

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'.*

Inside...

- President's Message
- About the Academy
- Communication Program
- Regional Committee Annual Reports
- Statutory Report for Financial Year
- Treasurer's Report

FACULTY OF INTENSIVE CARE

- Dean's Message
- National Intensive Care Day
- Supervisors of Training

Intensive Care
When
Life is in the Balance

SPECIAL PEOPLE

SPECIAL CARE

SPECIAL PLACE

SPECIAL EQUIPMENT

An initiative of the
Faculty of Intensive Care
Australian and New Zealand College of Anaesthetists

Supported by

Australian and New Zealand Intensive Care Society
Australian Society of Anaesthetists
New Zealand Society of Anaesthetists
Confederation of Australian Critical Care Nurses
Intensive Therapy Section New Zealand Nurses Organisation

National
Intensive
Care
Day

SPECIAL CARE
FROM
SPECIAL PEOPLE

1st July 1998

Volume 7

Number 2

May 1998

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EDITORIAL

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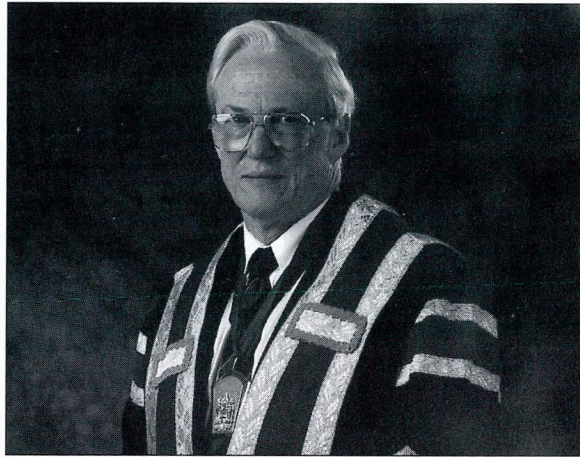
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PRESIDENT'S MESSAGE



I complete my two year Presidency on 12th June. Looking back I must say I entered my term as President believing that the College needed a period of stability following the years of rapid expansion since it was formed. But events dictated not just consolidation but further expansion.

Major developments in the past two years have been the review of College structure and function, the results of which are in train, but not yet complete; establishment of firm relationships with Hong Kong, Singapore and Malaysia; agreement with ASA and NZSA on a combined approach to involvement in Papua New Guinea and Asia-Pacific; establishment of good working relationships with Government via the Australian Medical Workforce Advisory Committee and the Medical Training Review Panel; completion of a review of the College Examination process; and a review and update of the Maintenance of Professional Standards Program.

In New Zealand, the Regional Committee has dealt with a number of major national issues, including preparation of submissions in relation to the Crimes Amendment Bill and the Medical Practitioners' Bill, and has spent considerable time ensuring that the New Zealand Medical Council's requirements for assessment of overseas trained doctors have been met.

Challenges awaiting the College include its involvement in the Academy; its management of its affairs in relation to new legislation including the Trade Practices Act; and its ability to facilitate high quality anaesthesia in rural areas and other areas of need.

I would like to thank Council, all Fellows, especially those who act for the College at regional level, examiners, hospital visitors and others too numerous to mention for their work for the College over the last two years. Thanks also to the College administrative staff whose industry and loyalty ensures the College prospers.

Best wishes to Richard Walsh, incoming President and his Council in their pursuit of the aims and objectives of the College.

G.D. PHILLIPS

QUESTIONS AND ANSWERS

ABOUT THE ACADEMY AND THE COLLEGE

INTRODUCTION

Following my March communication to Fellows about the Academy of Medicine (or Medical Colleges), I have had a number of enquiries seeking clarification of particular points. The following is a "Question and Answer" type summary of the most frequent issues raised.

Q1 ISN'T THE ACADEMY GOING TO CONTROL OR LIMIT ANZCA ACTIVITIES?

A1 No. There are specific articles of association to prevent this. Article 80 establishes non-binding provisions for member Colleges.

80.1 *"No provision in these articles; and no regulation or resolution of the Council which directly affects or purports to directly affect the affairs, operation or administration of a member (other than the payment of fees or subscriptions) shall bind the member without the member's express approval (given by the member or members' representative)", and*

80.2 *"No policy or public statements of the Academy shall bind a member without its express approval (given by the member or members' representative)."*

Q2 WON'T THE ACADEMY INTERFERE WITH AMA AND ASA POLITICAL/INDUSTRIAL ACTIVITY?

A2 No, this is unlikely, given the "Objects of the Academy". Article 5.2.6 states *"a body corporate is eligible to become a Full Member (of the Academy) if the applicant is not formed primarily to, or does not carry out predominantly activities for industrial or political purposes."*

Q3 WON'T THE ACADEMY BE RUN BY THE EXECUTIVE, DOMINATED BY SOME COLLEGES?

A3 No, this is unlikely. The Council will consist of the Presidents of 13 Colleges. The Executive will consist of the President, two Vice-Presidents and two Councillors. Council elects the President, Vice Presidents and Councillors to the Executive. Elections are annual with a maximum of two terms of a year each term. Article 72 states *"that the Executive shall not, without prior approval of the Council provide substantive advice to government or body corporate dealing with any matter of significant public policy or issue any public statement which is inconsistent with the policies of the Academy adopted by the Council", or "execute any agreement with any government or body corporate dealing with any matter of significant public policy (other than matters of management or administration of the Academy."*

Q4 WON'T THE ACADEMY BE CONTROLLED BY GOVERNMENT?

A4 No, the Academy will be funded by the Colleges and will act for the Colleges on matters agreed by the Colleges. It will advise Government on matters of policy relevant to its *"Objects."*

Q5 WON'T THE ACADEMY BE USED TO SPLIT THE PROFESSION?

A5 On the contrary, the Academy will co-ordinate and plan cohesively with the Colleges, making it less likely for individual Colleges to be isolated. There are no plans for the Academy to compromise the legitimate activities of bodies such as the AMA and Societies.

Q6 ISN'T FORMATION OF AN AUSTRALIAN AND NEW ZEALAND BODY A RETROGRADE STEP?

A6 Not at all. Seven of the 13 Colleges are currently Australian and New Zealand, while two more are about to become so. Memorandum 2.2.6 states that the Academy shall have the following powers: *“to create, by regulations, such divisions and sections of the Academy as may be desirable in furtherance of the objects of the Academy, including the creation of a New Zealand Division of the Academy.”*

Q7 WON'T ANZCA'S TAX FREE STATUS BE THREATENED?

A7 No. The Academy will apply for the same tax exemptions as the College because of its *“objects”*. Irrespective of the result, which is extremely likely to be favourable, ANZCA will retain its current status.

Q8 WON'T THE ACADEMY ENGAGE THE COLLEGE IN POLITICAL ACTIVITY?

A8 See Q2 (above).

The word *“political”* can be interpreted in many ways (see dictionary, thesaurus or encyclopedia).

The Academy will deal with Government on issues relevant to its *“objects”*, just as the College does now. The President of ANZCA is currently a member of CPMC, Chairman of the CPMC Workforce and Restructuring Committee, a member of the Federal Government's Medical Training Review Panel and its Data Collection Working Party. He has also represented the College's position on training, and its workforce implications to the MTRPs Brennan Consultancy *“Trainee Selection in Australian Medical Colleges”* and the MTRPs Human Capital Alliance Consultancy *“Medical Training Opportunities for Junior Doctors”*. ANZCA deals on a regular basis with the Australian Medical Council, State Medical Boards and the Australian Health Ministers' Australian Medical Workforce Advisory Committee's Working Party on Anaesthesia.

The New Zealand Regional Committee similarly deals on a regular basis with the New Zealand Government on relevant matters, with the Medical Council of New Zealand, and with other regulatory bodies.

Q9 WHY HASN'T THE COMMITTEE OF PRESIDENTS OF MEDICAL COLLEGES WORKED?

A9 The CPMC was set up as a loose federation of Colleges to share information. As such it has no mandate to speak for Colleges. To become effective it must restructure. It could do so by adopting the Memorandum and Articles of Association of the proposed Academy and naming itself *“Committee of Presidents of Medical Colleges”*, but the Presidents believe a new name and image is necessary.

Q10 DOES COUNCIL HAVE THE AUTHORITY TO VOTE TO JOIN THE ACADEMY?

A10 The Articles of Association of ANZCA include the following article:

Article 11: *“Subject to the Constitution, the powers, functions of management of the College shall be vested in the Council which shall have the general direction and control of the affairs of the College.”*

Q11 WHAT ARE THE IMPLICATIONS FOR ANZCA OF NOT JOINING THE ACADEMY?

A11 The College would be isolated.

Q12 ARE THERE PRECEDENTS FOR THIS MOVE IN OTHER COUNTRIES?

A12 Yes. There are Academies in the UK, Hong Kong, Singapore and Malaysia.

ANZCA COMMUNICATIONS PROGRAM

SURVEY OF FELLOWS

The College implemented a Communications Program in 1994. A Survey of Fellows was held in August 1994 and 723 forms were returned which provided good input into initiating the Communications Program.

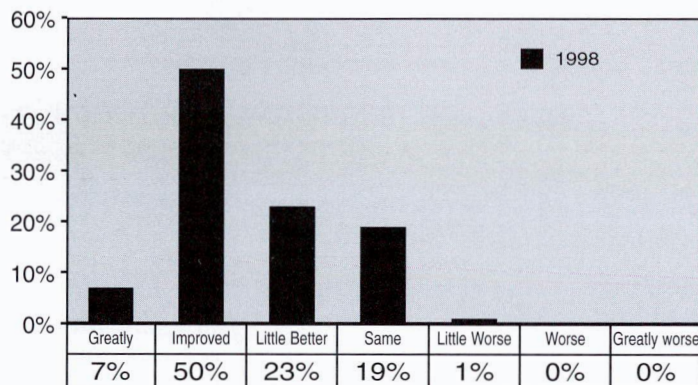
A follow-up survey was sent out with the recent Subscription notices.

1082 forms have been returned to date in 1998 and provide a very valuable tool in assessing the performance of the Program as well as collating suggestions for ongoing development. Some common questions between the surveys allow comparisons to be made.

Thank you to all who contributed their thoughts and time in providing this valuable input.

