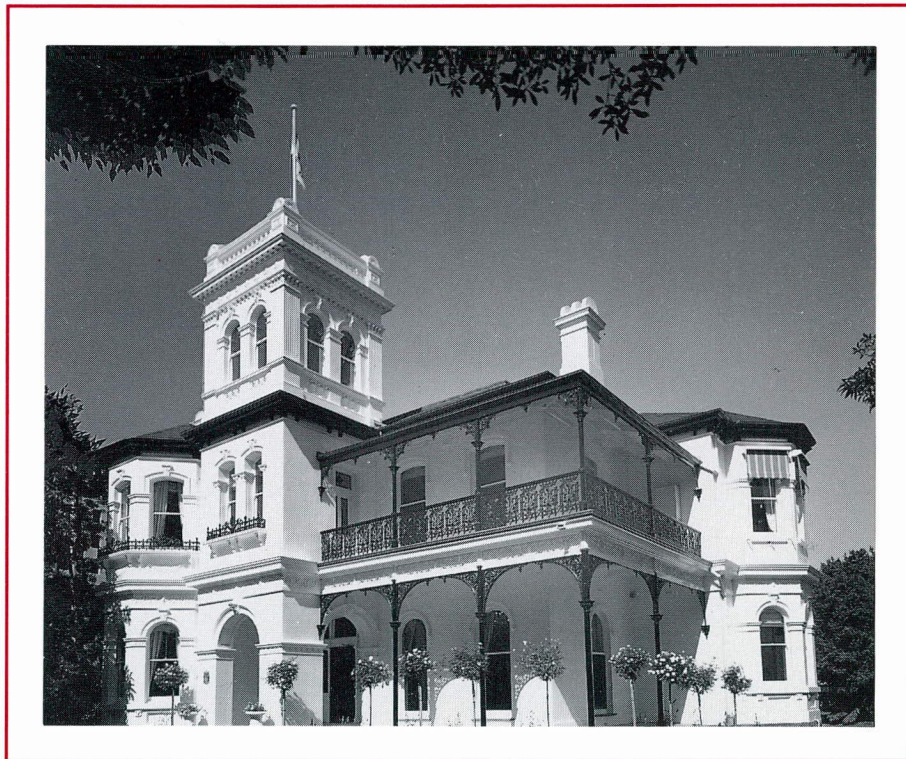




# AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

A.C.N. 055 042 852



'ULIMAROA' 630 ST KILDA ROAD, MELBOURNE, VICTORIA 3004

# BULLETIN

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## EDITORIAL

Mrs J.M. Sheales, *Editor*  
Prof. J.M. Gibbs  
Dr I. Rechtman

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## PRESIDENT'S MESSAGE



The provision of specialist anaesthetic services in Australia and New Zealand has undergone a recent reappraisal. There is reasonable evidence that the total number of Fellows of our College is sufficient to provide these services but there is a maldistribution. The shortage of specialist services occurs in some rural areas and some public hospitals. This maldistribution has led both Government and Hospital Authorities to consider alternatives which do not usually involve attracting specialist anaesthetists to these areas, but rather considers either non-specialist or non-medical alternatives for the provision of anaesthetic services.

In the past 20 years there has been an increase of 37% in our training posts and a 217% increase in the number of Fellows of the College. These changes have more than matched the changes in population of both Australia and New Zealand and the theoretical number of anaesthetists required per 10,000 people. The Council is however concerned about the maldistribution problem and the specialist anaesthetic workforce required beyond 2000, and therefore approved a number of initiatives.

These initiatives included a request for Regional Committees to identify areas or hospitals which could accommodate increased training positions by 15 to 20% in 1995. The College has also suggested a review of rural hospitals in an endeavour to incorporate a greater number in rotational training programmes. In promoting the principles outlined in our Policy Document "The Duties of an Anaesthetist" the College has requested the Australian Society of Anaesthetists

and Australian Medical Association to consider a campaign to improve conditions of service for anaesthetists working in public hospitals.

These recommendations need to be transferred into action, to avoid an erosion of the provision of specialist anaesthetic services in Australia and New Zealand. Such activity could only threaten the safety and quality of anaesthesia provided to our patients.

This is my final Message as your President. The past two years have perhaps been the most significant in the history of the Faculty/College. The opening of Ulimaroa, our first independent Annual Scientific Meeting and the Public Relations Programme have been significant events which I hope will have a lasting influence on the direction of the College in the future.

These and many other initiatives could not have occurred without the full support, continued hard work and skill of the many Fellows who work on your Council and its many Committees. These Fellows, together with our Registrar, Joan Sheales and her College staff, ensure an active, vital, energetic and creative organisation which continues to represent its Fellowship with great distinction.

MICHAEL DAVIES

## ANAESTHESIA DAY

A National Day, focussing on the role and responsibilities of anaesthetists, was held on Tuesday 2 May.

It had the dual purpose of formally launching the College's information and community education programme, as well as quietly raising recognition of the specialty on the eve of the Annual Scientific Meeting.

A newly devised information sheet about the specialty has been distributed to medical writers in mainstream media along with a letter from the President, telling them of the College's upgraded media and community information programme. The initial media approach spells out the key role of the College in setting exacting standards for the training, examination, and certification of anaesthetists. It emphasises that there are many positive aspects to the story of anaesthesia, in on-going research and review, particularly in the area of safety.

This is a foundation step in developing more effective relations with the media generally, and the progressive development of particular contacts in all States and at all levels of the media. It is a two-way process, with the College initiating News Releases on positive and constructive aspects of anaesthesia, as well as responding effectively where comment is sought.

For the 2 May, all main media received a National Day news release from the President, who held a news

conference to explain more about the programme. As well, news material was sent to key country and suburban newspapers. The President's message emphasised the high status – in world terms – of anaesthesia in Australia, in respect of qualifications, standards and safety.

**Depending on situation.** The Federal and State Health Ministers have been advised of the College's plans and their support has been sought, by way of appropriate constructive comment to mark the Day. Dr Carmen Lawrence agreed to support the day by releasing a press statement whilst State Ministers for Health from Western Australia, South Australia, Tasmania, and the Australian Capital Territory simultaneously issued a press release.

This first stage will be followed by a planned media programme to publicise the ASM in Townsville and matters of direct community interest on the Meeting's programme. Our communications consultant, Eddie Dean, will be liaising with the ASM Convenor, Associate Professor Vic Callanan, and Dr Mike Martyn, who will assist in media liaison, in establishing appropriate media contacts, and seeking maximum dissemination of worthwhile news stories from the Townsville Meeting.

A similar programme is proposed for New Zealand later in the year to coincide with the CECANZ Meeting.



## LAW REPORT

Michael Gorton, LL.B., BComm.  
Partner, Russell Kennedy  
Honorary College Solicitor

### REFORM OF MEDICAL PRACTITIONERS LEGISLATION IN NEW ZEALAND



The New Zealand Government is currently debating legislation that will substantially reform the licensing and discipline of medical practitioners in New Zealand. The *Medical Practitioners Bill* and the *Health and Disability Commissioner Bill* introduce a new regime for the licensing, registration, review of competence and discipline of medical practitioners.

Such reforms are not new. Australian States have recently reviewed their own legislation, notably Victoria and New South Wales. However, the new legislation goes much further and contains significant reformist provisions that would be regarded by many as progressive. In "Yes, Minister" terms, the reforms are "courageous".

Notable provisions of the *Medical Practitioners Bill* include:

- 1 Medical practitioners will have various types of registration:
  - a. probationary registration (to practise only in the employ of or in association with another qualified practitioner);
  - b. general registration;
  - c. vocational registration (in respect of a particular branch of medicine);

- d. temporary registration (for people visiting New Zealand for post-graduate instruction, training or research);
- e. interim registration (whilst other applications are being considered).

Applications for registration are made to the new Medical Council of New Zealand established under the legislation.

- 2 The Medical Council may review the competence of practitioners on an ad hoc, or on a regular basis, and the Council may establish or recognise competence programs which include examinations, a period of practical training, a course of instruction, review of clinical records, or other measures approved by the Council.
- 3 The legislation contains provision for re-certification programs, particularly for medical practitioners who hold vocational registration. The re-certification programs may be made mandatory by the Council, and can include similar programs as for the competence programs referred to above. The failure of a practitioner in a re-certification program, or a competence program, can lead to the suspension of registration.
- 4 The legislation contains protection for certain authorised Quality Assurance activities. These provisions are similar to the Australian provisions set out in the Health Insurance Act 1973, adopted some 18 months ago. Practitioners, or medical institutions involved in Quality Assurance activities can apply to the Minister for authorisation under the legislation. Information revealed during the course of an authorised Quality Assurance activity may be protected from disclosure to others or in legal proceedings. The Minister has power to reveal or disclose certain information, particularly if it involves a serious offence (an offence punishable by imprisonment for a term of two years or more). There is debate in New Zealand at present as to whether the confidentiality provisions of this



part of the legislation is adequate to protect doctors, and the College has made submissions to the Parliamentary Committee reviewing the legislation in this regard.

- 5 Complaints against doctors can be referred to the Health and Disability Commissioner, and can be heard by a Complaints Assessment Committee established under the legislation, or ultimately the Medical Practitioners Disciplinary Tribunal. The Tribunal will have a Chairperson and Deputy-Chairperson, each of whom must be a medical practitioner, together with four other members (two of whom shall be medical practitioners, and two of whom will not be medical practitioners).

