Renton Prize in 1995.



Court of Examiners, Primary Examination, May 1998. (L-R) Drs Jim Bradley, Peter Lillie, Rob Eyres, Neil Warwick, Tony Quail (Chairman), Bart McKenzie, Matthew Crawford, Jo Sutherland and Mark Langley.



Retiring Examiners, Drs Rob Eyres (left) and Jim Bradley (right) being acknowledged by Chairman of Examinations, Dr Tony Quail.



Court of Examiners, Final Examination, May 1998. (L-R) Drs Andrew Pybus, Craig Johnston, Brian Trainer, Michele Joseph, Pat See, Tim Costello, John Madden, Ed Loughman (Chairman), David Jones, David Scott, Phillipa Hore, Craig Morgan, Leona Wilson, Peter Dawson, Peter Gibson (obscured), Kersi Taraporewalla, Peter Peres, Maggie Bailey, Geoff Mullins, Pam Macintyre and Penny Briscoe.

NH&MRC CENTRE OF CLINICAL EXCELLENCE IN HOSPITAL BASED RESEARCH

Early in 1997, the NH&MRC announced that it would be initiating a small number of new awards, similar to the existing **program grants**. Such grants support research groups who have already achieved a substantial track record in obtaining NH&MRC research project grants over a number of years and have achieved productivity and a high level of international competitiveness. The new **Centre grants** would be aimed at research located within hospitals. Such research could include a combination of basic and clinical research but should also provide opportunities for clinician researchers to undergo research training leading to a research higher degree. Over 120 applications were received from research centres around Australia. This was pared down to a short list of the order of 20 applicants, who were then asked to submit a more detailed application for further consideration.

The **Centre for Anaesthesia and Pain Management Research (CAPMR)** of the University of Sydney and Royal North Shore Hospital was short listed in mid 1997, and late in 1997 it was announced that the Centre was one of only eight centres nationally to be awarded a 'Centre of Excellence' grant of \$540,000 over three years. This was the first time in the history of the specialty of anaesthesia and pain management that a research group, spanning basic and clinical research, had received funding for a broad range of programs. It was also particularly pleasing to see the specialty recognised amongst only a very small number of centres of excellence across the entire range of medical specialties. **The Principle Investigators** in the centre grant were Prof Michael Cousins (Anaesthesia and Pain Management), Prof Laurie Mather (Anaesthesia and Pain Pharmacology), Prof Ross Harris (Clinical Psychology), Prof Arthur Duggan (Pharmacology/Physiology/Basic Pain Research), Assoc Prof Ian Power (Anaesthesia and Clinical Acute Pain Research), Prof Richard Bandler (Anatomy and Basic Pain Research), Dr Michael Nicholas (Clinical Psychology). Associate investigators were Dr Aiden McElduff (Endocrinology), Dr Deborah White (Basic Pain Research), Professor Stephen Leeder (Public Health and Epidemiology), Dr Lyn March (Rheumatology and Epidemiology). Three major themes of research will be supported by the Centre Grant, namely:

- i Basic and applied research in the fields of 'pain, injury and shock': neural mechanisms and treatments;
- ii Clinical Research and Developments in acute, chronic and cancer pain;
- iii Educational Research, Training and Evaluation including medical simulation of anaesthesia/life support and pain management.

(I) Basic and Applied Research in the field of 'Pain, Injury and Shock': neural mechanisms and treatments.

Peripheral Nerve Injury and Response

This work will be carried out by Professors Arthur Duggan and Michael Cousins in collaboration with Dr Deborah White. In one series of studies, the morphological changes of injured sensory neurons will be examined, using cultured dorsal root ganglion cells. These studies are examining the sprouting, resulting in 'an abnormal rewiring' of dorsal horn neurons which results in the perception of severe pain in response to a normal touch stimulus. Dr White has recently

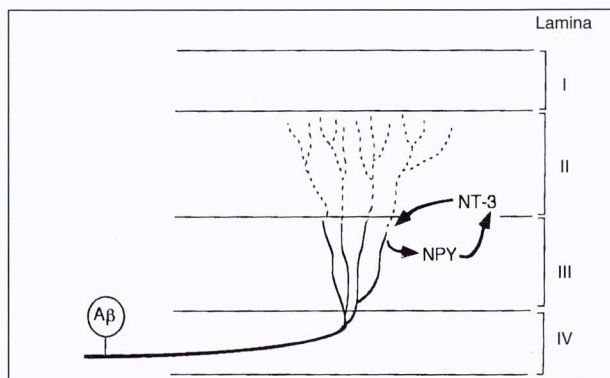


Figure 1— Diagram showing summary of recent results with dorsal root ganglion (DRG) tissue culture and spinal cord slices, investigating outgrowth of A-beta (touch) fibres following nerve injury. Touch fibres are normally restricted to laminae III and IV but after nerve injury they grow into laminae I and II where nociceptive neurons are located. Dr White and colleagues have shown that neuropeptide Y (NPY), and (not shown) vasoactive intestinal polypeptide (VIP), release leads to secondary release of Neurotrophin -3 (NT-3) from spinal canal. NT-3 inactivation, by an intrathecal mini pump infusing antiserum to NT-3 prevents A-beta fibre outgrowth, and prevents hyperalgesia following nerve injury (Brain Res.1997, 750:141-146, Neuroscience, 1998 (in press).

demonstrated that neurite outgrowth is enhanced by certain neuropeptides either acting directly or via a release of neurotrophic factors in the spinal cord (fig. 1). An important advance has been the finding that neurotrophin 3 plays a critical role in stimulating A-beta fibres to sprout into the more superficial laminae of the dorsal horn where these 'normal touch fibres' are able to make contact with neurons that usually only subserve nociceptive impulses. This explains why patients with severe nerve damage experience severe pain upon touching the skin. (White DM. Intrathecal neuropeptide Y exacerbates nerve injury induced mechanical hyperalgesia. *Brain Res.* 1997, 750:141-146. White DM. Contribution of neurotrophin-3 to the neuropeptide Y-induced increase in neurite outgrowth of rat dorsal root ganglion cells. *Neuroscience*, 1998, 86:257-263). Further studies will seek pharmacological agents that attenuate the biological activity of neuropeptides and neurotrophic factors; this may ultimately open up important new treatments for neuropathic pain.

A further area examines the contribution of calcium to nerve injury induced hyperalgesia. Recent studies by Dr White and colleagues have demonstrated that an increase in ionised calcium at the site of injury may also contribute to neuropathic pain. In an initial study, subcutaneous administration in an area of nerve injury induced hyperalgesia, of an agent that blocked voltage dependent calcium channels, produced attenuation of hyperalgesia. This was the first demonstration that peripheral administration of a calcium channel blocker could have analgesic effects (White DM, Cousins MJ. Effect of subcutaneous administration of calcium channel blockers on nerve injury-induced hyperalgesia. *Brain Res.* 1998 in press). Further studies will examine the safety and efficacy of various calcium channel blocking drugs as potential peripheral analgesics in neuropathic pain.

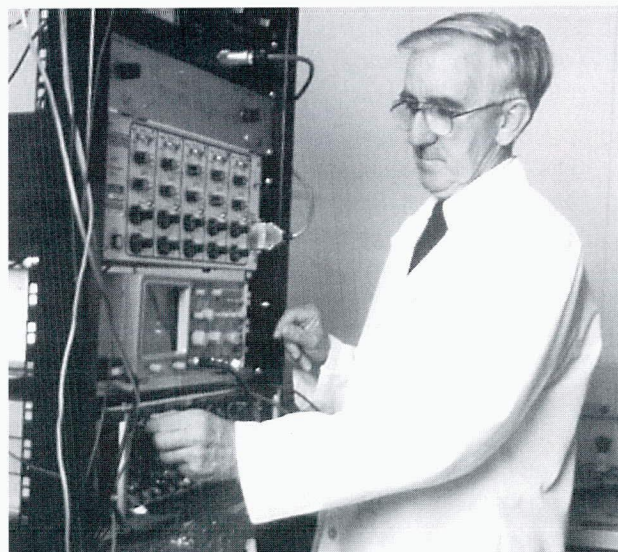
Development of selective local anaesthetic Suspensions of long duration.

Current studies focus on a suspension of the local anaesthetic butyl amino benzoate (butamben). Basic studies in a rat model of hyperalgesia have demonstrated a dose response relationship for epidural administration of butamben and reduction of nerve injury induced hyperalgesia. This analgesic effect appears to be 'selective' in that motor impairment does not occur and bladder/bowel function is maintained. Further studies are evaluating preparations of different particle size and different drug concentrations, in order to optimise onset

time and duration of analgesic affect, with the aim of developing this method for the treatment of cancer pain.

Spinal cord injury and pain

This work is being carried out by Dr Philip Siddall and Dr Kevin Keay together with Professors M Cousins and A Duggan, in collaboration with the spinal injuries unit. Using Professor Duggan's electrophysiological expertise, it has been determined that there is a marked increase in neuronal activity above the level of the spinal lesion. In order to determine whether these abnormally active neurons project rostrally to the thalamus (and thereby contribute to abnormal thalamic activation) experiments are in progress to examine the co-expression of the immediate early gene *c-fos* in the spinal cord, with retrogradely transported neuronal tracers after stereotactic thalamic injection. In order to determine whether increased spinal neuronal activation is associated with altered GABAergic inhibitory interneuronal function, *c-fos* expression in the spinal cord will be co-localised with GABA and GAD65/GAD67 immunoreactivity. These studies will be performed by Dr K Keay and Dr J. Fleming using *in situ* hybridisation techniques. Professor Duggan will make a major contribution in these studies with important new methodologies that he has brought to the research group;



*Professor Arthur Duggan MBBS MD PhD FRS(Edin) and the electrophysiological apparatus used to administer minute amounts of drugs near single nerve cells of the brain and spinal cord and to record the effects on nerve function. This is part of a project investigating pain following spinal cord injury. Prof Duggan will also be using his antibody microprobe to measure transmitter release *in situ* in spinal cord. Some refs to prior and current work: *Nature* 1976, 264:456-458. *Brain Res* 1987, 403: 345-349. *Brain Res* 1996, 710:131-142.*

- a) The use of electrophysiological measurements, in combination with multi-barrelled micro pipettes which permit the administration of drugs near single nerve cells and then recording of nerve cell activity (Fig.2). This will permit the investigation of the role of reduced inhibition with respect to the pain which may follow spinal injury. Two types of inhibition will be investigated: (i) descending inhibition from brain to spinal cord that controls what sensory information is transmitted to the brain, and (ii) local inhibition acting locally in the spinal cord in processing sensory information.
- b) Professor Duggan's 'antibody microprobe' will be used to make direct measurements of the release of neurotransmitters and neuromodulators in the spinal cord dorsal horn. This will permit the group to establish the roles of growth factors and of neuropeptides acting in the spinal cord following nerve damage.

