JUNE 2017

ANZCA BULLETIN

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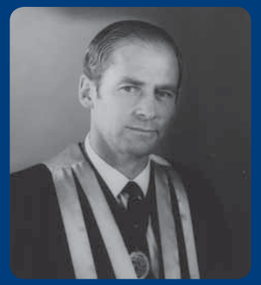

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ANZCA 25 CELEBRATING YEARS

ANZCA Bulletin

The Australian and New Zealand College of Anaesthetists (ANZCA) is the professional medical body in Australia and New Zealand that conducts education, training and continuing professional development of anaesthetists and specialist pain medicine physicians. ANZCA comprises about 6000 Fellows and 1500 trainees across Australia and New Zealand and serves the community by upholding the highest standards of patient safety.

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President's message

The importance of the ASM

In Brisbane a few weeks ago, we experienced another fantastic ANZCA Annual Scientific Meeting. Our thanks must go to the Regional Organising Committee, led by the Convenor Dr Bridget Effeney and Scientific Convenor Dr David Sturgess, as well as FPM Convenor Kath Cooke and our skilled events team. The meeting was rich in content and experience, incredibly well-attended, and a valuable opportunity for networking and learning from each other.

It's the latter that I want to highlight. We are increasingly accessing a wide range of knowledge resources, from library journals and College podcasts to "Dr Google" and the rich spread of online content – some excellent and some (very) questionable. By and large this is an individual experience, with limited opportunity for reflection, questioning and discussion.

Everyone's learning style is different, but to gain information that is well-thought through and personally relevant, we usually benefit from interactions. This is where a gathering such as the ASM excels. It is funny how often people start up conversations or discussions with colleagues and friends they see every day, but with a richness and clinical relevance that is fuelled by the social and academic environment created by hundreds of professionals gathering together.

New networks are also forged, enabling follow-up well after the meeting. Ideas are thrown around and debated, and the desire for practice change is high. The style and technology of the ASM will continue to evolve, but this interpersonal exchange is the strength of our meetings, underpinned by well-chosen academic contributions from home and abroad.

Regulation of day procedures and centres

The safety of the community when undergoing anaesthesia and surgery is one of our core principles.

This is challenged when adverse outcomes occur, often with high media profiles, relating to critical events following day-case procedures in unregulated environments. As specialist anaesthetists we are often called on to work in these facilities.

Unfortunately, patients – and sometimes even we – are unaware of the resources available, or if the relevant regulatory standards are being met, or even if they apply! We should have a say in ensuring that the proposed procedure is being undertaken as safely as possible. In response to this need, ANZCA has been working with advisory bodies and a number of state governments over the past few years.

It is clear that all patients should be assessed beforehand, post-procedural care be considered, and any general, epidural, spinal or major regional anaesthetic should be conducted by an anaesthetist in an appropriately regulated facility. The provision of sedation is more complex, although governed by *PS09 Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures*, which is widely accepted by regulatory bodies as the benchmark in safety.

The term "conscious sedation" is interpreted by many regulators and non-anaesthesia practitioners as being a totally "safe" condition, needing a lower skill-set for care. This may be true for oral sedatives, but as we know, intravenous sedation can be a fine balance of consciousness progressing rapidly, and often unpredictably, to what is to all intents and purposes, general anaesthesia, with its attendant risks.

Thus, ANZCA is advocating that all intravenous sedation should be provided in an appropriate facility with appropriately trained staff. The use of significant amounts of local anaesthetics has also come under review by a number of states in Australia. The definition of "significant" is problematic.

One approach ANZCA is advocating requires that where a dose of local anaesthetic given into a single location is sufficient to cause systemic toxicity if inadvertently given intravenously, or if a total dose administered could reach toxic levels by absorption, then it should be given only in a regulated facility. This is open to interpretation, but avoids the oversimplification of stating a single maximum dose.

As noted, the regulation of clinics and hospitals falls under separate state jurisdictions in Australia, and many states have taken slightly different approaches in determining when a procedure "crosses the line" and requires a more regulated environment to be performed in. This discussion does not pertain to simple procedures using small doses of local anaesthesia and no intravenous sedation.

We are also hopeful that work with Royal Australasian College of Surgeons to produce a joint statement on day surgery facilities and care will include the above principles. Needless to say, this is a complex area. I am indebted to Dr Phillipa Hore (Chair, Safety and Quality) and Dr Peter Roessler (Director of Professional Affairs, Policy), as well as College staff for their drive and substantial contribution to this process.

This is a good example of how our College is working to improve standards for the benefit of patients and practitioners alike.

Professor David A Scott
ANZCA President

Chief executive officer's message

Essential Pain Management joins forces with WFSA

Essential Pain Management (EPM) is well established in ANZCA and was developed to improve pain management worldwide by working with health workers at a local level. Since its inception in 2010, the EPM program is now active across more than 50 countries and demand for the program is increasing.

Given the growth and increasing requests for the EPM program, it was decided that consideration should be given to registering a trademark for EPM to protect its brand and therefore allow ANZCA to use the name and logo freely. Given the global reach of the program, authors Dr Roger Goucke and Dr Wayne Morriss were keen establish a formal link with the World Federation of Societies of Anaesthesiology (WFSA). As a result we have now reached agreement with WFSA to share the ownership of the EPM trademark worldwide and to register it in Australia, New Zealand, Europe and the US.

We see this as an opportunity to promote further growth of EPM through the alliance with WFSA and one of our objectives is to attract additional funding through our European partner.

Launch of Better Pain Management

Education of primary healthcare professionals remains one of the greatest challenges in delivering accessible, high quality medical treatment to people suffering chronic pain. On May 12, we launched the expanded FPM Better Pain Management online education program and online registration and payment portal at the FPM Refresher Course Day. This modular eLearning program provides a total of 12 hours of skills and knowledge development and aims to present unbiased, prioritised, educational messages as interestingly, engagingly and as accessibly as possible. It also emphasises the core themes in pain medicine to capture the attention of the professionals engaged in the care of patients with persistent pain. It is suitable for individual allied health professionals as well as healthcare organisations wishing to train multiple staff.

The program has been developed by FPM Fellows and other experts in specific areas relevant to pain management and has been contributed to, supported or endorsed by the following partnering organisations: Royal Australian College of General Practitioners, Australian Pain Society, Painaustralia, Australian Government, Department of Health, and Australian Medicare Local Alliance.

An unrestricted educational grant from Pfizer Australia also supported the expansion of the Better Pain Management program by a further six modules.

This launch was the culmination of the significant efforts of the many contributing authors, the Better Pain Management Steering Group comprising Dr Michael Vagg (Chair), Associate Professor Brendan Moore and Professor Ted Shipton who worked closely with the ANZCA project team.

My thanks also go to the ANZCA staff including the Strategic Projects team, the Education unit, FPM Education Development and the Communications team for their contributions to this successful outcome.

Supporting countries with developing health systems

ANZCA Fellows regularly do voluntary clinical and educational work in developing countries to help deliver better health care, comfort and safety through improved access to safe anaesthesia and effective pain medicine.

In Papua New Guinea, where there is a severe shortage of anaesthetists and limited access to good medical care, ANZCA Fellows work with local doctors to improve anaesthesia training and to provide ongoing educational support.

The organising committee of this year's ASM contributed $A10,000 to Lifebox for the provision of pulse oximeters in developing countries. As an innovative initiative, the committee decided to redirect the money that would normally be spent on gifts to ASM presenters to Lifebox for this worthy cause. The ASM also hosted anaesthetists from Papua New Guinea.

Donations to the Overseas Aid Program through the ANZCA Research Foundation in most cases are tax deductible. If you would like to help improve medical care through safe anaesthesia and effective pain medicine for people in marginalised or remote communities, you can find additional information on ANZCA's web site at www.anzca.edu.au/research/foundation/about-the-foundation.

Indigenous doctors

Supporting Indigenous doctors is a key activity for ANZCA's Indigenous Health Committee. At the ASM the committee funded three junior doctors to attend with the aim of encouraging a career in anaesthesia. Dr Antoinette Daylight, Dr Angus McNally and Dr Gean Slockee met with chair of the Indigenous Health Committee Dr Sean McManus and Vice-President Rod Mitchell to discuss their medical career pathway and interest in our speciality. Increasing the number of Indigenous Australian and Māori trainees is a priority for the College to ensure our speciality represents the communities it serves.

John Ilott
Chief Executive Officer, ANZCA

Awards

Former president wins prestigious award

ANZCA's Immediate Past President Dr Genevieve Goulding has been awarded the Australian Medical Association (AMA) 2017 Woman in Medicine Award.

Dr Goulding, who served as ANZCA president from 2014-2016, is a role model for women in medicine. She has a strong social conscience, a passion for doctors' welfare and is a committed advocate for women's leadership and mentoring.

ANZCA President Professor David A Scott said it was Dr Goulding's belief in "concentrating on the issues at the heart of medicine, such as welfare, patient safety, equity and access – not necessarily headline makers but foundation blocks – that define who she is and why she has the respect of many." More information about Dr Goulding's award can be found via the AMA's website – https://ama.com.au/.

Queen's Birthday honours

Officer of the New Zealand Order of Merit (ONZM)
Dr David Chamley, NZ
For services to anaesthesia.

Member (AM) in the general division of the Order of Australia
Dr Christopher John Acott, SA
For significant service to medicine as an anaesthetist, to difficult airway management, to diver safety, and to the community.

Member (AM) in the general division of the Order of Australia
Dr John Charles Leyden, NSW
For significant service to community health as an advocate for patient support networks and research into neuroendocrine cancer.

ANZCA Council Citation

Twenty years of global humanitarian work rewarded

The ANZCA Council Citation was established in 2000 and is made at the discretion of the ANZCA Council in recognition of significant contributions to College activities. The scope of the award was recently broadened to include recognition of humanitarian work.

After spending more than 20 years as a medical volunteer working in countries ravaged by disease, civil war and natural disasters, Queensland anaesthetist Dr Jenny Stedmon has been recognised with an ANZCA Council Citation.

Dr Stedmon, the director of anaesthetics at Redland Hospital in Brisbane was presented with her award by Queensland Regional Committee Chair Dr James Hosking in Brisbane on May 15.

The ANZCA Citation was given to Dr Stedmon in recognition of her global humanitarian contribution in countries such as Nepal, Sierra Leone and Cambodia and her long standing commitment to the College through her committee and assessment roles.

While the ANZCA Citation was established in 2000 to recognise the significant contributions of recipients to College activities, the scope of the citation was recently extended to include recognition of humanitarian work.

Dr Stedmon was a volunteer with one of the first groups of medical professionals to help with the international effort to control the Ebola outbreak in Sierra Leone in West Africa in 2014 which claimed more than 11,000 lives. After responding to a call out by the International Federation of the Red Cross, Dr Stedmon played a key role in helping to establish one of the agency's first treatment tent facilities. She spent a month in Kenema, Sierra Leone at the Red Cross tent facility which had been established because the country's hospitals were overrun with patients.

Dr Stedmon has had a long involvement with the Red Cross that has seen her deployed in Sudan, Thailand, Yemen, East Timor and Nepal. In addition to her work in Sierra Leone in 2014 where she was required to wear personal protective equipment she also joined the international relief effort after a deadly typhoon devastated the Philippines in 2013.

On her return from Sierra Leone in late 2014 Dr Stedmon gave a candid account of her time in the country as it became overwhelmed by the rapid spread of the Ebola virus. She noted that local health officials, alarmed by the rising death toll, had developed practical and innovative ways to promote community health safety messages. These strategies and campaigns included regular broadcasts of an Ebola song on local radio to highlight the importance of safe practices to reduce the spread of infection and the posting of colourful banners on the bonnets of cars.

In nominating Dr Stedmon to the ANZCA Council for the citation Dr Hosking detailed her involvement in the WA Regional Committee from 2005-2013 which included serving as chair from 2010-2012. Her other ANZCA roles include membership of ANZCA's Training Accreditation Committee and she continues to be involved in hospital inspections. She has also served on the ANZCA Indigenous Health Committee.

After becoming a Fellow of the Royal College of Anaesthetists (UK) in 1991 Dr Stedmon received her ANZCA fellowship in 2005. She has been assistant director of anaesthesia at Redlands Hospital where she also served as supervisor of training, deputy head of the department of anaesthesia at Fremantle Hospital and director of anaesthesia and intensive care at the Fraser Coast Health Service.

At the Maryborough Base Hospital in Queensland Dr Stedmon established a Chronic Pain Clinic with support from Professor Tess Cramond who founded the Multi-Disciplinary Pain Clinic at the Royal Brisbane Hospital.

Dr Stedmon also played a key role in planning anaesthetic services for the Hervey Bay Hospital. As medical director of day of surgery admission (DOSA) at Fremantle Hospital she developed the hospital's pre-admission process and opening of the DOSA ward.

Carolyn Jones
Media Manager, ANZCA

Above from left: Dr Jenny Stedmon receiving her Council Citation from Dr James Hosking; The photograph of protective equipment worn by health workers treating patients with the Ebola virus used in the December 2014 ANZCA Bulletin cover story on "Fighting Ebola: Jenny Stedmon on her time in Sierre Leone".

Building relationships

ANZCA will be kept busy in the coming months with several submissions, and the planning and rollout of further training to continue evolving our highly trained workforce.

Australia

STP investment confirmed

May is budget season for state and federal governments in Australia. There were no specific impacts on ANZCA in any of the state budgets, but on May 2, ANZCA CEO John Ilott and General Manager, Policy, Safety and Quality Jo-anne Chapman, represented the College at the Victorian State Budget briefing. Across Australian states, broad investment continues in quality and safety improvements in hospital care, electronic patient records, upgrading infrastructure and research.

The Federal Budget was released on May 9. On May 10, ANZCA participated in a budget teleconference with Commonwealth government officials regarding the next steps with the Specialist Training Program (STP) and the Integrated Rural Training Pipeline (IRTP). The government confirmed it will continue its investment in the STP for another three years to 2020.

Confirmation of continued STP funding for three years provides an opportunity for the College and Faculty to evolve their rural and remote workforce strategy to ensure there is continued support for training positions in both anaesthesia and pain medicine, and for patients accessing surgery and care.

The good news was shared at the STP business meeting hosted at the annual scientific meeting in Brisbane where supervisors of training, the Rural Special Interest Group and FPM respresentatives and ANZCA regional committee members were invited to discuss the next steps for the planning and rollout across jurisdictions for the next three years.

It was a positive meeting, with lots of ideas shared by Fellows about how best to strengthen training in regional and rural Australia. Over the next quarter, the Policy, Safety and Quality unit will liaise directly with each regional committee, FPM and College committees to engage members in the planning and rollout of STP to 2020.

Safe sedation

Throughout March and April, ANZCA has continued to engage with key stakeholders regarding safe sedation for day and cosmetic surgery procedures. Work continues with the Royal Australasian College of Surgeons for the development of a joint position statement on safe sedation incorporating the standards outlined in *PS09 Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures*.

In South Australia and Queensland, the ANZCA regional committees are liaising with their state-based health departments regarding proposed day care procedure amendments and regulations under State Health acts.

Voluntary assisted dying submission

ANZCA developed a submission to the Victorian government in response to the *Voluntary Assisted Dying Bill* discussion paper. The College made the decision to submit a response, given the government communicated that they would be introducing legislation in the second half of 2017.

As anaesthetists and specialist pain medicine physicians are involved in end-of-life decisions from time to time, the submission was prepared based on feedback from Fellows and trainees provided during the March/April consultation period via College committees and the ANZCA website.

It was no surprise that feedback focused on patient safety and patient-centred care. Key themes for ANZCA's submission included:

- Involvement of specialist medical colleges to ensure specialist medical expertise informs any VAD laws that are developed.
- Patient choice and patient safety.
- Safeguards and legal protections for health practitioners.
- Process for objections by health practitioners.

A copy of the final submission can be found on the ANZCA website at: www.anzca.edu.au/documents/anzca_voluntary-assisted-dying-submission-report_2.pdf

Australian submissions:

- Victoria DHHS – *Voluntary Assisted Dying Bill* discussion paper response.
- COAG Health Council – Independent Review of the Accreditation systems within the National Accreditation scheme for health professionals.
- NSW Health – Credentialing and defining clinical privileges for senior medical and dental practitioners.
- RANZCOG – Maternity Care in Australia: a framework for a healthy generation of Australians.

ACSQHC Osteoarthritis of the Knee Clinical Care Standard

In April 2017, ANZCA endorsed the Australian Commission on Safety and Quality in Health Care's *Clinical Care Standard on Osteoarthritis of the Knee*. ANZCA was given the opportunity to provide feedback on initial consultation in July 2016, followed by the opportunity to endorse the document this year. A copy of this clinical care standard is now available on the ACSQHC website: www.safetyandquality.gov.au/our-work/clinical-care-standards/.

Choosing Wisely

Choosing Wisely held its first national meeting on May 4 in Melbourne. The global initiative aims to improve conversations between clinicians and consumers about unnecessary and potentially harmful healthcare. More than 250 delegates attended the event, which showcased the progress and achievements of Choosing Wisely in Australia since it was launched by NPS Medicine Wise in April 2015. The event was attended by members of the Policy team and Dr Phillipa Hore, Chair, Safety and Quality Committee.

For details on ANZCA's Choosing Wisely recommendations, please go to: www.choosingwisely.org.au/recommendations/anzca.

Essential Pain Management

In April, ANZCA, with input from the EPM Sub-Committee, led discussions and established a partnership with the WSFA for joint trademarking arrangements for Essential Pain Management (EPM). EPM has experienced considerable growth across the globe to promote better management of pain.

Establishing a joint trademark with WSFA will not only protect the EPM brand, but will encourage guidance and coordination of the EPM program globally into the future. The joint trademark arrangement is a significant achievement for the EPM sub-committee co-conveners and their work helps support ANZCA's international strategy.

New Zealand

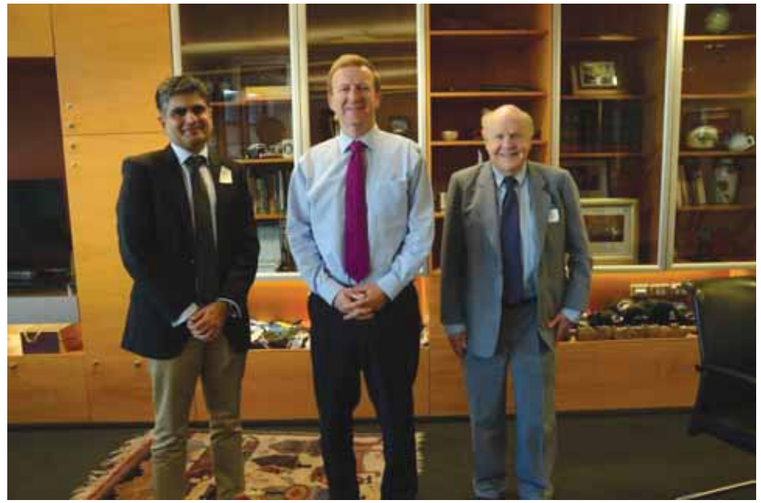
Stakeholder meetings

Dr Gary Hopgood, Chair, New Zealand National Committee (NZNC) Chair, and Virginia Lintott, Senior Policy Adviser, met with representatives from several health sector agencies in March, including Dr Andrew Simpson, Acting Chief Medical Officer at the Ministry of Health, Dr Paul Watson, Acting Manager Strategy and Relationships at Health Workforce New Zealand (HWNZ), and Mr Philip Pigou, Chief Executive Officer, Medical Council of New Zealand (MCNZ). The primary focus of these meetings was to seek feedback from these agencies on ANZCA's strategic planning, and key issues and challenges ANZCA is likely to face over the next five years.

It was also an opportunity to discuss with the Ministry and Health Workforce New Zealand a number of issues such as: planned changes to funding for vocational training; safety and quality issues; bullying and discrimination; health equity issues, and; the ministry's direction on patient outcome data. Issues discussed with the MCNZ included ANZCA's training and continuing professional development programs, and the MCNZ's approach to strengthening recertification.

Professor Ted Shipton, FPM NZNC Chair, Dr Tipu Amir, FPM Deputy Chair and Ms Heather Ann Moodie, General Manager, NZ, met with the Minister of Health, Dr Jonathan Coleman, in March.

Discussion focused on funding for vocational training in pain medicine, and the Faculty's stance on cannabis-based products. Professor Shipton and ANZCA staff also met with Dr Peter Robinson, Chief Clinical Advisor, Accident Compensation Corporation (ACC), to discuss funding for vocational training, and ACC's revised model for contracting pain medicine services.



Vocational training funding

HWNZ has sought ANZCA's feedback on a proposal to invest more strategically in vocational training.

The NZNC has considered the proposal carefully, and discussed potential implications with anaesthesia departments and colleagues from the Council of Medical Colleges (CMC). The issue was also discussed in detail at the CMC's March quarterly meeting, attended by representatives from HWNZ and district health boards. The ANZCA NZNC will respond to HWNZ highlighting potential risks of the new proposal, and suggesting further options for investing strategically to support a stable, highly trained health workforce.

HWNZ has also released its *Annual Report to the Minister of Health 1 July 2015 to 30 June 2016*. The report is available on the Ministry of Health website at www.health.govt.nz.

New Zealand submissions:

- Health Workforce New Zealand – Proposed investment approach for post-entry training of New Zealand's future health workforce.
- Health and Disability Commissioner – Health and disability research involving adult participants who are unable to provide infomed consent.
- Medical Council of New Zealand – Consultation on strengthening recertification for vocationally registered doctors.
- Perioperative Mortality Review Committee – Draft recommendations for the POMRC 2017 report.
- Pharmac – Proposal to list a range of sterile surgical gloves.

Above: FPM Deputy Chair Dr Tipu Amir, Minister of Health Dr Jonathan Coleman, and FPM NZNC Chair Professor Ted Shipton met in March.

Pain, Choosing Wisely gain media coverage

Coverage of the Brisbane annual scientific meeting dominated media coverage since the last *ANZCA Bulletin* (see page 26 for full report) with 637 online, print and broadcast reports in Australian and New Zealand media outlets.

In addition to the annual scientific meeting reports media covered a range of topics and issues including management of chronic pain, the increasing use of opioids and the release of Melbourne writer Kate Cole-Adams' new book *Anaesthesia: The Gift of Oblivion, the Mystery of Consciousness* which features interviews and conversations with former ANZCA President Professor Kate Leslie. An extract of the book appeared in the May 27 edition of *Good Weekend* magazine in *The Age* and *Sydney Morning Herald* and the author acknowledged the assistance she received from ANZCA's library team while researching the book.

The launch of New Choosing Wisely Australia guidelines in March received extensive combined radio, print and online coverage with quotes from ANZCA President Professor David A Scott.

ABC TV News Afternoon and ABC Radio News in Sydney, Darwin, Perth, Adelaide, the Gold Coast and Hobart and Radio 2SM in Sydney ran interviews about the Choosing Wisely guidelines with Professor Scott on March 19 for their news bulletins. This coverage reached nearly 400,000 people. Print reports ran in *The Ballarat Courier* ("Call to be frank in obesity"), *The Border Mail*, ("Call to be frank under Choosing Wisely Australia guidelines") *The Advocate* and *The Narrandera Argus* on March 20. These had a combined audience of 23,000 people.

The health editor of *The Australian*, Sean Parnell, ran an item about the initiative in his Health Matters column "Know the facts and seek expert opinion" on March 24 including Professor Scott's comments that obese patients and patients with obstructive sleep apnoea are at a high risk when their pain management includes opioid analgesics. This report reached 98,000 people.

FPM Dean Dr Chris Hayes was interviewed by Fairfax Media journalist Melissa Cunningham about complex regional pain syndrome, a rare neurological condition. Dr Hayes told Fairfax that a specialist pain clinic might see about 12 patients a year with the condition that can be triggered as a response to a minor trauma like a sprained ankle or wrist. The 800 word report "Someone was melting the bone inside my legs" ran in the print and online editions of *The Age* and *Sydney Morning Herald* and the online editions of *The Canberra Times*, *The Brisbane Time*s and *WA Today* on Monday April 17 and Tuesday April 18 and reached a combined audience of nearly 430,000 people.

Dr Hayes was also interviewed by ABC Newcastle and ABC Upper Hunter radio on April 10 for several news bulletin items explaining how research had shown that medicinal cannabis and strong pain killers were not effective in managing long term pain. These reports reached 80,000 people.

Carolyn Jones
Media Manager, ANZCA

Since the March 2017 edition of the *ANZCA Bulletin*, ANZCA has featured in:
- **67 print reports**
- **25 radio reports**
- **564 online reports**
- **3 TV reports**

Media releases since the previous *Bulletin*:

Tuesday May 16:

"Culture of blame" prompts action to combat stalking and harassment of public figures

The power of suggestion: How small words can have a big impact on patients' experiences

Monday May 15:

Anaesthetists at forefront of uncovering scientific fraudsters

New Zealand patient safety expert calls for stronger collaboration in hospitals to protect patients

Saturday May 13:

Ten more human senses may hold key to better patient outcomes

False hope driving claims medicinal cannabis is 'magic pill' for chronic pain relief

Study explores benefits of fit and healthy doctors on their patients

Friday May 12:

Searching for a solution to severe distressing period pain

New pain management education resource for health professionals launched

Thursday May 11:

Anaesthetists learn to 'think big' and explore the elephants in the room

Monday March 20:

Obese and elderly should quiz doctors about surgery: anaesthetists

Thursday March 16:

Exercise best for back pain in pregnancy: expert

A full list of media releases can be found at www.anzca.edu.au/communications/media

Join the conversation

Follow us on Twitter for the latest College news, events and safety alerts, as well as stories of interest from across the healthcare sector.

Follow us on Facebook:
Facebook.com/ANZCA1992

Subscribe to our YouTube channel:
Youtube.com/ANZCAEduAu

College accounts

We have four active Twitter accounts:
- @ANZCA the official ANZCA account
- @ANZCA_FPM the Faculty of Pain Medicine account
- @CTN_ANZCA the ANZCA Clinical Trials Network
- @GKMuseum the Geoffrey Kaye Museum of Anaesthetic History

College hashtags

We've established hashtags for some of our core areas of work:
- #ANZCALibrary
- #ANZCAedu
- #ANZCAFoundation
- #ANZCAtrainees
- #ANZCACPD

You can't follow a hashtag like you can an account, but just click on one to see all similarly tagged tweets.

See page 26 to find out how we used Twitter at this year's ASM.

What would you do?

Dr Peter Roessler explains ANZCA's professional documents using practical examples.

Help, I need somebody
Help, not just anybody
Help! You know I need someone
He-e-elp!

For those of you who are Beatles fans, you will recognise these opening words to their song *Help*, which was obviously written with anaesthetists and anaesthesia assistants (*PS08*) in mind!

Well, maybe not. But you could imagine them writing the song in response to the following scenario.

You arrive in the morning to your scheduled list in the "cath lab" of the radiology suite for stenting of an abdominal aortic aneurysm in an elderly patient with the usual co-morbidities. ASA 3 classification is on the generous side.

You introduce yourself to the anaesthesia assistant, who inquires about the drugs you would like them to obtain. After explaining your planned management and technique, as well as monitoring to be used, you inquire about the machine check. The response is that the machine has been checked.

Since you did not witness the check, you do a quick scan to discover that the on/off switch is not protected and after flicking the switch to the off position, there is no confirmatory step required before the machine switches off. So you proceed to do a two-bag test, which reveals a blockage in the expiratory limb. Not only does the machine fail to comply with the ANZCA standard of PS54 *Statement on the Minimum Requirements for Anaesthetic Machines and Workstations for Clinical Practice*, but the machine check as outlined in PS31 *Guidelines on Checking Anaesthesia Delivery Systems* has not been diligently performed. This triggers an uneasy feeling about the competence of your anaesthesia assistant.

At this point the surgeon arrives and alerts the team about the potential for major haemorrhage in this case, and the need for rapid surgical intervention should this occur.

In this situation, with a high-risk procedure for a patient with significant co-morbidities to be performed in a "remote or hostile" environment with an anaesthesia assistant whose competence is in question...

What would you do?

Would you communicate your concerns to the surgeon? Would you proceed, or would you request another, more experienced assistant prior to commencing? What if you are told that an experienced assistant is not available? Would you delay or defer the procedure?

On the one hand you appreciate that this is an elective procedure, but on the other hand considerable resources have been spent and there is pressure to proceed.

The next verse in the song springs to mind.

Help me if you can, I'm feeling down / And I do appreciate you being 'round

But you are cognisant of the importance of the quality of help.

Desirous of maintaining standards and achieving optimal outcomes, you may obtain guidance from the College's germane documents.

The aims of ANZCA professional documents are multiple, but have the overarching goal of fostering safety and quality. The purpose of the guidelines and statements is to identify standards and alert practitioners with a view to averting scenarios similar to the above.

The issues of the machine check encountered above and compliance with standards are addressed by PS31 *Guidelines on Checking Anaesthesia Delivery Systems*, and PS54 *Statement on the Minimum Requirements for Anaesthetic Machines and Workstations for Clinical Practice*, respectively.

PS08 Statement on the Assistant to the Anaesthetist is pivotal to improving outcomes. It is important to appreciate that ANZCA "prof docs" are not a mandate over external organisations, nor are they intended as such. Instead they are a patient advocacy tool that define standards that contribute to improved outcomes. While they guide Fellows' practices, they may also serve as a guide to external organisations that share a common goal.

But how well known are these documents? Dr David Gillespie et al in their article opposite raise an excellent point when they ask "PS...what?" It appears that the jurisdictional and regulatory authorities are familiar with ANZCA professional documents; however, some healthcare administrators and colleagues from other specialties appear to be less aware. This suggests that there is room for improvement in publicising and promoting ANZCA prof docs.

Among other things, the actions of Gillespie et al at their hospital epitomise the professional roles promoted in *PS57 Statement on Duties of Specialist Anaesthetists* where their actions encompassed many of the duties listed in item 3 "Clinical Support Duties".

In their case, their awareness and subsequent engagements have resulted in a collaborative act to enhance awareness of ANZCA prof docs and, more specifically, to enshrine the values of *PS08* into their local hospital.

The above scenario should be preventable if ANZCA prof docs are publicised and applied in a sensible and thoughtful fashion according to the "spirit of the law" and the stated intent. Human factors and system failings may be confounding elements when it comes to assistants to the anaesthetists; however, the aspirations of *PS08* in driving more highly skilled assistants remain the goal.