Under the *Health and Disability Commissioner Bill*, the office of Commissioner is established to deal with initial complaints made against registered health professionals, including doctors. Key provisions include:

- 1 The Commissioner has a quasi-disciplinary role, together with an education and consumer protection role.
- 2 A Director of Proceedings is established to initiate any particular proceedings under the legislation against doctors or health care providers.
- 3 The Commissioner is to draft a Code of Consumers' Rights. The Code will include provision for informed consent, quality and standards, anti-discrimination measures, procedures for dealing with consumer complaints, duties of health care providers, etc.
- 4 Complaints to the Commissioner are to be investigated, and an attempt made to conciliate complaints. Complaints can also be made for a breach of the Code of Consumers' Rights.
- 5 The Commissioner may refer any complaints, or any conduct of health care professionals to their respective licensing or disciplinary board, including the Medical Council. The Director of Proceedings may appear and act on behalf of consumers in proceedings before any court or professional body, including the Medical Council or Tribunal.
- 6 There is also provision for the award of damages against a health care provider. This is a novel feature, since, in New Zealand, many claims for negligence do not proceed before the courts, as in Australia, but are covered by the universal no-fault insurance provisions for accident compensation in New Zealand. This legislation "revisits" the potential for medical negligence claims and awarded damages against doctors.

## MEDICAL MANSLAUGHTER IN NEW ZEALAND

In conjunction with the representations being made by the medical community in New Zealand regarding the *Medical Practitioners Bill* and the *Health and Disability Commissioner Bill*, medical bodies are also seeking amendment to the Crimes Act in New Zealand, by which doctors may be convicted for manslaughter, even in circumstances where mere negligence is involved.

This unusual feature of New Zealand law was the subject of a report in the College *Bulletin* in 1993. Medical manslaughter in New Zealand has become "a live" issue following four publicised medical manslaughter cases in New Zealand where doctors and medical staff have been convicted of manslaughter where mere negligence was involved.

The Courts of New Zealand have interpreted the Crimes Act provisions, to attach criminal liability to acts of "simple" negligence. These circumstances are clearly alarming, and the medical community has made submissions to the relevant Parliamentary Committee to amend Section 155 of the Crimes Act (NZ). The submission by the New Zealand Medical Law Reform Group (in which the College is participating) has submitted that the new medical practitioners legislation introduces a new regime for the discipline, accountability and regulation of doctors (Submission to Social Services Select Committee of the New Zealand Parliament - March 1995). It is a sufficient method by which doctors' conduct can be accountable and, accordingly, the provisions of Section 155 of the Crimes Act should be amended, as part of this package of measures. The Reform Group submits that there must be a unified and co-ordinated approach to medical discipline.

Whilst the Reform Group has conceded that, in serious cases of moral culpability, there should be recourse to criminal proceedings, the threshold must not be too low. The threshold for manslaughter in New Zealand is unusually and unnecessarily low. New Zealand is clearly out of step with other jurisdictions, including Australia and the United Kingdom.

These provisions of the Crimes Act have the potential to make criminals out of ordinary people. Prior to 1982 in New Zealand, there had been no prosecution of medical practitioners under the Crimes Act. In recent times, however, five doctors, a nurse and a dentist have been charged with manslaughter; four have been convicted (three doctors and a nurse). The degree of negligence to found a charge of manslaughter in New Zealand is no greater than that required for a civil action (ordinary



negligence), whereas in Australia and the United Kingdom, a standard of gross negligence or recklessness is required.

Although the New Zealand Courts have adopted the lower standard for manslaughter under Section 155 of the Crimes Act, they have not regarded the convictions as sufficient to warrant any substantial penalty. Three of the convicted practitioners were discharged upon conviction, and one was discharged with a fine of \$2,500. Whilst the penalties so far are relatively modest, the effect on the reputation and practice of the doctor is devastating and out of proportion with the conduct.

It is to be hoped that the submissions of the Reform Group, together with the submissions of other medical bodies are successful in achieving reform of the New Zealand Crimes Act.

## **ERRATA**

College Bulletin, March 1995 edition, page 6

The Christmas card of 1916 displayed in this publication was presented to the College by Dr Nerida Dilworth.

**G.D. PHILLIPS**

## DEAN'S MESSAGE



The main business of the Faculty is related to teaching, training and the examination system for our trainees, maintenance of professional standards of our Fellows and maintenance of standards in intensive care units. Success in all of these will ensure continuing good patient care.

However, radical things are happening to the system of health care in Australia and New Zealand which may well impinge upon these goals. It is all to do with attempting to limit health care spending whilst not jeopardising patient care. Many changes being advocated or introduced have not been shown in the United Kingdom or United States of America to achieve these dual aims. Saving money to some means transferring all or part of costs to another authority so that overall no money is saved.

Providing intensive care is expensive and it is not unreasonable that such expenditure must be justified. There is every indication that in Australia and New Zealand outcome results from units keeping severity of illness or other records are good. It is imperative that intensive care units keep such accurate records so that current standards of care can be justified and maintained.

Sophisticated intensive care was once the province of the public teaching hospitals. Nowadays several private units

provide equally sophisticated levels of care, though such units usually have a narrower casemix. It is of no concern to the Faculty whether units are public or private. What should concern all Fellows of the Faculty is the possible development in urban areas of multiple small intensive care units of 1-4 beds which try to function at sophisticated levels of care. It is probably impossible to maintain the dual aims of economic efficiency and the highest standards of intensive care practice under these circumstances. It is not economic to have a dedicated intensivist responsible solely for such a unit at all times and it is likely that the number of cases and procedures in such units will be insufficient to maintain the level of expertise required in a well tuned intensive care team.

Invariably Fellows will be asked to advise on intensive care requirements in hospitals. In some cases it may be suggested that intensive care training could be provided for junior doctors if they worked in such units. All Fellows want to see a high standard of patient care in intensive care units and, where possible, units suitable for training intensive care trainees. The Faculty is happy to advise on minimum standards for intensive care units and on the suitability of intensive care units for training purposes. Faculty Policy Documents IC-1 (1994) "Minimum Standards for Intensive Care Units" and IC-3 (1994) "Guidelines for Hospitals Seeking Faculty Approval of Training Posts in Intensive Care" cover both of these important issues.

GEOFFREY M. CLARKE



## SIR ARTHUR SIMS

### COMMONWEALTH TRAVELLING PROFESSORSHIP 1994-1995

### PROFESSOR MICHAEL COUSINS

This Professorship was endowed in 1946 by the late Sir Arthur Sims, a New Zealand industrialist with business interests in New Zealand, Australia and England. Its object is to establish closer links between scientific workers in the Commonwealth and "in the older seats of learning and centres of research". The Professor is required to travel to other countries in the Commonwealth to assist in the advancement of medical sciences by lecturing, teaching or engaging in research. The activities are expected to be ambassadorial as well as academic. The appointment is made by the Council of the Royal College of Surgeons of England on the recommendation of the Advisory Board which consists of:

- The President of the Royal College of Surgeons of England
- The President of the Royal College of Physicians of London
- The President of the Royal Australasian College of Physicians
- The President of the Royal Australasian College of Surgeons
- The President of the Royal College of Physicians and Surgeons of Canada
- The President of the College of Medicine of South Africa

Visits to countries are arranged in consultation with the Royal College of Surgeons or Physicians of the intended country. Usually one Professor from within the Commonwealth countries is appointed each year. In the past 20 years, Sims Professors from Australia have included **Professor James McLeod** (Neurology), University of Sydney and Royal Prince Alfred Hospital; **Professor Henry Burger** (Medicine), Prince Henry Hospital and University of Melbourne, 1985; **Professor James May** (Surgery), University of Sydney and Royal Prince Alfred Hospital, 1987; **Professor John Chalmers** (Medicine), Flinders Medical Centre and Flinders University of South Australia, 1989; **Professor Ann Woolcock** (Respiratory Medicine), University of Sydney and Royal Prince Alfred Hospital, 1992. Until 1991 only three anaesthetists had received the Sims award (**T. Cecil Gray** in 1961, **J. Gordon Robson** in 1968 and **D. Gordon McDowall** in 1980), in the 42 years since its inception.

The 1991 Sims Professorship was awarded in the latter half of 1990 to Professor Michael Cousins whilst still at Flinders Medical Centre in Adelaide. Because of an imminent move to Royal North Shore Hospital and the University of Sydney, Professor Cousins deferred taking up the professorship until the establishment of the new academic department in Sydney, which delayed commencing the appointment until late 1994 and early 1995.

The 1968 Sims Professor Gordon Robson, Emeritus Professor of Anaesthesia at Hammersmith Hospital, was at the time Wellcome Research Professor at McGill University, Montreal, Canada. A young anaesthetic registrar at Royal North Shore Hospital in Sydney had developed some research ideas in the field of post-operative pain relief following vascular surgery and was keen to work with Professor Philip Bromage who was also in Montreal. During his visit to Sydney in 1968 as Sims Professor, Gordon Robson kindly made time available to meet this young fellow and subsequently arranged an appropriate academic appointment in Montreal with Philip Bromage. Thus began the academic career of an individual who was at the time contemplating the obligatory year overseas and then private practice anaesthesia in Sydney! That same individual 22 years later became the next anaesthetist to be a recipient of the Sims Professorship. As is required by the conditions of the award, the Sims programme was undertaken in two stages, firstly in November 1994 and secondly in December/January 1995.