Pain, Injury and Shock: Role of the Brain and Brain Stem Mechanisms

This is a programme of Professors Richard Bandler and Arthur Duggan, Dr Kevin Keay and Dr. Julia Fleming. It also involves a young ANZCA Fellow Dr Haimee Kim who is enrolled in a PhD. Professor Bandler's group has established that haemodynamic response to injury, pain and progressive blood loss has two distinct phases:

- i) An initial compensatory (sympathoexcitatory) phase which supports arterial pressure in the face of falling cardiac output and
- ii) if blood loss reaches a critical level, a decompensatory phase characterised by a sudden sympatho-inhibition and a sudden and dramatic fall in arterial pressure. Recent studies suggest that deep nociceptive afferents provide critical signals that trigger the decompensatory response. Initial data also indicate an interesting and unexpected role for opiates in the vIPAG in initiating the cardiodepressor response.

Functional Brain Mapping will be used to identify the location, function and anatomical connections of upper brain stem regions integrating behavioural and cardiovascular reactions to deep pain, as well as a specific brain region, the ventrolateral midbrain periaqueductal gray (vlPAG), that mediate a shock like reaction. To identify anatomical connections and neurochemistry of the specific populations of neurons activated by deep pain, the c-fos methodology will be used to identify cells activated by nociceptive stimuli, in combination with retrograde tracing, and in-situ hybridisation or immuno-histochemical techniques.

Also, inhibitory cells and receptors for GABA and opiates will be identified using immunohistochemical techniques.

Functional Magnetic Resonance Imaging (fMRI) of Brain Regions

Up to the present time, these studies have been carried out in collaboration with the Centre for Health Sciences UCLA, USA. This methodology is used to visualise brain areas activated as the dynamic response to a simulated haemorrhage (lower body negative pressure). In the near future, the Centre for Magnetic Resonance Imaging at RNSH will be utilised as a collaborating centre. This centre, headed by Professor Caroline Mountford was also a recipient of an NHMRC Centre of Excellence Award.

(ii) Clinical Research and Development in acute, chronic and cancer pain;

Analysis of salivary peptides as potential tools in the diagnosis and treatment of orofacial, dental and other pain states. This is an innovative research area involving an oral surgeon, (Dr E R Vickers) who is completing a PhD, and Professor L.E. Mather. Initial studies of salivary peptides using HPLC produced promising evidence of a 'fingerprint profile' of salivary peptides in different pain states.

This led to a collaboration with the Australian Government Analytical Laboratories (AGAL) and the funding of a PhD scholarship for an analytical chemist to further develop this area. A potential side benefit of this project may be the future possibility of testing athletes for drug utilisation by a non invasive method.

Studies of pulmonary administration of systemically active drugs. (Professor L. Mather, Dr E. Ward) A new methodology, using a computer controlled delivery of aerosolised drugs, involves phase I human studies of pharmacokinetics and pharmacodynamics. A wide ranging programme is underway, involving opioid and non opioid drugs as well as larger molecules including insulin.

Improved therapeutic index of stereoisomeric drugs. (Professor L. Mather) This is a broad ranging project, initially using a sheep model and then moving into clinical studies. The aim is to identify pure enantiomers that provide an improved therapeutic index over racemic drugs.

Epidemiology – Health system issues and costs of unmanaged pain

CAPMR has a pain epidemiology group which involves three epidemiologists (Dr F Blyth, Dr L. March and Prof. St Leeder) together with a broad range of Pain Centre

staff. The group will target epidemiological aspects of chronic pain as part of a PhD programme for Dr Blyth. The work involves three linked projects that will provide, for the first time, reliable estimates of the prevalence, disability and health services burden of chronic pain in Australia. The projects have three aims:

- i) To define the problem at population level by determining its prevalence, patterns and associated health services use in a representative population sample and its progression in a prospective community cohort;
- ii) To identify factors associated with sustained good outcomes from multidisciplinary clinic-based intervention in a prospective cohort of chronic pain patients and
- iii) to develop community based interventions for chronic pain from injury using data from i) and ii).

The epidemiology group is also working collaboratively with the NSW Department of Health in a study examining geographical variations in different interventions for chronic low back pain.

Outcomes of Chronic Pain Management. (Dr M. Nicholas, Dr A. Molloy). Dr M Nicholas has developed a large data base of all patients attending for management of chronic pain. Outcomes of treatment are evaluated at time points following the treatment intervention. Included in the evaluation of treatments is the intensive three week cognitive behavioural programme (ADAPT Programme).

Diagnosis and treatment of neuropathic pain. (Dr S. Walker, Dr P. Siddall, Dr A. Molloy, Dr C. Brooker). An initial longitudinal study of the prevalence and nature of pain following spinal cord injury has been completed. A second phase will investigate the response to various different types of neural blockade and systemic drug treatments. Included in this investigation is intrathecal drug delivery of opioid and non opioid drugs. This work has previously been funded on a project basis by the NHMRC.

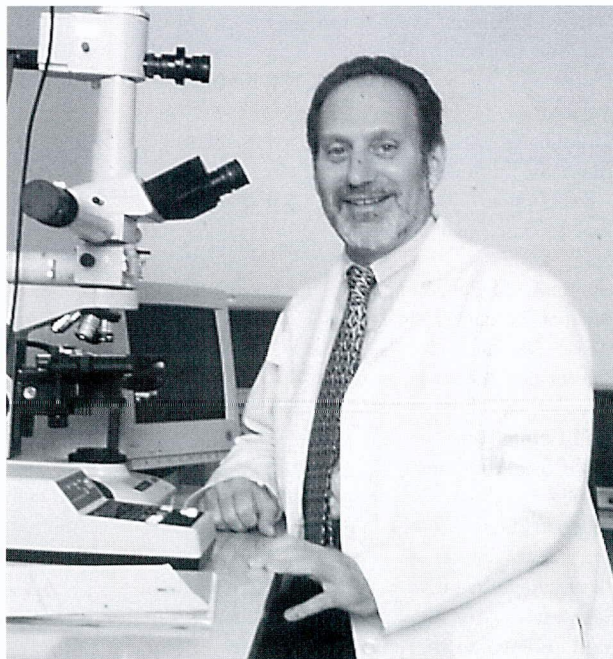
(iii) Educational Research, Training and Evaluation

(Dr R Morris, Professor R Harris, Academic Nurse Isobel Taylor, Professor L Mather, Associate Professor I Power, Dr L Watterson, Dr A. Pybus, Dr S. Montano, Mr J. Begg).

This group is developing simulation methodology for training and evaluation, and in addition is exploring its use as a medical research tool in its own right. The group has developed an innovative simulation of cardio-

pulmonary bypass and are in the process of developing other innovations in medical simulation technology. A major thrust of the educational research will be the development of criteria for the performance of health professionals at different levels utilising simulation methodology. This will be fundamental information in considering the use of simulation methods for evaluation purposes. The Simulation Centre is also exploring the use of simulation methods in creating a realistic simulation of the assessment and treatment process in the patient with chronic non cancer pain.

In **educational innovation**, the Centre's Diploma and Masters Degree in Pain Management was initiated in 1996 and at the end of 1998 the first 26 candidates completed the requirements for the Diploma in Pain Management of the University of Sydney. Approximately half of these individuals have proceeded to a Masters Degree. In January 1998, 28 students enrolled for the Diploma Course and again approximately half of these will proceed to a Masters Degree. The students are drawn from a broad range of medical and paramedical health professions.



Dr Richard Bandler PhD, DSc, newly appointed Professor of Anatomy and Pain Research, uses the microscope to identify an anatomically marked brain site that shows an evoked sudden drop in blood pressure. Professor Bandler's research group studies the brain mechanisms and response to pain injury and blood loss that trigger life-threatening falls in blood pressure. Some references to prior and current work. Science, 1974, 183:96-99. Brain Res. 1997, 962:61-71. J.Comp Neurol 1997, 385:207-229.

COUNCIL COMMITTEES FOR 1998/1999

Primary Examination Committee

Chairman	A W Quail
Deputy Chairman	M Crawford
Chairman of Examinations	G E Knoblanche
Chairman of Faculty Fellowship Examination	R P Lee
Councillor and four Members	R S Henderson N Gibbs T Gin P S Myles J B Love

Final Examination Committee

Chairman	E Loughman
Deputy Chairman	D A Scott
Chairman of Examinations	G E Knoblanche
Council Representative and four Members	W R Thompson P A Briscoe C Morgan D A Pybus A M Weeks

General Examinations Committee

Chairman of Examinations (Chairman)	G E Knoblanche
President	R G Walsh
Education Officer	R S Henderson
Chairman of Primary Examination	A W Quail
Deputy Chairman of Primary Examination	M Crawford
Chairman of Final Examination	E Loughman
Deputy Chairman of Final Examination	D A Scott
Chairman of Faculty Fellowship Examination	R P Lee

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ASM Officer (Chairman)	I Rechtman
President	R G Walsh
Protocol Officer	I Rechtman
Communications Officer	M Martyn
Faculty Representative	R V Trubuhovich
Registrar	J M Sheales

ASM Scientific Programme Committee

ASM Officer (Chairman)	I Rechtman
President	R G Walsh
CE and QA Officer	W R Thompson
Past Scientific Convenor (Newcastle)	G R Cutfield
Present Scientific Convenor (Adelaide)	G L Ludbrook
Future Scientific Convenor	

(Melbourne)	K Leslie
Councillor and Deputy Convenor	R J Willis
Representative of the Faculty of Intensive Care	R V Trubuhovich

College Representative on Board of Faculty of Intensive Care

T E Oh

Computer Committee

Chairman	M Martyn
Treasurer	R J Willis
Registrar	J M Sheales
Finance Manager and two other Members	W B Peachey L Milvain Vacancy

OTD Assessing Panel

Chairman (President)	R G Walsh
Any three of the following	Chairman of Executive Assessor Assistant Assessor Chairman of Examinations Education Officer

Library Committee

Councillor and Chairman	R N Westhorpe
Councillor	I Rechtman
Members	C A Morgan B F Horan V Laurenson P Seal

Trainee Representative	
Representative of Faculty of Intensive Care	R P Lee

Librarian S Nadaraja

Australian Resuscitation Council

V I Callanan
G A Harrison

Mortality Committee

Chairman (President)	R G Walsh
State Mortality Committee Chairmen	

ANZCA/ASA Liaison Committee for National Anaesthesia Day

President ANZCA	R G Walsh
Communications Officer	M Martyn
Communications Consultant	E Dean
President ASA	W R Thompson

Chairman ASA Public Relations Committee	G P Wotherspoon
Public Relations Consultant	G Michels

Representatives/Nominees to other outside Organisations

Australian Society of Anaesthetists Executive	President or nominee
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Joint College/Society Liaison Committee
 President R G Walsh
 Vice-President T E Oh
 Representative on National Scientific Congress Committee
 ASM Officer I Rechtman
 Overseas Aid Committee
 Chairman Asia Pacific
 Committee T E Oh
**Co-ordinator of Anaesthesia Representatives
 on External Standards Committees**
 W J Russell
Australian Day Surgery Council
 A K Bacon
 G E Rudkin
National Health and Medical Research Council
 Infection Control Committee G E Knoblanche
Australian Medical Association
 Anaesthetic Co-ordinating
 Committee for AMA Federal
 Conference
 President
 Chairman of Executive
 President or nominee
 National Conference
Anaesthesia and Industry Liaison Committee
 President R G Walsh
 ASM Officer I Rechtman
 R J Willis

Joint Consultative Committee on Anaesthesia (JCCA)

Councillor W R Thompson
 Councillor R J Willis
 F X Moloney

Committee of Presidents of Medical Colleges

President R G Walsh
 Workforce and Restructuring
 Committee G D Phillips

Education Sub-Committee

Assessor J M Gibbs

Royal Australasian College of Surgeons

Observer to RACS Council President or nominee

EMST Committee A McKillop

Trauma Committee Vacant

RACS Committee on Infection

Control G E Knoblanche

Australasian Board of Cardiovascular Perfusionists

R G Walsh

D A Scott

**Joint Committee re Guidelines for Autopsies Associated
 with Operative Deaths**

P Mackay

J C Warden

Details of Council Officers and further Committees may be found
 on the inside back cover.