While the Beatles' song *Help* is pertinent to *PS08*, one of their other songs, *With A Little Help From My Friends*, pertains to *PS57* and reflects what can be achieved when Fellows are engaged in participating and contributing to the overall process.

Mmmmmmm I get by with a little help from my friends.

Dr Peter Roessler
Director of Professional Affairs, Policy

PS ... what? Delivering anaesthesia assistant training in a regional hospital

A Coffs Harbour team has found the aim of *PS08* is to have better trained anaesthesia assistants working with specialist anaesthetists, not replacing them.

In early 2017, some simple country anaesthetists met with Fellows of the College, proposing the idea of a joint meeting with anaesthesia assistants. The suggestion was met with some consternation and not the positivity we had hoped for. Fellows were concerned that such a meeting may be perceived as a College endorsement of nurse-led anaesthesia and the jurisdiction of the College was queried. "What about ANZCA professional document *PS08*?" we said. "What's *PS08*?" was the reply.

Before PS08: anaesthesia assistants, Coffs Harbour and ANZCA

As a regional centre, our anaesthesia assistants (AAs) have always consisted of a heterogeneously trained group, including registered nurses, endorsed enrolled nurses and anaesthesia technicians.

Prior to a 2012 accreditation visit, there were departmental discussions concerning AA training and education, and it was decided that any person assisting the anaesthetist would be termed an "anaesthesia assistant". This emphasised the specialist role that AAs have within our, and every, operating department.

The results of our 2012 accreditation visit came with a surprise:

3.1 Improvement of education of the Anaesthesia Assistants. In particular, the appointment of a senior nurse to co-ordinate the Anaesthesia Assistant program.

"The College has no remit in nurse education" was the cry. However, this added to the longstanding belief that AA education should be separated from generic operating theatre (OT) education.

Our OT education sessions occur once a week, prior to theatre start. The AAs chose to use three sessions a month specifically for AA education. A VMO anaesthetist volunteered to help advise and liaise with the AA committee, and the supervisor of training (SOT) assisted in education planning. A clinical nurse educator (CNE) was appointed to oversee all aspects of the AA program and develop competencies for AAs.

ANZCA Professional Standard 08 – Statement on the Assistant for the Anaesthetist

The release of *PS08* almost three years later came as little surprise. What was surprising was the fact that an ANZCA standard for anaesthesia assistants has been around for more than 30 years; first promulgated in 1984 as P8 and reviewed numerous times.

The difference between the 2015 revision and previous documents is the descriptions of scope of practice, core competencies, and provision of a framework for training.

Section 7 describes the core competencies and includes knowledge of standards, equipment, infection control, safety, anaesthesia techniques, regional and local anaesthesia, sedation, invasive monitoring and procedures, therapeutic agents, pain, non-technical skills and emergency care.

Section 8 specifies that AAs have a duty to maintain and upgrade their knowledge. It also places the onus on management to ensure AAs can attend education.

It's all about the team

With *PS08* in hand, we took the opportunity to incorporate core competencies into our departmental teaching program. An educational plan was drawn up, with joint teachings involving the anaesthesia department (consultants and trainees) and the AAs.

In-situ simulations in alternate months were planned, with the hospital simulation centre supporting. Teaching and simulation sessions were planned to complement each other; for example, a tutorial on malignant hyperpyrexia (MH) followed by an in-situ simulation of an MH crisis the following month. Non-technical skill debriefs are discussed in all in-situ simulations.

(continued next page)

PS … what? Delivering multi-disciplinary anaesthesia assistant training in a regional hospital (continued)

How's it going?

PS08 is routinely spoken about and referenced. It has been a valuable tool in raising awareness of scope of practice of AAs across our institution. The specific training requirements of AAs have been highlighted and competencies are now maintained and sought. It has provided an impetus to undertake in-situ multi-disciplinary team training, something that is usually logistically difficult.

During a further accreditation visit (December 2016), our CNE AA was asked to join the department in a discussion with the accreditation team to outline the current AA education and competency program.

Where to now?

When *PS08* was released, there were discussions within our department on the jurisdiction of ANZCA over a "nursing issue". In June 2016, the Australian Society of Post-Anaesthetic and Anaesthetic Nurses (ASPAAN) transformed themselves into the Australian College of Peri-Anaesthetic Nurses (ACPAN). ACPAN's mission is to promote the professional development of peri-anaesthesia nurses by working with the Australian College of Operating Room Nurses and ANZCA to promote best practice and curriculum standards, including the development of a Fellowship program.

In August 2016 we held an ACPAN study day, "Don't wait for *PS08*", which incorporated simulation-based teaching of the emergency core competencies.

Summary

PS08 has provided us with an opportunity to highlight the specific role and educational needs of AAs within our institution. It has given the AAs an opportunity to self-direct their own education, as well as improved the workplace culture and increase patient safety. We now have a multi-disciplinary in-situ simulation education program, in addition to our other educational sessions. Hopefully it can be seen that the aim of *PS08* is higher-quality AA staff working with specialist anaesthetists, not replacing them.

Dr David Gillespie, VMO Anaesthetist, Coffs Harbour Health Campus

Dr John Neal, VMO Anaesthetist, Coffs Harbour Health Campus

Mr John Mavor, Clinical Nurse Educator – Anaesthesia, Coffs Harbour Health Campus

Mr Rod Peadon, Manager iSIM centre, Coffs Harbour Health Campus

Professional documents – update

The professional documents of ANZCA and FPM are an important resource for promoting the quality and safety of patient care. They provide guidance to trainees and Fellows on standards of clinical care, define policies, and serve other purposes that the College deems appropriate. Government and other bodies refer to ANZCA's professional documents as an indicator of expected standards, including in regards to accreditation of healthcare facilities. Professional documents are subject to regular review and are amended in accordance with changes in knowledge, practice and technology.

Recent releases

During the April 2017 ANZCA Council and Safety and Quality Committee meetings the following professional documents and their accompanying background papers were approved:

- *PS50: Guidelines on Return to Anaesthesia Practice for Anaesthetists* (final version).
- *PS18: Guidelines on Monitoring During Anaesthesia* (final version).
- *PS51: Guidelines for the Safe Management and Use of Medications in Anaesthesia* (12 month pilot).
- *Guidelines for Reviewing the Clinical Practice of a Peer* (approved for development).

The professional documents of ANZCA and FPM guide trainees and Fellows on standards of clinical care and define policies of the College. Government and other bodies refer to them as indicators of expected standards.

Feedback is encouraged during the pilot phase for all professional documents. All comments and queries regarding professional documents can be sent to profdocs@anzca.edu.au.

All ANZCA professional documents are available via the ANZCA website – www.anzca.edu.au/resources/professional-documents FPM professional documents can be accessed via the FPM website – http://fpm.anzca.edu.au/resources/professional-documents.

Endorsed guidelines

During the April 2017 ANZCA Council and Safety and Quality Committee the following guideline was approved for endorsement by ANZCA.

- Diagnosis and treatment of hypertension and pre-eclampsia in pregnancy guideline.

ANZCA endorsed guidelines can be found on the ANZCA website www.anzca.edu.au/resources/endorsed-guidelines.

Prevent-Protect-Respond: ANZCA acts on BDSH

As doctors, we enact our working lives as medical professionals, often without giving much thought as to what that really means – we just "do" it.

We have never really been taught professionalism (although that is changing now in universities and also specialist colleges such as ANZCA).

There are many definitions for the role of a "professional" in our society, and certainly the term is widely applied to elevate the status of an individual or their activity (for example, "professional" homeopathy services). In one sense it is used to indicate remuneration rather than amateur status, for example, in sports.

In its purest sense, however, the attribution of an occupation to being a profession is an honour bestowed by society both covertly and overtly with mutual obligations and benefits. A profession at this level is a group of individuals who adhere to ethical standards and exercise self-discipline (also known as practice standards), and possess special knowledge and skills in a widely recognised body of learning which is derived from research, education and training at a high level. The respect and privilege society gives is reflected in the application of this knowledge and skills for the benefit of others. The Hippocratic oath, still widely (but mistakenly) believed to be sworn by all doctors, reflects much of this, as do the modern ethical principles of autonomy, non-maleficence, beneficence and justice. This is medicine – and our specific expertise is of course anaesthesia and/or pain medicine. Professionalism is one of the ANZCA Roles of Practice.

It should also be affirmed clearly that we, as medical specialists, provide exceptionally high standards of professionalism and care on a daily basis, with expertise, skill, consideration and compassion for our patients' best interests.

However, taking all this into account, it is no surprise that society displays outrage when we are seen to behave unethically or unprofessionally. We have received trust and certain responsibilities from our community, and this is devalued when we depart from appropriate and expected norms of behaviour and probity. What is at risk though is more than just our reputation and possibly our rights of self-governance, but also at risk is the health and well-being of our patients, our peers and our co-workers.

Doctors under stress perform poorly, do not learn effectively, and have worse clinical outcomes[1]. In the operating room or wards this also applies to our co-workers, such as nurses and technicians, and our students, for example, trainees. Furthermore, doctors who communicate poorly are more likely to have complaints made against them by patients, and their patients are more likely to have complications[1].

Our job can be stressful enough without adding to the mix inappropriate behaviours such as aggression, abuse, intolerance or exclusion. We all have bad days, this is not the issue. We also may not realise the gap between "intention" and "impact" – how what we say and do is interpreted differently by others than we intended. When recognised, or "called out" by a colleague, the impact on others of a tough or challenging day can be offset by a quiet chat with those affected as soon as possible. This is a mix of knowledge, insight and of communication. Low level interventions and interactions such as this are part of the Vanderbilt process which has been adopted by ANZCA (see www.anzca.edu.au/resources/doctors-welfare) and many other organisations and professional bodies. It makes sense, is low risk, but it does need oneself or a colleague to identify that an issue or event needs addressing.

In teaching others, whether trainees, nurses or colleagues, it is often necessary to provide feedback. The best forms of feedback are timely, constructive and reflective. "Old school" approaches where students or trainees are demeaned or condescended to are widely recognised as ineffective and create psychological stress and an unpleasant environment.

"Our job can be stressful enough without adding to the mix inappropriate behaviours such as aggression, abuse, intolerance or exclusion."

Building of resilience to the stresses of our speciality is necessary, but is not achieved in this way by the "school of hard knocks". Teaching and giving feedback is a skill. Some develop it by role modelling their own mentors, but most benefit from some formal guidance and instruction, such as the ANZCA Educators Course, which is increasingly popular. The provision of respectful but appropriate and accurate feedback is important, and is not bullying or discrimination.

It is regular patterns of bad behaviour towards others which does the harm. People who are in lesser positions of authority are more likely to be on the receiving end of this – but not exclusively so. It can come from peers or other clinical groups, for example, junior doctors and nurses. Harm also comes from passive-aggressive behaviours, "whispered" disparaging comments or disengagement.

Inevitably our workplace is a social environment and we need to maintain social professionalism for it to function at its best – in the interest of our patients and ourselves. Should bullying, discrimination and sexual harassment (BDSH) persist beyond low-level interventions, then escalation is needed – always with the aim of protecting the recipient but also helping the alleged perpetrator develop and change. It is only when all else fails, or the behaviour is egregious, that sanctions are applied. A key part of the actions identified in the "Prevent-Protect-Respond" Framework that ANZCA has adopted will be more training resources and a clearer and more helpful access portal for communicating concerns or complaints to the College.

As a professional organisation, there are limits to what ANZCA can do. Support is important and partnerships and effective communication with hospitals is essential – whether with employers or "credentialers" (for example, private hospitals), all within the limits of consent and privacy. Although beyond the scope of this discussion, concerns may also relate to other aspects of performance or behaviour, and these need to be addressed in a similar way. The ANZCA Concerns and Complaints Policy is being finalised to this end.

In the end it comes down to each of us. Role modelling is one of the most important learning tools we use and one of the most powerful training tools we have. We are role models every day we practice – in fact we are role models every day we interact with people.

Throughout our lives we learn by example. For technical skills we ideally go through a process of preparatory education, observation, understanding, and graded supervised practice progressing perhaps from simulation to proficiency – think of CVC insertion as an example.

Many non-technical skills are knowledge-based, with the application of that knowledge based on practice, experience and further learning – think of the selection, sequence and dosing of drugs for induction of general anaesthesia, or the choice of dose of spinal bupivacaine. These are all aspects of the medical expert, another of the ANZCA Roles in Practice. These roles are not abstract educational concepts but are based on the CanMeds principles and are widely used throughout the world. These roles do not exist in isolation – they all interact. Other roles alluded to above are those of "communicator" and "professional". The ANZCA publication *Supporting Anaesthetists' Professionalism and Performance – A guide for clinicians*[2] is a valuable resource to help guide the understanding of these interacting roles.

The publication of the of the *ANZCA Bullying Discrimination and Sexual Harassment (BDSH) Working Group – Final report* (see www.anzca.edu.au/resources/doctors-welfare) is a necessary milestone which has identified the size of the problem in trainees and younger consultants, and contains a framework [Protect-Prevent-Respond] and recommendations that the College has accepted and is following through. We as a specialty are not alone with high levels (over 30 per cent) of self-reported experiences of bullying behaviour.

This probably reflects older power structures, behaviours based on role modelling bad behaviours, and simply a lack of awareness in our professional community. We are working with the Royal Australasian College of Surgeons through a letter of agreement, and are looking to other healthcare groups as well to be able to offer the best advice and support we can for those involved with BDSH either as victims, or as supporters or indeed for those who are alleged to perpetrate it.

No one sets out to act unprofessionally, cause distress to their colleagues, create an adversarial workplace, or deliver anything but the best of care to our patients. ANZCA is working within itself, with our trainees, specialist international medical graduates (SIMGs) and Fellows as well as our peer professional bodies and healthcare organisations to provide best support for safe and effective workplaces, which are also seen to be so – maintaining our specialty as one respected and valued by our community.

Professor David A Scott
ANZCA President

References:

1. Cooper, W. et al *Use of Unsolicited Patient Observations to Identify Surgeons with Increased Risk for Postoperative Complications* JAMA Surg. doi:10.1001/jamasurg.2016.5703 Published online February 15, 2017.
2. *Supporting Anaesthetists' Professionalism and Performance – A guide for clinicians*. Version 1.0, 2017 ANZCA (www.anzca.edu.au/documents/supporting-anaesthetists-professionalism-and-perfo.pdf).

Doctors' welfare resources and the Bullying, Discrimination and Sexual Harassment report can be found at: www.anzca.edu.au/resources/doctors-welfare

Brisbane a BIG success

Snapshot

Delegates 2075

Speakers and facilitators 361

Plenary sessions 6

Concurrent sessions 40

Workshops and masterclasses 140

e-posters 80

The 2017 ANZCA Annual Scientific Meeting in Brisbane was attended by 2075 delegates who enjoyed many firsts – Masterclasses that replaced small-group discussions, pop-up simulations during lunch breaks and in one plenary session, Clot Wars, featuring a team in an operating theatre dealing with a bleeding crisis.

The College Ceremony oration was named for the first time. The Tess Cramond Oration, given by The Honourable Dame Quentin Bryce was given in honour of another great Queenslander, a trailblazer in anaesthesia, pain medicine and resuscitation.

Gender equality was another conscious effort where the number of women speakers and facilitators increased to about one third. And in another first, a childcare facility was included onsite.

How we thought BIG

I am pleased to write of the success of the ANZCA ASM held in Brisbane in May 2017.

The Regional Organising Committee (ROC) crafted an exceptional scientific, workshop, social and new Fellows program full of big ideas and innovation, and definitely delivered on the theme THINK BIG!

The week began with an excellent Airway Special Interest Group satellite meeting capably convened by Dr Keith Greenland and Andre Van Zundert, which attracted the skills and capabilities of many international and local airway legends. Professor Carin Hagberg from Texas, Professor Ellen O'Sullivan, Dublin and Dr Anil Patel, London all contributed to a quality program.

The New Fellows Conference was held at the Gold Coast where new Fellows gathered to discuss leadership, collegiality, social media and challenges facing the profession.

Friday May 12 was workshop day where more than 100 different workshops were run at the Brisbane Convention and Exhibition Centre and beyond. Most of the hard work in co-ordination and delivery of these workshops were by local FANZCA volunteers. There were delegates spread all over Brisbane participating in high fidelity simulation, driving high speed cars, practising blocks on cadavers and learning about animal anaesthesia at Australia Zoo. A series of masterclasses and workshops on site, including an extraction of a patient from a smashed car in the basement, completed the exciting and comprehensive program.

The scientific sessions started on a high note with an excellent lecture on perioperative medicine by the ANZCA ASM Visiting speaker Professor Andrea Kurtz from the Cleveland Clinic. This was followed by an exploration of the 10 neglected senses by the FPM invited speaker Professor Chris Eccleston. Professor Jenny Martin challenged us to confront our subconscious bias with her talk on gender equity in scientific meetings.

Clot Wars, an interactive simulated plenary demonstrating team incompetence, was the first of its kind anywhere in the world. Professor Lorelei Lingard followed with timely discourse on team competence with many learning points for us all. The opening session reflected of the excellent quality, breadth and scope of speakers and sessions throughout the meeting. The THINK BIG themes of obesity, big data and innovation were honoured.

Gender equity was a priority for our ROC, and we carefully included quality female speakers to ensure the program proportionally reflected the numbers of females in the fellowship. We are very proud of this achievement and that diversity is now firmly on the agenda at ANZCA.

For the first time at a meeting of this size, the ROC and ANZCA arranged access to an onsite crèche. This was popular and there were babies and children of all ages enjoying fun times. This is a monumental display of support for families attending the ASM and there are plans for this to continue at future ASMs.

The healthcare industry (HCI) hall was buzzing throughout the meeting. It was home to a series of "pop-up" simulations designed to demonstrate alternative methods of teaching and learning at an ASM, as well as providing entertainment and interaction in the HCI hall.

The "elephant in the room" – a large blow-up elephant – reminded us of how important it is to shed the stigma of mental illness, to encourage open discourse with our colleagues, ask for help, and check in with ourselves and our friends on a regular basis in order to prevent the unacceptable outcome of suffering with depression and death by suicide. Our HCI partners did not fail to demonstrate and teach with an excellent display of equipment and knowledge.

The College Ceremony celebrated the graduation of more than 200 new Fellows and the presentation of three Orton Medals to Professor David Story, Professor Alan Merry and Professor Stephan Schug. Dr Meredith Craigie received the inaugural Steuart Henderson Award and honorary fellowship to FPM was presented to Professor Lorimer Moseley.

Dame Quentin Bryce delivered an inspiring oration and retold the story of Professor Tess Cramond, a trailblazer in anaesthesia, resuscitation and pain medicine. Her message of brave practise, unwavering high standards and social conscious was expertly delivered to a receptive audience.

The social program was also of a high standard and much food and drink was enjoyed with friends over the course of the meeting. New Fellows and their families sipped champagne and enjoyed arias by Queensland Opera in stunning surrounds of the Queensland Gallery of Modern Art at the College Ceremony reception. Professor David A Scott hosted the president's dinner for the ROC and invited speakers at the Stokehouse restaurant with river and city views.

The ANZCA Research Foundation cocktail reception and the trainee and retired anaesthetist lunches were all well attended. The HCI drinks were informal and conducive to collegiate chat. The silver-themed Gala Dinner was a showstopper with Lisa Hunt and Forever Soul rocking the crowd and the dance floor was full within a few bars of their opening number. A fitting celebration of ANZCA's 25th anniversary!

Special thanks must go to our ROC for their tireless effort over the two and a half years of planning. Thanks also to the events team at ANZCA who possess a can-do attitude and an unparalleled capacity to deliver despite difficult logistics. Most of all I thank each individual who contributed to a workshop, masterclass, scientific session, chaired a session, worked on a pop-up sim or carried, set up and dismantled equipment. You are the heart and soul of the ASM. Team Brisbane... Well done! You THOUGHT BIG!

Dr Bridget Effeney
Convenor

A program of big science

Thank you to everyone who came to the Brisbane ASM in May this year. You helped make the 2017 ANZCA ASM in Brisbane awesome. If you couldn't make it – commiserations. I think the locals will be reminding you that you should have been in Brisbane for the ASM well into the future. Just like surfers typically talking about yesterday's waves!

Think BIG. Our imaginations were fuelled by the conference theme. Challenging delegates to think big became an obsession. Once the conference started, the countless hours poring over the scientific program grid became worthwhile. Feedback – formal and informal – has been positive and uplifting. As a new tweeter, I was impressed with the immediacy of the medium. It was instantly obvious when a session had hit the mark. #ASM17BRIS lit up with educational gems, feedback and cognitive provocation.

It's an annual scientific meeting and I revelled in the crafting of a scientific program that highlighted local talent, as well as the great science generated by Australian, New Zealand and international anaesthetists. Now that the ASM is over, the thing that stands out to me is that it's even more about people coming together. The fabric of science is the sharing of ideas, collaboration, peer review and collegiality. The highlight of the scientific convener role was working with and meeting brilliant people.

It takes a village to create an ANZCA ASM. The forethought to bring many elements of organising and running the ANZCA ASM in-house must be applauded. The ANZCA Events team, led by Jan Sharrock, have done another amazing job. I get the strong sense that every year the event builds on previous strength, founded upon the corporate memory and professionalism that the team brings. Hopefully, the whole team feels appreciated. I feel like I've been raving about their virtues for months. I suspect Fran Lalor spent even more time on the scientific program than I did. It would not have reached its high standard without her.

Every member of the organising committee contributed to the meeting's overall success. Professor Andre van Zundert's mentorship was priceless. Having organised many international events of his own, Andre's experience and support was a huge help. Associate Professor Kerstin Wyssusek delivered an unprecedented workshop and masterclass program. Dr Victoria Eley ensured scientific rigor was rewarded in the abstract and poster prize sessions.

Our keynote speakers were awesome. One of the greatest joys of being scientific convenor came with meeting the keynote speakers for the first time. I mentioned to other organising committee members that I was having a great time finally meeting our keynote speakers. "Yes, and they're all extreme extroverts!" was one reply.

Big thinkers. Professor Andrea Kurz humbly offered the evidence-based cornerstones upon which to base our practice. Professor Mike Irwin convinced me to use more propofol and less inhalational agents. Professor Tim Cook convinced me how much can be achieved with relatively little funding but a load of goodwill. Dr Andrew Klein dropped the bomb about research fraud.

The Clot Wars plenary, was certainly a "plenary like no other!" The plan to run an immersive auditorium style operating theatre simulation mandated hours of rehearsals, detailed scripting and run sheets, meetings with conference centre administration and security.

Associate Professor Kersi Taraporewalla delivered on his brief to think big. As the auditorium filled, the sense of expectation became palpable. Technical issues imposed a delay upon us, but I formed an appreciation of dramatic pause to build suspense. It felt like the auditorium might have been more suitably filled with Justin Bieber's music, given his famed late starts to concerts. It soon became obvious that the back of the plenary stage, was in fact a huge curtain. Drawn back, it exposed an operating room in full flight at 4am.

The tensions that developed within the team gave a spectacular context for Professor Lorelei Lingard's plenary discussion of team competence. Her insights into the way we communicate and work together have made sense of many of the patterns we see in the operating room.

The penultimate panel discussion painted a guarded picture for the challenges our specialty is likely to face in the future. Painted another way, it might have just been a conversation of our current strengths. The final plenary was delivered by academic royalty, Professor Ian Frazer. I enjoyed every moment. Thank you also to everyone that chaired a session, presented, ran a workshop or masterclass, or helped in any way.

Associate Professor David Sturgess
Scientific Convenor

Workshops and more

This year we offered 140 workshops (WS) and masterclasses (MC). The bulk of them (102) were delivered on Friday, the dedicated WS/MC day.

A wide range of important topics were covered starting from pre-hospital, such as roadside care of the injured patient or retrieval of a patient, all aspects of perioperative care through to how to care for the environment and ourselves. Activities were delivered at the Brisbane Convention and Exhibition Centre and offsite.

We had the pleasure and honour to welcome local, national and international facilitators who shared their knowledge and expertise with us. We were very grateful for their enthusiasm and the passion with which they educated and entertained our anaesthesia community. Many of them sacrificed one to two days of the ASM to share their knowledge which could be used for ANZCA's mandatory continuing professional development program. This demonstrates a strong engagement and interest for our profession by our Fellows.

The "Think Big" theme motivated our presenters to deliver Themed, innovative, knowledgeable, Brilliant, inspiring and gender balanced activities.

We introduced many innovations this year such as:

- Masterclasses, facilitated by the experts in the respective fields, replacing small group discussions.
- Inviting presenters from outside our specialty including radiology, surgery, psychiatry, psychology, haematology, biology, information technology, ENT, cardiology, ethics, Life Flight and Queensland Ambulance Services.
- TEDx-like, or TAD (Talking Anaesthesia Discussions) talks.
- Pop-up simulations.

Feedback from participants was overwhelmingly positive, which is testimony to the high quality of the workshops and masterclasses delivered to our community. Delegates particularly commented on the amount of work that must have gone into organising and delivering the activities. The interactive nature and high quality of presentations was highlighted unanimously.

Many thanks to the co-conveners Rachel Ng and Helen Davies for their assistance and passion, Philip Cowlishaw who organised regional anaesthesia workshops and Linda Beckmann who contributed greatly to the airway workshops and introduced the novel nasendoscopy workshop.

A special thank goes out to the ASM Events team, particularly to Fran Lalor, for their tireless work, expertise and skills. Fran meticulously prepared and supervised the organisation of the workshops and masterclasses.

Associate Professor Kerstin Wyssusek
Workshop and Masterclass Convenor

Environment and sustainability

The Brisbane Regional Organising Committee set themselves an ambitious agenda to reduce paper and waste and deliver a more environmentally responsible meeting.

Some of the initiatives included:

- No conference satchels.
- ASM handbooks kept to a minimum in size and numbers.
- Concentration on online meeting technology including the Virtual ASM.
- Leftover food not being thrown to landfill but being used to benefit society.
- $A10,000 donation to Lifebox in lieu of speaker gifts.

Working with the Brisbane Convention and Exhibition Centre, a leader in sustainability, helped achieve this goal and the feedback from delegates was overwhelmingly positive, laying the foundation for future ASMs.

FPM program a "specific" success

"Big Specifics" delivered a pain Refresher Course Day that concentrated on big issues in pain medicine including big data, big geography, paediatric and pelvic pain to a big audience. There were 172 in attendance with specific practical solutions.

International speaker Professor Chris Eccleston headlined the program, highlighting that big data is not good enough. He later reminded the audience to bring the body back and explore all the senses in understanding the pain experience.

Dr Matt Bryant inspired with what can be done to provide equity and access to pain patients and teams across large distances as Dr Hillarie Tardif explained the power of large data collections.

Dr Suellen Walker, the ASM's FPM Queensland Visitor, provided wonderful insights into the diagnosis and management of paediatric neuropathic pain in the paediatric session, which also explored the broader issues of paediatric management and the need to engage parental and school systems.

The pelvic pain masterclass with the dynamic Dr Sue Evans highlighted the significant issues facing females while Dr Patricia Neumann and Professor Thierry Vancaille provided practical tips on diagnosis and management. In finale Professor Mark Hutchison and Dr Bernadette Fitzgibbon, looked at future research and novel treatment for pain.

The Refresher Course Day, with its excellent international speakers, was wonderfully supported by local talent that complimented the FPM ASM program.

The challenges of cannabinoid prescribing, new trends in interventions, practical tips for investigations and the Acute Pain Special Interest Group session were all well attended and created opportunity for lively discussion and distillation of information. Workshops and masterclasses gave depth and completed the program including depression and pain, paediatrics, medico-legal report writing, emerging therapies in chronic pain management and post-op pain troubleshooting.

Those who attended the FPM dinner were able to relax in the edgy, panoramic environment of the Powerhouse, entertained and inspired by after-dinner speaker Andy Gourley from Red Frogs Australia who reminded us to remember the little things. It was terrific to come together as colleagues and friends to enjoy the evening.

Other social events included the reception for the new Fellows at the Gallery of Modern Art after the College Ceremony. It was terrific to welcome those new Fellows to the Faculty. The Gala Dinner silver-themed, hence the Dean's silver tie, did not disappoint and was an excellent completion to the social program.

This meeting generated significant social and local media attention, which is excellent for raising awareness and the profile of pain medicine. Professor Eccleston and Professor Milton Cohen in particular were both featured in media articles.

A sincere and heartfelt thanks to all those who made the meeting such a success including those who attended, the delightful administration staff, Faculty advisors, Dr Mick Vagg, dedicated chairs and amazing speakers.

Thanks also to the hard working local committee members for their support and ensuring we delivered an inspiring, quality program – Dr Sarah Lindsay, Dr Jayne Berryman, Dr Joann Rotherham, Dr Richard Pendleton and Dr Paul Gray.

Many thanks and I look forward to catching up again Sydney 2018.

Dr Kathleen Cooke
FPM Scientific Convenor

ASM audio visual presentations available to all

All ANZCA and FPM Fellows and trainees, including those who didn't attend the ASM, can access speaker approved presentations via the virtual ASM:

https://asm.anzca.edu.au/virtual-asm

During the meeting, there were 2597 Virtual ASM users – 73 per cent returning visitors and 26 per cent new visitors. There were 360 new users in 2017. Many (591) took advantage of the note-taking function and 259 asked questions via it. The 80 e-Posters had 2046 views.

Tess Cramond oration

For the first time, the 2017 College Ceremony oration was named after a College luminary. Proud, respected and much admired Queenslander Professor Tess Cramond (nee O'Rourke-Brophy) was the 1972-74 Dean of the Faculty of Anaesthetists when it was part of Royal Australasian College of Surgeons.

The Honourable Dame Quentin Bryce, also a proud Queenslander delivered the Tess Cramond Oration titled "The rare privilege of medicine", focusing on a life well lived and a career in anaesthesia and pain medicine of great achievement and daring.

ANZCA hosts visiting PNG anaesthetist

The 2017 ASM hosted an anaesthetist from Papua New Guinea, Dr Hilbert Tovirika, as part of its commitment to supporting countries with developing health systems.

As anaesthetic registrar at Port Moresby General Hospital, Dr Tovirika gave a first-hand account to delegates that outlined the challenges of anaesthesia in his country. Another doctor from Papua New Guinea, Dr Pauline Wake, who is training to become a paediatric anaesthetist, had also planned to speak at the ASM but was unable to attend. When Dr Wake completes her training she will be that country's sole paediatric anaesthetist.

ANZCA Fellows regularly do voluntary clinical and educational work in developing countries to help deliver better healthcare, comfort and safety through improved access to safe anaesthesia and effective pain medicine.