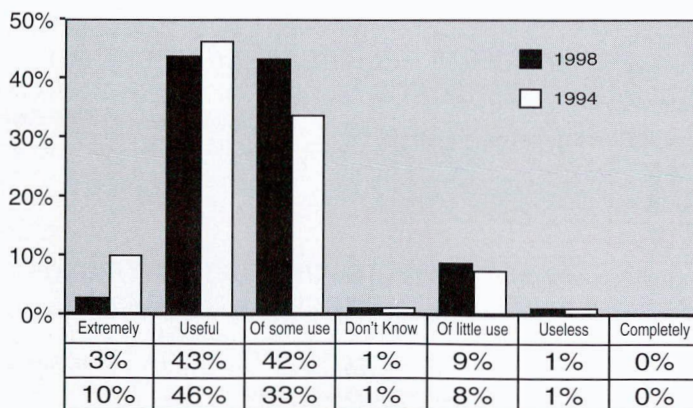
COLLEGE BULLETIN

1. Do you feel that the Bulletin has improved over the last three years? (14 No Answer)



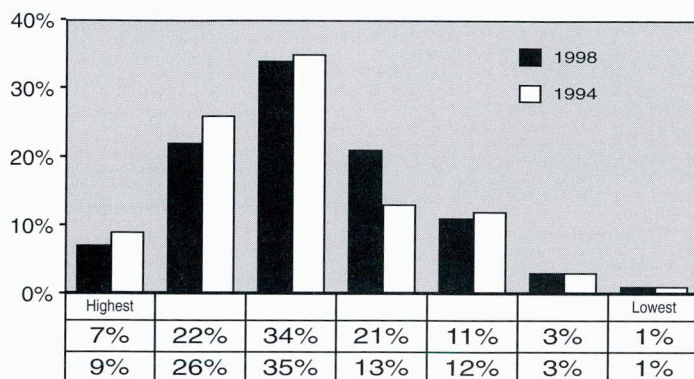
Of those who replied 80% indicated that there had been some improvement in the Bulletin with only 1% indicating that it was worse.

2. Is the Bulletin useful to your professional work? (6 No Answer)

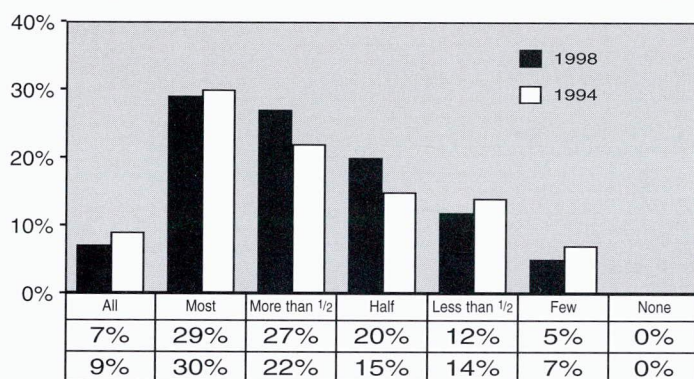


88% indicated that the Bulletin is of some use or better. This is the same percentage as resulted from the survey held in 1994.

3. After receiving the Bulletin, what priority do you give to reading it? (12 No Answer)



4. What proportion of articles presented in the Bulletin would you read? (6 No Answer)



83% of Fellows who responded indicated that they read at least half of the Bulletin or more compared to 76% in 1994.

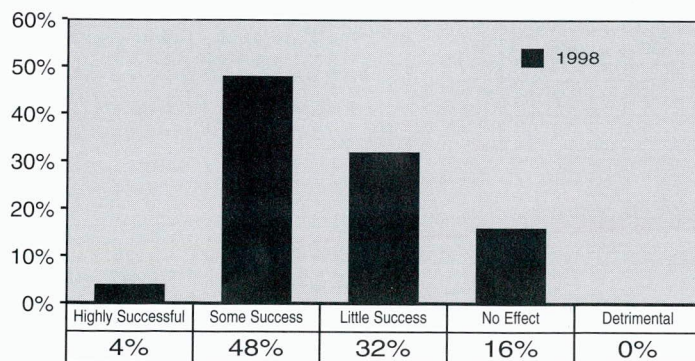
5. Any comments or suggestions regarding the Bulletin?

147 Fellows offered comments.

Although there was a wide range of comments the majority were supportive of the Bulletin and the recent changes.

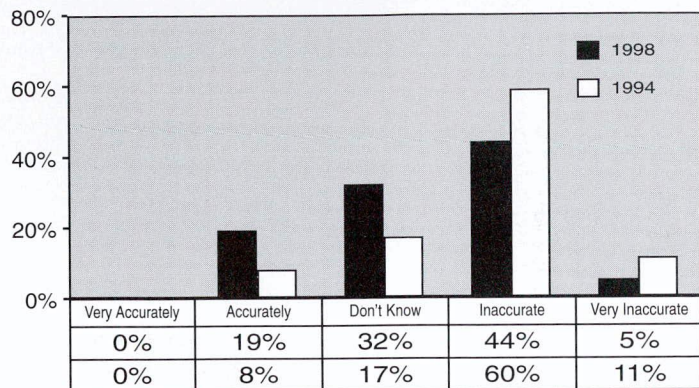
COMMUNITY EDUCATION AND PUBLIC RELATIONS PROGRAM

6. Do you think that the National Anaesthesia Days have been successful in improving the image of anaesthesia? (75 No Answer)



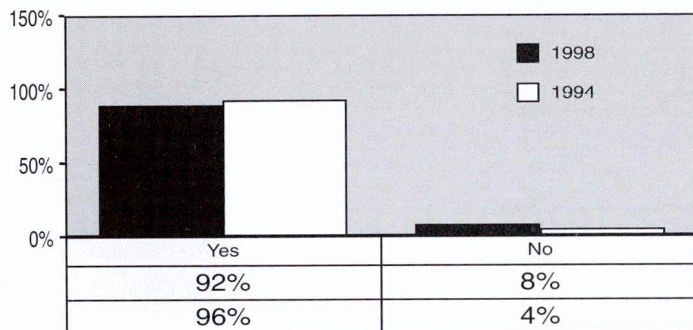
84% of responses indicated that the National Anaesthesia Day Program had resulted in some effect.

7. In your opinion how does the media now report anaesthesia matters? (84 No Answer)

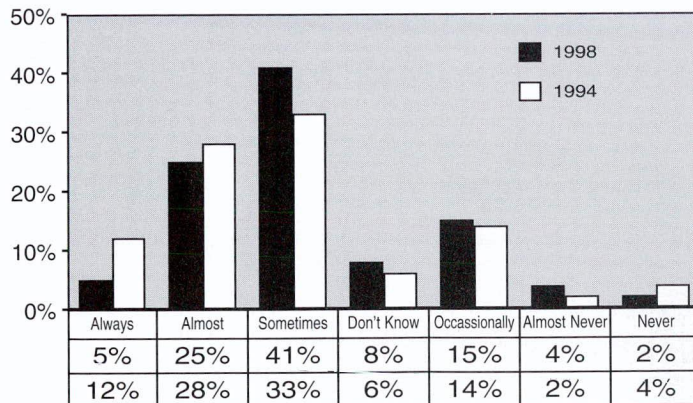


19% indicated that the media was now reporting anaesthesia matters accurately compared to only 8% who indicated this in the 1994 survey. Both the inaccurate and very inaccurate percentages have also dropped.

8. Do you support the College producing more public education material?



9. Where your personal involvement would help a particular information program, would you be prepared to contribute time? (43 No Answer)



87% indicated that they were willing to contribute which is the same percentage as indicated in the 1994 survey.

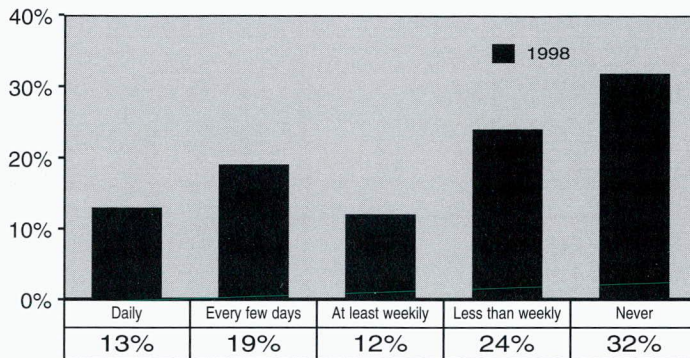
10. Do you have any comments or suggestion regarding the College's Program?

180 Fellows offered comments.

Although many comments were supportive there were many who did not seem to have understood the various activities that have occurred or outcomes achieved.

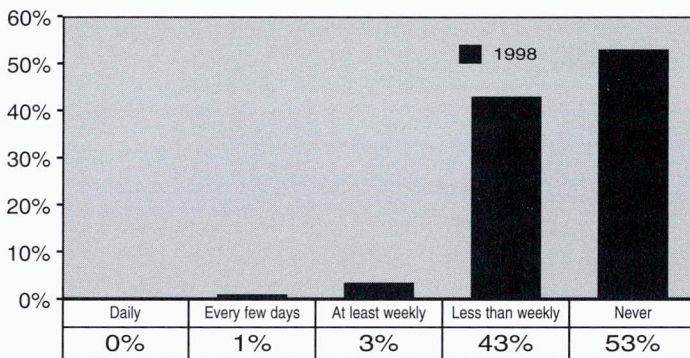
ANZCA ELECTRONIC COMMUNICATION SERVICES

11. Do you use the Internet? (47 No Answer)



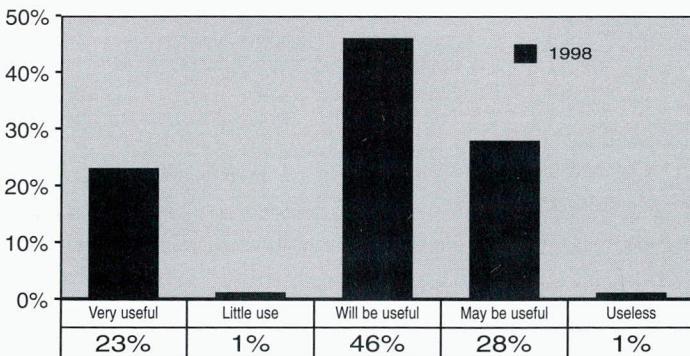
Of those who answered 67% used the Internet with 43% using it weekly or more frequent.

12. Do you visit the ANZCA Internet Website? (57 No Answer)



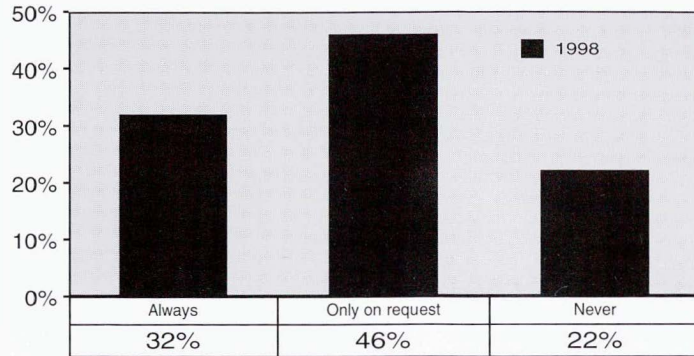
47% of Fellows who answered this question indicated that they had visited the ANZCA site.

13. What do you think about the usefulness of the Internet for communication between the College, Fellows and trainees? (78 No Answer)



98% indicated some degree of usefulness.

14. Would you be willing to receive your correspondence, College news and policy documents by electronic mail? (72 No Answer)



78% of responses were willing to receive College material by electronic mail.