REPORT FROM THE PRESIDENT TO FELLOWS OF THE AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS AS AT 12 JUNE 1998

It is my pleasure to report on behalf of Council on the affairs of the College since the last Annual General Meeting.

COLLEGE AFFAIRS

Academy of Medicine

The Australian and New Zealand Academy of Medicine (Medical Colleges) was incorporated on 19 May 1998, with the aim of eventually replacing the Committee of Presidents of Medical Colleges. ANZCA Council had initial reservations about the original proposal, but has now agreed to be a Foundation Member of a body which will have significant impact on the future of medicine in Australia and New Zealand.

Overseas Trained Doctors

A Parliamentary Select Committee in Tasmania has recently completed hearings relevant to registration as specialists, overseas trained doctors who do not have College equivalence in terms of training and examinations. The ANZCA view was presented in writing, and in person by the President and Dr Martyn. The recommendations of the Committee will be announced in July.

Asia Pacific

A joint Committee of ANZCA/ASA/NZSA has now been agreed upon to manage Asia/Pacific - Overseas Aid affairs. The College sponsored a Malaysian and a Fijian anaesthetist to attend the Newcastle ASM.

Dr Dick Willis, representing the College, and Professor Garry Phillips, on behalf of the University of Papua New Guinea, examined in the DA in Fiji in November. Professor Phillips has now been appointed Visiting Professor in Anaesthesia to the University of Papua New Guinea.

Maintenance of Professional Standards Program

Professor Oh must be congratulated on the complete revision of the MOPS Program, with the aid of a large number of Fellows who contributed suggestions, and the attendees at the MOPS Workshop held at the end of 1997. The College is now in a good position to pursue the difficult problem of developing measures of competence.

College Headquarters Extension

Council has agreed to proceed with an extension to Ulimarua, to accommodate the increasing number of activities for which the College is responsible. The building will accommodate state of the art education facilities within a facade which blends with the existing building.

CIREBA

The President and Vice-President attended a Meeting of the heads of the English, Irish and South African Colleges, and the American Boards in Capetown recently. This Meeting, which occurs once every two years, is a forum for exchange of ideas on a wide range of topics common to the respective bodies.

Government

The last 12 months has seen the publication of two reports from the Medical Training Review Panel. The MTRP First Report 1997 reported on training opportunities for Hospital Medical Officers, training needs of Hospital Medical Officers, and trainee selection in Australian Medical Colleges.

A consultancy report entitled 'Trainee Selection in Australian Medical Colleges' examined the existing practices of Australian Medical Colleges, and proposed a 'Best Practice Framework' which has been referred to the Colleges. The MTRP Second Report will be published in July.

The recommendations of the MTRP will have a major effect on the Colleges, and ANZCA's involvement in the Committees considering the issues has been significant.

Mortality Report

The Report on Anaesthesia Related Mortality in Australia, edited by Dr Brian Horan, and published by the College, was produced earlier this year. It has been referred to Coroners and Ministers with recommendations for improving data collection, and positive responses have been received from several of them. The Chairmen of the State Mortality Committees deserve recognition for their co-operative efforts in the production of this report. Work has already started on the next report, 1994-1996.

Review of College Function

A number of initiatives commenced following a Council strategic planning meeting have either been completed, or are

well under way. A review of administrative staff functions carried out in the last 12 months has resulted in a re-definition of administrative activities which will result in appointment of a part-time Director of Professional Affairs.

It has been recognised that there is a need for greater communication with, and involvement of Regional Committees in College affairs, and this will be a major area of focus of the new Council.

Faculty of Intensive Care

Council is kept informed of developments in the Faculty, with the Dean as a member of Council, and a senior Councillor on the Board. Appropriate accommodation for the Faculty will be a major consideration in the extension of Ulimaroa. The decision to dedicate the usual 'National Anaesthesia Day' to Intensive Care was a logical one, to recognise the importance of the specialty of Intensive Care.

Annual Scientific Meeting

The ASM in Newcastle was an outstanding success, and planning for Adelaide 1999 is well underway. Of particular importance will be the Meeting in Melbourne in 2000, with close links to the RACS Meeting there at the same time, and the Meeting in Hong Kong in 2001, with the Hong Kong College of Anaesthesiologists and the Anaesthetic members of the Academies of Medicine of Singapore and Malaysia.

Rural Anaesthesia

The Rural SIG under the Chairmanship of Dr Daryl Catt is making significant headway in promoting the special problems and needs of rural anaesthetists. Planning to improve the situation requires a multi-pronged approach. The College has discussed a rural incentive program, which will be pursued by the new Council.

Public Relations and Communications

Of particular relevance in this area were the release of the Mortality Report and its sensitive handling in relation to the media, and the release of the video 'It's Your Labour', sponsored by Astra Pharmaceuticals.

AWARDS, HONOURS AND APPOINTMENTS

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

Dr T C Kester Brown (Vic) was invested as a Member of the Order of Australia (AM), and awarded Honorary Membership of the German Society of Anaesthesiologists and Intensive Care Medicine.

Dr Geoffrey M Clarke (WA) was invested as a Member of the Order of Australia (AM).

Associate Professor John A H Williamson (SA) was invested as a Member of the Order of Australia (AM).

Dr J Ronald Lo (Tas) was elected to Fellowship of the Royal College of Anaesthetists.

Professor Garry D Phillips (SA) was elected to Fellowship of the Academy of Medicine of Malaysia, and was appointed Visiting Professor in Anaesthesia, University of Papua New Guinea.

Professor Teik E Oh (HK) was appointed Chairman of the Health Services Research Committee of Hong Kong.

Dr Richard G Walsh, NSW was awarded Corresponding Membership of the German Society of Anaesthesiologists and Intensive Care Medicine.

Professor John Gibbs (NZ) was elected a Life Member of the New Zealand Society of Anaesthetists.

Dr Robert M Wong (WA) was presented with the Oceaneering International Award and the Craig Hoffman Memorial Award for contributions to Diving Medicine by the Undersea and Hyperbaric Medical Society.

Dr Brian Pezzutti (NSW) was appointed Colonel Director of Health Services, Regional Health Support Agent (RHSA), NSW.

Professor Michael Cousins (NSW) was appointed Visiting Professor to the Chinese University of Hong Kong.

Dr Alan Merry (NZ) was appointed Honorary Clinical Associate Professor of Anaesthesia, University of Auckland.

Dr John Rigg (WA) was appointed Clinical Associate Professor, University of Western Australia, Department of Public Health.

Mr Michael Gorton (Vic) was awarded the 1998 Pro Bono Award for Large Metropolitan Practitioners.

HONORARY FELLOWSHIP

During the College Ceremony at the recent Annual Scientific Meeting in Newcastle, it gave me great pleasure to confer Honorary Fellowship on Mr Michael Gorton, Honorary College Solicitor.

ANZCA MEDAL

Dr Peter Lowe (Vic), and Dr Alan Merry (NZ) were awarded the ANZCA Medal during the College Ceremony in Newcastle.

Death of Fellows

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

Dr Eustace Emanuel Alfred, NSW – FFARACS 1971, FANZCA 1992
 Dr Catherine Geraldine Mary Flynn, Ireland – FFARACS 1990, FANZCA 1992
 Dr Pamela Anne Kerr Edwards, Qld – FANZCA 1995
 Dr Reginald Abbot Lewis, Tas – Foundation Fellow 1952, FANZCA 1992
 Dr Kevin Lorne Merrett, Vic – FFARACS 1991, FANZCA 1992
 Dr Bede Patrick Francis Mooney, NSW – FFARACS 1968, FANZCA 1992
 Dr Sankarakurup Gopinathan Nair, NZ – FFARACS 1984, FANZCA 1992
 Dr James Gordon Opie, NSW – FFARACS 1959, FANZCA 1992
 Dr Donald John Taylor, Vic – FFARACS 1961, FANZCA 1992
 Dr Henry Edward Martyn Williams, NZ – FFARACS 1956, FANZCA 1992
 Dr David Govett Romaine Wright, NZ – FFARACS 1956, FANZCA 1992

RESEARCH

Academic Anaesthesia Enhancement Grant – 1997

The 1997 Academic Anaesthesia Enhancement Grant of \$75,000 was awarded to the University of Sydney, Royal Prince Alfred Hospital.

John Boyd Craig Award for 1998

The 1998 Dr John Boyd Craig Award was made to Dr Lindy Roberts of the Department of Anaesthesia and Pain Management, Sir Charles Gairdner Hospital for her prospective evaluation of Endocrine Functions in Patients Receiving Intrathecal Opioids for Chronic Malignant Pain.

Research Grants for 1998

A new application form for Research Scholarships and Grants, based on the NHMRC form was utilised for the first time for the 1998 grants. A total of 18 applications were received for funding amounting to \$809,804, with \$199,235 available for allocation. All applications were perused by the Research Committee and reviewed by two to three external Reviewers with recognised expertise in the area of the project.

Grants were awarded to:

1. Dr Kate Leslie, Vic \$26,647
The Effect of Mild Hypothermia on Emergence from Anaesthesia
2. Dr Brendan Silbert, Vic \$24,000
Early Neuropsychological Function After Coronary Artery Surgery: Effect of Perfusion Device

3. Dr Arthur Penberthy, Vic \$18,000
Investigation of Mechanisms by which Pain Sensation is Transmitted in the Spinal Cord
4. Dr Paul Myles, Vic \$28,000
Smoking Cessation: Use of Transdermal Nicotine Therapy in Patients Awaiting Elective Surgery. A Cost-Benefit Analysis
5. Dr Cyrus Edibam, WA \$14,822
Effect of Glutamine Supplementation on Skeletal Muscle Histopathology in Critically Ill Patients
6. Dr Timothy Short, NZ A\$30,000
Development of a Fully Validated Anaesthesia and Surgical Impact Profile
7. Dr Megan Robertson, Vic \$30,000
The Gut, Stress and Infection: Helicobacter Pylori in the Critically Ill
8. Dr Julia Fleming, NSW \$30,766
Neuron-Glial Interactions in Midbrain after Chronic Nerve and Spinal Cord Injury

Harry Daly Research Fellowship

On the recommendation of the Research Committee, the Harry Daly Research Fellowship was awarded to Dr Kate Leslie.