In Papua New Guinea, where there is a severe shortage of anaesthetists and limited access to good medical care, ANZCA Fellows are working with local doctors to improve anaesthesia training and to provide ongoing educational support.

Dr Tovirika is already well known to many ANZCA Fellows. He received the 2015 ANZCA sponsored award for the best result in the Diploma of Anaesthesia course and in 2011 he won the ANZCA-sponsored Best Medical Student in Anaesthesia book prize.

As part of the work of the Overseas Aid Committee ANZCA supports three academic prizes each year for anaesthesia trainees in Papua New Guinea. The funding that enabled Dr Tovirika to attend the 2017 ASM was provided as a donation from Anaesthetic Services: www.anaestheticservices.com.au/.

Donations to the Overseas Aid Program through the ANZCA Research Foundation in most cases are tax deductible. If you would like to help improve medical care through safe anaesthesia and effective pain medicine for people in marginalised or remote communities, you can find additional information on ANZCA's website at www.anzca.edu.au/research/foundation/about-the-foundation.

ANZCA hosts Indigenous doctors

ANZCA's Indigenous Health Committee, which encourages Australian and New Zealand trainees to consider a career in anaesthesia, funded three scholarships for Indigenous doctors to attend the 2017 ASM.

Queensland doctor Dr Antoinette Daylight joined two NSW junior doctors Dr Angus McNally and Dr Gene Slockee in Brisbane for the ASM where they met the chair of the Indigenous Health Committee Dr Sean McManus and ANZCA Vice-President Dr Rod Mitchell to discuss their medical career pathways and interest in anaesthesia.

Increasing the number of Indigenous and Māori trainees is a priority for the College. The aim of the Indigenous scholarships is to foster training in anaesthesia and or pain medicine for Australian and New Zealand Indigenous medical students and junior doctors.

Dr Daylight, Dr McNally and Dr Slockee were the third group of scholarship recipients to attend an ANZCA ASM with the support of the Indigenous Health Committee.

"The purpose of these scholarships is to allow aspiring Indigenous anaesthetists and/or pain medicine specialists to further explore our specialities, to meet Fellows, and to network with each other," Dr Mitchell explained.

"One of our trainees recalls the days, only a few years ago, when she felt that she was the only Indigenous Australian at an ANZCA ASM. Though the numbers are still small, that sense of cultural loneliness is now seemingly being softened."

Dr Mitchell said the Indigenous Health Committee recognised the importance of training Indigenous specialist anaesthetists and specialist pain medicine physicians in Australia and New Zealand.

However he noted that in New Zealand the number of Indigenous specialists exceeds that found in Australia.

"These practitioners enrich our profession by bringing a valuable cross-cultural understanding to our workplace, and are important role models and mentors for younger people," Dr Mitchell said.

Above from left: Dr Rodney Mitchell, Dr Chris Acott, Dr Yasmin Endlich, Dr Hilbert Tovirika, Dr Michael Cooper and Professor David A Scott; Dr Sean McManus, Dr Antoinette Daylight and Dr Rodney Mitchell.

Raising our profile

Newspapers, radio, TV
The Brisbane ASM received widespread media coverage across Australia and New Zealand with 637 online, print and broadcast reports. According to data compiled by media monitoring service iSentia this coverage reached a combined cumulative audience of 7.6 million people and would have cost $A1.4 million if bought as paid advertising.

Highlights included a national ABC TV news interview with ANZCA President Professor David A Scott on the mental health of anaesthetists, page one stories in Australia's biggest selling newspaper, the *Herald Sun* and New Zealand's *Dominion Post*, and radio interviews in Australia and New Zealand.

Online news had the highest volume of coverage with 554 reports but the 57 print newspaper reports reached nearly 5.8 million people.

ANZCA distributed 10 media releases on a range of ANZCA and FPM presentations and topics.

ANZCA hosted four journalists at this year's ASM: *Herald Sun* health editor Grant McArthur, Australian Associated Press medical reporter Sarah Wiedersehn, *The Age* health reporter Chloe Booker and, from New Zealand, *The Dominion Post* health reporter Rachel Thomas.

Keynote speaker University of Bath Professor of Psychology Dr Chris Eccleston's presentation on how a better understanding of 10 additional human senses could improve patient outcomes attracted 161 reports across Australia and New Zealand.

Dr Allan Cyna's research on the impact of "pain words" on patients, Professor Milton Cohen's presentation on medicinal cannabis for chronic non-cancer pain and the ASM's session on paediatric obesity led to 16 radio interview requests.

Professor Alan Merry's presentation on patient safety attracted interest in New Zealand newspapers and was followed up with radio interview requests.

Thousands join the conversation
Twitter really took off this year, with an incredible 1398 people tweeting with our hashtag, #ASM17BRIS. That's almost four times the number that used last year's hashtag.

Once again this year, the hashtag briefly trended at number one on Twitter (in Australia). And over the five days it had more than 22 million impressions (nearly seven times as many as #ASM16NZ)! Thanks to everyone who joined the conversation, and in particular our top tweeters: Dr Katie Ben, Mr Minh Le Cong, Associate Professor Stu Marshall, Dr Cara Thomson, Dr Nicole Phillips, Dr Mark Young, Dr Sofia Huddart, Dr Scott Ma and the mysterious "@MapelsonF".

We also introduced a number of new social media tools this year, including Facebook, YouTube and live streaming. These provided opportunities for all Fellows, trainees and the wider medical community to enjoy some of the ASM highlights as they happened.

More than 1400 people watched the live broadcast of the College Ceremony on Facebook, and more that 1000 tuned in for one of the eight sessions we live-streamed via the ANZCA Twitter account using the Periscope broadcasting tool.

Our YouTube videos were viewed 5600 times during the ASM, with nearly 15,400 minutes of video watched in total.

If you would like to find out more about how you can use social media to support your professional development, please don't hesitate to contact Alan Dicks, Digital Communications Manager via adicks@anzca.edu.au or +61 3 9093 4920. Also keep an eye out for upcoming social media workshops in your area.

ASM E-Newsletter
The daily *ASM E-Newsletter* was designed to inform those keeping hospitals going at home as well as the 2075 delegates in Brisbane about all the conference had to offer. Over five days, video interviews and presentations, photos and news were delivered to their inboxes of all Fellows, trainees and other delegates.

For the first time, video interviews with all keynote speakers were undertaken by Fellows. Special thanks to New Fellow Councillor, Dr Scott Ma, who did the bulk of the interviews, as well as new Fellows Dr Cath Purdy and Dr Dale Currigan and ANZCA Trainee Committee Co-Chair, Dr Shanthi Pathirana. In all, 23 video interviews including five vox pops with a collation of delegates, were undertaken.

Professional and staff photographers also captured highlights of the FPM Refresher Course Day and the ASM.

Photos, video interviews, the ASM e-newsletters and our media coverage can be viewed at https://asm.anzca.edu.au/photos-interviews-e-newsletters-media.

Clea Hincks
General Manager, Communictions

New Fellows thinking big as leaders

The 2017 New Fellows Conference (#NFC17GC) was held immediately prior to the ANZCA Annual Scientific Meeting (#ASM17BRIS) from May 9-11 at Sheraton Grand Mirage Resort, Gold Coast. We welcomed 20 new Fellows from all training regions, selected by their regional committees for their leadership capabilities and identified as being significant future contributors to our profession and the College. The theme of #NFC17GC was "Thinking big as a leader".

An important part of each New Fellows Conference is to encourage new Fellow engagement from different regions, and to network with ANZCA leaders. To that end, we welcomed to the conference ANZCA President Professor David A Scott, FPM Board member Dr Newman Harris, ANZCA Councillor Dr Sean McManus, New Fellow Councillor Dr Scott Ma, as well as future NFC convenors Dr Craig Coghlan and Dr Jack Madden.

The conference opened with a session by ANZCA Learning and Development Facilitator Maurice Hennessy where delegates learned that feedback is best thought of as a collaborative conversation, and that, feedback needs to be specific and about behaviour, not the person. Importantly, leaders should seek feedback as it's role modelling good behaviour!

A team building cooking class was held at Tambourine Cooking School where delegates prepared a three-course Moroccan feast! In preparation for #NFC17GC, delegates were asked to reflect on the leaders in anaesthesia and pain medicine that have inspired them, and during dinner each presented two qualities that made these leaders effective and inspiring.

Day two commenced with a half-day workshop by Dr Stephen Walker, Associate Medical Director of the Brisbane-based Cognitive Institute, who explored the causes of difficult interactions, and presented specific communication skills required to avoid arguments and to ensure that all interactions are focused on finding an effective solution for both parties.

Dr Garth Thomas, an anaesthetist in private practice with a PhD in bioethics and metaphysics, presented "The disparate cogitations of an ageing anaesthetist", a deep dive into the world of ethics. The prevailing view of ethics relevant to current practice was challenged, particularly in relation to the consumerist view of autonomy, the rights and duties of doctors and patients, and an ethical debate about patient harm and being "informed".

On the final morning, Dr David McCormack presented on the ever-challenging and sobering reality of addiction in anaesthetists, including an update on the science of addiction, the current evidence of rehabilitation outcomes, and the difficult decisions that our leaders, our profession and our regulatory bodies need to make.

The final session was devoted to our leaders-in residence. Dr Sean McManus gave a reflection of his "full circle" journey from NFC delegate to ANZCA councillor, encouraging delegates in a "call to arms" to rise to the leadership challenges that they will encounter in their professional lives. Dr Newman Harris implored that, to be effective leaders and physicians, you need to look after yourself – and to listen when someone asks you if you need help. And finally, all the ANZCA leaders were joined by ANZCA Clinical Trials Network Deputy Chair Associate Professor Philip Peyton, for a Q and A session.

Based on feedback, #NFC17GC was a success. The delegates most appreciated networking with other like-minded new Fellows, and the opportunity to be inspired by our ANZCA leaders. I would like to thank all the delegates and presenters for their enthusiasm and also Eleni Koronakos for her dedication and professionalism in managing the conference, Carolyn Handley for her assistance during the conference, and to ANZCA Council and FPM Board for their ongoing support of the conference.

Dr Mark Young
New Fellows Conference Convenor

NFC – social media

One of the sessions included for the first time in this year's conference program was a two-hour social media workshop. I teamed up with New Fellows Councillor and long-time social media advocate Dr Scott Ma to give delegates a practical demonstration of how and why social media can support their professional development as the future leaders in anaesthesia. We also explored some guidelines for sensible social media use, and looked at some of the new social media channels ANZCA has invested in, such as Facebook, YouTube and live streaming.

Two key drivers of this workshop were to recruit new Fellows as social media advocates for ANZCA and anaesthesia, and encourage them to form a "Twitter army" at the ASM. So it was a big help that we had four of the top Tweeters from the 2016 ASM in the workshop! They were able to talk to specific Tweets, and also discuss more generally about how and why they used social networking professionally.

Not only did all the NFC delegates "join the conversation" on Twitter throughout the ASM; some of the most active Tweeters were people who had barely – or never – used Twitter before!

Alan Dicks
Digital Communications Manager

Keynote presentations

Ellis Gillespie Lecture
Professor Andrea Kurz, ANZCA ASM Visitor, "Think bigger: Building the evidence for evidence-based perioperative care"

Michael Cousins Lecture
Professor Christopher Eccleston, FPM ASM Visitor, "The psychology of physical experience: Exploring the 10 neglected senses"

Mary Burnell Lecture
Professor Michael G Irwin, Australasian Visitor, "Why TIVA (total intravenous anaesthesia) will take over the world"

FPM Queensland Visitor's Lecture
Dr Suellen Walker, FPM Queensland Visitor, "Longitudinal pain research – from preterm birth to early adulthood"

Queensland Visitor's Lecture
Professor Tim Cook, Queensland Visitor, "Big ambition: Getting engagement in large projects"

Organising Committee Visitor
Professor Lorelei Lingard, Organising Committee Visitor, "Team competence: Getting together and getting it right"

Steuart Henderson Award

Dr Meredith Craigie

Dr Meredith Craigie has been awarded the inaugural ANZCA Steuart Henderson Award for Fellows who have demonstrated excellence and provided outstanding contribution, scholarship, and mentorship to medical education in the field of anaesthesia and/or pain medicine.

Dr Craigie's long involvement with ANZCA began in 1992 when she was awarded fellowship while at the Adelaide Children's Hospital where she specialised in paediatric anaesthesia.

Her focus on anaesthesia for children with burns soon evolved into a broader interest in pain management for children and advocacy for paediatric pain management services and this work continues to be a passion for Dr Craigie today.

Dr Craigie pursued her interest in pain medicine by undertaking the Master of Medicine (Pain Management) degree from the University of Sydney, completing it in 2006. Her research project had led her to work in the Department of Anaesthesia and Pain Management at Flinders Medical Centre where she co-founded a paediatric pain management clinic in 2006 in addition to providing physician support for the acute pain service. In 2011, Meredith started down the path of a complete career change into adult pain medicine joining the staff of the Royal Adelaide Hospital Pain Management Unit where she still works, eventually ending her anaesthesia practice at Flinders Medical Centre in 2014.

Dr Craigie was elected to fellowship of ANZCA's Faculty of Pain Medicine in August 2001 and was elected to the board of the Faculty of Pain Medicine in May 2012. She is now the vice-dean and chairs several committees including the Training and Assessment Executive Committee.

She has had a particular interest in assessment processes. She joined the panel of examiners for the Faculty in 2002, chairing the examination committee from 2010 to 2013 and again this year. In addition, she was an ANZCA fellowship examiner from 2004, joining the Final Examination Sub-Committee in 2009 until 2013 and was the external examiner for the Hong Kong College of Anaesthesiologists Graduate Diploma in Pain Medicine in 2009. She remains involved with assessment processes as the FPM representative on the ANZCA Examination Advancement Advisory Group.

From the citation by Professor Ted Shipton at the College Ceremony during the 2017 ANZCA Annual Scientific Meeting in Brisbane.

Prizes

Gilbert Brown Prize
Dr Jai Darvall (Vic) for "Chewing gum for the treatment of postoperative nausea and vomiting: a pilot randomised controlled trial"

2017 Trainee Academic Prize
Dr Julia Dubowitz (Vic) for "The impact of anaesthetic agents on cancer progression in a mouse model of breast cancer"

2017 Open ePoster Prize
Jointly to Dr Susan Humphreys (Qld) for "Transnasal humidified rapid-insufflation ventilatory exchange (THRIVE) in children, a randomised controlled trial" and Associate Professor David Canty (Vic) for "Pilot randomised controlled trial of the impact of preoperative focused cardiac ultrasound on mortality, cardiac morbidity and health care costs after fractured neck of femur surgery (ECHONOF II Pilot)"

2017 Trainee ePoster Prize
Dr Marissa Ferguson (Vic) for "Post-exercise cardiac PET imaging: A pilot study of cardiac risk assessment"

FPM Dean's Prize
Not awarded

FPM Best Free Paper Award
Dr Paul Wrigley (NSW) for "New evidence for preserved somatosensory pathways in people with complete spinal cord injury: a fMRI study"

Robert Orton Medal

The Robert Orton Medal is ANZCA's most prestigious award and is made at the discretion of the ANZCA Council, the sole criterion being distinguished service to anaesthesia. The award was established by the Faculty of Anaesthetists, Royal Australasian College of Surgeons, in 1967.

Professor Stephan Schug

A member of the FPM Board and the ANZCA Research Committee Professor Stephan Schug holds the Chair of Anaesthesiology in the School of Medicine and Pharmacology at the University of Western Australia. Director of Pain Medicine at the Royal Perth Hospital Professor Schug also maintains a position as Honorary Professor of Anaesthesiology at the University of Auckland.

He qualified in medicine at the University of Cologne, Germany, where he also obtained his MD by thesis in clinical pharmacology and subsequently specialised in anaesthesia, intensive care and pain medicine.

In 1989, he moved to New Zealand where he initiated one of the first acute pain services in Australasia at Auckland Hospital. The planned stay of one year became 12 years after he accepted a position as the Head of Section of Anaesthetics at the University of Auckland. Over the following years he developed academic anaesthesia at the University of Auckland and was awarded a Personal Chair in Anaesthesiology in 2000.

In 2001 he moved to Perth and was appointed Chair of Anaesthesia at the University of Western Australia in 2006. As the Director of Pain Medicine in the Department of Anaesthesia and Pain Medicine of Royal Perth Hospital his clinical responsibilities include the running of a Comprehensive Inpatient Pain Service as well as a multidisciplinary Pain Medicine Centre, which is accredited for training by the Faculty of Pain Medicine of ANZCA.

Professor Schug's principal research interests include the management of acute and chronic pain, cancer pain, regional anaesthesia, the pharmacology of analgesics and anaesthetics and quality control in healthcare.

He is a world-renowned speaker and the author or co-author of 15 books, more than 80 book chapters, 75 original and 150 reviews and letters and multiple abstracts.

In addition to his recent contribution as chief editor of the *ANZCA/FPM publication Acute Pain Medicine: Scientific Evidence* (fourth edition 2016) Professor Schug is on editorial and review boards of leading journals in anaesthesia and pain medicine. He is also an active member of several pain and anaesthesia societies.

From the citation by Dr Chris Hayes at the College Ceremony during the 2017 ANZCA Annual Scientific Meeting in Brisbane.

Professor Alan Merry

Chair of ANZCA's Research Committee and an ANZCA councillor for 11 years, Professor Alan Merry is foundation Professor of Anaesthesia at the University of Auckland Medical School and Head of the School of Medicine.

He practises anaesthesia and chronic pain management at Auckland City Hospital and is Chair of the Board of the New Zealand Health Quality and Safety Commission.

Professor Merry's influence extends far beyond New Zealand – he is widely sought after as an international speaker on themes including anaesthesia and quality and safety in healthcare. He is deputy treasurer of the World Federation of Societies of Anaesthesiologists, works with the World Health Organization (WHO) and is on the board of Lifebox, an international charitable initiative to improve standards of surgery and anaesthesia in developing countries.

His clinical interests include cardiothoracic anaesthesia and chronic pain medicine; his research interests include: Patient safety, medication error in anaesthesia, quality of healthcare, teamwork, simulation, the WHO Safe Surgery Checklist, and surgical site infection.

Professor Merry is a passionate advocate for cultural awareness and patient safety. He has also worked tirelessly to promote anaesthesia research at a doctoral level as well as in clinical and simulation settings in both anaesthesia and pain medicine. He has published more than 100 peer-reviewed papers and co-authored three books, including the frequently cited *Errors, Medicine and the Law*.

He has been the recipient of many honours, including the ANZCA Medal, fellowship of the Royal Society of New Zealand, and honorary fellowship of the Royal College of Anaesthetists. He is an Officer of the NZ Order of Merit, awarded for services to medicine, particularly anaesthesia.

From the citation by Dr Genevieve Goulding at the College Ceremony during the 2017 ANZCA Annual Scientific Meeting in Brisbane.

Professor David Story

In awarding the Robert Orton medal to Professor David Story, ANZCA Director of Professional Affairs and former ANZCA President Dr Lindy Roberts described Professor Story as "a leader in our fields, a clear thinker, and a visionary exponent of collaborative care and research translation into improved outcomes for our patients".

A graduate of Monash University, Professor Story was admitted to ANZCA fellowship in 1997 when he was appointed staff anaesthetist at the Austin Hospital where he held senior positions, including: Austin Health Joint Director of Anaesthesia Research, Head of Research Department of Anaesthesia, Honorary Principal Fellow (Associate Professor) in the Department of Surgery and Senior Fellow at the University of Melbourne Anaesthesia Research and Education unit.

Since 2002 he has served as chair and member of several ANZCA committees. From 2002-13 he served as a physiology examiner and from 2007-2014 as a member of the primary examination committee.

He was a founding member and chair of the ANZCA Trials Group (now ANZCA Clinical Trials Network).

Professor Story brings his passion for engaging the broader community in understanding perioperative issues to his current ANZCA roles as deputy chair of the ANZCA Quality and Safety Committee, executive member of the Perioperative Medicine Special Interest Group, a senior investigator member of the Clinical Trials Network Executive and ANZCA Research Committee member.

In 2012 Professor Story became the inaugural Chair of Anaesthesia in the Melbourne Medical School at the University of Melbourne. In this role he heads the Anaesthesia, Perioperative Medicine and Pain Medicine Unit, promoting collaborative and interdisciplinary research and teaching activities in 14 university-affiliated hospitals. He retains a part-time clinical anaesthesia position at the Austin Hospital, along with visiting appointments at other Victorian teaching hospitals.

Professor Story is the Director of Melbourne Clinical and Translational Science, assisting researchers with biostatistics, health economics, data management, and research quality and integrity.

In 2015, he was appointed to the Australian National Health and Medical Research Council. His membership of other bodies, including the expert panel for the National Blood Management Collaborative of the Australian Commission on Safety and Quality in Health Care, has allowed Professor Story to contribute to the national patient safety agenda.

Professor Story's research interests include acid-base disorders and improving perioperative outcomes through risk management, innovative cost-effective models of care, and translating evidence into practice. Examples of his innovative work are the REASON, POST and MUM SIZE studies. Other contributions include supervision of research students and support for emerging investigators.

With his breadth of knowledge and research expertise it is not surprising that in his many international, national and regional presentations he often challenges his audiences to think "outside the box".

From the citation by Dr Lindy Roberts at the College Ceremony during the 2017 ANZCA Annual Scientific Meeting in Brisbane.

25 years of great ASMs

As we say goodbye to another ANZCA Annual Scientific Meeting, we can reflect on all the meetings held since ANZCA was formed in 1992. Dr Nicole Phillips, ANZCA's Director of Professional Affairs with the responsibility for ASMs, looks back at a succession of great meetings hosted by the College (the first two with the Royal Australasian College of Surgeons) that have been held far and wide – from Perth to Christchurch and as far away as Hong Kong and Singapore over the past 25 years.

The ASM is the flagship educational event for ANZCA and FPM and with 25 years of ASMs behind us it seems fitting to reflect on the changes we have seen over the years.

We need to start with the 2017 ANZCA Annual Scientific Meeting (ASM) because it is with this meeting we have seen what a powerful tool the ASM can be for promoting change.

Led by Dr Bridget Effeney and Associate Professor David Sturgess, the organising committee delivered an amazing meeting with a number of achievements. We introduced childcare for the first time – and while this may sound simple it took a great deal of vision and determination to make it happen. We also reviewed the gender balance of presenters at the meeting and actively promoted female involvement. A wonderful plenary talk was delivered by Professor Jenny Martin – and for me the take home message is "You can't be what you can't see". We need to embrace this so that all our young female colleagues coming through the ranks can have the positive role modelling they deserve.

The ASM also brought into focus mental well-being. The "elephant in the room" – a topic often not discussed and yet so important for our profession – we need to support all our colleagues in difficulty and learn to ask for help ourselves when needed. We also saw one of our greatest contributors to ASMs over the past 25 years, Professor Kate Leslie, speak on the importance of generosity in leadership. The scientific content was also to its usual high standard and the workshop program outstanding with over 120 workshops. It showed the true being for the meeting – to promote fellowship, to educate, to inspire.

In the beginning

I'll go back to the beginning now. A trip down memory lane for some and a who's who of anaesthesia, intensive care and pain medicine over the past 25 years.

Let's start in May 1992 when, for the first time as a college, we gathered in Canberra with the Royal Australasian College of Surgeons (RACS) under the umbrella of the Annual Scientific Congress (ASC) to hear Associate Professor Roberta Hines from Yale present on cardiovascular anaesthesia and intensive care and Professor Gareth Jones from Cambridge talk about lung physiology and brain function during sedation and anaesthesia. We continued again as part of the RACS ASC in 1993 where the meeting was held in Adelaide. Our speakers for this were Professor Pierre Foëx, the Nuffield Professor of Anaesthesia at the time and Professor Michael Roizen from Chicago.

An important year in our history was 1994. It saw ANZCA and the Joint Faculty of Intensive Care (JFICM) hold a standalone meeting – now re-named the ANZCA Annual Scientific Meeting. It was held in Launceston and our invited speakers for this meeting were Professor Carl C Hug Jr from Emory, Dr Jose Carvalho an obstetric anaesthetist who at the time was at the University of Sao Paulo, and our own Professor Laurence E Mather.

In 1995 the ASM turned tropical with a meeting in Townsville. The front of the brochure is replete with blues and greens, tropical fish and coral. The first brochure with some theming – but still no "theme". We have however our first meeting with named visitors – the Foundation Visitors (Dr John William Sear and Professor Christopher J Eagle) and the Australasian Visitor (Professor John Russell).

In 1996 the ASM breaks with tradition completely – it became a combined scientific meeting with the Australian Society of Anaesthetists (ASA) in Perth in October. This was the year that Sydney was awarded the World Congress of Anaesthesia and so a decision was made to just hold one Australasian meeting. We had a plethora of well-known speakers at this meeting – Professor Bruce Cullen delivering the Mary Burnell Lecture, Professor Pierre Coriat presenting the Ellis Gillespie Lecture (who proudly showed me his honorary FANZCA when we met recently in Paris!), Australasian Visitor, Dr David Crankshaw, President of the ASA Dr Gregory Wotherspoon, a very young looking Professor Teik Oh, Dr Stephen Lewis, Dr Norman Swan and Dr Angela McLuckie.

Our first ANZCA meeting held in New Zealand was in 1997. This meeting was combined with ANZICS (NZ) and was held in beautiful Christchurch. We were welcomed to the meeting by the convenor – a very familiar face at ASMs – Dr Ross Kennedy (who went on to convene the 2010 Christchurch meeting as well). At this meeting the lineup of speakers again sees some well-known names – Foundation Visitors Gavin Kenny from Glasgow and Jerrold Lerman from Toronto, JFICM Foundation Visitor Keith Walley from Vancouver and the Australasian Visitor Dr Brian Horan. This meeting also saw some firsts – the introduction of a workshop program with 14 workshops being held on the Tuesday afternoon of the meeting and development of poster sessions.

In May 1998 the meeting headed to Newcastle. The esteemed Professor Barry Baker was the Australasian Visitor and we saw Professor Simon Gelman, Professor Hugo Van Aken and Dr Gordon Doig as Foundation Visitors.

In 1999 we are back Adelaide and for the first time we incorporated FPM into the ASM. An ASM website is listed on the front over of the brochure. Times are changing! And now we have three Foundation Visitors to represent ANZCA, FPM and FICM – Professor Peter Moore, Professor David Rowbotham and Professor Richard Albert. The Australasian Visitor was Dr Richard Morris.

The 2000s

We enter the new millennium with ANZCA 2000 in Melbourne with Foundation Visitors Professor James Bovill, Professor Daniel Sessler (who goes on to join us in 2007 and is part of the lineup for 2018), Professor Paul Pepe and Professor Daniel Carr. Dr Guy Ludbrook was the Australasian Visitor. We also saw a "special visitor" at this meeting, Dr Jeanne-Claude Strong – doctor, pilot, sailor, diver and mountaineer.

The College Ceremony at ANZCA's first independent Annual Scientific Meeting in Launceston in 1994.

She believes a successful life must be challenging and balanced. A message that continues to ring true!

The 2001 meeting buzzed with excitement as we headed to Hong Kong for the first international meeting for ANZCA/FPM/FICM. A combined scientific meeting (CSM) with the Hong Kong College of Anaesthesiologists with the theme of "Anaesthesia, intensive care and pain medicine – the next generation". This was the first meeting where the theme of the meeting was presented on the cover of the brochure enticing all to come. This event strengthened relationships between our two organisations that continues today. It was also a meeting talked about for years afterwards. In the corridors of theatres you would often hear "Remember Hong Kong?" which, for those who stayed at home made them determined to go when we repeated this event in 2011. This meeting also saw a satellite meeting in Beijing, an amazing experience for those who attended. The 2001 CSM set the tone for desired future collaborations through the ASM. We realised the long-lasting benefits of sharing education with colleagues from around the world.

The 2002 meeting was a golden jubilee. We celebrated 50 years of the establishment of the Faculty of Anaesthetists within RACS to undertake higher professional training in anaesthesia. Held in Brisbane the theme was "The challenges of change". Professor Guy Ludbrook was the Australasian Visitor with Foundation Visitors Jonathon Mark, Kim Burchiel and David Burgner. It would be 15 years before the meeting made its way back to Brisbane.

In 2003 the ASM headed back to Tasmania but this time to Hobart. A few well-known names at this meeting who continue to return to ASMs over the years – Associate Professor Kate Leslie is the Australasian Visitor and with Foundation Visitors Professor James Eisenkraft, Professor Dennis Maki and Professor Henrik Kehlet. This would be the last time the ASM could be held in Tasmania as delegate numbers continued to increase, as well as the size of the exhibition and numbers of workshops.

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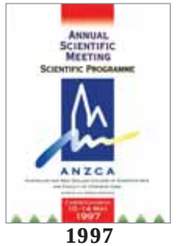

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25 years of great ASMs (continued)

Without a convention centre in Tasmania the current ASM won't fit in available venues. With this in mind and a desire by anaesthetists and specialist pain medicine physicians in Tasmania to get involved with large scale scientific meetings, they are now organising the 2019 ASM in Kuala Lumpur.

The meeting was back in sunny Perth in 2004 with the theme "State of the art". It was held in the Perth Concert Hall prior to the opening of the Perth Convention and Exhibition Centre. The convenors built on the theme to showcase major advances in the specialities. The Australasian Visitor was Associate Professor Paul Myles, with Foundation Visitors Professor Mike James, Professor Ian Roberts and Professor Ralf Baron.

In 2005 we held our first ASM in Auckland at the Aotea Centre. The theme of this meeting was "Improving outcomes". Once again there was a stellar line up of speakers with the Australasian Visitor Professor Warwick Ngan Kee, Foundation Visitors, Professor David Menon, Professor Keith Walley and Professor Mark Sullivan and the New Zealand Visitor, Professor John Murkin

The 2006 ASM was held in Adelaide with the theme "All in a day's work". This was the first meeting organised without the venerable Joan Sheales at the helm which added extra challenges for the organisers however Margie Cowling and Pam Macintyre proved to be outstanding in this role. They worked tirelessly to deliver a fantastic meeting. The delegates were entertained and enlightened by the Foundation Visitors Dr William Harrop-Griffiths, Dr William Macrae, and Dr Geoffrey Shaw. Associate Professor Kate Leslie was the Australasian Visitor and the meeting introduced two more named visitors – the South Australian Visitor (Anaesthesia), Dr Terese Horlocker and the South Australian Visitor (Pain Medicine) Dr Suellen Walker.