15. Do you have any comments or suggestion regarding the College's Electronic Communication Services?

206 Fellows offered comments.

The comments generally supported improving the ANZCA Electronic Communication Services but also indicated that many Fellows were only in the early stages of utilising (or planning to utilise) this mode of communication.

MIKE MARTYN, Communications Officer

Appointments

Congratulations are extended to the following Fellows:

- Dr Brian Pezzutti, NSW
– Colonel Director of Medical Services, Regional Health Support Agent, NSW
- Dr John Rigg, WA
– Clinical Associate Professor, University of Western Australia

DEATH OF FELLOWS

The death of the following Fellows is noted with regret:

- Dr Bede Patrick Francis Mooney, NSW – FFARACS 1968, FANZCA 1992
Dr Kevin Lorne Merrett, Vic – FFARACS 1991, FANZCA 1992

REGIONAL COMMITTEES ANNUAL REPORT 1997-98

Office Bearers:

Chairman:

Dr Philip Ragg

Deputy Chairman:

Dr Mark Buckland

Honorary Secretary:

Dr Kate Leslie

Honorary Treasurer:

Dr Rowan Molnar

Education Officer:

Dr Mark Fajgman

Assistant Education Officer:

Dr Beth Ashwood

Safety Officer/Rural Representative:

Dr Mark Radnor

Safety Officer:

Dr Peter Brown

CME Officer:

Dr Peter McCall

Assistant CME Officer:

Dr Bill Hurley

Formal Project Officer:

Dr Kate Leslie

Paramedical Personnel:

Dr Mark Buckland

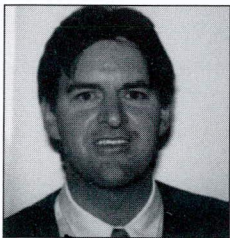
VMPF Representative:

Dr Steve Chester

Councillors:

Dr Ian Rechtman

Dr Rod Westhorpe



Dr Phillip Ragg



Dr Kate Leslie

When we look back on 1997-98 in the Victorian Region, Continuing Medical Education was once again a highlight. An amalgamation of ANZCA and ASA resources resulted in the landmark meeting by Professor Savarese at the Carlton Crest in April which attracted over 150 attendees for a monthly meeting and the first multimedia presentation including video footage using our computerised slide projector was delivered by Professor Colin Goodchild this month.

Melbourne has been selected as the host city for the Year 2000 Annual Scientific Meeting to be held at The Crown from May 5 - 10.

Victorian Educational Courses have seen unprecedented popularity this year with the most recent Primary Fulltime Course attracting 55 applicants.

1. CONSULTATIVE COUNCIL ON ANAESTHETIC MORTALITY AND MORBIDITY

- (i) The Council met on nine occasions in 1997 and two in 1998. It was necessary to cancel the July meeting because the appointment of the new Council for the next triennium had not been completed. The Council is in the process of negotiating with the Minister for the replacement of a forensic pathologist.
- (ii) Review of all 1996 cases have now been completed except for follow-up of drug sensitivity reports. The Council has almost completed consideration of the 1997 cases.
- (iii) A Report covering the years 1993-95 will soon be prepared and circulated about mid year. It should be noted that it is a deliberate plan to avoid publication until at least two years after the occurrence of any specific event and, when applicable, until after the Coroner's findings have been made public.
- (iv) The Department of Human Services is in the process of setting up a Surgical Consultative Council and the Minister has requested a nomination from our Council but this has not yet been confirmed. It is expected that the two Councils will co-operate closely but maintain their independence.
- (v) The Council is most grateful to the Regional Committee for facilitating the distribution of the information bulletins. It is anticipated that when the ANZCA has a joint mailing list of College and ASA addresses this will facilitate wider distribution. In addition the Council ensures distribution to all known general practitioner anaesthetists. The Chairman also wishes to acknowledge the considerable assistance provided by the ANZCA Librarian, Miss Shanti Nadaraja who is most co-operative and effective and always responds rapidly to all requests.

Victoria (continued)

Co-Options:

Victorian State Committee, RACS:

Mr Richard Cade

**Consultative Council on
Anaesthetic Mortality and
Morbidity:**

Dr Patricia Mackay

Faculty of Intensive Care:

Dr John Reeves

**Australian Society of
Anaesthetists:**

Dr Mark Sandford

Younger Fellows Representative:

Dr Trevor Shum

2. PARAMEDICAL PERSONNEL

Fellows and other members of the anaesthetic community remain actively involved in the education of Allied Health groups.

3. CONTINUING EDUCATION

Continuing Medical Education continued to assume an important role for the Victorian Regional Committee. Several quality speakers presented papers during 1997.

Topics included:

February 1997

Understanding the Circle Breathing Circuit Using an Educational Computer Simulation. Dr Julian Goldman

April 1997

Cisatracurium and the future of Benzylisoquinolinium Muscle Relaxants.

Prof Savarese

(Combined Meeting with the ASA)

May 1997

Is there a depth to Anaesthesia? Prof Gavin Kenny

(ASM Visitor)

June 1997

Anaesthesia and Fractured Neck of Femur; Facts, Fallacies and Foibles.

Assoc Prof Greg Knoblanche

July 1997

Registrars' Scientific Meeting

August 1997

Annual Combined ANZCA/ASA CME Meeting:

Anaesthesia and the Circulation

December 1997

Up-date on Spinal Non-Opioid Analgesia. Prof Colin Goodchild

Most of these topics have been videotaped and may be borrowed from the ANZCA Library.

The Combined ANZCA/ASA Meeting held on Saturday 16th August 1997 on "Anaesthesia and the Circulation" once again proved to be a very successful meeting. The International Guest was Professor Michael Pinsky, Department of Anesthesiology and Critical Care Medicine, University Hospital, Pittsburgh, USA. This meeting provided an opportunity to revise physiology and integrate it with clinical relevance. All local contributors should be thanked and congratulated again for this excellent educational event.

Considerable effort has been made this year to improve the co-ordination of combined activities between the College and ASA at both a local and National level.

Victoria (continued)

The next combined ANZCA/ASA Meeting will be held early in October 1998 and the topic is "Pain" featuring Dr Tony Wildsmith from the United Kingdom.

A local register of meetings is maintained and has been published. Anyone with details of planned meetings wishing inclusion on this list should contact VRC Secretary on (03) 9510 6441.

4. EDUCATION

Registrars' Scientific Meeting - Melbourne 1997

The Registrars' Scientific Meeting was held on Saturday 19th July, 1997. 14 papers on various topics were presented. All presenters are to be congratulated for taking part in a most enjoyable and stimulating meeting. A paper from Dr Peter Howe on Pre-operative assessment of aborigines in Darwin was awarded a prize for best presentation, donated by Anaequip (Vic) Pty Ltd, as judged by Professors Duncan Blake and Colin Goodchild.

5. FORMAL PROJECTS

Victorian trainees have produced some interesting Formal Projects this year. Many were presented at the Annual Registrar's Scientific Meeting organised by the Regional Education Officer, Dr Mark Fajgman. Several trainees presented their projects at national meetings, whilst others submitted published work.

Formal Projects approved were:

Brian Spain:	Spinal Epidural Abscess - Case Report associated with Obstetric Epidural Catheterisation and Review of Literature
Terence Beh:	Quality of Recovery After General Anaesthesia: Development of an Index Score
Andrew Silvers:	Anaesthesia for Bilateral Sequential Lung Transplantation: Experience of 64 Cases
Abhay Umranikar:	First Report of Chromobacterium Vitaceum Pneumonia in Southern Australia
Andrew Wyss:	Anaesthesia and Laser Ablation of the Prostate
Geoff Kilminster:	Is low dose Midazolam anti-emetic in Gynaecological Day Case Laparoscopy
Nicholas Balis:	Cardiopulmonary Arrest in Pregnancy: Successful Resuscitation of Mother and Infant Following Immediate Caesarean Section in Labour Ward
Kwok-ming Ho:	A Comparison of Common Iliac Vein Pressure and Superior Vena Cava Pressure in Mechanically Ventilated Patients
Mark Reeves:	Acute Hepatitis Following Enflurane Anaesthesia
Antonio Grossi:	A Randomized Prospective Trial Of General Anaesthesia vs Spinal Anaesthesia For Day Case Knee Arthroscopy
Maggie Wong:	Early Extubation Following Coronary Artery Bypass Surgery Reduces the Incidence of Postoperative Depression
Andrew Fock:	Acute CNS Toxicity After Accidental Ropivacaine Overdose

Victoria (continued)

Anna Hawke:	Clinical Predictors of OSA
Karin Jones:	Supramaximal Stimulation of The Common Peroneal Nerve
Julia Clarke:	A Model For The Training of Anaesthetic Registrars In Practical Procedures: The use of Cusum in Assessing Performance
Alex Konstantatos:	The Effect of Forced Air Warming on Postoperative Oxygen Consumption and Temperature
Mark Anderson:	Modern Design and the Anaesthesia Record
Peter Lane:	Real-time Ultrasound-guided Central Venous Access via the Subclavian Approach
Poranee Wongprasartsuk:	The Effect of Forced Air Warming on Postoperative Oxygen Consumption and Temperature
Samuel Leong:	Helicobacter Prevalence in Anaesthetists
Suresh Pathy:	The Effect of Radiofrequency Shielding on the performance of the Gemini PC-1 Infusion Pump in the MRI Suite
Sion Davies:	The Effect of Supplemental Oxygen on the Incidence of Hypoxia in Cardiac Surgical Patients Following Premedication
Colin Iatrou:	Neuromuscular Function at the Common Peroneal Nerve
Peter Seal:	Albumin Priming does not prolong Haemofilter Life
Susan Sherlock:	Risk Versus Benefit In Coronary Care Patients Undergoing General Anaesthesia For Upper GI Endoscopy
Evangelyn Malkoutzis:	Blood Transfusion Practice In Obstetric And Gynaecological Anaesthesia

6. RACS ROAD TRAUMA COMMITTEE

The report of the Consultative Council on Road Traffic Fatalities was completed this year. The Victorian Regional Committee has been a main contributor to recommending changes to the theatre management of trauma and the Consultative Council has endorsed nearly all of these changes.

7. TREASURER'S FINANCE REPORT 1997

The three accounts of the VRC (business account, course account and ANZCA / ASA combined CME account) remain with sufficient funds for the expected operating activities of the VRC. A cheque for \$20000 was presented to the ANZCA Foundation which represents surplus accumulated funds from our CME activities over the last six years. Both the College and the ASA have audited the relevant accounts to their satisfaction.

There was no major equipment purchase this financial year. The computer projection system purchased last year is being put to frequent use by the Victorian Fellows to enhance their presentations, courses and meetings.

8. VICTORIAN MEDICAL POSTGRADUATE FOUNDATION INC.

The VMPF continues to conduct the Computer Matching Service for residents, interns and nurses. Professor Phelan was appointed the Medical Director. The VMPF and the VRC are concerned that Health Computing Services is to be controlled by a non-medical organisation and the

Victoria (continued)

implications this will have for confidential medical data and how this may be interpreted. "Access" – The VMPF Journal is available in the College Library.