Inaugural Florence Marjorie Hughes Research Award

On the recommendation of the Research Committee, the Inaugural Florence Marjorie Hughes Research Award was awarded to Dr Brendan Silbert.

The Council 1998-1999

Membership of the Council to take office after the Annual General Meeting, its Office Bearers and Committees will be published as an addendum to this Report.

ADMISSION TO FELLOWSHIP BY ELECTION

Under Regulation 6.2

The Council elected to Fellowship under Regulation 6.2 Professor Simon Gelman, USA and Professor Hugo Van Aken, Germany. These Fellows were Foundation Visitors to the 1998 ASM.

Under Regulation 6.3.1(b)

Dr Michael John Harrison, NZ
 Dr Stuart Thomas Inglis, SA
 Dr John Daniel O'Reilly, Qld
 Dr Neville John Opie, WA
 Dr Thilakeswari Ramalingam, Qld
 Dr Robin Lindsay Rund, NZ
 Dr Douglas William Wilson, Qld

Under Regulation 6.3.1(c)

Dr Wallace Chiu, Hong Kong

Under Regulation 6.3.1(d)

Dr James A Birrell, Vic

Under Regulation 6.3.1(e)

Associate Professor Stephan Alexander Schug, NZ

PRIMARY EXAMINATION

August/September 1997

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

The Oral Examination was held at College Headquarters in Melbourne

	TOTAL No CANDIDATES	INVITED TO ORAL	APPROVED
MELBOURNE	111	80	42

March/April, 1998

The Written Examination was conducted in all capital cities in Australia, Newcastle, Auckland, Christchurch, Dunedin, Hamilton, Wellington, Hong Kong, Kuala Lumpur and Singapore

The Oral Examination was in Melbourne and Hong Kong.

	TOTAL No CANDIDATES	INVITED TO ORAL	APPROVED
MELBOURNE	107	76	61
HONG KONG	16	12	8
TOTAL	123	88	69

The Renton Prize for the period ending 31 December, 1997 was awarded to Dr David Raoul Rivlin Lardner of Napier, New Zealand and to Dr Craig Hargreaves of New South Wales.

FINAL EXAMINATION (ANAESTHESIA)

August/September, 1997

The Written Examination was conducted in all capital cities in Australia, Newcastle, Auckland, Christchurch, Dunedin, and Hong Kong.

The Viva Voce and clinical examinations were conducted at Royal North Shore Hospital, Sydney.

Eighty-eight (88) candidates presented in Sydney and sixty-eight (68) were approved.

SUCCESSFUL CANDIDATES

M I Andrew	SA	D A Lowe	NSW
D T Andrews	VIC	B R Ma	NSW
S E Armstrong	SA	A T Marshall	NZ
A Armstrong-Brown	NSW	W P McIntosh	QLD
J W Ausburn	NSW	M D McIntyre	NSW
A G Bennett	NSW	J Melick	VIC
S Bajenov	NSW	W W Morriss	VIC
D J Blunt	QLD	A F O'Leary	NZ
D R Browell	VIC	R V Radici	WA
I L Cameron	QLD	C G Reid	WA
I S Carter	NSW	S J Reid	SA
Y E Chee	HKG	M A Russo	NSW
N J Colin-Thome	SA	C A Schwab	NSW
I M Cooper	QLD	I M Seppelt	NSW
D J Daly	VIC	P C Soet	WA
C S Downs	NSW	W M Sorour	QLD
M A Faigan	NZ	J A Stevens	NSW
P E Ferris	NSW	P C H Stewart	NSW
J J Forester	NZ	P M Templar	NZ
G J Freear	SA	M A Viney	VIC
J A Fynn	NSW	F Vosdoganis	NSW
M D Goldblatt	SA	M J Wardill	NZ
A C Hancock	SA	G A Waters	NZ
J N Harding	SA	P A Watt	QLD
P W J Harrigan	NSW	K E Wearne	NSW
M Hayhoe	VIC	A R Webb	VIC
I R Hogarth	VIC	R S Whiteside	QLD
D S H Ho	NSW	P S Wilkins	NZ
D J Koch	QLD	K L Wilson	NSW
P S Kruger	QLD	H Y F Yap	HKG
H W F Lam	NSW	R Yee	NZ
D E Lindholm	VIC	V Yeo	HKG
H K Liu	NSW	B L Yin	NSW
M A Lovell	NSW	E Yip	HKG

The Court of Examiners recommended that the Cecil Gray Prize for the half year ended 31 December, 1997 be awarded to Dr Catherine Susan Downs of New South Wales.

April/May, 1998

The Written Examination was conducted in all capital cities in Australia, Auckland, Christchurch, Hamilton, Wellington, Hong Kong, Kuala Lumpur and Singapore.

The Viva Voce Examination was held at College Headquarters and the clinical examination at the Alfred Hospital, Melbourne.

One hundred (100) candidates presented in Melbourne and Seventy-four (74) were approved.

SUCCESSFUL CANDIDATES

T M Allen	WA	J S N Keys	QLD
I C Banks	UK	M D Kirton	VIC
P A Booth	NZ	A H Konstantatos	VIC
S M Bottrell	NSW	H H Koumoukelis	NSW
A W Bowie	SA	A Kumar	NSW
T P Brownridge	SA	C S Y Lai	VIC
G R Buchanan	NSW	M S M Lee	NSW
A C Burke	SA	B S L Lim	WA
F T F Chan	HKG	G J Lumsden	WA
N Soon Tak Che	HKG	G C Mar Fan	QLD
J P Clarke	SA	G A Meijer	QLD
J V Clarke	VIC	T E Meyer	WA
B J Creati	VIC	G P Morris	NSW
M R Daley	NSW	S A R Myles	WA
A S Davies	VIC	H S Nazir	WA
A C Duffield	NSW	M J A Parr	NSW
J G Ellingham	NSW	H C R Platt	VIC
D J Evans	SA	S N Prineas	NSW
J E Foy	NZ	P Ranjan	VIC
A Ganendran	SA	A S Rao	M'SIA
W M Garrett	QLD	K Rees	VIC
M J Gillham	NZ	M D S Reeves	VIC
R P Grauer	VIC	S J O'Regan	NSW
A J Gray	NZ	J M Riley	NSW
P D Gray	QLD	A L Rodbert	QLD
S C Hams	VIC	D D Rubens	NSW
Kwok Wing Hong	HKG	P H Scott	QLD
G C Heard	VIC	M N Schuitemaker	NZ
B Hennessy	VIC	W A L Soong	QLD
J K James	QLD	R J Strykowski	NSW
D F C Jayamaha	VIC	K A Testen	VIC
C P Jones	NSW	H M Thomas	TAS
C E Jorgensen	WA	A P Tucker	VIC
M H Jungmann	NSW	S D Wells	QLD
C P H Kalinowski	NZ	D L Williams	VIC
S G Katz	QLD	M D Wilson	NSW
S J Kelly	NZ	N S Yousif	VIC

The Court of Examiners recommended that the Cecil Gray Prize for the half year ended 30 June, 1998 be awarded to Dr Bernard John Creati of Victoria.

ANNUAL SCIENTIFIC MEETING**Newcastle 1998**

The 1998 Annual Scientific Meeting was held at the Newcastle City Hall from 2-6 May.

Ms Eva Cox delivered a most interesting Oration 'Creating a More Civil Society'.

The Foundation Visitors to this Meeting were Professor Simon Gelman from the United States and Professor Hugo Van Aken from Germany.

The Ellis Gillespie Lecture entitled 'Renal Protection in Surgical Stress' was delivered by Professor Gelman.

Professor Van Aken delivered the fourth Mary Burnell Lecture entitled 'Anaesthesia in the Year 2000'.

Professor Barry Baker (NSW), as the Douglas Joseph Professor for 1997, delivered the Australasian Visitor's Lecture, 'Heresy'.

The Gilbert Brown Prize was awarded to Dr John Moloney, Vic for his presentation 'Outcome after tonsillectomy: LA filtration vs IV opioid - A randomised controlled trial'.

The Formal Project Prize was awarded to Dr Brian Spain, NT for his presentation 'Spinal Epidural Abscess - Case Report Associated with Obstetric Epidural Catheterisation and Review of Literature'.

Policy Documents

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

- TE4 - *Duties of Regional Education Officers in Anaesthesia*
- TE5 - *Supervisors of Training in Anaesthesia*
- TE11 - *Guidelines for the Completion of a Formal Project*
- TE15 - *Guidelines for Trainees and Departments Seeking College Approval of Posts for the Certificate in Pain Management*
- PS7 - *The Pre-Anaesthesia Consultation*
- PS8 - *The Assistant for the Anaesthetist*
- PS17 - *Endoscopy of the Airways*
- PS29 - *Anaesthesia Care of Children in Healthcare Facilities Without Dedicated Paediatric Facilities*
- PS31 - *Protocol for Checking the Anaesthetic Machine*
- PS 36 - *Sedation for Regional Anaesthesia for Ophthalmic Surgery*
- PS37 - *Regional Anaesthesia and Allied Health Practitioners*

Council

In accordance with the provisions of the Articles of Association, nominations were called for nine vacancies on Council. Twelve nominations were received.

Professor Michael Cousins, Dr Steuart Henderson, Professor Teik Oh, Dr Ian Rechtman, Dr Richard Walsh, Dr Rod Westhorpe and Dr Richard Willis were eligible for re-election to Council for a normal term.

At the Annual General Meeting Professor Garry Phillips will retire from Council following completion of twelve years on the Board of Faculty and Council. During this period Professor Phillips was Education Officer for Intensive Care, and integrally involved in the establishment of the Faculty of Intensive Care. Professor Phillips was Chairman of Examinations at the time of the initial review of the College Examination system, and was the first Maintenance of Standards Officer.

Dr Moira Westmore resigned from Council following the completion of five years on Council. During these years, Dr Westmore has served as the Assistant Assessor from 1996. In addition she has been Chairman of the Workforce Committee, Pharmaceutical, Safety and Technical Officer, and the ASM Officer for the most successful 1998 ASM in Newcastle.

I wish to record my congratulations to Dr Diana Khursandi and Dr Wally Thompson upon their election to Council.

