June 2013

ANZCA BULLETIN

ANZCA
AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

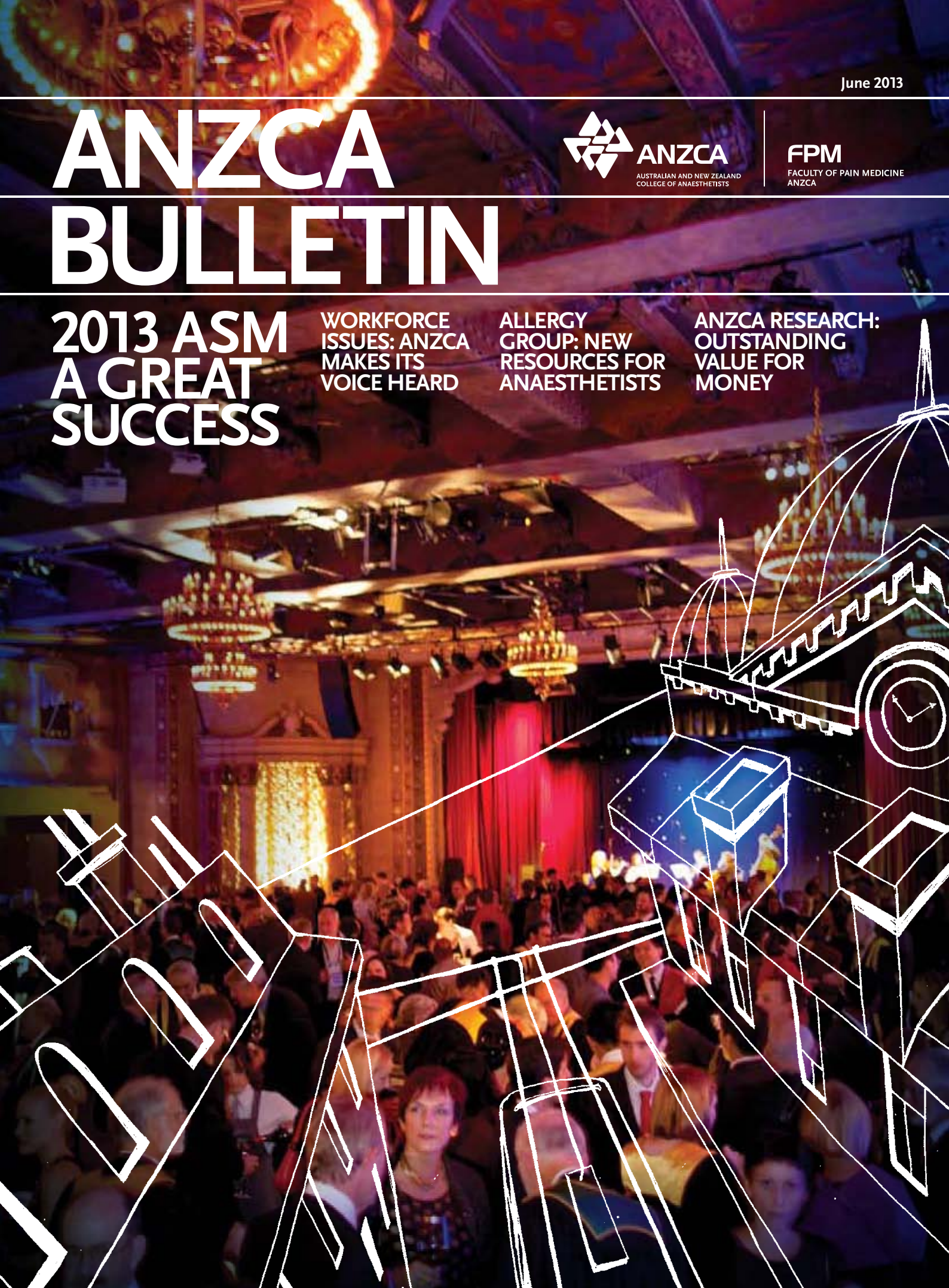
FPM
FACULTY OF PAIN MEDICINE
ANZCA

2013 ASM A GREAT SUCCESS

WORKFORCE ISSUES: ANZCA MAKES ITS VOICE HEARD

ALLERGY GROUP: NEW RESOURCES FOR ANAESTHETISTS

ANZCA RESEARCH: OUTSTANDING VALUE FOR MONEY



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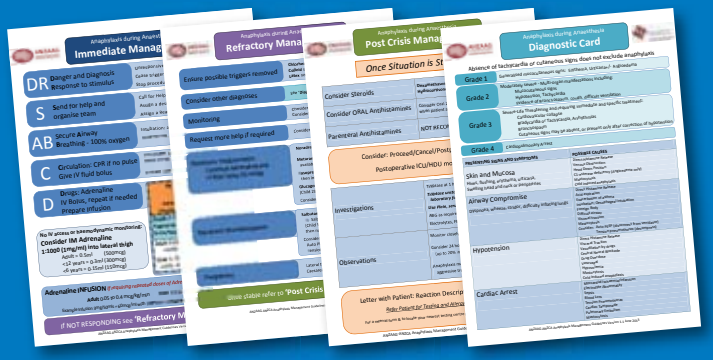

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ANZCA Bulletin

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 5000 Fellows and 2000 trainees across Australia and New Zealand and serves the community by upholding the highest standards of patient safety.

Cover picture: Guests enjoy a reception in the Plaza Ballroom below the Regent Theatre that followed the College Ceremony of the 2013 Annual Scientific Meeting in Melbourne.

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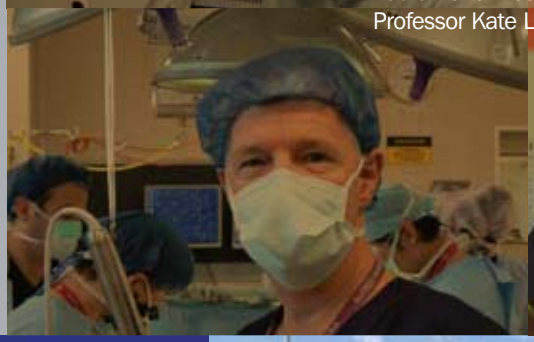

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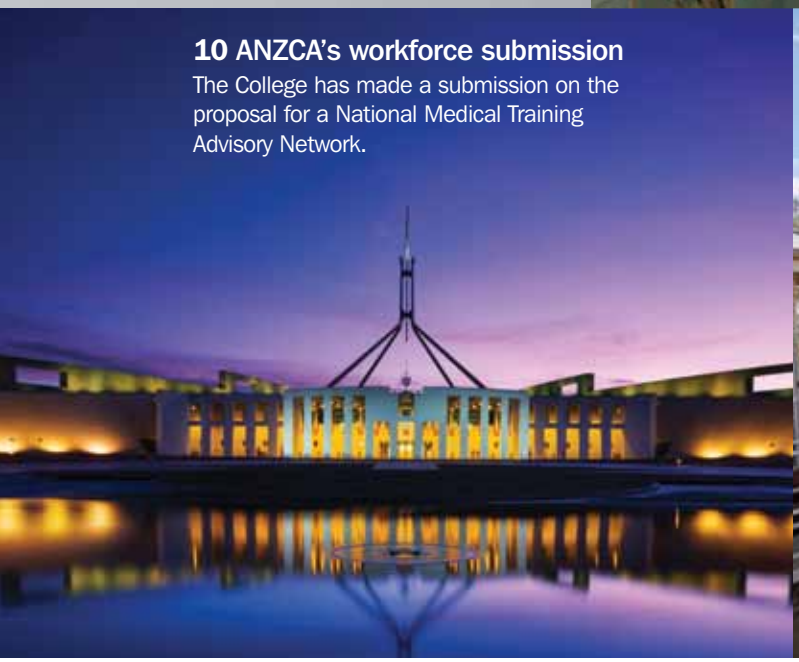

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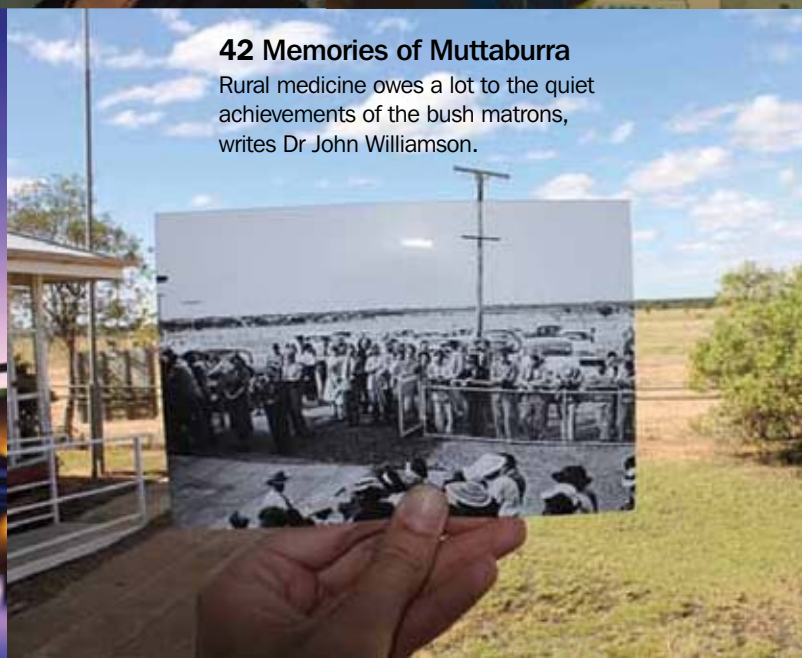

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President's message

Dr Lindy Roberts
President, ANZCA

2013 ASM Melbourne
The ANZCA/FPM annual scientific meeting was an outstanding success (see page 22). I commend the superb work undertaken by Fellows on the Regional Organising Committee – Debra Devonshire, Mark Hurley, David Bramley, Rowan Thomas, Michael Vagg, Maggie Wong, Irene Ng, Winifred Burnett, Laurence Weinberg, David Pescod, Simon Scharf, Rebecca McIntyre, Justin Burke, David A Scott, Vanessa Beavis and Penny Briscoe – along with our hard-working ANZCA staff. The theme "Superstition, dogma and science" proved extremely meaningful and thought provoking. I trust those of you unable to attend the meeting found the daily *ASM E-Newsletter* informative. Many ASM presentations, photos and interviews are available on the website and the meeting gained significant positive media coverage for anaesthesia and pain medicine (see www.anzca.edu.au/2013-ASM).

The ASM also marked the halfway mark of my two-year presidency, giving cause for me to reflect on the past 12 months. A key achievement has been the introduction of the 2013-2017 strategic plan, "Advancing anaesthesia, improving patient care". I thank those of you who provided input to the consultation that informed this plan. There are many steps on the road to achieving our objectives and vision to "be a recognised world leader in training, education, research and in setting standards for anaesthesia and pain medicine". It's been a busy time, both within the College and in the broader landscape in which specialist anaesthetists and specialist pain medicine physicians practise.

Workforce
Workforce remains a high priority. The College has submitted its view on the planned (Australian) National Medical Training Advisory Network (NMTAN) to Health Workforce Australia and released a draft position statement on *Roles in anaesthesia and perioperative care* (see page 10). Accurate data are essential to ensure effective workforce planning. Fellows and trainees can contribute to the debate by participating in workforce surveys, including the ANZCA graduate outcome survey, soon to be released.

There are multiple and complex factors impacting upon workforce supply and demand – unmet demand and budgetary constraints, rural and regional access disparities, the need to co-ordinate the entire training pipeline including the recent rapid expansion in medical graduate numbers, and reviewing service delivery models. NMTAN has an ambitious agenda and the College is committed to advocating a "whole of country" solution that ensures ongoing high quality care for our communities as well as co-ordination at all career stages.

AMA national conference
I recently attended the Australian Medical Association national conference in Sydney as an anaesthesia representative, along with Richard Grutzner and Guy Christie-Taylor, president and vice-president of the Australian Society of Anaesthetists, respectively. Matters on the agenda included: revalidation, workforce, the COAG reform council health report (www.coagreformcouncil.gov.au/reports/healthcare), the $2000 cap on self-education expenses, *A market economy for health*, end-of-life care, *The politics of health* and *Health has a postcode*. It was an opportunity to hear from the Australian Federal Health Minister Tanya Plibersek and the Shadow Health Minister Peter Dutton, on their approaches to health in this Australian election year.

NZ health stakeholder function
Later in June, I will attend a meeting of key New Zealand health leaders organised by the ANZCA New Zealand National Committee. Invitees include the Minister of Health Tony Ryall, as well as representatives of the Council of Medical Colleges of New Zealand, the Medical Council of New Zealand, the New Zealand Medical Association, New Zealand Medical Students Association, other medical colleges, the New Zealand Society of Anaesthetists, along with Fellows and trainees.

(continued next page)

President's message
continued

Cap on self-education expenses in Australia
The $A2000 cap announced in the May 2013 Australian federal budget is of significant concern to many within the health professions, as it will adversely affect training and continuing professional development (CPD). It is likely that trainees and those in rural and regional areas will bear a disproportionate part of this impact. This change appears out of step with recent increasing regulation leading to compulsory CPD for registration. The College has responded by issuing a media release and will respond to the government's discussion paper. I also contributed to the response from the Committee of Presidents of Medical Colleges.

Revalidation conversation
In late 2012, the Medical Board of Australia (MBA) announced that it was exploring the issue of revalidation. The MBA is examining international developments and is seeking input from medical colleges and others. In March 2013, ANZCA CEO Linda Sorrell and I attended a workshop hosted by the MBA where the focus was on community confidence in doctors' ongoing fitness to practice. In New Zealand, the medical council requires that each registered doctor undertakes an annual audit of their practice outcomes.

Through the Advancing CPD Project, ANZCA is reviewing its CPD standard and program to proactively address some of these challenges from our regulatory bodies. Thank you to those of you who have responded to the recent CPD survey, results of which are being used to ensure the program is robust as well as user-friendly (see page 21).

ANZCA committee achievements
In my March *Bulletin* report, I highlighted the work of the New Zealand National Committee and the Australian regional committees and offices. There are many other active groups within the College. As president, I am a member of every ANZCA committee. I am constantly reminded of the numerous contributions made by Fellows, trainees, community and other experts, and ANZCA staff. They work together on projects that benefit trainees, Fellows and patient outcomes. Examples of recent achievements and ongoing projects are in the table on the right. All of these initiatives are collective efforts and I am grateful for the time and expertise of the many supporters of our College.

Group	Recent achievements	Current projects
Anaesthesia and Pain Medicine Foundation (Chair Kate Leslie) *(see page 16)*	Increased profile of the foundation (website, mailout, events)	Increased involvement of prominent philanthropists
ANZCA Trainee Committee (Co-chairs Michael Lumsden-Steele and Paul Nicholas)	Extensive input to the curriculum 2013 project including piloting the training portfolio system (TPS)	Trainee feedback on curriculum and TPS Trainee survey
Asian Transition Working Group (Chair Genevieve Goulding) *(see page 53)*	Regulation 38 published and *ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions* published on new Asia Training Program webpage	Scoping education workshop requirements for affiliated training regions at Singapore ASM
Assessments Committee (Chair Jenny Weller)	Development of a curriculum evaluation template	Evaluation and evolution of the curriculum to ensure it remains world-class[1]
Continuing Professional Development (CPD) Committee (Chair Vanessa Beavis) *(see page 21)*	Introduction of CPD for smart phones	Advancing CPD Project Responding to MBA and MCNZ regulatory requirements
Clinical Teacher Development Working Group (Chair Kersi Taraporewalla)	Online Foundation Teacher Course (FTC)	Facilitating trainee access to the FTC Scholar role tutors' course
Essential Pain Management (EPM) Subcommittee (Chair Roger Goucke)	EPM expanded through south-east Asia and South America	Pilot of EPM in medical schools in developed countries
Education and Training Committee (Chair Genevieve Goulding)	2013 curriculum (with Curriculum Redesign Steering Group and others)	Educational governance review to support the revised curriculum
Fellowship Affairs Committee (Chair Rod Mitchell)	Successful Melbourne ASM Improving communications (e-newsletters, *ASM E-Newsletter, Bulletin*)	Responding to the Latrobe study on Fellow engagement New Fellow pack Graduate outcome survey
Final Examination Subcommittee (Chair Mark Buckland)	Improvements in examinations management system with automated exam planner	Ongoing mapping of the examination and the curriculum
Finance, Audit and Risk Management Committee (Chair Mr Geoff Linton)	Improved financial reporting to the ANZCA Council	Recruitment of external financial and governance expert
History and Heritage Committee (Chair Linda Sorrell) *(see page 42)*	8th International Symposium of the History of Anaesthesia, Sydney[2] and Geoffrey Kaye Symposium in Melbourne	Development of more *Anaesthesia stories* (oral history project)

Group	Recent achievements	Current projects
Indigenous Health Committee (Chair Rod Mitchell)	Nine indigenous health podcasts Curriculum teaching and learning cases Newcastle mentoring program for indigenous medical students	2014 Singapore ASM session on indigenous health
International Medical Graduate Specialist (IMGS) Committee (Chair Kate Leslie)	Increased training for IMGS WBA assessors	Review of international training programs
Mortality Subcommittee (Chair Neville Gibbs)	*Bulletin* article "To resuscitate or not to resuscitate"	Triennial Safety of Anaesthesia in Australia and New Zealand mortality report, 2009-2011
Overseas Aid Committee (Chair Michael Cooper) *(see page 50)*	25th anniversary meeting, PNG Society of Anaesthetists with rollout of Lifebox pulse oximeters (92 for >35 hospitals) Anaesthesia trainee overseas aid scholarship	Support for *Access to safe surgery and anaesthesia* through collaboration with the Royal Australasian College of Surgeons
Primary Examination **Subcommittee** (Chair Andrew Gardner)	New integrated primary examination	Improved feedback to candidates
Quality and Safety Committee (Chair David A Scott) *(see page 38)*	Establishment of the Anaesthetic Allergy Subcommittee Co-badging Anaphylaxis management guidelines[3]	Morbidity and mortality review oversight through the mortality subcommittee and ANZTADC[2]
Research Committee (Chair Alan Merry)	Increased support for multi-year studies	Assistance for trainees undertaking research
Scholar Role Panel (Chair Mark Reeves)	Development of option B exemption principles and forms	Supporting scholar role tutors with assessment of option A activities
Training Accreditation Committee (Chair Mark Reeves)	Development of seven accreditation standards	Census of all accredited departments Guidelines for approving training rotations
Workplace-based Assessment (WBA) Committee (Chair Rick Horton)	WBA assessor training for curriculum 2013 using a WBA champions model	WBA evaluation[1]

References:
1. New educational committees will be introduced in August 2013.
2. With the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists.
3. With the Australian and New Zealand Anaesthetic Allergy Group (ANZAAG).

Queen's Birthday Honours

Members of the Order of Australia (AM) in the General Division

Dr Francis Xavier Moloney, Orange, NSW. For significant service to medicine, particularly in anaesthesia.

Professor Nikolai Bogduk, Newcastle, NSW. For significant service to medical research and education, particularly in the specialties of anatomy, spinal health and chronic pain management.

Conspicuous Service Cross (CSC)

Lieutenant Commander Peter Matthew Smith, Royal Australian Navy, NSW. For outstanding achievement as the officer-in-charge of the Submarine and Underwater Medicine Unit at HMAS Penguin.

Chief executive officer's message

Ms Linda Sorrell
Chief Executive Officer, ANZCA

With the annual scientific meeting (ASM) in Melbourne this year, head office staff were able to show Fellows and trainees face-to-face some of the many services and resources offered by the College.

The ANZCA section located in the healthcare industry (HCI) exhibition area included staff from the ANZCA Library, the Education Development Unit, the continuing professional development (CPD) team, the Faculty of Pain Medicine (FPM), the Anaesthesia and Pain Medicine Foundation and the Geoffrey Kaye Museum of Anaesthetic History. I also took the opportunity to meet with Fellows and trainees at specified times during the ASM.

The ANZCA Library booth proved very popular with Fellows and trainees, many who were unaware that the library provided 24/7 online access to journals, books, and librarian support from any computer desktop or mobile device. Staff took the opportunity to demonstrate library resources and receive feedback about the services and information needs of Fellows and trainees.

The Education Development Unit provided information and guidance about the revised curriculum, the training portfolio system and teaching and learning resources offered by the College while the CPD team also received a constant stream of delegates with various queries.

There was positive feedback regarding CPD mobile, which enables Fellows access to their CPD portfolios via mobile devices, as well as the opportunity to demonstrate its features to delegates who had not yet experienced the benefits. There were also a number of inquiries from other HCI exhibitors who had questions regarding the now-retired process of accrediting externally run continuing medical education activities.

The FPM booth provided potential trainees with the opportunity to inquire about the pathways to FPM fellowship and learn more about the new Faculty curriculum from key members of the curriculum project steering group. Fellows were able to express their interest in volunteering to contribute to the curriculum redesign project. The HCI also used the opportunity to learn about upcoming Faculty events and the potential for sponsorship. The presence of Faculty staff promoted greater awareness of the FPM activities and the benefits of fellowship.

The foundation booth also attracted a regular flow of visitors. There was a wide range of interests and requests for information on the foundation's activities, spanning funded research studies, the ANZCA Trials Group, overseas aid, the indigenous health program, and how Fellows can get involved.

This year the booth displayed a series of large posters presenting a selection of awarded and highly-ranked research projects that have received foundation funding in 2013, following the ANZCA Research Committee's rigorous merit-based selection process. Awards received by the highlighted projects included the Harry Daly Research Award for the highest-ranked project (Associate Professor Brendan Silbert and team), the John Boyd Craig Research Award for pain medicine in Western Australia (Clinical Associate Professor Nolan McDonnell and team), the Mundipharma ANZCA Research Award (Professor Matthew Chan and team), and the Pfizer ANZCA Research Award for research in the field of pain medicine (Professor Philip Siddall and team).

The museum booth space supported a number of activities including a non-interpretive display of historic masks/inhalers, airways and laryngoscopes. Many of these objects had never been on display and they attracted much interest. The most common observation made was on how the specialty has come a long way in making anaesthesia and pain medicine a safer and less traumatic experience for the community.

Interviews from an oral history project that commenced last year, "Anaesthesia stories: People and events shaping a modern specialty", were screened at the museum booth. Two more interviews with prominent anaesthetists were recorded during the 2013 ASM and will be released in the near future with a third interview to be captured later in the year.

Also available at the booth was the new combined museum and foundation brochure encouraging the wider fellowship to support the museum and help protect our history through the museum Development Fund and to also to continue support for the research development journey through the Anaesthesia and Pain Medicine Foundation. The museum has also recently published a small collection of blank cards showcasing six objects from the historic collection that generated interesting conversations at the booth. Please contact the museum should you wish to place an order – museum@anzca.edu.au.

A full wrap-up of the ASM starts on page 22 of this edition of the *Bulletin*.

ANZCA and government: building relationships

Australia

May budget announcement – federal government

While the budget delivers substantial savings to return to surplus, the big spending items are the National Disability Insurance Scheme, funded through a 0.5 per cent increase in the Medicare levy, and increased investment in education following the Gonski review.

The commitment to health includes the latest increase of 150 places under the Specialist Training Program, resulting in 900 Commonwealth-funded specialist training places for 2014. Further investments of $226 million in 2013-14 will boost cancer-screening programs for breast and bowel cancer, as well as treatment, care and research in this area.

The usual indexation of fees for items listed in the Medicare Benefits Schedule (MBS) will be delayed from November 2013 to July 2014 and will result in additional out-of-pocket costs for patients. Historically the fees have been indexed in November, although indexation of MBS fees has been delayed once previously in 1996 when they were frozen for 12 months by the Howard government at 1995 levels.

Cuts of more than $80 million dollars over four years to Health Workforce Australia's budget will probably result in a reduction of the organisation's capacity to deliver in all areas of what is a very ambitious Australian workforce analysis and reform program.

Engaging with government

Health Workforce Australia – National Medical Training Advisory Network

ANZCA has engaged with Health Workforce Australia (HWA) on the proposal for a National Medical Training Advisory Network (NMTAN) on a number of fronts. The vice-president attended the stakeholder forum in March, and the president, chief executive officer, and general manager, policy met with the HWA project manager in May. ANZCA is making sure its voice is heard on these very important issues, which affect the profession and have direct impacts on the quality of healthcare for the community.

ANZCA supports a co-ordinated national effort to bring together all relevant stakeholders to improve medical training and provide a more planned approach to medical workforce across the country. While NMTAN is an ambitious concept, we welcome this HWA initiative as a necessary mechanism to balance the needs of the community for quality healthcare with the training requirements of doctors. Our feedback is comprehensively summarised in a submission provided to HWA in April. Five key principles have been put forward by HWA and a summary of the key points is outlined in the table on this page. The full ANZCA submission is available online via: www.anzca.edu.au/communications/submissions.

(continued next page)

Summary of ANZCA submission to the National Medical Training Advisory Network

Principle 1

Training of the medical workforce should be matched to the community's requirements for health services, including where those services are required geographically and in what specialty.

- The current training system has evolved to a very high level with specialist colleges responsible for setting standards of specialist practice and offering high quality vocational education and training programs in their respective disciplines.
- Until we can determine a uniform approach to calculating health service demand and therefore workforce requirements, as well as maintain adequate funding levels to reflect community needs, efforts to match demand and supply will remain extremely challenging.
- Improved collaboration is essential between federal, state and local health care networks as well as with key training providers such as universities, prevocational medical councils and colleges.
- There is no acknowledgement of the Australian Competition and Consumer Commission (ACCC) requirement for fair completion and fair trading anywhere in the discussion paper and how this will affect decisions to limit or expand supply.
- Improved arrangements between metropolitan and regional or rural centres to relieve staff specialists and registrars in the more isolated sites would ensure continuity of training and assist to attract specialist training (and service delivery) in these sites.

Principle 2

Matching supply and demand for medical training should recognise the changing dynamics of the healthcare system over time, including advances in service models and workforce development trends.