Stage 1 focused on Western Canada with visits to Saskatoon, Edmonton and Winnipeg. This phase was organised through the College of Physicians and Surgeons of Canada by a former colleague from McGill University, Professor Douglas Craig, who is now Head of the Health Sciences Center, Department of Anesthesia in Winnipeg. In keeping with the guidelines of the award, a symposium was organised in Winnipeg to focus attention in Western Canada on improved management of postoperative pain (the J.D. Culligan Symposium). A previous Fellow of the RNSH Pain Centre, Dr Ian Sutton, is now a member of the Specialist Staff of the Pain Center in Winnipeg. This interchange with Western Canada



appears likely to continue, with further Fellows from Saskatoon and Winnipeg planning to carry out Fellowships in Sydney in the next couple of years. One cannot help but be impressed by the standard of the health care facilities in Western Canada and the high quality of the health care professionals and the service that they deliver. The helpfulness of oil dollars is very evident, particularly in Edmonton, where the Hospital environment is reminiscent of a first class hotel and the research building has a "space age" design. A stated aim of the Sims was certainly fulfilled with the re-establishment of old links with Douglas Craig in Winnipeg and Brendan Finucane in Edmonton, while new links were established with the Director of the Saskatoon Department, Dr Ray Yip and the Research Director Lesley-Ann Crone.

Stage 2 involved visits to Vancouver and Calgary, followed by a substantial journey down to two centres in the West Indies, namely Trinidad/Tobago and Barbados. In Vancouver a long-standing professional and personal relationship with Professor David Bevan was renewed. The opportunity was taken to participate in a trial examination for trainees of all levels, preparing for the anaesthesia specialty examination in Canada. This was an interesting experience, quite unlike our own primary and second part examination, in that the same panel of examiners were involved in the evaluation of beginning registrars through to registrars about to present for examination at the end of training.

A major aim of the examination was to give candidates an opportunity to measure their progress and also to give the department an objective method of discussing this progress with individuals and providing them with assistance. As a result of the visit to Vancouver, a clinical and research Fellow will be coming to Sydney in late 1995 and the first half of 1996.

In Calgary, links were renewed with another McGill University colleague, Dr Roger Maltby, who is currently Associate Professor in the Department and with Associate Professor Jan Davies who has visited the Sydney Department many times. As was the case in all of the Centre visits in Canada, presentations were given on: "Neuropathic Pain", "Acute Pain Management", "Advances in the Application of Neural Blockade". In most centres, the Anaesthesia Regional Society

organised an evening meeting to coincide with the visit and anaesthetists from the region were invited to participate.

The visit to the West Indies was a "once in a lifetime" experience, with an opportunity to interact with colleagues in a very different environment. The visit was organised through the University of West Indies, which operates a multi-location campus throughout the West Indies.

Most of the time in Trinidad was spent in the new Eric Williams Medical Sciences Complex, which is facing many of the health care challenges now being experienced in Australia and elsewhere. Lectures were delivered on "Neuropathic Pain", "Acute Post Operative Pain" and also "Cancer Pain" as well as an extended session with the Registrars on the topic of "Neural Blockade".

Visits were also made to other hospitals in the area and there was considerable discussion concerning the development of pain management clinical services and the development of research activities in anaesthesia and pain management. An ongoing linkage has been established with the lecturer in anaesthetics within the Department of Surgery, Dr Deryk Chen.

In Barbados, the visit was organised by the Head of the Department of Anaesthesia and Intensive Care, Dr Harley Moseley. A large gathering of staff of the Queen Elizabeth Hospital in Bridgetown was organised by Dr Moseley with the strong participation of many specialties, including general practitioners.

The topic of the lecture was "Post-operative Analgesia: State of the Art". This is a field of activity that is still in the early stages of development in the West Indies, as is the case with treatment of cancer and chronic pain.

It is easy to understand why the Australian cricketers like visiting the West Indies, at least partly to renew acquaintances with the delightful inhabitants who probably have a lesson for all of us with their relaxed approach to life. However, there are some very serious economic and other pressures in the West Indies which make the delivery of health care extremely difficult. One can only admire the excellent work that is being done under these conditions.



## **ADMISSION TO FELLOWSHIP BY EXAMINATION**

Robert Henry BURRELL, NZ  
Rae Anne DUFFY, QLD  
Paul Robert GOGGIN, VIC  
Barbara Janet HEATH, VIC  
Catherine Grace HILL, VIC  
Hilary Rose MADDER, VIC  
Andrew David MUIR, NSW

Rashmi PATEL, WA  
Mark Christopher PRIESTLEY, NSW  
Kee Seng Ian TAN, HKG  
David Michael Charles THOMAS, NSW  
Jocelyn Jane TORRIE, NZ  
Anthony Brendan WILLIAMS, NZ  
Robin Antony James YOUNGSON, NZ

# REGIONAL COMMITTEES ANNUAL REPORT 1994-1995

## **Regional Committee**

### **Chairman**

Dr E. Loughman

### **Vice-Chairman**

Dr M.R. Crawford

### **Honorary Secretary**

Dr M.A. Joseph

### **Honorary Treasurer**

Dr W.J. McMeniman

### **Education Officer**

Dr P.L. Klineberg

### **Supervisors of Training**

Part I Course - Dr C.A. Kam

Part II Course - Dr M.J. Bookallil

### **Other Members**

Dr J. Beckett-Wood

Prof D.B. Gibb

Dr M.R.R. Jones

Dr R.K. Kerridge

Dr F.X. Moloney

Dr A.W. Quail

Dr C.J. Sparks

### **Faculty Education Officer**

Dr G Bishop

### **Councillors**

Dr B.F. Horan

Dr R.G. Walsh



*Dr Ed Loughman*



*Dr Michelle Joseph*

## **NEW SOUTH WALES**

### **Continuing Medical Education**

In cooperation with the Australian Society of Anaesthetists, three principal meetings and an anatomical workshop were held. A weekend meeting in Terrigal had the theme of paediatric anaesthesia, and one day meetings were held in Lismore and Sydney.

### **Training Issues**

The committee examined ways to enhance training opportunities in rural areas, with a view to having trainees in a further five inland cities.

Several hospital training programmes were inspected through the year, and the Annual Registrars' Scientific Meeting was held in Sydney, attracting twenty-three submissions and good support.

### **Professional Issues**

Considerable attention was directed towards the development of infection control guidelines, both within the College and with public health authorities.

With representatives of the ASA, an anaesthesia exhibit was displayed at the *Health Show Australia* exhibition in November.

Throughout the year strategies to deal with the need for more rural anaesthetists were considered; and workforce data was collected following release of the Baume Report.

### **Representation by Committee Members**

Members continued to serve on Hospital Appointments Advisory Committees, working parties of the Department of Health, Red Cross, and Australian Council on Healthcare Standards; as well as a new advisory committee to the Director General of Health.

### **Members of the Anaesthetic Continuing Education Sub-Committee**

Dr M.R. Crawford, Dr G.A. Goulding, Dr P.R. Isert, Dr M.A. Joseph, Dr P.L. Klineberg, Dr W.J. McMeniman.

### **Representative of the ASA Committee of Management**

Dr W.J. McMeniman.

### **Formal Project Officer**

Dr P.L. Klineberg.



## Regional Committee

### Chairman

Dr A.M. Weeks

### Deputy Chairman

Dr S.C. Chester

### Honorary Secretary/Treasurer

Dr D.I. McCuaig

### Education Officers

Dr M.J. Fajgman

Dr P. Roessler

### CME Officer

Dr P.G. Ragg

### Assistant CME Officer

Dr P.R. McCall

### Safety Officer

Dr C.D. Joseph

### Paramedical Personnel

Dr M.R. Buckland

### Formal Project Approval Officer

Dr G.B. Donnan

### Faculty Education Officer

Dr P.T. Morley

### Councillors

Dr M.J. Davies

Dr I. Rechtman

## VICTORIA

### 1. Victorian Regional Committee Activities

The Victorian Regional Committee has been active in contributing to several important State Government Committees. A submission was made to the Ministerial Review into Staffing in Public Hospitals. This submission emphasised the importance of maintaining adequate staff in public hospitals both for service provision, maintenance of the standards of care and for training registrars. The role of the College in maintaining professional standards and training to ensure an adequate supply of properly trained specialists was strongly supported.

The Standing Committee on Infection Control of Department of Health and Community Services sought input from the Victorian Regional Committee for Guidelines on Infection Control in Anaesthesia. Dr A. Weeks and Dr R. Westhorpe have attended this group and a set of Infection Control Guidelines are in preparation. We have also had helpful advice from Dr Brian Horan to ensure our recommendations were consistent with the developing College Policy on Infection Control.

The documents released by the Premier, Victoria's Health to 2050, and the establishment of the Metropolitan Hospital Planning Board clearly indicate that there will be major changes in the structure and delivery of health care in this State. The movement towards managed care may also produce major changes in anaesthetic practice. The Victorian Regional Committee is carefully assessing the changing environment.

### 2. Consultative Council on Anaesthetic Mortality and Morbidity

During 1994 there have been 10 meetings of the Council and approximately 98 cases have been reviewed, although the 1994 cases are by no means completed. Dr Tony Weaver has been appointed Deputy Chairman for one year.

Over the past two years it has been the practice of the Chairman to issue an information bulletin so as to provide anaesthetists with an overview of some of the current problems. This year that has not been possible because of legal opinion that provision of a bulletin was outside the specific terms of reference which apply only to "annual reports". It is expected that legislation will be passed in the autumn session of Parliament to overcome this anomaly. Meanwhile it is expected that the Report covering the years 1989-1992 will be published about April 1995.