9. SAFETY

This year, we have contributed to the debate on anaesthetic airway filters and their prevention of viral infection. This issue is still not resolved as there is no current Australian standard for airway filters.

There is continuing interest with Latex Allergy and sensitivity and the VRC is following closely the cases involving this issue.

Almost identical labelling of Suxamethonium and Fentanyl Ampoules by a drug company was identified by the VRC and the potential complication of this was acknowledged and promptly corrected by the company concerned.

10. LIBRARY

The Librarian, Miss Shanti Nadaraja has advised that the College Library is open 9am - 5pm Monday to Friday, however it will remain open later every Wednesday until 8pm.

The Victorian Regional Committee would like to gratefully acknowledge the work of Shanti who tirelessly assists the Committee and all Fellows with any matters relevant to the Library.

11. RURAL ACTIVITIES

This year the Goulburn Valley Hospital in Shepparton has been accredited as a training position, and Mildura has now taken the first steps in this regard. I hope that we will have all major provincial hospitals with registrar rotations within the next few years. Privatisation of Mildura and Latrobe Valley hospitals may produce some interesting effects on registrar training.

The newly formed Australian College of Remote and Rural Medicine (ACRRM) now has membership on the Joint Consultative Committee between ANZCA and RACGP and will be approaching our members to teach anaesthesia appropriate for remote practice as part of the syllabus for that College. There will still be some time before the structure of this College is formalised, however it will not be long before our College members will be asked to become involved.

Finally, the Victorian Regional Committee would like to thank Miss Natalie Morey, our Secretary for the past nine months for her valuable assistance. Natalie has been a pleasure to work with and we wish her well in the future. The Committee also welcomes back Veronica Quetglas after nine months maternity leave.

Philip Ragg, *Chairman*

Office Bearers:**Chairman:**

Dr Jennifer Parslow

Vice Chairman:

Dr Peter Moran

Honorary Secretary:

Dr Ranald Pascoe

Honorary Treasurer:

Dr Lyndall Patterson

Regional Education Officer:

Dr Kerry Brandis

CME Convenor:

Dr James Bradley

Co-opted Council Representative:

Dr Diana Khursandi

Formal Projects Officer:

Dr Mark Gibbs

Committee Members:

Dr Robert Whiting

Dr Geoff Gordon

Dr Rob Edwards

Co-opted ASA Chairman:

Dr Alison Holloway

QUEENSLAND

Workforce issues have continued to be high on the agenda of the work of the Queensland Regional Committee. A summit on the topic of Medical Specialist Workforce for all areas of Queensland was held in April 97 with representatives from the State and Commonwealth Health Departments and the different Medical Specialist Colleges. It was felt that this conference was a positive opportunity for exchange of ideas between the different Colleges as well as an opportunity for dialogue between the Colleges and the two Health Departments.

There has also been considerable activity regarding Elective Surgery with numerous members of the College involved in Working Parties to develop guidelines on various aspects of elective surgery as well as a Health Department Advisory Committee to advise on various aspects of the conduct of elective surgery throughout the State.

CME ACTIVITIES

As well as many successful one day meetings held throughout the year, organised by the combined ANZCA-ASA CME Committee, the highlight of the year was the weekend meeting at the Kingfisher Bay Resort on Fraser Island organised by Anaesthetists from Maryborough and Nambour. One theme for the meeting was 'Paediatric Anaesthesia' as well as other topics particularly of interest to Anaesthetists practising in non-metropolitan areas. We were all very grateful to Dr Alison Berry and Dr Jenny Stedmon, the organisers of the meeting for an excellent academic program as well as an enjoyable social program in a most delightful location which was enjoyed by all.

Two particularly successful day meetings during the year were

- 1 A Registrar presentation day in November, which was well subscribed with excellent presentations making the selection of a winner of the inaugural Tess Cramond Prize extremely difficult. The inaugural recipient of the prize was Dr Sue Clarke for a video presentation for education of paediatric patients presenting for anaesthesia. And
- 2 A Welfare of Anaesthetists day meeting in February with various topics addressing the stresses of anaesthetic training and some answers.



Dr Jennifer Parslow



Dr Ranald Pascoe

TRAINEE NEWS AND EDUCATION

Over the past three years Queensland has increased the trainee numbers from 51 in 1995 to 76 in 1998. The latest increase in the trainees numbers was delayed for 12 months due to the lack of adequate paediatric anaesthetic training positions. This lack has now been reversed with two new training positions, one at each of the two tertiary paediatric hospitals in Brisbane. One of these positions is a new position made possible by increased funding from the State Government to assist anaesthetic training numbers to be increased in line with the AMWAC report. One other pleasing aspect of this increase is that a number of these new positions have been created in non-metropolitan hospitals

Queensland (continued)

with there now being 27 training positions in either provincial city hospitals or smaller hospitals in the outer suburban areas around Brisbane. It is hoped that having trainees rotate through Provisional Centres will encourage the trainees to see the advantages of working in these centres as specialist anaesthetists in their working years to come.

For a number of years now in Queensland a Primary Short Course has now been held in May, with increasing popularity. Already this year there is considerable interest for this course from Hong Kong and New Zealand as well as other areas of Australia. Dr Kerry Brandis who had already enjoyed an excellent Part I teaching reputation from his work at the Gold Coast Hospital has taken over the role of Regional Education Officer for Anaesthetics in the past 18 months and has further developed this Primary Short Course.

It is planned to also introduce a Part II Short Course as well within the next 12 months, although the precise timing is still under consideration.

There are as well popular Long Courses conducted for both the Part I and Part II trainees. The Part 1 Long Course for 1997 and 1998 has been ably organised by Dr Liz Boge a newly qualified Fellow, assisted by numerous Anaesthetists as well as senior trainees who have graciously given of their time and energies to see this course succeed.

The Regional Committee would like to express their thanks to all the Fellows who have contributed to the various activities of the College in Queensland throughout the past year. Also we would like to acknowledge the very able assistance of the Queensland Administrative Assistant Ms Joyce Holland, who has co-ordinated the many activities of the College in the State throughout the past year.

REPRESENTATIVES ON EXTERNAL COMMITTEES

Dr Jennifer Parslow

Advisory Panel to Health Rights Commission
 Committee of Queensland Medical Colleges
 Medical Workforce Specialist Working Party
 Chair, Queensland Health Theatre Utilisation Steering Committee
 State Health Department's Committee (Statewide Management Systems
 for Elective Surgery) "Elective Surgery Project"
 Ministerial Task Force on Elective Surgery
 Staff Panel of Peers, Senior Staff Specialist Status, Queensland Health
 Visiting Panel of Peers, Senior Visiting Specialist status,
 Queensland Health

Dr Peter Moran

Editorial Committee Representative "Australasian Anaesthesia"
 Postgraduate Diploma in Anaesthetic Nursing,
 Queensland University of Technology
 ANZCA/RACS Building Committee

Dr Robert Whiting

ANZCA/RACS Building Committee

Queensland (continued)

Dr Bart McKenzie

Medical Workforce Specialist Working Party
Queensland Ambulance Medical Advisory Committee

Dr Mark Gibbs

Queensland Committee to Investigate Perioperative Deaths

Dr Diana Khursandi

Post-Graduate Medical Education Committee,
The University of Queensland

Dr Alison Holloway

Chairman, ANZCA Sub-Committee on Anaesthetic Training
Anaesthetic Technician Training Committee

Dr Ian Stephens

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

Dr Paul Mead

Australian Resuscitation Council

Dr Col Busby

Red Cross Blood Transfusion Service

Dr Ken McLeod

Queensland Council for Rural Medicine, Rural Specialist Steering Group

Dr Chris Anstey

RACS Queensland Trauma/Road Trauma Committee

Dr Liz Boge

Physiology and Pharmacology Long Course Lecture Series Co-ordinator

Dr Rhonda Boyle

Primary Practice Viva Sessions Co-Ordinator

Jennifer Parslow, *Chairman*

Office Bearers:

Chairman:

Dr Alan Rainbird

Deputy Chairman:

Dr Margaret Wiese

Hon Secretary/Treasurer:

Dr Margaret Cowling

Committee Members:

Dr Neil Maycock

Dr David Bullen

Dr John Richards

Dr Tim Semple

Dr Richard Sorby-Adams

Dr Margaret Wiese

Dr Anthony Laver

Regional Education Officer

(Anaesthesia):

Dr Peter Woodhouse

Regional Education Officer

(Intensive Care):

Dr John Myburgh

Younger Fellows Representatives:

Dr Robert Singleton

Dr Robert Laing

Ex Officio:

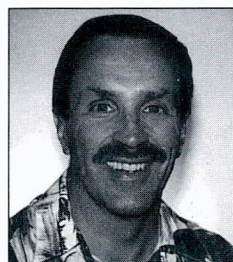
Members of Council:

Professor Garry Phillips

Dr Richard Willis

ASA Representative:

Dr Graeme Newcombe



Dr Alan Rainbird



Dr Margaret Cowling

SOUTH AUSTRALIA

1. OVERSEAS TRAINED ANAESTHETISTS

Due to persisting shortages of Anaesthetists in the Public Health System in SA, five Overseas Specialists, without the FANZCA qualification, were appointed to Consultant positions this year.

The President's Message in the March Bulletin states the College position on this matter. The SA Committee will continue to monitor the situation closely.

2. COLLEGE OFFICE

Following discussions at a local and federal level, the College has leased rooms in a building in North Adelaide, purchased by the RACS for administrative purposes, to function as offices for the Regional Committee. The Committee had been involved early in the project, and rooms have been subsequently rented by the ASA and the Colleges of Physicians and Psychiatrists. The building was formally opened by Sir Eric Neal, Governor of South Australia on 24th April 1997.

The exercise has been an outstanding success. The building has been superbly restored and has already impressed interstate visitors. We now have a quality environment for administration, business and educational meetings, and examinations. The Committee is greatly appreciative of the support of Council and the Registrar in this endeavour.

3. ANAESTHESIA MACHINES FOR COUNTRY HOSPITALS

Last year's report dealt with concerns about the bulk purchase of machines for the rural sector. Continuing dialogue on this issue, between the Committee and the SA Health Commission, ultimately resulted in the implicit admission by the Commission that the process had been sub-optimal. This process has been formally reviewed, with the subsequent report made available to the Committee.

4. MEETINGS

The Annual General Meeting of the South Australian Regional Committee was held on Sunday, 24th August 1997 at Hochsten's of Hahndorf.

Continuing Education Meetings – The South Australian Regional Committee thanks the Combined CME Committee for organising the following meetings throughout 1997/early 1998:

1. **30th April 1997** - at Calvary Hospital - Presentations by Dr Trevor Thomas, St Michael's Hospital Bristol, UK and Dr Michael Paech, King Edward Memorial Hospital, Perth, WA - "Obstetric Anaesthesia - Risk Management Update".