- It is best that any change is evolutionary rather than revolutionary, due to potential errors in modelling as well as the need to incorporate future change.
- The demand data in the workforce modelling prepared by HWA contains many assumptions and requires updating, with further refinement, using input from key stakeholders including colleges.
- A regular strategic planning mechanism that brings together the wealth of knowledge across all the key stakeholders, including medical colleges, is important at least every five years, at a national level.
- Training programs need to continuously adapt to align with changing health system requirements.
- The continuing monitoring and evaluation of the ANZCA training curriculum allows ANZCA to respond to the changing needs of the community that impact upon specialist practice.

Principle 3

Medical training should be provided in the most cost effective and efficient way that preserves the high quality and safety of Australia's current training system and the sustainability of the health service delivery system.

- The current medical training system has evolved over time and efforts to improve its efficiency will need to be measured in a way that preserves effectiveness of training and of patient services.
- Activity based funding may provide greater opportunities and incentives to capture the true "time cost" of training specialists.
- Safety must not be compromised.
- Australia and New Zealand are in the enviable situation of reporting some of the best anaesthesia safety statistics in the world, achieved using a specialist-led model of care.
- The voluntary efforts of Fellows (above and beyond clinical support time allocated by employers) involved in College work and supervision and training has never been accurately quantified.
- The current five-year course has inbuilt flexibility to accommodate clinical placements in different hospitals and enables completion of various subject areas in alignment with the type of experience available at the particular hospital.
- Trainees make an important contribution to anaesthesia services, particularly toward the end of their training when they can practise with less direct supervision.
- The discussion paper fails to appreciate the importance that clinical research plays in advancing medical care and standards and ultimately improving patient outcomes and safety.

Principle 4

Training requirements should be informed by relevant and up-to-date information about future service needs.

- Data gathering and demand/supply modelling must be improved to accurately predict future workforce needs.
- Training is being determined by the funding of registrar positions based on hospital needs (with the tension between service delivery and training), and not the needs of a network, state or the nation.
- Apart from the HECS-capped places for local students there appears to be no co-ordinated strategy for international medical students wanting to study in Australia, particularly when it comes to finding intern placements.
- As a country, we could manage the international students much better to ensure the benefits of training extend to their home countries in a way that does not disadvantage local students.
- ANZCA recognises that forward projections of demand for healthcare are fraught with errors due to assumptions that may later prove to be incorrect, but nevertheless this is an area that should be further developed, in consultation with those with special expertise in this area.
- ANZCA will begin a survey of graduate outcomes in 2013, which will provide information about the work patterns of our new Fellows.

Principle 5

Training places for Australian-trained medical graduates should be prioritised over immigration of overseas trained doctors to fill workforce gaps in responding to short and long-term workforce need.

- Links between workforce planners, jurisdictions, training providers (including colleges) and the immigration department are essential to inform where there are shortages and where there are likely to be shortages by workforce type/discipline.
- A better understanding of the incentives and disincentives for working in rural and regional areas is required, as well as a review of the current funding of "rural bonding" of medical school places and medical schools to see if it is attracting specialists to work in these areas.
- Networks that encourage and facilitate rotation at all levels including specialists ought to be encouraged. This has the potential to build truly great networks, each appreciating each others' problems and strengths and building good clinical relationships.
- There is emerging anecdotal evidence that Australia is relying less on international medical graduate specialists to provide specialist anaesthesia services in regional and remote Australia.

ANZCA and government: building relationships
continued

Australia (continued)

Policy development

The Policy Unit continues to work with other ANZCA units and committees to revise the regulations following release of the revised curriculum. The comprehensive *ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions* was finalised in May and is available on the web via: www.anzca.edu.au/training/asia-training-program.

There are three working groups being co-ordinated and supported by the Policy Unit. One is exploring the general practitioner anaesthetist role, while another has developed the draft *PS59 Roles in Anaesthesia and Perioperative Care*. The draft position statement has been sent out for internal consultation and will be revised and presented to the ANZCA Council in August. The third group is about to start work on a dedicated Anaesthetic Competence and Performance Guide, subject to further negotiations with the Royal Australasian College of Surgeons.

In March, ANZCA was represented at the Health Issues Centre forum, "More than a standard: Practical partnering with consumers". Catalysed by the Australian Commission on Safety and Quality in Health Care's release of standards designed to improve the quality of health-service provision in Australia, particularly "Standard 2: Partnering with Consumers", the forum sought to explore consumer partnership in service planning, design of care, service measurement and evaluation. The proceedings revealed an appetite for information about the arrangements in place to ensure that medical practitioners are good communicators.

Submissions

ANZCA continues to advocate on behalf of Fellows, providing submissions to government and health stakeholders in a variety of areas. ANZCA has recently made submissions and/or representations to:

- Medical Board of Australia on competent authority and international medical graduate specialist pathways.
- Health Workforce Australia on their draft health professionals prescribing pathway.
- Therapeutic Goods Administration on a trans-Tasman early warning system for medicines and medical devices.
- The Medical Board of Australia on Good Medical Practice: A Code of Conduct review.
- The Australian Health Practitioners Regulation Agency on data access and research policy – national registration and accreditation scheme.
- Health Workforce Australia on the National Medical Training Advisory Network.

ANZCA's past submissions, including the College's accreditation submission to the Australian Medical Council and significant submissions developed by the New Zealand National Committee can be accessed via: www.anzca.edu.au/communications/submissions.

Australian government grants

Specialist Training Program

The 2014 Specialist Training Program (STP) application round closed on May 1. Applications will be assessed by the College, health jurisdictions and the Department of Health and Ageing (DoHA), with announcements of successful posts expected in July.

The College began developing a framework for the evaluation of STP, including support enhancement projects in January this year with the evaluation due to be completed by December. The purpose of the evaluation is to gather and analyse information to inform program development. STP staff will be consulting with sites who receive STP funding and other related stakeholders over this period.

Training More Specialist Doctors in Tasmania

On June 15, 2012, the Minister for Health, Tanya Plibersek, announced a $325 million emergency package for Tasmania's health system. The "Training More Specialist Doctors in Tasmania" workforce component of the measure provides $40 million over three years, starting in 2014 to support the training and retention of specialist doctors in the Tasmanian public health system. Funding will be delivered as an additional component to the STP.

The College has been working closely with Tasmanian health organisations, the Department of Health and Human Services Tasmania and DoHA to develop a plan to ensure resources are provided

where they are needed most. The College submitted an integrated and collaborative proposal to improve workforce issues in Tasmania in May for consideration and approval by DoHA. More information will be made available once the results of the proposal are known.

Further information is available from Donna Fahie (Manager, STP) on +61 3 9093 4953 or stp@anzca.edu.au.

College accreditation update

The College, including the Faculty of Pain Medicine, was granted accreditation by the Australian Medical Council (AMC) in December 2012 to continue training programs in anaesthesia and pain medicine, and to run continuing professional development programs, for another six years until December 31, 2018. In line with the new national registration and accreditation arrangements, the Medical Board of Australia informed the AMC in March 2013 that it has formally approved the ANZCA accreditation.

The Medical Council of New Zealand (MCNZ) has accepted the report of the AMC regarding the accreditation of ANZCA, and will continue to communicate with the AMC via the scheduled progress reports.

ANZCA submitted its first post-accreditation annual progress report to the AMC in March. The AMC has provided a copy of the report to the MCNZ for its consideration.

New Zealand

The New Zealand government released its 2013-14 budget on May 16. There were no significant surprises in the announcements, with the overall focus remaining on a return to surplus, now forecast for the 2014-15 year. This is reflected in an easing on government spending restrictions. After two years of no new spending, the government has earmarked $800 million for new projects this year.

Over the next four years, Vote: Health will rise to $14.7 billion per year, increasing by $1.6 billion per year, $352 million of which is new funding. A total of $1 billion will help district health boards to provide services to growing populations. Among a number of specific areas of new expenditure, there will be $48 million for more elective surgery over the next four years, and an additional $7.3 million to increase the number of students at medical schools.

PHARMAC has begun to release its decisions on the medicines that will be included on the National Hospital Medicines List. District health boards will not be able to prescribe medicines that are not on the list although some exceptions do exist. PHARMAC is open to reviewing the list. Colleges and other organisations can trigger a review through PHARMAC's funding application process.

Health Workforce New Zealand (HWNZ) is reviewing the Health Practitioner Competence Assurance Act 2003. The act provides for the regulation of health professionals in New Zealand, sets out the roles and responsibilities of regulatory authorities, and the requirements on doctors regarding competence and fitness to practice. It also covers the complaints and disciplinary processes for doctors who breach the standards. The first round of consultation has closed and HWNZ will release a second consultation document soon, ahead of delivering final recommendations to the Ministry of Health in June.

John Biviano,
General Manager, Policy, ANZCA

ANZCA and FPM in the news

Since the March *Bulletin*, ANZCA and the Faculty of Pain Medicine have been mentioned in 168 media reports and reached a combined cumulative audience of about four million people throughout Australia and New Zealand.

Much of the coverage in this period was achieved with strong media interest in the FPM Refresher Course Day on Friday May 3 and this year's annual scientific meeting in Melbourne from May 4-8.

The Communications Unit prepared and broadly distributed six media releases all relating to the ASM and the FPM Refresher Course Day (RCD) sessions between May 2 and May 8.

ASM and FPM RCD media highlights included:

- Dr Helen Crilly from the Australian and New Zealand Anaesthesia Allergy Group who spoke to journalists about the increasing incidence of anaphylaxis and allergy in theatre settings.
- Ms Loretta Marron from the group Friends of Science in Medicine, who was interviewed about the need to better regulate complementary and alternative medicines and their use in pain management.
- Italy's Professor Fabrizio Benedetti who spoke extensively about his work on the placebo effect in sports performance and in pain relief.
- Dr Peter Saul's presentation on "futile" surgery.

Professor Fabrizio Benedetti, FPM Victorian Visitor, Italy

- Associate Professor Timothy Short's research into anaesthetic depth.
- Dr Melita Giummarra's research into "somatic contagion", an extreme form of pain empathy.
- Professor James Bagian about reducing patient harm in the theatre.

More than 20 interviews were given to media by delegates and Fellows and ANZCA would like to thank all participants for their support of the Communications Unit in helping to lift the profile of the College, FPM and anaesthesia and pain medicine generally.

A list of media releases and ASM and FPM RCD media coverage is available on the ANZCA website.

Since the ASM, ANZCA and FPM Fellows have also been invited to make expert comment to media on stories including the proposal to legalise cannabis use in NSW among terminally ill patients, the myths and truths of analgesia and anaesthesia in labour and childbirth, and the management of chronic pain in children.

Since March this year ANZCA has generated 169 media reports. They include:

- 33 print stories.
- 35 online stories.
- 15 radio reports.
- 86 television reports.

Media releases distributed by ANZCA since March this year:

- Happy gas after all – nitrous oxide ok for some in surgery (May 7).
- Patient safety: It's not rocket science, says ex-astronaut (May 5).
- World-first anaesthesia study: How deep is too deep in theatre "sleep" (May 4).
- Mind over morphine – how placebos can help cheating in sport (May 3).
- I hear your pain: the art of communication in human suffering (May 2).
- Anaesthesia and pain: Unravelling the secrets (April 30).
- Cap on doctors may jeopardise patient safety (April 22).
- Making anaesthesia safer (March 27).

Ebru Yaman
Media Manager, ANZCA

Patients benefit from ground-breaking ANZCA research

ANZCA has a long history of supporting research undertaken by its Fellows and trainees. This support has had an enormous impact, including enabling clinician researchers to flourish, enhancing the reputation of our College and, most importantly, improving patients' lives.

Support of individual researchers

An ANZCA grant is often the first peer-reviewed funding that a College Fellow or trainee receives. The Research Committee and grant reviewers are carefully selected for their ability to provide constructive feedback to applicants, which aims to improve the competitiveness of their projects and its likely impact on patient care. In addition, the committee assists novice investigators and quarantines funds specifically for novice investigator projects. As well as kick-starting research careers, ANZCA funding has sustained the research programs of many Fellows in anaesthesia, pain medicine, perioperative medicine and basic research in Australia, New Zealand, Hong Kong, Malaysia and Singapore. It is often through an ANZCA grant, especially in harsher economic times, that the spark of research interest is kindled in ANZCA Fellows and trainees. This can lead to a life-long passion for expanding our knowledge base and improving patient care.

Enhancing the ANZCA's reputation

ANZCA has established a unique trials group, which is widely admired around the world – the ANZCA Trials Group. There seems to be something very Australasian about the ability of our Fellows to put aside individual ambitions or combine them for the common good. Hundreds of Fellows and trainees are directly involved with the work of the ANZCA Trials Group, as members of the trials group executive, chief investigators of trials group-supported studies, participants in trials group workshops and, most importantly, as site investigators and clinicians who actually implement protocols in individual patients.

The ANZCA Trials Group has five endorsed multi-centre trials planning to recruit nearly 30,000 patients: ATACAS (on aspirin in cardiac surgery), POISE-2 (on aspirin and clonidine in non-cardiac surgery and in collaboration with Canadian researchers), ENIGMA-2 (on nitrous oxide in high-risk

patients), RELIEF (on intravenous fluid administration in abdominal surgery) and Balanced (on anaesthetic depth in elderly patients). The studies are funded by Australian National Health and Medical Research Council grants with a combined total of over $A10 million). The Balanced Study also is funded by New Zealand's Health Research Council.

There are many other great projects in the pipeline. The ANZCA Trials Group is a College resource and supports multi-centre research throughout Australia and New Zealand. The ANZCA Trials Group is the only specialist medical college-supported trials group in Australia or New Zealand, and contributes substantially to the "badge of quality" that membership of our College signifies.

Improving patients' lives

By far the most important impact of ANZCA research support is the difference that it has made and will make in the future to patients' lives. In this respect, ANZCA research funding has delivered outstanding value for money, as the sole-funder or seed-funder of many high-impact studies.

Examples of the patient-centred outcomes of ANZCA-funded research include:

- Commonly used analgesics are not transferred through breast milk to nursing infants in significant quantities providing reassurance to breast-feeding mothers post-caesarean delivery.
- Children exposed to general anaesthesia before the age of three may have a higher relative risk of specific cognitive deficits than unexposed children. More information is urgently needed and is being collected in the ANZCA-supported GAS study.
- Elderly patients face a significant risk of death and/or major complications after elective and emergency non-cardiac surgery – we must find effective and safe preventative measures.
- Epidural analgesia provides better pain relief than intravenous analgesia but does not affect the rates of major complications in high-risk surgical patients.
- Bispectral index monitoring is associated with a lower incidence of awareness than routine care in patients at high risk of awareness.
- Nitrous oxide is associated with a higher risk of many postoperative complications, but a lower incidence of chronic pain, in adult patients having non-cardiac surgery.
- Pre-existing cognitive impairment is associated with worse postoperative cognitive outcomes up to 12 months or even longer after surgery – is anaesthesia playing a part?

(continued next page)

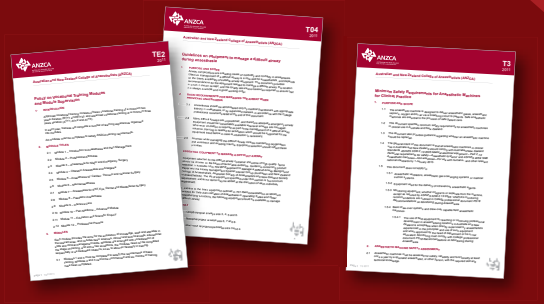
Patients benefit from ground-breaking ANZCA research
continued

The future of anaesthesia and pain medicine research

Our populations are ageing and the costs of caring for them will be an overwhelming burden for society in the future. Furthermore, seniors in Australia and New Zealand want to enjoy a high quality life and not just a longer one. We must find ways to prevent and effectively manage major perioperative complications such as myocardial infarction, stroke, wound complications and cognitive impairment. We also need to ensure that chronic postoperative pain and other forms of chronic pain (cancer and non-cancer-related) do not impair the ability of our patients to enjoy their life or ultimately to die with dignity and in comfort. The only way to do this is through high-quality research. ANZCA's Anaesthesia and Pain Medicine Foundation is playing a vital role in raising funds to support research by Fellows and trainees. We are very grateful to all those who have supported the foundation so far, including all our Fellows who contribute through their annual subscription. To learn more about the various programs for giving and the foundation's initiatives to recognise donors, please visit the foundation website at www.anzca.edu.au/fellows/foundation.

Professor Kate Leslie, FANZCA
Chair, Anaesthesia and Pain Medicine Foundation Board

What would you do?



ANZCA's professional documents are aimed at assisting Fellows and trainees to provide a high standard of care to their patients. This is part of a series of articles by Dr Peter Roessler, ANZCA's Director of Professional Affairs (Professional Documents) which explain aspects of ANZCA's professional documents in practical terms.

Starting anaesthesia when the surgeon is not present

You are contacted by the surgeon prior to the scheduled theatre start time (either the night before or early in the morning) and instructed to commence anaesthetising the patient so that the patient is asleep and ready for them when they arrive in theatre.

When I was a lad undergoing my training in anaesthesia, which preceded the advent of professional documents, morning theatre lists started at 8am sharp. Surgical expectation was that this start time reflected the time of "knife-to-skin", which led to the practice where anaesthetists arrived in theatre and started anaesthetising by 7.30am for an 8am knife-to-skin start time. It was common practice for surgeons to arrive in theatre at 7.30am and then attend to a "quick round" while the patient was being anaesthetised.

Surgical expectation has not changed greatly, however, somehow over time, the initial intent and accompanying reasons seem to have been lost. There are occasions where some surgeons find the "putting the patient to sleep time" an opportunity to do things that are outside the confines of the hospital, or simply as an opportunity to arrive a little later.

This poses potential problems should the surgeon be delayed, or worse, fail to arrive. Nevertheless there are occasions when pressure is applied to anaesthetists to commence anaesthesia prior to the surgeon's arrival in the hospital, and occasionally some practitioners may succumb to this pressure.

What would you do?

In reaching a decision it may be helpful to reflect on this practice in the context of ANZCA's *Code of Professional Conduct*. On page 6 under obligations to patients it states, "The welfare of their patients must be the primary focus of Fellows". Further, on page 10, section 5 Anaesthetists and Professional Relationships states the following:

"The provision of safe, high-quality medical care is increasingly dependent on complex and multilayered teams, centred on the patient. Anaesthetists should act collaboratively and co-operatively with integrity, honesty, respect, and without prejudice, in a spirit of co-operation with all those involved in the provision of optimal patient care (for example, colleagues, allied health professionals, administrators, support staff)."

The emphasis is to act collaboratively with the whole team (including the surgeon) to achieve co-operation in the patient's best interests.

The view of the ANZCA Quality and Safety Committee is that neither anaesthesia nor significant blocks should be initiated until a senior member of the surgical team is present. The WHO Surgical Safety Checklist, which is endorsed by ANZCA, the Royal Australasian College of Surgeons, and the Australian Council on Healthcare Standards, states that the side must be marked (where relevant) prior to induction and although "surgeon present" is only mandated at "time out" it is, nonetheless, a checklist item.

Some hospitals have included "surgeon present" as part of the pre-induction check. There have been many circumstances where miscommunication about the location of the surgeon have led to prolonged, inappropriate or even unnecessary anaesthesia. Whether surgical presence means in the operating room or onsite would be up to local policy and individual clinical factors.

Dr Peter Roessler
ANZCA Director of Professional Affairs (Professional Documents)

Advancing CPD – analysing your feedback

As most Fellows would be aware, the Advancing CPD Project is well under way with more than 1000 Fellows responding to last month's CPD survey.

ANZCA, in particular the CPD Committee and a group of Fellows with technical expertise, is in the process of analysing the results of the survey that was distributed to Fellows in early May. More detailed findings will be made available in the next edition of the *ANZCA E-Newsletter* in the first week of July.

Preliminary findings indicate that four out of five respondents believe anaesthetists should be required to regularly demonstrate they can manage certain specialist skills, more than 50 per cent have airway trainers and ACLS manikins where they work and Fellows do not see value in reviewing their CPD plan annually.

Those surveyed also indicated they want the ability to enter CPD data on any device – laptops, mobiles and desktop computers. Half of respondents use an Apple device and most saw value in ANZCA and FPM holding meeting attendance certificates.

The Advancing CPD Project is aimed at aligning with the revised curriculum principles. It will result in the development of a new user-friendly online system that enables Fellows to meet their CPD requirements and record them easily.

The project is also considering the changing regulatory environment. In late 2012, the Medical Board of Australia announced plans to explore revalidation as a means of enhancing community confidence in doctors' ongoing fitness to practice. The Medical Council of New Zealand requires that that, from

June 2013, every registered clinician undertakes a compulsory audit of medical practice relevant to personal practice and refer to CPD as part of recertification to renew practising certificates. The College is working to assist Fellows of ANZCA and FPM to meet regulatory requirements.

Dr Vanessa Beavis
Chair, CPD Committee

New special interest group to focus on communication

ACECC Special Interest Group

As anaesthetists, intensivists and specialist pain medicine physicians, we all interact with challenging patients and on occasion challenging colleagues.

To help address these challenges, the Communication in Anaesthesia Special Interest Group (SIG) has been formed. It plans to develop workshops and resources and provide guidance to help improve anaesthetists' skills in all aspects of their work including patient care (for example, needle-phobic patients), working with surgeons and other health professionals, administrators and the media.

In addition, we hope to be able to provide support in teaching and research related to communication in anaesthesia.

The Communication in Anaesthesia SIG began as an idea some five years ago. The 2008 combined scientific meeting of the Australian Society of Anaesthetists (ASA) and the New Zealand Society of Anaesthetists (NZSA) in Wellington had communication in anaesthesia as its theme.

More recently, with the development and introduction of the revised curriculum, ANZCA has incorporated the roles of "communicator" and "collaborator" as integral to professional practice in anaesthesia. It is also evident that some aspect of communication in anaesthesia is presented as a workshop topic or lecture in almost every ANZCA or ASA meeting in recent years, suggesting that communication in anaesthesia has come of age.

It was at the ANZCA annual scientific meeting in Perth last year when a group of kindred spirits sat overlooking the Swan River with coffee, breakfast and some scattered thoughts that the Communication in Anaesthesia SIG began to evolve.

Over the next 12 months, various discussions with ANZCA, the ASA and the NZSA came to fruition just prior to this year's ASM in Melbourne and the Communication in Anaesthesia SIG came into being.

The Communication in Anaesthesia SIG recognises that some aspects of its work will to some degree overlap with other SIGs, given the multidisciplinary nature of our specialty.

We hope that anyone with an interest in this important topic will join with us to hone our anaesthesia skills and work collaboratively in those areas of mutual interest.

Membership of the Communication in Anaesthesia SIG is open to ANZCA Fellows and members of the ASA and NZSA. We cordially invite all of you who may be interested in joining to contact Hannah Burnell – hburnell@anzca.edu.au or returning the SIG application form on the relevant society or College websites.

Dr Allan Cyna
Interim Chair, Communication in Anaesthesia Special Interest Group

ANZCA 2013 ASM
MELBOURNE CONVENTION
AND EXHIBITION CENTRE
MAY 4-8, 2013

Two thousand one hundred and forty one delegates enjoyed an outstanding annual scientific meeting in Melbourne last month. The theme "Superstition dogma and science" led to thought-provoking discussion and challenged many to consider the way they practice. The scientific program was supported by a strong social program and a great sense of fellowship prevailed.

MELBOU
ANZC
WRAP UP

SNAPSHOT

FULL REGISTRANTS: **914**
DAY REGISTRANTS: **175**
TOTAL ATTENDEES: **2142**
NEW FELLOWS: **185**

SESSIONS

PLENARY PRESENTATIONS: **13**
CONCURRENT PRESENTATIONS: **132**
E-POSTERS: **71**
MODERATED E-POSTERS: **42**
QUALITY ASSURANCE: **4**
WORKSHOPS: **36**
PROBLEM-BASED LEARNING DISCUSSIONS (PBLDs): **37**

RNE
A ASM

SUPERB ACADEMIC, SOCIAL AND COLLEGIAL PROGRAM

Thirteen is traditionally an unlucky number and some have said that organising an ASM is enough to send the regional organising committee (ROC) to either the divorce courts or rhythmically rocking in a locked cell with padded walls. Despite the superstition, the lawyers and psychiatrists didn't receive any extra business from our ROC and the ANZCA 2013 annual scientific meeting, "Superstition, dogma and science" was a success! Many thanks to the anaesthesia community for engaging in such an enthusiastic way with the superb academic, social and collegial program.

Attendance this year swelled to more than 2000 delegates. This is an outstanding result and a new record for an ANZCA anaesthesia meeting held in Australia. The Melbourne Conference and Exhibition Centre was a perfect Melbourne venue to manage such a large meeting. The green design and function of the centre met the philosophy of our ROC. The staff assisted the delegate flow from the vast number of rooms and lecture halls down to the trade area during breaks. Yes, it was a long walk ... but great exercise to stretch out limbs and worth the meander to enjoy fresh Victorian food while networking with friends.

The cocktail evening in the trade exhibition was enhanced by hip music while attendees explored new pharmacological advances and technology. Towards the end of the night, the magic of the 2014 launch exploded into the exhibition space. Dancing Asian lions pounded their orange bodies, weaving among the guests to the sound of drums and cymbals! It was exciting and thanks are extended to the professional trade exhibitors and our major sponsors for their support.

The workshops and problem-based discussion groups were well attended, demonstrating our strong emphasis on being can-do professionals. The wet lab at Werribee veterinary school was complex to organise but essential in giving those involved first-hand time-critical expertise in crisis management. All animals were treated with the utmost respect.

Our invited speakers were outstanding in delivering considered views over a broad range of issues. A topical session by Professor Edzard Ernst, titled "The king and me" generated a great deal of discussion, even though it was delivered unfortunately via a pre-recorded video due to an illness in his immediate family. Despite this constraint, he was amusing and controversial. Prior to the lecture, one may have considered a Professor of Complementary Medicine an oxymoron. However his diligent quest for scientific evaluation of complementary therapies was applauded by the audience. One could muse that in an earlier century he must surely have been tried for treason for his fearless path in conflict with the views of the heir to the British throne. Most considered him brave to study in an area which generates strong emotion from vested interest groups.

Professor Kevin Tremper and Professor James Bagian gave insights into patient safety through comparison with the aviation industry. The plenary session, which discussed the challenger space shuttle tragedy put goals into perspective and captivated the audience. Professor Bagian delivered the advice that when evaluating your goal for problem solving, make sure it is clear, concise and compelling. He also recommended that when faced with a huge problem such as "How do you eat an elephant?" the answer is … one bite at a time.