At this stage it is possible to reaffirm that surgical mortality in which anaesthesia plays any significant role is extremely low and where there have been anaesthetic factors there has also been very significant medical disease. Although the data collection has been improved the voluntary nature of the reporting has both strengths and weaknesses. However the positive message for Victorians (not likely to be published by the press!) is that it may be one of the safest places in the world to have an anaesthetic.

Cases of significant morbidity have been reported both by individuals and by large hospital departments and it is hoped that some aggregate figures in a known surgical population may soon be obtained.

Of particular concern to the Council is a number of reports of major morbidity or "near misses" associated with postoperative pain management of all types. Pain management techniques must not be allowed to fall into disrepute due to relaxation of the constant vigilance that is necessary to maintain a safety net for patients. Thus it is essential to ensure that in addition to an appropriate choice of technique, there are clear instructions, a suitable area for the care of the particular patient and, above all else, proper training and accreditation of nursing staff.

The Council continues to be extremely grateful to all those anaesthetists who have provided reports or responded to enquiries by the Chairman of the Council so that an in-depth study of a particular event can occur. There is continued reassurance that total confidentiality is maintained and that procedures are in place to ensure that all material maintained for archival purposes has all identifying features removed.



Dr Tony Weeks



Dr David McCuaig

(Victoria continued)

### 3. Paramedical Personnel

The Australian and New Zealand College of Anaesthetists continues to be interested in and supportive of establishing a nationally accepted curriculum of training for anaesthetic technicians.

In Victoria, the Barton TAFE is establishing a pilot Associate Diploma Health (Anaesthetic and Operating Theatre Technicians), based on that offered by the Royal Perth Hospital and has sought support of the Regional Committee. It is hoped that the course, run over two years, will start in July 1995. A number of teaching and private hospitals will be involved in the second "clinical" year of the course.

### 4. Continuing Education

1994 was another interesting and informative year for CME activities. In order to attract more Fellows to these meetings, the College ran both Tuesday and Thursday evening sessions. Last year also we had the opportunity to use our new College premises at 'Ulimaroa' for CME Lectures.

The year culminated in a very successful Combined ANZCA/ASA Annual Meeting in August on "*Anaesthesia and Co-Existing Diseases*" at which there were over 300 registrants. Professor Robert Stoelting from the Indiana University of Indianapolis was the guest speaker. This was one of the most successful CME Meetings in the history of the College.

Topics covered in 1994 include:

November 1993

Dr A. Brain (*Preservation of the Airway: The Development & Use of the Laryngeal Mask Airway*).

March 1994

Ms B. Yap, CSL Ltd (*Plasma Products: Big Business, but what Risk?*)

April 1994

Dr J. Carvalho (*Anaesthesia for the Pregnant Cardiac Patient*)

June 1994

Dr J. Tibballs (*Nitric Oxide: Practical Aspects*)

July 1994

Monarch Medical (*Sterility of Anaesthetic Circuits*)

September 1994

Dr P. Myles (*A Friendly Guide through Statistics for Anaesthetists*)

November 1994

Dr D. Scott (*An Introduction to Ropivacaine*)

This year's Combined ANZCA/ASA Annual Meeting on Saturday, August 12, will focus on "*Risks to the Anaesthetist*" and our international guest is Associate Professor Bill Arnold III, MD, from Charlottesville, Virginia, USA.

### 5. Education

Following a manpower review by the Department of Health, eight extra trainee posts were created, with particular emphasis on paediatric and obstetric training.

Wangaratta and Frankston Hospitals have been approved for accredited training, commencing 1995.

Courses preparing candidates for the Primary and Final exams have again been run, prior to both the March/May and August/September exams. As well as Victorians, candidates from other regions have keenly sought places on these courses and the organisers and lecturers are to be congratulated on maintaining these courses at such a high standard.

The Annual Registrars' Scientific Meeting will again be occurring in Melbourne on Saturday, July 22, 1995. It is assumed that 30 to 40 papers will be presented, and for the first time, all papers will be judged. A prize from Anaequip Pty Ltd will be awarded for the best paper.



Fellows are requested to attend what will undoubtedly be an excellent meeting and to support the trainees.

#### 5. Intensive Care

The Victorian Regional Committee of the Faculty of Intensive Care was established on August 11, 1994. Regional Committees have also now been established in all States. The following activities have been undertaken.

- 5.1 *Intensive Care Definitions* - The Faculty was represented on the Working Party to define Intensive Care for the National Data Dictionary, Australian Institute of Health and Welfare. Definitions of three levels of Intensive Care were finalised. It is likely that this definition will be included in the 1995 dictionary for a 12 month trial, and will be widely used by many different groups.
- 5.2 Accreditation visit to Box Hill Hospital undertaken.
- 5.3 *Consultative Council on Emergency and Critical Care Services* - A wide-ranging report on Emergency and Critical Care Services in Victoria was completed and submitted to the Government. The public release of this report is awaited.
- 5.4 Recently proposed criteria for recognition of a specialist in Intensive Care have been reviewed and strongly supported by the Committee.
- 5.5 The inter-relationship and respective roles of Regional Faculty and Regional ANZICS has been discussed and are becoming clearer.

#### 6. Formal Project

During 1994, eighteen projects were submitted for assessment. A large proportion of these have been presented at the Annual Registrars' Scientific Meeting. The projects are generally of high standard.

#### 7. RACS Road Trauma Committee

Representation is maintained to provide advice on matters relevant to the VRC. Recent emphasis has been on the importance of drugs (other than alcohol) on driving performance.

#### 8. Treasurer's Finance Report

The two VRC accounts, ANZCA - Victorian Regional Committee and ANZCA & ASA (Vic) CME Fund, have been audited by Mr Ross Blain.

During the year the Victorian Regional Committee made a major contribution to the College Foundation. This derived from some of the monies generated by the Victorian Courses. Value: \$60,000.

The Victorian Regional Committee also funded a major purchase of furniture, tables and chairs, for the Douglas Joseph Meeting Room. These items complement the furnishings. They are used for Courses, Examinations and Committee Meetings.

Overall cost: \$13,373.

The audio-visual equipment and sound equipment has also been purchased for similar uses. Overall cost: \$10,000.

#### 9. Victorian Medical Postgraduate Foundation Inc.

The traditional activities continue. These were detailed in last year's Annual Report. The VMPF Journal *Access* is now available for reference in the College Library.

The Quality Assurance Network of VMPF is slowly being developed with the guidance of Chairman Dr Moss Cass.

The latest VMPF publication is the booklet titled *Protocol for the Triage and Early Management of Patients with Burn Injury in Victoria*.

#### 10. Social

A most successful dinner was held at the Kooyong Lawn Tennis Club to acknowledge the 30 years that Dr Noel Cass has organised the Primary Course.

Tony Weeks, *Chairman*



## Regional Committee

### Chairman

Dr J.H. Havill

### Deputy Chairman

Dr A.F. Merry

### Honorary Secretary/ Education Officer (Anaesthesia)

Dr M.E. Futter

### Honorary Treasurer

Dr I.A. Ross

### Other Members

Dr D. Jones

Dr S.Y. King

Dr C.J. Pottinger

Dr H.T. Spencer

Dr L.F. Wilson

### Faculty Education Officer

Dr F.E. Bennett

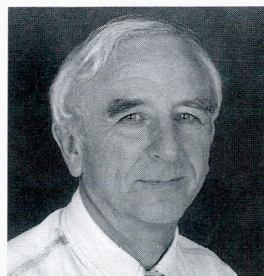
### Ex-Officio

Professor J.M. Gibbs

Dr R.S. Henderson

Dr A.L. Garden

(CECANZ Representative)



Dr Jack Havill



Dr Malcolm Futter

## NEW ZEALAND

New Zealand is in the middle of rapid change in the structure and administration of the health service. Accompanying this, major pieces of legislation have been introduced, affecting discipline, registration, recertification and competency programmes and quality assurance endeavours. Members of the NZ Committee have been exceptionally busy in making submissions and trying to influence the changes. In addition, the Committee is at the forefront in trying to change legislation relating to criminal manslaughter.

In all these activities, it has become very obvious that the NZ Committee has particular problems related to the fact that we are a separate nation from Australia. This involves constant interaction with Government agencies, legislation and regulations which are peculiar to New Zealand.

### New Zealand Committee

At the 1994 elections, Dr David Murchison and Dr Ron Trubuhovich did not seek re-election. Both contributed well to our committee and will be missed. Dr Trubuhovich, however, will continue his association with the College as Vice Dean of the Board of the Faculty of Intensive Care. In their place we welcome Dr Sharon King from Christchurch and Dr Hugh Spencer from Waikato.

By chance, the members of the NZ Regional Committee of the Faculty of Intensive Care are also members of the ANZCA Regional Committee and hence a very useful liaison continues.

We were pleased to have the President, Dr Michael Davies, attend our March 1994 committee meeting.

### Medical Practitioners Bill 1994

This has now been introduced to the House, and Select Committee hearings began in March. The NZ Regional Committee made a major submission for New Zealand anaesthetists. The Bill will replace the 1968 Act which is long overdue for repeal. Overall, the Bill has many desirable features and with some modifications could be a good piece of legislation.