South Australia (continued)

2. **15th May 1997** - at The Queen Elizabeth Hospital and at the Royal Adelaide Hospital, Presentations by Professor Gavin Kenny, College Visitor to Adelaide - "Is There a Depth of Anaesthesia".
3. **2nd July 1997** - at Calvary Hospital - Presentation by Dr Glenn Young, Senior Visiting Cardiologist, Royal Adelaide Hospital - "Practical Cardiology".
4. **13th August 1997** - at Gekko's Landing Restaurant - Presentations by Ken Davis, Chief Transfusion Scientist, Royal Adelaide Hospital - "Risks of Donor Blood", Dr Tom Jaensch, Provisional Fellow, Department of Anaesthesia, Royal Adelaide Hospital - "Massive Transfusion".
5. **30th October 1997** - at College of Surgeons Building. Presentation by Professor Ron Miller, 1997 Hobart ASA Visitor, distinguished Californian anaesthetist, editor and academic on "The Impact of Managed Care on Research and Teaching".
6. **26th November 1997** - at Calvary Hospital - Registrars' Scientific Meeting.
7. **12th February 1998** - at Calvary Hospital - Carl Wallroth, Design Engineer for Drager anaesthetic workstations, and Dr Graham Van Renen, Anaesthetist, Royal Adelaide Hospital on "Modern Anaesthesia Workstations - Pitfalls and Benefits".

1998 Burnell-Jose Visiting Professor

Planning has proceeded smoothly for the visit of Professor Alan Aitkenhead of Nottingham, England, who will be in Adelaide during October.

5. TRAINING ISSUES

The Regional Education Sub-Committee was convened in accordance with the revised College guidelines and met on two occasions. A seminar, entitled "The Challenges of Your Anaesthetic Training and Beyond" was held on 21st March 1998. Aimed at trainees in their first two years, there were presentations from a wide variety of speakers. Dr Matthew Swann kindly came from Sydney to speak on "Substance Abuse" and other presenters included recent trainees, a specialist psychiatrist, experts in counselling and representatives of the Regional Committee and Council. The seminar was an outstanding success and established the framework for future similar meetings. Dr Rob Singleton deserves the highest praise for his efforts in organising this seminar.

Following some initial teething troubles, rotational placements in Alice Springs and Darwin are now functioning smoothly and providing an excellent learning experience for Trainees.

South Australia (continued)

6. REGIONAL COMMITTEE SECRETARIAT

I would like to record my personal thanks to Ms Sue Harrison for her enormous, cheerful and expert contribution to the running of the South Australia Regional Committee. The College is very well served in its Adelaide office.

I would also like to express my profound appreciation of the efforts of Margie Cowling who took over the office of Honorary Secretary at extremely short notice and who has offered immense support ever since, and also of Margaret Wiese who has been a hard-working Deputy.

Regional Education Sub-Committee:

Chairman - Regional Education Officer:	Dr Peter Woodhouse
Organiser - CME	Dr Tim Semple
Course Organiser - Primary	Dr Anthony Pearce
Course Organiser - Final Fellowship	Dr David McLeod

Alan Rainbird, *Chairman*

Office Bearers:

Chairman:

Dr Simon Fraser

Secretary:

Dr Michael Lorimer

Treasurer:

Dr Ruth Matters

Regional Education Officer:

Dr Margaret Walker

CME Officer:

Dr John Hickman

Co-opted Council Member:

Dr Mike Martyn

Co-opted Faculty of Intensive

Care Member:

Dr George Merridew

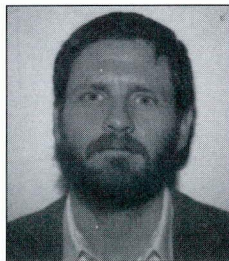
TASMANIA

- An active year for CME activities included the Pugh Sesquicentenary meeting in Launceston, and the ASA meeting in Hobart. The combined ASA/ANZCA CME Committee is now functioning, and is arranging meetings in Strahan in April, and Launceston in August.
- Two new registrar training posts have been approved for the State, and the training scheme now includes a rotation from Hobart to Burnie.
- Regional Committee has had input to a State Government Select Committee reviewing registration of overseas doctors and awaits the outcome of this hearing.

Michael Lorimer, *Secretary*



Dr Simon Fraser



Dr Michael Lorimer

Office Bearers:**Chairman:**

Dr Hugh Speirs

Deputy Chairman:

Dr Leigh Coombs

Secretary:

Dr Geoff Mullins

Regional Education Officer:

Dr Grant Turner

Treasurer:

Dr Mike Hellings

Continuing Education Officer:

Dr Leigh Coombs

Faculty Education Officer:

Dr Steve Edlin

Co-opted Council Member:

Dr Moira Westmore

Other Members:

Dr Wilson Lim

Dr Terry McAuliffe

Dr Craig Sims

Dr Phil Smith

Co-opted ASA Member:

Dr Aileen Donaghy

WESTERN AUSTRALIA**BUSINESS**

1. Agenda items on Regional Committee Meetings throughout the year included review of College Policy Documents, National Anaesthesia Day, Euthanasia and discussion whether Anaesthesia Trainees should keep a logbook of cases.
2. ANZCA/ASA Combined Meetings. Joint Meetings are held every 4 months. The Combined Meetings were updated regularly regarding the proposed Chair of Anaesthesia in WA, the Anaesthesia Simulator Centre, Registration of Anaesthesia Assistants and anaesthesia services to Government Non-Teaching Hospitals.
3. The Statewide Anaesthesia Reference Group meets four times annually and acts as a forum for exchange of information between the College and Non-Specialist Rural Anaesthetists.

ANAESTHESIA TRAINEES

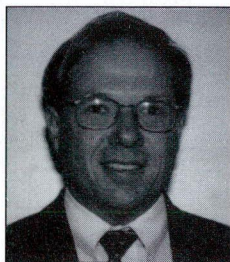
Dr Grant Turner (REO) records a comprehensive database of Anaesthesia Trainee rotation and experience. Drs Vandendriesen and Wong assume responsibility for arranging tutorials for Primary Candidates and Dr Weightman for the fellowship Candidates and excellent pass rates have been achieved in both examinations. A seminar entitled "Surviving your Anaesthesia & Intensive Care Training" convened by Drs Coombs and Johnson with Dr Matthew Swan as invited speaker, was held with advice on stress management for Trainees.

CONTINUING EDUCATION

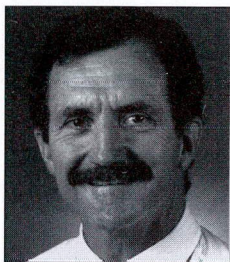
A Combined ANZCA/ASA CME Committee now convenes the two major State Anaesthesia Meetings, with the Lectureship for each meeting named in honour of an Anaesthetist who has made a major contribution to anaesthesia in the State. Major themes for the 1997 Autumn and Winter Scientific Meetings were Regional Anaesthesia and Obstetric Anaesthesia/Technology respectively.

OTHER MEETINGS CONVENED DURING THE YEAR WERE:

- | | |
|---|---|
| 1. Single Agent Anaesthesia | <i>Dr Ian Smith</i> |
| 2. Roche Country Visit – Geraldton | <i>Drs Smith, Lin, Langford, Orlikowski and Johnson</i> |
| 3. Clinical Use of Autologous Platelets | <i>Dr Ross Wilson</i> |
| 4. Blood Transfusion & Infection | <i>Dr Richard Davis</i> |
| 5. MDAWA Risk Management | <i>Prof. Doug Jones</i> |
| 6. Roche Country Visit – Broome | <i>Drs D'Souza, Coombs and Pavy</i> |
| 7. Propofol/Alfentanil Anaesthesia | <i>Dr Inglis and Wrathall</i> |



Dr Hugh Speirs



Dr Geoff Mullins

Western Australia (continued)

PRIZES

1. Nerida Dilworth Prize. This was awarded to Dr Tessa Myer for her paper "Clonidine Premedication for Day Case Surgery in Children."
2. Dr John Boyd Craig Research Award went to Dr Lindy Roberts.

ANZCA/ASA SECRETARIAT

The Secretariat is very capably managed by Penny Anderson, who I would like to thank for the efficient and pleasant manner in which the Regional Office is run.

Hugh M Spiers, *Chairman*

Office Bearers:**Chairman:**

Dr Matthew Crawford

Vice-Chairman:

Dr Jenny Beckett-Wood

Honorary Secretary:

Dr Michele Joseph

Honorary Treasurer:

Dr Michael Jones

Other Members:

Prof David Gibb

Dr Brian Horan

Dr Ross Kerridge

A/Prof Peter Klineberg

Dr Ed Loughman

Dr Frank Moloney

Dr Tony Quail

Dr Chris Sparks

Ex-Officio:

Prof Michael Cousins

A/Prof Greg Knoblanche

Dr Richard Walsh

Education Officer:

Dr Ross Kerridge

Formal Project Officer:

Dr Brian Horan

Supervisors of Training:

Part I Course - Dr Peter Kam

Part II Course - Dr Michael Bookallil

Education Sub-Committee:

Dr Gillian Bishop

Dr Michael Bookallil

A/Prof Peter Klineberg

NEW SOUTH WALES

As in previous years, the Committee's activities have included hospital inspections and accreditation of training posts, attendance at hospital appointment committees and the ongoing review of College Policy Documents.

The Committee has been asked during the year to comment on a number of reviews of the NSW Department of Health's Guidelines for Practice. These include papers on Blood Transfusion, Best Practice Guidelines for Acute and Chronic Pain Management and a final draft on Paediatric Anaesthesia in Rural Areas.

In September, NSW Health released its Rural Health Workforce Strategy Steering Committee Report which was discussed by this Committee. This group was established to address concerns about the recruitment of health professionals in rural NSW. The Report raised a number of issues related to training including the need for specific models of training for rural specialists.

OFFICE BEARERS

Dr Loughman has re-introduced a Regional Committee Newsletter which periodically updates local Fellows on current issues and activities.

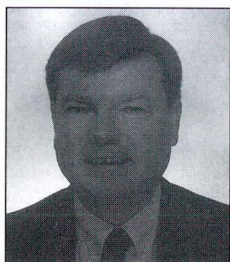
Dr Horan has been appointed Formal Project Officer and the Committee would like to thank A/Prof Klineberg for his excellent contribution in this role over several years.

This year has also seen the completion of Dr Loughman's term as Chairman. The Committee would like to thank him for his invaluable contribution during that time. Dr Crawford is welcomed as the new Chairman.

EDUCATION

The combined ASA/ANZCA CME Committee conducted several successful meetings during the year. The annual meetings in May and November were on Major Regional Anaesthesia and Contemporary Issues in Anaesthetic Practice respectively. The November meeting was particularly interesting in that it included a presentation from the Health Care Complaints Unit and a debate on Managed Care.