In 2007 the meeting was held in Melbourne, and was the first meeting not to include JFICM in the program as intensive care medicine held its own meeting with preparations under way for the formation of the College of Intensive Care Medicine. The Australasian Visitor was Professor Alan Merry, Foundation Visitors Professors Bruce Spiess and Martin Koltzenburg and Victorian Visitors Dr Dan Sessler and Dr Grant Duncan.

In 2008 the ASM finally comes to Sydney for "Anaesthesia: Science, art and life". The meeting breaks a record for delegate numbers and the organising committee take a risk – the traditional sit down dinner is replaced by a gala event at Luna Park. Professor Steve Shafer was the Foundation Visitor and had boundless energy to share with the delegates through lectures, lunch breaks and on the dance floor. He was joined by an outstanding line up of speakers – Professor Quinn Hogan, Professor Mike Paech (Australasian Visitor), Dr David Bogod, Professor Linda Watkins and Dr David Wilkinson. The meeting is characterised by the inclusion of "art" sessions into the program.

In 2009 the meeting returned to far north Queensland but this time to Cairns. The Foundation Visitors were re-named the ANZCA and FPM ASM Visitors – Dr Andrew Lumb (author of two editions of *Nunn's Applied Respiratory Physiology*, a book that instantly transports every anaesthetist back to their time studying for the primary), Professor Andrew Rice, Professor Matthew Chan (Australasain Visitor), Associate Professor Dan Raemer and Associate Professor Steven Passik. It was at this meeting we heard the wonderful voice of Lisa Hunt at the Gala Dinner – and once again this year in Brisbane.

ANZCA/FPM 2010 is in Christchurch "How meets why; clinical practice and the science behind it". Convened by Associate Professor Ross Kennedy, we see an outstanding line up of speakers. The Australasian Visitor was Professor Paul Myles, with Professor Talmage Egan, Professor Jeffrey Mogil, Professor Monty Mythen, Professor Richard Rosenquist and Professor Steve Shafer contributing to an outstanding scientific program. In February 2011 Christchurch fell victim to an earthquake which killed 185 people and in 2012, the Convention Centre was demolished. Those who attended the 2010 meeting have wonderful memories of the meeting and look forward to the time when the new convention centre opens (scheduled for 2020).

The meeting returned to Hong Kong in 2011 for the hugely successful Combined Scientific Meeting (CSM) with the Hong Kong College of Anaesthesiologists (HKCA). Aptly themed "Seeking the dragon pearl", it was an outstanding program. Australasian Visitor is Associate Professor David A Scott, with Dr Steve Yentis, Professor Catherine Bushnell, Professor You Wan, Professor Vincent Chan, Professor Spencer Liu, Professor Meryvn Singer and Professor Homer Yang as keynote speakers. Those who attended will remember the excellent scientific program, the spectacular Gala Dinner with stand-up comedy from President Kate Leslie and President Mike Irwin and a memorable post-Gala Dinner witnessing of a machete fight on the streets on Wan Chai! An extremely successful satellite meeting was held in Shanghai with the Chinese Society of Anaesthesiologists.

A return to Perth in 2012, but this time to the state-of-the-art Perth Convention Centre on the banks of the beautiful Swan River. Themed "Evolution: Grow develop thrive", the meeting's keynote speakers are Ruth Landau, Daniel Bennet, Andrew Davidson (Australasian Visitor), Patrick Wouters, Henrik Kehlet and Joseph Neal. The College Ceremony Oration is memorably delivered by Dr Kelvin Kong, Australia's first Aboriginal Fellow of RACS.

(continued next page)

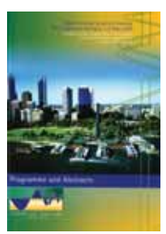
Gala Dinner at the Hong Kong Combined Scientific Meeting in 2011.

ASMs 1992-2017

Year	City	Theme	Convenor/s	FPM Convenor/s
1992	Canberra	n/a	Dr Stewart Bath	n/a
1993	Adelaide	n/a	Professor Garry Phillips	n/a
1994	Launceston	n/a	Dr Michael Martyn	n/a
1995	Townsville	n/a	Associate Professor Victor Callanan	n/a
1996	Perth	n/a	Dr Leigh Coombs	n/a
1997	Christchurch	n/a	Dr Sharon King	n/a
1998	Newcastle	n/a	Dr Ross Kerridge	n/a
1999	Adelaide	n/a	Dr Pam Macintyre	n/a
2000	Melbourne	n/a	Dr Phillip Ragg	Dr Terry Little
2001	Hong Kong	Anaesthesia, Intensive Care and Pain Medicine Delivery – The Next Generation	Dr John Low	Professor Leigh Atkinson
2002	Brisbane	The Challenge of Change	Dr Kerry Brandis	Dr Graham Rice
2003	Hobart	n/a	Dr Richard Waldron	Dr Hilton Francis
2004	Perth	State of the Art	Dr Mark Josephson	Professor Stephan Shug
2005	Auckland	Improving Outcomes	Dr Charles Bradfield	Dr Bob Large and Dr Mike Butler
2006	Adelaide	All in a Day's Work	Dr Margie Cowling	Dr Tim Semple and Dr Dilip Kapur
2007	Melbourne	Perioperative Medicine: Evidence and Practice	Dr Rowan Thomas	Dr Julia Fleming
2008	Sydney	Anaesthesia: Science, Art and Life	Dr David Elliott	Dr Charles Brooker
2009	Cairns	Anaesthesia: Branching Out	Dr Sean McManus	Dr Jason Ray
2010	Christchurch	How Meets Why	Associate Professor Ross Kennedy	Professor Ted Shipton
2011	Hong Kong	Seeking the Dragon Pearl	Dr Chi-Wai Cheung	Dr Phoon-Ping Chen
2012	Perth	Evolution: Grow Develop Thrive	Dr David Vyse, Dr Tanya Farrell	Dr Max Majedi
2013	Melbourne	Superstition Dogma & Science	Dr Debra Devonshire	Dr Michael Vagg
2014	Singapore	Working Together for our Patients	Dr Nicole Phillips	Dr Lewis Holford
2015	Adelaide	The Changing Face of Anaesthesia and Pain Medicine	Dr Aileen Craig	Dr Gary Clothier
2016	Auckland	Closer to the Edge	Dr Michal Kluger	Dr Jim Olson
2017	Brisbane	Think Big	Dr Bridget Effeney	Dr Kathleen Cooke

2002

2003



2004

2005

2006

2007

2008

2009

2010

2011

2012

25 years of great ASMs (continued)

College Ceremony at the 2013 Annual Scientific Meeting in Melbourne.

"Superstition, dogma and science" was the theme for the very Melbourne 2013 ASM. The cover of the registration brochure has an artist's depiction of the Melbourne skyline with a sleek cat on the rooftops. The keynote speakers were Professor Kevin Tremper, Professor Edzard Ernst, Professor Tim Short (Australasian Visitor), Professor Paul White, Professor Fabrizio Benedetti and Professor Jim Bagian who explored the myths and truths of anaesthesia and pain medicine. Bagian, a NASA astronaut for over 15 years, delighted the audience with stories of life in space.

And 2014? Singapore! And with the surgeons! In the first truly conjoint meeting the 2014 ASM saw ANZCA, FPM and RACS "Working together for our patients". A logistical and collaborative challenge, the meeting sees years of hard work come to fruition at the very memorable Marina Bay Sands Convention and Exhibition Centre. With close to 5000 delegates, it is a huge success (and relief!) for the organisers. A big part of that is thanks to our outstanding line up of speakers – PJ Devereaux, Audun Stubhaug, Britta Regli-von Ungern-Sternberg (Australasian Visitor), Alex Sia, Jane Ballantyne, Andy Lumb and Beverly Orser.

We returned to Adelaide for the 2015 ASM "The changing face of anaesthesia and pain medicine". Delegates were educated and entertained by a stellar line up of speakers – Professor Rupert Pearse, Professor Tomás Corcoran (Australasian Visitor), Professor Irene Tracey, Professor Robert Sneyd, Professor David Lussier and Professor Greg Crosby. The College Ceremony Oration was delivered by London bombing survivor Ms Gillian Hicks who inspired all those present with her description of the event and what followed.

We were "Closer to the edge" in 2016 – a truly fantastic scientific program in beautiful Auckland, with keynote speakers Carol Peden, Cynthia Wong, Steven Cohen, Tony Dickenson and Matthew Chan (Australasian Visitor).

And now

What an incredible 25 years of annual scientific meetings! I have only mentioned a few of the amazing people who give their time so freely every year to organise these meetings. Every convenor is supported by an organising committee of dynamic, committed individuals, not to mention the dedicated ANZCA Events staff who are there every step of the way offering support, expertise and the occasional hug!

As we move into the future it seems the world is getting smaller and our ability to share expertise internationally is increasing. The ASM is highly regarded as an international meeting and our keynote speakers continue to comment on how much they enjoy our meeting. We have a much-anticipated return to Sydney in 2018, with the surgeons and at the swanky new International Convention Centre (ICC) at Darling Harbour. Convened by Tim McCulloch and Ben Olesnicky, a huge line up of speakers is planned and with the ICC surrounded by bars, restaurants, cafes and the new development at Barangaroo, the meeting is sure to be amazing.

In 2019 we are planning another first – a truly international meeting in Kuala Lumpur in conjunction with the Malaysian College of Anaesthesiologists, the Royal College of Anaesthetists and the College of Anaesthetists of Ireland – convened by Nico Terblanche and Colin Chilvers from Tasmania.

Thank you to all our Fellows and trainees who continue to support the ASM through participation and attendance. It gives us the drive to innovate, pursue excellence and deliver an internationally renowned scientific meeting we can all be proud of.

Dr Nicole Phillips
Director of Professional Affairs, ASMs

2013

2014

2015

2016

2017

25th anniversary celebrated ANZCA-wide

As well as a special ANZCA Annual Scientific Meeting (ASM) opening video (Thinking BIG for 25 years – see www.anzca.edu.au/about-anzca/our-25th-anniversary#Big) and providing the theme for a spectacular setting at the ASM Gala Dinner in Brisbane, ANZCA's 25th anniversary is being celebrated in New Zealand and around Australia's regions.

ANZCA's Melbourne office marked the anniversary on February 7, the date ANZCA was officially established in 1992. As well as a celebratory cake, the book *25 Years of ANZCA Leadership* was launched. The book had been sent to all Fellows, trainees and other stakeholders and is available in flipbook through the ANZCA website.

A video message from the book's editor, ANZCA's Honorary Historian Professor Barry Baker, may also be viewed on the ANZCA website and is being used at regional and New Zealand events to acknowledge the anniversary.

Professor Baker, a long-time supporter of the ANZCA Research Foundation, has marked the anniversary with a further $A25,000 personal grant to the foundation, announced in May at the foundation's reception held during the ASM.

This tops up Professor Baker's $A75,000 donation in 2014 and will help fund the Joan Sheales Staff Education Award and the Provisional/New Fellow Research Award, which are made in alternating years.

Around the regions, the South Australia and Northern Territory (SANT) team was first off the mark, with office staff and the regional committee members celebrating on the evening of Tuesday, February 7 – the actual anniversary day.

The Australian Capital Territory marked the anniversary at its annual general meeting, held on April 3, with a cake iced with the design of the 25th anniversary book cover taking centre place.

In New Zealand, the national committee's biennial stakeholder function, held in Wellington on June 8 to mark the changeover in committee chairperson was the ideal occasion to acknowledge the anniversary. Incoming chair, Dr Jennifer Woods noted key ANZCA achievements over the last quarter century before the outgoing chair Dr Gary Hopgood was invited to cut the celebratory cake, again decorated with the book cover design.

Regions are also acknowledging the anniversary during the opening of CME events – using the video outlining ANZCA's development over the past 25 years, in opening remarks and displaying the special pull-up banner. These events include the NZ Anaesthesia ASM being held in Rotorua in November, the NSW Regional Winter Meeting in June and its Regional Spring Meeting in November, SANT's ASM in September, Tasmania's winter workshop in August, Victoria's combined CME event in July and Western Australia's June conference.

Tasmania's plans include paying tribute to founding Fellow Dr Stewart Bath and to Dr Mike Hodgson at its August winter workshop when regional chair Dr Colin Chilvers presents a session about his state's contribution to the formation of ANZCA.

With ANZCA's ASM having been held in Brisbane, Queensland does not have a major CME event this year but is using the banner and acknowledging the anniversary at its courses and CME lecture evenings.

In addition, the banner is being displayed in all ANZCA offices and ANZCA's letterhead and email signatures this year incorporate the 25th anniversary logo.

Susan Ewart
Communications Manager, NZ

Above clockwise from left: A silver-themed ASM Gala Dinner to celebrate ANZCA's 25th anniversary; ANZCA's Deputy CEO, Carolyn Handley, who also celebrates 25 years at ANZCA this year, cut the cake in the Melbourne office; Incoming ACT Chair Dr Girish Palnitkar and outgoing ACT Chair Dr Andrew Hehir celebrate with cake; Incoming and outgoing chairs of ANZCA's New Zealand National Committee, Dr Jen Woods and Dr Gary Hopgood.

Nemesis of emesis – training for massive airway contamination

An international collaboration has spawned a simulation device to teach the SALAD method of airway decontamination.

"Train as you mean to fight" is a term often used in simulation circles. Perhaps the greatest challenge is dealing with the critically unwell or "dynamic" airway – not just anatomical difficulty, but also physiological difficulty. One of the challenges we rarely train for is that of the massively soiled airway. Fasting, passage of a NG tube and RSI should obviate this, but on occasions the anaesthetist will be faced with massive airway contamination, whether from blood or vomitus.

A collaboration between Milwaukee anaesthetist Dr James DuCanto and numerous clinicians around the world, via social media, has led to the evolution of the SALAD simulation. While the inspiration for developing the SALAD technique remains with Dr DuCanto, the global collaborative has been to run this as an open-source project, in the spirit of free open access medical education (FOAMed).

SALAD (suction-assisted laryngoscopes airway decontamination) is a technique we've been teaching to anaesthetists, emergency physicians and pre-hospitalist clinicians on a number of courses. The debut was showcased by James DuCanto and myself in Chicago in 2015 at the smaccUS conference, repeated in Dublin in 2016 and will be part of the dasSMACC event in Berlin in 2017.

In order to refine the SALAD technique – basically, decontamination of the oropharynx under direct vision while simultaneously passing an ET tube – it was necessary to design a realistic task-trainer. DuCanto's original device involved a complicated array of water pumps and variable control rheostats to modify flow. Meanwhile, individuals worldwide have modified manikins in order to teach the SALAD technique to their target audiences. I use the "Vomi-quin" on the Critically Ill Airway course at The Alfred hospital in Melbourne, as a simple task-trainer to teach the SALAD technique.

How to make a SALAD sim trainer?

A simple airway trainer is adapted by using off-the-shelf garden hose connectors (see http://kidocs.org/2016/10/portable-vomit-simulator/). A bilge pump, powered by a 12-volt battery, pumps simulated airway contaminant to the oropharynx – typically water-coloured with red or green food dye, although particulate matter can be made up using gelatin or xanthan gum. While the bilge pump can deliver up to 500 litres per hour, flow rates are controlled by an in-line ball-valve.

For added realism, either white vinegar or "Barf-ume" (fake vomit smell available online) can be added to provide a strong olfactory stimulus.

The entire set-up is contained within a Pelican case, which not only functions as a reservoir for simulated airway contaminant, but also allows airway head, assorted suction catheters, laryngoscopes, ET tubes etcetera to be rapidly bundled away for travel.

I typically fly in to capital cities to teach and can have the Vomi-quin ready to go within five minutes. Disassembly is rapid and the entire set-up (including sealed-lead acid battery < 100Wh) can be carried on standard commercial aircraft when travelling between airway courses.

> "I typically fly in to capital cities to teach and can have the Vomi-quin ready to go within five minutes."

Use of the Vomi-quin has led to some interesting perspectives on the utility (or lack thereof) of the standard Yankauer suction catheter, as opposed to alternative devices available on the market. Practice of airway decontamination in head down, head up, left lateral is useful and the performance characteristics of both direct and video-laryngoscopy can be explored.

So "train as you need to fight"; experiment with the SALAD technique using a Vomi-quin and join the global SALAD SIM open access collaboration online – www.facebook.com/SALADSimulation/ or #SALADsim on twitter.

Dr Tim Leeuwenburg,
FACRRM (GP-Anaes)
Kangaroo Island, SA

Suggested links

https://emcrit.org/podcasts/having-a-vomit-salad-with-ducanto/

https://www.facebook.com/SALADSimulation/

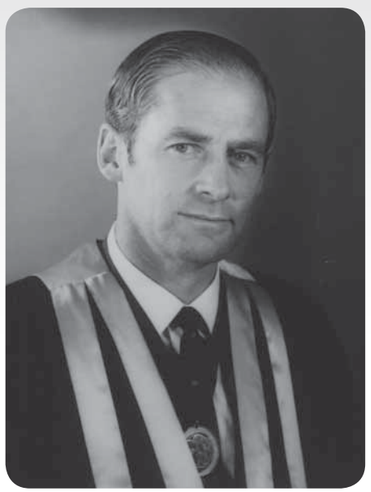
http://kidocs.org/2016/12/salad-on-the-beach/

http://kidocs.org/2016/10/portable-vomit-simulator/

https://vimeo.com/185109587

Above from left: Associate Professor Stu Marshall and Dr Tim Leeuwenburg; SALAD kit, Kangaroo Island; SALAD sim in Chicago.

A rich life of many and varied achievement



From surgery to slopes to sea – and all that jazz – Noel Cass excelled at all he turned his hand to, while being one of the anaesthesia profession's greatest contributors.

Few people have made such a great contribution to anaesthesia as Dr Noel Cass. He was one of Australia's outstanding anaesthetists. He was a talented yet modest man who was highly organised and full of vigour, until his sight deteriorated near the end of his long and successful life.

Noel was born on June 10, 1927 at Jardee, a sawmilling town in south-east Western Australia where his father was the doctor. They moved to Perth when Noel was three. He attended St Anne's School and Wesley College and did a year of science at the University of Western Australia before coming to university in Melbourne because there was no medical school in Perth at the time.

He graduated in 1949, worked at The Alfred hospital in 1950, and then spent a year in Bendigo. In 1952, having done his 12 compulsory student anaesthesia cases at the Women's Hospital, Noel was appointed there as one of the first two anaesthesia registrars under Kevin McCaul.

During that year Noel passed the primary diploma of anaesthesia examinations and was awarded a part-time research scholarship in the Department of Pharmacology – the beginning of an illustrious research career. In 1953 he became one of the first anaesthesia registrars at the Royal Melbourne Hospital under Norman James. That year he passed the final DA examinations, which preceded the fellowship of the Faculty of Anaesthetists, founded within the Royal Australasian College of Surgeons in 1952. The first examinations were in 1956.

In 1954, Noel Cass travelled by sea to England, working his passage as assistant ship's doctor on the SS Orcades. In London he attended the basic science course at the Royal College of Surgeons, which by then had a Faculty of Anaesthetists. He passed the primary FFARCS and was awarded the Nuffield Prize. This led to another academic position as lecturer in physiology at the College of Surgeons. He then passed the final FFARCS. Kevin McCaul was going on leave and asked Noel to return to Melbourne to be acting director at the Women's Hospital for a year during his absence.

Noel then joined the Melbourne Anaesthetic Group in private practice and became an honorary sessional anaesthetist at the Royal Melbourne Hospital. He continued along with a session at the Royal Children's Hospital (RCH) until 1976, when he became full-time deputy director at the RCH, with the proviso that he had one session a week for a private list and be allowed time for research. This was an unusual situation, in which he became deputy to someone he had taught, examined and mentored and then formed a wonderful partnership with for the next 12 years. It suited him well because he did not care for hospital politics, but enjoyed supporting the active teaching and research programs in the department.

An avid skier, Noel also became president of the RCH Ski Club for many years and, after his retirement in 1988, was president of the Hospital Alumni Association for two years. He was also on the Board of Research and was awarded a President's medal.

He had a long association with the Royal Melbourne Hospital as perfusionist, honorary and eventually senior honorary anaesthetist (1972-76). He was lecturer (1964-77) and then professorial associate at Melbourne University until 1985.

In 1964, Noel was elected to the Board of the Faculty of Anaesthetists, Royal Australasian College of Surgeons, at a time when several original members were retiring. He thus soon became a senior member of the board and became Dean from 1968-70. He also played an active role in education, initiating the primary courses in 1963 and organising them until 1970, when he became Faculty education officer and a state education officer was appointed. Overall he was involved as a teacher of pharmacology, an organiser and advisor for 30 years.

In 1956, Noel became an examiner in pharmacology for a record 19 years. He was the first clinical anaesthetist to become a primary FFARACS examiner. In 1964, he wrote a set of pharmacology notes to help those preparing for the primary FFA examinations. Later, he developed these further with his anaesthetist daughter, Lindy, into a concise textbook for anaesthetists. He continued to be actively involved in the Faculty/College and was awarded the Orton medal for his outstanding services to anaesthesia in 1989. He was highly regarded by the surgeons and was a Councilor of the Court of Honour of the Royal Australasian College of Surgeons (1980-2015).

Before the advent of the Australian anaesthesia journal, *Anaesthesia and Intensive Care*, Noel suggested to the surgeons that they might get more contributions from anaesthetists (Faculty members) if they had a separate anaesthesia section in their Australian and New Zealand Journal of Surgery. Only four papers were published under this arrangement before *Anaesthesia and Intensive Care* began publication in 1972.

In 1964, Noel became chairman of the Victorian Section of the Australian Society of Anaesthetists (ASA). He was less involved with the ASA, but became a founding member of the Editorial Board of *Anaesthesia and Intensive Care* when it was established. He served on the board for 43 years, for 20 years in charge of book reviews. He was awarded the Ben Barry medal in 2000 (named after the founding editor). In 2015 he was awarded the Gilbert Brown Award for his outstanding contribution to anaesthesia – the highest honour given by the society.

Noel represented anaesthetists in various ways. He was on the Victorian Red Cross Blood Bank Committee, the Consultative Committee on Anaesthetic Morbidity and Mortality and the Victorian Road Trauma Committee, and was on the National Health and Medical Research Council assessment panel and the Australian Council of Hospital Standards panel of assessors. He was a very involved member of the Victorian Medical Defence Association of Victoria for 24 years and was vice-chairman from 1990 to 1999.

Noel's early experience with teaching and research while training and when he was in London stood him in good stead. During the time he was at the RCH, most trainees in Melbourne rotated through the department. He is remembered as a wise mentor, particularly for his tutorials on medico-legal matters, which he continued after retirement until he was 80.

He developed an interest in electronics and chaired the Society for Medical and Biological Electronics. He worked with David Dewhurst at Melbourne University Physiology Department on neuromuscular monitoring before becoming a Research Associate at Monash University's Department of Electrical Engineering with Professor Douglas Lampard. Noel was a major stimulus to their development of electromyography and computer controlled administration of muscle relaxants. This equipment became useful in clinical research at RCH, where it was shown that the responses to small doses of suxamethonium varied in the early period after major burns and that children with malignant tumours of liver, kidney and bone developed resistance to d-tubocurarine, which did not occur with benign tumours or if the malignancies were successfully treated.

In the 1970s few anaesthetists were involved in research. Noel's first research was in the pharmacology department under Professor Shaw in 1952, when he demonstrated the reversal of sleep following thiopentone in rabbits. It had no effect in humans – an early demonstration of species variation. In all, Noel published 46 papers.

In 1977 we decided to form an anaesthetic research group, in which members, who often worked on their own, could receive comments and suggestions about their projects. Noel Cass was treasurer. The group was finally abandoned when Michael Cousins at Flinders Medical Centre and other hospitals developed research groups about 10 years later.

Noel was involved in many activities. He was active in the Medical History Society as treasurer and president 2007-2008. He gave the triennial Embley Memorial Lecture in 1963 in honour of the first anaesthetist appointed to the Melbourne Hospital in 1897 and the first lecturer in anaesthesia at Melbourne University, who undertook an extensive animal study on the cause of death from chloroform.

Clinically, Noel was involved with the hyperbaric chamber at the Peter Macallum clinic. When there was an administrative problem at another major hospital he was asked to spend two days a week there to sort it out. It was a measure of his diplomacy that he succeeded.

(continued next page)

> "He is remembered as a wise mentor, particularly for his tutorials on medico-legal matters, which he continued after retirement until he was 80."

Above from top left: Dr Noel Cass was Dean of the Faculty of Anaesthetists, Royal Australasian College of Surgeons from 1968-1970; In 1964, Dr Cass was elected to the Board of the Faculty of Anaesthetists, Royal Australasian College of Surgeons; Dr Cass being awarded the Orton Medal by Faculty Dean, Barry Baker.

A rich life of many and varied achievement (continued)

Noel was a practical man and enjoyed woodwork and computers from early days. He serviced his own car. He, with Ian Waldie, designed a needle which sprayed topical local anaesthetic evenly.

While Noel Cass was one of Australia's most academic anaesthetists, he had many other interests. Jazz music was one of these. Over 50 years ago, he started a group which met at a member's home once a fortnight. They then began to receive invitations to play at private functions, at the hospital, the College of Surgeons 50th anniversary, the Ormond College Ball and to other large audiences. He also played in New Orleans when visiting that famous jazz city. Dr Jazz, as the group became known, played at his 80th birthday celebration.

Apart from his enthusiasm for skiing – he had made annual trips to Japan but eventually had to retire when he could no longer see well enough – Noel also excelled at sailing. He won three state championships in the Finn class and participated in Olympic trials. Some of his competition claimed he was so good he could sniff the wind! He was commodore of Mt Martha Yacht Club for five years.

Other sports he played regularly and often were tennis and golf. He even organised weekly tennis before work at the hospital and had a tennis court at Mt Martha where he entertained many friends.

I will conclude with an expression of sympathy to his children, Peter, Anne and Lindy and their families. He is remembered as a wonderful and stimulating father. His wife, Brenda, who was a great support to him, passed away three years ago.

When through life's treasures we sift

We find in the end

That one of life's most valuable gifts

Is to have really good friends.

Noel had many. Those who remain will miss him.

Dr Kester Brown, AM, FANZCA
Victoria

Above from left: A keen jazz musician, Dr Cass is seen playing with David McConnell (past president of the Australian Society of Anaesthetist) and a group of anaesthetists at the World Congress of Anaesthesia in Sydney in 1996; Dr Cass with his family in 1965.

Transitioning towards retirement

It's time to find flexible ways to enable senior colleagues to continue to work meaningfully – and safely – up to their retirement.

The Association of Anaesthetists of Great Britain & Ireland (AAGBI) released a special issue of their newsletter in August 2016. Titled "Age and the Anaesthetist", the publication was a report of a working party of the AAGBI, endorsed by the Royal College of Anaesthetists, with a joint editorial by Andrew Hartle, President, AAGBI and Liam Brennan, President, RCoA.

The issue examined the impact of age on the individual anaesthetist, their practice, patients, retirement and the wider workforce environment.

In the UK, new employment contracts, removal of the compulsory age-related fixed retirement age and pension changes – which increase the retirement age for full benefits to 68 years – will result in anaesthetists having to stay longer in the workforce than they may have ever previously planned.

Ageing is inevitable. However, the rates of physical and psychological change are variable and retirement strategies therefore need to be individualised. Not only is the workforce ageing, the patient population is also ageing. This means the proportion with significant comorbidities will increase and the overall complexity of anaesthetists' work will also increase.

Anaesthesia is a safety industry. Therefore, the health system as well as the profession need to ensure that anaesthetists remain "fit for task" and are able to perform as specialists safely and competently.

It is also recognised that remaining in work has a positive benefit on personal health, so workplaces need to promote health and wellbeing and provide support to allow people to continue to work for as long as they need to.

Although written for the UK environment, many of the issues discussed in this document are pertinent to Australia and New Zealand, especially sections 4-6.

Section 4 addresses age, physiological changes and comorbidities, section 5 is on workforce patterns and workforce issues, and section 6 considers how anaesthetists, employers, government and the public can contribute to ensuring that anaesthesia continues to maintain the very high standard of safe practice that has been achieved over previous decades.

These are complex issues and good data are needed. It is clear that there is wide inter-individual variation and generalisations cannot be made. Individuals have varying degrees of insight; some "self-select" to less demanding jobs, while others lack such insight, therefore mechanisms are required to detect diminishing performance in the workplace. The document compares how other "high stakes" safety-critical industries manage their ageing workers – in aviation for example, regular health and competency checks are a part of professional life and risk is mitigated by combining professionals of different ages.

I urge you to read this document for a deeper understanding of these issues and to consider how you – as individuals, in departments and in practice groups – will plan for senior colleagues to continue to work and contribute meaningfully, but above all safely, while accommodating their altered physiology or degrees of disability. As a profession we have concentrated for some time on the junior end of the spectrum, training and transition as New Fellows – it is time now to also address transition at the senior end of the workforce spectrum.

Dr Genevieve Goulding
ANZCA Councillor

Last year, the Association of Anaesthetists of Great Britain & Ireland (AAGBI) devoted an issue of *Anaesthesia News* to the subject "Age and the Anaesthetist".

Commissioned and approved by the board of the AAGBI and endorsed by the council of the Royal College of Anaesthetists, "Age and the Anaesthetist" gives a comprehensive analysis of the impact of age on the individual anaesthetist, their clinical practice, patients, retirement and the wider National Health Service in the UK.

Read "Age and the Anaesthetist" here – www.aagbi.org/AgeandtheAnaesthetist.

"Anaesthesia is a safety industry. Therefore, the health system as well as the profession need to ensure that anaesthetists remain 'fit for task'…"

What I've learned about retirement

Dr Roger Henderson advises would-be retirees to cultivate friends outside the profession, be mindful that good health is not guaranteed, and start the financial planning early.

Anaesthetists are busy people, as Dr Roger Henderson knows. Their conversations – and their relationships – often tend to revolve around work: discussions about the case they have just managed, or the difficult case they face tomorrow.

So he understood when, upon his retirement, he found himself a bit out of the loop, rarely seeing his former anaesthesia colleagues. Be prepared, he says, for the fact that "few of your old colleagues will contact you later. In fact, the nurses were more willing to get in touch and have turned out to be close friends. I was a bit surprised. Maybe it's partly that many medical specialists aren't good at making conversation.

"Anaesthetists have to extract all they need to know in a five-minute pre-operative conversation. That's not going to find out what's happening in that person's life – what they did in the war, or how their children are. We're not good at asking other people about themselves. We are good at being asked about ourselves!"