Particular points of interest to us as a College are:

1. Registration categories are to be divided into General and Vocational. The importance of this is that unless an anaesthetist has vocational registration (specialist registration), unsupervised practice will not be allowed.
2. Vocational registration by the Medical Council could be a lot less constrained by professional bodies. Hence we are making a case for compulsory consultation to prevent lowering of standards.
3. In setting of competence programmes and recertification programmes we are demanding compulsory consultation with professional bodies. Recertification programmes will now be compulsory. The fact that we are making our College programme available to non-Fellows of the College is desirable and could ensure that we remain the body running this programme for anaesthetists. However, there may be some competition from the universities in the future.
4. Quality Assurance provisions have been introduced similar to the Australian legislation. We are working hard to obtain complete confidentiality with complete protection from subpoena by any judicial agency at all times.
5. With this Bill and the now passed Health and Disability Commissioner Act 1994, it should be possible to have a complete and fair disciplinary system satisfying both the public and the profession. We are emphasising this aspect and suggesting that Section 155 of the Crimes Act needs to be amended at the same time, so that the threshold from criminal prosecutions and manslaughter conviction comes into line with other countries such as Australia.



(New Zealand continued)

### **Medical Manslaughter**

The criminal law as regards health professionals is being interpreted in a way which is peculiar to New Zealand. The issue is one of threshold for use of the criminal code; the degree of negligence is unusually and unnecessarily low. Prior to 1982 there had been no prosecutions of medical practitioners under the Crimes Act. Since then, five doctors, a nurse and a dentist have been charged and four convicted. More are likely. Thus we have the ridiculous situation where an anaesthetist dealing with a desperate situation and making a highly significant but small mistake which contributes to a death, can be charged with manslaughter. This is the same conviction as is appropriate for an anaesthetist who causes death while inebriated, i.e. where grave moral guilt exists. We believe the culpability of the action itself is critical, especially as the result of an error is often determined by chance.

The pattern has now been set by case law and the only option left is to change the legislation. A lot of activity is going into this aim. Alan Merry and Leona Wilson from the Committee have been foremost in much of this.

#### **Actions include:**

1. An appeal for funds to NZ Anaesthetists in general in combination with the New Zealand Society of Anaesthetists. This has raised over \$15,000 to fight for change. We hope to have supplementation from general College funds to help at times.
2. A Medical Law Reform Working Group has been set up which includes our representatives, the New Zealand Society of Anaesthetists, the Royal Australasian College of Surgeons, Royal Australasian College of Radiologists, Royal College of Pathologists of Australasia, Royal New Zealand College of Obstetricians and Gynaecologists, the Medical Council of New Zealand, the New Zealand Medical Association and a lawyer. Other bodies may join in time. Thus the financial load will be shared.
3. It has been realised that lawyers have to be heavily involved in the process and various opinions have and are being sought. Simple representations from medical people have had little effect.
4. Meetings with various Ministers have taken place. A meeting with Police, Coroners and other Government officials has taken place.
5. A formal submission from the Medical Law Reform Working Group to the Select Committee considering the Medical Practitioners' Bill was made in the context of that Bill. Overseas experts were used at that submission.
6. Advice is being taken from a previous Minister who is expert in the vagaries of how to change legislation. A Private Member's Bill is possible.
7. Further meetings with the Justice Minister and his Department.

The general opinion is that the legislation will be hard to change. It is, however, vitally important that we succeed, because the result will have far-reaching effects upon medical practice and defensive medicine standards in the future. The possibility of manpower difficulties are present also as anaesthetists refuse to work in the NZ situation.

### **Clinical Training Funding**

The Government is proceeding with the impossible task of trying to unbundle costs of postgraduate clinical training and has set up a Clinical Training Agency Ltd. to do this. Funds will be administered from a central body for New Zealand, but how the splits are to occur is not decided, although notional amounts have been designated. One thing is clear: many bodies will be competing for the funds. We have been invited to enter into preliminary discussions. John Gibbs and Malcolm Futter are representing the College in this. Since our main function is postgraduate training, this could be a vital issue. The universities will presumably be active in this area. They have the major incentive of the possibility of attracting more funds to their institutions.

(New Zealand continued)

**Training**

The training schemes within New Zealand appear to be attracting more experienced applicants and there has been a slight increase in numbers. The appointment of trainees to various schemes which traditionally has taken place with a degree of co-operation between Directors of the schemes, has become more fragmented. In part this change has resulted from employing authorities wishing to be totally independent in their scheduling of the appointment process and partly it results from the recently legislated Privacy Act. The Act forbids sharing of confidential information furnished to one prospective employer with another. Applicants in the future will need to sign a form permitting this. Primary Fellowship Examination passes were 23, and the Final Fellowship examination passes were 4 in 1994.

Many worthwhile formal projects are taking place and the innovation has been successful.

**Continuing Education Committee of Anaesthetists of New Zealand (CECANZ)**

Under the directorship of Sandy Garden, CECANZ continues to run a very active programme. This has been largely funded by the NZSA in the past, but as a College we have now been able to contribute more from funds raised by CME activities in New Zealand. A new constitution has been written and its adoption is in the discussion process. CECANZ now co-ordinates all anaesthetic meetings in New Zealand. In addition, it has run the NZ Critical Incident Survey and is responsible for the HELP modules. The use of the HELP modules is expected to increase with recertification coming on line.

Recent visits and meetings:

*Anaesthesia Research Group of NZ*, July 1994, Wellington

Teleconference, *Day Surgery*, September 1994

*Dr Archie Brain*, August 1994, Wellington and Auckland

Teleconference, *Substance Abuse by Anaesthetists*, February 1995

CECANZ Single Theme Meeting, *Preoperative assessment and preparation*, March 1995, Whangarei.

Jack Havill, *Chairman*

**Regional Committee**

**Chairman**

Dr S.J.C. Fraser

**Honorary Secretary**

Dr M.J. Lorimer

**Honorary Treasurer**

Dr R.M. Matters

**Regional Education Officer**

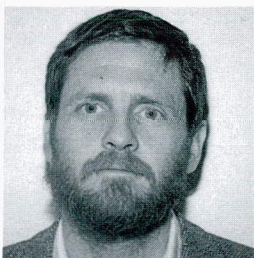
Dr J.A. Blaxland

**Continuing Education Officer**

Dr M.B. Walker

**Co-opted Member of Council**

Dr M. Martyn



Dr Michael Lorimer

**TASMANIA**

**Continuing Medical Education**

A Combined ANZCA/ASA meeting was held at Freycinet Lodge on the weekend 5-6 November. Invited speakers were Greg Knoblanche and John Warden from Sydney, and Phil Ragg from Melbourne.

**Training**

The basis of a State-wide appointment scheme for trainees was established between Launceston General and Royal Hobart Hospitals. It is hoped that this will be developed to include interstate rotations.

**Other Issues**

- Efforts are being made to improve reporting of peri-operative mortality through the NSW Special Committee. It is hoped that changes to the Coroner's Act will facilitate this.
- A pilot scheme to train Ambulance Officers in endotracheal intubation is being started in Hobart.

Michael Lorimer, *Secretary*



**Regional Committee****Chairman**

Dr N.M. Gibbs

**Deputy Chairman**

Dr L. Coombs

**Secretary**

Dr G.C. Mullins

**Regional Education Officer***(Anaesthesia)*

Dr G. Turner

**Treasurer**

Dr H. Spiers

**Continuing Education Officer***(Anaesthesia)*

Dr L. Coombs

**Faculty Education Officer**

Dr S.A. Edlin

**Councillors**

Dr N.J. Davis

Dr M.D. Westmore

**ASA Representative**

Dr D. Hayward

**Other Members**

Dr T. McAulliffe

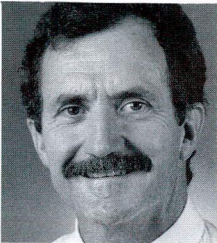
Dr P. Smith

Dr M. Hellings

Dr W. Weightman

**Special Interest Representatives***Acute Pain:* Dr G. Turner*Rural Anaesthesia:* Dr G. Dale*Cardiac, Vascular & Perfusion:* Dr K. Williams*Neuroanaesthesia:* Dr W. Thompson*Research:* Dr N. Gibbs*Medical Education:* Dr R. Wong

Dr N.M. Gibbs



Dr Geoff Mullins

**WESTERN AUSTRALIA****Continuing Education**

During the year the following CME meetings were organised:

**10 May:** Professor Carl Hug *Avoiding the Pitfalls of Opioids***27 June-2 July:** Professor Laurie Mather as the official ANZCA Australasian Visitor, visited and lectured at all Perth teaching hospitals.**2 July:** ANZCA (WA) ASM. Professor Laurie Mather *NSAIDs for Post Operative Pain Management: Pros & Cons.***1 November:** Drs Jerry and Susan Dorsch spoke on *Gas Monitors and Low Flow Anaesthesia.***Country Visits**

During the year there were two ANZCA organised meetings to rural areas – Kalgoorlie (May) and Broome (September). Speakers included Dr D. Perlman, Dr M. D'Souza, Dr P. Smith, Dr P. Maddern, June Gorringer, Maree McKenna, Ken Barnes and Ron Parker. Each meeting consisted of one full day directed at GP anaesthetists, a half-day for assistants to anaesthetists and a half-day directed at nurses on acute pain management. Dr N. Keely (Anaesthetist from Geraldton) represented ANZCA at a WACRRM (WA Centre for Remote & Rural Medicine) meeting in Karratha in June 1994.

**Regional Education**

Dr J. Harriott and Dr R. Wong continued the organisation of the Primary Examination Tutorial programme. Dr W. Weightman coordinates the Final Fellowship tutorial programme. All trainees have adequate subspecialty exposure. High success rates were achieved in both the Primary and Final Fellowship examinations.

**Nerida Dilworth Prize**

This ANZCA/ASA (WA) Regional Committee sponsored prize for the best registrar presentation at an ASA or ANZCA meeting was won by Dr J. Elson. Dr Dilworth has donated a substantial sum to the College/ASA to support this prize.