Professor Paul White from the US gave a unique perspective on the difficulties he has faced professionally and personally during his academic life while our local invited speaker, Professor Colin Royse, gave insight into new areas of outcomes research and related this back to evaluating the superstition, dogma and science of clinical practice. Associate Professor Tim Short with CEO Ms Linda Sorrell and President Dr Lindy Roberts were honest and inspiring during their couch conversation with Dr Mark Priestly during the session "Who am I and how did I get here?" They discussed the importance of planning and goal setting in achieving success along with strong self belief and perseverance despite adversity, which was especially relevant for new Fellows.

For those new fellows who attended the College Ceremony, marching into the Melbourne Town Hall clad in academic gown, it must have felt surreal. The magnificent piped organ amusingly played the Hogwarts march which suited the drama and tradition of the occasion.



Above from left: Guests enjoy a reception in the Plaza Ballroom below the Regent Theatre that followed the College Ceremony of the 2013 Annual Scientific Meeting in Melbourne; New Fellows at the College Ceremony; ANZCA trainee luncheon; Delegates at a plenary session; ANZCA President Dr Lindy Roberts at the College Ceremony.

Led by Dr Gabe Snyder, wearing gloves to carry the college mace, the stage party followed the new graduates. Those who attended were privileged to see the joy on the faces of new Fellows as President Dr Lindy Roberts and Dean Associate Professor Brendan Moore acknowledged the journey taken to qualify in anaesthesia and/or pain medicine. Justice Betty King, in her striking red glasses, delivered a speech discussing the difficulties of rising through the ranks when seeking a higher professional standing. She described her experience with sentencing those guilty of horrific crimes and reminded us that we are ordinary people doing extraordinary things.

The College reception which followed in the Plaza Ballroom was a treat for both Melburnians and those from outside the state. The venue is not commonly accessible. Entry involved passing down steep winding steps, through a corridor lined by crypts, water fountains and attentive wait staff until finally arriving into the splendour of a beautiful art deco room with subtle lighting and glittering chandeliers. It was the perfect place to celebrate in style the achievements of new graduates and remember our own path to FANZCA and FFPMANZCA.

The gala dinner, themed as a masquerade ball, allowed participants the opportunity to wear a different type of mask and dance to the vibe of the Baker Boys. The outstanding performance of Dr Matt Matusik and Dr Ben Slater in Phantom of the Opera costume was a highlight. Their creative performance along with official master of ceremonies duties was appreciated and illuminated the creative talents of our profession. Apparently a good quality rendition of the evening was filmed. So the adaptation from phantom to an anaesthetist who is plagued by the incessant emergency calls overnight may be found by those who seek it!

Once more, as convenor, I offer an almighty thank you to the commendable efforts of the ROC team. A great bunch of people. It was a three-year journey which threw a few curve balls no one could predict. If anyone wants to stretch their limits I think the ROC for 2013 would all recommend further involvement in organising any College activity. However, despite our commitment to "giving back" to the anaesthesia community and the positive aspects of rounding off a great meeting, it's nice to now kick back, don some comfortable scrubs and just listen to the machines that go beep. It also means being able to spend more time enjoying life with friends and family!

Dr Debra Devonshire, FANZCA Convenor

SUPERSTITION DOGMA & SCIENCE

SCIENTIC PROGRAM CONVENORS' REVIEW

The theme, "Superstition, dogma and science" was whole-heartedly embraced as an exciting viewpoint to discuss many aspects of anaesthesia. The program of 13 plenary presentations, 132 concurrent presentations, 36 workshops, 37 problem-based learning discussions, 71 ePosters with 42 moderated ePosters and four quality assurance sessions provided a diverse array of excellent science and opinion to satisfy even the most inquisitive of minds. If the entire program ran end to end instead of concurrently, the conference would have lasted more than a month!

The program included a wide range of topics from pragmatic advice in challenging circumstances to ethics and the environment, from articulating the value of old solutions to an exploration of new drugs that will shape the future of our specialty. Many of the attendees found it difficult to choose from the high quality presentations in the concurrent sessions.

Our invited speakers provided insights from unusual perspectives. We saw science at war with monarchy, expert opinion fashioned from 30 years of research, the power of collecting enormous volumes of physiologic data, and a thousand mile high view of safety design. Our keynote speakers, Professor Kevin Tremper, Professor Edzard Ernst, Associate Professor Timothy Short, Professor Paul White, Professor Fabrizio Benedetti, Professor Colin Royse and Professor James Bagian contributed a wealth of information to the program. Not only did we hear about the power of the placebo and how to measure it, we learnt that there is a vital place for research into complementary and alternative medicines. Depth of anaesthesia was put under the spotlight and we learnt that ultrasound will soon find its place in common clinical use.

The contribution from our 130 invited speakers for the concurrent sessions was outstanding. It is clear that Australia and New Zealand has leaders in the many fields of research related to anaesthesia. Subjects pertinent to everyday practice and germane to the future of the specialty were covered.

The paediatric and obstetric sessions were very well attended and were entertaining and informative. The special interest groups also provided a wide variety of material, with keynote speakers sometimes adding to their program. The ACCUTE SIG had Professor James Bagian speak about physiologic adaptation to space flight in their session entitled "Ships and spaceships".

Professor Enrico Coiera joined us in a session with some "eHealth heresy". Ms Loretta Marron had no doubt about the value of science in evaluating so-called medical equipment, and Dr Graham Sharpe spoke about alternative medicines in a session called "First do no harm".

We had experts from government, law and management inform us about the strategy involved in the regulation and administration of our specialty in Australia and New Zealand. Overall, the sessions provided a memorable array of wonderful presentations.

The standard of original scientific work was exceptionally high. The ePoster format worked very well. The moderators in the oral presentations commented on the excellent quality of the science that was on display in their sessions. The Gilbert Brown Prize was hotly contested in a Monday morning session that was very well attended. The winner of the Gilbert Brown Prize was Dr Lawrence Weinberg. Dr Benn Lancman won the Formal Project Prize. The Open ePoster Prize was awarded to Associate Professor Phil Peyton and the Trainee ePoster Prize was awarded to Dr Marissa Ferguson.

Successful, new workshops were created, in addition to the usual popular workshops and problem-based learning discussions. There is a strong demand for these high quality educational activities, which are only possible through the involvement of a large number of Fellows. As always, there is a balance between the number that can be offered and the learning opportunity they provide.

Such a diverse and interesting program was only possible with the generous pro bono support from Fellows of the College, under the aegis of the College, its staff and the ANZCA Council. The meeting was truly a testament to the collective effort of many people with the simple goal of sharing our combined experience to understand our specialty better.

Dr Rowan Thomas, FANZCA
Scientific Co-Convenor

Dr David Bramley, FANZCA
Scientific Co-Convenor

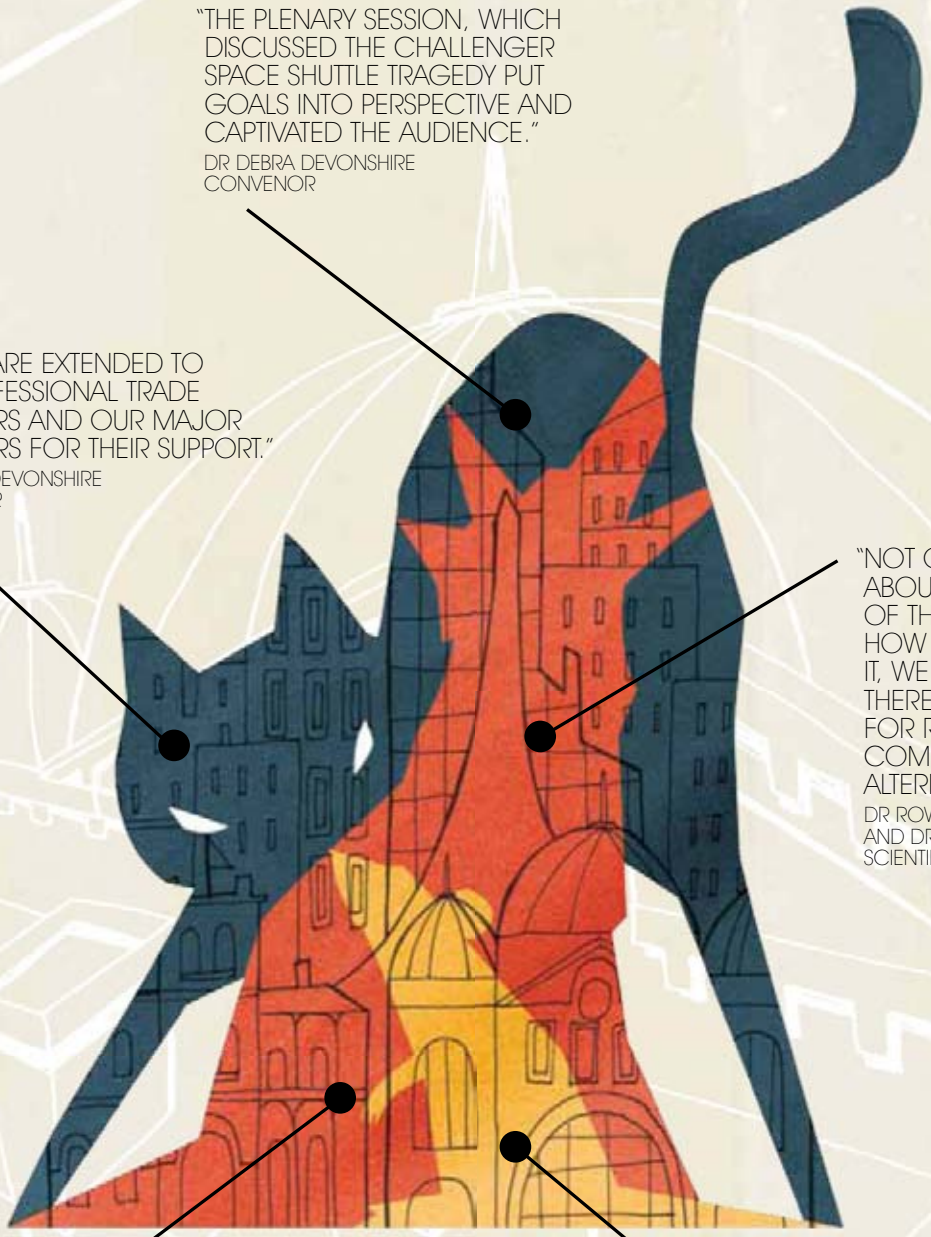
Below from left: Delegates arrive at the Melbourne Convention and Exhibition Centre for the ASM; A concurrent session; Justice Betty King delivered the oration at the College Ceremony; Retired anaesthetists' lunch; The ANZCA Library booth at the ASM.

"THE PLENARY SESSION, WHICH DISCUSSED THE CHALLENGER SPACE SHUTTLE TRAGEDY PUT GOALS INTO PERSPECTIVE AND CAPTIVATED THE AUDIENCE."

DR DEBRA DEVONSHIRE
CONVENOR

"THANKS ARE EXTENDED TO THE PROFESSIONAL TRADE EXHIBITORS AND OUR MAJOR SPONSORS FOR THEIR SUPPORT."

DR DEBRA DEVONSHIRE
CONVENOR



"NOT ONLY DID WE HEAR ABOUT THE POWER OF THE PLACEBO AND HOW TO MEASURE IT, WE LEARNT THAT THERE IS A VITAL PLACE FOR RESEARCH INTO COMPLEMENTARY AND ALTERNATIVE MEDICINES."

DR ROWAN THOMAS
AND DR DAVID BRAMLEY
SCIENTIFIC CO-CONVENORS

"IT IS CLEAR THAT AUSTRALIA AND NEW ZEALAND HAS LEADERS IN THE MANY FIELDS OF RESEARCH RELATED TO ANAESTHESIA."

DR ROWAN THOMAS
AND DR DAVID BRAMLEY
SCIENTIFIC CO-CONVENORS

"THE MELBOURNE FPM PROGRAM WAS VERY SUCCESSFUL IN ACHIEVING A MIX OF HIGH-QUALITY SCIENCE AND THOUGHT-PROVOKING IDEAS."

DR MICHAEL VAGG
FPM SCIENTIFIC CONVENOR

FPM DELIVERS STIMULATING PROGRAM

The FPM program got off to a stimulating and even entertaining start, with the Refresher Course Day held at the Sofitel on Collins. The program, "Selling pain science: Communication and cultural competition", focused on communication, and featured speakers from a range of disciplines from journalism to linguistics and consumer activism.

There were 160 registrations for the Refresher Course Day, the second-highest ever, and both the educational program and the Faculty dinner on top of the Eureka Tower were enjoyed by the delegates.

The two-day FPM stream at the ASM was also well-attended. Professor Edzard Ernst was a late withdrawal due to family illness, and his Michael Cousins Lecture, "The prince and me" was presented via pre-recorded video, and led to animated discussion. The presentation, which has been viewed numerous times via the ANZCA website, was about the well-known interest of the Prince of Wales in alternative medicine. He described the tensions that followed his appointment to the first chair in complementary medicine at the University of Exeter, UK, in 1993 which Prince Charles played a role in creating. Tensions followed when Professor Ernst attempted to apply rigorous science to complementary medicine.

The FPM Victorian Visitor was Professor Fabrizio Bendetti from Turin who brought delegates up to date with the latest research on placebo science. Other sessions included discussions about ethical use of placebos in practice, new local research, interventions and acute pain topics.

Both presentations can be accessed via the ANZCA website by following the links under "Events".

The Free Paper session in particular drew an outstanding group of papers of very high quality. The Free Paper winner was Associate Professor David Champion, from New South Wales, for his paper "Genetic influences and associations of common idiopathic/functional pain syndromes of childhood: evidence from twin family case-control studies". The Dean's Prize was awarded to Dr Chui Chin Chong, from Victoria, for her paper "Analgesic efficacy of oral versus sublingual ketamine".

There was also strong media coverage of speakers from the pain medicine program with interviews involving Professor Benedetti, Professor Roland Sussex, a linguist from the University of Queensland, Dr Melita Giummarra, a Monash University pain researcher and Loretta Marron, from Science in Medicine, all receiving widespread coverage.

Overall, the Melbourne FPM program was very successful in achieving a mix of high-quality science and thought-provoking ideas.

Dr Michael Vagg, FANZCA
FPM Scientific Convenor

SPREADING THE WORD

Internal and external media activities at the ASM ensured widespread coverage of the meeting – to the community via the media and to delegates, as well as Fellows and trainees not at the meeting, via the multi-media *ASM E-Newsletter.*

Six media releases relating to ASM sessions and the Refresher Course Day were prepared, resulting in extensive media attention throughout Australia and New Zealand. A potential cumulative audience of approximately four million was reached through more than 160 media stories in print, television, radio and online.

Conference media highlights included Italy's Professor Fabrizio Benedetti who spoke extensively about his work on the placebo effect in sports performance and in pain relief, Dr Helen Crilly from the Australian and New Zealand Anaesthesia Allergy Group who spoke to journalists about the increasing incidence of anaphylaxis and allergy in theatre settings, Dr Melita Giummarra's research into "somatic contagion" – an extreme form of pain empathy and Dr Peter Saul's presentation on "futile" surgery.

This ASM exposure and Communications Unit engagement with journalists at the conference has led to several follow-up requests for comments in stories.

The *ASM E-Newsletter* was distributed on the Friday before the ASM started (on the FPM Refresher Course Day) and each day of the meeting including Wednesday, the final day. It featured a video interview with every keynote speaker plus a link to the presentation slides of each plenary lecture. Additional interviews with selected speakers also ran as well as photo galleries and media updates. All *ASM E-Newsletters* and media releases can be found on the ANZCA website under "Events/ANZCA annual scientific meetings".

Clea Hincks
General Manager, Communications
ANZCA

Above from left: New Fellows at the College Ceremony; The trade exhibition hall; The first plenary session of the Melbourne ASM; The gala dinner, themed as a masquerade ball; performers at the gala dinner.

PRIZE WINNERS

Gilbert Brown Prize
DR LAWRENCE WEINBERG
"A multicentre randomised double-blind controlled non-inferiority multicentre study of plasmalyte versus compound lactate solution (Hartmann's solution) in patients receiving liver resection"

ANZCA Formal Project Prize
DR BENN LANCMAN
"Fatigue and workload of anaesthetic trainees on night shift"

FPM Dean's Prize
DR CHUI CHIN CHONG
"Analgesic efficacy of oral versus sublingual ketamine"

FPM Best Free Paper Award
ASSOCIATE PROFESSOR DAVID CHAMPION
"Genetic influences and associations of common idiopathic/functional pain syndromes of childhood: evidence from twin family case-control studies"

ASM 2013 Open ePoster Prize
ASSOCIATE PROFESSOR PHIL PEYTON
"Hybrid measurement to achieve satisfactory precision in cardiac output monitoring"

ASM 2013 Trainee ePoster Prize
DR MARISSA FERGUSON
"Perioperative cardiovascular complications after noncardiac cancer surgery"

2013 NAMED LECTURES

Ellis Gillespie Lecture
PROFESSOR KEVIN TREMPER (ANZCA ASM Visitor)
"From patient safety to population outcomes"

Michael Cousins Lecture
PROFESSOR EDZARD ERNST (FPM ASM Visitor)
"The prince and me"

Mary Burnell Lecture
ASSOCIATE PROFESSOR TIM SHORT (Australasian Visitor)
"A brief history of anaesthetic depth"

FPM Victorian Visitor's Lecture
PROFESSOR FABRIZIO BENEDETTI (FPM Victorian Visitor)
"The science of placebo"

Victorian Visitor's Lecture
PROFESSOR PAUL WHITE (ANZCA Victorian Visitor)
"Ambulatory surgery for an ageing population"

Organising Committee Visitor's Lecture
PROFESSOR COLIN ROYSE (Victorian Organising Committee Visitor) "Ultrasound for everybody: How ultrasound is changing anaesthetic practice"

ASM SLIDE PRESENTATIONS AVAILABLE

All Fellows and trainees can view slide presentations from the 2013 ANZCA ASM on the ANZCA website (unless permission has been denied by the presenter). The slides, which are password protected, can be found on the ANZCA website under "Events/ ANZCA annual scientific meetings", along with back issues of the *ASM E-Newsletter*, photos, interviews with keynote speakers and other information.

SUPERSTITION DOGMA & SCIENCE

TRAILBLAZER'S SERVICE EARNS PRESTIGIOUS ANZCA AWARD

While Dr Leona Wilson may have been "astounded and humbled" when the ANZCA Council awarded her the prestigious Robert Orton Medal, there is no doubt that she fulfils the award's sole criterion, that of having given distinguished service to anaesthesia.

Dr Wilson has a long history of service to ANZCA and the advancement of anaesthesia generally but is probably best known for being ANZCA's first woman president and the first president from New Zealand, serving as president from 2008 to 2010.

While she doesn't feel like a trailblazer, she concedes that some of these "firsts" could mean it may look like that to other people.

Born in Timaru, New Zealand, Dr Wilson completed her secondary education at St Margaret's College in Christchurch and studied medicine at the Otago University Medical School in Dunedin. She graduated BMedSc (neurophysiology) in 1974 and MBChB in 1975. After a house surgeon year in Christchurch, Dr Wilson moved to Europe, where she undertook anaesthesia training in London and Amsterdam, before returning to New Zealand in 1981 to complete her fellowship. She was admitted to fellowship of the Faculty of Anaesthetists, Royal College of Surgeons, in 1980, and the Faculty of Anaesthetists, Royal Australasian College of Surgeons (RACS), in 1983.

Since 1983, Dr Wilson has practised in Wellington, where she is now a part-time specialist at Wellington Hospital and until recently was also in private practice. She is also a long-standing instructor at the National Simulation Centre in Wellington. She was the first female head of anaesthesia services at Wellington Hospital (1988-93). In 2008, Dr Wilson was awarded a master in public health from Otago University and was admitted as a Fellow of the Australian Institute of Company Directors.

Dr Wilson's involvement with governance at ANZCA began in 1986 when she was elected to the New Zealand Committee of the Faculty of Anaesthetists, RACS. From 1992-94, she was the first woman to chair that committee as it became the New Zealand National Committee for ANZCA, the College being established in 1992. From 1993 to 2005, she was a member of ANZCA's Final Examination Panel.

Dr Wilson was elected to the ANZCA Council in 2000. As well as her presidential term, during her time as a councillor, Dr Wilson served as quality assurance/maintenance of professional standards program officer and a chair of the Courses Sub-Committee, Certificates Committee, Education and Training Committee, Hospital Accreditation Committee, Mortality Committee and International Medical Graduates Committee.

The citation for the Robert Orton award says she worked tirelessly and diligently in all these roles, bringing vision to the development of the Emergency Management of Anaesthetic Crises (EMAC) course and the implementation of the redesigned curriculum in 2004, in particular.

As president, Dr Wilson had a very clear focus on the College's mission, an encyclopaedic knowledge of its policies and procedures, and a calm and diplomatic approach to collaboration and conflict, taking care to lead but with fellowship support.

In a recent interview for the new *College Conversations* series, Dr Wilson said her priority as ANZCA president set itself – that of steering the College through the departure of the Joint Faculty of Intensive Care Medicine to become a college in its own right.

Above: Dr Leona Wilson at the ASM.

Opposite page: Dr Leona Wilson, ONZM, being presented with the Robert Orton Medal by ANZCA President Dr Lindy Roberts during the College Ceremony at the Melbourne Town Hall on May 4.

"Dr Wilson's achievements in New Zealand were recognised when she was appointed an Officer of the New Zealand Order of Merit (ONZM) in 2011."

She also provided leadership on the Australian national stage during the introduction of the National Registration and Accreditation Scheme.

Dr Wilson's achievements in New Zealand were recognised when she was appointed an Officer of the New Zealand Order of Merit (ONZM) in 2011 and awarded life membership of the New Zealand Society of Anaesthetists the same year.

These achievements included helping advance the New Zealand Crimes Amendment Act of 1997, which replaced a civil negligence standard for the criminal prosecution of negligence with a requirement more aligned with international "gross negligence" standards. This was seen as a crucial quality and safety issue in that it would encourage medical practitioners to report, discuss and learn from mistakes, which could be handled through professional channels, rather than try to hide them for fear of criminal prosecution, except in the most serious cases.

Dr Wilson was also a driving force behind the reintroduction of anaesthetic morbidity and mortality reporting in New Zealand, is chair of the Perioperative Mortality Review Committee established in 2011, contributes to the Competence Assessment Team for the Medical Council of New Zealand and is a member of Health Practitioners Disciplinary Tribunal.

In the *College Conversations* interview, Dr Wilson speaks about the changes in anaesthesia practice, including much greater use of monitoring making it much easier to care safely for patients and the move from a purely operating theatre role into wider perioperative practice.

Although Dr Wilson's elected involvement with the ANZCA Council concluded in mid-2012 when she completed the maximum 12 years, her comprehensive skills and experience have not been lost to the College as she is now employed as one of its Directors of Professional Affairs for three days a week, with particular responsibility for international medical graduates.

On a more personal level, colleagues describe Leona Wilson as "totally reliable" and "the most marvellous role model for 'us girls' – always such a lady and unflappable".

"And her philosophy (which we share) is that when we go to a foreign country, it's our duty to rescue their economy... by shopping." She has an "unerring sense of style" that has influenced "all our wardrobes".

As well as fashion, Leona Wilson is known for her love of food, skiing, art and opera – and equally for not being a "morning person"; she admits that those who know her "know never to phone me until after I've had my first cup of coffee".

Susan Ewart
NZ Communications Manager, ANZCA

Listen to an interview with Dr Wilson on the *College Conversations* CD with this edition of the *ANZCA Bulletin*.

STING IN THE TALE

The 2013 ANZCA Medal recipient, Professor Vic Callanan, has had a remarkable career, including identifying a treatment for box jellyfish sting.

Just a few short hours after Professor Vic Callanan arrived at Home Hill Hospital, a small rural hospital in north Queensland in his first position outside training, he performed his first solo operation as a surgeon – an appendectomy on a young girl.

Was he nervous?

"Well, I survived it – and so did she," he laughs. "I learnt a lot."

It was the beginning of a steep learning curve for the then-25-year-old, who arrived at Home Hill on a Queensland state scholarship. Professor Callanan would go on to perform many surgeries, deliver many anaesthetics and hundreds of babies as the main doctor of Home Hill.

"You learn a lot being a one-man show in a rural area; it is really good for young doctors to get that kind of experience."

Professor Callanan graduated from the University of Queensland in 1965 and then spent a year at Royal Brisbane Hospital before taking up as superintendent, as they were then called, at Home Hill. Four years later it was time to move on but not before marrying local schoolteacher Doreen. The pair has now been married for 45 years.

A decision to specialise in anaesthesia led to stints at Mater Hospital in Brisbane and St Vincent's Hospital in Sydney before the Callanans' move to Townsville, where they have remained. Professor Callanan recently retired as director of anaesthesia at the Townsville General Hospital ("it was time to let someone else take over," he jokes) but he holds the mantle of Australia's longest-serving director of anaesthesia in any one hospital. He has steered, nurtured and expanded the hospital's anaesthetic department for 36 years from 1975 until 2011.

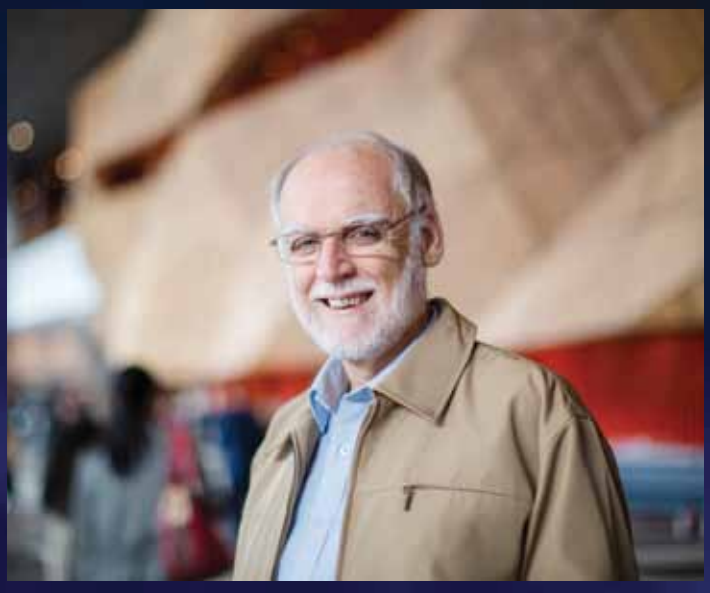
At this year's annual scientific meeting the professor was awarded the prestigious ANZCA Medal for his outstanding contribution to the status of anaesthesia, intensive care and pain medicine.