With Dr Ian Rechtman and Dr Leona Wilson receiving an equal number of votes, Article 8(a) was invoked and Dr Rechtman deemed to have received more votes. Article 8(a) states:

Any candidate who is also a retiring Councillor shall be deemed to have received more votes than any candidate who is not a retiring Councillor.

The following is the result of the Ballot:

Votes Counted	1020	
Less Informal	13	
	<u>1007</u>	
	x 9 =	9063
R G Walsh		915
R N Westhorpe		910
T E Oh		895
R J Willis		877
W R Thompson		845
M J Cousins		811
R S Henderson		784
D C S Khursandi		686
I Rechtman		<u>656</u>
L F Wilson	656	
K J Brandis	557	
P J Keast	471	

COLLEGE ADMINISTRATION

A number of staff changes have occurred during the past twelve months.

Miss Kylie Miller resigned as General Office Secretary in July 1997 and was replaced by Miss Mandy Williams. Kylie joined

the College following work experience whilst at school and has sought broader experience in the business world.

Following the appointment of Miss Lara Milvain as Systems Administrator, Mrs Janet Devlin was appointed Administrative Assistant (Education).

In April, Mrs Jillian Horton was appointed Administrative Officer to provide the secretariat for the Committee of Presidents of Medical Colleges whilst housed at ANZCA.

After nearly seven years service, Mrs Raelene Zelesco resigned from the College in May to assist her husband Robin in his veterinary practice. Miss Janelle Talty took up her appointment as PA to the Registrar on 1 June.

At the end of March, Ms Katia Davis joined the staff on a part-time basis to assist Ms Joyce Holland in the Queensland Office. Due to family commitments, she tendered her resignation in May.

Miss Alisha Jewett joined the staff on a part-time basis in August 1996 to assist Mrs Lorna Berwick in the New Zealand Office. Alisha tendered her resignation in June to pursue her studies and examinations and was replaced by Mr John de Boer.

I would like to express my sincere thanks to Members of Council and Regional Committees for all the work they have done for the College in the past year. The Council could not function however without the great effort put in by the College staff at Ulmaroa and in the Regions. The support of the Honorary College Solicitor, Michael Gorton, and the College Public Relations Consultant, Eddie Dean, are also acknowledged.

Garry D Phillips
June 1998

Regional Breakdown of Votes			
Region	Votes Received	Number of Fellows	Percentage
Victoria	244	508	48%
New South Wales	242	694	35%
ACT	14	31	45%
Tasmania	29	53	55%
Queensland	147	334	44%
South Australia	77	220	35%
Northern Territory	3	6	50%
Western Australia	76	186	41%
New Zealand	117	302	39%
Hong Kong	21	103	20%
Malaysia	5	49	10%
Singapore	3	49	6%
USA and Canada	5	60	8%
United Kingdom	14	65	21%
Other Overseas Countries	10	27	37%
Invalid Votes	3		
<i>Total</i>		1007	37%**

** Figure does not include invalid envelopes or votes.

REGIONAL COMMITTEES

Australian Capital Territory

PO Box 3738
MANUKA ACT 2603
Tel: 02 6244 3245 Fax: 02 6244 3302

Chairman:
Honorary Secretary:
Honorary Treasurer:

Dr Paul Burt
Dr Frank Lah
Dr Frank Lah

New South Wales

Level 4, Quay West 111 Harrington Street
SYDNEY NSW 2000
Tel: 02 9247 7712 Fax: 02 92517121
Email: nsw@anzca.edu.au

Chairman:
Honorary Secretary:
Honorary Treasurer:
Administrator:

Dr Matthew Crawford
Dr Jennifer Beckett-Wood
Dr Michael Jones
Ms Jan Taylor

Queensland

PO Box 50
SPRING HILL QLD 4000
(50 Water Street)
Tel: 07 3831 6686 Fax: 07 3832 5001
Email: qld@anzca.edu.au

Chairman:
Honorary Secretary:
Honorary Treasurer:
Administrator:

Dr Robert Whiting
Dr Geoff Gordon
Dr Ken McLeod
Mrs Joyce Holland

South Australia

PO Box 737
NORTH ADELAIDE SA 5006
(1st Floor RACS Building, 51 Palmer Place)
Tel: 08 8239 2822 Fax: 08 8239 2833
Email: sa@anzca.edu.au

Chairman:
Honorary Secretary:
Honorary Treasurer:
Administrator:

Dr Alan Rainbird
Dr Margaret Cowling
Dr Margaret Cowling
Ms Sue Harrison

Tasmania

C/- AMA House, 2 Gore Street
SOUTH HOBART TAS 7004
Tel: 03 6223 8848 Fax: 03 6223 5019
Email: surgeons.Tas@hcn.net.au

Chairman:
Honorary Secretary:
Honorary Treasurer:
Administrator:
Mon - Fri 9am - 1pm

Dr Margaret Walker
Dr Ruth Matters
Dr David Allen
Mrs Di Cornish

Victoria

630 St Kilda Road
MELBOURNE VIC 3004
Tel: 03 9510 6441 Fax: 03 9510 6786
Email: victoria@anzca.edu.au

Chairman:
Honorary Secretary:
Honorary Treasurer:
Administrator:

Dr Mark Buckland
Dr Rowan Molnar
Dr Mark Fajgman
Mrs Veronica Quetglas

Western Australia

41 Hampden Road
NEDLANDS WA 6010
Tel: 08 9389 8465 Fax: 08 9386 3171
Email: Anaesthesia.WA@hcn.net.au

Chairman:
Honorary Secretary:
Honorary Treasurer:
Administrator:

Dr Leigh Coombs
Dr Stuart Inglis
Dr Michael D'Souza
Ms Penny Anderson

New Zealand

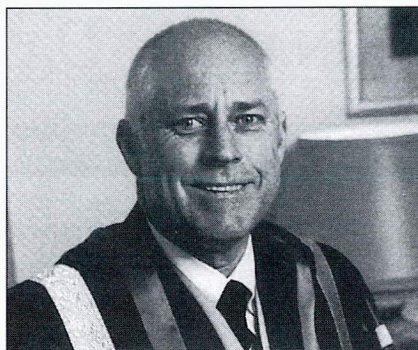
PO Box 7451
Wellington South
(Elliot House, 43 Kent Terrace, Wellington)
Tel: 0011 644 385 8556
Fax: 0011 644 385 3950
Email: anzca@actrix.gen.nz

Chairman:
Honorary Secretary:
Honorary Treasurer:
Administrator:

Dr Alan Merry
Dr Sharon King
Dr Peter Cooke
Mrs Lorna Berwick

FACULTY OF INTENSIVE CARE

DEAN'S MESSAGE



Following the June Board Meeting, a discussion document entitled 'Development of a Single Body for Training and Certification in Intensive Care' was circulated to all Fellows of the Faculty. Despite considerable progress following the formation of the Joint Specialist Advisory Committee in Intensive Care, the Board recognises that problems remain by virtue of the fact that there is not a single body responsible for training and certification in intensive care and that there is not a single reference point for Government and other bodies regarding these matters. The discussion document lays out the issues and examines options for the future. The Board recognises that very few specialists in intensive care have trained solely in this specialty. Indeed, nearly 50% of Fellows of the Faculty continue to practise some anaesthesia. The Board also recognises the considerable contribution that anaesthetists who do not hold a formal qualification in intensive care make to the intensive care workforce.

The discussion document, which is reprinted in this issue of the Bulletin, was accompanied by a brief questionnaire and Fellows are urged to involve themselves in this process by returning the questionnaire and by expressing their views in the comments section. The results of the survey will be considered at the October Board meeting.

At its June meeting, the Board of Faculty also made further progress overhauling our system for accreditation of units and

training posts. As this is a radical departure from past practices, it is essential that supporting documents are revised and operational before the final change is made. Policy Document IC-3 'Guidelines for Hospitals Seeking Faculty Approval of Training Posts in Intensive Care' is the key document underpinning unit accreditation and it is anticipated that the revision will be completed at the October Board meeting. In the meantime, training posts continue to be approved according to the previous system. No trainee will be disadvantaged during this transitional period.

National Intensive Care Day was held on July 1 and early feedback suggests that the Day was an outstanding success. The level of publicity achieved exceeded expectations. Media statements by politicians recognised the work that intensive care units and teams perform and reflected very well on our Specialty. The Day also provided an excellent bonding opportunity for our multi-disciplinary units. The involvement of intensive care specialists regardless of background, nursing colleagues and allied health professional groups guaranteed success.

A handwritten signature in dark ink that reads "Alan Duncan". The signature is written in a cursive, flowing style.

A.W. DUNCAN, DEAN

DISCUSSION DOCUMENT

DEVELOPMENT OF A SINGLE BODY FOR INTENSIVE CARE CERTIFICATION AND STANDARDS

Introduction

The Faculty of Intensive Care belongs to its Fellows. If this current document reflects a Faculty bias it is because it is directed to our Fellowship. The Board must be able to gauge the views of its Fellows before it can progress the matter in other forums. Paramount amongst these is the Joint Specialist Advisory Committee – Intensive Care (JSAC-IC) which has dominant representation from the Faculty and RACP, but also from the Australian College of Paediatrics and ANZICS. It is important that RACP intensivists and Faculty trained intensivists find common ground in any future proposals on this subject.

Background

At its October 1997 meeting, the Board of Faculty commissioned a discussion document on the future direction of certification in Intensive Care for presentation at the February or June 1998 meeting. This decision stemmed from:

1. a view that some Fellows were uncertain about the future direction of the Faculty,
2. ongoing questions regarding the formation of a separate College and
3. continuing logistical difficulties arising from the fact that there is not a single body responsible for training, certification and standards in Intensive Care.

In debating these issues, there needs to be recognition of the history of the development of Intensive Care as a specialty, and the pivotal roles played by individual intensivists, anaesthetists and physicians, the former Faculty of Anaesthetists and Section of Intensive Care, the Australian and New Zealand College of Anaesthetists, the Royal Australasian College of Physicians and the Australian and New Zealand Intensive Care Society.

Since the formation of the Faculty of Intensive Care in 1993, considerable gains have been made with regard to training, certification, standards and education. The support of ANZCA in enabling this progress is acknowledged in the strongest manner. In addition, the relationship between the Faculty and the RACP has strengthened, particularly with the establishment of the JSAC-IC.

It is important that in embarking on the next stage of development, consideration is given to the best outcome for the specialty of Intensive Care, the current Intensive Care specialists, and current and future trainees.

The matters contained herein require open debate and can be approached by answering the following questions:

1. What are the problems with the current system(s) and how importantly do our Fellows and RACP intensivists view these problems?
2. Is there agreement on our ultimate goals? What is the ideal organisational structure to oversee training, certification, standards and Maintenance of Professional Standards in Intensive Care?
3. What are the possible pathways to achieving these goals? What are the advantages and disadvantages of each?

PROBLEMS

Intensive Care is one of the few specialties whereby specialty certification can be obtained from more than one training program.