**Glaxo Research Award**

Glaxo will provide funding of up to \$1000 to ANZCA/ASA to support research by trainees in anaesthesia in Western Australia.

**1996 ASM**

The 1996 ASM is to be a joint meeting with the ASA. The meeting will be entitled *The Australian and New Zealand College of Anaesthetists and the Australian Society of Anaesthetists Combined Scientific Meeting*. This will be held at the Hyatt Hotel, Perth, 26-30 October 1996. The convenor is Dr Leigh Coombs. The organising committee has had several meetings and includes a representative from the ASA (Dr D. Hayward).

**Other Matters****Rural Anaesthetic Practice**

In addition to organising continuing education for rural GP anaesthetists the Committee continues to have representation at the Western Australia Anaesthetic Reference Group (which seeks to improve anaesthetic standards and services in rural areas).

**ANZCA/ASA Combined Activities**

Both ANZCA and ASA continue to pursue a closer relationship, have cross-representation at Committee meetings, share office facilities, and circulate a combined newsletter.

N.M. Gibbs, *Chairman*



## Regional Committee

### Chairman

Dr B.L. Duffy

### Deputy Chairman

Dr A.R. Laver

### Honorary Secretary/Treasurer

Dr P. Franklyn

### Regional Education Officer

Dr A. Laver (until 12/94)

Dr P.C. Woodhouse (from 2/95)

### Faculty Education Officer

Dr N.T. Matthews (until 6/94)

Dr J.A. Myburgh (from 7/94)

### Younger Fellows' Representative

Dr A. Pearce (until 6/94)

Dr R. Sorby-Adams (from 7/94)

### Ex Officio

Member of Council Prof G.D. Phillips

Member of Council Dr R.J. Willis

ASA Representative Dr J. Richards

### Committee Members

Dr M.H. Cowling

Dr J.A. Crowhurst (until 6/94)

Dr P.A.S. Germann

Dr A. Pearce

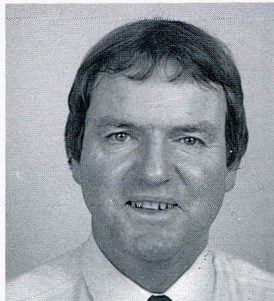
Dr A. Rainbird (from 7/94)

Dr T. Semple

Dr L.T. Seow (until 6/94)

Dr D.P. Tomkins (from 6/94)

Dr M. Wiese (from 7/94)



Dr B.L. Duffy



Dr P.M. Franklyn

## SOUTH AUSTRALIA

### Meetings

**The Annual General Meeting** of the South Australian Regional Committee was held on October 18, 1994, at Calvary Hospital, North Adelaide.

**Continuing Education Meetings:** The South Australian Regional Committee thanks the Combined CME Committee for organising the following meetings throughout 1994/early 1995:

- 1. April 6, 1994:** at Calvary Hospital. Presentation *Chemical Dependency and Anaesthesia*. Speakers were Professor R. Kalucy and Drs J. Pattison and C. Acott.
- 2. July 6, 1994:** at Calvary Hospital. Registrars' Scientific Presentations – Drs B. Evans, J. Sartain, M. Fox and M. Vialle participated.
- 3. August 20 & 21, 1994:** Weekend conference at McLaren Vale – *General Anaesthesia – What's New and is it Better?* Visiting Speakers were Dr Timothy G. Short of the Department of Anaesthesia and Intensive Care, Chinese University of Hong Kong, and Professor Colin S. Goodchild of Monash University, Clayton, Victoria. Local speakers also participated, with workshops included in the programme.
- 4. October 18, 1994:** at Calvary Hospital. Presentation by Dr Michael Dobson, Nuffield Department of Anaesthetics, Oxford, UK. *Appropriate Apparatus and Techniques in the Developing World*.
- 5. October 26, 1994:** Dinner meeting at the Ramada Grand Hotel, Glenelg. Speakers, both from Mayo Clinic, Jacksonville, Florida, were Dr Susan Dorsch who spoke on *Low Flow Anaesthesia* and Dr Jerry Dorsch on *Anaesthesia Machines in the USA*.
- 6. December 7, 1994:** Dinner meeting at The Don Bradman Room, Adelaide Oval. Speakers were Dr M. Fox *Drugs People Put in Intraspinal Spaces*, Dr P. Tonkin *Peripheral Analgesic Techniques for Knee Surgery*, Dr H. Owen, *NSAIDS – The Pendulum Swings* and Dr P. Briscoe *Cancer Pain Update*.
- 7. February 8, 1995:** at Calvary Hospital. *Forum on Anaesthesia and Dental Trauma*. Participating speakers were from the Australian Dental Association and Medical Defence Association of South Australia.
- 8. March 29, 1995:** at AMA House, North Adelaide. The Burnell-Jose Visiting Professor 1995 – Professor M.F.M. James from the University of Cape Town, South Africa, delivered the 4th Maurice Sando Lecture entitled *Should We Still Be Using Nitrous Oxide?*

### Matters of Concern to South Australian Fellows

#### 1. Honours to South Australian Fellows

On behalf of all Fellows, the Regional Committee expressed congratulations to:

Dr A.V. Dreosti – Member of the Order of Australia

Dr Ian Steven – Officer of the Order of Australia

Dr Mary Burnell – establishment by the College of the Mary Burnell Lecture, to be delivered at Annual Scientific Meetings

Dr J.E. (Fred) Gilligan – Australian Medical Association's most prestigious award for the greatest contribution to health care in Australia.

#### 2. Burnell-Jose Visiting Professorship 1995

The SA Regional Committee acknowledges and thanks the efforts of the Organising Committee (Drs B. Duffy, T. Semple, P.A.S. Germann, D.P. Tomkins and M. Sutherland) in preparing for the Burnell-Jose Visit which is a significant event in Anaesthesia in South Australia. The 1995 Burnell-Jose Visiting Professor is Professor Michael James from Cape Town, South Africa. The two week visit is from 26 March to 7 April, 1995.

#### 3. Finances

The SA Regional Committee welcomed the College Council resolutions, including the recommended use of an accountant to assist in the preparation of the "end of year" reports.



(South Australia continued)

**Rural Anaesthesia***(a) Joint Consultative Committee Anaesthesia (ANZCA and Faculty of Rural Medicine, College of General Practitioners)*

In regard to matters concerning the certification of rural GPs in anaesthesia, the Regional Committee was approached by the JCCA to nominate two representatives to a "Regional Reference Committee". This committee will be concerned with the development of a Rural GP Anaesthetist Training Centre. The nominees were Drs W. Fuller and D. Catt.

*(b) South Australian Health Commission — Australian Medical Association Document — "Guidelines for Patient Care by Visiting Proceduralists in Rural South Australia".* Several matters in this document were of significant concern to anaesthetists.

**Correspondence and Major Discussions**

1. Correspondence from College President:

(a) Workforce issues; (b) ANZCA Public Relations.

2. Alice Springs Hospital – application for accreditation for training positions.

3. Modbury Hospital – "privatisation".

4. President's Response to Baume Report.

5. Policy Document – Infection Control.

6. Medical Defence Issues – Dental Trauma – CME Meeting.

7. Mortality Sub-committee – of the SAHC Anaesthesia and Intensive Care Committee.

8. South Australian Postgraduate Medical Education Association Inc. (SAPMEA) – consideration of application for the M.S. McLeod Visiting Professorship.

9. Maintenance of Standards Document.

10. AIMS Report.

**Regional Training Committee**

Chairman – Regional Education Officer:

Dr A.R. Laver (until 12/94); Dr P.C. Woodhouse (from 2/95)

Co-ordinator of Training:

Dr A.R. Laver (until 12/94); Dr N.F. Maycock (from 2/95)

Organiser – CME:

Dr P. Gaukroger (until 10/94); Dr M. Gabriel (from 11/94)

Course Organiser – Primary: Dr A. Pearce

Course Organiser – Final Fellowship: Dr C.J. Acott.

**Supervisors of Training (Anaesthesia)**

A.C.H.: Dr M. Gabriel.

F.M.C.: Dr M. Abbott

Q.V.H.: Dr G. Anderson

T.Q.E.H.: Dr P. Woodhouse

MOD: Dr A. Bashford (until 2/95); Dr C.K. Lai (from 3/95)

R.A.H.: Dr C.K. Lai

R.G.H.: Dr J. Cantor

L.M.H.S.: Dr A. Michael

**Supervisors of Training (Intensive Care)**

R.A.H.: Dr J.A. Myburgh

T.Q.E.H.: Dr J.L. Moran

F.M.C.: Dr A.D. Bersten

A.C.H.: Dr N.T. Matthews (until 12/94); Dr S.R. Keeley (from 1/95)

P. Franklyn, *Honorary Secretary/Treasurer*

**Regional Committee**

**Chairman**

Dr P.J. Moran

**Vice-Chairman**

Dr E.J. McArdle

**Honorary Secretary**

Dr R.L.S. Pascoe

**Honorary Treasurer**

Dr J.P. O'Callaghan

**Regional Education Officer  
(Anaesthesia)**

Dr J.M. Parslow

**Continuing Education Officer**

Dr J.F. Murray

**Faculty Education Officer**

Dr R.F. Whiting

**Other Members**

Dr J.P. Bradley

Dr D.C.S. Khursandi

Dr B.J. McKenzie

**Councillor**

Dr D.H. McConnel

**QUEENSLAND**

**Education**

*Trainees:*

The weekly Pharmacology and Physiology Lectures for candidates preparing for the Part I examination for 1995 are continuing. An intense five day pre-exam course is planned to commence on Friday, May 26.