Presenting the award, ANZCA Vice-President Dr Genevieve Goulding praised Professor Callanan's "enormous contribution" to and leadership of the hospital's anaesthetic department, which had developed into a thriving department in the region's major tertiary referral hospital and the central hospital of Queensland's northern rotation for anaesthesia training.

"Vic's contribution includes development of services in intensive care, hyperbaric medicine and pain medicine," Dr Goulding said.

"He has had a lifetime of sustained high achievement across the breadth of all ANZCA's core specialties and associated disciplines. He has been an innovator and a leader. His efforts have benefited not only the anaesthetic community of Townsville over several generations of anesthetists, but its medical community as well as the general community."

With special research interests in marine and snakebite envenomation – vital knowledge in the tropics of Townsville with its proximity to the Great Barrier Reef – Professor Callanan was the initial advocate for the use of vinegar in management of box jellyfish



stings, where previously methylated spirits had been used. In fact, methylated spirits cause the stingers to "fire off" into the body while vinegar does not.

It was this interest in the sea and its mysteries that led to his diploma of diving and hyperbaric medicine, which he holds along with fellowships in anaesthesia, intensive care and pain medicine. He is a founding member of the International Consortium for Jellyfish Stings and was a co-developer of the original "stinger suit" for protection against jellyfish stings.

Professor Callanan's list of accomplishments is long and impressive. Pressed for what he feels might be his greatest accomplishment, however, his thoughts turn back to Townsville General Hospital.

"In 1975 I was the first full-time staff anaesthetist and one of only three full-time specialists on staff then, now there are a couple of hundred," he says.

"I can't say that throughout my career there has been one great career highlight, one case that stands out over others … the thing that is most pleasing for me is that I have seen the Townsville department grow in size and develop in a lot of ways, especially the teaching and the experience for trainees.

"You learn a lot being a one-man show in a rural area; it is really good for young doctors to get that kind of experience."

"It is a good place to work because of the camaraderie, it really is just a great place to be for all staff. It all comes down to the staff.

"I have really enjoyed seeing 'babies' grow up – the junior doctors – grow, develop and learn and quite a few of them are now consultants on the staff."

Professor Callanan has left the directorship of the anaesthetic department in capable hands, and has kept a full-time clinical role in anaesthesia although he no longer works in intensive care. At 70 he still has a strong love of the theatre environment.

"Theatre is still a place where we need a team of surgeons, anaesthetists, nurses, orderlies … we all need to work together, efficiently and safely. I have seen a lot of changes in the technicalities of theatre work but not the basic ethos.

"The basic ethos of theatre hasn't changed, we are a team in there."

Ebru Yaman
Media Manager, ANZCA

Opposite page from left: Professor Vic Callanan at the ASM in Melbourne; Professor Callanan receiving the ANZCA Medal from ANZCA President Dr Lindy Roberts at the College Ceremony.



NEW FELLOWS CONFERENCE 2013 "WHO DO YOU THINK YOU ARE?"

The 2013 New Fellows Conference was held from May 1-3 at Moonah Links, on the Mornington Peninsula and was attended by 29 delegates from around Australia, New Zealand, Hong Kong, Singapore and Malaysia.

Throughout the conference, delegates were encouraged to consider where they are in their careers, how and why they got there, and where they may be heading.

Delegates met at ANZCA House, and were welcomed by ANZCA President Dr Lindy Roberts. We met the councillors in residence, Professor Alan Merry, Dr Dilip Kapur (FPM councillor) and Dr Gabriel Snyder (new Fellow councillor), who all attended the conference. At the conference venue delegates participated in an introductory session, presenting on the topic "Where have you come from?". We heard thoughtful and personal insights into each delegate's background. Common themes that arose included how to make the most of work opportunities while not being overwhelmed, looking after family life as well as nurturing our careers, and what motivates us and fulfills us in our lives.

Thursday's program was dedicated to living in the present. We began our day with an introduction to ashtanga yoga, led by yoga teacher Sean Kirke. There was significant overlap in the discussion on the philosophy of yoga practice with the subsequent morning workshop on mindfulness, facilitated by general practitioner and university lecturer Dr Craig Hassed. Dr Hassed spoke in depth about the potential health benefits of mindfulness training. He took us through some of the science supporting mindfulness practice, and discussed its potential use in improving mental health and its ability to improve our performance at work by improving executive functioning, attentional control, memory and regulation of stress responses. We were then invited to participate in some mindfulness exercises, giving us an idea of what might be involved in pursuing a regular mindfulness practice.

On Thursday afternoon we participated in an entertaining and stimulating session on effective communication, run by Dr Peter Howe, a staff anaesthetist and supervisor of training at the Royal Children's Hospital in Melbourne. The session covered topics including how to debrief a colleague, active and effectiveness listening, and strategies for giving feedback.

Friday's sessions focused on the future. The Bongiorno Group presented a talk on securing our financial futures on Friday morning. Following this, a careers panel presented to the group, stimulating thought on career paths and options for the future. A staff anaesthetist at the Royal Children's Hospital Melbourne, Dr Catherine Olweny, spoke about her experience as a young consultant who has worked both in private and in public while also looking after her growing children. Dr Chris Bowden, the Director of Anaesthesia at Frankston Hospital, spoke about his professional journey, what prompted him to take his wife and children to live and work in Fiji, and how that experience has benefited them. Professor David Story, professor and chair of Medicine at the University of Melbourne, inspired us with a presentation on how he became involved in research, and how his career evolved. He highlighted the importance of having good mentors. Finally, Dr Lindy Roberts gave us some insights into what choices she has made in her career, and where they have led her. It was a thought-provoking session, with diverse and inspiring stories delivered by some high-achieving Fellows of our College.

One of the best aspects of the New Fellows Conference is the opportunity it gives for delegates to meet colleagues from around the region with diverse backgrounds but with common goals and aspirations. It is inspiring to hear these Fellows' stories, and to spend time talking with them about the challenges we face and the rewards we reap from our careers. It is a wonderful opportunity to take a few days away from our busy lives to reflect on what is important to us.

Attendance at the New Fellows Conference is by selection from the regional and national committees, and the Faculty of Pain Medicine. Fellows from all training regions may apply to attend the New Fellows Conference, which is held each year. To be eligible, Fellows must be within five years of fellowship at the time of submitting their application. Fellows must attend the relevant annual scientific meeting at which the conference is held.

Dr Justin Burke, FANZCA and
Dr Rebecca McIntyre, FANZCA
New Fellows Conference Co-Convenors

PAPUA NEW GUINEA VISITOR TO THE ASM

Gaining a better understanding of placebos was one of the many aspects of the Melbourne 2013 ANZCA Annual Scientific Meeting that Dr Greg Tokwabilula will take home with him to Papua New Guinea.

Dr Tokwabilula, who was in Melbourne on a scholarship funded by Melbourne-based anaesthesia group, Anaesthetic Services, said one of his key areas of interest was in research and he recently presented a paper "The physiological function and outcomes in a major intensive care unit in PNG" to a conference in PNG last September.

He said the ASM had been extremely valuable. "There are so many things I'm learning that I wouldn't have an opportunity to learn in my own local circle," said Dr Tokwabilula. "It's been a very big opportunity."

The annual $A5000 scholarship aims to foster leadership in anaesthesia and pain medicine in developing countries, by providing a local anaesthetist with the opportunity to attend a relevant Australian or New Zealand anaesthesia/pain medicine conference.

The scholarship, which is designed to address the lack of continuing professional development opportunities faced by many developing country anaesthetists, was the brainchild of Dr Alan Meads.

"He put it to us that it would be good for a group such as ours to be involved in," said the chairman of Anaesthetic Services, Dr Simon Reilly. "That there was something philanthropic that we could do to help anaesthetists in other parts of the world."

The scholarship is supported by ANZCA's Overseas Aid Committee and administered by the ANZCA Policy Unit and the Anaesthesia and Pain Medicine Foundation.

Opposite page above from left: Delegates enjoy a hike through the Point Nepean National Park; Careers panel, Dr Catherine Olweny, Dr Chris Bowden, Professor David Story and Dr Lindy Roberts; New Fellows enjoy dinner at Moorooduc Estate.

This page above from left: Dr Greg Tokwabilula at the Melbourne ASM; Melbourne-based anaesthesia group, Anaesthetic Services, with Anaesthesia and Pain Medicine Foundation General Manager Rob Packer and Policy Officer, Community Development, Paul Cargill from ANZCA (back row).

ANZAAG – a new resource for anaesthetists

The Australian and New Zealand Anaesthetic Allergy Group (ANZAAG) is an intercollegiate group, which formed in 2010. Members include specialist anaesthetists, immunologists and technical laboratory specialists who have a particular interest in perioperative drug allergy. ANZAAG has formed a close association with ANZCA and provides core representation to the Allergy Sub-Committee of the ANZCA Quality and Safety Committee.

Since the formation of ANZAAG there has been a focus on developing resources to aid colleagues and their patients. These resources have been developed to aid with the diagnosis, management, referral and investigation of patients following an episode of perioperative anaphylaxis. All can be found on the ANZAAG website, www.anzaag.com.

The cornerstone of the resources available on the site is the Anaphylaxis Management Resources, which are endorsed and co-badged by ANZAAG and ANZCA. The Australasian Society of Clinical Immunology and Allergy (ASCIA) also has reviewed the resources. It is important to emphasise that these resources are only designed for use by anaesthetists and the team in anaesthetising locations where specialised care and monitoring is provided. In other situations, the guidelines for anaphylaxis management, which have been published by ASCIA[1] should be followed.

The Anaphylaxis Management Resources are based upon previously published international guidelines[2-5] and consist of a background document and cards. The approach is similar to that used to manage conditions such as malignant hyperthermia[2]. For a full discussion of the scientific background to the Anaphylaxis Management Resources, please read the introduction document that accompanies the cards.

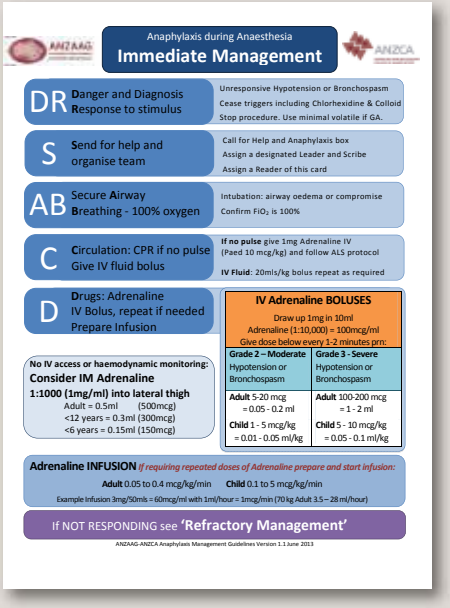
A compacted version of the cards accompanies this article. ANZAAG recommends that the cards be printed for use as A4 size to optimise ease of reading. PDFs of the cards can be printed from the website. The guidelines take into account human factors research in order to optimise performance in a crisis situation. As with all resources, ANZAAG recommends that these guidelines are reviewed in detail by clinicians, and practised within anaesthetising locations, prior to the need to use them in a crisis. There is evidence from simulation research that better team performance is facilitated by establishing a leader and assigning a card reader.

The management cards are colour coded to assist the user to link one card to the next. The order of card use would be Immediate Management, Refractory Management, and then Post Crisis Management. The Diagnostic Card assists the anaesthetist to consider alternate diagnoses in the event of anaphylaxis, which is not responding as expected to management.

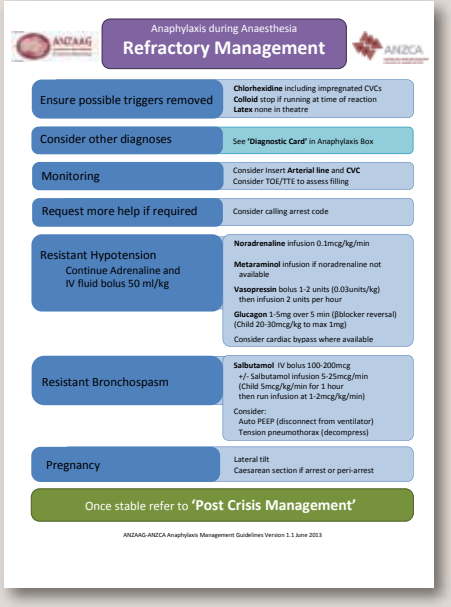
The Anaphylaxis Management Resources may be stored in a number of ways in anaesthetising locations. They can be placed on the cardiac arrest trolley, with other crisis-management kits or in each anaesthetising location within a crisis manual. The key issue is to ensure all staff are aware of where the resources are kept.

Within ANZAAG there has been most experience with storing Anaphylaxis Management Resources within an Anaphylaxis Management Box. Details of how to make up an anaphylaxis box can be found on the ANZAAG website. The supporting documents for the box can also be downloaded as PDFs. These include a plain English language Patient Information Brochure, which explains what has occurred to the patient in the event of intraoperative anaphylaxis, the ANZAAG Referral Form and a form letter that can be given to the patient to carry until testing has occurred. This letter ensures the patient has a record of the potential allergens they were given in the event of emergency surgery prior to testing.

Anaesthetists who manage an intraoperative reaction that they believe may be anaphylaxis must ensure the patient is referred and investigated to prevent a recurrence of the reaction. The ANZAAG Referral Form is designed to assist the referring anaesthetist to provide all the information needed by the testing centre in order to perform complete testing. A tick box format has been used to ensure that information can be supplied as efficiently as possible. There is also space for narrative to enable the anaesthetist to impart their interpretation of events. The anaesthetist's impressions frequently prove to be essential in contributing to the discovery of the cause. It is recommended that the treating anaesthetist involved in the episode of anaphylaxis refer the patient as this ensures the best possibility of discovering the agent that caused the reaction. Referrals received from a general practitioner, or surgeon, may not list all the potential allergens given, risking an incorrect diagnosis and repeated reaction.



The website contains a list of testing centres throughout Australasia. This list on the ANZAAG website names the centres where testing can be provided, and the preferred process for patient referral. It includes only those centres that accept external referrals. Some centres are only allowed to take referrals from within the health service(s) and these centres will not appear in the public section of the ANZAAG website, and should notify their clinicians of internal referral processes. ANZAAG does not have resources to accredit testing centres and this list is provided as information only to assist colleagues in locating testing centres.



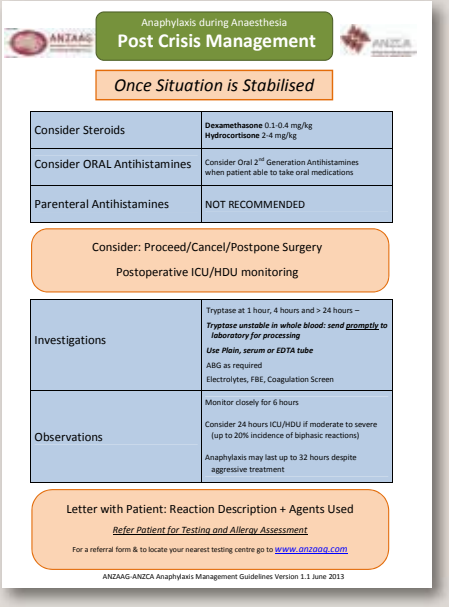
Anaphylaxis during Anaesthesia

Refractory Management

Ensure possible triggers removed	**Chlorhexidine** including impregnated CVCs **Colloid** stop if running at time of reaction **Latex** none in theatre
Consider other diagnoses	See '**Diagnostic Card**' in Anaphylaxis Box
Monitoring	Consider Insert **Arterial line** and **CVC** Consider TOE/TTE to assess filling
Request more help if required	Consider calling arrest code
Resistant Hypotension Continue Adrenaline and IV fluid bolus 50 ml/kg	**Noradrenaline** infusion 0.1mcg/kg/min **Metaraminol** infusion if noradrenaline not available **Vasopressin** bolus 1-2 units (0.03units/kg) then infusion 2 units per hour **Glucagon** 1-5mg over 5 min (βblocker reversal) (Child 20-30mcg/kg to max 1mg) Consider cardiac bypass where available
Resistant Bronchospasm	**Salbutamol** IV bolus 100-200mcg +/- Salbutamol infusion 5-25mcg/min (Child 5mcg/kg/min for 1 hour then run infusion at 1-2mcg/kg/min) Consider: Auto PEEP (disconnect from ventilator) Tension pneumothorax (decompress)
Pregnancy	Lateral tilt Caesarean section if arrest or peri-arrest

Once stable refer to **'Post Crisis Management'**

ANZAAG-ANZCA Anaphylaxis Management Guidelines Version 1.1 June 2013



Anaphylaxis during Anaesthesia

Post Crisis Management

Once Situation is Stabilised

Consider Steroids	**Dexamethasone** 0.1-0.4 mg/kg **Hydrocortisone** 2-4 mg/kg
Consider ORAL Antihistamines	Consider Oral 2nd Generation Antihistamines when patient able to take oral medications
Parenteral Antihistamines	NOT RECOMMENDED

Consider: Proceed/Cancel/Postpone Surgery

Postoperative ICU/HDU monitoring

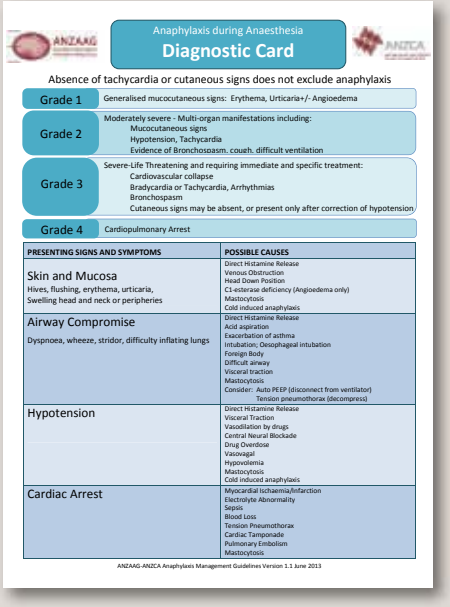
Investigations	Tryptase at 1 hour, 4 hours and > 24 hours – ***Tryptase unstable in whole blood: send promptly to laboratory for processing*** ***Use Plain, serum or EDTA tube*** ABG as required Electrolytes, FBE, Coagulation Screen
Observations	Monitor closely for 6 hours Consider 24 hours ICU/HDU if moderate to severe (up to 20% incidence of biphasic reactions) Anaphylaxis may last up to 32 hours despite aggressive treatment

Letter with Patient: Reaction Description + Agents Used

Refer Patient for Testing and Allergy Assessment

For a referral form & to locate your nearest testing centre go to www.anzaag.com

ANZAAG-ANZCA Anaphylaxis Management Guidelines Version 1.1 June 2013



Anaphylaxis during Anaesthesia

Diagnostic Card

Absence of tachycardia or cutaneous signs does not exclude anaphylaxis

Grade 1	Generalised mucocutaneous signs: Erythema, Urticaria+/- Angioedema
Grade 2	Moderately severe - Multi-organ manifestations including: Mucocutaneous signs Hypotension, Tachycardia Evidence of Bronchospasm, couch, difficult ventilation
Grade 3	Severe-Life Threatening and requiring immediate and specific treatment: Cardiovascular collapse Bradycardia or Tachycardia, Arrhythmias Bronchospasm Cutaneous signs may be absent, or present only after correction of hypotension
Grade 4	Cardiopulmonary Arrest

PRESENTING SIGNS AND SYMPTOMS	POSSIBLE CAUSES
Skin and Mucosa Hives, flushing, erythema, urticaria, Swelling head and neck or peripheries	Direct Histamine Release Venous Obstruction Head Down Position C1-esterase deficiency (Angioedema only) Mastocytosis Cold induced anaphylaxis
Airway Compromise Dyspnoea, wheeze, stridor, difficulty inflating lungs	Direct Histamine Release Acid aspiration Exacerbation of asthma Intubation; Oesophageal intubation Foreign Body Difficult airway Visceral traction Mastocytosis Consider: Auto PEEP (disconnect from ventilator) Tension pneumothorax (decompress)
Hypotension	Direct Histamine Release Visceral Traction Vasodilation by drugs Central Neural Blockade Drug Overdose Vasovagal Hypovolemia Mastocytosis Cold induced anaphylaxis
Cardiac Arrest	Myocardial Ischaemia/Infarction Electrolyte Abnormality Sepsis Blood Loss Tension Pneumothorax Cardiac Tamponade Pulmonary Embolism Mastocytosis

ANZAAG-ANZCA Anaphylaxis Management Guidelines Version 1.1 June 2013

Anaphylaxis cards

To access the latest versions of the ANZAAG cards go to www.anzaag.com.

If you have already printed out the ANZAAG Management Guidelines please replace the Refractory Management Card with the June 2013 revision now available. The initial dose of IV Salbutamol in a paediatric patient should read 5mcg/kg/min rather than 5mcg/min.

Future directions for ANZAAG include the development and maintenance of resources including an Australasian database of perioperative allergy. This is clearly a large undertaking. ANZAAG will be collaborating with the Australian and New Zealand Anaesthetic Tripartite Data Committee (ANZTADC) in this endeavor. Working groups within ANZAAG have been formed to develop and review management and testing guidelines and to develop electronic resources, including website and database.

ANZAAG will continue to educate and assist colleagues with issues arising from perioperative allergy. A yearly educational symposium and annual general meeting is planned. The 2014 meeting will be held in August in Sydney.

The website and resources are considered to be continuous works in progress and, with this principle in mind, we invite comments or feedback from colleagues. All ANZCA members are invited to join ANZAAG if they have an interest in perioperative allergy. Members do not need to perform allergy testing, only to be interested in keeping up to date with developments in the area of perioperative allergy. If you wish to provide feedback or to be kept up to date with ANZAAG news, please contact the group via email: admin@anzaag.com.

Dr Helen Crilly, FANZCA
ANZAAG Co-ordinator

Dr Helen Kolawole, FANZCA
Chair, Management Working Group

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5. Rose M, Fisher M. Anaphylaxis and Anaesthesia. What can we do better? Australasian Anaesthesia 2009: 115-119
6. MHANZ website http://www.anaesthesia.mh.org.au/mh-resource-kit/w1/i1002692/

Beach chair position surgery

Arthroscopic shoulder surgery in "beach chair" position: NSW coroner's findings and recommendations

On April 26, 2013 the NSW deputy state coroner found that a 50-year-old former rugby player died as a result of a massive stroke during arthroscopic shoulder surgery in the "beach chair" position. This was presumed to be a result of cerebral hypoperfusion as noted by the coroner: "This ... was caused by a failure to estimate and maintain an appropriate level of mean arterial pressure in the blood supply of the brain".

A recommendation has been made by the coroner to the NSW health minister and ANZCA that all anaesthetic departments "develop guidelines for the appropriate adjustment for the hydrostatic gradient by anaesthetists when calculating mean arterial pressure for 'beach-chair' surgery".

The College does not have a specific policy relating to management of the patient in the sitting position or the "beach chair" position, although it is referred to in the curriculum.

This case highlights the importance of measuring or (estimating) blood pressure at the level of the Circle of Willis, for which the tragus of the ear is often used as a reference point, and maintaining an appropriate perfusion pressure.

Patients with a risk of compromised cerebral perfusion, such as those with cerebrovascular or carotid disease should logically be considered a high risk for such positions.

The Quality and Safety Committee will be considering this issue and any comments or submissions from Fellows regarding this would be appreciated and can be sent to the ANZCA Quality and Safety Co-ordinator, Ms Karen Gordon-Clark at qs@anzca.edu.au.

Alerts

CRITICAL PRIORITY

Philips HeartStart MRx Monitor/Defibrillator: shutdown without warning when operating on battery power

Philips has issued an alert regarding the potential for the HeartStart MRx to shutdown unexpectedly when exposed to a large radio frequency field while operating on battery power. The most common RF emitting devices are mobile phones and Philips advises that these be kept at least one metre away from the device at all times. Other equipment that may cause interference includes medical devices, IT equipment and radio/television transmissions.

The problem can be avoided by operating the device on external AC OR DC power.

URGENT DEVICE RECALL

Breakage of GlideScope reusable AVL, GVL and Ranger laryngoscope blades (Verathon)

Verathon has issued an urgent device recall of certain blades following reports of serious adverse health outcomes, including death, related to failure/breakage during use. There is the potential for airway obstruction or swallowing of the component.
Verathon has recommended that every GlideScope videolaryngoscope blade is routinely inspected before and after every use to ensure it is free of rough surfaces, cracks or protrusions.

Failure of Philips HeartStart Monitor/Defibrillators to Defibrillate

Philips has issued an urgent recall of the following:

HeartStart MRx Monitor/Defibrillators: (1) M3535A, (2) M3536A, (3) M3536J, (4) M3536M, (5) M3536M2, (6) M3536M4, (7) M3536M5, (8) M3536M6, (9) M3536MC *[Capital Equipment]*

Serial nos.: US00100100 through US00565942

These devices may fail to defibrillate in either manual or AED mode. They may display a "no shock delivered" message along with a "shock equip malfunction" INOP and a red "X". The pad's ECG waveform may also display a nonphysiologic flat line rhythm. It may be possible to deliver a shock after selecting another ECG lead but this is not guaranteed.

An updated list of safety alerts is distributed in the first week of each month in the "Quality and safety" section of the *ANZCA E-Newsletter*. They can also be found on the ANZCA website: www.anzca.edu.au/fellows/quality-safety/safety-alerts

WebAIRS news

WebAIRS news is produced three times a year and is published in the *ANZCA Bulletin, The Australian Anaesthetist magazine* (published by the Australian Society of Anaesthetists) and the New Zealand Society of Anaesthetists' newsletter.