A. Lack of common certification

A conjoint training program now exists, with RACP trainees able to sit the Faculty's Fellowship examination and, provided that all other training requirements are met, be awarded the Faculty's Diploma. The JSAC-IC supervises the training of all trainees in Intensive Care. In addition, JSAC-IC has agreed on criteria for specialist recognition.

Although JSAC-IC has progressed the goal of common training, the problem remains that there is not a Final Intensive Care examination which all trainees must pass before being recognised as a specialist in Intensive Care.

In addition, important differences remain between the training programs of the Faculty and the RACP.

Training needs to be standardised.

B. Lack of a single authoritative body

The lack of a single voice on Intensive Care matters with regard to training, standards and Maintenance of Professional Standards results in confusion and delays over which organisation should be approached, especially by Government, for authoritative decisions and advice.

The Faculty is seen as the more authoritative body in Intensive Care with respect to training and standards. This authority is detrimentally impacted upon because Intensive Care is not seen as a distinct and separate specialty and because the Faculty is within an umbrella organisation and is not an independent entity.

C. Faculty identity within the College

Ultimate accountability, including financial accountability, and responsibility for decisions rest with College Council and not with the Board of Faculty, creating problems for independent decision-making processes, allocation of resources, and the identity of the specialty.

ULTIMATE GOALS

1. A single route for training and certification in Intensive Care.
2. Retention of the option for dual certification with anaesthesia, internal medicine and possibly other disciplines.
3. A financially viable and strong Faculty (and ultimately College) embracing all recognised specialists in Intensive Care, determining standards in Intensive Care, providing continuing education and supporting the Maintenance of Professional Standards program.
4. A single authoritative body providing advice and representation on appropriate matters to Government and other bodies.
5. Achievement of these goals by debate and consensus in the best interests of the specialty of Intensive Care, current specialists, and current and future trainees.

DUAL CERTIFICATION

As of May 1998, there were 217 Fellows of the Faculty, 146 of whom are Fellows by examination.

In the recent survey of 126 Fellows (by examination) of the Faculty by Harrison, Byth and D'Este, only 9% had undertaken the Fellowship in Intensive Care as their primary post-graduate diploma.⁽¹⁾

The survey by Harrison et al also revealed that 47% of Fellows are practising some anaesthesia. Ninety-six percent

of the Fellows surveyed have active involvement in Intensive Care – this involvement ranges from full time (49%) through most of the time (22%) and half time (15%) to some of the time (9%).

Many Physicians who practise in Intensive Care also maintain clinical involvement in internal medicine or other specialties, eg. respiratory medicine, cardiology, nephrology, etc.

It is clear that most Fellows of the Faculty as well as other specialists in Intensive Care wish to obtain and maintain an alternative specialty.

An alternative pathway to Intensive Care specialisation could also be considered for diplomates of other Colleges, eg. Surgery, Emergency Medicine.

Pathways to specialisation in Intensive Care could be:

Primary Specialisation in Intensive Care	Conjoint Program Anaesthesia, Medicine & Paediatrics	Supraspecialty Program eg. Surgery, Emergency Medicine
Basic Sciences Primary	ANZCA Primary or RACP written and clinical	Relevant Postgraduate diploma
5 year training Program	5 year training Program including 12 months anaesthesia	Training includes 1 year anaesthesia 6 months medicine 2Y core intensive care
Fellowship Exam	Fellowship Exam	Fellowship Exam

All three streams would culminate in the awarding of Fellowship of the Faculty (and ultimately a College) of Intensive Care (Medicine).

PATHWAYS TO A SINGLE BODY FOR INTENSIVE CARE CERTIFICATION

If one accepts the ultimate goal of a single body for training and certification of Intensive Care specialists and related matters, there are two possible pathways. Firstly, formation of a separate College de novo or alternatively, expansion of the present Faculty and eventual evolution to form a separate College. The latter option would be akin to the formation of ANZCA with separation from the Royal Australasian College of Surgeons.

A. Formation de novo of a separate College of Critical Care Medicine with dissolution of the current training schemes.

This pathway creates a College with an organisation separate from current training bodies.

Advantages

1. Could occur immediately.
2. Could offer from the outset to embrace all 'specialists' in Intensive Care, regardless of background training.

Disadvantages

1. Disruption of training schemes, confusing and disadvantaging current trainees.
2. Lack of expertise in training, certification, standards setting, and Maintenance of Professional Standards unless those with previous significant contribution to Faculty and RACP programs were involved.
3. Lack of credibility and standing in the first instance, possibly lasting many years.
4. Lack of acceptance by Government bodies, other Colleges, etc.
5. Potentially divisive.
6. Expensive, and risky, particularly in view of the lack of financial backing and infrastructure.
7. No guarantee that all or most existing Fellows, or other specialists in Intensive Care would choose to join the new body.

B. Evolution to form a College of Intensive Care Medicine from the Faculty of Intensive Care.

The decision in this pathway is whether single certification and election to Fellowship of all Intensive Care specialists meeting certain criteria are achieved first in a Faculty which then evolves into a College, or whether this process is developed through the JSAC-IC and then implemented at the time a College is formed from the existing training bodies.

Advantages

1. Continues the current evolutionary process.
2. Avoids disruption of training schemes and disadvantaging current and potential trainees.

3. Avoids a potentially divisive situation for Fellows and trainees.
4. 'Economically' sound.
5. Maintenance of expertise in running a training program, examination, standards, etc.
6. Builds on established credibility with Government bodies, other Colleges, etc.
7. Can accelerate the growth of the Faculty (ultimately a College) thereby improving its status and acceptance, including eligibility for membership of Australian and New Zealand Academy of Medicine.

Disadvantages

1. Slower
2. Requires election to Fellowship of bona fide (trained) Intensive Care specialists from other Colleges.

Discussion would be required on the eligibility criteria for election to Fellowship although in the first instance it is envisaged that use of the document 'Criteria for Recognition as a Specialist in Intensive Care' or a modification thereof would be used.

It is recognised that this course has the potential to alienate some Fellows who might see it that the Faculty is giving away Diplomas to others that they have earned by considerable effort. Possibly the least contentious in this regard would be RACP graduates who had trained through the SAC-IC.

This course becomes more difficult to pursue the longer that it is delayed.

A potential problem exists in that it is unknown what proportion of 'eligible' FRACP Intensive Care specialists would choose to take up the offer of election to Fellowship.

Reference

1. Harrison GA, Byth PL, D'Este K. The Third Five Year Survey of Fellows (By Examination) By The Faculty Of Intensive Care, Australian and New Zealand College of Anaesthetists. *Anaesth Int Care* 1998, Aug (in press).

ITEMS OF INTEREST FROM THE JUNE BOARD MEETING

HONOURS AND APPOINTMENTS

The Board noted the following:

Dr GM Clarke, AM, Member of the Order of Australia

Professor GD Phillips, Visiting Professor in Anaesthesia, University of Papua New Guinea

EDUCATION

Joint Skills Laboratory

The Board supported cooperative development of a Joint Skills Laboratory with other Colleges.

Review of Accreditation

The Board reviewed the Guidelines for Accreditation of Intensive Care Units to incorporate the proposed changes to the system of accreditation. These changes will allow for continued inspection of units however the standards for minimum accreditation are being redefined. The elective category of accreditation will be removed and Units will be accredited for core training only but trainees may be limited in the amount of time they can spend at one Unit, for instance, only 12 or 6 months. The limit on the number of training positions within a Unit will be removed.

It is anticipated these changes will apply from 1999 following review of the Administrative Instructions relating to training.

Trainee Selection in Medical Colleges

The Board resolved to explore mechanisms of joint appointment by Colleges and Hospitals and to consider common criteria for selection of trainees, in line with a recent report on this issue.

Advanced Paediatric Life Support Course

The Board resolved that trainees undertaking endorsement in Paediatric Intensive Care who have completed the APLS will be exempt from the requirement to complete the EMST Course.

EXAMINATIONS

The dates for the Fellowship Examinations for 1999 were approved. These appear elsewhere in the Faculty section of the Bulletin.

A presentation on the proposed changes to the format of the Fellowship Examination was held.

PROFESSIONAL***Development of a Single Body for Intensive Care Certification and Standards***

Following discussion the Board resolved that a document dealing with the future direction of the Faculty and ongoing questions regarding the formation of a separate College should be circulated to Fellows for input via a questionnaire.

**CONTINUING
EDUCATION*****1998 Younger Fellows Conference***

Dr Rob Young, representative of the Younger Fellows Conference held in May 1998 delivered a report on the findings of the Conference which considered ethics. The Board undertook to consider the following recommendations:

1. That the College should establish guidelines for the management of high risk cases.
2. The College and/or Faculty should establish a course on ethics and the law to become a training requirement. Annual or bi-annual workshops are suggested.
3. That the Faculty should provide guidelines to assist intensivists to establish a procedure for withdrawal of therapy.
4. That the concept of the Younger Fellows' Conference should continue to be strongly supported by the College and Faculty as it is an effective means of 'opening up' the College to its Fellows.

Annual Scientific Meetings

An invitation has been extended to Professor Paul Pepe, Chairman of the Department of Emergency Medicine for the Allegheny University of the Health Sciences in Pittsburgh to be the Faculty Foundation Visitor for the 2000 ASM.

INTERNAL AFFAIRS***National Intensive Care Day***

The Board noted the planned activities for National Intensive Care Day, with over 170 units or Hospitals registered to participate.

Website

The Board supported the appointment of a Fellow to be responsible for monitoring and upgrading the Faculty Website.

Election of Office-Bearers

The following were elected:

Dean	A.W. Duncan
Vice-Dean	F.H. Hawker
Censor	F.H. Hawker
Education Officer	N.T. Matthews
Treasurer	P.D. Thomas
Chairman, Fellowship Examination	R.P. Lee

The following appointments were made:

Communications Officer	R.V. Trubuhovich
ASM Officer	R.V. Trubuhovich
MOPS Officer	G.F. Bishop

The Board welcomed Professor Teik Oh as its co-opted Council Member.

FACULTY OF INTENSIVE CARE
AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS
REPORT FROM THE DEAN TO FELLOWS OF THE
FACULTY OF INTENSIVE CARE, ANZCA
AS AT 25 JUNE 1998

It is my pleasure to report on behalf of the Board on the affairs of the Faculty since the last Annual General Meeting.

AWARDS, HONOURS AND APPOINTMENTS

During the past year many of our Fellows have been the recipients of awards or appointments.

In recent weeks, our Inaugural Dean, Dr Geoff Clarke was invested as a Member of the Order of Australia (AM).

Our former Vice-Dean, Dr Ron Trubuhovich was awarded the Order of New Zealand Medal (ONZM) in 1997.

Dr S.P. Gatt was invested as a Member of the Order of Australia (OAM).

Professor T.E. Oh was appointed Chairman of the Health Services Research Committee of Hong Kong.

Professor G.D. Phillips was awarded Honorary Fellowship of the Academy of Medicine of Malaysia, and more recently was appointed Visiting Professor in Anaesthesia, University of Papua New Guinea.