The success of our trainees in recent first and second part examinations continues. Dr Pam Edwards and Dr Daniel Mullany were successful in obtaining the May and September Cecil Gray Prize for 1994. Dr Peter Watt was successful in winning the Renton Prize for April 1994.

*Continuing Education:*

- 1 The Queensland College/ASA Continuing Education Seminar at the Gold Coast in July was very successful. A special thanks to Drs Lou Ferrari, John Murray and Ted McArdle for ensuring a successful meeting.
- 2 A meeting in Redcliffe is planned for November in 1995 covering a variety of topics including malignant hyperthermia.
- 3 Associate Professor Vic Callanan is to be congratulated on his appointment as Convenor for the ASM in Townsville commencing on May 6. We are confident that the first Townsville ASM will be a great success as evidenced by early registrations.

**Training Programmes**

There has been expansion of cardiac exposure for trainee registrars since the Townsville General Hospital commenced its cardiac service in October 1994. All hospitals within the Southside Rotational programme were inspected during 1994.

Difficulty is still being experienced in attracting specialists to provincial hospitals as well as the major teaching hospitals. The College, the ASA and the AMA are taking steps to help make these posts more attractive for specialists.

In line with recent College Council recommendations the number of trainees within Queensland have been increased from 50 in 1994 to 57 in 1995. It would appear that any further increase in the number of trainees will require a greater specialist input into provincial as well as city teaching hospitals.

Hopefully the State Health Department is gradually changing its approach to this problem by concentrating on improving the conditions of anaesthetists within the hospitals and not focusing on the importation of foreign anaesthetists.

**Resignation**

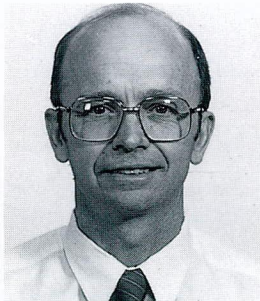
Dr Mervyn Cobcroft, OAM, RFD, our Honorary Secretary recently resigned. Dr Cobcroft has ceased his anaesthetic practice and is now appointed to the Royal Australian Airforce as a Consultant in Aeronautical Medicine. We thank Dr Cobcroft for his many services to the College and the Regional Committee and wish him every success in his new career path. We hope Dr Cobcroft will sustain his links with College members as well as his special interest in the history of medicine.

**Rural Anaesthesia**

Dr Di Khursandi, member of the Regional Committee continues her active involvement in the promotion of rural anaesthesia. Although Queensland has a good record in providing exposure of trainees to provincial centres, this could undoubtedly be improved further with the appointment of more specialists to provincial hospitals.

**New Administrative Assistant Queensland Office**

Ms Joyce Holland commenced duties on 1 November 1994 as Administrative Assistant. A special thanks from the Regional Committee must be extended to Ms Jill McCarthy for many years of dedicated service.



*Dr Peter Moran*



*Dr Ranald Pascoe*



(Queensland continued)

**Regional Representatives on External Committees are as follows:**

- Perioperative Mortality: Dr Jim O'Callaghan
- Maternal and Perinatal Mortality: Dr Eric Hewett
- Australian Resuscitation Council: Dr Paul Mead
- Red Cross Blood Transfusion Service: Dr Col Busby
- RACS Road Trauma Committee: Dr Bart McKenzie
- Doctors' Health Advisory Service: Dr Eric Hewett
- Postgraduate Medical Education Committee: Dr John Murray
- Queensland Ambulance Medical Advisory Committee: Dr Bart McKenzie
- Advisory Panel to Health Rights Commission: Dr Peter Moran
- Committee of Queensland Medical Colleges: Dr Peter Moran
- Medical Workforce Specialist Working Party: Dr Bart McKenzie and Dr Peter Moran
- Anaesthetic Technician Training Committee: Dr Alison Holloway

As Chairman I would like to thank members of the Regional Committee and other anaesthetists who have been co-opted for specific duties, for their commitment and help over the last year.

Peter Moran, *Chairman*

**Regional Committee**

**Chairman**

Dr B.T.S. Kwan

**Honorary Secretary/Treasurer**

Dr R.W. Cook

**Education Officer Anaesthesia**

Dr N.D. Gemmel-Smith

**CME Officer**

Dr L.S. Weber

**Faculty Education Officer**

Dr M.P. Burt

**AUSTRALIAN CAPITAL TERRITORY**

There is concern that the large number of resignations from proceduralists may jeopardise education at both undergraduate and postgraduate levels. However, Visiting Medical Officers' involvement in teaching and Quality Assurance activities has been recognised.

Congratulations to the successful examination candidates:

Dr P.J. Lane - Primary

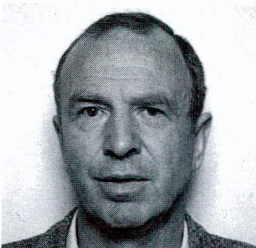
Dr E. Pak-Yoon Chye - Final

There was concern in the region with the ramifications of the recommendations in the Baume Report.

R.W. Cook, *Honorary Secretary*



Dr B.T.S. Kwan



Dr R.W. Cook

# Faculty of Intensive Care

## REGIONAL COMMITTEES 1994/95

### South Australia

Chairman	Dr P.D. Thomas
Deputy Chairman	Dr M.S. O'Fathartaigh
Honorary Secretary/ Treasurer	Dr N.T. Matthews
Regional Education Officer	Dr J.A. Myburgh Dr A.D. Bersten

### Western Australia

Chairman	Dr J.W.N. Weekes
Deputy Chairman	Dr F.X. Breheny
Secretary/Treasurer	Dr P.V. van Heerden
Regional Education Officer	Dr S.A. Edlin

### Victoria

Chairman	Dr D.J. Cooper
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### Faculty Education Representative in Tasmania

Dr M.J. Lorimer

### Faculty Education Representative in ACT

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**AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS**  
 ACN 055 042 852  
**AND**  
**FACULTY OF INTENSIVE CARE**  
**POLICY DOCUMENTS**

E = educational. P = professional. T = technical. EX = examinations. IC = Intensive Care.

- E1 (1991) Guidelines for Hospitals Seeking Faculty Approval of Training Posts in Anaesthesia *Bulletin Mar 91, p40*
- E3 (1994) The Supervision of Trainees in Anaesthesia *Bulletin Nov 92, p41*
- E4 (1992) Duties of Regional Education Officers *Bulletin Nov 92, p44*
- E5 (1992) Supervisors of Training in Anaesthesia and Intensive Care *Bulletin Nov 92, p45*
- E6 (1990) The Duties of an Anaesthetist *Bulletin Nov. 90, p22*
- E7 (1994) Secretarial Services to Departments of Anaesthesia *Bulletin Nov 94, p43*
- E9 (1993) Quality Assurance *Bulletin Mar 93, p38*
- E11 (1992) Formal Project *Bulletin Nov 92, p46*
- E13 (1991) Guidelines for the Provisional Fellowship Year *Bulletin Nov 91, p38*
- E14 (1994) Guidelines for the In-Training Assessment of Trainees in Anaesthesia *Bulletin Aug 94, p62*
- EX1 (1991) Guidelines for Examiners with Respect to Candidates Suffering Illness (or Accident) at the Time of Examination *Bulletin Mar 91, p43*
- T1 (1994) Recommended Minimum Facilities for Safe Anaesthetic Practice in Operating Suites *Bulletin Nov 94, p53*
- T2 (1990) Protocol for Checking an Anaesthetic Machine Before Use *Bulletin, Mar 90, p12*
- T3 (1994) Recommended Minimum Facilities for Safe Anaesthetic Practice in Organ Imaging Units *Bulletin Nov 94, p56*
- T4 (1994) Recommended Minimum Facilities for Safe Anaesthetic Practice for Electro-Convulsive Therapy (ECT) *Bulletin Nov 94, p59*
- T5 (1994) Recommended Minimum Facilities for Safe Anaesthetic Practice in Dental Surgeries *Bulletin Nov 94, p62*
- T6 (1994) Recommended Minimum Facilities for Safe Anaesthetic Practice in Delivery Suites *Bulletin Nov 94, p65*
- P1 (1991) Essential Training for General Practitioners Proposing to Administer Anaesthetics *Bulletin Mar 91, p44*
- P2 (1991) Privileges in Anaesthesia Faculty Policy *Bulletin Mar 91, p45*
- P3 (1993) Major Regional Anaesthesia *Bulletin Mar 93, p36*
- P4 (1989) Guidelines for the Care of Patients Recovering from Anaesthesia *Bulletin, Mar 89, p39*
- P5 (1991) Statement on Principles for the Care of Patients who are given Drugs Specifically to produce Coma *Bulletin Aug 91, p50*
- P6 (1990) Minimum Requirements for the Anaesthetic Record
- P7 (1992) The Pre-Anaesthetic Consultation *Bulletin Nov 92, p47*
- P8 (1993) Minimum Assistance Required for the Safe Conduct of Anaesthesia *Bulletin Nov 93, p33*
- P9 (1991) Sedation for Diagnostic and Minor Surgical Procedures *Bulletin Mar 91, p45*
- P10 (1994) The Handover of Responsibility During an Anaesthetic *Bulletin Nov 94, p44*
- P11 (1991) Management of Cardiopulmonary Bypass *Bulletin May 91, p43*
- P12 (1991) Statement on Smoking *Bulletin Nov 91, p37*
- P13 (1992) Protocol for The Use of Autologous Blood *Bulletin Aug 92, p49*
- P14 (1993) Guidelines for the Conduct of Epidural Analgesia in Obstetrics *Bulletin Mar 93, p37*
- P15 (1992) Guidelines for the Care of Patients Recovering from Anaesthesia Related to Day Surgery *Bulletin Aug 92, p49*
- P16 (1994) The Standards of Practice of a Specialist Anaesthetist *Bulletin Nov 94, p45*
- P17 (1992) Endoscopy of the Airways
- P18 (1990) Monitoring During Anaesthesia *Bulletin, Aug 90, p38*
- P19 (1990) Monitored Care by an Anaesthetist *Bulletin, Mar 90, p15*
- P20 (1990) Responsibilities of Anaesthetists in the Post-Operative Period *Bulletin, Aug 90, p39*
- P21 (1992) Sedation for Dental Procedures *Bulletin Mar 92, p37*
- P22 (1990) Statement on Patients' Rights and Responsibilities *Bulletin, Nov 90, p24*
- P23 (1992) Minimum Standards for Transport of the Critically Ill *Bulletin Mar 92, p40*
- P24 (1992) Sedation for Endoscopy *Bulletin May 92, p45*
- P25 (1993) Minimum Standards for Pain Management Units *Bulletin Aug 93, p47*
- P26 (1994) Guidelines on Providing Information About Anaesthesia *Bulletin Aug 94, p61*
- P27 (1994) Standards of Practice for Major Extracorporeal Perfusion *Bulletin Nov 94, p46*
- P28 (1995) Policy on Infection Control in Anaesthesia *Bulletin Mar 95, p38*
- IC-1 (1994) Minimum Standards for Intensive Care Units *Bulletin Aug 94, p44*
- IC-2 (1994) The Duties of an Intensive Care Specialist in Hospitals with Approved Training Posts *Bulletin Aug 94, p49*
- IC-3 (1994) Guidelines for Hospitals Seeking Faculty Approval of Training Posts in Intensive Care *Bulletin Aug 94, p51*
- IC-4 (1994) The Supervision of Vocational Trainees in Intensive Care *Bulletin Aug 94, p54*
- IC-5 (1994) Duties of Regional Education Officers in Intensive Care *Bulletin Aug 94, p55*
- IC-6 (1994) Supervisors of Training in Intensive Care *Bulletin Aug 94, p56*
- IC-7 (1994) Secretarial Services to Intensive Care Units *Bulletin Aug 94, p57*
- IC-8 (1995) Ensuring Quality Care: Guidelines for Departments of Intensive Care *Bulletin Mar 95, p32*