In September a combined meeting with the ACT Regional Committee was held in Canberra. This meeting was open to anaesthetic nurses and technicians as



Dr Matthew Crawford



Dr Michele Joseph

New South Wales (continued)

Continuing Education Committee:

Dr Matthew Crawford
Dr Genevieve Goulding
Dr Peter Isert
Dr Michael Jones
Dr Michele Joseph
A/Prof Peter Klineberg

ASA Representative:

Dr Genevieve Goulding

Intensive Care Representative:

Dr Gillian Bishop

well as Fellows and was entitled Issues in Post Anaesthetic Care. This proved to be a very successful weekend and further out-of-town meetings are planned for 1998.

The annual Anatomical Workshop was again well attended and is proving popular with trainees as well as Fellows.

Michele Joseph, *Secretary*

Office Bearers:**Chairman:**

Associate Professor Alan Merry

Deputy Chairman:

Dr Forbes Bennett

Honorary Secretary/**Assistant Assessor (NZ):**

Dr Malcolm Futter

Honorary Treasurer:

Dr Sharon King

Education Officer:

Dr Hugh Spencer

Formal Projects Officer:

Dr Alan McKenzie

Other members:

Dr Peter Cooke

Dr David Jones

Dr Jack Havill

Dr Leona Wilson

Ex-Officio:Professor John Gibbs (*Council*)Dr Stuart Henderson (*Council*)

Dr Vaughan Laurenson

(Medical Director, CECANZ)

Dr Ron Trubuhovich

(Faculty of Intensive Care)

Dr Rob Burrell

*(Younger Fellows' Representative)***NEW ZEALAND**

The year May 1997 – April 1998 has been as busy as ever for the New Zealand Regional Committee. As usual, we have been very grateful for the support of Council in dealing with a number of matters of New Zealand national interest, and in particular I would like to thank Garry Phillips for visiting our meeting in November. Coming in the same year as the ASM in Christchurch, this was really beyond the call of duty, but it was very helpful and much appreciated.

Activities over the last 12 months have involved all members of the Committee and have included:

1) Registration of overseas trained doctors

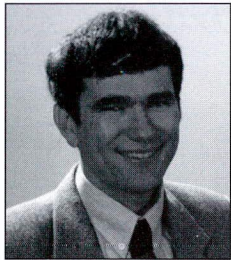
This continues to be very time-consuming, particularly for Malcolm Futter and Lorna Berwick. Liaison with the Medical Council of New Zealand is ongoing and although there continues to be disagreement over a number of philosophical issues, we have succeeded in establishing a reasonably satisfactory process for dealing with this very difficult matter.

2) NZ Perioperative Deaths Survey

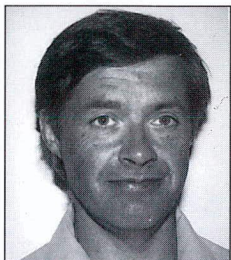
Leona Wilson, the Chair of the multidisciplinary working party is making good progress towards establishing a very useful programme in New Zealand along the lines of CEPOD in the U.K., but more broadly based.

3) Medical Manslaughter

On 22nd November, the Crimes Amendment Act 1997 became law. This gives effect to a requirement for a "major departure" from the expected standard of care before a conviction for so called "medical manslaughter" can succeed. The debate in Parliament endorsed the fundamental principles advanced by the NZ Medical Law Reform Group, with little opposition other than the caveat (with which ANZCA and the Medical Law Reform Group agree) that other forms of medical accountability must be supported. The passage of this Act is the culmination of a long and arduous process begun by Hugh Clarkson, Leona Wilson and others at the beginning of the decade. The more recent activities involving the NZ Medical Law Reform Group have been supported by almost every medical college and association (including the Medical Council and the New Zealand Medical Association). The contributions of Ross Blair (RACS) and Tony Baird (RNZCOG) deserve special mention, but the full list of acknowledgements is very long. New Zealand anaesthetists have played a pivotal role through the New Zealand Society of Anaesthetists and as individuals, both by financial contributions and by giving time, effort and moral support. The support of ANZCA has been vital. The authority of the medical colleges is considerable and this is but one example of many where the legitimate interests of anaesthetists would be less secure if it were not for our College. The passage of the Bill is a very important advance for all concerned – patients, medical practitioners and the public in general.



A/Prof Alan Merry



Dr Malcolm Futter

New Zealand (continued)

Unfortunately, cases that occurred before the change will still be tried under the old law, and already this year we have had to go through a very difficult trial involving a tragic death of a young child under anaesthesia in late 1996. Fortunately the result was a clear "not guilty" verdict for the anaesthetist, but regrettably the process does not seem to have helped the family or anyone else. I hope this is the last trial of its kind, but it is too soon to be sure.

4) **Training**

We continue to liaise with the Clinical Training Agency and with other organisations (such as Committee Advising on Professional Education and the Health Funding Authority) involved with training of doctors. New Zealand runs a Part II Course (held in Auckland) and two Primary Courses (based in Hamilton and Christchurch).

5) **Council of Medical Colleges**

With the development of the Australian and New Zealand Academy of Medicine, the Council of Medical Colleges in New Zealand has been involved with discussions on how a New Zealand limb of this organisation will work. A meeting with the Ministry of Health is scheduled for 1st May. CMC in fact functions well, and it is essential that any changes related to this new body strengthen its position and do not fetter it with undue protocol or the need for excessive compliance with the parent body. ANZCA will need to be well represented in these discussions.

6) **Faculty of Intensive Care**

Ron Trubuhovich received the award of Officer of the New Zealand Order of Merit. This was a matter of great pleasure for our committee. The working relationship between FICANZCA and ANZCA in New Zealand continues to be close, friendly and functional.

7) **Continuing Medical Education and Conferences**

The Christchurch ASM was very successful. I would like to express the thanks of the NZ Regional Committee to the organising committee, but also to Dick Willis and Joan Sheales who visited New Zealand to assist with the planning of this event.

The Tauranga Single Theme meeting was well run by Peter Cooke. It was opened by the Assistant Minister of Health, which was a useful opportunity to project a positive image for anaesthesia and to increase dialogue between the Minister and ANZCA.

The Napier Single Theme Meeting run by Ross Freebairn was equally successful. We have become accustomed to a very high standard and I believe these short and highly targeted meetings are a most effective form of CME.

New Zealand (continued)

8) NZ Regional Committee members and secretariat

Leona Wilson and Jack Havill are in their 12th year and will not be eligible for re-election. Both have chaired the committee and both have taken part in a wide range of its activities. Their wisdom and knowledge will be very greatly missed.

The office bearers are listed as usual and every member of the committee has worked hard over the last year. I would like to single out Malcolm Futter, whose contribution as the Honorary Secretary and NZ Assistant Assessor has been particularly arduous and effective. As usual, I would like to thank Lorna Berwick for her unfailingly cheerful, highly literate, hard working and expert contribution to the running of the NZ Regional Committee.

Alan Merry, *Chairman*

Office Bearers:

Chairman:

Dr Ray Cook

Honorary Secretary/Treasurer:

Dr Nick Melhuish

Education Officer:

Dr Nick Gemmel-Smith

CME Officer:

Dr David Kinchington

AUSTRALIAN CAPITAL TERRITORY

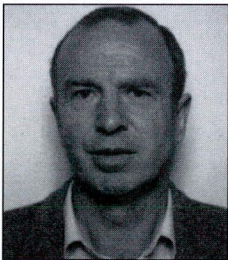
EDUCATION

The Registrars continued to achieve in the Primary Examination. It has been suggested with the prolonged closures at Easter and Christmas becoming the norm, consideration be given to the timing of examinations during the quieter clinical period.

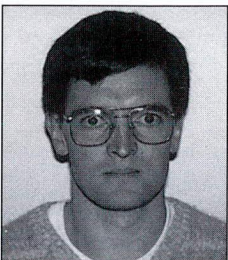
CME

The demonstration to local anaesthetists of the Sydney simulator was enthusiastically received. Anaesthetists look forward to pursuing the multiplicity of educational functions available.

Ray Cook, *Chairman*



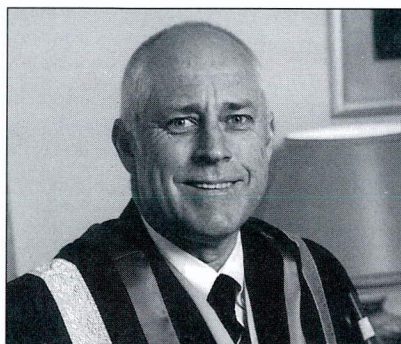
Dr Ray Cook



Dr Nicholas Melhuish

FACULTY OF INTENSIVE CARE

DEAN'S MESSAGE



At each Faculty Board Meeting, members now review progress on our "Future Directions and Task List". This is an attempt to keep an "eye on the ball" and to ensure timely progress on important issues. The Board is currently working on a number of fronts. The most important of these relate to Accreditation of Training Posts, the need for our first comprehensive review of Regulations, Administrative Instructions and Policy Documents, review of the Maintenance of Standards Program and Faculty space and staffing requirements.

For the reasons previously stated, there is a need to remove the 'ceiling' placed on the number of approved training posts within individual units and to revamp the process for accreditation of units. As the proposed changes represent a departure from those established by the Faculty of Anaesthetists and the College, it is crucial that they do not diminish the formative aspects of the hospital inspection process or in any way jeopardise the clinical experience and teaching of trainees. In establishing a system that is less regulative, the Board is confident that trainees will seek out the clinical exposure that meets their career applications. The Board hopes that the revised system will ultimately encourage trainees to rotate through units not only in the major teaching hospitals but in other metropolitan and rural hospitals.

With 'deregulation' of numbers of posts, greater responsibility will rest with specialist staff in accredited units to ensure that the needs of trainees continue to be

met, that junior staff are not valued purely for their service role and that a larger number of training posts does not critically reduce the clinical experience of intensive care trainees. The backbone of the Faculty rests with the high quality Fellows that emerge from the training program. The support of all Fellows and units will be necessary to ensure that this situation is maintained.

The planned changes will necessitate major revision of our policy documents and guidelines for unit accreditation. It is hoped that the changes can be introduced from the beginning of 1999 although this time-frame is contingent on the appropriate infrastructure being in place.

Representatives of the Faculty, ANZICS and the RACP are currently engaged on the Australian Medical Workforce Advisory Committee on Intensive Care. The process of defining and estimating the current intensive care workforce has been a difficult one with each dataset having shortcomings and providing different answers. Intuitively we know that there is a workforce shortage and that the working conditions for many intensivists need improvement. The Committee has developed a model to project the number of intensive care specialists required through to the year 2007. Without pre-empting the findings of the Committee, it is likely that a current workforce shortage will be confirmed. It is doubtful that the current throughput of trainees, albeit increasing, will meet the projected needs. Given the situation in other medical specialties and the fact that career

opportunities in intensive care are improving, we may need to become more proactive in recruiting medical graduates to the specialty of intensive care.