Dr J.R. Lo was admitted as a Fellow of the Royal College of Anaesthetists.

DEATH

It is with regret I report the death of Faculty Fellow Dr Catherine Geraldine Mary Flynn, FFARACS (IC) 1990, FANZCA 1992, FFICANZCA 1993.

ADMISSION TO FELLOWSHIP

From June 1997, the following were admitted to Fellowship by examination:

Ashoke Banerjee, QLD
 Dorothy Margaret Breen, NSW
 John Stuart Martin Evans, QLD
 Craig John French, VIC
 Charles David Gomersall, HK
 Catherine Grace Hill, VIC
 Ho Kwok Ming, HK

Koo Chi Kwan, HK
 Richard Creighton Leonard, WA
 Janet Liang, NZ
 Paul Anthony MacDonald, NSW
 Catherine Rosarie Motherway, SA
 Patrick Gerard O'Callaghan, SA
 Mark Stewart Oliver, WA
 Mary Pinder, WA
 Dianne Patricia Stephens, NT
 Rachakonda Kanaka Sundaram, ACT
 Shane Christopher Townsend, QLD
 Balasubramanian Venkatesh, QLD
 Hui Yi Florence Yap, HK

The Faculty now has a total of 217 Fellows.

EXAMINATIONS

August/September 1997

The Written section was held in Adelaide, Brisbane, Melbourne, Newcastle, Perth, Sydney Auckland and Hong Kong and the Viva section at the Liverpool Hospital in Sydney over three days. A record 17 candidates sat and fifteen were approved.

Successful candidates

A. Banerjee, QLD	C. Bohringer, Newcastle
C. Edibam, WA	J.S.M. Evans, QLD
C. Gomersall, HK	C. Hill, NZ
J. Liang, NZ	C.R. Motherway, SA
D.V. Mullany, QLD	G.P. O'Callaghan, SA
H.I. Opdam, VIC	M. Pinder, VIC
R.K. Sundaram, ACT	Y-H.P. Tan, HK
A.B. Williams, NZ	

The G.A. (Don) Harrison Medal for 1997 was awarded to Dr Janet Liang of Auckland, for her performance in the August/September 1997 examination. Dr Liang attended the Annual Scientific Meeting in Newcastle and received her award from Professor Harrison.

April/May 1998

The written section was held in Adelaide, Brisbane, Perth and Sydney. The Viva Examination was held at the St Vincent's Hospital, Melbourne over two days, preceded by a workshop. Four of the eleven candidates were approved.

Successful candidates

J.R. Awad, NSW	F.B. Colreavy, WA
D.L.K. Chu, QLD	H.R. Playford, QLD

Panel of Examiners

With a number of senior examiners due to complete their tenure on the Panel, the following were appointed to represent the Faculty on the Panel of Examiners:

Dr A. Bersten, SA
 Dr D.J. Cooper, Vic
 Dr L. Galler, NZ
 Dr J. Myburgh, SA

Changes to the Structure of the Fellowship Examination

The structure of the Examination will change from 1999 with a view to improving its validity and reliability. The Board resolved to introduce an Objective Structured Clinical Examination (OSCE) to incorporate and expand on the Investigation Section. It is also proposed to replace the current vivas with six 'structured' cross-table vivas of 10 minutes duration each with one examiner. The Clinical Section will be split into 'hot' and 'cold' cases with separate sets of examiners.

EDUCATION AND TRAINING**Objectives of Training in Intensive Care**

A revised edition of the Objectives of Training in Intensive Care was published in January 1998.

Manual on Training

An up to date document detailing training requirements was issued to trainees and Supervisors.

Library

A recommended reading list has been developed and circulated to trainees, and the Library continues to improve its collection of intensive care texts and journals.

Trainees

The Faculty has a total of 121 registered trainees, 73 of whom are completing intensive care training only, 15 are undertaking dual certification with the RACP and the Faculty, and 34 are undertaking dual certification with ANZCA and the Faculty.

JOINT SPECIALIST ADVISORY COMMITTEE-INTENSIVE CARE

The JSAC-IC continues to oversee all intensive care trainees on behalf of the Faculty and the Royal Australasian College of Physicians, and to assess requests for specialist recognition. A database detailing all trainees has now been established.

Dr Felicity Hawker was elected Chairperson following the resignation of Dr Geoff Clarke. The RACP Representative Dr Robin Mortimer is also retiring from this Committee and the impressive contributions of Drs Clarke and Mortimer are acknowledged.

Terms of reference for a separate JSAC-IC representing the RACP and Faculty in New Zealand are under consideration. An RACP trained intensivist is now co-opted to each Faculty Regional Committee and also participates in Hospital Accreditation inspections.

ACCREDITATION OF INTENSIVE CARE UNITS

The Faculty continues to review Intensive Care Units accredited for training and a total of 15 Units were visited by representatives of the Board and Regional Committees since the last Annual Report. Whilst this represents a significant amount of Faculty expenditure, the Board considers this important in maintaining the educational environment for our trainees.

Over the past year much effort has been put into reviewing the system of accreditation of Units for training. Following lengthy consideration by the Board and its Regional Committees, it has been agreed to de-restrict the number of training posts approved within any given Unit. Units will continue to be inspected and accredited using revised criteria. Greater responsibility will rest with specialist staff to ensure that the needs of trainees are met and that larger numbers of training posts do not critically reduce the clinical experience of intensive care trainees. These changes have necessitated a major review of the Administrative Instructions and Policy Documents governing accreditation of units.

PROFESSIONAL**Maintenance of Professional Standards**

The Faculty Maintenance of Standards Programme which commenced in 1996 now has most Fellows who practise a majority of intensive care registered as participants. Board representatives took part in a review of MOS by ANZCA and the Board has agreed to review the Faculty programme, with the aim of ensuring that Fellows with both Faculty and College endorsements can participate in both programmes.

At present, there are 157 Fellows registered for the Programme.

Committee of Presidents of Medical Colleges

An application for membership of this body is under consideration, however the Board has been advised that it has been deferred pending the recent formation of the Australian and New Zealand Academy of Medicine. After lengthy debate, ANZCA has agreed to join the Academy as a Foundation Member.

Australian Medical Workforce Advisory Committee

Representatives of the Faculty, ANZICS and the RACP have been involved in a Working Party on Intensive Care which aims to provide data for predicting workforce requirements over the next ten years. Without pre-empting the report, it is likely that it will conclude that there is a workforce shortage and that the working conditions for many intensivists need improvement. It is likely that the Faculty will need to be proactive in promoting intensive care as a specialty.

Specialty Status of Intensive Care

The Medical Council of New Zealand has given intensive care medicine recognition in principle as a new branch of medicine. Specialty recognition will not be confirmed until it is gazetted later this year. Our thanks go to Dr Ron Trubuhovich for his extensive contribution to the submissions to the Council.

POLICY ISSUES

Overseas Trained Doctors

A set of guidelines prepared for Overseas Trained Doctors to assist with applications from overseas specialists seeking recognition in intensive care is now available.

Policy Documents

The Board reviewed and promulgated 'Minimum Standards for Intensive Care Units' (IC-1). A document entitled 'Statement on Ethics and Patients' Rights and Responsibilities' was developed and promulgated as IC-9.

The Faculty also contributed to the development of a 'Statement relating to end of life decisions and the relief of pain and suffering'. Currently in development are policies on High Dependency Units, and a review of the Guidelines for Accreditation of Intensive Care Units.

RESEARCH

A Grant of \$30,000 was awarded to Dr Megan Robertson, of Victoria for *The Gut, Stress and Infection: Helicobacter Pylori in the Critically Ill*.

FINANCE

Some notes on income and expenditure for the year ending 31st January 1998:

	<i>Year ending 31.1.97</i>	
Income		
Subscriptions paid by		
FFICANZCA-only diplomates	\$ 4,200	
Net Faculty Expenditure	\$ 47,901	\$40,128
Trainees		
Income	\$101,135	\$34,100*
Expenditure	\$ 87,617	\$70,816
Gain (<i>Loss</i>)	\$ 13,518	(\$36,716)

* *Does not include Trainee income*

FACULTY AFFAIRS

Annual Scientific Meetings

Thanks go to Dr Phil Byth, the Faculty Scientific Convenor for a stimulating and interesting programme at the ASM in Newcastle in May. A well attended management course was coupled with the meeting and attended by the Faculty Foundation Visitor Dr Gordon Doig and Mr John McClenahan. Dr Doig also visited Melbourne, Brisbane and Townsville. Plans are well underway for the 1999 ASM in Adelaide, and in Melbourne in 2000.

National Intensive Care Day, 1998

At the invitation of ANZCA Council, the Board of Faculty agreed to co-ordinate National Intensive Care Day, scheduled for Wednesday 1 July 1998. This is a unique opportunity to raise public awareness of intensive care. Intensive Care Units from all parts of Australia and New Zealand have registered to participate in the Day. Kits containing stickers (funded by ANZICS), posters, leaflets for the public and media resource material have been circulated and will be used to create displays to allow the public an insight into Intensive Care. The work of Dr Ron Trubuhovich and Dr Neil Matthews in guaranteeing the success of the Day is acknowledged. At this stage indicators suggest that National Intensive Care Day will be a resounding success.

Faculty Website

The Faculty Website now has greater prominence on the College Homepage and has been re-designed. The most popular pages are those detailing training requirements and policy documents.

Survey of Fellows

The Board received a report prepared by Professor G.A. Harrison, Dr Phil Byth and Ms Kate D'Este of a survey of Faculty Fellows (by examination). This is the third in a series of surveys undertaken since the introduction of the Fellowship Examination in 1979 and is proving to be valuable source of feedback on various aspects of the training programme. Overall, the report finds that the Faculty's training and examination program is achieving its goals and that most respondents to the survey are gainfully employed in intensive care.

Review of College Administration

In 1997, as part of a strategic planning initiative, the Council of the College instigated a review by management consultants Dench McLean. The report has identified a number of issues relevant to the Faculty. Following an application from the Board, and upon the recommendation of the Report, Council approved the appointment of an assistant to the Administrative Officer which will assist with the growing administrative workload. The report also acknowledged the inevitable move towards greater autonomy and the development of the Faculty as a stand alone entity.

Physical Facilities

The Board has provided input to Council regarding the future space requirements of the Faculty in its consideration of extending College Headquarters. Council has recently decided to proceed with a building which will provide greater accommodation and facilities for the Faculty.

Fellows' Apparel

A Faculty Tie is now available to all Fellows via the Faculty office.

Dean's Portrait

A portrait of the Inaugural Dean of the Faculty, Dr G.M. Clarke, by West Australian Ben Joel, was commissioned and will be unveiled at this year's Annual Meeting.

Board of Faculty

A call for nominations to the Board of Faculty was circulated to all Fellows in April to fill one vacancy on the Board,

following advice from Dr Geoff Clarke that he would not be standing for re-election.