As a result, his advice to currently employed anaesthetists who might be considering retirement includes this key point: "Make sure you have a network of friends outside the medical profession. My wife and I have a holiday house in the country, and the people there are very friendly."

Dr Henderson, now 71, retired from his anaesthesia practice on the Mornington Peninsula in Victoria at 67. He left the profession earlier than originally planned because of an unexpected development; at 65 he was diagnosed with Parkinson's disease. "The Parkinson's first appeared as a tremor. I said to my colleagues, 'If any of you think I am working below par, come and tell me and I will go immediately'." As it turned out, he was able to keep working for another three years, which helped with his financial planning.

This brings us to two further suggestions he has for would-be retirees; be prepared for eventualities with your health, which might come sooner than you imagine, and set yourself up well financially from an early age.

Dr Henderson's first personal encounter with a serious diagnosis came five years before the Parkinson's with the news that he had prostate cancer (treated and now in remission). "It was an eye-opening experience to find myself on the other side of illness," he says.

"It was like walking through a door into an unknown room. I'd never given illness much thought; my life was a busy practice. I had no long holidays because of the financial stress of a divorce.

"When I retired, it was a two-edged sword. The complete cessation of stress – it was like someone had taken their foot off my oxygen tubing. But when you leave that operating theatre for the last time, you leave your anaesthetic colleagues and your old life behind you too."

Dr Henderson is concerned that many of his former colleagues have died prematurely while still in practice. He ticks off the diagnoses: renal cancer, aortic aneurysm, colon cancer, suicide, stomach cancer, multi-system atrophy – as well as other cases of Parkinson's disease.

He is concerned that the stress of anaesthesia practice – which he says is probably harmless enough if the practitioner can turn off at weekends and holidays – might morph into something more sinister if the worries at work are intensified by serious personal problems, as was the case for himself and all the colleagues he knows who died prematurely.

"Nobel Prize-winning Australian Elizabeth Blackburn (a molecular biologist) showed that telomeres, which are the caps on the end of chromosomes, stop the chromosomes from unravelling. Chronic stress shortens those telomeres, and that is linked to cancer and heart diseases," he says.

He thinks this could be a widespread phenomenon in anaesthesia: "It seems more than a cluster. When I joined our group, there were six anaesthetists there, and all but one of them died prematurely."

He thinks it warrants investigating and that ANZCA should set up a long-term study following anaesthetists' health (all data to be de-identified). "I think the College has a duty of care to ascertain when and why anaesthetists retire, and what from, and to follow up after they have retired.

(continued next page)

What I've learned about retirement (continued)

"Be prepared for eventualities with your health, which might come sooner than you imagine."

"There is a duty of care, when the College inducts trainees, to tell them if there is any risk of early mortality and diseases as a result of stress-related or environmental issues. We already know that the suicide rate is higher than in the rest of the community.

"We need to be able to tell trainees the divorce rate in the profession, the mortality rate and at what age you could be forced into retirement because of ill-health."

Dr Henderson also believes that anaesthetists need to be prudent with their finances so that if they become ill they are able to manage.

"Anaesthetists are difficult; we're a bit obsessive-compulsive," he says.

"We need to be that way for our work but it can be a problem in other areas of our lives. We tend to buy bigger houses than we need, and that puts us under more pressure if other things go wrong. If we are over-committed early on, this eats into our functional residual capacity. If there's an extraneous stress in your life, there's less room to deal with it if you are over-committed financially."

After years of financial struggle, he bought good shares at the bottom of the global financial crisis, and then had luck with real estate, righting his own storm-tossed ship just in time for his retirement.

He also remarried, to Johanna, a nurse who has studied theology and now learns cello. "Throughout our whole life together – 25 years now – she has been a brick, a support in all sorts of ways. Of course, what happens with retirement is that the wife's lovely routine is interrupted by suddenly having a man around the house all the time! And that is something we have both had to adapt to, as well."

These days, he manages his routine around his Parkinson's symptoms – an afternoon kip is needed because of the fatigue, and because the insomnia has him up many nights at 3am. But he enjoys having more time for his gardening and photography, and he reads a lot about Parkinson's disease to help manage his treatment: "There's no more effective bilge pump than a bucket in the hands of a frightened man!"

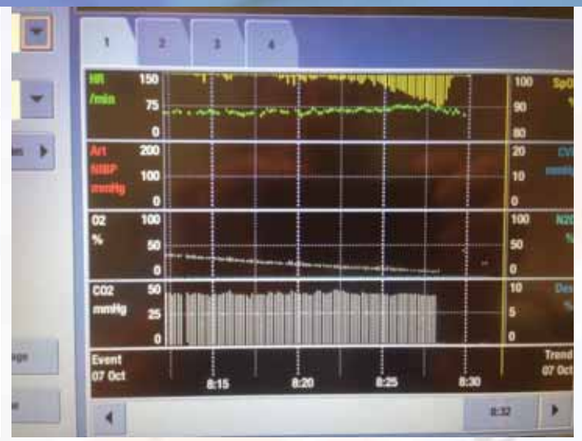
Dr Henderson has also been delighted to discover that the life of the mind can be pursued online, particularly through Coursera, an educational technology company that offers courses taught by instructors from the world's best universities.

"I listen to lectures online, from institutions including the University of Melbourne and the University of Copenhagen. You can do a vast array of things: neuroanatomy, how functional MRIs work, a refresher course in the anatomy of the abdomen."

He grins, self-mockingly. "These are things an old man can do to while away the time!"

Karen Kissane
ANZCA

Smart technology outsmarted



When it comes to low flow techniques using modern anaesthesia workstations what happens to inspired oxygen concentration? Dr Gary Hopgood and Dr Geoff Laney caution about the use of low flows and demonstrate the understanding necessary for this technique.

Something to watch out for

For many of those of a generation who learned the craft of anaesthesia before the world was infested with microchips, the internet and Facebook, control of *inspired gas* composition by the twiddling of variable orifice flowmeters (rotameters) is the comfort zone.

In this setting, the flow rate in mLs.minute^{-1} of oxygen, air and/or nitrous oxygen is adjusted to produce a fresh gas flow, which, when admixed with the exhaled gas mix from the patient, produced a satisfactory composition for inspired gas. Typically, to maintain an inspired oxygen concentration of the order of 30 per cent, as the total fresh gas flow is reduced, the ratio of oxygen to other gases set on the rotameters must be raised. As a long case progresses, it is relatively common at fresh gas flow rates of less than 250 mLs.minute^{-1} to drift towards oxygen-only in the fresh gas flow, or at least a relatively high proportion.

For example, after several hours of low flow anaesthesia, the rotameters might be set at 150 mLs.minute^{-1} of oxygen, 50 mLs.minute^{-1} of air, which, when combined with the patient's exhaled gas mix, might yield an FiO2 of 30 or 40 per cent.

Managing the relationship of oxygen utilisation by the patient and accumulation of nitrogen in the inspiratory gas mix required a degree of finesse and attention to the inspiratory gas composition lest a hypoxic or undesired gas combination be achieved. This was simply the art of low flow anaesthesia that had become possible with routine gas and agent monitoring.

With the advent of end tidal control (ETC) technology such as is available on machines like GE's Asysis, this art was, to some extent, rendered redundant. A target for expired agent and oxygen is set and the fresh gas flow rate specified (500 mLs.minute^{-1} being the minimum available with the initial software). Proprietary algorithms manipulate the flow rate of oxygen and other gases as necessary to achieve the fresh gas flow mix required to achieve your preset end tidal gas composition after mixing with exhaled gases.

You may or may not note that the actual rotameter setting for oxygen may vary up to 100 per cent of the fresh gas flow, and the total fresh gas flow rates may rise beyond the minimum selected, depending on the requirements to achieve the inspired gas mix in turn necessary to produce your present end tidal levels.

Unfortunately, machines do what they're told, and, presumably expecting some reticence from anaesthetists to use the novel end tidal control technology, it can be switched off. With ETC turned off, these machines allow the inspired gases to be set by electronic rotameter but the setting is not in mLs.minute^{-1}, it is in percentage of fresh gas flow.

For example, you may instruct the machine to deliver 300 mLs.minute^{-1} fresh gas flow and that 30 per cent of that 300 mLs should be oxygen. The machine will dutifully do what you have requested, setting something of the order of 35 mLs.minute^{-1} of oxygen and 265 mLs.minute^{-1} of air, which, when mixed, yield 300 mLs.minute^{-1} and an oxygen concentration in *fresh gas* of 30 per cent.

Danger arises when the anaesthetist assumes that this setting will adjust the patient's inspired gas mix to 30 per cent – an error of thinking produced by familiarity with the device's ability to produce a requested gas mix at the patient rather than in the fresh gas flow at the backbar. In the days of yore, it was flow rate manipulated on the rotameter rather than percentage.

The result of the settings described above will be a progressive slide in the inspired concentration of oxygen. With the default oxygen alarms set at 18 per cent, for many patients the inspired gas mix will have produced a fall in oxygen saturation well before this alarm is triggered.

It is not that the machine is faulty, merely that we are at risk of confusing flows for percentages, and struggling with the need to shift from thinking in the ways of generation X or earlier when working with equipment designed by those born to generation Y.

Dr Gary Hopgood
Immediate Past Chair, ANZCA
New Zealand National Committee

Dr Geoff Laney
Safety and Quality Officer, ANZCA
New Zealand National Committee

Above from left:

Note the fresh gas flow of 500 mLs.minute^{-1} and a fresh gas oxygen concentration set at 50 per cent yielding an inspired oxygen concentration of 21 per cent. This fit and healthy young patient, though supine, remains well saturated.

This helpful anaesthetist tests the principle and offered the following (paraphrased) "flow rate was set to minimum and fresh gas oxygen to 30 per cent. Alarm went at 18 per cent FiO2, which I silenced by acknowledging. FiO2 was down to, I think, about 10 per cent – somewhere near Everest base camp. My SaO2 went down to about 90 per cent; I never felt distress or air hunger; my CO2 never dipped as per graph. I stopped when I noticed a warmth developing behind my eyeballs and did not want to distress techs who were observing me in case I fainted or collapsed."

WebAIRS second national report

WebAIRS reporting continues to provide an important opportunity to examine practice and engage in the process of quality improvement. The most recent data analysis has focused on the identification of patient or procedural factors associated with a higher rate of adverse outcomes from reported incidents.

Following January's release of analysis of the first 4000 incidents in webAIRS, the second of the webAIRS overview articles was published in the March edition (vol 45, issue 2) of *Anaesthesia and Intensive Care*. The ANZTADC Publications Group examined cleansed de-identified webAIRS data in order to pinpoint themes more common to adverse outcomes compared to incidents with a more benign course. Anaesthesia technique was not analysed in this cross-sectional report because it will be the subject of a separate, more detailed, report in future.

So what are the patient or procedural factors common to harmful incidents? The following themes emerged as having a higher risk (>50%) of harm (versus no harm) to the patient:

- A body mass index of less than 18.5 kg/m2.
- Having a procedure outside of the theatre setting, or being in post-anaesthesia care units.
- Undergoing a procedure categorised as cardiovascular or neurological.

Further to causing harm, these themes were also most prevalent in incidents that resulted in death, (albeit with a much lower incidence). So too were:

- A patient being older than 80 years of age.
- An American Society of Anesthesiologists physical status rating of 4 or 5.
- Non-elective procedures.
- Incidents occurring afterhours (that is, between 6pm and 8am).

Of the first 4000 webAIRS incident reports, 26 per cent were associated with harm and 4 per cent death. With the recognition of risk factors, the opportunity for early intervention and request for assistance at first signs becomes possible. In education and training, teaching around incident prevention and management can give focus on these themes.

With further research and investigation, avoidance of many of these incidents and their adverse outcomes may be achieved.

The webAIRS contribution to continuous improvement activity and positive patient outcomes is proving an important component in quality improvement in anaesthesia.

Sarah Walker
ANZTADC Co-ordinator

Dr Martin Culwick
Medical Director
ANZTADC

Dr Neville Gibbs
Chair
ANZTADC

Reference:
Patient and procedural factors associated with an increased risk of harm or death in the first 4,000 incidents reported to webAIRS. N.M. Gibbs, M.D. Culwick, A.F. Merry. Anaesthesia and Intensive Care, Volume 45, Issue 2, 159-165 March 2017.

webAIRS
Anaesthetic Incident Reporting System from ANZTADC

Surgical antibiotic prophylaxis: getting it right

Optimal surgical antibiotic prophylaxis requires that the correct dose of the appropriate antibiotic(s) is given on time, that is, within 60 minutes of knife to skin (KTS). Anaesthetists are well placed to ensure that surgical antibiotic prophylaxis is administered correctly, particularly its timing.

New Zealand's Health Quality and Safety Commission (HQSC) began its Surgical Site Infection Improvement Programme (SSIIP) in 2013 for hip and knee arthroplasties. The program's Quality and Safety Marker (QSM) for dose was set at 2g of cefazolin (or 1.5g of cefuroxime) for ≥95% of procedures and for timing 0-60 minutes before KTS for 100% of procedures. Since the beginning of the program, there has been a significant increase in compliance for both dose and timing to 97% and 98% respectively, p<0.001 for both QSMs.

Analysis of timing data shows how important "on time" prophylaxis is. When prophylaxis is given too early or after KTS, the SSI rate is significantly higher, RR 2.3 (95% CI 1.4-3.7), p=<0.002. While the use of 2g doses of cefazolin has improved, too many patients are being under-dosed. Of the 1700 patients, with a known weight, who received a 1g cefazolin dose, 36% were >80kg and 11% were >100kg. It appears that those believing they are using weight-based dosing frequently fail to use 2g when indicated. The SSIIP recommends a 2g dose for all adults undergoing orthopaedic surgery, unless the patient is significantly under 80kg and/or has renal impairment, to ensure adequate dosing for those >80kg.

Early data from the Cardiac Surgery Programme shows 96% compliance with timing, with 3% of patients receiving prophylaxis >1 hour before KTS, and 96% compliance with the dose QSM. It is probable that the shortcomings observed for both dose and timing in orthopaedic and cardiac surgery occur in other surgical procedures as well. The HQSC also supports the Safe Surgery NZ Programme which includes the use of the Surgical Safety checklist. The timing of prophylaxis should be confirmed during the "time out" portion of the checklist. A check on dose could also be made at the same time.

While getting surgical prophylaxis correct is a joint anaesthetist-surgeon responsibility, correct timing is best achieved by the anaesthetist. If prophylaxis has just been given immediately before KTS is about to take place, the surgeon should be notified so a short delay can occur to ensure adequate tissue antibiotic levels are present at KTS. Prophylaxis given just a few heart beats before KTS will not result in the protection against SSI that its correct administration can provide.

Dr Arthur Morris
Clinical Microbiologist
Auckland City Hospital
Clinical Lead, NZ SSIIP

Safety alerts

Recent alerts:

- Update: Dantrolene (Dantrium) supply compromise and alternative product.
- Fentanyl Supply Shortage.
- Update: TGA Safety review: Nonsteroidal anti-inflammatory drugs (NSAIDs) and spontaneous abortion.

Safety alerts are distributed in the safety and quality section of the monthly *ANZCA E-newsletter*. A full list can be found on the ANZCA website: www.anzca.edu.au/fellows/safety-quality/safety-alerts

Dr Peter Roessler
Communication and Liaison Portfolio
Safety and Quality Committee

The ANZCA Safety and Quality Committee thanks Dr Peter Roessler, Communication and Liaison Portfolio, and staff from the ANZCA Policy, Safety and Quality unit, for sourcing and compiling these articles.

Record-keeping training recommended for anaesthetist

An anaesthetist involved in the care of a patient who died following laparoscopic surgery has been criticised, along with others involved in the case, by New Zealand's Health & Disability Commissioner (HDC).

The patient was scheduled for laparoscopic surgery in order to attempt to unblock his digestive tract, and to confirm whether his oesophageal cancer had returned. Prior to the laparoscopy, the patient had signs of a chest infection including shortness of breath, and underlying acute lung disease. The surgeon was unable to complete the laparoscopic procedure owing to the distribution of the recurrent cancer. The patient did not regain consciousness following the procedure and died in the early hours of the next morning.

The HDC said the anaesthetist's record-keeping was inadequate in a number of areas and, accordingly, found that that he breached Right 4(2) (of the Code of Health and Disability Services Consumers' Rights) for failing to keep clear and accurate patient records in accordance with his professional obligations.

The areas involved failure to document the conversation with the patient before the procedure or any information provided as to the risks related to going under anaesthesia; the patient's respiratory issues; the dosages of neostigmine administered (twice) during the procedure; the patient's vital signs (to indicate cardiovascular or respiratory or neurological function) in the period immediately after the procedure ended; whether the patient was breathing spontaneously or being assisted with positive pressure ventilation; and the inspired oxygen calculation. Also, discussions the anaesthetist had with other specialists about the patient were not recorded.

Further, adverse comment was made in relation to the anaesthetist's statement that he did not think that he had discussed the risk of perioperative death with the patient.

The HDC recommended that the anaesthetist undergo further training on record-keeping and report back to the HDC with evidence of the content of the training and attendance. It was also recommended that the anaesthetist, along with the patient's GP and the district health board (DHB), each provide a written apology to the patient's spouse for their breaches of the code. Other recommendations were also made for the GP, DHB and surgeon involved in the case.

The case notes and HDC's full decision for case No. 14hdc00294 are available on the HDC website: www.hdc.org.nz.

Susan Ewart
Communications Manager, NZ

Mercy across the sea

As a Mercy Ships volunteer, Dr Wendy Falloon is helping to bring life-changing – and life-saving – surgery to people in Africa.

Dr Wendy Falloon had always wanted to do some volunteer work in the developing world, but life kept getting in the way; examinations, children, a busy anaesthesia practice.

But in 2012, at an anaesthesia meeting in Hobart, she saw a stand offering information about an organisation called Mercy Ships, a ship-based hospital that provides roving medical care to countries in Africa.

Dr Falloon signed up. In 2014 – and again in early 2016 – she found herself on a ship anchored in a Madagascan port, with an operating list the like of which she'd never seen.

"In these poor African countries where people have absolutely no hope of surgery any other way, we repair many major facial tumours – common in African countries because of nutritional deficiencies and poor dental hygiene, and grown to sizes you would never see in the West because in the West they would have been removed when they were small," she says.

"Last time I was there we helped a woman with a lipoma, normally a small, benign fatty lump – hers was the size of two fists, hanging off her arm and flopping about. That is a very minor procedure for us in the West, but in a country with almost no healthcare, it's a different story.

"As well as the facial surgery, there are many obstetric fistula repairs, and a lot of burns contractures release work, as well as limb deformities in children. And the hernias – one man had a hernia that extended nearly down to his knees, and this was a guy who made a living out of rickshaw pedalling, living on five or 10 cents a ride. He would have starved if that hernia had not been fixed."

Over the past 38 years, Mercy Ships has helped more than 2.5 million people in the world's least developed countries. Seventy per cent of the world's population – five billion out of seven billion people – cannot access essential surgery. It is estimated that a third of deaths around the globe are due to conditions needing surgical care.

Anaesthetists, surgeons, nurses and other staff volunteer their services for stints ranging from a couple of weeks to several years, and pay for their own travel and living expenses on board the ship, to enable the organisation to treat more people.

"Mercy Ships have also taken on medical capacity-building, leaving the medical infrastructure in the country in a better state," Dr Falloon says. "In Madagascar, a team was sent around to every hospital in the country to teach them the World Health Organization Surgical Safety Checklist. Using that checklist can decrease morbidity and mortality by up to 50 per cent."

For Dr Falloon, who also worked in Benin in 2016, a crucial factor has been the quality of the equipment available to her on board the ship.

"You can offer these people the same standard of medicine as they would receive in Australia," she says.

"Good anaesthetic equipment, fibre optic intubation equipment, CT scanners and X-ray machines – and the patients are offered rehabilitation and ongoing nursing care afterwards. While I have always wanted to work in the Third World, I'm not the sort of person who can create an anaesthetic machine out of old bits of wire!"

"You can offer these people the same standard of medicine as they would receive in Australia."

Mercy Ships is a faith-based Christian organisation, which suits Dr Falloon because it fits with her personal values. But volunteers come from all religious backgrounds, and the organisation treats all comers on the basis of need, with no discrimination.

"A lot of the Muslim patients are blown away to learn that they are not expected to convert before they get their surgery," she says. "We take everybody, and everybody is treated the same."

Dr Falloon's original plan, based partly on what her family could afford, was to go for two weeks every two years. But on her second visit to Madagascar, she was persuaded to try fundraising to cover her travel expenses.

"I managed to overcome that mental thing about not wanting to ask for help and found that lots of people who couldn't go themselves were happy to give money so that I could go," she says.

"I have decided that now I will go every year. I find it so rewarding. The patients are unbelievably grateful that you have come all this way to help them.

"I know there are people who focus on the big picture, who will say this is such a small measure in terms of the vast need to improve global health. But I am a person who looks at an individual and thinks, 'I can help this person'.

"What's helping one person going to do? Each person is a person, and their lives are changed for the better; being given their health back means being able to earn a living, or to get married, or to no longer be shunned as cursed or possessed because of their deformity. They are often rejected even by their own families.

"One woman waiting in the queue on a screening day had a massive tumour on the back of her head, keloid scarring. The tumour was as big as her head and was hanging down the back of her neck. It was rotting, and it stank to high heaven. At the screening, no one would sit near her because of the smell.

"She became discouraged and got up to leave, and a nurse came and touched her on the shoulder and told her to wait, she would be helped. And it turned out that that was the first time in 10 years that she had been touched by another human being. That is the sort of thing the Mercy Ships are dealing with every day."

Dr Falloon hopes her next trip will be three weeks in Cameroon. Despite all the suffering she sees, she finds she always returns to Australia feeling not just grateful for our own health system, but as energised as if she has had a holiday. "The emotional impact is incredible."

Karen Kissane
ANZCA

Below from left: Africa Mercy docked at Toamasina, in Madagascar; Dr Wendy Falloon aboard Mercy Ships; The Mercy Ships medical crew.

New hyperbaric diploma to be launched

A new diploma qualification in diving and hyperbaric medicine (DHM) will launch on July 31.

This is an exciting development in the diving and hyperbaric medicine (DHM) field, and brings ANZCA to the forefront as a training organisation in a small but fascinating area of medical practice. All interested trainees and Fellows are invited to consider enhancing their career by putting their patients under pressure.

The ANZCA diploma is designed to complement and build on the existing diploma of diving and hyperbaric medicine administered by the South Pacific Underwater Medical Society, and is to the relevant Australia and New Zealand standard governing this area. It is one of a very few specific qualifications in the area of DHM and puts Australia and New Zealand in a position of global leadership.

The establishment of the new diploma has been the work of many individuals from both ANZCA and the Australian College of Emergency Medicine (ACEM) and represents a landmark area of cooperation between the colleges. Since the official approval of the qualification by the ANZCA Council, the members of the ANZCA Diploma of Advanced DHM Project Group have worked at a pace to establish the curriculum and training materials required, along with drafting the appropriate regulations and terms of reference for the future diploma sub-committee and examinations group.

This has been no easy task, but made so much more manageable with the expert help of ANZCA staff from across the organisation including: Education (Olly Jones, Jodie Atkin, Michelle McKenzie and Cristina Lombardo); Accreditation (Lee-Anne Pollard, Veronica Haslam, Hayley Roberts and Tamsin Maclean); and Training Assessment (Tamara Rowan, Frederick Rhoads, Moira Besterwitch and Shilpa Walia).

With this team backing them, the Fellow representatives from across Australia and New Zealand put their noses well and truly to the grindstone and churned out many documents ready for each stage of the project. The fruits of this labour can now be found at www.anzca.edu.au/training/diving-and-hyperbaric-medicine. Both colleges should be proud of such determined and committed Fellows. My thanks go to them all: Simon Mitchell (NZ); David Smart (Tas, ACEM); David Wilkinson (SA); Glen Hawkins (NSW); Simon Jenkins (SA, ANZCA Council); Ian Gawthrope (WA, ACEM); Suzy Szekely (Chair DHM SIG); and Damian Castanelli (Chair, ETADC).

"It is one of a very few specific qualifications in the area of DHM and puts Australia and New Zealand in a position of global leadership."

None of this would have been possible, however, without the support of two outstanding leaders in ANZCA. Dr Richard Waldron's enthusiasm for the project reignited a somewhat sceptical group who had become resigned to the loss of the certificate program, and his leadership resulted in a successful representation to the ANZCA Council to form the planning group and put bones on the proposals for a new diploma. Once under way, Dr Lindy Roberts was an unstoppable force with an extraordinary capacity for wordsmithing and keeping our efforts focused. The field of DHM in Australia and New Zealand owes them both a great debt.

It was a great privilege to be involved with such a group and my personal thanks go to all those above. The future of DHM looks very bright in our part of the world.

Professor Michael Bennett
Chair, ANZCA Diploma of Advanced DHM Project Group

Something in the air

Although it's known mainly for its use with divers and help with repairing tissue damage, hyperbaric oxygen therapy offers much more to medicine than it is used for at present, says Dr David Wilkinson.

Hyperbaric medicine is Dr David Wilkinson's professional passion. It is also an area of medicine he believes is underutilised.

Dr Wilkinson is the director of the hyperbaric medicine unit at Royal Adelaide Hospital (RAH) and is on state, national and international committees relating to the treatment. He coordinates the running of the hospital's Divers Emergency Service 24-hour telephone hotline, which provides help and advice to divers and health professionals across the Asia-Pacific. The hotline receives about 400 calls a year.

Last year Dr Wilkinson was awarded an Order of Australia medal (OAM) for his work with hyperbaric oxygen therapy – a therapy he believes offers much more to medicine than is now recognised.

Only 15 per cent of the RAH's hyperbaric chamber patients are divers needing decompression; the treatment is used mainly to help patients with problems such as diabetic ulcers that will not heal, or tissue damage from radiation therapy for cancer.

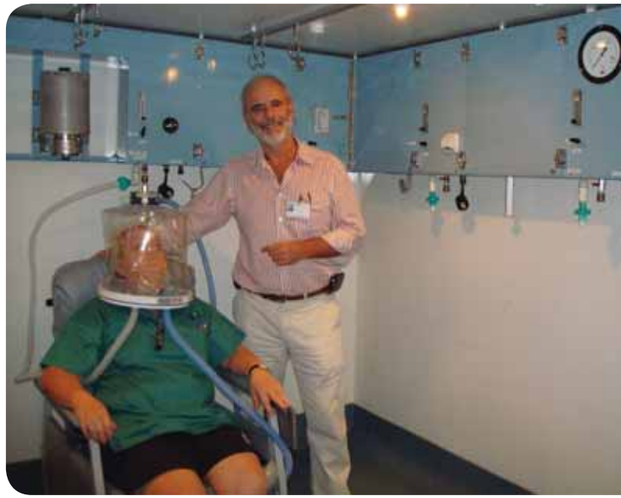
The patients spend two hours a day for six to eight weeks in a solid steel room, designed to look like a normal room, but in which the atmospheric pressure is doubled, and patients breathe 100 per cent pure oxygen through a mask.

"It works systemically," Dr Wilkinson says. "Hyperbaric oxygen helps with healing those wounds and ulcers, and reverses the damage to normal tissues from radiotherapy. It has no ill-effect on the recurrence of cancer, and there is nothing else available that is as effective."

Dr Wilkinson is concerned that Medicare will pay for hyperbaric medicine for only a few conditions, including the bends, diabetic ulcers and tissue damage from radiation therapy. He argues that he and his international colleagues have found that hyperbaric oxygen also works for other conditions.

"It helps with wound healing in people without diabetes; people with renal failure, who get a notoriously difficult skin ulceration with a high level of mortality called calciphylaxis; and it helps avoid the neurological injury associated with carbon monoxide toxicity, which can happen as a result of a suicide attempt or industrial exposure," Dr Wilkinson says. "We certainly have evidence for these things, but they are not supported yet by adequate randomised controlled trials."

He believes it is unfortunate that many "entrepreneurial" commercial operators of hyperbaric chambers are giving the field a bad name by spruiking its benefits for conditions for which there is no medical evidence at all, such as multiple sclerosis, cerebral palsy and even cancer.



"Hyperbaric oxygen helps with healing those wounds and ulcers, and reverses the damage to normal tissues from radiotherapy."

However, the treatment definitely has an effect on blood sugar. While monitoring diabetic patients in the chamber to ensure they do not have a hypoglycaemic episode, staff have found that blood sugar levels can fall on average by 3.5 mmol/l. Dr Wilkinson's research has shown that hyperbaric oxygen increases insulin sensitivity.

Dr Wilkinson is undertaking a part-time PhD investigating what the mechanism might be for this. "It appears the reduction is not sustained over time," he says. "But if we can understand how that happens, this could lead to a way of doing that in a sustained way – through new drugs, for example."

Meanwhile, he will continue to advocate for hyperbaric medicine, including pushing for it to be included as part of undergraduate medical courses.

Karen Kissane
ANZCA

Opposite page: A hyperbaric chamber.
This page: Dr David Wilkinson, OAM, in a hyperbaric chamber.

Faculty of Pain Medicine

Dean's message

The Faculty of Pain Medicine occupies an important place in both Australian and New Zealand healthcare – and internationally – and this role is growing.

Our challenge now is to embrace the mantle of leadership more strongly and to strengthen our distinctive Faculty brand and our voice.

Safety and quality

The Faculty is planning to host two one-day forums – one addressing medicinal cannabis and the other on measuring interventional pain medicine outcomes – that draw together key stakeholders for discussion.

The interventional outcomes forum will bring together clinicians, representatives of private health funds, workers compensation authorities and implanted device companies along with the University of Wollongong ePPOC team and the team from Monash University with their track record in clinical data registries. Under discussion will be the type of data to be collected and whether to focus on the smaller yet more costly implanted devices or on the entire range of procedural interventions.

The other forum will address medicinal cannabinoids in the context of chronic pain. Multiple stakeholder organisations will be invited. An important question is whether the Faculty might play a role in facilitating research in this zone and if so what type of trial design might be appropriate. The hope is that discussion might bring clarity to the current stand-off produced by the passage of legislation that allows prescription of cannabinoids for chronic pain in the face of a scientific evidence base that gives no cause for therapeutic optimism.

One possibility might be to develop an N of 1 trial template that interested Fellows and others might use in consenting patients. The aim would then be to pool results. An alternative is to consider an Australian and New Zealand registry to simply record data about patients prescribed cannabinoids for chronic pain and their associated physical and psychological function.