There are now 56 registered sites using WebAIRS, which is the web application developed by the Australian and New Zealand Tripartite Anaesthetic Data Committee (ANZTADC) for Fellows and trainees of ANZCA, members of the Australian Society of Anaesthetists (ASA) and members of the New Zealand Society of Anaesthetists (NZSA). Twenty sites in New Zealand and 36 sites in Australia have registered so far. At the ANZTADC meeting in February this year, the committee discussed the objectives for the coming year. It was agreed that the highest priority was to increase the engagement of registered hospitals.

Various ways of encouraging reporting were discussed. It was decided to implement the following initiatives:

- Improve feedback.
- Continue producing publications (three articles per annum) and presentations (three per annum).
- Provide tools to enable WebAIRS (Web-based Anaesthetic Incident Reporting System) to facilitate and inform departmental morbidity and mortality meetings.
- Create a risk register of the most common and most serious incidents types with key safety messages.

Encouraging incident reporting

ANZTADC has received 1538 incident reports via WebAIRS since the system was released in October 2010. This is a good start but the actual rate at which critical incidents occur is probably much higher. An initiative at one of the registered sites is to log all instances where there has been a call for help in the operating theatre. Remember that nothing bad has to happen to log a report, as we encourage reporting near misses in line with other safety-conscious organisations such as the airline industry. A near-miss reported may prevent serious harm in the future.

Improving feedback

ANZTADC provides feedback by traditional sources such as presentations at scientific meetings and printed articles. The disadvantage of these methods is that they are slow in providing feedback and are generalised in their focus. As an additional and new initiative we intend to provide some of this content on the WebAIRS website. This means members who haven't read the articles or didn't see the presentation, or those who wish to refresh their memory, can view items online. (Continuing professional development points will be applicable).

Publications and presentations

The incidents are analysed and summaries are published three times a year with key messages. The focus is on improving patient safety. These summaries appear in the *ANZCA Bulletin*, the ASA magazine and the newsletter of the NZSA. The main content of the article is the same in the publications of each organisation with some small recent updates, as well as some customisation for each issue.

Results are also presented at annual meetings of the parent organisations. Last year presentations were made at the ASA 2012 National Scientific Congress in Hobart, the ANZCA Annual Scientific Meeting in Perth and the NZSA combined meeting with the International Congress of Cardiothoracic and Vascular Anesthesia in Auckland. In addition there was a presentation at Mission Beach at a regional meeting and at site visits to various hospitals. If you would like to attend a presentation please notify ANZTADC and a member of the committee will offer to present at a meeting in your area.

Risk register

One of the registered sites suggested developing risk registers as an effective method for ANZTADC to provide feedback on critical incidents. ANZTADC has decided to pilot an online risk register that can initially be used by the local administrator and might be used (for instance) in conjunction with quality assurance meetings. The aim of the risk register will be to display the description of risks identified by high numbers of incident reports, the risk score and control measures. There will be a development phase when the risk register is available to selected sites for Beta testing. The tool should be available for quality assurance meetings at all registered sites later this year.

M & M meeting tool

This web-based tool is free and can be used to record incidents in your department instead of using paper forms. The software includes a tool for subsequently presenting incidents from your department at local morbidity and mortality meetings while maintaining anonymity at a national level. The data is protected by qualified privilege in Australia and New Zealand. If your hospital has an e-Health compliant anaesthetic recording system, data can be shared electronically with ANZTADC. Registered users are eligible to receive category 3 continuing professional development credits when reporting incident data to ANZTADC. WebAIRS allows you to print out a certificate to confirm the credits or a confirmation can be sent by email.

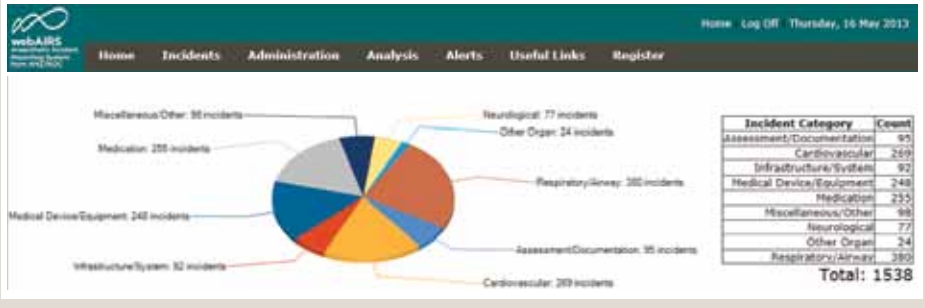
Adjunct Professor Martin Culwick, FANZCA, Medical Director, ANZTADC

Email: mculwick@bigpond.net.au

Administration support: anztadc@anzca.edu.au

To register visit www.anztadc.net and click the registration link on the top right hand side.

Demo at www.anztadc/net/demo



Memories of Muttaburra

Rural medicine owes a lot to the quiet achievements of the bush matrons, writes John Williamson, who worked as a doctor in a remote Queensland town.

The year is 1964, in Muttaburra, a small, relatively remote western Queensland township on the Thompson River with barely 100 residents. In earlier years a major centre for hand-shearing championships, it was now a centre for basic facilities in a vast sheep-raising district of approximately 15,600 square kilometres, north north-east of Longreach in central western Queensland. The resident grazier population in this large district was some 2500 impressive people; the population swelled considerably for several weeks annually with sheep-shearing teams. A small, variable population of itinerant kangaroo shooters also was common.

As part of its isolation, Muttaburra's electricity supply was generated by a separately housed diesel generator, which was maintained by one of the tradesmen residents. The steady throbbing beat of this generator, audible but relatively unobtrusive, was part of Muttaburra's day and night pulse, 24/7.

The 15-bed Muttaburra Hospital, part of the Queensland Government's Department of Health, had a staff of a sole resident medical officer, a senior nurse – one of Australia's celebrated "bush matrons" Matron Sylvia Bignell, a permanent and long-serving hospital orderly and five full-time nurses (including, at that time, three or four from the UK experiencing life in the "Australian outback" thanks to the generosity of local graziers, who subsidised their salaries).

The small hospital operating theatre, air-conditioned and well maintained, had a modern operating table and overhead adjustable theatre light, a relatively modern portable defibrillator/ECG monitor apparatus, a diathermy machine (for use only by the flying surgeon during non-flammable anaesthesia procedures), an excellent suction apparatus, a small, stored blood and plasma refrigerator with "Eldon cards", but no anaesthetic machine. We had a good supply of medical oxygen cylinders (sizes C, D and E) and reducing valves.

Today Muttaburra hospital is a nurse-staffed local health centre, due to the gradual decline in patient attendances.

In the event of surgery involving general anaesthesia for which the local doctor did not consider it necessary to summon the Flying Surgeon Service, he would contact the surgeon by phone (who with the accompanying anaesthetist could be anywhere in western Queensland at the time) and obtain his OK.

The patient

The 14-year-old healthy son of our Muttaburra neighbour developed acute appendicitis. His inflamed appendix had apparently been smouldering less acutely for some weeks prior to my very recent arrival as the medical superintendent of the small Muttaburra District Hospital.

The decision was made to proceed with the appendicectomy. This was my first lone appendicectomy and my first operation in the town. Darkness had fallen. Under these circumstances, following premedication of the patient and insertion of an intravenous line with a slow continuous crystalloid infusion, the doctor would commence the spontaneously breathing general anaesthetic with ethyl chloride induction then open ether stabilisation, using a Schimmelbusch mask. He would then hand over anaesthesia maintenance to the matron, scrub up and perform the surgery, assisted by one of the nurses. Under the Schimmelbusch mask was a catheter delivering a continuous flow of medical oxygen from a cylinder, to enrich the patient's FIO_2 throughout the procedure. With the fully charged (but switched off) defibrillator on immediate standby, monitoring consisted of a sphygmomanometer cuff measuring intermittent blood pressure, and importantly the anaesthetist's (that is, the matron's) continuous monitoring of airway and breathing, radial pulse, patient's central colour and any blood loss. Clamp and tie for all haemostasis. Following the procedure the matron and nurses, in collaboration with the doctor, would attend to the patient's recovery and necessary pain relief.

The operative procedure

With the patient in stable stage III open-ether general anaesthesia, in the expert (yes, expert) care of Matron Sylvia Bignell, I made the usual McBurney's point skin incision, separated the abdominal muscle layers by blunt dissection and was about to pick up and incise the peritoneum.

Suddenly the regular, Johan Sebastian Bach-like audible beat of the town's diesel generator changed its tempo. It became slower and slower then, over about 60 seconds, ceased altogether! In the stunning silence that followed equally suddenly we were plunged into blackness in the operating theatre, on this completely moonless night!

I shall not attempt to describe my thoughts at that moment, but while I was getting ready to panic, Matron Bignell quietly reached down to a flashlight on the floor at her feet (which I had failed to notice), switched it on, and with her other hand still smoothly holding the ether bottle over the Schimmelbusch mask, and continuing regularly to feel the radial pulse, she illuminated the surgical field brilliantly, and quietly said, "Carry on doctor".

The operation and anaesthesia proceeded reasonably well thereon by flashlight. (The appendix was, not surprisingly, firmly adherent from the past inflammatory adhesions to the posterior

abdominal wall peritoneum, fortunately for me in the iliac fossa, directly below my incision!) Recovery was uneventful.

Our faithful generator maintenance man (also, of course, one of my patients) gave us back town and hospital lighting about one hour later.

Australia's bush matrons

These priceless medical icons of most of Australia's western districts, the bush matrons, must never be forgotten. They rescued junior (and sometimes not so junior) and anxious doctors over and over again, trained nurses, did some home visits and displayed great clinical wisdom and insight. Countless inland patients, their families (not to mention many of their animals!) and the whole Australian nation remain forever in their debt. Most of what these wonderful women achieved was selfless and has remained largely unsung.

During my Muttaburra time, Matron Sylvia May Bignell was of this ilk. An essentially gentle person, she was as skilled an open-ether anaesthetist as I ever worked with; and she had deep clinical insight – almost a sixth sense. She taught me at that early stage more than I can say about patient (and animal!) care and basic clinical medicine. She was also a lovely person with great integrity and she brooked no nonsense, thank goodness! I remain forever in her debt and value her memory.

After Muttaburra, she became the matron of St George Hospital in southern Queensland from about 1967 until the 1970s (like all bush matrons she took 20-hours a day, seven-days-a-week responsibility). There she not only acquitted herself with clinical distinction again, but endeared herself to all hospital staff. She is still missed and just as in Muttaburra, she is remembered in St George with warm affection and respect. Suffering deteriorating health, she subsequently received a renal transplant in Brisbane and spent her final years in that city.

Acknowledgements

My sincere thanks to Patrice Robinson, Director of Nursing/Facility Manager, St George Health Services, and to the following current and former St George Hospital medical people, Roslyn King, Sue Macarthur and Dr SM (Michael) McDonnell for their splendid and timely research and insights concerning the St George life and times of the late Sylvia Bignell.

My sincere thanks to Patrice Robinson, BHS (Nursing), RN/RM/Child Health, Director of Nursing/Facility Manager, St George Health Services, to the following senior and long-serving St George Hospital medical people, Roslyn King ENAP, Sue Macarthur EN (Ret.), Senior and Community Nurse and to Dr S.M. (Michael) McDonnell MB BS (Qld.), FRSM, FACRRM, former St George Medical Superintendent, for their splendid and timely researches and insights concerning the St George life and times of the late Sylvia Bignell.

Dr John Williamson, FANZCA

Above from left: Now and then – the Muttaburra Hospital was officially opened in 1957 and is now known as Dr Arratta Memorial Museum; Schimmelbusch mask; sphygmomanometer; Matron Sylvia May Bignell.

Flying doctors

The inaugural Queensland Flying Surgeon Service, based in Longreach, was a great medical innovation for all western Queensland families and a godsend for isolated junior doctors.

It brought modern and safe surgical and anaesthetic procedures to the home towns of these far-flung communities.

With a specialist anaesthetist using portable equipment and advanced anaesthesia techniques, and an all-weather, twin-engined aircraft flown by a professional pilot (of the then celebrated Bush Pilot Airways), the experienced specialist surgeon attended only Queensland hospitals where a permanent doctor resided.

The service performed elective operating lists, assisted by the local doctor, in all these small hospitals on a rotational basis, approximately monthly. The patients would be carefully assessed, carded and prepared from his own hospital and private practice by the local doctor, in prior telephone consultations with the surgeon.

The local doctor would meet the service's plane at the town airport on arrival and drive the team to the hospital for the day's work. In addition, this service was available around the clock, for any emergencies beyond the capability of the respective junior doctor. Contact in the plane in the air was possible by telephone.

Landing at night at any hour, on Muttaburra's small, unlit dirt country airstrip was achieved invariably safely with the car headlights of the splendid mobilised town residents, and of course with the consummate airmanship of the pilot, beautiful to watch (even including on rare occasions, onto partially flooded airstrips!)

Ulimaroa – ANZCA's historic home

This former residence, classified by the National Trust of Australia and listed on the Victorian Heritage Register, was built in 1889-90 in the Victorian Italianate style and is one of five remaining period mansions that once lined St Kilda Road.

Dr Edwin I. Watkin (1839-1916), a Wesleyan minister with an interest in early Australian and Polynesian history and geography commissioned the building of the house and most likely gave it its name and choice of decoration as seen in the painted glass panels in the entrance. The architect is disputed to be either the prominent German born Melbourne architect John AB Koch (1845-1928) or Leonard John Flannagan (1864-1902).

Watkin never lived in the house and soon after construction was completed, he rented it to Mr John Traill, who soon purchased the property, which remained in the family until 1960.

Traill arrived in Australia from Scotland in 1855 and went on to become director of the Huddart Parker Limited shipping company that traded in various forms from 1876 to 1961. In 1890, the company relocated from Geelong to Collins Street, Melbourne and by 1910 ranked 24th out of the top 100 Australian companies.

John Traill remained a director of the company long after retiring as chair in 1910 and it is said that up to the age of 90 he continued to walk from Ulimaroa to the offices of Huddart Parker in Collins Street, Melbourne.

The last Traill family member to live in the house was Dr Harvey Barrett who used the building as a residence and surgery.

In 1960, Repco Limited, an automotive parts company bought the building for its headquarters. The shift in building function from private residence to commercial offices saw extensive cosmetic and structural changes. It was during Repco's ownership that the original boundaries of the south and west parts of the building were altered and extended to create the spaces we now know as the DJ Room, board room and commercial kitchen.

Repco architects installed ornate Tasmanian blackwood doors, architraves and panelling, which had been salvaged from the demolition of the extravagant Kew residence, Tara Hall (formerly Goathland), when it was demolished in 1960.

Following the relocation of the newly established College to its new headquarters, more changes were made to restore elements of the former aesthetic of the house and garden.

The name

During Captain James Cook's first voyage of the Pacific region (1768-71), he and Joseph Banks spent three months in Tahiti where upon setting off to discover new lands, invited a Ra'iatean priest, chief and pilot called Tupa'ia' to join them as their guide and interpreter.

On December 9, 1769, at Doubtless Bay, New Zealand, Banks and Tupa'ia' spoke with the local Māori and asked them whether they knew of or visited any other lands. They stated that many years ago their ancestors travelled to a large land about a month's canoe trip away towards the north-north-west where the people ate pigs; they referred to this land as "Olimaroa/Olhemaroa".

This official account was written by John Hawkesworth in 1773, despite the fact that he was not on the journey, resulting in the name being written down as "Ulimaroa". It was this record that the Swedish geographer and cartographer Daniel Djurberg referenced for his 1776 book. The name "Ulimaroa" was widely used by Swedish, German and Dutch cartographers and continued to be used in geographical literature until 1837. In 1995 the College was gifted an 1806 "corrected" edition of Canzler's 1795 map showing Tasmania as a separate land mass and referring to the Australian land mass as "Ulimaroa ode Neu Holland".

Until recently, scholarly attempts to explain the origin and meaning of the word Ulimaroa had incorrectly attributed it as an Australian Aboriginal name. The fact that Hawkesworth printed the spoken Māori word with an "l" and "r" also added extra confusion as there is no "l" in Maori language. The linguists Tent and Geraghty in their research into the name report that having an "l" and "r" in a word does not mean that it cannot be a word of Polynesian origin.

Through their extensive research, Tent and Geraghty conclude that based on the references made about the land's distance (one-month canoe journey), shape (long), direction (north-north-west) and presence of pigs, strongly supports New Caledonia rather than Australia, as being the island referred to as "Rimaroa" by the Māori of Doubtless Bay back in 1769.

Today

ANZCA is proud to be the owner of this building whose history, as linked to Watkin and Traill, bears significant symbolic parallels to the College's Australian and New Zealand partnership.

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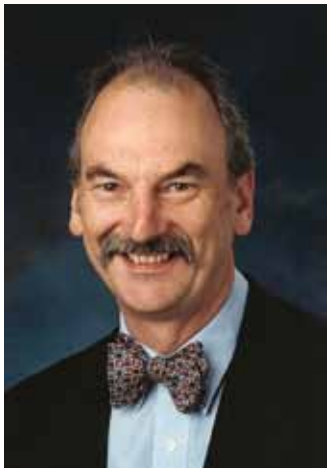


Dr Rod Westhorpe retires

After more than 25 years, Dr Rod Westhorpe has left the position of honorary curator of ANZCA's Geoffrey Kaye Museum of Anaesthetic History. Dr Christine Ball has been named the new honorary curator.

The Board of the Faculty of Anaesthetists, Royal Australasian College of Surgeons (RACS) appointed Dr Westhorpe to the museum curator role in 1987. It is now one of the best anaesthetic equipment museums in the world.

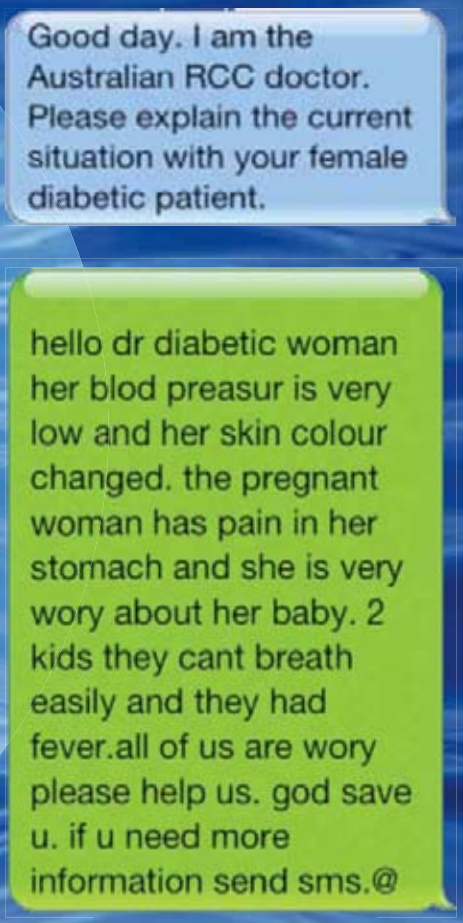
Geoffrey Kaye began developing his collection in 1939 to advance teaching. It included cut-down equipment so that people could see how the pieces worked. Today it is one of the biggest of its type in the world, with over 8000 items.

The collection was donated to the Faculty of Anaesthetists and was initially housed at RACS headquarters in Spring Street, Melbourne. When ANZCA was established in 1992, Dr Westhorpe moved the museum to Ulimaroa and subsequently to ANZCA House.

Dr Westhorpe, along with then-assistant curator Dr Ball, devoted much time to raising the museum to the standards expected of an internationally significant collection.

He was featured in an article in the December 2012 edition of the *ANZCA Bulletin* (see www.anzca.edu.au/communications/anzca-bulletin).

A LONG WAY



MARITIME CRITICAL CARE PRESENTS MANY CHALLENGES, NOT LEAST THE DISTANCE BETWEEN DOCTOR AND PATIENT, WRITES EBRU YAMAN.

With nearly 53 million nautical miles under his watch with every shift – a massive stretch that represents roughly 10 per cent of the planet – Dr Tim Harraway knows only too well our land is girt by sea. An emergency physician with Careflight Queensland, Dr Harraway is part of the team responsible for answering medical distress calls from civilian vessels in the vast stretches of Indian, Southern and Pacific oceans that fall within Australia's maritime jurisdiction.

Dr Harraway and his team never meet their seafaring patients. Instead, their job is to navigate the waters of illness and injury from headquarters, trying to diagnose a patient using whatever means they have – text message, photos from smart phones and other passengers' descriptions, for example – and quickly assess how they can be cared for based on the boat's supplies. Sometimes it can be days before the patient can leave the boat.

"The helicopter range is only 100 nautical miles so beyond that we typically can't organise an air rescue," Dr Harraway says, and the patient must wait it out.

"Some vessels going through the Indian Ocean may only be travelling at seven or eight knots and it could take four or five days to get to a place where they can be rescued by air or before they reach a port."

Until that time, the critical care specialist on duty must liaise with crew, and sometimes fellow passengers, for updates on the patient's condition. Their co-operation is critical to patient care – with no medical staff on board they may be providing treatment based on direction from the shore.

Dr Harraway says while every vessel that embarks on a voyage is supposed to have an appropriate range of emergency medical supplies on board – from antibiotics to catheters – this is not always the case. Sometimes there is very little to work with.

"For us, it is a matter of making do with what you have on the boat and quickly finding out what that is," he says.

"Having something beats having nothing at all – but there is a fair bit of 'MacGyver-ing' we do," he laughs, referring to the iconic 1980s TV show character infamous for finding solutions to dangerous or complex situations with scant resources.

"Some boats have absolutely nothing on board in terms of emergency medical supplies but even the well-supplied vessels can run into trouble."

FROM HOME

MARITIME MEDICAL RESPONSE STATISTICS

- 196 cases in the past two years (approximately two cases per week).
- 220 patients.
- 20 females.
- Eight children.
- Five deaths at sea.
- 41 helicopter evacuations (18 per cent of all cases).

"The internet, email, smart phones, Google Earth sometimes – a picture really is worth 1000 words – and lots of caffeine, they're the most important tools of the trade."

The most common medical problems encountered by Dr Harraway and his team include abdominal pain, chest pain, seasickness, hand injuries, head and back injuries – often sustained by a fall on board – although illness outnumbers injury.

Dr Harraway has seen significant changes since 1990 when he started providing remote medical expertise to people unwell at sea with Careflight. Dramatic improvements in telecommunication have made it easier to gauge a vessel's whereabouts and a patient's capacity to withstand the hours – and possibly days – before they can receive medical attention in person.

"It's difficult enough when you can't shake a patient's hand, and even lucky to talk on the phone via a third party," he says.

"The internet, email, smart phones, Google Earth sometimes – a picture really is worth 1000 words – and lots of caffeine, they're the most important tools of the trade."

The search and rescue service is provided by the Rescue Co-ordination Centre Australia, the national search and rescue organisation, which is part of the Australian Maritime Safety Authority (AMSA), to which Careflight is contracted.

The work of Dr Harraway and his team, steering a patient through their mishap or misfortune to safety through the medically austere landscape of what is, ultimately, "a maritime desert", has become increasingly complex with the increase of asylum seeker vessels in Australian and international waters around Australia.

"At any one time there are hundreds of vessels of all description and type in the area we monitor," he says.

"Asylum seeker vessels present their own difficulties. These are folks who are getting out on a small vessel, with no medical care or facilities available to them for perhaps many days before they fall ill or become injured. Physically they may already be degraded for days at a time by being exposed to the elements constantly, and with a lack of water and food. They may already have other medical conditions before boarding.

"It doesn't matter who the person is, where they are travelling to or from, when you're sick at sea you're sick at sea."

Dr Tim Harraway presented "All at sea: Remote maritime medical care" at the 2013 ANZCA ASM in Melbourne in May.

Opposite page from left: The span of nautical miles around Australia Careflight Queensland will respond to; An emergency text message exchange from a vessel in distress.

This page: Small and crowded asylum seeker vessels are ill-equipped for medical emergencies.

Essential Pain Management Course in Bangladesh

"I learnt a huge amount and was humbled by the lack of availability and regulations surrounding the use of opioid analgesia, even in palliative care."

There is much to be learned from teaching pain management in developing countries and workshop participants are not the only ones who benefit, writes Dr Moira Rush.

I was fortunate enough to be invited to participate in an Essential Pain Management course in Bangladesh, a joint project between ANZCA and Interplast Australia & New Zealand.

The Essential Pain Management (EPM) course was developed by Dr Roger Gouke, a former dean of the Faculty of Pain Medicine and Dr Wayne Morriss, an anaesthetist from New Zealand, to improve pain knowledge, provide a simple framework for managing pain and to address pain management.

The course is designed to improve pain management worldwide by working with health workers at a local level. It is a cost-effective, multi-disciplinary program, which encourages early handover of teaching to local instructors.

Since its inception in 2010, ANZCA has provided funding for ongoing course delivery and development. Workshops have been held in a number of countries in the Pacific, Asia, Central America and Africa.

I am currently working as a visiting medical officer anaesthetist at The Northern Hospital in Victoria as well as completing the pain fellowship part-time at St Vincent's Hospital. I have interests in both pain medicine and anaesthesia in the developing world so I was very keen to get involved.

Bangladesh is not a country that I had ever contemplated visiting. As a 20 year old I backpacked through India and Nepal but I knew very little about the country that is bordered by India to the north, east and west and Myanmar to the south. Bangladesh is officially known as the People's Republic of Bangladesh and was declared an independent nation in 1971. It is the fourth largest Muslim country in the world. It has a population of more than 160 million people (over seven million people live in the capital, Dhaka) and it is one of the world's most densely populated countries. Bangladesh has a very low per capita GDP. Its per capita income in 2010 was $US641, but in recent years there has been strong economic growth. Health and education levels remain relatively low although they have improved recently as poverty levels have decreased. Bangladesh continues to face a number of major challenges including poverty, political instability, over-population and vulnerability to climate change.

Bangladesh is a confronting place. On arrival at the busy Hazrat Shahjalal International Airport in Dhaka on a Saturday evening I eventually managed to negotiate a trip to my hotel with the local "taxi" operator. The vehicle stalled every time the driver slowed down (which was often!) and the chaotically congested roads meant that I was relieved to reach my destination in one piece. After promising my husband that I would organise to be picked up from the airport, I thought this would be an experience best kept to myself!