May 1995



## SUPERVISORS OF TRAINING

### AUSTRALIA

Alfred Hospital, Dr M. Langley  
 Austin Hospital, Dr P. McCall  
 Ballarat & District Base Hospital, Dr B. Christie  
 Bendigo & Northern District Base Hospital, Dr S. Perrin  
 Box Hill & District Hospital, Dr T. Lambert  
 Dandenong & District Hospital, Dr D. Moore  
 Geelong Hospital, Dr G. Dixon  
 Heidelberg Repatriation Hospital, Dr D. Tremewen  
 Maroondah Hospital, Dr G. Eastaugh  
 Mercy Hospital for Women, Dr R. Gebert  
 Monash Medical Centre, Dr N. Roberts  
 Mornington Peninsula Hospital (Frankston Campus),  
 Dr D. Henry  
 Preston & Northcote Community Hospital, Dr J.H. Briedis  
 Royal Children's Hospital, Dr S. Robinson  
 Royal Victorian Eye and Ear Hospital, Dr A. Strunin  
 Royal Women's Hospital, Dr R. Hutchinson  
 St Vincent's Hospital, Dr A. Stewart  
 The Royal Melbourne Hospital, Dr F. Rosewarne  
 Wangaratta Base Hospital, Dr M. Radnor  
 Western Hospital, Dr M. Ashwood  
 Albury Base Hospital and Albury Mercy Hospitals,  
 Dr W. Fowler  
 Auburn Hospital, Dr S. Killalea  
 Balmain & District Hospital, Dr R. Schumacher  
 Bankstown Hospital, Dr M. Palmer  
 Careflight/NSW Medical Retrieval Service, Dr S. Beehan  
 Gosford Hospital, Dr W. Lewis  
 Hornsby and Ku-Ring-Gai Hospital, Dr D. Benson  
 John Hunter Hospital, Dr K. Streatfield  
 Manly Hospital, Dr A. Schebesta  
 Mona Vale Hospital, Dr L. Gadd  
 Mt. Druitt Hospital, Dr J. McDonald  
 Nepean Hospital, Dr R.T. Clarke  
 Prince Henry/Prince of Wales Hospitals, Dr G. Hill  
 Repatriation General Hospital, Dr Y.L. Wan  
 Royal Hospital for Women, Dr H. Liberman  
 Royal Newcastle Hospital, Dr J. Beckett-Wood  
 Royal North Shore Hospital, Dr C. Sparks  
 Royal Prince Alfred Hospital, Dr P. Kam  
 St. George Hospital, Dr M. Bailey  
 St. Margaret's Hospital, Dr M. Scarf  
 St. Vincent's Hospital, Dr M. Joseph  
 Sutherland Hospital, Dr P.S. Tong  
 Tamworth Hospital, Dr B.M. Jones  
 The Children's Hospital, Dr V. Harrison  
 The Liverpool Hospital, Dr M. Lum  
 Westmead Hospital, Dr A. Sexton  
 Adelaide Children's Hospital Campus, Dr M.J. Gabriel  
 Flinders Medical Centre, Dr M. Abbott  
 Lyell McEwin Health Service, Dr A. Aleem  
 Modbury Hospital, Not Appointed  
 Queen Elizabeth Hospital, Dr P.C. Woodhouse  
 Queen Victoria Hospital Campus, Adelaide Medical Centre  
 for Women and Children, Dr G. Anderson  
 Repatriation General Hospital, Dr J. Cantor  
 Royal Adelaide Hospital, Women and Children's Hospital,  
 Dr Choong Lai

Fremantle Hospital, Dr G. Coppinger  
 Hollywood Private Hospital, Dr R. Godkin  
 King Edward Memorial Hospital for Women, Dr T. Pavy  
 Princess Margaret Hospital for Children, Dr F.J. Pribil  
 Royal Perth Hospital, Dr J.F. Harriott  
 Sir Charles Gairdner Hospital, Dr N. Gibbs  
 Launceston General Hospital, Dr G. Merridew  
 Royal Hobart Hospital, Dr M. Lorimer  
 Cairns Base Hospital, Dr G. Clarke  
 Gold Coast Hospital, Dr K. Brandis  
 Mater Misericordiae Hospital, Dr I.D. Stephens  
 Nambour General Hospital, Dr C. Anstey  
 Prince Charles Hospital, Dr J. Avery  
 Princess Alexandra Hospital, Dr B. McKenzie  
 Redcliffe Hospital, Dr A. Mahoney  
 Repatriation General Hospital, Dr M. Carroll  
 Royal Brisbane Hospital, Dr L. Patterson  
 Royal Children's Hospital, Dr C. Beem  
 Royal Women's Hospital, Dr R.K. Boyle  
 Toowoomba General Hospital, Dr A. Thorne  
 Townsville General Hospital, Dr G. Gordon  
 Royal Darwin Hospital, Dr C-W Goh  
 Woden Valley Hospital, Dr P. Burt

### NEW ZEALAND

Auckland Hospital, Dr N. Robertson  
 Christchurch Hospital, Dr A. Dickson  
 Dunedin Hospital, Dr M. Zacharias  
 Green Lane/National Women's Hospital, Dr R. Hall  
 Middlemore Hospital, Dr A. Mark  
 Napier and Memorial Hospitals, Dr F.E. Bennett  
 North Shore Hospital, Dr V. Hoggard  
 Palmerston North Hospital, Dr A. McKenzie  
 Southland Hospital, Dr R. Wall  
 Taranaki Base Hospital, Dr R. Lloyd  
 Tauranga Hospital, Dr R. McLeod  
 Timaru Hospital, Dr A. Robert  
 Waikato Hospital, Dr J. Currie  
 Wellington and Hutt Hospitals, Dr C. Pottinger  
 Whangerei Area Hospital, Dr S. Gathercole

### HONG KONG

Caritas Medical Centre, Dr M. Menon  
 Grantham Chest Hospital, Dr A.W. Aitken  
 Kwong Wah Hospital, Dr A.P.C. So  
 Pamela Youde Nethersole Eastern Hospital, Dr M.K. Onsieng  
 Prince of Wales Hospital, Dr C.S.T. Aun  
 Princess Margaret Hospital, Dr F.M. Lai  
 Queen Elizabeth Hospital, Dr E.T.K. Au  
 Queen Mary Hospital, Dr A.M. O'Regan  
 The Prince Philip Dental Hospital, Dr T.M. Moles  
 United Christian Hospital, Dr A. Kwan

### MALAYSIA

General Hospital, Dr K. Misiran  
 University of Malaya, University Hospital,  
 Professor A.E. Delilkan

### SINGAPORE

Alexandra Hospital, Dr Lim Kim Seong  
 National University Hospital, Dr Chen Fun Gee  
 Singapore General Hospital, Dr L. Nair  
 Tan Tock Seng Hospital, Dr Lim Siew Hoon  
 Tba Payoh Hospital, Dr Koay Choo Kok