These two new ventures are both strategic opportunities to raise our profile in the sector and ensure the Faculty occupies a greater leadership role in advocating for our patients.

Training

Three new training projects are under active consideration supported by internal and external feedback.

Firstly a working group has been set up to explore further development of the paediatric aspect of the FPM training program.

Secondly more in-depth training in interventional procedures is under consideration. This will focus on opportunities for our trainees as well as courses and assessment processes relevant to overseas doctors.

Thirdly there is the possibility of developing a certificate or diploma in pain medicine with a focus on general practitioners. This would focus on immersion in the sociopsychobiomedical culture of a multidisciplinary team at an accredited training site or six months of full-time or 12 months of part-time training. Such a qualification might also be of interest to doctors from other specialist groups such as anaesthetists or surgeons who might have an interest in pain medicine yet be reluctant to embark on an additional two-year training program. It is anticipated that this third offering would particularly enhance the profile of the Faculty across the health care system and broader community in Australia and New Zealand.

The Faculty brand

Further development of the Faculty brand involves review of relationships with the colleges involved in our foundation. We remain engaged with some, while with others there is little or no engagement. In addition we have developed new relationships with organisations such as the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine and the chapters of Addiction and Palliative Medicine within the Royal Australasian College of Physicians.

An important part of our identity as specialist pain medicine physicians continues to involve our work within multidisciplinary teams: hence relationships with the Australian and New Zealand pain societies remain crucial.

Strategic planning

The Faculty's 2018-2022 Strategic Plan with be launched at the Spring Meeting in Torquay later this year. In developing the plan feedback was sought internally from our trainees, Fellows and staff, and externally from the many individuals and organisations with whom we interact. Several key themes have emerged from comments received.

There has been strong endorsement of our educational contributions including the 2015 curriculum, the expanded Better Pain Management program launched at the FPM Refresher Course Day during the ANZCA Annual Scientific Meeting in Brisbane, *Acute Pain Management: Scientific Evidence Fourth Edition* and Essential Pain Management which continues to grow across the developing world.

Within the Faculty it is important that individual Fellows continue to feel welcome to express their views as we seek to strengthen our collective voice on these fundamental matters of brand, training and safety.

Dr Chris Hayes
Dean, Faculty of Pain Medicine

News

Training unit accreditation

The following hospitals have been accredited for pain medicine training:

- Children's Hospital at Westmead, NSW.
- Fiona Stanley and Fremantle Hospitals Group, WA.
- Flinders Medical Centre, SA.
- PainScience WA at Joondalup Health Campus, WA.

Admission to fellowship of FPM

We congratulate the following doctors on their admission to FPM fellowship by:

Completion of the training program:

Dr Peter Carlin, FANZCA (SA)

Dr Matthew Keys, FCICM (Qld)

Dr Rajiv Menon, FANZCA (WA)

Dr Stephen Smith, FANZCA (NSW)

Dr Srirekha Vadasseri, FRANZCP (Vic)

Completion of the Specialist International Medical Graduate Pathway:

Dr Raveendran Harish, FFPMANZCA (Qld)

Invitation (honorary Fellow):

Professor Lorimer Moseley BAppSc (Phty)(Hons), PhD, FACP (SA)

This takes the number of Fellows admitted to 447.

Training unit reviewers – EOIs sought

The Training Unit Accreditation Committee (TUAC) is seeking expressions of interest from FPM Fellows to become reviewers. It is a requirement that you be five years' post-graduation.

TUAC reviewers conduct training unit accreditations as part of an inspection team and present their reports to TUAC.

It's a rewarding role and you would gain exposure to how other units are run and share ideas with other Fellows.

Please contact painmed@anzca.edu.au to submit an application.

Dean presented with international award

In March, FPM Dean Dr Chris Hayes attended the American Academy of Pain Medicine's (AAPM) Annual Meeting to receive the 2017 Robert G Addison, MD Award, given in recognition of outstanding efforts to foster international co-operation and collaboration on behalf of the specialty of pain medicine. The academy recognises only a few recipients for their outstanding contributions to the field of pain medicine each year.

Refresher Course Day and ASM

The Faculty's Refresher Course Day and annual scientific meeting (ASM) programs were a tremendous success and a tribute to the hard work of the Faculty's Refresher Course Day Scientific Convenor, Dr Kathleen Cooke, FPM ASM Scientific Convenor.

The Refresher Course Day attracted 172 delegates and received strong support from the healthcare industry with two major sponsors and five exhibitors present. The program, "Big specifics", explored the big challenges involved in specific types of pain such as paediatric and pelvic pain as well as giving practical tips on how to specifically manage persistent pain. Also covered was how we interpret big data, create big networks for pain management across vast distance yet apply this to our specific patients.

The keynote speakers Professor Chris Eccleston and Dr Suellen Walker provided excellent, thought- provoking presentations that created much discussion. The academic sessions were followed by a dinner at the Brisbane Powerhouse, which included an inspirational after dinner talk by Andy Gourley, founder and CEO of *Red Frogs Australia*.

Above clockwise from top left. Dr Susan Evans, Dr Thea Bowler, Dr Emma Paterson, Dr Luke McLindon and Dr Jayne Berryman; Professor David A Scott, Associate Professor Carolyn Arnold and Dr Jane Trinca; Dr Melissa Viney, Dr Suellen Walker, Dr Meredith Craigie, Dr Kath Cooke and Dr Scott Ma; Dr Chris Orlikowski and Dr Pat Coleman; Dr Tim Skinner and Dr Anthony Carrie; Dr Chris Hayes presenting Professor Christopher Ecclestone with his FPM ASM Visitor certificate.

Honorary fellowship – Professor Lorimer Mosely

At the ANZCA Annual Scientific Meeting in May, Professor Lorimer Moseley was admitted to the Faculty of Pain Medicine as an honorary Fellow, recognising his notable contributions to the advancement of the science and practice of pain medicine though not as a practising specialist pain medicine physician in Australia or New Zealand.

Professor Moseley is a National Health and medical Research Council principal research fellow, and professor of clinical neurosciences and foundation chair in physiotherapy at the University of South Australia, a senior principal research Fellow at Neuroscience Research Australia, and chair of the Pain Adelaide Stakeholders' Consortium.

He has authored 270 articles and has twice won PAIN's Most Cited Paper award. Professor Moseley's post-doctoral research has attracted $21 million in funding here and in the UK over a 12-year span. He has won numerous Australian and International prestigious prizes and awards and the College congratulates him on his deserving Honorary Fellowship.

FPM Board changes

A formal ballot was held on April 5 for three vacancies on the Faculty Board. Dr Chris Hayes and Professor Stephan Schug were re-elected and Associate Professor Paul Gray, FANZCA (Qld) was elected.

The ballot count for the New Fellow position on the Board was held on April 26 and Dr Harry Eeman was the successful candidate.

Introducing our new FPM Board members

Dr Harry Eeman

Dr Harry Eeman is a rehabilitation medicine physician/specialist pain medicine physician who enjoys the challenges of pain medicine, working both in an acute and chronic pain setting. He works in two public metropolitan Melbourne hospitals. The mix of neuroscience, philosophy and biomedicine makes pain medicine particularly appealing. Teaching the biopsychosocial model to trainees is a challenge he enjoys.

Associate Professor Paul Gray

The director of the Professor Tess Cramond Multidisciplinary Pain Centre, he has a special interest in the pain of burn injury and has completed a PhD in this field. Paul is looking forward to serving on the Board and supporting the Faculty in training and equipping a pain medicine workforce.

Leaving the FPM Board

Professor Ted Shipton

Professor Edward (Ted) Shipton was elected to the FPM Board in 2005. He served as the chair of the Education Committee, the Curriculum Redesign Governance Group, the Exit Questionnaire Sub-Committee and the Trainee Affairs Portfolio and was also a member of the Curriculum Redesign Steering Group, the Examination Committee, the Training Unit Accreditation Committee, the New Zealand National Committee and the Mentoring Sub-Committee. He is now the chair of the FPM New Zealand National Committee and a member of the Examination Committee. As Dean from 2014-16, Professor Shipton had a pivotal role in the development and launch of the revised curriculum and e-learning resource, publication of the fourth edition of *Acute Pain Management: Scientific Evidence* and the development by the Faculty of key positions statements with the publication of *PM01 Recommendations regarding the use of opioid analgesics in patients with chronic non-cancer pain* and *PM10 Statement on "Medicinal Cannabis" with particular reference to its use in the management of patients with chronic noncancer pain*. Professor Shipton's gifts of collegiality and steadfast determination see the Faculty Board well positioned for a new phase of activity.

Associate Professor Brendan Moore

Associate Professor Brendan Moore was elected to the FPM Board in 2005. He served as the chair of the Trainee Affairs Portfolio and the Training Unit Accreditation Committee, Honorary Treasurer and was a member of the Education and Training Committee, Research Committee and Queensland Regional Committee. He remains a member of the Research and Innovation Committee and the Better Pain Management Steering Group. As dean from 2012-2014, Associate Professor Moore took a leadership role in developing the 2013-2017 FPM Strategic Plan and in the successful application to have pain medicine accredited as a vocational scope of practice in New Zealand in 2012. He bought a strong innovation focus to the Board and was integral to the development of the successful FPM Opioid Calculator App and Better Pain Management e-learning modules for healthcare professionals and progression of an initiative to develop a Pain Device Implant Registry. This spirit of innovation is the legacy that Associate Professor Moore leaves to the Faculty Board.

Faculty of Pain Medicine (continued)

Better Pain Management: e-learning for managing patient pain

A new online program for specialist and allied health professionals offers interactive learning on pain manageament.

The Faculty of Pain Medicine recently launched the Better Pain Management program, a modular eLearning program providing a total of 12 hours of skills and knowledge development for the care of patients with pain.

Chronic pain is one of the top three most expensive healthcare conditions in Australia, New Zealand and worldwide. It affects one in five people and costs the Australian economy more than $35 billion annually.

The multi-disciplinary program has been designed for specialist as well as allied health professionals, including general practice, anaesthesia, psychiatry, rehabilitation, neurosurgery, rheumatology, neurology, addiction medicine, physiotherapy, psychology and nursing.

The Better Pain Management launch was live streamed via Periscope (see https://www.pscp.tv/w/1OyJABkvDByxb) during a key meeting of Australian and New Zealand pain medicine specialists, which attracted local and international delegates ahead of the start of the ANZCA's Annual Scientific Meeting on May 13.

During the launch presentation, Dr Mick Vagg, Chair of the FPM Online Pain Management Education Program Steering Group, said that developing strategies to treat acute pain well and identify persistent pain in its early stages could minimise the risks of chronic pain and disability.

"Using e-learning as a medium brings the world-leading expertise of the Faculty's Fellowship to any health professional who wants to join us and be part of the solution to the community predicament of chronic pain," Dr Vagg said.

The Better Pain Management program is a collaborative development involving FPM Fellows, contributing authors and other experts in pain management, supported by partnering organisations including the RACGP, the Australian Pain Society, Painaustralia, and the Department of Health, as well as an educational grant from Pfizer Australia.

Dr Vagg said the Better Pain Management website brings "high-quality education about pain management".

Each interactive learning module is designed as a one-hour activity to provide additional insights into pain management and approaches. The modules have been developed with clearly defined learning objectives and use engaging illustrations and animations. They are case study-based and include questionnaires to ensure effective comprehension and completion of each unit, including case-based scenarios as well as video case presentations. While the program is available to individual professionals, the program can also be optimised for flexible learning around an individual's specialty, maximising the opportunity for additional insights into relevant pain management and approaches.

All participants receive a certificate of completion at the end of their training that may be cited as evidence of satisfying CPD requirements for AHPRA registered practitioners.

The program also provides features that assist managers within health organisations to build staff training programs through the purchase and management of licenses, and the opportunity to purchase courses of select modules to suit the particular needs of individuals or organisations. The Faculty welcomes the opportunity to directly discuss specific needs organisations may have in structuring staff training.

Further information including a summary for each module is available on the Better Pain Management website – www.betterpainmanagement.com.au. Modules or courses can be purchased on the website, providing instant registration and access to learning. The Faculty also provides full ongoing support to registrants during training.

To find out more about Better Pain Management, please go to www.betterpainmanagement.com.au.

Above left: Dr Michael Vagg, Chair of the FPM Online Pain Management Education Program Steering Group launches Better Pain Management. .

What's new in the library

ANZCA Library at the 2017 ANZCA ASM

ANZCA Library ran two workshops – "Beyond Google: An introduction to the ANZCA Library" and "Even further beyond Google: Advanced search techniques" during the 2017 ANZCA Annual Scientific Meeting in Brisbane.

The two sessions provided attendees with a unique opportunity to meet directly with library staff and learn more about the library and its services. For more long-term users, we delved more deeply into the art of building a better search!

Library staff were also on hand to meet with Fellows and trainees at the ANZCA Lounge. Some of the highlights included:

- Ovid discussing their various databases and helping promote the very popular *OvidToday* app.
- Elsevier launching their new *ClinicalKey* app, which proved a massive success, with over 40 registrations on the Sunday alone.
- A number of suggestions for books and journals.

Think Big
ANZCA 2017 ASM
May 12-16, Brisbane

- Giveaways including copies of *Obstetric Anaesthesia* from Oxford University Press.
- Live updates to the incredibly popular Library Guides!

Above from left: Allan Finn from Wolters-Kluwer/ Ovid with Library Manager, John Prentice; Angie List from Elsevier helping ANZCA President Professor David A Scott register for the new ClinicalKey app.

Updated Library Guides

The library has almost completed a major overhaul and refresh of all existing Library Guides. The updates aim to improve navigability and enhance the general user experience. The changes include:

- A new streamlined home page.
- A new *Latest news* and *Latest titles* page.
- Separate guides for all existing content with resources arranged by tabs.
- Dedicated guides for major apps and resources including *OvidToday*, *Read by QxMD*, *BrowZine*, *OVID Medline* and many more.
- http://libguides.anzca.edu.au

New journals

Journal of Graduate Medical Education (JGME)
A peer-reviewed journal published by the Accreditation Council for Graduate Medical Education; *JGME* disseminates scholarship and promotes critical inquiry to inform and engage the graduate medical education community to improve the quality of graduate medical education. Access *JGME* through the following link www.jgme.org.ezproxy.anzca.edu.au/.

Pain Practice
Pain Practice, the official journal of the World Institute of Pain, publishes international multidisciplinary articles on pain and analgesia that provide its readership with up-to-date research, evaluation methods, and techniques for pain management. Special sections including the Consultant's Corner, Images in Pain Practice, Case Studies from Mayo, Tutorials, and the Evidence-Based Medicine combine to give pain researchers, pain clinicians and pain fellows in training a systematic approach to continuing education in pain medicine. Access *Pain Practice* through the following link: http://onlinelibrary.wiley.com.ezproxy.anzca.edu.au/journal/10.1111/(ISSN)1533-2500.

Fellows and trainees can find these and many other medical education and pain medicine resources in the updated Library Guides.

Check out the library's new titles list: http://libguides.anzca.edu.au/news/titles.

Follow the #ANZCALibrary on Twitter

Want to stay up to date with the latest news and resources from the ANZCA Library? Follow **@ANZCA** on Twitter and you will see weekly updates from the library using the **#ANZCALibrary** tag.

The library highlights the resource of the month, as well as any new books and articles of interest as soon as they hit the collection.

Read ANZCA Library journals from your mobile device

ClinicalKey App (NEW)
ANZCA Fellows and trainees can now access full-text content from *ClinicalKey* on their mobiles and tablets for the very first time with the new *ClinicalKey* app.

ClinicalKey is medical search engine and database tool that offers access to the Elsevier medical library of clinical answers and includes online books, journals, videos, drug information and procedures.

For more information about downloading the app and enabling full-text access, visit the NEW dedicated *ClinicalKey* App Library Guide: http://libguides.anzca.edu.au/apps/ckey

OvidToday (updated)
ANZCA Fellows and trainees are the number one users of the *OvidToday* app worldwide – are you one of them?

The popular *OvidToday* app can now be authenticated through the ANZCA Library website using a token system, rather than contacting the library as was previously required.

For more information about downloading the app and enabling full-text access, visit the NEW dedicated *OvidToday* App Library Guide: http://libguides.anzca.edu.au/apps/ovidtoday

British Journal of Anaesthesia (updated)
Oxford have released a new version of their popular BJA app, replacing the previous version which was made non-functional due to updates to the Oxford journals platform earlier this year.

The *BJA (British Journal of Anaesthesia)* Journals app from Oxford University Press enables you to read your favourite anaesthesia journals, BJA and BJA Education, both online and offline on your iOS device.

Development of the new app is ongoing, so be sure to visit the *Apps & Podcasts Library Guide* for all the latest news and updates: http://libguides.anzca.edu.au/apps/.

New books

eBooks can be accessed via the ANZCA Library website: www.anzca.edu.au/resources/library/ebooks

Anesthesia and perioperative care of the high-risk patient
McConachie, Ian [ed]. -- 3rd ed -- Cambridge, UK: Cambridge University Press, 2014.

Anesthesia and perioperative care for organ transplantation
Subramaniam, Kathirvel [ed]; Sakai, Tetsuro [ed]. -- New York: Springer, 2017.

Bariatric and metabolic surgery: Indications, complications and revisional procedures / Angrisani, Luigi [ed]; De Luca, Maurizio [ed]; Formisano, Giampaolo [ed]; Santonicola, Antonella [ed]. -- Milan: Springer, 2017.

Bariatric surgery complications: The medical practitioner's essential guide / Blackstone, Robin P [ed]. / Blackstone, Robin P. -- Cham, Switzerland: Springer, 2017.

Controlled substance management in chronic pain: A balanced approach / Staats, Peter S [ed]; Silverman, Sanford M [ed]. -- Switzerland: Springer, 2016.

Medical statistics: For beginners / Ramakrishna HK. -- Singapore: Springer, 2017.

Out of operating room anesthesia: A comprehensive review / Goudra, Basavana G [ed]; Singh, Preet M [ed]. -- Cham, Switzerland: Springer International Publishing, 2017.

Postoperative care in thoracic surgery: a comprehensive guide / Senturk, Mert [ed]; Sungur, Mukadder Orhan [ed]. -- Cham, Switzerland: Springer, 2017.

Practical anesthetic management: the art of anesthesiology / Larson, C. Philip; Jaffe, Richard A. -- Cham, Switzerland: Springer International Publishing, 2017.

Reducing mortality in the perioperative period
Landoni, Giovanni [ed]; Ruggeri, Laura [ed]; Zangrillo, Alberto [ed]. -- 2nd ed -- Cham, Switzerland: Springer, 2017.

Textbook of hyperbaric medicine
Jain, Kewal K. -- Cham, Switzerland: Springer, 2017.

Total intravenous anesthesia and target controlled infusions: A comprehensive global anthology / Absalom, Anthony R [ed]; Mason, Keira P [ed]. -- Cham, Switzerland: Springer, 2017.

You're wrong, I'm right: Dueling authors re-examine classic teachings in anesthesia / Scher, Corey S [ed]; Clebone, Anna [ed]; Miller, Sanford M [ed]; Roccaforte, J. David [ed]; Capan, Levon M [ed]. -- Cham, Switzerland: Springer International Publishing, 2017.

Books can be borrowed via the ANZCA Library catalogue: www.anzca.edu.au/resources/library/library-catalogues.

Obstetric anesthesia
Onuoha, Onyi C [ed]; Gaiser, Robert R [ed]; Fleisher, Lee A [ed]. -- Philadelphia: Elsevier, 2017.

The Intentional mentor in medicine: a toolkit for mentoring doctors / Salvador, Dianne; Wight, Joel. -- Douglas, QLD: Dianne Salvador and Dr Joel Wight, 2016.

Kindly donated by the author Dr Joel Wight.

Contact the ANZCA Library
www.anzca.edu.au/resources/library
Phone: +61 3 9093 4967
Fax: +61 3 8517 5381
Email: library@anzca.edu.au

A quiet space to study or meet with colleagues

Visiting Melbourne and need to meet with colleagues? Live in Melbourne and need a quiet place to study?

Fellows and trainees are encouraged to use the ANZCA Library study/discussion space for up to five people and the Fellows Room for up to seven people, within the Ulimaroa building, alongside the Geoffrey Kaye Museum of Anaesthetic History.

Recently the library underwent essential building works and has used the opportunity to enhance the library space. Library users can now more easily locate and browse materials with a realignment of the library collection into a more linear configuration with improved signage. Library catalogue holdings for all print journal materials held have also been updated.

Access to free College Wi-Fi is also available.

New awards, scholarships and gifts announced

Foundation function at the ASM

More than 100 guests gathered for the ANZCA Research Foundation's cocktail function at the ANZCA Annual Scientific Meeting (ASM) in Brisbane in May to hear Professor Paul Myles highlight recent multicentre clinical trials that originated from foundation-funded local studies.

Professor Myles, the Director of Anaesthesia and Perioperative Medicine at The Alfred hospital and Monash University, outlined several trial outcomes that are poised to change global clinical practice and improve patient outcomes.

ANZCA Honorary Historian and past Dean of Education, Professor Barry Baker, followed up with an address on the central role of medical research during the College's 25-year history.

Speaking to an audience containing many existing foundation friends and donors, Professor Baker noted the importance of expanding the number of active donors, saying an annual donation from every Fellow of a little over the cost of a Gala Dinner ticket could double the annual available funding for research.

Underscoring this, Professor Baker announced a new personal gift of $25,000 topping up his donation of $75,000 in 2014. Professor Baker said the first donation of $75,000 to establish the Joan Sheales Staff Education Award and the Provisional/New Fellow Research Award was to celebrate his 75th birthday, and the extra donation of $25,000 (to the base) was to celebrate the 25th anniversary of ANZCA.

Provisional/New Fellow Research Award announced

Professor Baker also announced the first recipient of the Provisional/New Fellow Research Award. Professor Baker presented the inaugural award to Dr Matthew Doane of Royal North Shore Hospital, Sydney, for the project, "The efficacy of an anaesthetic record in transferring information across hospital settings".

New research scholarship announced

We also were proud to announce the establishment of a new scholarship for emerging researchers within five years of fellowship enrolling in a higher research degree at Melbourne Medical School, under supervision of the Anaesthesia, Perioperative and Pain Medicine Unit.

Foundation Life Patron Dr Peter Lowe, who already funds the annual ANZCA Melbourne Emerging Anaesthesia Researcher Award, has established this new scholarship with a commitment to donate a total of $100,000 over five years.

The support of Dr Lowe, Professor Baker and these three new awards are providing opportunities for talented new Fellows embarking on challenging research careers, in line with ANZCA's commitment through the new ANZCA Research Strategy and Emerging Investigators Sub-Committee.

Elaine Lillian Kluver Research Award

The inaugural Elaine Lillian Kluver ANZCA Research Award, in honour of the late Dr Kluver's service to patients as a Queensland anaesthetist, and her generous 2016 bequest of $250,000 in support of research, was also announced at the ASM cocktail function.

Above clockwise from left: Foundation Chair Dr Genevieve Goulding welcomes guests; More than 100 people attended the function; The ATACAS trial led by Profesor Paul Myles won the Australian Clinicial Trials Alliance's 2016 Trial of the Year; Professor Barry Baker announces a personal $25,000, 25th anniversary donation.

The new award was then presented during the official ANZCA Research Foundation awards after the Gilbert Brown Prize Session on May 15.

The award was made by ANZCA Research Committee Chair Professor Alan Merry to Professor Eric Visser of the University of Notre Dame in Perth, recipient of the 2017 ANZCA Academic Enhancement Grant, for his project, "Sympathetically maintained pain in complex regional pain syndrome".

Australian Executor Trustees (AET)

Finally, during the cocktail function we announced that the new AET ANZCA Research Award of almost $70,000 funded by Australian Executor Trustees and ANZCA, was awarded to Dr Thomas Painter (Royal Adelaide Hospital), for the project, "Do Bolus intravenous fluids cause Lung Injury: Role of TRPV4 channels".

The award was presented to Dr Painter by Professor Alan Merry during the presentation after the Gilbert Brown Prize Session.

We were also very pleased to use the occasion of our most successful cocktail function to sincerely thank all our generous donors and patrons, grant reviewers and bequestors.

Lunch at KPMG and tour of the "New Peter Mac"

Another promotional lunch was generously hosted by KPMG, Board of Governors Deputy Chair Mr Rob Bazzani and Chair Ms Kate Spargo on May 4. Professor Paul Myles presented energising stories of foundation-funded basic and pilot research studies, subsequent large trials, publications in top medical journals and ongoing impact on more evidence-based practice.

Guests included several potential foundation supporters or advocates, including the chair of the AFL's Richmond Football Club, Ms Peggy O'Neal, private philanthropists, senior corporate figures and financial and philanthropic advisors.

Following the lunch, major and potential donors were treated to a presentation and tour at the new Peter MacCallum Hospital at the Victorian Comprehensive Care Centre.

Director of Anaesthesia, Professor Bernhard Riedel, and his research team delivered a multi-faceted presentation of an exciting research program looking at anaesthetic regimens and the potential reduction of cancer metastasis.

"Professor Baker (said) an annual donation from every Fellow of a little over the cost of a Gala Dinner ticket could double the annual available funding for research."

Automatic deductions make giving easier

A reminder that the foundation now offers patrons and other regular donors automatic credit card donations from Visa or Mastercard. To arrange, please contact the foundation.

Rob Packer
General Manager, ANZCA Research Foundation

Above from left: Board of Governors' Chair Ms Kate Spargo and Deputy Chair Mr Rob Bazzani host the ANZCA Research Foundation Luncheon at KPMG; ANZCA Clinical Trials Network Chair Professor Kate Leslie AO and ANZCA CEO Mr John Ilott address questions from interested guests.

"Saving lives, improving life"

To donate, or for more information on supporting the foundation, please contact Rob Packer, General Manager, ANZCA Research Foundation on **+61 3 8517 5306** or email **rpacker@anzca.edu.au**. Gifts can be made via **www.anzca.edu.au/fellows/foundation**.

Helping you to achieve research goals

ANZCA CLINICAL TRIALS NETWORK

ANZCA has formed a new sub-committee to enable and encourage greater use of research co-ordinators by anaesthetists at all levels.

Getting started in research: How research co-ordinators can help

Great research is essential for the development of high-quality, evidence-based healthcare. There are many hurdles to implementing meaningful research, such as lack of research experience, skills, ability and capacity[1]. The ANZCA Clinical Trials Network (CTN) believes that research co-ordinators play an integral role, not only in implementing a high-quality research program (including multicentre trials), but also in facilitating the development of an organisational research culture that is collaborative, inclusive and supportive.

With this in mind, the ANZCA CTN Executive has formalised the Anaesthesia Research Co-ordinators Network (ARCN) Sub-committee to represent more than 100 research co-ordinators facilitating anaesthesia research across New Zealand and Australia.

The role of a research co-ordinator involves more than meets the eye. A research co-ordinator:

- Prepares ethics and governance submissions and reports.
- Co-ordinates studies in accordance with Therapeutic Goods Administration (TGA) and International Conference on Harmonization Good Clinical Practice (ICH GCP) guidelines.
- Recruits, consents and supports patients and families.
- Liaises with hospital colleagues about studies.
- Collects data and manages case report forms.
- Communicates with third parties – for example, general practitioners, district nursing and other health services.
- Presents at and facilitates research meetings and promotes staff development and satisfaction.

ANZCA Fellows and trainees may face a daunting experience when considering whether to participate in a multicentre trial, or undertake an audit or research project of their own. However, this is not only achievable, but can be an enjoyable and satisfying experience when the wealth of knowledge and expertise of a research co-ordinator is utilised. One of the priorities for the ARCN is to actively promote a culture of research across departments and organisations. Our aim is to build a sustainable network and to work with anaesthetists at all levels to achieve their research goals, whether it is a medical student project, completing Scholar Role activities or facilitating investigator-led projects to answer important questions about current practice.

Research co-ordinators are passionate, qualified and experienced healthcare professionals – often with nursing experience and masters qualifications in research – who are ready to help you achieve your research goals.

The CTN is working with departments to find ways to employ or utilise the experience of research co-ordinators. A recent survey[2] found that more than half of the combined fulltime equivalent of research co-ordinators rely on competitive research funding. The CTN has developed a business case to help justify to department heads how to employ a research co-ordinator through the funds accrued from per-patient payments from participating in CTN trials.

The survey also identified that some departments were successful in obtaining direct hospital funds to subsidise a research co-ordinator. For departments that are just getting started in multicentre research, the CTN are helping departments "buddy" with an experienced research co-ordinator in their region to show them the ropes of clinical research. Departments can also request assistance from the ICU research co-ordinator who may be seconded to the anaesthesia department.

Investigators and departments are encouraged to get in contact with the CTN office and the ARCN: We'd love to assist you in getting started in research!

Lauren Bulfin
Chair, Anaesthesia Research Co-ordinators Network Sub-Committee

References:

1. Holden, L., Pager, S., Golenko, X. & Ware, R. S., 2012. Validation of the research capacity and culture (RCC) tool: measuring RCC at individual, team and organisation levels. Australian Journal of Primary Health, Volume 18, pp. 62-67.
2. Goulding K, Peyton PJ, Story DA, Parker A & Leslie K for the ANZCA Clinical Trials Network 2017. A survey of research capability at Australian and New Zealand College of Anaesthetists accredited training sites. Anaseth Intensive Care. 45:2.

ATACAS study wins trial of the year

The Aspirin and Tranexamic Acid for Coronary Artery Surgery (ATACAS) Study has won the Australian Clinical Trial Alliance (ACTA) Trial of the Year.

Professor Paul Myles, principal investigator of the ATACAS trial, was presented the award at the annual Clinical Trials 2017 National Tribute and Awards Ceremony held in Sydney on May 19 by the Australian Health Minister, Greg Hunt.

The ceremony was timed to coincide with International Clinical Trials Day, held on May 20 each year to commemorate the first known randomised controlled trial by James Lind into the causes of scurvy in sailors 1747.

The ATACAS trial provided the definitive evidence needed that patients can safely continue their aspirin regime up to and post coronary artery surgery, and therefore reducing the risk of thrombotic complications. The ATACAS trial also showed that tranexamic acid can reduce the risk of bleeding complications in patients undergoing cardiac surgery by nearly half without increasing the risk of thrombosis following surgery.

The trial took more than 10 years to complete at 31 hospitals in seven countries who recruited 4631 patients.