In Dhaka, I joined anaesthetists Wayne Morriss, Renu Gurung and Binita Acharya from Nepal who had completed an EPM instructors course in 2012, Ramesh Menon from New Zealand and Paul Cargill, Policy Officer, Community Development, from ANZCA.

The Essential Pain Management course was held at the Bangabandhu Sheikh Mujib Medical University (BMMSU) in Dhaka, the leading postgraduate medical teaching and training institution in Bangladesh. The local organiser was Professor AKM Akhtaruzzaman, the professor of neuroanaesthesia. Professor Akhtaruzzaman is also the vice president of the Bangladesh Society for the Study of Pain (BSSP), which formed in 1997. BSSP is an affiliated chapter of the International Association for the Study of Pain (IASP).

Professor Akhtaruzzaman organised for us to be picked up from our hotel on the first day of the course. The trip to

Below from left: Dhaka skyline; Essential Pain Management workshop – case discussions; Essential Pain Management workshop participants; Dr Moira Rush in Bangladesh.

BMMSU seemed to take forever through incredibly challenging traffic. Entering a major intersection and turning onto the wrong side of the road into oncoming traffic was a manoeuvre I won't forget in a hurry! I was surprised to discover that we were staying about three kilometres from the university.

The EPM program is divided into two parts – the EPM workshop and the EPM instructor workshop. The EPM workshop is a one-day program of interactive lectures and group discussions. The workshop teaches a system for "recognising", "assessing" and "treating" pain (RAT) and addresses pain management barriers. Twenty four doctors from different specialties attended the first one-day workshop at BSMMU.

I was nervous about standing up in front of a group of highly trained doctors, who were familiar with the basic physiology and pharmacology of pain, to give introductory lectures. However, it was clear once we reached the interactive parts of the course that the participants had embraced the material and were keen to enter into spirited discussions about how to manage a variety of complex pain situations. I learnt a huge amount and was humbled by the lack of availability and regulations surrounding the use of opioid analgesia, even in palliative care.

The EPM instructor workshop is a half-day program designed to provide participants with the knowledge and skills to become EPM instructors. Ten doctors attended the instructor workshop on the second day. I was unsure whether the skills taught in the instructor workshop would translate adequately, however, on the third day, with 25 local participants, the new instructors ran the workshop with minimal assistance. It was really interesting to watch them use the material in a way that suited them and the audience.

We were very well looked after during our time in Dhaka thanks to Professor Akhtaruzzaman and his team. We had fabulous meals and managed to see some of the sights, including the Liberation War Museum and the Sadarghat River Front. Professor Akhtaruzzaman ran an EPM course at BSMMU in April and there are plans for more courses later in the year. I have agreed to be a resource person for the ongoing development of EPM in Bangladesh. I hope to return to Bangladesh next year to participate in a series of courses in Dhaka and possibly a regional centre.

Dr Moira Rush, FANZCA
VMO anaesthetist, The Northern Hospital
Pain Medicine Fellow, St Vincent's Hospital

Interplast turns 30

Interplast Australia & New Zealand (Interplast) exists to repair bodies and rebuild lives. For 30 years, Interplast has been sending volunteer teams of qualified, plastic and reconstructive surgeons, anaesthetists, nurses and allied health professionals to developing countries in the Asia Pacific region to facilitate surgical treatment and training to local medical personnel.

Volunteers provide free treatment to people living with a disability due to congenital conditions such as cleft lip and cleft palate, or acquired conditions such as burn scar contractures. Treatment is targeted to people who would otherwise not be able to afford or access these services.

We also pride ourselves on our intentions to leave a legacy. We focus heavily on facilitating medical training and mentoring for in-country medical personnel by supporting and building the capacity of local health services.

Interplast has worked in 25 developing countries, implemented over 500 surgical and training program activities, sent over 600 volunteers, enabled over 32,000 consultations, performed over 21,000 life-changing procedures and trained countless medical staff. Interplast Australia & New Zealand (Interplast) has been working in Bangladesh since 2004.

Anaesthesia training program continues to evolve

Training portfolio system updates

Supporting departments throughout the first year of implementation of the revised curriculum is crucial to its success and the College is grateful for feedback provided to date.

Following a recent survey, the College received suggestions for additional items in the cases and procedures section of the training portfolio system as well as general comments on the usability of this section.

Some of these have been implemented recently and we will continue to listen to trainees and supervisors of training and all users of the system.

In June, the Advancing TPS Working Group will start reviewing all feedback to plan enhancements and further developments for August and September.

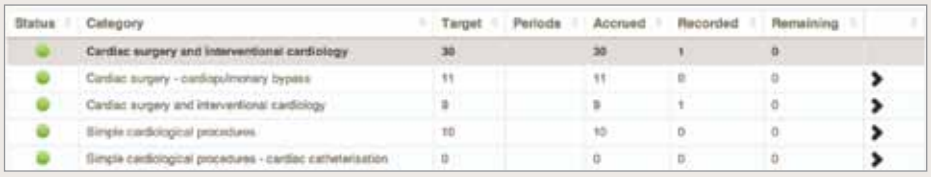
Cases and procedures

The cases and procedures section of the TPS has been updated. The main changes are the addition of items to the "Medical conditions/disorders", "Surgical cases or procedures" and "Anaesthetic procedures" drop-down menus.

We aim to make it easier for trainees to record more of the cases and procedures that they undertake day to day, in addition to those with a volume of practice requirement.

A spreadsheet displaying all menu item options for the cases and procedures section has been published on the ANZCA website and is available on the "Recording training" page within the "2013 training program" section: www.anzca.edu.au/training/2013-training-program/recording-training

We encourage trainees to refer to the spreadsheet as often as needed to see which items are available under each drop-down menu and which of these carry a volume of practice requirement.



Status	Category	Target	Periods	Accrued	Recorded	Remaining	
	Cardiac surgery and interventional cardiology	30		30	1	0	
	Cardiac surgery - cardiopulmonary bypass	11		11	0	0	›
	Cardiac surgery and interventional cardiology	9		9	1	0	›
	Simple cardiological procedures	10		10	0	0	›
	Simple cardiological procedures - cardiac catheterisation	0		0	0	0	›

Specialised study units – signing off

Trainees must work towards the requirements of each specialised study units (SSU) throughout training.

Trainees are expected to periodically interact with the SSU supervisor of their department and are likely to informally discuss progress with their SSU supervisor.

Over time, trainees will need to log in to the TPS to show the SSU supervisor their progress against the requirements, which is easily achieved when the trainee presents their dashboard. This is relatively quick and easy and is encouraged so trainees get as much support as possible when the SSU supervisor has all information about the SSU progress.

How do specialised study unit supervisors complete a specialised study unit review?

This is explained in a newly published podcast available from the "Recording training" page within the "2013 training program" section, www.anzca.edu.au/training/2013-training-program/recording-training.

A trainee should approach the SSU supervisor to request a review, once they believe they have met the requirements of the SSU. The SSU supervisor completes the review within the training portfolio system.

SSU supervisors log in to the TPS (using their ANZCA website username and password) and select "Add review". They locate the trainee, select "SSU review" and complete it for the trainee.

The SSU supervisor will need to ask the trainee three questions as part of the review, which must be based on the learning outcomes for the relevant SSU. SSU supervisors must indicate that satisfactory answers have been provided. There are no specific SSU review questions and it has been left to the SSU supervisors to construct their own questions, easily achievable using the learning outcomes from the relevant SSU.

An SSU supervisor must assess the trainee's overall competency for an SSU. Unsatisfactory completion of an SSU review may sometimes occur. The SSU supervisor should bring this to the attention of the supervisor of training of the department so that appropriate support can be put in place for trainees to meet the requirements.

Meeting the WBA run rate

On the trainee dashboard, the TPS displays the "Current WBA run rate", which relates to the minimum number of workplace-based assessments (WBAs) that must be completed during each three-month period.

The run rate is counted on a rolling basis, meaning it is recalculated each day, based on the previous three months.

In circumstances where a trainee has not met the run rate during one or more clinical placements, the supervisor of training will need to review the timing of the completion of assessments during the placement and consider whether additional assessments are required to demonstrate the trainee's commitment to seeking regular feedback to inform the supervisor of training of their ongoing progress so that clinical placement reviews and informed by feedback.

Trainees should do their best to meet the run rate, whichever placement they are undertaking. The supervisor of training should review the circumstances when a trainee is going to be unable to meet the run rate and trainees should highlight to their supervisor when this may be the case.

The run rate requirements are determined by the three-monthly workplace-based assessment requirements covered in Appendix 1 of the Curriculum.

Workplace based assessments summary (details)

Current WBA run rate:

Training period	WBA type	Minimum	Accrued
IT	DOPS	4	4
	mini-CEX	6	6
	MaF	1	1
IIT	DOPS	5	5
	mini-CEX	1	1
	CbD	5	5
	MaF	1	1
AT	DOPS	3	3
	mini-CEX	1	1
	CbD	7	4
	MaF	1	1
PFT	mini-CEX	0	0
	DOPS	0	0
	CbD	2	0
	MaF	1	0

Olly Jones,
General Manager, Education Development Unit
ANZCA

ANZCA training in Hong Kong, Malaysia and Singapore – 2013-2019

Hospital accreditation inspections are always hard work but also offer great opportunities to the inspectors for an in-depth look at other health systems, unique medical and training environments, innovations and alternative approaches and to meet colleagues.

In February 2013, Dr Lindy Roberts, President, Dr Genevieve Goulding, Vice-President, Dr Mark Reeves, Chair of the Training and Accreditation Committee and Dr Kerry Brandis, Councillor performed a round of accreditation inspections of the 12 departments of anaesthesia in Singapore and Malaysia that are accredited for ANZCA training. Hong Kong's departments were inspected in late 2011.

All ANZCA accredited departments are routinely inspected every seven years and the affiliated training regions (ATRs) – Hong Kong, Malaysia and Singapore – had been at the end of their accreditation cycle and scheduled for reaccreditation.

In all three countries we were shown great hospitality, warmth and friendship. Dr Brandis was much in demand for photo opportunities autographing his book.

The training year in the ATRs begins later than in Australia and New Zealand. Trainees in the ATRs have just entered their new training year. This is the last year trainees in the ATRs will be able to begin ANZCA training and they will be able to continue training in their regions until 2019.

Trainees in the ATRs will be completing training under the 2004 curriculum but will be sitting the same primary and final examinations as their counterparts in Australia and New Zealand. The ATRs now have their own ANZCA training regulation (regulation 38) and their own *Handbook for Training and Accreditation in the Affiliated Training Regions*. These have been ratified by Council and are available on the ANZCA website.

(continued next page)

Anaesthesia training program continues to evolve
continued

A new webpage for the ATRs – www.anzca.edu.au/training/asia-training-program – has been launched on the ANZCA website. This contains regulation 38 and the corresponding explanatory handbook, including appendices of the relevant learning outcomes upon which the examinations are based and links to appropriate learning resources and courses.

ANZCA will therefore continue to have a presence in the ATRs for many years to come, as training will only cease in 2019. Many attended the highly successful ANZCA ASM in Hong Kong in 2011. Next year, in 2014, the ASM will be in Singapore (in conjunction with the Royal Australasian College of Surgeons, RACS) and this also promises to be an exciting, well attended meeting. In 2019, the ASM will once again be staged in Asia, in Kuala Lumpur.

Final and primary examiners from Hong Kong and Australasia still continue to attend each other's exams and there are many ongoing opportunities for Australians and New Zealanders to teach and lecture in the ATRs, or collaborate in research. There are also opportunities for trainee fellowships in a variety of subspecialties, with a perspective unique to that region's culture, population and health system.

It is hoped that such collaborations and exchanges continue long after ANZCA ceases training in the ATRs in 2019.

Dr Genevieve Goulding
ANZCA Vice-President

From left: Associate Professor Kho Kwong Fah, Dr Mark Reeves, Dr Uma Iyer and Dr Goh Meng Huat in herb and fruit garden on the roof of the Khoo Teck Puat Hospital, Singapore.

Successful candidates

Primary fellowship examination (2004 curriculum)

February/April 2013

One hundred and thirty seven candidates successfully completed the primary fellowship examination and are listed below:

David Burns	ACT
Kalyna Harasymiv	ACT
Alida Johanna Lombard	ACT
Mallikarjuna Reddy Ponnapa Reddy	ACT
Michael Warwick Tripet	ACT
Claire Elizabeth Armstrong	NSW
Andrew John Arrowsmith	NSW
Johanna Barrett	NSW
David William Bell	NSW
Steven Raymond Bruce	NSW
Alexandra Sylvia Buchanan	NSW
Romy Catherine Busbridge	NSW
Joanne Louise Chapman	NSW
Philip Cheung	NSW
Weiming Chiu	NSW
Rachel Leah Choit	NSW
Jennifer Mackenzie Crawford	NSW
Rebecca Jane Cregan	NSW
Katherine Cynthia	NSW
William Lindsay Dey	NSW
Lachlan Hugh Donaldson	NSW
Lisa Marie Doyle	NSW
Biljana Germanoska	NSW
Hugh Patrick Harricks	NSW
Jennifer Anne Hartley	NSW
Vivian Wei-Ying Ho	NSW
Lin Hu	NSW
Dilan Srimantha Wijesinghe Kamalasena	NSW
Dinushka Iroshima Devi Kariyawasam	NSW
Kim Leng Khoo	NSW
Nina Kloth	NSW
Richard Alan Lam	NSW
Edward Lee	NSW
Jessica Shao-Yeung Lim	NSW
Georgina Stewart Mahony	NSW
Rachel Amanda McLennan	NSW
Monique Genevieve McLeod	NSW
Ross Mortimer	NSW
Shweta Natarajan	NSW
Katherine Louise Phillips	NSW
Liwei Ren	NSW
Nicholas John Roberts	NSW
Natalie Russell	NSW
Sanchia Sapphira Smith	NSW
Timothy Richmond Sullivan	NSW
Sobana Thillainathan	NSW
Elizabeth Mary Vallins	NSW
Priya Virdi	NSW
Ling-Chu Yap	NSW
Caren Zhang	NSW
Zheng Yi Zhong	NSW
Jim Po-Chun Liou	NSW
Sheridan Brooke Bell	Qld
Sandra Ivannia Concha Blamey	Qld
Daniel K Chang	Qld
Danielle Isabel Crimmins	Qld
Ahmad Dawar	Qld
James Mackenzie Forbes	Qld
Charles Andrew Herdy	Qld
Riaz David Hooshmand	Qld
Lee Imeson	Qld
Alan Lim	Qld
Jacqueline Lippiatt	Qld
Sarah Louise Maguire	Qld
Jed Ross Mangano	Qld
Thomas Robert McCall	Qld
Dominic Peter Ormston	Qld
Tegan Samantha Owen	Qld
Deanna Ba Pe	Qld
Leanne Kerry Ryan	Qld
Lily Samedani	Qld
Alastair James Scarr	Qld
Matthew Graham Schafer	Qld
Daniel Ashton Shorter	Qld
Francia van der Merwe	Qld
Zoe Elizabeth Vella	Qld
Lisa Erin Webb	Qld
Rosmarin Zacher	Qld
Wilson Ted Sin Chee	SA
Sheng Kai Lim	SA
Wai Munn Ng	SA
Abdullah Saji G Alharbi	Vic
Sarah Jayne Brew	Vic
Christopher Stephen Alexander Carter	Vic
Elizabeth Coyle	Vic
Andrew James Dawson	Vic
Jessica Gillett	Vic
Arturo Gomez De Castro	Vic
Douglas Francis Hacking	Vic
Rafsan Halim	Vic
Auday Abdel Jabbar Hasan	Vic

Successful candidates
continued

Andrew James Iliov	Vic
David Andrew John	Vic
Kelvin Gar-Hoo Lam	Vic
Madeline Jia-Yue Lim	Vic
Mohd Ikhwan Mohd Noh	Vic
Janette Isabelle Moss	Vic
Brendan Kenneth Munzel	Vic
Tuan Michael Pham	Vic
Roshan Reginald	Vic
Andrew Kevin Ross	Vic
Sohrab Salarzadeh	Vic
Earlene Silvapulle	Vic
Yen Tran	Vic
Gayatri Vanugopal	Vic
Charith Dhananjaya Weeraratne	Vic
Benjamin Teck-Hui Wong	Vic
Kah Hong Yep	Vic
Samuel Jack Rigg	WA
Jasbir Kaur Sekhon Balbir Singh	NZ
Victor Victorovich Birioukov	NZ
Daniel Lien Chuan Chiang	NZ
Jesse Jordan Chisholm	NZ
John Michael Denton	NZ
Joachim Dieterle	NZ
Lizi Kate Edmonds	NZ
Mahmoud Mohamed Samir El-Bably	NZ
Laura Michelle Khodaverdi	NZ
Caroline Mary Mann	NZ
Chak Shu Kwan Alex	HKG
Ka Ying Chow	HKG
Luk Ting Hin	HKG
Chi Yeung Henry Mak	HKG
Poon Kam Sheung	HKG
Tse Shuk Wah	HKG
Ching Yee Amy Wong	HKG
Wong, Jaclyn Wai Ming	HKG
Yim Christopher Fong	HKG
Tjung Wai Wong	Mal
Yufan Chen	Sing
Haoling Hilda Hu	Sing
Anusha Kannan	Sing
Charis Ern Huey Khoo	Sing
Ambika Paramasivan	Sing
Yan Ru Tan	Sing
Toh Han	Sing
Chiong Ling Yvonne Wong	Sing

Merit certificates

Merit certificates were awarded to:

David Warrick Burns	ACT
Kalyna Harasymiv	ACT
Sobana Thillainathan	NSW
Rafsan Halim	Vic
Sanchia Sapphira Smith	NSW
Laura Michelle Khodaverdi	NZ
Jim Po-Chun Liou	NSW
Alexandra Sylvia Buchanan	NSW
Earlene Silvapulle	Vic
Ka Ying Chow	HKG

Primary fellowship examination (2013 curriculum)

February/April 2013

Forty five candidates successfully completed the primary fellowship examination and are listed below:

Monica Li-Meng Chew	NSW
Katelyn Priester	NSW
Bernard Roach	NSW
Lakshmi Nayana Vootakuru	NSW
Gillian Hilda Wright	NSW
Christina C Denman	Qld
Andrew Robin Growse	Qld
Kristin Ann Hielscher	Qld
Christopher Scott Lack	Qld
Krista Frederika Adriana Mos	Qld
Nicole Rebecca Whitlock	Qld
Courtney Louise Williams	Qld
James Robert Chappell	SA
Torin Clack	SA
Caroline Rebecca Delaney	SA
Chelsea Anne Hicks	SA
Ravinder Neil Singh Sandhu	SA
Jessica Joan Staker	SA
Eliza Jane Beasley	Vic
Benjamin Kave	Vic
Siobhan Kirsty McGuinness	Vic
Christine Kim Thu Vien	Vic
Matthew Peter Aldred	WA
Bojan Bozic	WA
Kevin Wai Kee Chan	WA
Natasha Lekshika De Silva	WA
Trevelyan Thomas Edwards	WA
Tamara Lee Garside	WA
Ryan David Juniper	WA
Catherine Frances McGregor	WA
Adam Isaac Mossenson	WA
Wayne Reynolds	WA
Nirooshan Rooban	WA
Sonya Ting	WA
Anna Michelle West	WA
Duncan John Macgregor Brown	NZ
Irene Maree Byrnes	NZ
Lauren Elizabeth Craig	NZ
Penelope Louise Geens	NZ
Courtney Rose Hore	NZ
Philippa Mary Jerram	NZ
Zhao Kun Koo	NZ
Alexander Peter Ames Reed	NZ
David Ernest Silverman	NZ
Mark Patrick Woolley	NZ

Renton Prize

The Court of Examiners recommended that the Renton Prize for the half year ended May 31, 2013, be awarded to:

Adam Isaac Mossenson	WA
Duncan John Macgregor Brown	NZ

Merit certificates

Merit certificates were awarded to:

Benjamin Kave	Vic
Torin Clack	SA
Ryan David Juniper	WA

Final fellowship examination

March/May 2013

One hundred and forty candidates successfully completed the final fellowship examination and are listed below:

Michael Richard Mark Adams	ACT
Benjamin Jay Brabin	ACT
Elizabeth Anne Merenda	ACT
Rajesh Babu. S.	ACT
Neha Aggarwala	NSW
Pragya Ajitsaria	NSW
Elizabeth Ann Barber	NSW
Alastair Browne	NSW
Helena Man Hing Choi	NSW
Yee Hui Chong	NSW
Robert Henk Crocket	NSW
Sandra Marie Derry	NSW
Sabry Eissa	NSW
Phoebe Epstein	NSW
Gregory Alan Foster	NSW
Oliver Robert Heybourn Hambidge	NSW
Suyen Ho	NSW
David Huntington	NSW
Wilson Binh Quan Huynh	NSW
Benn Morrie Lancman	NSW
Helen McPhee	NSW
Giles Miller	NSW
Benjamin Louis Moran	NSW
Nayden Tsvetkov Naydenov	NSW
Yoon Leng Ooi	NSW
Alastair Donald Paterson	NSW
Kim Louise Rackemann	NSW
Vinay Rao	NSW
Jessica Ruth Ratchford	NSW
Jennifer Richelle Reilly	NSW
Timothy David Robertson	NSW
Jon Havard Salicath	NSW
Felicity Stone	NSW
Jennifer Shayne Jieh Tan	NSW
Brendan Paul Troy	NSW
Dzung Hoang Vo	NSW
James Alexander Yeates	NSW
Nusrat Zahan	NSW
John Michael Beck	Qld
Eleanor Charlotte Castle	Qld
Tawona Dhlakama	Qld
Peter Christian Elepfandt	Qld
Alex Grosso	Qld
Anthony David Hade	Qld
Annabelle Victoria Marianne Harrocks	Qld
Luke Jonathon Heywood	Qld
Dwane Lachlan Jackson	Qld
Peter Christian Larsen	Qld
Shannon Aileen Laycock	Qld
Kenneth Chung Wah Lee	Qld
Wai Leong Liew	Qld
Stuart Michael Luckie	Qld
Rebecca Louise McBride	Qld
Emma Therese Moloney	Qld
Liam Michael Ring	Qld
Linda Mei-Yi Sung	Qld
Grant Turner	Qld
Andrew Douglas Wilke	Qld
Faith Perez Crichton	SA
Oliver Jebaretnam David	SA
Yasmin Endlich	SA
Sarika Kumar	SA
Agnieszka Paulina Szremska	SA
James Trumble	SA
Samantha Jane Bigg	Vic
Charles James Bitcon	Vic
Emma Joanne Boden	Vic
Christelle Botha	Vic
Lauren Maree Bourke	Vic
Jacqueline Anne Cade	Vic
Jing Xuan Ivy Chang	Vic
Simon Woon-Hui Chong	Vic
Neil Francis Collins	Vic
Dale Anthony Currigan	Vic
Amanda Patricia Dalton	Vic
Jonathan Gardner Evans	Vic
Jennifer Jiaping Fu	Vic
Grace Huei-Hsin Huang	Vic
Gurdeesh Kaur	Vic
Cassandra Jane McLeod Lang	Vic
Dennis Wai Chung Lee	Vic
Jennifer Delys Liddell	Vic
David Ji Yan Long	Vic
Sheng Rong Low	Vic
Sheng Jia Low	Vic
Neil Andrew MacDonald	Vic
Libia Estela Machado Munoz	Vic
Lachlan Fraser Miles	Vic
Rachel Lee-Yin Ng	Vic
Vivian Vy Nguyen	Vic
Alister Boon Tsin Ooi	Vic
Sarah Elizabeth Palermo	Vic
Belinda Michelle Phillips	Vic
Katrina Pamela Pirie	Vic
Michael John Rattray	Vic
Hedda Kathrin Robinson	Vic
Samuel Hong Chang Sha	Vic
Shankar Rachna	Vic

(continued next page)

Successful candidates
continued

Elizabeth Anne Shaw	Vic
Alexander J Smirk	Vic
Polly Spencer	Vic
Hugh Edward Taylor	Vic
Stephen Francis Watty	Vic
Jacob Benjamin Wawryk	Vic
Bethany Patricia White	Vic
Anne Michelle Carlton	WA
Christopher Michael Gibson	WA
Melissa Amber Haque	WA
Lee Yan Wei	WA
Bree Adele Maciejewski	WA
James Isaac Miller	WA
Nazeen Bt Tajudeen	WA
Olivia Jane Albert	NZ
Cameron Mahon Anderson	NZ
Tristan Robert Bennett	NZ
Aimee Marie Clark	NZ
Richard Paul Collins	NZ
Michael Edward Foss	NZ
Romilla Mary Franks	NZ
Alexis Ghisel	NZ
Robert Lindsay Gray	NZ
Marissa Candace Henderson	NZ
Kerry Alexander Cressey Holmes	NZ
Katarzyna Anna Ibrahim	NZ
Christopher Simon Jones	NZ
Lauren Joy Kelly	NZ
Chang Joon Kim	NZ
Emma Jane Lloyd-Davies	NZ
Logan Gregory Marriott	NZ
Richard David More	NZ
Nola Veda Ng	NZ
Rachel Ann Sara	NZ
Helena Ruth Stone	NZ
Bibhuti Thakur	NZ
Richard Michael Walsh	NZ
Chiu Suet Wai	HKG
Li Cheuk Yin	HKG
Mok Yue Hong Louis	HKG
Tsui Pui Yee	HKG
Wai Rebecca Pak Kei	HKG

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

Anandhi Rangaswamy	NSW
Rajiv Singhal	NSW
Ibrahim Yacoub	NSW
Vishwanth Lekha	Qld
Armando Preti	Qld
Tushar Indulkar	SA
Nirmala Dayani Jayasekera	Vic

Cecil Gray Prize

The Court of Examiners recommended that the Cecil Gray Prize for the half year ended 30 June 2013, be awarded to:

Wilson Binh Quan Huynh	NSW

Merit Certificates

Merit Certificates were awarded to:

Benn Morrie Lancman	NSW
Luke Jonathon Heywood	QLD
Katrina Pamela Pirie	VIC
Alexander J Smirk	VIC

Dean's message

Last month we successfully hosted the Faculty's Annual Scientific Meeting (ASM) and Refresher Course Day. The topic of this year's Refresher Course Day was "Selling pain science: Communication and cultural competition". This was followed in close sequence by the Faculty's ASM run in concert with the ANZCA ASM.