In closing, I would remind Fellows and Trainees of the opportunities to raise the profile of the specialty of intensive care by participating in National Intensive Care Day on 1st July.



A.W. DUNCAN
Dean

FACULTY OF INTENSIVE CARE

SUPERVISORS OF INTENSIVE CARE TRAINING

New South Wales

CareFlight Pty Ltd	Dr B. Hanrahan
The New Children's Hospital	Dr A.J. O'Connell
Concord Repatriation Hospital	Dr P. Lawrence
Gosford Hospital	Dr A.J. McDonogh
John Hunter Hospital	Dr P. Saul
Liverpool Hospital	Dr A. Flabouris
The Nepean Hospital	Dr A. McLean
The Prince of Wales Hospital	Professor T. Torda
Royal North Shore Hospital	Dr R. Raper
Royal Prince Alfred Hospital	Dr R. Herkes
St George Hospital	Dr G. Skowronski
Sydney Children's Hospital	Dr G. Hill
St Vincent's Hospital	Dr R.P. Lee
Westmead Hospital	Dr J. Gallagher
Wollongong Hospital	Dr E. Stachowski

Victoria

Alfred Hospital	Dr D.J. Cooper
Austin and Repatriation Medical Centre	Dr G.K. Hart
Box Hill Hospital	Dr P.J. Cranswick
Dandenong Hospital	Mr B. Jones
Epworth Hospital	Dr D. Ernest
Geelong Hospital	Dr C. Corke
Monash Medical Centre	A/Professor W.G. Parkin
The Northern Hospital	Dr G. Duke
Royal Children's Hospital	Dr J. Tibballs
Royal Melbourne Hospital	Professor J.F. Cade
St Vincent's Hospital	Dr J. Santamaria
Warringal Private Hospital	Dr G.K. Hart
Western Hospital	Dr P. Older

Queensland

Cairns Base Hospital	Dr D. Wenck
Gold Coast Hospital	Dr R. Quinn
Greenslopes Private Hospital	Dr R.F. Whiting
Mater Misericordiae Children's Hospital	Dr B.F. Lister
Mater Misericordiae Adult Hospital	Dr P.S. Lavercombe
Princess Alexandra Hospital	Dr J. Cockings
Prince Charles Hospital	Dr J. McCarthy
Royal Brisbane Hospital	Dr J. Morgan
Royal Children's Hospital	Dr J. McEniery
Townsville General Hospital	Dr G. Gordon

South Australia

Ashford Hospital	Dr A.D. Bersten
Flinders Medical Centre	Dr A.D. Bersten
Queen Elizabeth Hospital	Dr J.L. Moran
Royal Adelaide Hospital	Dr J. Myburgh
Wakefield Hospital	Dr D. Clayton
Women's and Children's Hospital (Children's Campus)	Dr S. Keeley

Western Australia

Fremantle Hospital	Dr I.R. Jenkins
Princess Margaret Hospital for Children	Dr A.W. Duncan
Royal Perth Hospital	Dr S.A. Edlin
Sir Charles Gairdner Hospital	Dr P.V. van Heerden

Australian Capital Territory

The Canberra Hospital	Dr H. Bidstrup
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Tasmania

Launceston General Hospital	Dr J. Blaxland
Royal Hobart Hospital	Dr A. Bell

New Zealand

Auckland Hospital	Dr L. Galler
Christchurch Hospital	Dr G. Downward
Dunedin Hospital	Dr M. Ramsay
Middlemore Hospital	Dr A.R. Smith
Palmerston North Hospital	Dr P. Hicks
Starship Children's Hospital	Dr B. Anderson
Waikato Hospital	Dr N. Barnes
Wellington Hospital	Dr R.A. Dinsdale

Hong Kong

Pamela Youde Nethersole Eastern Hospital	Dr B.H. Yong
Prince of Wales Hospital	Dr T.A. Buckley
Queen Elizabeth Hospital	Dr Keith Hickling

April 1998

NATIONAL INTENSIVE CARE DAY

WEDNESDAY 1st JULY 1998

Improved community recognition and understanding of the role and responsibilities of the intensivist are expected to flow from National Intensive Care Day activities. Intensive Care teams everywhere are invited to participate in publicising their role in the care of the critically ill. Many units are already well advanced in planning activities and events aimed at their communities. A media campaign will inform print, radio and television outlets about the Day and its aims. This paves the way for Intensive Care Units to take their own special story to the media which are covering their area – right down to local radio and TV stations and suburban newspapers.

The theme for the Day is based on:

- Australasia as a world leader in this field, and
- the good outcomes achieved here.

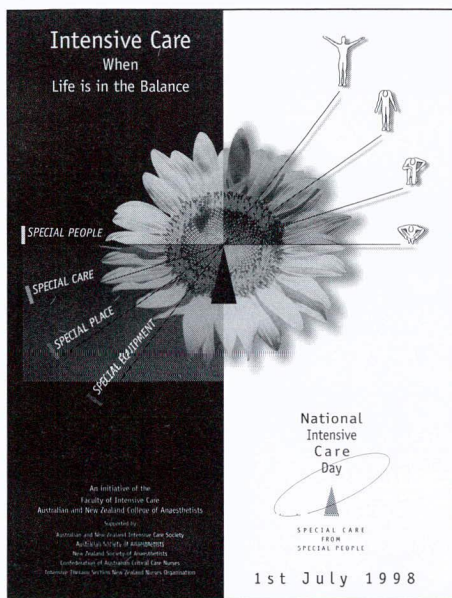
Publicity will be built around two messages:

- “When Life is in the Balance”, and
- “Special Care from Special People”.

Kits are being prepared and will be sent out in May to registered participants.

This kit will contain:

- The National Intensive Care Day Poster
- Information leaflets for distribution to the public, explaining in lay language the role and responsibilities of the intensive care team
- Personal stickers for handing out to the public (these will carry the Day beyond the hospital environs, as people are inclined to wear them in the community for a time). These are being provided by ANZICS



- A Media Package containing:
 - National Intensive Care Day main theme News Release
 - A Background Briefing Note on the history and development of Intensive Care
 - Advice on dealing with the Media
 - Suggestions on developing new “angles”
 - Notes on how to lay out a News Release
 - Sample News Release(s) for guidance
 - Advice on organising a Public Display

Some Units have formed in-house committees of ICU doctors and nurses to plan and co-ordinate the Day's events. It is suggested that the posters can be supplemented by local material, equipment and manned displays. The prime emphasis will be on the intensive care team. Also displays of equipment showing today's high degree of advancement and technology will be quite appropriate.

Intensive Care Units may also wish to mount a small display or otherwise publicise the Day in their premises, or in the hospital foyer. Some units are planning a reunion of patients. Another valuable communication channel is through local community and service clubs and groups. Individual intensivists so motivated may consider offering to give a talk about the history of intensive care and its modern-day, complex and wide-ranging role in medicine. Indeed, few members of the general public are aware of just what we do in intensive care.

We wish all those participating success for the Day and look forward to reports of your activities.

R. V. TRUBHOVICH
Communications Officer

THE BOARD OF FACULTY 1997-98



Rear:

Miss C.J. Cunningham-Browne (Administrative Officer), Drs Richard Walsh, Richard Lee, Rob Barnett, Jamie Cooper, Ron Trubuhovich, Gil Bishop and Mrs Joan Sheales (Registrar).

Front:

Drs Geoff Clarke, Felicity Hawker (Vice Dean), Alan Duncan (Dean), Neil Matthews and Toby Thomas.

GIFTS TO THE COLLEGE



Mr & Mrs Jerry Bourke with the President, Prof Gary Phillips presenting the collection of silver spoons.



AN ANAESTHETIC SURFING

Fellows Comments on ANZCA Electronic Services

The results of the Survey of Fellows asking about Electronic Services (see elsewhere in this Bulletin) provide some very interesting figures. 43% of Fellows who responded were regular (weekly or more often) Internet users whilst another 23% used it less than weekly. However only 47% indicated that they had visited the ANZCA Website. This suggests that many Fellows are still unaware of the resources on the College Website. This is supported by many of the comments given in the survey.

There is little doubt that survey figures support ongoing development of the ANZCA Electronic Services but the comments that were returned are even more enlightening. 206 Fellows gave comment regarding the Internet and many are worth quoting:

“Communication between the College and Fellows should be electronic as far as practical. The use of e-mail will help decrease costs and speed delivery of information. E-mail is very useful for dissemination of educational material.”

This was a very common sentiment expressed by the group of more computer literate Fellows.

“My computer literacy makes Internet access difficult but I am learning.”

There were many comments like this that indicated early stages of computer literacy but a commitment for ongoing learning and supporting the potential usefulness of this new communication medium.

“The interface is not very easy to use at present. A lot of material is not on it e.g. all Faculty Policy Documents, back issues of Bulletin etc should all be available and abstracts to conferences - make it a resource.”

There were many constructive comments supportive of the ongoing development of the site (see below regarding ASM abstracts).

“We’re still on a learning experience, some are ahead of others. Having policy documents there is

a very useful and good idea (they are no longer taking up space on the shelf too!)”

Policy documents are the most common visited areas on the Website. Many hospitals now reportedly have links to the live Policy Documents and do not keep hard copies.

“Has good potential for CME activities especially for isolated practitioners”

This is an area that offers much scope for development. There is already a CME site for rural medical practitioners (<http://www.cme.net.au>) but we are yet to see one developed specifically for anaesthesia.

“It would reduce the secretarial phone answering load for items such as ordering copies of policy documents, exam timetables etc, as these could be ordered on e-mail.”

The College secretariat has been set up on an Intranet using an ISDN line connection (rather than modem) and all Regional Committee offices are also on the Internet. This is rapidly changing the way that a lot of College business is conducted. Several Committees now receive the majority of their information electronically. It should be noted that the policy documents and examination dates are now on the Website so do not have to be ordered – saving lots of time!

“Please send all my correspondence by e-mail. I shall be moving frequently over the next couple of years and e-mail is by far the best method of communication. I imagine many Fellows are in similar situations.”

This is a sentiment supported by many and the results of the survey indicate that only 1% of Fellows who responded thought that this method of communication would be useless. 78% were willing to receive material electronically from the College (either always or on request). However this move to Electronic Communication does not happen over night. It requires constructive input from Fellows and an ongoing development program.

Newcastle ASM Scientific Programme and Abstracts Online

The Newcastle ASM Scientific Programme is on line and all the available abstracts (which will appear in the Meeting Handbook) can be accessed. So if you are not coming to Newcastle you can still catch up on the latest developments!

<http://www.newcastle.edu.au/department/md/anzca/programme98.htm>

Microsoft Outlook 98

Many of the survey comments suggested the need for sharing basic computer experiences. I recently downloaded Microsoft Outlook 98 (for PC) from the Microsoft website, which was both interesting and worthwhile.