The ATACAS trial was led by the ANZCA Clinical Trials Network (CTN) and co-ordinated at Monash University and Alfred Health. It received seed funding from the ANZCA Research Foundation and subsequently two large National Health and Medical Research Council (NHMRC) grants.

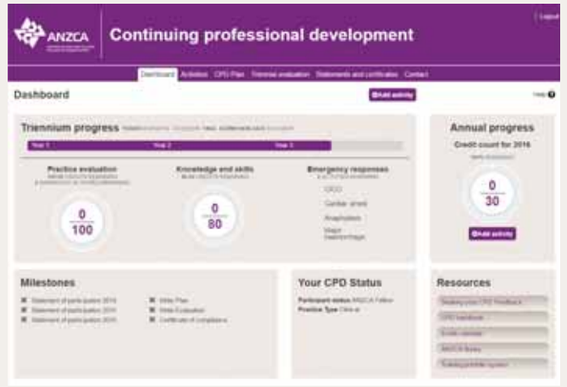
The ATACAS results were published in the *New England Journal of Medicine* (N Engl J Med 2016; 374:728-737 & N Engl J Med 2017 376:136-148). A summary of the findings of the ATACAS trial was published in the December 2016 *ANZCA Bulletin*.

Successful verification of CPD activities for 2016

In September last year 415 continuing professional development (CPD) participants, 34 FPM Fellows and 381 ANZCA Fellows, were selected to have their annual and triennial activities verified by ANZCA.

The CPD Committee is pleased to be able to report that all of the 415 participants were able to provide all the relevant evidence to meet the requirements of the CPD program. Most of the participants chose to upload their evidence directly into their CPD portfolios, which made the verification process efficient and simple for everyone involved.

If anyone has any questions about how to upload evidence into their CPD portfolio, please contact the CPD unit for assistance at cpd@anzca.edu.au or call **+61 3 9510 6299**.



Celebrating our rich history

New online exhibitions and a new oral history interview shine a light on the inception and some of the practice history of ANZCA.

Setting up the museum at the ASM

The ANZCA Annual Scientific Meeting is an excellent opportunity for the Geoffrey Kaye Museum to launch new exhibitions and projects. So, as the 2000 delegates descended on the Brisbane Convention and Exhibition Centre, the museum prepared to launch two new online exhibitions and an oral history. Touring online exhibitions means packing little more than a laptop and a bit of promotional material.

***Restoring the Apparently Dead: The search for effective resuscitation techniques* – a new online exhibition**

Restoring the Apparently Dead: The search for effective resuscitation techniques is the first of the online exhibitions, and by the time the ANZCA Bulletin goes to print, the physical exhibition will also be installed in the museum at ANZCA House. *Restoring the Apparently Dead* is broken into three themes: "Artificial Ventilation", "Shock and Stimulants", and "Blood Transfusions". Each theme explores the strange practices and techniques that finally led to the effective methods of resuscitation currently employed around the world.

***Lives of the Fellows: 1992*, a new iteration of the *Lives of the Fellows* project**

The second online exhibition coincides with the 25 years of ANZCA celebrations. *Lives of the Fellows: 1992* is the second iteration of the *Lives of the Fellows* project, and focuses on the professional lives of the inaugural College Council. A small group – by comparison with today's Council – the work of these 12 men was pivotal to the success of the separation from RACS and the formation of a distinct medical specialty college.

Inaugural ANZCA President, Dr Peter Livingstone being interviewed by current ANZCA President, Professor David A Scott

We also launched a fascinating oral history interview, with current president Professor David A Scott interviewing the inaugural College president, Dr Peter Livingstone. This interview adds to the impressive list of recorded oral histories, and provides a unique insight into just what it took to bring that separation from RACS to fruition. Dr Livingstone also discusses many aspects of his training during the 1960s and, as with all our oral histories, this discussion highlights the advances that have been made in training in the recent past.

As well as our exhibitions, the museum worked with Honorary Curator, Dr Christine Ball, to develop a workshop for Fellows and trainees interested in researching and writing about history. This workshop provoked some interesting discussions about different aspects of the history of anaesthesia and pain medicine, as well as introducing participants to a range of online resources.

For more information about the workshop or resources discussed, there's an article on the museum's blog.

Addressing maldistribution: The Tasmanian initiative

"The range of practice involves a broad specialty mix including trauma, obstetrics and older paediatrics."

The specialist anaesthesia workforce in Tasmania has a distribution imbalance with a relative oversupply in urban centres and undersupply in the rural north-west of the state. This maldistribution is in keeping with the rest of Australia and New Zealand.

This is a pity as there are many (often under-recognised) advantages to an anaesthesia career in a rural or regional hospital. The range of practice involves a broad specialty mix including trauma, obstetrics and older paediatrics, and staff in these smaller hospitals enjoy the opportunity to develop close and meaningful working relationships. One's lifestyle is also more likely to be free from distressingly high house prices and hours spent commuting in traffic.

A look though the positions vacant and locum requirements for anaesthesia consultants clearly shows that jobs for FANZCAs are readily available in rural and regional Australia, but are very limited in the capital cities. This has been the case for the last few years and will likely remain so into the future.

Improving training opportunities in rural practice represents a key element in addressing this ongoing workforce maldistribution. In line with ANZCA's mission statement "to serve the community..." the ANZCA Tasmanian Regional Committee has been focusing on anaesthetists who are appropriately trained and motivated to serve the rural/regional communities. Our goal is to develop a successful rural anaesthesia program from trainee selection to specialist rural practice.

The positive correlation between training in a rural environment and the decision to practice in a rural environment has been well documented. It is strongest when the training has been of a reasonable length of time, and the training was deemed to be high quality and enjoyable. There is also a documented positive correlation between rural upbringing and entering rural practice, but this association weakens as the time interval between upbringing and entering the workforce increases.

For the past five years, all Tasmanian trainees have rotated for one to two years to a rural (North West Tasmania) or regional hospital (Launceston). Ideally they spend the two years of basic training in the North/North West followed by two years of advanced training in Hobart. In all Tasmanian hospitals, trainees have exposure to trauma, obstetric, and paediatric anaesthesia.

From 2018, the selection process for entry into the Tasmanian Anaesthetic Training Program will recognise and affirmatively value applicants with a rural background or proven interest in a rural vocation.

A rural provisional fellowship is being developed, incorporating exposure to relevant elements of professional rural practice such as leadership, retrieval medicine, intensive care, and Indigenous health. Such a breadth of training experience should also provide an ideal foundation for those interested in volunteer work in developing countries.

ANZCA has also been involved with other stakeholders in developing post-fellowship pathways where newly qualified anaesthetists could begin work in the rural North West of Tasmania with options of short term rotations to Hobart for skills maintenance or potentially a later return to a position in Hobart if they ultimately wish to pursue a sub-speciality career.

While not a rural training scheme per se, the Northern Rotation of the Queensland Anaesthetic Rotational Training Scheme offers the opportunity for trainees who are interested in gaining exposure to regional and rural specialist practice, with placements that include Townsville, Cairns, Mackay and Darwin.

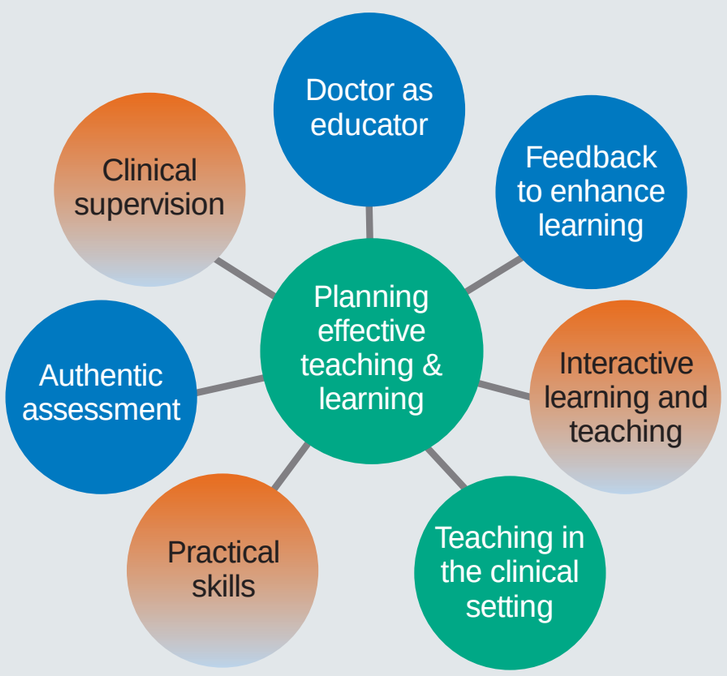
The number of trainees who elect to stay in northern Queensland once they have completed their training is testimony to the concept that a positive training experience influences the decision about where to settle into specialist practice. We hope that these opportunities will be promoted and utilised.

Dr Colin Chilvers, Chair, Tasmanian Regional Committee

Dr Lia Freestone, Education Officer, Tasmania

Dr Rod Mitchell, ANZCA Vice-President

Local delivery of the ANZCA Educators Program



The ANZCA Educators Program is a program designed to develop knowledge, skills and professional behaviours fundamental to facilitating learning. The ANZCA Educators Program consists of eight core modules (see figure).

The program is structured around "Planning effective learning and teaching" as the concepts from this module are relevant to most of the other modules. The ANZCA Educators Program is delivered as a two-and-a-half day program or as individual modules offered in each region in various combinations.

Facilitator workshops

To prepare clinicians to be able to facilitate these modules, ANZCA has developed facilitator workshops. The focus of the workshops is to ensure new facilitators understand the philosophy and pedagogy of the ANZCA Educators Program, are familiar with content and delivery of modules they will be facilitating, have an opportunity to practice facilitating a part of each module and engage in a feedback conversation. In addition time is spent familiarising participants with the relevant Network and the logistics for running each course.

Two facilitator workshops have been conducted in May 2016 and March 2017, with a third anticipated for 2018.

Associate Professor Kersi Taraporewalla
Chair, ANZCA Education Sub-committee

Above top left: March 2017 ANZCA Educators Program facilitator workshop participants, from left: Rachelle Augustes, David Law, Su May Koh, Anne Jaumess, Agnieszka Szremska, Kirsten Matheson, Juliana Kok, Kara Allen, Ibrahim, Neroli Chadderton, Nav Sidhu, Linda Sung, Alistair Kan, Rob Marr, Kirsty Forrest, Belinda Lowe.

ANZCA Educators Program

Develop strategies to teach effectively – Attend a locally delivered module

There are 27 facilitators across Australia and New Zealand delivering individual modules of the ANZCA Educators Program in regional areas in various combinations. Register your attendance via the ANZCA Event Calendar.

- **Melbourne July 24**
  - Teaching practical skills.
  - Clinical supervision.
- **Auckland August 3-4**
  - Planning effective teaching and learning.
  - Teaching in the clinical setting.
  - Interactive learning and teaching.
  - Clinical supervision.
  - Teaching practical skills.
- **Gold Coast September 16**
  - Planning effective teaching and learning.
  - Teaching in the clinical setting.
- **Melbourne October 16-17**
  - Planning effective teaching and learning.
  - Teaching in the clinical setting.
  - Interactive learning and teaching.
  - Clinical supervision.
  - Teaching practical skills.
- **Melbourne November 17**
  - Planning effective teaching and learning.
  - Teaching in the clinical setting.
  - Clinical supervision.
  - Teaching practical skills.
- **Auckland November 23-24**
  - Planning effective teaching and learning.
  - Teaching in the clinical setting.
  - Interactive learning and teaching.
  - Clinical supervision.
  - Teaching practical skills.

Calling future facilitators

The 2018 facilitator workshop of the ANZCA Educators Program will focus on additional modules, which may include the five recently developed modules: Concepts in assessment, Trainee experiencing difficulty, Technology in teaching and learning, Organisation of education in departments, and Teaching in multiple settings.

Requirements to become an ANZCA facilitator include:

- A keen interest in interactive learning and teaching.
- Current FANZCA, FFPMANZCA or a comparable qualification acceptable to ANZCA Council.
- Completion of the ANZCA Educators Program or relevant post-graduation qualification in education.

If you are interested in becoming an ANZCA facilitator or would like more information please send an email to the ANZCA Education unit education@anzca.edu.au.

"As someone who has been involved with teaching within our department and at courses for years it has been really great to tap into a formal network of educators and to get recognition for the work that we already do. – EL

"I would highly recommend this role to ANZCA Fellows who have an interest in education. The facilitator role allowed me to meet motivated Fellows who have enthusiasm for education, and has given me skills which I use in clinical teaching and in my work in medical education. – KA

"The ANZCA Educators Program is an absolutely wonderful opportunity to provide formal training with teaching to the health professional. People assume that when we finish our training as doctors we automatically know how to teach. In fact the majority of anaesthetists feel very uncomfortable with the subject. – LS

Successful candidates

Primary fellowship examination February/April 2017

Ninety two candidates successfully completed the primary fellowship examination:

AUSTRALIA

Australian Capital Territory
Roy Robert Bartram
Stuart Gordon Keith McKnown

New South Wales
Nicholas James Barton
Michael Allan Booker
Anuk Ruwanka Cooray
Andrew Paul Couch
Francis Markus Dunworth
Amy Julian
Julian Laurence
Jonathan Alexander Quy Ledang
Gary Chee-Ho Leung
Rebecca Elizabeth Lewis
Chak-Man Jane Li
Dane Kenneth Lohan
Robert Simmons Malcolm
Justine Majella O'Shea
Matthew John Overton
Joel Robert Parrey
Natalie Pfund
Matthew James Prowse
Aaron James Pym
Katherine Charlotte Richards
Christopher Wiliam Sadler
Tomothy James Stegeman
Sarah Jane Turner
Aaron Dinesh Victor
Jana Maree Zurawlenko

Queensland
Blagoja Alampieski
Keil Ronald Auer
Joseph Edward Comben
Christopher Keith Cummerford
Edmond Daher
Jack Vincent Dixon
Etienne Anthony Du Toit
Ho Seng Wei
Anthony Thomas Hodge
David John Howell
Andrew Thomas Hughes
Allan Hurley
Cheyne Edward Mitchell
Alvin Amit Obed
Ashvin Paramanathan
Robert David Russell
Shaiyla Sivakumar
Alexandra Mary Thiel
Joel Nimalan Thomas
Matthew Josiah Vandy
Vicnaesh Chandra Segaran
Colin Bruce Urquhart
Dino Vekic
Tharindu Dinusha Vithanage
Matthew Kyle Wagner
Ryan Peter Watts
David Warwick Wedgwood
Emma Kate Wilson

South Australia
Nikolai Sinn Fraser
Benjamin James McDonald
Craig Tristan Morrison
Mary-Claire Elizabeth Simmonds
Charlotte Louise Taylor

Victoria
Adam Craig Cammerman
Alexander Linden Clarke
Nicola Terese Jarvis
Shravya Karna
Sarah Ai Ern Lee
Linda Mattheyse
Peter Andrew Stark
Christine Yu Xuan Wu

Western Australia
Marlena Krystyna Bartmanska
Laura Kate Bordoni
Jian Yang Chong
Chloe Lauren Heath
Justin Wei Swoon Hii
Michael Lyons Nash
Erica Mavis Remedios
Mark David Sharples
Nathanial Adam Teo
Wuen Sze Tiong

NEW ZEALAND
Dhir Madhav Bhattacharya
Seung Joon Chin
Samuel Robert Fowler
Max Patrick Hattaway
Daire Allen McGee
Vikrant Vinod Singh
Jennifer Clare Stephens
Michael Patrick Kirk Webb
Kerryn Anne Cook
Calvin Fung Jin Lim
Lisa Anne Newby
Alexandra Rose Frankpitt
Alexandra Katherine Hurrell
Tobia Harry Babington Snook

Renton Prize
The Court of Examiners recommended that the Renton Prize at this sitting of the primary examination be awarded to:

Blagoja Alampieski, Queensland

Merit certificates
The Court of Examiners recommended that merit certificates were awarded to:

Ryan Peter Watts, Queensland
Alexandra Rose Frankpitt, New Zealand

This page: Primary examination court of examiners. Opposite page: Chair, Final Examinations Dr Karen Smith during her speech at the presentation ceremony for successful candidates.

Final fellowship examination March/May 2017

One hundred and thirty seven candidates successfully completed the final fellowship examination at this presentation and are listed below:

AUSTRALIA

Australian Capital Territory
Jennifer Ruth Moran

New South Wales
Gareth Owain Andrews
Stefan Joshua Aveling
Julian Baldwin
David Boers
Christopher Alexander Brunsdon
Renee Dianne Burton
Murray Peter Campbell
Daniel Carayannis
Victor Chan
Joanne Louise Chapman
Jennifer Mackenzie Crawford
David Fred D'Silva
Phoebe Elizabeth Elder
Elyse Kate Farrow
Gwynn Cameron Forrest
Gordon Bernard Fowler
Jessica Anne Gray
Jim Po-Chun Liou
Andrew William Marks
Frank Benjamin Marroquin-Harris
Michael Ian McCreery
Mahsa Mirkazemi
Katherine Louise Phillips
Adi Paven Prabhala
Rustin John Quin
Pradeep Rajendran
Sarah Rose Skidmore
Sanchia Smith
Luke Benjamin Tobin
Elizabeth Mary Vallins
Claire Alexandra Wohlfahrt
Christopher Wai Keng Yong
Caren Zhang

Northern Territory
Phuong Lam Markman

Queensland
Guy Oliver Amey
Tegan Nicole Burgess
Chloe Lauren Butler
Jacob James Carter
James Robert Chappell
Gunjan Chawla
Cameron Scott Collard
Thomas Joseph Conallin
Ahmad Dawar
Christina Charlotta Denman
Thomas Robert James Druitt
Gemma Katherine Duncan
Anita Sonia Farmer
Dilruk Lyndon Sirimevan Fernando
Daniel Foster
Alexander Edward Harding
Christiaan Hattingh
Michael Francis Hussey
Alistair Todd Hustig
Shane Anthony Kamphuis
Thusira Karunaratne
Way Siong Koh
Andrew John Lonergan
Andrew Patrick Martin
Shannon Lyndsay Morrison
Karla Pungsornruk
Bethany Reeve
Kate Elizabeth Sewell
Maryann Cristina Turner
Zoe Elizabeth Vella
Danielle Ashleigh Volling-Geoghegan
Charles Henry Williams
Rosmarin Zacher

South Australia
Cheryl Sook Lai Chooi
Caroline Rebecca Delaney
Ryan Patrick Hughes
Rebecca May Jeffery
Alister Mark Mathieson
Phak Hor Yeap

Tasmania
Nickolas Hai Ngoc Ha
Kaylee Anne Jordan
Vasheya Naidoo
Kristie Jade Whyte
Chang Yang Yew

Victoria
Anday Altas
Irina Baleanu-Mackinlay
Adriana Mira Bibbo
Sarah Jayne Brew
Kellie Louise Brick
Andrew Alexander Campbell
Elizabeth Anne Cawson
Jin Jie Cheah
Ping Han Chia
Wen Hao Chiong
Meghan Frances Cooney
Abarna Nadia Devapalasundaram
Ned William Rudd Douglas
Andrew William Downey
Jonathan Andrew Galtieri
Miranda Louise Holmes
Andrew Christopher Jarzebowski
Mari Kawamata
Klara Makepeace Krivanek
Hieu Minh Lam
Nicholas James Litzow
Andrew James Mackay
Timothy Makar
Erin Belinda McCabe
Tejinder Mettho
Mohd Ikhwan Mohd Noh
Helen Kim-Hong Nguyen
Liam Colm O'Doherty
Dylan Rajeet Rajeswaran
Fleur Roberts
Elliot Marcel Schulberg
Joseph William Speekman
Adam Daniel John Sutton
Patrick Chee Fei Tan
Evan James Thompson
Alison Tjhia
Jack Jia Wang
Charith Dhananjaya Weeraratne
Elliot Ariel Wollner
Benjamin Teck-Hui Wong

(Continued next page)

Successful candidates (continued)

Western Australia
James Robert Anderson
Lucy Ann Dempster
Arya Gupta
Paras Malik
Daniel G O'Callaghan

NEW ZEALAND

Christopher Dean Badenhorst
Tze Chow Chow
Felicity Judith Dominick
Galina Andrea Gaidamaka
Natalie Rose Jarvis
Arezoo Kahokehr
Timothy James Knowlman
James Richard McAlpine
Sai Venkata Raja Rao Palepu
Nicholas James Port
Julia Marina Singhal
Mark William Welch
Catherine Louise White

IMGS examination

Five candidates successfully completed the Specialist International Medical Graduate Exam and are listed below:

Goshaka Alugolla, NSW
Nilvala Vijayasiri Dadayakkaradevage, NSW
Tim Thomas Joseph, Tasmania
Vyhunthan Ganeshanathan, WA
Randeep Kaur Goyal, WA

Cecil Gray Prize

The Court of Examiners recommended that the Cecil Gray Prize for the half year ended June 30, 2017 be awarded to:

Sarah Rose Skidmore, NSW

Merit certificates

Merit certificates were awarded to:

Andrew Alexander Campbell, Victoria
Jonathan Andrew Galtieri, Victoria
Timothy Makar, Victoria
Kaylee Anne Jordan, Tasmania

IMS meeting leads change

The 2017 Tri-nation Alliance International Medical Symposium (IMS) and workshops were held in Melbourne from March 7-10. The theme of IMS 2017 was "Leading change in healthcare culture, education and practice". Video recordings of selected keynote presentations from the following speakers are now available at https://vimeopro.com/anzca/tri-nation-alliance.

Opening plenary

Dr Jason Frank presented "Crossroads: CBME & The End of Time", describing an existing system of postgraduate medical education that seemed to be designed to ensure the incompetence of its graduates. Competency-based medical education promises a focus on preparedness for independent practice, assessment of "entrustabilty" and measurement of outcomes of care throughout a career in medical practice with a reduced emphasis on high stakes examinations and rigid expectations of time spent in specific phases of training.

Session 1: Leading change in the culture of medicine

Professor Spencer Beasley presented "Building Respect, Improving Patient Safety: the RACS response to bullying, discrimination and sexual harassment". He outlined the findings of the RACS Expert Advisory Group (EAG) regarding the incidence of discrimination, bullying and sexual harassment (DBSH) in surgical practice. Professor Beasley outlined the RACS Action Plan involving engagement, collaboration, education and strengthened management of complaints. He described the "Let's operate with respect" campaign and other initiatives addressing DBSH in the clinical workplace.

Session 2: Leading change in indigenous healthcare

Dr Thomas Dignan provided a passionate and insightful history of the impact of colonisation on the first peoples of Canada. He described how the Indian Act and the impact of the Residential Schools system had reverberated through seven generations, neutralising and removing the identities of formerly rich communities and allowing government and the legal system to exert dominance over indigenous peoples, leading to oppression and racism.

Dr Kali Hayward presented "Safe Colleges – Strengthening the Indigenous medical workforce", highlighting cultural safety as the best pathway towards achieving safe Colleges through support, education, advocacy and collaboration in Colleges, workplaces and communities.

Dr Curtis Walker presented on "Safe practice – Building cultural competency", highlighting the history of the Māori and the causes and consequences of disparity. Dr Walker discussed the importance of the Treaty of Waitangi, the challenge of achieving equity beyond equality and the strategic priorities of the Medical Council of New Zealand and the Australian Medical Council to build advanced cultural competency.

Session 3: Leading change in medical education and technology

Professor Jonathan Fryer presented "Supervised progressive autonomy: A SIMPL strategy for competency based training", outlining the need for new tools to support the assessment of progressive autonomy in surgical trainees. Professor Fryer described the development of the SIMPL app that allows real-time documentation of procedural data, level of supervision and performance of trainees and provides dashboards comparing trainee performance relative to their peers.

Professor Ian Symonds presented "Transforming health education: The past, present and future of medical education", highlighting the changing face of healthcare, and whether our approaches to health professional education are fit for purpose for undergraduate healthcare learners. He foreshadowed an IT empowered, systems-based future, focussed both locally and globally and embracing the new professionalism.

Session 4: Leading changes in systems and practice

Associate Professor Grant Phelps presented on networking clinicians for excellence in patient care, discussing the engagement of doctors in systems level change through clinical network models, including clinical councils and senates. He reviewed the approaches, impacts and outcomes of the implementation of such models in the United Kingdom, Canada and Australia; found limited evidence of their effectiveness; and suggested strategies for improvement.

Professor David Story presented "Interprofessional practice: Enhancing patient care", highlighting the need to understand the team members and skill sets required to collaboratively manage patient and operative risks before, during and after surgery to provide patient-centred, clinically and cost effective care. He described international initiatives included the United States' Perioperative Surgical Home and Royal College of Anaesthetists Perioperative Medicine Programme.

Closing plenary

Professor Jeffrey Braithwaite presented "Implementation Science - Advancing healthcare systems", highlighting the challenges of translation (implementation) and diffusion (spread) of sustainable health services improvement. Implementation science promotes the systematic uptake of clinical research findings and puts them into practice supporting transformational change and improvement in healthcare.

Dr Ian Graham
Dean of Education, ANZCA

New Zealand news

New Chair for ANZCA NZNC

Dr Jennifer Woods has been elected chair of ANZCA's New Zealand National Committee from June 2017 to June 2019. Dr Woods is a generalist based in Christchurch. She has interests in medical training and education, and acute pain management.

Dr Woods has been a member of the committee since 2008 and its deputy chair for the last two years. She has been the committee representative on the NZ Anaesthesia Education Committee since 2009 and the formal project officer since 2010.

She is deputy chair of ANZCA's Education, Training and Assessment Development Committee and a member of its Scholar Role Subcommittee. Dr Woods has also served as an international medical graduate interview panel member, workplace-based assessment assessor and part II examiner.

She has been a panel member for the Medical Council of New Zealand's Professional Conduct Committee since 2015.

The new deputy chair is Dr Sally Ure, a specialist at Wellington Regional Hospital. Dr Ure has been a committee member since 2011 and its deputy or acting education officer since 2013. She is deputy head of department at Wellington Hospital and was a supervisor of training there for six years from 2007. Dr Ure also served on the Education Committee of the Medical Council of New Zealand for three years (2012-2015).

Lectures look at complex pain, substance abuse

The complex pain patient and the issue of substance abuse in anaesthesia are the two topics that feature in this year's NZ Anaesthesia Visiting Lectureships program.

The 2017 lectureships have been awarded to Dr Mike Foss for his talk on "The complex pain patient in the perioperative environment" and to Dr Cath Purdy, Counties Manukau Health, for her talk on "Substance abuse in anaesthesia: General problem and incidence in anaesthesia".

Dr Foss presented at Wairarapa and Hutt Hospitals in May, and Dr Purdy will present at Nelson Hospital on Tuesday July 18. Both will also present at the lower North Island regional meeting, this year being held at Palmerston North Hospital on Friday September 1.

Dr Foss works as a specialist anaesthetist and specialist pain medicine physician at Waikato Hospital. Dr Gary Hopgood, who nominated him, considers his presentation "an excellent and very pragmatic talk on the prevention and management of persistent post op pain, which is very well delivered and useful, irrespective of where you work".

"In the talk, I explore the evaluation of risk for persistent pain, the effect of opioids on the pain system, the opioid epidemic and alternative therapies for post-surgical pain," Dr Foss said.

Dr John McGann nominated Dr Purdy. Since her training, she has had an interest in welfare for anaesthetists for which she was awarded the Ray Hader Award in 2013. She has continued her work in welfare as a member of the Welfare of Anaesthetist SIG executive since 2012.

This talk, originally presented at the 2016 ANZCA Annual Scientific Meeting in Auckland, serves as an overview of the problem of substance abuse in anaesthesia looking at its incidence, risk factors, the changing profile of abuse and the inherent difficulties in the diagnosis of prevention of substance use disorder.

Part Three Course on November 30

Senior trainees for whom the goal of FANZCA is in sight are probably turning their minds to just where that qualification can take them and what is involved in becoming a consultant. The Part Three Course is designed to answer all those questions through a day of workshops, interactive sessions and plenty of chances for networking.

This year's course is being held on Thursday November 30 at the Holiday Inn, Auckland Airport.

Restricted to just 24 places so that every participant gets a great chance to make the most of the interactive sessions, this course covers:

- The various directions in which FANZCA can take you, with speakers from around the country offering insights into the working lives of anaesthetists and things they wish they had known.
- CV and interview tips.
- The work of ANZCA and the NZ Society of Anaesthetists (NZSA), which is hosting the course.

So mark the date in your diary, arrange leave and keep an eye on the NZSA website (www.anaesthesiasociety.org.nz) for registration details. In the meantime, expressions of interest may be sent to the NZSA Membership Manager, Lynne Wood through membership@anaesthesia.nz.

Above from left: New NZNC leaders, Dr Jennifer Woods and Dr Sally Ure; Visiting lecturers Dr Mike Foss and Dr Catherine Purdy.

New chair and 25th anniversary feature at stakeholder function

ANZCA New Zealand celebrated the College's 25th anniversary at its biennial stakeholder function on June 8 at an event that included a spectacular cake made to look like the 25th anniversary book.

The function serves to mark the change of ANZCA's New Zealand National Committee (NZNC) chair – in this case, Dr Gary Hopgood from Waikato Hospital completing his two-year term and introducing Dr Jennifer Woods, who will chair the committee until June 2019.

Both spoke at the function, mentioning the importance of working as a team in both the clinical and backroom settings.

"Anaesthesia is really a team sport and, as the last 25 years have shown, good patient outcomes in surgery, pain management and perioperative medicine rely on the collaboration between anaesthetists and other health care professionals, our patients and their family and whanau," Dr Woods said.

"There are challenges ahead – such as threats to funding of training positions particularly in pain medicine, but also in how we can improve the health outcomes of Māori and Pacific Island people – but I think we are more likely to succeed if we have shared goals and shared respect for the skills and expertise that each of our organisations brings in addressing those challenges," she told stakeholders, who included representatives of all the key organisations with which the NZNC interacts.

Dr Woods also acknowledged the College's key achievements over the last quarter century and ANZCA CEO John Ilott took the opportunity to thank all those who contribute to the work of the College, before Dr Hopgood and Dr Woods cut the cake.

Dr Hopgood was formally farewelled at the NZNC's annual dinner, held on the evening of June 9 after the committee's annual joint meeting with the NZ Society of Anaesthetists' Executive and the NZNC's own June meeting.