By any measure, the educational, cultural and social occasions throughout this special six days in Melbourne were an overwhelming success. On behalf of the Faculty, special thanks to Dr Michael Vagg for his substantial contribution to the organisation of both events in co-operation with the ANZCA Regional Organising Committee.

Our invited speakers were vibrant and engaging. The topics covered were relevant and stimulating. Professor Fabrizio Benedetti (Turin, Italy) spoke on the neuroscience of the doctor-patient relationship and how the placebo effect is relevant in both research and clinical practice. He explored the neurobiochemical mechanisms of placebo, its relevance to us clinically and how we may be able to use this phenomenon effectively in a positive way within our own clinical practices.

Professor Edzard Ernst (Exeter, England) was invited to deliver the Michael Cousins Lecture at this year's ASM. Professor Ernst is, internationally, the first ever appointment to a professorial chair in the field of complementary and alternative medicine. Unfortunately, Professor Ernst was unable to attend our meeting in person, due to sudden family illness.

We expressed our concerns and sent our warmest regards and best wishes to Professor Ernst and his family.

Despite these arduous personal circumstances, Professor Ernst managed to record and deliver the Michael Cousins Lecture at extremely short notice. The conference organisers were understandably nervous as to how a pre-recorded video lecture, produced with minimal frills and technological help, would be able to hold the attention of a packed auditorium in this most important opening plenary session.

Their concerns were soon allayed. The pre-recorded performance of Professor Ernst was engaging from the onset, informing and challenging beyond expectation and kept the audience riveted until the very end. In his absence, Professor Ernst received a lengthy ovation at the completion of his presentation, which was a resounding testimony to the potency and relevance of his message.

Professor Ernst explained the evidence or, more significantly, the resounding and unequivocal lack of evidence for many potions, substances and techniques promoted in our field of pain medicine. He provided relevant and unnerving insights into complementary and alternative medicine, a major commercial movement throughout the western world. His message to us, as clinicians and scientists, was to remain dedicated defendants of evidence-based medicine and to promote at all times, the virtue and integrity of medical science in guiding clinical practice. His message to consumers was buyer beware.

Professor Ernst's presentation is available on the 2013 ASM website at www.anzca.edu.au/2013-ASM.

It is my opinion that the ASM reaches its pinnacle at the time of the graduation ceremony on the Saturday night. This year, 13 new Fellows of the Faculty of Pain Medicine were admitted during the College Ceremony. This is a special threshold-crossing moment for our newest Fellows. It is appropriate to celebrate with them, acknowledge the achievements they have made and welcome them to the Faculty.

The grandeur and formality of the graduation ceremony makes the night very special and recognises our new graduates as our peers and colleagues. It is appropriate that the office bearers of the Faulty and the College stand to attention on this night, to acknowledge the trainees and impress upon them the responsibilities that come with fellowship.

The newly graduating Fellows, the leaders of the future, need no reminder of the impact of training, examination and the curriculum on their recent professional and personal lives. What might be less obvious is the ongoing relevance of the curriculum for all of us as established Fellows of the Faculty and College. The fellowships we award to our new Fellows on this graduation evening are defined by the curriculum they represent, the learning and training they have endured, and the examinations they have passed.

By reassessing, redesigning and renewing our curriculum, we are renewing and enhancing the reputation of all our Fellows, old and new. That is, of all of us.

It is important to encourage our new Fellows to become part of the fabric of our professional community and to be inspired to play an active role in the process of reviewing and nurturing the quality of our fellowship and the reputation of our Fellows through this curriculum review initiative.

At the College Ceremony the point was made that with fellowship comes the incredible opportunity to make a difference on a worldwide scale. Acknowledgment was made of the outstanding efforts of Associate Professor Roger Goucke and Dr Wayne Morriss in progressing the Effective Pain Management (EPM) teaching initiative, which has been enormously successful in reducing pain and suffering through its widespread application in many languages and countries throughout the developing world.

I would also like to acknowledge the contributions of Dr Frank New for over eight years of dedicated service on the board of the Faculty. Dr New has performed the difficult role of censor and assessor and has pioneered the Faculty's procedural approach to assessment of overseas-trained medical specialists. Frank's signature is his commitment to considering any decision from the point of view of those potentially worst affected. On behalf of the Faculty of Pain Medicine, I thank Frank for all he has contributed.

Welcome to Dr Newman Harris and congratulations on his recent election to the Faculty of Pain Medicine Board replacing Dr New as the Royal Australian and New Zealand College of Psychiatrists representative.

Finally, we congratulate our newly graduating Fellows in attaining fellowship of our Faculty and encourage them to reflect upon the opportunities they have earned and accept the responsibilities that come with the privilege of entering people's lives with the endorsement of the title of "specialist anaesthetist" or "specialist pain medicine physician".

Associate Professor Brendan Moore
Dean, Faculty of Pain Medicine

Australian Pain Society dinner in Canberra in March.

Standing (back row) from left: Dr David Jones, Dr Tim Semple, Dr Geoff Speldewinde, Dr Malcolm Hogg, Mrs Elspeth Shipton, Professor Maree Smith.

Seated (front row) from left: Dr Rollin Gallagher, Professor Ted Shipton, Dr Penny Briscoe, Associate Professor Brendan Moore.

Dr Gallagher is the editor, Pain Medicine, past-president of the American Academy of Pain Medicine and past-president of the American Board of Pain Medicine.

Dextropropoxyphene: safety, efficacy and the TGA

In 2011 the Therapeutic Goods Administration (TGA) announced plans to have dextropropoxyphene (DPP) removed from the Australian Register of Therapeutic Goods by March 2012. This was due to increasing concerns for fatal toxicity being no longer tolerable given the lack of evidence for analgesic benefit. Withdrawal from the market stood to bring Australian practice in line with NZ, UK, USA and the EU.

Aspen Pharmacare lodged an 11th-hour objection through the Administrative Appeals Tribunal (AAT) seeking an exemption for their two branded preparations of DPP, Digesic and Doloxene. No appeal was made for Capadex or Paradex and they were withdrawn from the market in 2012.

The mechanism of the observed lethality of DPP is most likely a combination of neurodepression and cardiac arrhythmias resulting from QT prolongation. In the late 1990s, DPP containing medications were implicated in 20 per cent of drug overdose suicides in the UK and resulted in the medical authorities there withdrawing DPP from the market in 2007. This simple action is estimated to have saved 100 lives per year in the UK through suicides prevented. Also at risk are those who are genuinely seeking analgesia with DPP and so increase their intake above the recommended dosing. With no relief achieved, dosing rises further until unwittingly the toxic level is reached and a so-called accidental overdose results. The elderly and those with renal impairment are particularly at risk owing to the narrow therapeutic-to-toxic ratio of DPP.

The Administrative Appeals Tribunal released its decision on Digesic and Doloxene in April this year, determining that these agents could remain on the register but with tight prescribing restrictions. Pharmacies would be required to only dispense DPP to a patient after they presented a signed form from their doctor confirming that at least five criteria had been met. These are to include: absence of any alternative analgesia option, awareness of dangers and satisfaction that patient is not at risk of intentional or accidental self-harm. This contract would be in addition to a continuation of the black box warnings contained in the product information. These advise replacing DPP with alternatives, not to initiate DPP for new patients, warn of the dangers of QT prolongation and those at increased risk including existing QT prolongation and severe cardiac disease.

Just how many patients are being treated with DPP is difficult to ascertain, as the necessary data is not readily available. The Administrative Appeals Tribunal ruling contains an estimate provided by Aspen of 2000 patients. Assuming accuracy, this is a reassuringly low number of patients to be dealt with.

Clinicians may have encountered patients reporting analgesia with DPP. However, this is possibly merely a placebo effect or is attributable to the accompanying paracetamol found in most preparations (for example, Digesic, Paradex, Capadex). A systematic review performed by McQuay, Moore and colleagues on published data concluded DPP as a sole agent was an ineffective analgesic.

Fellows of the College have much to occupy their attention. There are times when the actions of the regulatory authorities acting in a benevolent fashion to remove unnecessary distractors is desirable as this allows attention to be focused on more complex matters facilitating best patient care. The absence of this ideal scenario may well be disappointing but at the same time provides our Fellows with an opportunity to demonstrate knowledge and to lead by example. In this regard, Fellows of the College are well resourced. When appropriate, DPP maintained patients may require referral to a multidisciplinary pain unit. Management for some patients may be with alternative agents, of which there is still the choice from many agents (for example, paracetamol, codeine or tramadol). For other patients, a non-pharmacologic approach may be achieved, particularly given what we know of the lack of analgesia achieved pharmacologically with DPP in the first instance.

Dr Gavin Pattullo, FFPMANZCA
Royal North Shore Hospital, NSW

News

2013 Pre-Exam Short Course

The 2013 Pre-Exam Short Course will be held from September 13-15 at the ANZCA Queensland Regional Office, West End Corporate Park, River Tower, 20 Pidgeon Close, West End, Queensland.

2013 Examinations

The written exam will be taking place across ANZCA regional offices on Friday November 8.

The clinical exams will be taking place at Geelong Hospital, Victoria during the weekend of November 23-24.

Closing date for exam registrations (both written and clinical) is Monday, September 23.

Admission to Fellowship

New Fellows:
Timothy Grice, FANZCA (Qld)
Jonathan Chan, FRACGP (SA)
Nadine Yamen, FANZCA (NSW)
Tillman Boesel, FANZCA (NSW)
Andrew Huang, FANZCA (Vic)
Andrew Paterson, FANZCA (NSW)
Kai Lai Chu. FANZCA (HK)
Laurent Wallace, FANZCA (NSW)

By election:
Brigitte Gertoberens, MD (NZ)

This takes the total number of Fellows admitted to 348.

FPM's New Zealand committee

The Faculty of Pain Medicine (FPM) has established a New Zealand National Committee (NZNC) to handle New Zealand matters on its behalf. Following a nomination process and ratification by the FPM Board, the inaugural committee members are Dr Kieran Davis (chair), Professor Ted Shipton (deputy chair) and Dr Paul Hardy (honorary secretary/treasurer). For more information see page 73.

2013 FPM Refresher Course Day and Annual Scientific Meeting

The Faculty's Refresher Course Day and ASM programs were a great success. The Refresher Course attracted 160 delegates, which makes it one of the largest to date, as well as strong support from healthcare industry with three major sponsors and four exhibitors present. The program explored the diversity of communication issues in Pain Medicine, including consultation skills, inter-professional communication, health literacy and the pain medicine brand in the wider culture of our country. The day was completed with a dinner at Eureka 89, which provided breath-taking views of Melbourne, and an entertaining dinner speaker in Professor Roland Sussex. The Faculty farewelled Dr Frank New after eight years on the Faculty of Pain Medicine Board. Media coverage was widespread and the ASM e-newsletter was well received. Thanks to all who contributed to this wonderful event.

FPM Dean's Prize and Best Free Paper Award

The Dean's Prize is awarded at the Faculty of Pain Medicine's Annual General Meeting to the Fellow or trainee judged to have presented the most original pain medicine/pain research paper. This year's winner was Dr Chui Chin Chong, a Fellow of the FPM from Victoria, for her paper titled "Analgesic efficacy of oral versus sublingual ketamine". Dr Chong was awarded a certificate and a grant of $1000 for educational or research purposes.

The Best Free Paper Award is awarded for original work judged to be the best contribution to the Free Papers Session of the Faculty of Pain Medicine. The Faculty Free Paper session is open to all ASM registrants. This year's winner was Associate Professor David Champion, from NSW, for his paper titled "Genetic influences and associations of common idiopathic/functional pain syndromes of childhood: evidence from twin family case-control studies". Congratulations to both Dr Chong and Associate Professor Champion.

Above clockwise from top left: Associate Professor Brendan Moore with Dr Geoff Speldewinde; Dr Graham Rice with Dr David Jones; Linda Sorrell with Dr Melissa Viney; Dean's Prize winner Dr Chui Chin Chong; Professor Fabrizio Benedetti; Delegates at the Refresher Course Day morning tea.

ANZCA Trials Group

BALANCED and RELIEF trials start-up meetings

On Friday May 3, start-up meetings were held for two large, ANZCA Trials Group-endorsed, multicentre clinical trials. More than 100 people from hospitals all over Australia and New Zealand gathered at Monash University's Alfred Campus to learn about the BALANCED Anaesthesia Study and the Restrictive versus Liberal Fluid Therapy in Major Abdominal Surgery Study (RELIEF) trial.

Associate Professor Timothy Short, the Chair of the ANZCA Trials Group Executive Committee, is the principal investigator for the Balanced Anaesthesia Study. Previous studies have shown an association between deep anaesthesia and risk of death. Pilot studies have been conducted in Australia and New Zealand, with the assistance of a pilot grant award from the Anaesthesia and Pain Medicine Foundation and the larger study has attracted substantial government funding from Australia, New Zealand and Hong Kong. Professor Kate Leslie and Professor Matthew Chan are the principal investigators for Australia and Hong Kong respectively.

The RELIEF study is a large, randomised, parallel group, controlled trial to investigate the effectiveness of fluid restriction (versus liberal), and the possible effect modification of goal directed therapy. Professor Paul Myles is the principal investigator, with funding provided by the National Health and Medical Research Council. The RELIEF application was the highest ranked NHMRC application for the 2013 grants.

Trials group co-ordinator Anna Parker presented the lunchtime session, reminding researchers of their obligations regarding good clinical practice and governance at their sites. It was wonderful to see so many new experienced researchers gathered together with the shared goal of conducting collaborative research of the highest quality.

2013 ANZCA Annual Scientific Meeting, Melbourne May 4-8

The annual scientific meeting is always an exciting and busy time for the ANZCA Trials Group. This year the Melbourne meeting included two trials group scientific sessions, the annual trials group lunchtime meeting and a trials group Executive Committee meeting.

In addition, trials group co-ordinator Sofia Sidiropoulos led a workshop to assist fellows to navigate their way through the research ethics and governance process.

All the trials group sessions were held on Sunday this year beginning with the annual trials group lunchtime meeting, which was attended by more than 30 people from Australia, New Zealand and Hong Kong. The Chair of the ANZCA Trials Group Executive Committee, Associate Professor Timothy Short, chaired the meeting. Professor Kate Leslie opened the discussion presenting an overview of the progress of the Perioperative Ischemic Evaluation-2 Trial (POISE-2) Trial, which has just reached the significant milestone of 8000 recruited participants. Dr Tom Painter and his team at Royal Adelaide Hospital should be commended for recruiting more than 100 participants to date. Professor Paul Myles and Associate Professor Timothy Short updated the attendees on other research activity associated with ANZCA multicentre research.

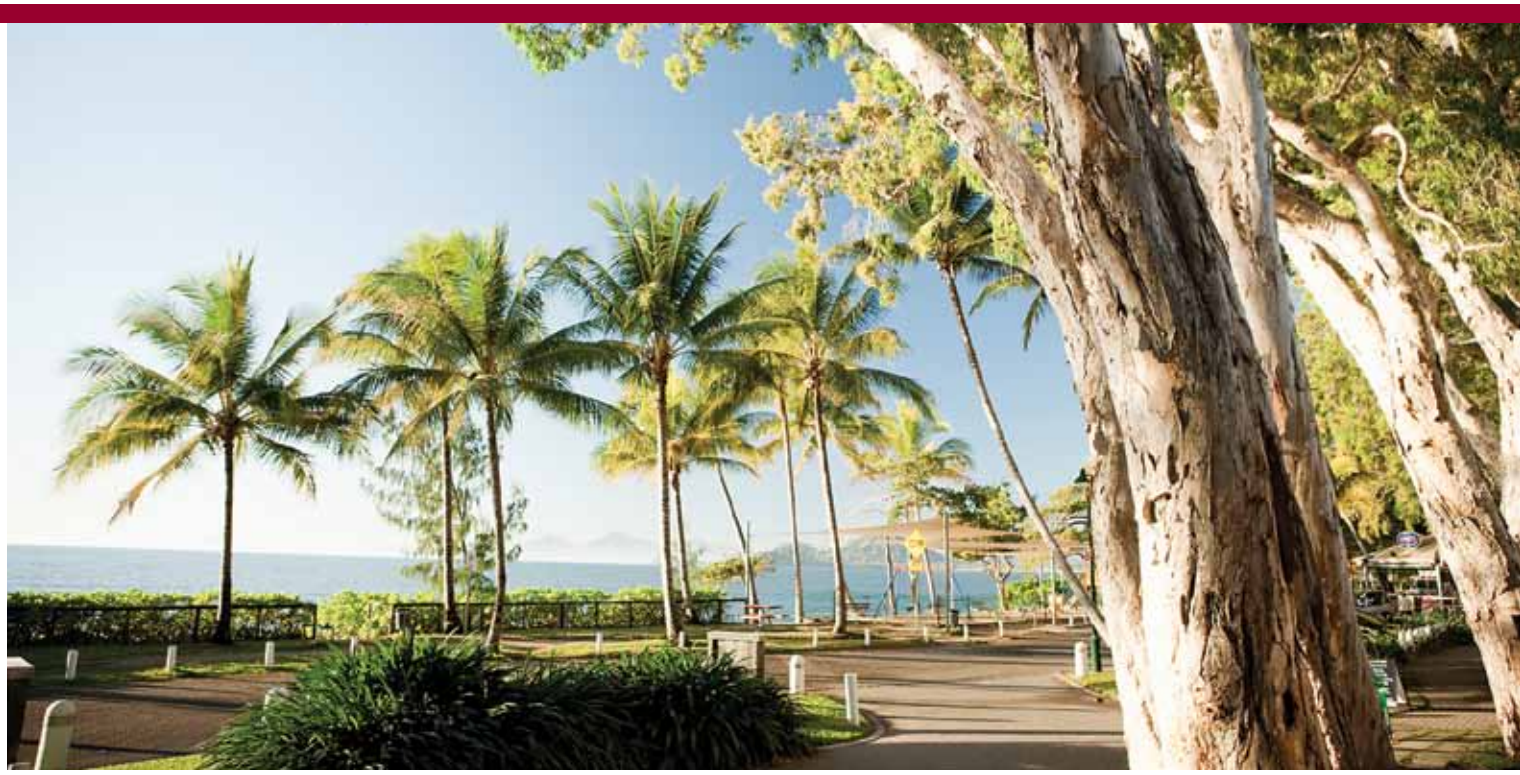
Associate Professor Tomas Corcoran chaired the first trials group session, with Professor Matthew Chan presenting data from his research into whether or not intraoperative nitrous oxide administration prevents chronic postsurgical pain. Professor Chan's extensive work in this area is supported by an academic enhancement grant through the Anaesthesia and Pain Medicine Foundation in 2013. Associate Professor Andrew Davidson presented preliminary results from his GAS Study: a randomised trial comparing regional and general anaesthesia for effects on neurodevelopmental outcome and apnoea in infants. The study was conducted with 720 infants at 27 sites in seven countries. Dr Ian Seppelt concluded the session with some very interesting results from the NHMRC-funded Crystalloid vs Hydroxyethyl Starch Trial (CHEST).

Deputy chair of the ANZCA Trials Group, Professor Kate Leslie chaired the second session with Dr Megan Allen kicking off proceedings with an overview of observational research design. Associate Professor Andrew Davidson followed with a thought-provoking discussion highlighting the challenges we face in using data linkage and data mining to produce useful and meaningful data. Dr Elizabeth Williamson concluded the session with an explanation of how she elegantly applied propensity score methods to analyses of data from the POISE Trial.

Introducing Sofia Sidiropoulos

The ANZCA Trials Group welcomes Sofia Sidiropoulos, who is co-ordinating the BALANCED Anaesthesia Study for Australian sites: a prospective, randomised clinical trial of two levels of anaesthetic depth on patient outcome after major surgery. Around 6500 participants will be enrolled at approximately 26 sites over five years. Sofia will divide her time between the trials group at Monash University and co-ordinating anaesthesia research at Austin Health. Sofia is the research nurse representative on the trials group Executive Committee. Sofia has an intensive care unit background and her recent experience was as a nurse organ donation specialist.

For further information about ANZCA Trials Group endorsed studies, email trialsgroup@anzca.edu.au.



Events

5th Annual Strategic Research Workshop, Sea Temple Palm Cove, Qld, August 9-11

The ANZCA Trials Group is returning to the Sea Temple Resort Palm Cove in August for its 5th annual consecutive meeting. This is an important and much anticipated event in the trials group calendar. The workshops bring together experienced researchers as well as early career and emerging researchers from Australia, New Zealand and Hong Kong. Anaesthesia research nurses and co-ordinators are especially encouraged to attend. The aim of these meetings is to present, mentor and encourage new ideas for multicentre research in anaesthesia, perioperative and pain medicine. Updates are also provided of existing research activity, and participants are encouraged to engage in current multicentre trials.

We are delighted to welcome Dr Philip James (PJ) Devereaux, McMaster University, Canada as a guest speaker this year.

Participants are encouraged to bring ideas for future multicentre research. We ask that you contact trialsgroup@anzca.edu.au prior to the workshop about the requirements for presentation. More information can be found at: www.anzca.edu.au/fellows/Research/anzca-trials-group-events.html

Publications

Leslie K, Myles P, Devereaux P, Forbes A, Rao-Melancini P, Williamson E , Xu S, Foex P, Pogue J, Arrieta M, Bryson G, Paul J, Paech M, Merchant R, Choi P, Badner N, Peyton P, J. Sear J, H. Yang H. Nitrous Oxide and Serious Morbidity and Mortality in the POISE Trial. *Anesth Analg* 2013 May;116(5):1034-40.

Leslie K, Myles P, Devereaux P, Williamson E, Rao-Melancini P, Forbes A, Xu S, Foex P, Pogue J, Arrieta M, Bryson G, Paul J, Paech M, Merchant R, Choi P, Badner N, Peyton P, J. Sear J, H. Yang H. Neuraxial blockade, death and serious cardiovascular morbidity in the POISE Trial. *Br J Anaesth* 2013 Apr 23 [Epub ahead of print].

Chen Y, Liu X, Cheng CH, Gin T, Leslie K, Myles P, Chan MT. Leukocyte DNA Damage and Wound Infection after Nitrous Oxide Administration: A Randomized Controlled Trial. *Anesthesiology* 2013 Apr 1. [Epub ahead of print]

Glassford NJ, Myles P, Bellomo R. The Australian approach to peri-operative fluid balance. *Curr Opin Anaesthesiol* 2012; 25:102-110

Myles PS. Large randomized trials to overcome barriers to patient safety. *Anesth Analg*. 2012 Aug;115 (2):479-80

Stephanie Poustie and **Anna Parker**
ANZCA Trials Group
Monash University

Library update

New titles

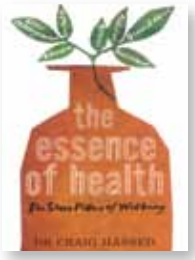
Books can be borrowed via the ANZCA Library catalogue: www.anzca.edu.au/resources/library/book-catalogue.html

Online textbooks can be accessed via the Library website: www.anzca.edu.au/resources/library/online-textbooks

Donations received

Dr Martin Carter kindly donated five books to the ANZCA Library during the 2013 ANZCA Annual Scientific Meeting in Melbourne.

55 years German Society of Anaesthesiology and Intensive Care: tradition and innovation / Schuttler, Jurgen [ed]. -- New York: Springer, 2012.



The essence of health: the seven pillars of wellbeing / Hassed, Craig. -- 1st ed -- Sydney: Random House, 2008.

Anaesthesia: a very short introduction / O'Donnell, Aidan. -- 1st ed -- Oxford: Oxford University Press, 2012.

Evidence-based practice of anesthesiology / Fleisher, Lee A [ed]. -- 3rd ed -- Philadelphia, PA: Saunders Elsevier, 2013.

A short history of anesthesia in Japan / Matsuki, Akitomo. -- Hirosaki: Hirosaki University Press, 2012.

Atlas of image-guided intervention in regional anesthesia and pain medicine / Rathmell, James P. -- 2nd ed. -- Philadelphia, PA.: Lippincott Williams & Wilkins, 2012.

Cote and Lerman's a practice of anesthesia for infants and children / Cote, Charles J [ed]; Lerman, Jerrold [ed]; Anderson, Brian J.[ed]. -- 5th ed -- Philadelphia: Saunders Elsevier, 2013. (Online book)

Kindly donated by the author Dr Jerrold Lerman.

Trauma / Weiss, Yoram G. [ed]; Shamir, Micha Y. [ed]; Fleisher, Lee A. [ed]. -- Philadelphia: Saunders, 2013. Anesthesiology Clinics, available online

Your top FAQs from the 2013 ANZCA Annual Scientific Meeting

The ANZCA Library team was thrilled to meet many ANZCA and Faculty of Pain Medicine (FPM) Fellows and trainees from around Australia and New Zealand during the annual scientific meeting in May. It was a great opportunity for the staff to demonstrate the library resources and receive feedback about the services and information needs of Fellows and trainees. The top frequently asked questions were:

How can I use the ANZCA Library when I don't live in Melbourne?

Most resources and services are provided by the library online through the ANZCA website by simply logging in with your College ID and password. Library staff are only an email or phone call away and are happy to assist with any Fellow or trainee information needs. If you are in Melbourne at any time, the ANZCA Library is open 9am-5pm, Monday to Friday.

How can I borrow books from the ANZCA Library or are they all online now?

The library catalogue is available through the ANZCA Library website and includes links to the online books as well. Once you have found the book/s you would like to borrow in the library catalogue, add them to the cart and then select the "Request" option. The library will courier the books to your home or workplace, then once the books are ready for return, you send them back in the prepaid courier satchel provided to you. A comprehensive and ever-expanding list of online textbooks is also available through the library website. This is an excellent way to browse across many top anaesthetic and pain-related journals, and as well as download images and videos for presentations or training purposes.

How can I access journal articles online?
Most journals are now online and the ANZCA Library maintains a highly specialised collection via the library website to suit the needs of ANZCA and FPM Fellows and trainees. If you can't find the article you need through the online list, email the details to the library and we will source it for you.