A single nomination was received and in accordance with Faculty Regulations, no election was necessary. I am pleased to announce that Dr Robert James Barnett is therefore elected to the Board of Faculty. As from 26th June 1998, the constitution of the Board is as follows:

ROBERT J. BARNETT	QLD
GILLIAN F. BISHOP	NSW
D. JAMES COOPER	VIC
ALAN W. DUNCAN	WA
FELICITY H. HAWKER	VIC
NEIL T. MATTHEWS	SA
PETER D. THOMAS	SA
RONALD V. TRUBUHOVICH	NZ

The co-opted Member representing Council is Professor Teik Oh. Dr Richard Lee continues as Co-opted Representative as Chairman of the Fellowship Examination. At its meeting in February the Board of Faculty elected A.W. Duncan Dean-elect.

At the close of the meeting of the 1997-98 Board of Faculty, Dr Geoff Clarke will retire from service to the Faculty. On behalf of the Board and all Fellows of the Faculty, I would like to express my sincere thanks to Geoff, not only for his outstanding contribution in recent years as Inaugural Dean of the Faculty, but for many years of commitment to intensive care training through the Section of Intensive Care, Faculty of Anaesthetists, RACS. The development of a programme of dual certification in intensive care is testament to his drive and dedication. He will be sorely missed.

I would also like to thank Members of the Board, Regional Committees, Examiners, and representatives on Hospital Visits for their efforts over the past year. The support of the Council and in particular Dr Richard Walsh, and Professor Garry Phillips is also gratefully acknowledged. Lastly I would like to thank the Administrative Officer, the Registrar, and College Regional staff for their support and assistance.

A.W. DUNCAN (DR)

Dean

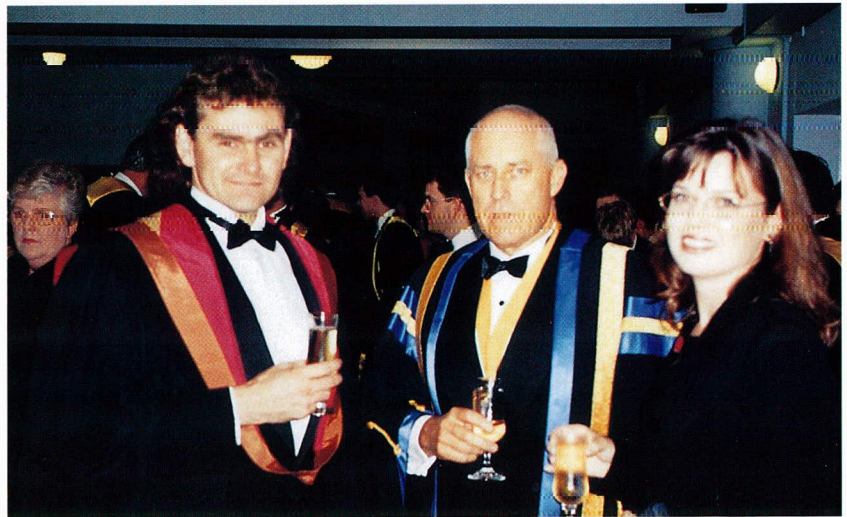
June 1998

The four successful candidates for the April/May Faculty Fellowship Examination: Drs Derek Chu, Hugh Playford, John Awad and Francis Colreavy.



*The Court of Examiners for the April/May 1998 Faculty Fellowship Examination:
Drs Les Galler, Graeme Hart, Jamie Cooper, John Morgan, Richard Lee, George Skowronski, Neil Matthews, Peter Morley and John Myburgh.*

Faculty Foundation Visitor Dr Gordon Doig (left) at the College Ceremony with Faculty Dean Dr Alan Duncan and Miss Jennifer Hannam.





National Intensive Care Day displays such as this three-dimensional work by artist Mary Morrison at New Zealand's Middlemore Hospital raised the profile of the event. Picture by Peter Swan.

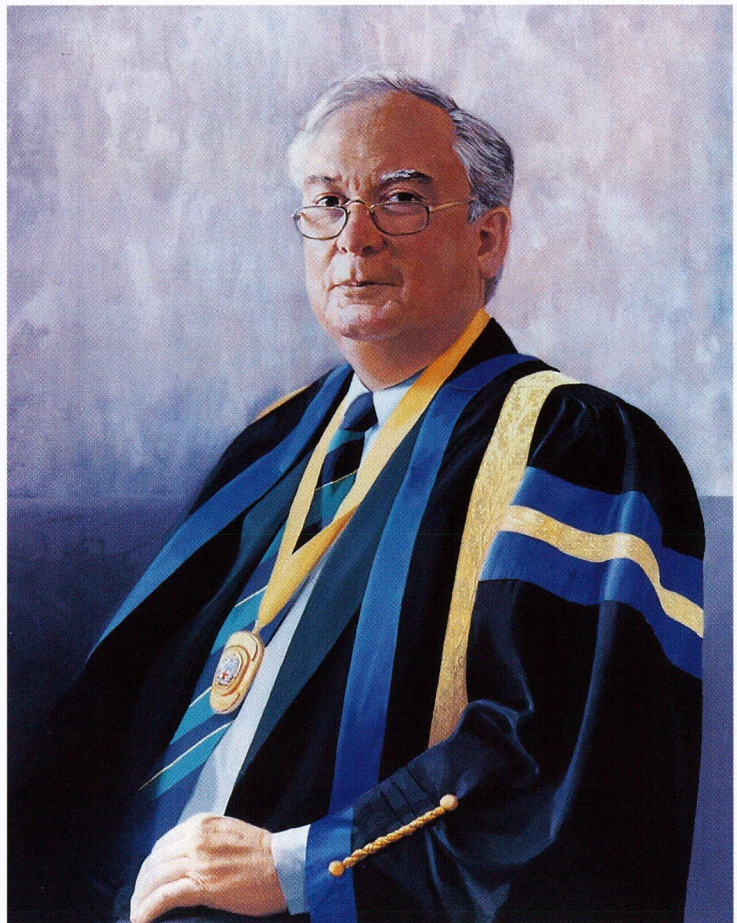
DEAN'S PORTRAIT

Dr Geoff Clarke, AM

The Inaugural Dean's Portrait was unveiled on Thursday 25th June following the Annual Meeting of the Faculty.

The painting is by Mr Ben Joel of Western Australia and is hung in the College Headquarters at Ulimaroa.

Dr Geoff Clarke was awarded the Order of Australia Medal, in the General Division in the recent Queen's Birthday Honours List.



NATIONAL INTENSIVE CARE DAY SUCCESS

National Intensive Care Day was enormously successful.

More than 170 Units in Australia and New Zealand took part and for a time, intensive care teams were on display in public arenas, a situation to which most are not accustomed.

The themes of 'When Life In The Balance' and 'Special Care From Special People' were displayed to good community attendances. The majority of National and State Ministers of Health helped promote the Day by their presence in units, while the remainder provided positive press releases.

Activities by units included public displays both in hospitals and in the community often in major shopping malls. Reunions of former patients and staff were popular events, as were tours of units. The opportunity was taken by some units, to highlight risks such as using the roads, and the merits of responsible behaviour, and even career paths in intensive care medicine.

Media coverage was extensive – with New Zealand achieving comprehensive coverage in national print, radio and television, as well as suburban and specialist publications. Across Australia, the national newspaper and almost all major print media carried reports (most with photos) focusing on stories of wonderful recoveries from critical illness. The well patients returned to the Unit that saved them to meet and chat with staff. Stories appeared on the Day, as well as before and after – effectively keeping the ICU message in the public arena for much of the week.

Radio interviews – most of them in-depth – were achieved in most States, and there was some TV news coverage on the Day.

The key messages of team, commitment, high standards and world leadership in levels of outcomes were given good exposure, highlighting the expertise of ICU teams which previously was appreciated only by our patients and their relatives.

A questionnaire is being circulated to those units which participated in this Day and its return is important to enable us to use the ideas from the activities in 1998 for future National Anaesthesia Days.

The Faculty wishes to express its gratitude to the College, not only for making its National Anaesthesia Day available on this occasion but also for the generous financial, physical and advisory resources it provided, which all contributed so much to the Day's success. ANZICS accepted financial responsibility for the NICD stickers.

The concept of national co-ordinators worked effectively, with Neil Matthews in Australia and myself in New Zealand both kept fairly busy at times.

The enthusiasm for this event displayed by intensive care nurses and the true amount of sheer hard work that so many of them put in were outstanding. Perhaps some units will feel so encouraged by the success of the Day to mount a similar approach-to-the-public event annually. Certainly the public seem to appreciate the educational value of the 1998 events.

RV TRUBHOVICH
Communications Officer



Public interaction with National Intensive Care displays such as this one mounted by Cabrini Hospital staff at Melbourne's Malvern Central retail complex proved valuable to the day's success.

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

ACN 055 042 852

POLICY DOCUMENTS

E = Educational P = Professional T = Technical EX = Examinations

PS = Professional Standards TE = Training and Examinations

- E1 (1996) Guidelines for Hospitals seeking College Approval of Posts for the First Four Years of Vocational Training in Anaesthesia *Bulletin Nov 96, pg 64*
- E3 (1994) The Supervision of Trainees in Anaesthesia *Bulletin Nov 92, pg 41*
- TE4 (1997) Duties of Regional Education Officers in Anaesthesia *Bulletin Nov 97, pg 88*
- TE5 (1997) Supervisors of Training in Anaesthesia *Bulletin Nov 97, pg 89*
- E6 (1995) The Duties of an Anaesthetist *Bulletin Nov 95, pg 70*
- E7 (1994) Secretarial Services to Departments of Anaesthesia *Bulletin Nov 94, pg 43*
- E9 (1993) Quality Assurance *Bulletin Mar 93, pg 38*
- TE11 (1997) Guidelines for the Completion of a Formal Project *Bulletin Nov 97, pg 91*
- E13 (1996) Guidelines for the Provisional Fellowship Year *Bulletin Nov 96, pg 66*
- E14 (1994) Guidelines for the In-Training Assessment of Trainees in Anaesthesia *Bulletin Aug 94, pg 62*
- TE15 (1998) Guidelines for Trainees and Departments seeking College Approval of Posts for the Certificate in Pain Management *Bulletin Mar 98, pg 70*
- EX1 (1996) Examination Candidates Suffering from Illness, Accident or Disability *Bulletin Nov 96, pg 70*
- T1 (1995) Recommended Minimum Facilities for Safe Anaesthetic Practice in Operating Suites *Bulletin Nov 95, pg 52*
- T3 (1995) Recommended Minimum Facilities for Safe Anaesthetic Practice in Organ Imaging Facilities *Bulletin Nov 95, pg 56*
- T4 (1994) Recommended Minimum Facilities for Safe Anaesthetic Practice for Electro-Convulsive Therapy (ECT) *Bulletin Nov 94, pg 59*
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