Key topics discussed at the joint meeting included the state of the workforce and whether anaesthetists should remain on NZ Immigration's skills shortage list with the decision being to retain the status quo but keep the matter under review; the work of the recently-established quality assurance officer network, ANZCA's National Anaesthesia Day promotion, the work of the joint NZ Anaesthesia Education Committee, and whether the terms "anaesthetist" and "anaesthesia" should be changed to "anaesthesiologist/anaesthesiology".

Anaesthetic technician course changing

The Auckland University of Technology (AUT) is phasing out the current anaesthetic technology diploma and will offer a bachelor of health science major instead. The AUT is working with the Medical Sciences Council (MSC) to ensure the required competencies, which result from the MSC's current scope of practice review for anaesthetic technicians, are covered in the future program.

The new degree is not expected to be offered before 2019, with the diploma continuing to be offered in the meantime to prevent any shortage of new anaesthetic technicians. ANZCA is writing to the AUT stressing that the course should comply with the requirements of *PS08 Statement on the Assistant for the Anaesthetist* to meet the needs of anaesthetists.

Above from left: Guests listen to the speeches at the 2017 stakeholder function; Guests at the function.

Australian news

Victoria

Final (Part II) Course

The VRC Final (Part II) Course was held in February. The course continues to be an integral component of candidates' preparation for the final exam, with this most recent course catering for 61 attendees from Victoria and interstate.

Twenty-two topics were covered across five busy days of exam-focussed, interactive presentations. They included topics from "Anaesthesia for thoracic surgery" to "Ethics, law and professional issues", from "Anaesthesia for neurosurgery" to "Biochemistry", and "Pain medicine" to "Interpretation of ECGs and management of PPMs/AICDs". Despite the tight schedule, attendees are also provided with a tour of the Geoffrey Kaye Museum, which provided a welcome break from the lecture theatre.

The dedicated group of anaesthetists, intensivists, pain specialists, and a cardiologist, offer their precious time willingly and freely, and are committed to delivering a quality resource that complements the candidates' own studies and other VRC sponsored courses. The regard in which the course is held by the trainees is exemplified by over 92 per cent of their ratings for the content and presentation of individual lecturers, being either "Very good" or "Good".

The course would not have been possible without the hard work of the VRC Course Coordinator, Jayne Schwalger, who arranged the program, coordinated the specialists, fielded myriad registrant queries, and most importantly, organised the food and refreshments provided for the attendees.

The next course will be held between July 10-14, for those candidates planning to sit the August/October final exam.

Above from left: Dr Downey (Convenor and Presenter) with trainees; Dr John Reeves (Presenter) with trainees; Dr Peter McCall (Presenter) with trainees.

Primary Fulltime Course

The course ran from May 29 to June 9 at the College and was once again very well received. Our numbers reached full capacity with 84 trainees participating; many having heard great feedback from past courses and coming from interstate and internationally to attend. The course concluded with practice viva sessions that the trainees described as "invaluable experience and a great way to finish off the course". We thank the Fellows and advanced trainees who assisted with the lectures and VIVA sessions, and a special mention to course convenor Dr Adam Skinner. Without their valuable time, knowledge and commitment the course wouldn't be as successful as it is.

Queensland

Primary examination success in the wake of Lismore floods

Learning to work under pressure is an essential attribute for an anaesthetist in training; and this ability to adapt and remain focused was recently put to the test for two trainee colleagues and I in Lismore, NSW. On March 31, Lismore fell victim to the wrath of ex-Tropical Cyclone Debbie, where rising floodwaters breached the levee and swamped much of the town causing widespread destruction. A natural disaster such as this is already a stressful event, but this was compounded by the need to promptly evacuate from our housing for an unknown time period – just 10 days out from sitting the Primary VIVA examination. Books, notes and study aids were reluctantly left behind. The wild weather and surrounding road closures also meant that attendance at the Brisbane VIVA Practice weekend was impossible. This was terribly disappointing as exam courses like these benefit regional candidates enormously. Fortunately, as a result of the generosity and flexibility of the Lismore Base Anaesthetic Department, we were able to maximise in-house VIVA practice in the week leading up to the exam.

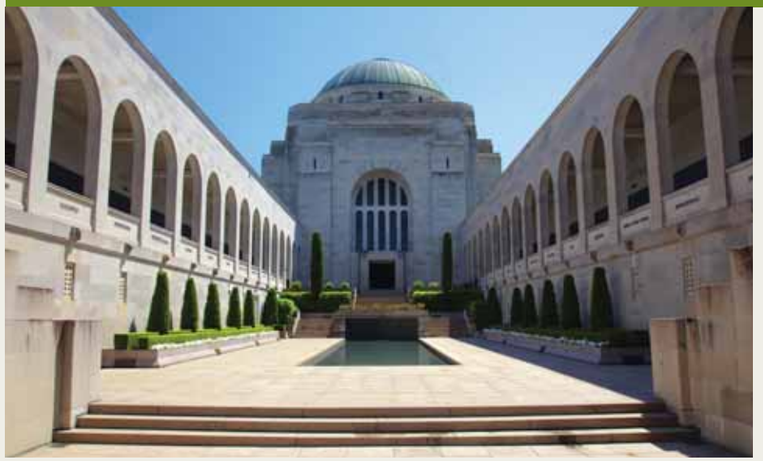
Within a few days the floodwaters receded, roads re-opened and apartments became habitable again, enabling us to direct our full attention to the upcoming exam. Despite the initial challenges, the three of us made it to Melbourne and were ultimately successful in passing the primary examination.

Although there is a feeling of great achievement and relief among us, we recognise that we were extremely lucky in the wake of the floods; the loss and devastation suffered by many in our community is evident and will be long lasting. If I could take anything from this experience, it would be the attributes of the town folk. Even in the face of such adversity, as the physical clean-up and rebuild begins, there is a sense of optimism and resilience. The community is working together with remarkable determination to get the job done.

Justine O'Shea
Queensland registrar, Lismore

Above: Registrar Justine O'Shea's Lismore street following ex-Tropical Cyclone Debbie.

Australian Capital Territory



Art of Anaesthesia Annual Scientific Meeting

This year's edition of the Art of Anaesthesia will be held over the weekend of September 23-24 at the Australian War Memorial (AWM) in Canberra. The AWM is an iconic Canberra building and one of the world's great museums, renowned for its extensive collection of art, relics, photographs, film and sound commemorating the sacrifice of Australians at war.

This year we are extremely fortunate to have two international guest speakers join us for the meeting, Professor Girish Joshi from the UT Southwestern Medical Centre in Texas, and Dr Ben van der Griend from Christchurch Hospital. Professor Joshi will deliver two topical presentations in the field of ambulatory anaesthesia – an area in which he is a world leader. Dr van der Griend will demystify key issues that can make paediatric anaesthesia daunting for the "occasional" paediatric anaesthetist and teach us how to tame little monsters! We are also delighted to welcome our interstate speakers Professor Andrew Davidson, Professor David Liley and Dr Peter Schuller, as well as our fabulous local researchers, to the meeting.

ANZCA President Professor David A Scott and ASA President Associate Professor David M Scott will open the Saturday program with engaging presentations on the use of frozen blood in combat zones, and negotiating professional minefields respectively. The Saturday program will close at 4.50pm to allow delegates enough time to move out to the Pool of Reflection for the very moving Last Post ceremony, to be conducted by local anaethetist Lieutenant Commander John Ellingham.

On Sunday morning, there will be two emergency response workshops, Can't Intubate Can't Oxygenate, and Anaphylaxis Management. The workshops will help those who wish to complete mandatory CPD emergency response activities and will be held at Calvary Hospital in Bruce. For those preferring a more leisurely day on Sunday, we have organised a private tour of the War Memorial by Retired Wing Commander Sharon Bown, followed by wine tasting and lunch at the nearby award-winning Mount Majura Vineyard. We welcome everyone to the meeting and encourage all to spend some time exploring both the War Memorial and Canberra's Floriade flower festival.

New ACT Chairs

At the ACT Regional Committee Annual General Meeting held on April 3, Dr Andrew Hehir formally handed over the role of Chair to Dr Girish Palnitkar. We sincerely thank Dr Hehir for his years of service on the ACT Regional Committee and his dedication to our anaesthetists and local workforce issues. The role of ACT Trainee Committee Chair has also been formally handed over from Dr Jennifer Hartley to Dr Julia Hoy. Dr Hartley has been an integral member of the Trainee Committee for many years and although we will miss her terribly we wish her all the best for her provisional fellowship year at Westmead Hospital.

Above from left: Dr Girish Palnitkar and Dr Andrew Hehir at the recent ACT ANZCA 25th anniversary celebration.

Western Australia

Medical Careers Expo and more

The Medical Careers Expo was held at the University of Western Australia in early April with an excellent turnout of prospective trainees. The ANZCA stand was one of the busiest with five trainees as well as Dr Kevin Hartley. They represented our training program and answered queries from interested medical students and junior doctors.

A new simulation group has been formed to replace the now defunct ISL Committee. It will be known as the Western Australian Simulation in Healthcare Alliance (WASHA). It will be autonomous from the Department of Health and have a wider engagement than the department's Simulation Advisory Group, which has its representatives from five government metropolitan health boards. WASHA's roles will be in advocacy, research, networking and collaboration.

Dr Ed O'Loughlin has stepped down as the WA representative on the Scholar Role Subcommittee and we thank him for his contribution. Dr Dale Currigan has volunteered to take on the role.

The voluntary mentorship program is again running pairing introductory trainees with advanced trainees with a workshop planned for later in the year.

The Autumn Scientific Meeting will be held on April 7, 2018 at the Joondalup Resort, the Country Conference will be held on October 26-28, 2018. All committee meeting dates and members are on the ANZCA WA website for future reference.

Above: Dr Kevin Hartley speaking with medical students at the Medical Careers Expo.

New South Wales

New South Wales
Primary Refresher Courses in Anaesthesia

The course is a full-time revision course, run on a lecture/ tutorial basis and is suitable for candidates presenting for their primary examination in the first part of 2018.

Monday October 16 – Friday October 27, 2017
Venue: Large Conference Room, Kerry Packer Education Centre Royal Prince Alfred Hospital, Missenden Road, Camperdown, NSW

Fee: $A1078 (including GST)

A comprehensive set of supplementary notes, lectures notes and USB will be given to each participant at the commencement of the course.

Applications close on Friday September 29.

The number of participants for the course will be limited. Late applications will be considered only if vacancies exist.

For information contact: Annette Strauss
nswcourses@anzca.edu.au +61 2 9966 9085

Tasmania

Opportunities for training, learning and experiences

The Annual Scientific Meeting in Hobart on March 17-18 saw 137 delegates attending "Anaesthesia – the next frontier". Feedback was very positive with attendees appreciating the new format of separate presentations and workshops. Delegates also valued the knowledgeable and engaging presenters. Invited speakers included Professors Steven Shafer and Pamela Flood from Stanford Medical Centre, San Francisco; Professor Guy Ludbrook from Adelaide and Professor Francis Bowling from Sydney, as well as many others.

Another first was the extensive range of workshops on offer on the Saturday afternoon, including advanced life support (ALS), anaphylaxis, ultrasound guided regional anaesthesia of the upper and lower limb as well as a mentoring small group discussion. An engaging medical history tour of Hobart also provided delegates with a unique local experience.

Double decker buses took delegates through scenic Coal Valley vineyards to Frogmore Creek Winery where stunning views, award winning wines and a delicious three-course dinner with live music provided delegates with a great night out and was for many a highlight of the meeting.

The trainee day held on the Friday before the Tasmanian ASM has become a tradition. This year 21 registrars appreciated the opportunity to meet with a broad mix of speakers, including the international and national main speakers in an intimate and relaxed atmosphere.

The next main meeting will be the mid-winter workshop that will be held on Saturday August 26 at Tasmania's peak golfing destination, Barnbougle. The theme "InnO_2vate" provides delegates with the complete breathing experience with an approved CICO workshop, a dynamic and interesting array of speakers and the opportunity for a round of golf in one of Australia's premier courses. Delegates may however, prefer the opportunity to just relax, breathe in the fresh air and enjoy the stunning views. This is a relaxed and intimate meeting with only 40 places available.

Look out for online registrations opening in mid-June.

Above clockwise from left: Barnbougle; Professor Steven Shafer from Stanford Medical Centre, San Francisco; Conference dinner at Frogmore Creek; Ultrasound guided regional anaesthesia of the upper limb workshop.

South Australia and Northern Territory

CME meeting

Associate Professor Bernd Froessler, Department of Anaesthesia, Lyell McEwin Hospital and Associate Professor, University of Adelaide presented at the first CME meeting for 2017, held at the historic Lion Hotel in North Adelaide.

Associate Professor Froessler's talk outlined the importance of managing iron deficiency and anaemia in the peri-operative setting. Iron deficiency and iron deficiency anaemia are common conditions affecting a quarter of the world's population. In patients presenting for non-cardiac surgery, iron deficiency with or without anaemia is found in up to 39 per cent of patients. In certain subgroups of patients with conditions like colorectal cancer or heavy menstrual bleeding, the occurrence of preoperative anaemia has been found to be even higher.

Anaemia, red blood cell transfusion and perioperative significant blood loss have all been established as adversely impacting clinical outcomes. Comprehensive patient blood management programs offering effective approaches for minimising perioperative blood loss and optimised patient care have been designed. Preoperative optimisation of anaemia appears to be a key aspect of patient blood management.

The presentation was professionally recorded and distributed to remote South Australian and Northern Territory anaesthesia hospital departments for their training and CPD purposes.

New SA trainee mentoring program

A formal trainee mentor program is being developed by the SA/NT Trainee Committee for South Australian introductory trainees. The program offers anaesthetic trainees the opportunity to connect and form a professional relationship with a consultant mentor.

Consultants have enthusiastically volunteered to become a part of the program to assist trainees through the duration of their training and beyond.

Dr Marni Calvert, Chair SA/NT Trainee Committee has been a driving force behind the program. "Up until this point, no formal scheme has been in place and mentor relationships have been quite ad hoc. Anaesthetics training is a challenging program with ups and downs for everyone. The goal is to match up trainees with experienced consultants who will meet at least three times over the initial 12 months," Dr Calvert said.

Medicinal marijuana

Dr Meredith Craigie presented an informative session on medicinal marijuana at the first FPM CME for 2017. Her presentation included information on the state of the evidence, what is happening in Australia in relation to Federal Government processes and the FPM's recommendations. It was well-attended by 21 delegates including specialist pain medicine physicians, trainees and allied health professionals.

Above left from top: Dr Rob Laing, Dr Scott Ma and Dr Cheryl Chooi; Rotational anaesthetic trainees; Dr Agnieszka Szremska, Dr Mathonsi Jila and Associate Professor Bernd Froessler with Michelle Gully from the SA/NT office.

Bruce Stewart Clifton 1928-2017

On June 1, 1959 ABC TV showed a film of a demonstration of mouth-to-mouth artificial respiration "saving the lives" of volunteers who had been paralysed with tubocurarine (and anaesthetised). This demonstration was to show how much more effective mouth-to-mouth was than the then accepted norms for artificial respiration of the Holger-Nielsen or Schäfer methods.

The two great lifesaving societies of the time, the Royal Life Saving Society of Australia (RLSSA) and the Surf Life Saving Society of Australia (SLSSA) were both becoming interested in this new mouth-to-mouth method for artificial respiration for use in resuscitation of the near drowned. In America there were some people, almost all anaesthetists, who were showing the advantages of mouth-to-mouth. The lifesaving societies were wondering if it might be possible to have lay people taught this new method.

Bruce Clifton, who was medical officer to the NSW branch of the RLSSA, offered to anaesthetise and paralyse some volunteers who would then have their colleagues try out the mouth-to-mouth, Holger Nielsen and Schäfer methods to compare their individual effectiveness. These demonstrations, and further demonstrations to the International Convention on Life Saving Techniques held in Sydney in March 1960, were so successful that mouth-to-mouth was very soon thereafter accepted in Australia as the method for artificial respiration in resuscitation by the RLSSA, SLSSA and St Johns, and soon around the world.

The volunteers were all awarded the British Empire Medal (BEM) in the New Year's Honours for 1960-1961. Bruce Clifton received the RLSSA's Meritorious Service Medal (1959) for this work and had the immense satisfaction of achieving a change in resuscitation technique which led to very many successful resuscitations which would otherwise not have occurred, though as he subsequently noted the demonstrations possibly would have been prevented by a modern ethics committee as being too dangerous!

The volunteers all gave informed consent as to the serious potential issues, though one subsequently complained that the swollen lips and facial battering from multiple lifesavers performing mouth-to-mouth had not been expected and took some days to resolve! The informed consent also consisted of Clifton himself undergoing anaesthesia, paralysis and mouth-to-mouth overseen by one of his trainees and viewed by all the volunteers! This was not the only time that a medical advance was made by Clifton.

Bruce Clifton was born in Sydney on September 7, 1928 to Edward C Clifton of "independent means" and Jessie née McGregor, and grew up in Summer Hill, Sydney, proceeding to Newington College, Sydney Grammar School and the University of Sydney graduating with Hons II in 1952 (final year 1951). During his school years he was a representative tennis player for NSW, and remained a good golfer all his life. He was a JRMO (1952) at Royal Prince Alfred Hospital (RPAH) and in 1953 he enlisted for a year with the Australian Army Medical Corps serving in Korea as a captain. For those who knew Clifton in later life as the iconoclastic rebel who loved to take down the officious this year in the army is mindboggling. Along similar lines were his memberships for many years of Sydney's Union Club and the Australian Golf Club before resigning from both institutions.

In 1954 he had a period in general practice with Dr Grace Perry the famous Australian poet who had a most successful suburban general practice. After this it was back to the RPAH, where he remained for the rest of his professional life as an anaesthetist, becoming the first fulltimer and later clinical director. In 1956 Clifton passed the two-part DA (Syd) and was elected MFARACS. In 1958 he passed the MRACP (FRACP 1972) and rumour has it that his performance topping the MRACP examination whilst an anaesthetic trainee, not a physician trainee, vexed the powerful RPA physicians whose own trainees were left well adrift. On another much later occasion Clifton was responsible for pricking the veneer of the equally powerful surgeons, one of whom was attempting to repair a ruptured abdominal aortic aneurysm in the very early days of such surgical operations. The patient exsanguinated and died in the middle of the procedure but the surgeon did not notice and was not notified immediately. When he inquired why he had not been informed of this dire event the answer was "I thought you needed the practice"! Clifton's MRACP enabled him to obtain some medical clout in instituting new therapies for the treatment of tetanus (1961) and for patients who had attempted suicide by drug overdose. Clifton single-handedly founded intensive care beds in RPAH which he helped pay for by buying from his own funds ventilators and other equipment. The now large and most impressive RPA ICU thus had its beginnings in a medical "side" ward almost as a privately funded exercise to treat tetanus. Clifton who lived in the hospital quarters was always available in those early days to respond to calls from this "ICU".

Clifton was a very unconventional person and quite eccentric in many ways though hugely respected for his clinical acumen, skills and teaching. An indication of this was his refusal to apply for the FFARACS as he believed that the 2-part DA and his MRACP should have qualified for his automatic elevation to FFA. In 1975, when Professor Joseph was Dean, Clifton somewhat reluctantly accepted the FFA on the nomination of the Dean and Vice-Dean.

He effectively ran the daily activities of the department during the chairmanship of Professor Douglas Joseph retiring only when Joseph's replacement had been selected. Clifton has been remembered by medical students who passed through RPA for his intensely humorous but exceptionally instructive tutorials mostly on resuscitation and anaesthesia, though occasionally on intensive care topics or life more generally. Other activities he helped initiate were developments in cardiopulmonary perfusion, hypothermia and anaesthesia allowing the initial development of cardiac surgery at RPAH.

One of his most famous administrative actions was to undertake a whole week of work as an anaesthetist strapped into a wheelchair which he himself operated without assistance. This somewhat peculiar activity was to demonstrate that it was entirely possible and safe to practice as an anaesthetist to Dr Tom Fraser, one of the departmental anaesthetists who had suffered a paraplegic accident following a fall from a horse. Clifton so successfully demonstrated the feasibility of such wheelchair working conditions that Fraser returned to work and himself became a role model for other wheelchair dependent anaesthetists around the world.

Clifton never married and sadly for those members of his old hospital and department cut himself off from the RPA completely in retirement. Initially he lived part of each week on the Fraser farm at Glossidia, NSW, for about 15 years, and then on return to Sydney at Killara and latterly Mosman. He died on March 6, 2017 from a stroke aged 88 years. By his own wishes there was a private funeral and there will be no memorial service.

Professor Barry Baker AM
Emeritus Professor, University of Sydney
Honorary Historian, ANZCA

Dr Tom Fraser
Consultant Anaesthetist,
Royal Prince Alfred Hospital, NSW

Terence Jen Keat Wong
1979-2016

Terence was born in Perth, Western Australia on January 2, 1979. He was tragically killed in a freak boating accident on Rottnest Island, 20 kilometres off the coast of Perth on Boxing Day, 2016.

The son of a country GP and the third of four children, Terence lived out his early childhood in the remote town of Southern Cross until the oldest sibling was of high school age, upon which the family decided to relocate to Perth. By this time, Terence had skipped a year in primary school and, shortly after, gained an academic scholarship to Scotch College.

Graduating near the top of the state, the natural sequence of events saw Terence enrol in medicine at the University of Western Australia. Unfortunately, less than three weeks into the course, he decided that manning a hot-dog stand at the footy stadium and pursuing his surfing hobby would be a more worthwhile way to spend 1996.

The following year, he recommenced his undergraduate medical course with slightly more enthusiasm and, at least having caught up in age with his peers, settled in until an episode of palpitations ignited a strong interest in cardiology. This prompted him to take another year's hiatus to complete a bachelor of medical science under the supervision of his cardiologist mentor, prior to entering his fifth year of medicine.

While most undergraduate medical students have no clue which medical specialty they would like to pursue upon graduating, Terence was different, and thought cardiology was his calling. In his final year, he gained a girlfriend from the same medical cohort, and fortunately this future wife of his talked some sense into him and convinced him that a career in anaesthesia would be far more enjoyable and rather more suited to his (their) lifestyle.

Was it the strength of the CV and the notable referees, or the lack of enthusiasm during the interview (which may have been misinterpreted as unwavering and unbothered under stress) that earned him a training post in the West Australian anaesthesia training program? In the same manner in which he obtained honours with his BMedSci and MBBS, he sailed through the primary examinations and collected a merit along the way.

It was soon after an intensive study course for the primary examination that Terence asked me to marry him. We wed in 2008. Phoebe was born in 2010, 10 weeks premature and following an unrecognised oesophageal intubation, which resulted in her cardiac arrest.

Few things unhinged Terence, but he was passionate about changing WA training for paediatricians in neonatal resuscitation. This was achieved with greater emphasis on the role of carbon dioxide monitoring at intubation of the neonate, a standard of care which, we discovered the hard way, was frighteningly underutilised.

Terence was granted his FANZCA in 2012 and was a popular and highly respected staff specialist at Joondalup hospital. He was easygoing, yet hardworking and efficient. Head-hunted by numerous surgeons around Perth, he found himself busier than he anticipated in private practice. He saw anaesthesia as a job to be done well, but not as what defined his life or his identity.

As many anaesthetic nurses and technicians remarked to me afterwards, being allocated to a list with Terence was an awesome list. To many, he was their favourite anaesthetist to work with, for his laid-back personality and gentle nature. To me, he was my Terence, to our children, the most loving and adoring father they could ask for. He was as rock-steady as an "ASA I, 20 y.o." male's blood pressure under anaesthesia, in home life and work. He also did not look much older. I could not have asked for a more solid and trustworthy partner in life. I credit him for keeping my private work challenging and diverse. He was a quiet man of few words, but he knew how to deliver a good one-liner – although usually funny, some were simply profoundly true.

"If the reason you are not accepting a list is because you are scared, that IS the reason to do the list". This advice carried me through my dips in confidence during my breaks from anaesthesia with maternity leave.

And as he was in life, he tried to leave this world the same way; without a fuss, quickly and efficiently. The hole he has left in our aching hearts is irreplaceable.

He is survived by pretty much everyone – myself, our three young children, his parents and three siblings. In fact the only people he has outlived are three of his grandparents.

Dr Annlynn Kuok, FANZCA
Western Australia

Maxwell Thomas Sloss
1928-2017

Max Sloss was born in Perth and attended Perth Modern School on a scholarship.

He did first-year medicine in 1946. In those days there was no medical school in Western Australia, so Max was accepted to do medicine in Adelaide but he switched to science, graduating with a BSc. in chemistry. He then worked for the State Chemical Laboratories as an industrial chemist.

In 1958, Max resumed his medical studies and in 1962 became part of the first group to have completed their entire medical course in WA. He had taken up an Army scholarship and, after a year as a resident at Royal Perth hospital, he spent four years as an Army Medical Officer. He spent a year in Vietnam as a Major with the 2nd Field Ambulance, working as an anaesthetist. He is mentioned in Marshall Barr's book on Vietnam, entitled *Surgery, Sand and Saigon Tea*.

Max did his formal anaesthetic training from 1968-70, based at Royal Perth hospital. He was 42 when he obtained his Fellowship. He went into private practice and in 1971 joined the visiting staff at King Edward Memorial Hospital (for two years) and Royal Perth hospital for 16 years. In 1996, Max was appointed Emeritus Consultant.

Max tutored in pharmacology for the primary exam for 10 years. He served on the WA committee of the Australian Society of Anaesthetists (ASA) from 1972-1979 and was chairman from 1978-1979. He was on the WA Regional Committee of the Faculty of Anaesthetists from 1973-1979 and remained as a continuing education member until 1987, then was acting chairman of the committee from 1987-1998. He was a member of the WA Anaesthetic Mortality Committee from 1990-1996 and an examiner for the final fellowship from 1984-1992.

Max presented a number of papers at national meetings, and was very active in matters relating to our specialty until his retirement in 1996. He was a fountain of knowledge and very precise in what he did. The ASA (WA) invited him to deliver the DRC Wilson Memorial Lecture in 1987, and he was honoured by ANZCA with a College Citation in 2001.

After retirement, Max kept himself well occupied. He was an avid supporter of the East Perth Football Club, loved watching tennis on television and up until a year ago still played tennis himself. He was a member of the WACA for 60 years and a frequent attender at cricket matches.

Max was an expert in calligraphy, and his Christmas cards were a delight. He was also attending French lessons at The Weld Club right up to the week before he became ill.

Max was married to Margot for 53 years, until she passed away in 2005. He is survived by his son Vivian and daughters Melanie and Marielle, seven grandchildren and three great-grandchildren.

Max was very well until March 11, 2017 when he had a cerebral bleed. He died peacefully nine days later. He was a real gentleman and will be sadly missed.

Dr Neville J Davis, AM, FANZCA
Western Australia

Dr Dennis Boon (von Ochssee) 1956-2017

Dr Dennis Boon von Ochssee – usually known as Dr Dennis Boon – passed away on March 16, 2017 aged 60. He had been diagnosed with inoperable gastric cancer just over a year earlier.

Dennis emigrated from Indonesia to New Zealand as a two-year-old with his parents and two older siblings in 1958. Indonesian President Surkano had ordered the expulsion of all those with Dutch nationality in late 1957.

Dennis started medical training at Otago University Medical School in 1975, having attended secondary school at Saint Kentigern College in Auckland, graduating in 1980. His house surgeon years were spent in Tauranga and Christchurch. In late 1982, he was appointed an anaesthetic registrar at Christchurch Hospital.

In 1985, Dennis travelled to the UK and spent 18 months furthering his training in Nottingham and Sheffield, and exploring the continent before returning to Christchurch to complete his training. He passed the final exam in 1987 and was admitted as a Fellow of the Faculty of Anaesthetists, Royal Australasian College of Surgeons that year.

He was appointed as a specialist anaesthetist in Christchurch in December 1987 and worked there until ill health forced him to stop work in February 2016. After some years, he also started work in the private health sector, but his major commitment was to the anaesthesia department at Christchurch Hospital, which provides anaesthesia services to all the public hospitals in Christchurch.

In 1990, Dr Vaughan Laurenson succeeded Dr John Gibbs as clinical director of the Christchurch Department of Anaesthesia and Dennis became his deputy, although he never officially held that title. Among his administrative duties, Dennis was responsible for the theatre roster and the specialist anaesthetist on-call roster. Doing the rosters required wisdom, patience, tact and empathy; qualities that Dennis had in spades. He earned the full respect and trust of his colleagues through his pursuit of fairness and his preparedness to take on some of the more onerous tasks himself.

In 1993, Dennis took over the role of lead anaesthetist for the anaesthesia service at Christchurch Women's Hospital, which at the time was located off the main hospital campus, and part of a separate Crown Health Enterprise (Healthlink South). This was the time of the disruptions caused by the "health reforms" major restructuring of 1991-93, that featured an influx of managers from the business sector who were new to health. Dennis provided strong support for Vaughan as they navigated a safe passage for the department through these interesting times.

Midwives had become independent practitioners in 1990. This had the effect of changing their relationship with anaesthetists. Dennis was in the forefront of ensuring this new relationship did not erode the standards of patient care, especially when epidural analgesia was used.

As well as surfing, snowboarding, mountain biking and fishing, Dennis was a keen scuba diver. For many years, he was an important member of the team of doctors who staffed the hyperbaric unit that was originally located at the Princess Margaret Hospital in Cashmere before being relocated to Christchurch Hospital in the late 1990s. For a long time this was unpaid, voluntary and in addition to other on-call commitments. Treatments more often than not seemed to happen in the middle of the night and often needed repeating over the following days.

Alternate Tuesdays would see Dennis working, often alone, late into the evening looking after patients having major head and neck surgery. He had taken on this role soon after starting as a specialist and had developed considerable expertise in caring for these challenging patients. As a result, he became the local expert and resource person in the management of the difficult airway and was very enthusiastic in passing on his knowledge and skill to the anaesthesia trainees. In the last five years, the registrars voted him the "Specialist Anaesthetist of the Year" on two occasions in recognition of his teaching.

Dennis was an absolute pleasure to work with. He was well organised, calm and unflappable – almost Zen-like. He was generous and had a great sense of humour, sometimes black, always dry. He avoided the limelight and was content to just get on with the job in hand with as little fuss as possible.

Dennis had a very happy disposition and a very friendly nature. He had a very positive approach to life that was not affected by his ill health. He seemed to permanently have a wry smile on his face and this will be my enduring image of him.

Dennis is survived by his wife Keryn Taylor and his son Mathew.

Dr Paul Smeele, FANZCA
Christchurch Hospital