I personally do most of my work on a Toshiba Libretto Mini-notebook which I can easily carry around my rooms, hospitals, theatres, travelling and even lounge room at home. It runs Windows 95 and the same programs (mainly the Microsoft Office 97 suite) as on my desktop (but who has time to sit at a desk). I have especially enjoyed using Outlook 97 which combined the functions of email, fax, calendar, contacts, task scheduling, keeping notes and other functions.

Recently Microsoft has released Outlook 98 (along with an updated Internet Explorer – version 4.01) and for a short period this is available as a free download. However downloading 27 megabytes, even via a 56K modem, is a daunting prospect. Despite the download taking some seven hours it worked quite smoothly and the new version of Outlook is quite a gem. A summary window shows the next few days of activities (I have my anaesthesia lists entered), contacts search, mail (both in and out) and tasks (which allows easy access to working documents and due dates). Simple exporting functions allow me to update my desktop (I use a parallel cable interface). It is very pleasing to use programs that improve one's productivity, especially in a busy private anaesthetic practice.

MIKE MARTYN
Communications Officer
mmartyn@medeserv.com.au

HONORARY TREASURER'S REPORT

The Annual Financial Statements of ANZCA for the year ending 31st January, 1998 are presented in the previous pages. These are in a form required by the Australian Securities Commission. They have been audited and accepted by the College Council.

Fellows and Trainees may have some difficulty in interpreting these statements, so the following explanations are presented to assist understanding.

Revenue and Expenditure Statement

This statement summarises the total revenue and expenditure of the various Accounts and Funds operated by the College. There has been a small 3.1% increase in revenue and a substantial 30% increase in expenditure. On closer examination this latter increase relates mainly to two items in the Foundation Fund expenditure: (a) disbursements of funds held on behalf of the Victorian Chairs of Anaesthesia Fund and (b) the timing of expenditure on research and academic grants. This caused the operating surplus to drop from \$1.73 million in 1996/1997 to \$1.11 million in 1997/1998. This surplus comprised \$635,000 from subscriptions and \$154,000 from the Trainees' Fund.

Balance Sheet as at 31st January, 1998

The Balance Sheet summarises the assets and liabilities of the College. "Current" assets and liabilities refer to items which will fall due in the 1998/1999 financial year. "Non-current" refers to items which will fall due in subsequent financial years. The increase in investments under "Current Assets" for the 1997/1998 year should be noted. This reflects a move away from poorly yielding long term investments to the short-term money market and equities. The major liability item ("other") refers to payments in advance for the following items: subscriptions, examination fees and ASM registration fees. For further details of the balance sheet items, reference should be made to the numbered notes. Total assets minus total liabilities determines the net College assets. The equity section of the Balance Sheet shows how these net assets are distributed between the three College Funds - Project Fund, Foundation Fund and Trainees' Fund.

While the net assets are \$10.75 million, a significant part of this is unavailable for use as a cash reserve. \$2.76 million is held in the Foundation Fund for continuing education,

research and in the form of personal bequests for specified purposes. A further \$777,000 is held in the Trainees' Fund for training and examinations. Also buildings and equipment total \$2.4 million. This leaves nearly \$5 million for future development. Projected expansion in trainee and continuing education, pain management certification, the MOPS Program, a medical director and building extensions in Melbourne will necessitate careful management of this cash reserve.

Accounts and Funds

Subscription Account

This Account shows the distribution of funds received from Fellows' annual subscriptions for the day to day running of the College. It is not a "Fund" as any surplus at the end of the year is transferred to the Project Fund to add to the College cash reserves. Revenue increased by 5.2% while Expenditure increased by 11.7%.

As in previous years, 10% of revenue was transferred each to the Foundation Fund and as a development allocation to the Project Fund. The Trainees' Fund contributed \$928,250 towards administration of the College and Regional Committees. The surplus in the Subscription Account was \$634,764 and, as already mentioned, this has been transferred to the Project Fund. The surplus was less than in the 1996/1997 year and necessitated a small increase of \$20 in the annual subscription due in January 1998 in advance for the year commencing February 1999. The College Council is well aware of the many financial demands placed on Fellows and will endeavour to minimise future subscription increases while recognising the desirability of many new initiatives.

Project Fund

The majority of the assets of the College are held in this Fund. Revenue comes from investment income, a 10% development allocation from subscriptions and from the surplus in the Subscription Account.

The balance in this Fund has increased by a healthy 20% during this financial year but over the next two years will significantly decrease as funds are required for building extensions at 630 St Kilda Road.

Foundation Fund

This Fund is used exclusively for Continuing Education and academic activities such as funding of research grants and assisting development of new academic departments. Revenue comes from CE activities of various sorts including the ASM, income from investments, donations and a 10% allocation from subscription income. The balance of this Fund decreased by \$257,000 during the 1997/1998 year following an increase of \$308,000 in the previous year. The major reasons for this have already been outlined under "Revenue and Expenditure Statement".

The College Council has resolved to initiate a major fund-raising effort to boost this important College resource in order to secure the future of academic anaesthesia, intensive care and pain management in Australia and New Zealand.

Trainees' Fund

This Fund supports training and examinations in anaesthesia, intensive care and pain management. The Council has resolved that these core College activities shall be self-supporting but continue at a standard comparable with the world's best. This has again been achieved with a moderate increase in the Fund balance of \$154,000, a sum very similar to that achieved in the previous financial year.

Steadily rising examination costs have been partially offset by lower than expected hospital inspection expenditure. Increased training and examination fees from 1998 should maintain the Fund balance at an appropriate level during the current financial year.

Conclusion

It is pleasing to report that the financial status of the College continues in a healthy state. Prudent financial management in recent years has enabled the Council to purchase the current headquarters in Melbourne without having to impose any special levy on Fellows or Trainees as has been required by other Colleges. Since the purchase of this building in 1992, the College financial reserves have been restored. However, with increasing College and Faculty activities, a major expansion of the physical facility is urgently required and there is likely to be significant expenditure involved.

On behalf of all Fellows and Trainees, I would like to thank all those who have assisted in maintaining the College's healthy financial state. In particular, the former Honorary Treasurer, Dr Richard Walsh, and the College Finance Manager, Mr Bill Peachey, deserve special mention. Ably assisting them have been the College Accountant, Ms Vivienne Lillis, the College Registrar, Mrs Joan Sheales and all other staff both in Melbourne and in the Regions. Regional Committee Treasurers and Treasurers involved with the many CE activities (Regional CE Committees, ASM Organising Committees and Special Interest Group Committees) all voluntarily devote many hours to College activities. The College Council is very grateful for all this input.

Questions, comments and suggestions in writing on any matters pertaining to this Financial Statement and Report are most welcome.

RICHARD J WILLIS
Honorary Treasurer

The Australian Intensive Care Medicine Clinical Refresher Course

will be held on

August 28 – August 30 1998

(a fortnight prior to the FFICANZCA clinical exam)

at **Royal Brisbane Hospital and Princess Alexandra Hospital,
Brisbane, Queensland.**

Supported by
*Australasian Academy of
Critical Care Medicine*

For further details, write to:

Dr. B. Venkatesh,
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Royal Brisbane Hospital, Herston, QLD 4029

Telephone: 07 3253 8111
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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*
- T5 (1995) Recommended Minimum Facilities for Safe Anaesthetic Practice in Dental Surgeries *Bulletin Nov 95, pg 65*
- T6 (1995) Recommended Minimum Facilities for Safe Anaesthetic Practice in Delivery Suites *Bulletin Nov 95, pg 61*
- P1 (1997) Essential Training for General Rural Practitioners in Australia Proposing to Administer Anaesthesia *Bulletin May 97, pg 81*
- P2 (1996) Privileges in Anaesthesia *Bulletin Nov 96, pg 72*
- P3 (1993) Major Regional Anaesthesia *Bulletin Mar 93, pg 36*
- P4 (1995) Guidelines for the Care of Patients Recovering from Anaesthesia *Bulletin Aug 95, pg 64*
- P5 (1991) Statement on Principles for the Care of Patients who are given drugs specifically to produce Coma *Bulletin Aug 91, pg 50*
- P6 (1996) Minimum Requirements for the Anaesthesia Record *Bulletin Mar 96, pg 48*
- PS7 (1998) The Pre-Anaesthesia Consultation *Bulletin Mar 98, pg 73*
- PS8 (1998) The Assistant for the Anaesthetist *Bulletin Mar 98, pg 76*
- P9 (1996) Sedation for Diagnostic and Surgical Procedures *Bulletin Nov 96, pg 73*
- P10 (1994) The Handover of Responsibility During an Anaesthetic *Bulletin Nov 94, pg 44*
- P11 (1991) Management of Cardiopulmonary Bypass *Bulletin May 91, pg 43*
- PS12 (1996) Statement on Smoking as Related to the Perioperative Period *Bulletin Nov 97, pg 78*
- P13 (1992) Protocol for The Use of Autologous Blood *Bulletin Aug 92, pg 49*
- P14 (1993) Guidelines for the Conduct of Epidural Analgesia in Obstetrics *Bulletin Mar 93, pg 37*
- P15 (1995) Guidelines for the Perioperative Care of Patients Selected for Day Care Surgery *Bulletin Aug 95, pg 62*
- P16 (1994) The Standards of Practice of a Specialist Anaesthetist *Bulletin Nov 94, pg 45*
- PS17 (1997) Endoscopy of the Airways *Bulletin Nov 97, pg 80*
- P18 (1995) Monitoring During Anaesthesia *Bulletin Nov 95, pg 68*
- P19 (1995) Monitored Care by an Anaesthetist *Bulletin Nov 95, pg 60*
- P20 (1996) Responsibilities of the Anaesthetist in the Post-Operative Period *Bulletin Mar 96, pg 52*
- P21 (1996) Sedation for Dental Procedures *Bulletin Mar 97, pg 56*
- P22 (1996) Statement on Patients' Rights and Responsibilities *Bulletin Mar 96, pg 53*
- P24 (1997) Sedation for Endoscopy *Bulletin May 97, pg 78*
- P25 (1996) Requirements for Multidisciplinary Pain Management Centres Offering the Certificate in Pain Management *Bulletin Mar 96, pg 54*
- P26 (1994) Guidelines on Providing Information about Anaesthesia *Bulletin Aug 94, pg 61*
- P27 (1994) Standards of Practice for Major Extracorporeal Perfusion *Bulletin Nov 94, pg 46*
- P28 (1995) Policy on Infection Control in Anaesthesia *Bulletin Mar 95, pg 38*
- PS29 (1997) Anaesthesia Care of Children in Healthcare Facilities Without Dedicated Paediatric Facilities *Bulletin Nov 97, pg 82*
- PS31 (1997) Protocol for Checking the Anaesthetic Machine *Bulletin Nov 97, pg 84*
- PS36 (1997) Sedation for Regional Anaesthesia for Ophthalmic Surgery *Bulletin Nov 97, pg 93*
- PS37 (1998) Regional Anaesthesia and Allied Health Practitioners *Bulletin Mar 98, pg 79*