How do I find information on…?
The ANZCA Library provides an extensive list of medical databases to search for information on a particular topic, whether it is for patient care, research, a presentation or your specialty. Library employees are always available to assist with searching guidance and training, or running a literature search on your behalf. The library also can set up an email alert so you are notified when a new article on your topic of interest is published.

What else can the Library offer me?
Check out what else is available online through the library website or ask the friendly library staff through the contact details provided.

New online resources

Oxford Handbooks now available online
A collection of 10 specialist books are now available online through the ANZCA Library Online Textbooks. Many of the titles are from the popular Oxford Handbook series:

- Emergencies in Anaesthesia.
- Acute Pain.
- Cardiac Anaesthesia.
- Neuroanaesthesia.
- Obstetric Anaesthesia.
- Ophthalmic Anaesthesia.
- Paediatric Anaesthesia.
- Thoracic Anaesthesia.
- Oxford Handbook of Anaesthesia.
- Oxford Handbook of Pain Management.

Drug information on your mobile device
Access up-to-date independent information through this Australian medicines information resource anywhere, anytime with Catalyst Mobile.

- Access to the same comprehensive medicines information found in Catalyst Online.
- Elegant and intuitive user interface.
- Save medicines you access regularly to your favourites.
- Optimised for mobile devices (iPhone, iPad and android).

Open Catalyst through the ANZCA Library Databases page and create a personalised login to access Catalyst Mobile from any internet connection.

*Please note: Users will need to complete an automated form to obtain a username and password on an IP-authenticated browser. Once authentication is finalised Catalyst Mobile can be accessed from anywhere with an active internet connection.

A ClinicalKey to more resources
The ANZCA Library now provides access to even more online books, online journals and even procedural videos through a new product, ClinicalKey

As a member of ANZCA, you can access resources from the ClinicalKey collection, focused on anaesthesia and pain medicine. Register for a free personal account and have access to full chapter PDFs, presentation maker, saved searches and your own reading list. You can search on your topic of interest across the entire collection and select the subscribed content button to link to the full chapter, article or video.

New journals include:

- Advances in Anesthesia.
- Journal of Pain.
- Pain.
- Scandinavian Journal of Pain.

Many more new online books including:

- Examination Anaesthesia.
- Physiology and Pharmacology for Anesthesia.
- Raj's Practical Management of Pain.

Each title has been added to the ANZCA Library Journals and Online Textbooks lists (College ID login required).

Medical Journal of Australia now available online
The ANZCA Library is pleased to announce that online access to the *Medical Journal of Australia (MJA)* is now available to all Fellows, trainees, and staff.

The *Medical Journal of Australia (MJA)* is Australia's leading peer-reviewed general medical journal. It has been delivering groundbreaking research to the medical community since 1914.

MJA can be accessed through the ANZCA Library online journal list (College ID login required).

ECRI notices

Health Devices, Vol. 41, No. 12, December 2012

- Best and worst infusion pumps: ratings for six products.

Health Devices, Vol. 42, No. 1, January 2013

- The Da Vinci decoded: deciding if robotic surgery is right for you.
- Best practices in managing health technology.
- A tool for addressing the top 10 technology hazards.

Health Devices, Vol. 42, No. 2, February 2013

- A road map for medical device interoperability.

Health Devices, Vol. 42, No. 3, March 2013

- Cardiac rhythm management devices comparison.

Health Devices, Vol. 42, No. 4, April 2013

- Forced-air warming and surgical site infections.
- Getting the message: results on our survey on cell phone/smartphone policies.

Health Devices, Vol. 42, No. 5, May 2013

Contact the ANZCA Library
www.anzca.edu.au/resources/library
Phone: +61 3 8517 5305
Fax: +61 3 8517 5381
Email: library@anzca.edu.au

New Zealand news

Perioperative mortality

The second report of New Zealand's Perioperative Mortality Review Committee (POMRC) sheds light on the death rates from four areas of surgery and anaesthesia, and recommends improvements to the way patients are assessed for risk.

POMRC reviews deaths related to surgery and anaesthesia that occur within 30 days of an operative procedure and advises the Health Quality & Safety Commission on how to reduce the number of perioperative deaths in New Zealand. Its reports are available at www.hqsc.govt.nz. Its second report draws on data from the National Mortality Collection and the National Minimum Dataset to examine death rates in four areas:

- Cholecystectomy (surgical removal of the gallbladder) – death rate of 1 per cent for acute admissions and 0.16 per cent for elective admissions within 30 days.
- Pulmonary embolism – death rate of 0.05 per cent for acute admissions and 0.008 per cent for elective patients who had surgery/anaesthesia and developed pulmonary embolism.
- Patients aged 80 or over (a high-risk group) – death rate of 9 per cent within 30 days post-emergency surgery. Where the surgery was planned, the death rate dropped significantly to 1.2 per cent.
- Elective patients, categorised as low risk – death rate of 0.07 per cent within 30 days post-surgery for all ages, although for those aged 0 to 24 years, for example, a death rate of 0.01 per cent within 30 days post-surgery.

The report also looked at the use of coronial files in investigations of perioperative mortality and confirmed the important place of this information in understanding surgical deaths.

In the report, POMRC recommends:

- Formal assessment of all patients preoperatively for risk of venous thromboembolism.
- Active participation by all health care professionals in the World Health Organization Surgical Safety Checklist.
- Ensuring information is available to patients about the risks of dying within 30 days of any procedure with a significant risk of mortality.
- Further development of non-operative care pathways, and use of these when surgical procedures are considered too risky.

The committee is developing a system to support reporting of information, peer review and further in-depth understanding of the causes of perioperative mortality. The data collection system will take account of existing processes.

A workshop run in Wellington on June 13 discussed the report's findings.

National patient safety campaign launched

A national patient safety campaign aimed at saving lives and reducing harm was launched in New Zealand on May 17. The campaign, 'Open for better care', is being co-ordinated nationally by the Health Quality & Safety Commission (HQSC) and implemented regionally by district health boards and other health providers. It will run until mid-2015.

The campaign challenges healthcare workers to be open to acknowledging mistakes and learning from them, open to working closely with patients and consumers, and open to change, improvement and innovation.

It focuses on four key areas where evidence shows it is possible to reduce patient harm – falls, surgery, healthcare associated infections and medication safety. Each topic will be rolled out sequentially, with the first area of focus being falls.

HQSC Quality and Safety Markers, developed in consultation with clinicians, will be used to measure the campaign's impact. The first regular progress report on the markers is planned to be published in June 2013.

Further information can be found at www.open.hqsc.govt.nz.

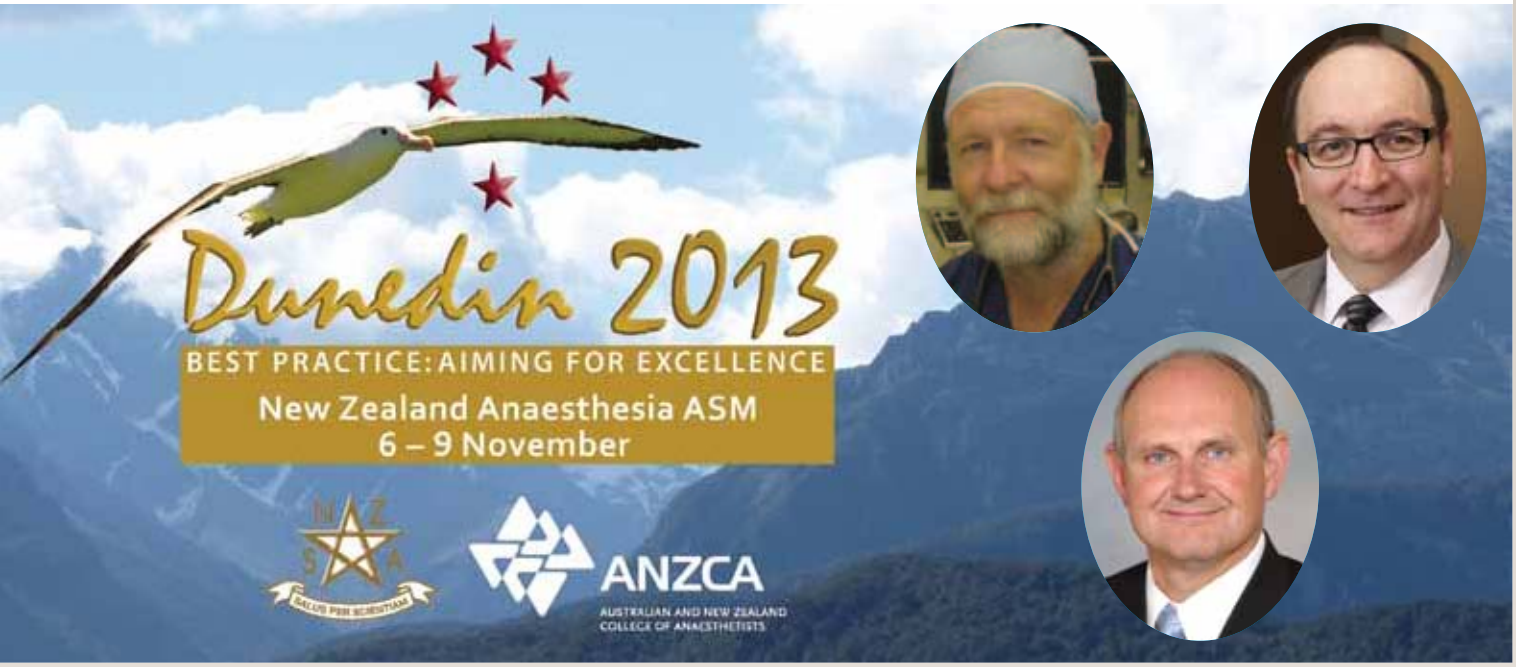
Above from left: ASM Convenor Dr Campion Read; ASM Scientific Convenor Dr Hansjoerg Waibel; Keynote speaker Professor Jamie Sleigh; Keynote speaker Professor Mark Warner; Keynote speaker Professor Eric Jacobsohn.

Wide-ranging ASM has something for everyone

With the theme "Best practice: aiming for excellence", the NZ Anaesthesia Annual Scientific Meeting (ASM) being held in Dunedin in November has a wide range of topics and associated courses making it appealing to trainee, new and experienced anaesthetists alike, including those from other countries.

This ASM is hosted by ANZCA's New Zealand National Committee (NZNC) and the NZ Society of Anaesthetists (NZSA), with a committee from Dunedin Hospital responsible for putting the program together. Dr Campion Read is that committee's convenor and Dr Hansjoerg Waibel is the scientific convenor.

While the ASM runs from Wednesday November 6 to Saturday November 9, learning opportunities get under way on November 5, with part one of a Rapid Assessment by Cardiac Echocardiography (RACE) Course led by Professor Anthony McLean of Sydney. Part two of this course is on Wednesday morning, as is a four-hour AirwaySkills Course led by Dr Paul Baker (Auckland), and an ANZCA Teachers Course on effective teaching and teaching in the clinical setting.



The ASM opens at noon on Wednesday with a ceremony that involves Ian Taylor, founder of Taylormade Media and Animation Research Ltd, renowned for its award-winning technology that provides virtual coverage of sporting events.

Keynote speaker Professor Mark Warner, the Annenberg Professor in Anesthesiology at the Mayo Clinic in the US, will present the first scientific session, discussing how new technologies and evolving economies and policies will affect patient safety and the practice of anaesthesia.

Professor Jamie Sleigh, Professor of Anaesthesia and Intensive Care at Auckland University and a keynote speaker, will present on "General analgesia is the future of general anaesthesia".

Panel discussions on sustainable practice and how compassion can inform decision-making in complex situations will complete the Wednesday afternoon program.

Another keynote speaker, Professor Eric Jacobsohn, will open Thursday's sessions with a presentation about the effect of disruptive behaviour in the operating room. Professor Jacobsohn is a professor and head of the Department of Anesthesia, University of Manitoba, in Canada.

Other plenary sessions on Thursday look at medical economics with views from an economist and Treasury, best practice in research, and an insight into using systems management strategies to improve outcomes, as well as Professor Sleigh presenting on progress in 'consciousness' monitoring.

Much of the Thursday and Friday program is devoted to workshops on ultrasound for regional anaesthesia and various PBLDs (problem-based learning discussions).

Friday's plenary sessions discuss the use of simulation, the CHEST trial, and perioperative management of the patient with pulmonary hypertension and right heart failure. Another session will look at the work of the Perioperative Mortality Review Committee, the anaesthesia incident reporting system and future continuing professional development obligations.

Also on Friday, Professor Mark Henaghan, head of Otago University's law school, will discuss medical law.

On Saturday morning, plenary sessions consider perioperative management for the patient at risk, new uses for old drugs, and athlete doping and anaesthesia. While the conference officially closes at midday, anaesthetist and published photographer Dr Roger Wandless is offering a practical outdoor hands-on digital photography workshop that afternoon.

Part 3 Course

The popular and limited-numbers Part 3 Course that has been offered by the NZNC and NZSA at Middlemore Hospital for the last two years will be run in Dunedin on Saturday, November 9. This all-day course offers advanced trainees advice on the transition to consultancy. For more information, see www.anzca.org.nz.

Abstracts

The ASM also offers the opportunity for abstract submission, which closes on August 12. Two prizes are available – the NZSA John Ritchie Prize for the best presentation and the NZSA Trainee Prize. Presentation will be in the form of electronically displayed posters except those who have been selected for the Ritchie Prize session on the Friday.

Social events

Social events include a welcome reception amid a healthcare industry exhibition on the Wednesday evening, "A toast to the arts" cabaret night on the Thursday evening, and the traditional dinner in the historic Lanarch Castle on the Friday night.

For graduates of Otago University's medical school, this ASM is a great opportunity to revisit their old stomping ground and for all, it is an ideal chance to visit one of New Zealand's most spectacular regions with the Catlins, the Central Otago Rail Trail, Stewart Island, Queenstown and much more all within easy reach.

Registration

For more information and to register, see www.nzadunedin2013.com. Early bird registration closes on September 20.

Learning to teach and teaching to learn

Peer feedback improves the small-group teaching skills of senior anaesthesia trainees in the New Zealand Anaesthesia Part 0 Course.

Introductory courses for novice anaesthesia trainees, known as part 0 courses, are held annually throughout Australia, typically consisting of lectures on topics covering training and trainee welfare. Prior to the 2011/12 training year, no equivalent national course existed in New Zealand. During the process of designing the NZ Anaesthesia Part 0 Course, there was an opportunity to incorporate teaching by senior anaesthesia trainees and to put in place a process for formative feedback.

A two-day course curriculum was developed with the first day covering training, workplace-based assessment, trainee welfare and examination issues delivered using traditional lectures. The second day was designed to teach the basics of clinical anaesthesia using a series of small-group sessions. This provided the course developers with a novel educational opportunity, namely, anaesthesia trainees at opposite ends of their training path could be simultaneously educated – the novice trainees learning the basics of clinical anaesthesia and the senior trainees learning how to teach. Registration for the second day of the course, billed as the Basic Introduction to Clinical Anaesthesia (BICA) Day, was also open to trainees in intensive care or emergency medicine (ICU/ED) and junior doctors considering a career in anaesthesia, with ANZCA trainees given first preference.

Senior anaesthesia trainees from the Auckland and Waikato regions were selected as facilitators. BICA Day participants were group-streamed based on their background (new anaesthesia trainee, ICU/ED trainee or resident medical officer), which allowed facilitators to practise tailoring content to different groups of participants. A practical skills session was added to the second course using part-task trainers to teach basic airway management and neuraxial blockade. This allowed facilitators to practise teaching procedural skills. The resident medical officer cohort attended a lecture on "How to become an anaesthesia trainee" instead of the practical skills session.

A facilitator handbook contained practical advice on how to facilitate small-group learning and conduct practical skills teaching, as well as a number of articles for further reading. A copy of the slideshow presentation for the relevant sessions was provided before the course with the opportunity to alter it as required as long as predetermined learning objectives for each session were addressed.

Each small-group session was observed by another senior trainee, who provided peer feedback, with facilitators taking turns at being observers. Peer feedback was provided using a feedback checklist adapted from a previously published teaching tool.[1] It was emphasised that all peer feedback was intended to be formative, to assist facilitators in improving their teaching skills.

Post-course evaluation indicated that senior trainees valued both the feedback provided on their teaching skills and the opportunity to observe how colleagues taught. Course participants rated the practical skills and small-group teaching sessions highly and consistently indicated to organisers that they valued receiving teaching from fellow trainees rather than specialist anaesthetists, as they felt they could relate better to the former group.

It is now recognised that being a medical specialist is no longer a sufficient qualification for competence in medical education, and that vocational trainees need to be taught how to teach. Trainees who obtain minimal teaching skills during their training may be more at risk of perpetuating ineffective teaching practices. Teaching opportunities for anaesthesia trainees should be accompanied by appropriate feedback to optimise improvement in these professional practice skills. This need not necessarily be performed by specialists with an interest in medical education or senior medical staff; trainee peers may also be effective if provided with simple structured guidelines.

Senior trainees will be invited to act as facilitators for future courses in New Zealand. The practical skills teaching session will incorporate structured peer feedback. There is scope to further develop the teaching aspects of the course by incorporating written reflection of teaching preparation and practice.

The authors hope their experience in developing the NZ Anaesthesia Part 0 Course will encourage others to provide teaching opportunities for trainees, accompanied by formative feedback on their teaching practice.

Dr Navdeep S Sidhu and **Dr David M Rusk**, Co-Convenors of the NZ Anaesthesia Part 0 Course

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Many thanks to the New Zealand Society of Anaesthetists for providing organisational infrastructure, the ANZCA New Zealand National Committee and NZ Trainee Committees for providing support in the form of speakers and input into course content, and members of previous organising committees (Dr Stacey Byers, Dr Tin Lun Chiu, Dr Julia Foley, Dr Kathryn Hagen, Dr Jaime O'Loughlin and Dr Michael Tan).

References

1. Blanco M, Capello C, Gusic M, McCormack W, Hafler J. Peer feedback tool for lectures & small group teaching. MedEdPORTAL 2011. From: www.mededportal.org/publication/8416

BWT Ritchie Anaesthesia Scholarship applications

Applications are open for this year's award of the BWT Ritchie Scholarship, which is open to New Zealand-based ANZCA trainees. Trainees with a FANZCA who are also undertaking an intensive care or pain medicine fellowship may also apply. The scholarship helps fund overseas experience during or immediately following the final year of training and, if appropriate, during an extension for one further year, with the proviso that the trainee bring that experience back to New Zealand.

The 2013 scholarship is valued at up to $25,000. Applicants must be nominated and supported by their training departments. The deadline for nominations is October 31.

For further information, email Rose Chadwick, Administration Officer for the NZ Anaesthesia Education Committee (NZAEC), on nzaec@anaesthesia.org.nz.

New clinical trials portal

A new portal provides a platform for patients, clinicians, researchers and the healthcare industry to find out about and promote clinical trials in New Zealand. The website at www.clinicaltrials.health.nz has details of current registered research activity in New Zealand, advice and guidance on referring patients to clinical trials, and support for healthcare professionals wanting to participate as clinical trial investigators. Currently, there are over 6300 clinical trials taking place in New Zealand.

The portal has been developed by the New Zealand Health Innovation Hub, a partnership between the Auckland, Canterbury, Counties Manukau and Waitemata District Health Boards. The hub, established earlier this year, has government and healthcare industry support. Its aim is to grow New Zealand's health technology industry and to support the adoption of innovations developed within the public health sector.

NZ committee for FPM

With pain medicine now a vocational scope of practice in New Zealand, the Faculty of Pain Medicine (FPM) has established a New Zealand National Committee (NZNC) to handle New Zealand matters on its behalf. Following a nomination process and ratification by the FPM Board, the inaugural committee members are Dr Kieran Davis, Dr Paul Hardy and Professor Ted Shipton.

Dr Davis, FRCA and FFPMANZCA, is the clinical director of The Auckland Regional Pain Service (TARPS), the FPM representative on ANZCA's NZNC and the New Zealand North Island representative on the FPM Board. He is also assistant assessor for the Faculty, sitting on its Education Committee.

Professor Shipton, FANZCA and FFPMANZCA, is the Faculty's vice-dean, chair of its Education Committee and a member of the Faculty's Examination Committee, as well as chairing the Trainee Affairs Portfolio on the Faculty Executive and being a member of ANZCA's Education and Training Committee. Professor Shipton is clinical director of the Pain Management Centre of the Canterbury District Health Board in Christchurch, and is professor and academic head of Otago University's Department of Anaesthesia in Christchurch.

Dr Paul Hardy, FRCA and FFPMANZCA, is a pain medicine specialist at Wellington Hospital, which was recently accredited as New Zealand's third pain medicine training site.

At FPM NZNC's inaugural meeting on May 22, Dr Davis was elected committee chair, Dr Shipton deputy chair and Dr Hardy honorary secretary/treasurer. They discussed other potential representation on the committee; the need to develop close ties with external organisations such as Health Workforce New Zealand, the Accident Compensation Corporation and the NZ Pain Society; involvement in continuing medical education events; encouraging pain medicine specialists to register in that scope with the Medical Council of New Zealand (MCNZ); and MCNZ processes for assessing international medical graduates. For this last item, the MCNZ Professional Standards Manager, Susan Yorke, and its Registration Manager, Valencia van Dyk, attended the meeting to outline the council's procedures and requirements.

Above: The Faculty of Pain Medicine's inaugural New Zealand National Committee, from left: Dr Paul Hardy (honorary secretary/treasurer), Professor Ted Shipton (deputy chair) and Dr Kieran Davis (chair).

Western Australia

All in a day's work

The WA Autumn Scientific Meeting "All in a Day's Work" Day Surgery Anaesthesia was held on March 9 at the University Club of WA and attended by 138 delegates and 45 anaesthetic technicians. Dr Ken Sleeman, the Chair of the ACECC Day Care Anaesthesia Special Interest Group, was the plenary speaker with the topic "Managing the limits", which was received well. Dr Nerida Dilworth presented the Free Paper Session prize to Dr Nuki Alakeson, who presented on "An audit of difficult airway equipment in metropolitan Perth". The conference was a success and received excellent sponsorship. The convenor position has been passed to Dr Lip Ng for three years and we thank the convenor Dr Angela Palumbo for all her work on the autumn scientific meeting for the past three years.

The Faculty of Pain Medicine Committee for WA met on May 14 and discussed the new curriculum. The EO/SOT Committee met on May 2 and discussed the specialised study unit review. This was a valuable meeting for the committee.

On May 29 the new sitting group for 2014 will start their Part II Tutorials. We are seeking feedback from the previous sitting group to ensure the program is current and relevant to their requirements.

Wai Pheng Arthur Teo from the University of Western Australia received the ANZCA Undergraduate Prize in Anaesthesia for 2012. We congratulate Arthur on his achievement.

The WA Winter Scientific Meeting will be held on July 20 at the University Club. The topic is "Perioperative pandemonium" and will be led by Dr Christine Ball, Dr Chris Bain, Dr Rishi Mehra and Dr Joel Symons, all from Monash University in Melbourne. Registrations for the conference open in June.

The Updates in Anaesthesia Meeting will be held from October 11-13 at the Pullman Resort in Bunker Bay. The topic is "Enhanced recovery after surgery" and is convened by Dr Rupert Ledger from Fremantle Hospital.

Undergraduate prize in anaesthesia

Wai Pheng Arthur Teo from the University of Western Australia was one of 10 undergraduates awarded the ANZCA Undergraduate Prize in Anaesthesia. The prizes were established to foster undergraduate and postgraduate teaching of anaesthesia, its related disciplines and perioperative medicine, and to raise awarenesss of the specialty among medical students and recent graduates. The prize comprised a certificate and book voucher.

Above clockwise from top left: Dr Ken Sleeman presenting his talk "Managing the limits"; Dr Ralph Longhorn congratulating Dr Angela Palumbo on her work with the autumn scientific meetings; Ms Louise Burgess and Mr Gordon Hay greeting delegates at the registration desk; Delegates visiting sponsored booths and enjoying lunch; Dr Nerida Dilworth presents the Free Paper Session prize to Dr Nuki Alekson, with Dr Ralph Longhorn.

New South Wales

Australian Medical Association careers day

Members of the ANZCA NSW Regional Committee and trainee committee attended the NSW AMA careers day on Saturday May 4 at Sydney Olympic Park.

The day was designed to introduce the various careers available to junior doctors. About 200 junior doctors and medical students attended the event.

The NSW ANZCA table was well attended and questions ranged from “How do I become an anaesthetist?” to “How do I pass the primary exam?” and “How do I get a trainee job?”.

The highlight of the day was the retrieval demonstration by Careflight who flew in to simulate extricating an injured child from a mock-up playground accident.

This generated great interest in attendees when it was revealed that anaesthetists are part of the retrieval team. Many thanks to NSW ANZCA staff and doctors who gave up their Saturday to talk about anaesthetics.

NSW Faculty of Pain Medicine dinner meeting

The continuing medical education (CME) meeting of the NSW Faculty of Pain Medicine Regional Committee was held on the Thursday March 7 (above). Dr David Allen, occupational physician and expert in telemedicine, gave a practical and informative lecture on how to approach the practice of telemedicine. We are grateful to St Jude Medical for sponsoring the evening.

Above from top left: The ANZCA booth at the AMA careers day; The retrieval demonstration by Careflight.

NSW Part II Refresher Course

The NSW Regional Committee again conducted a very successful Part II Refresher Course In Anaesthesia at Royal Prince Alfred Hospital from February 18 to March 1.

The course enabled candidates sitting for the final fellowship examinations a greater understanding of anaesthesia. It included seminars, panel sessions, demonstrations, lecturers and informal tutorial. A highlight on the last day of the course was the anatomical workshop held at Department of Anatomy and Histology, University of Sydney, that enlisted the help of seven lecturers in a hands-on workshop.

A special thanks to all the speakers who devoted a huge amount of time and effort in assisting the candidates to prepare for their final examinations and especially to Dr Tim McCulloch.

Above: Part II Refresher Course In Anaesthesia at Royal Prince Alfred Hospital.

"Part Zero: An induction to anaesthesia" takes off

The 2013 "Part Zero: An Induction to Anaesthesia" course on March 9, 2013 was a very popular way to spend a quiet Saturday afternoon (above). Despite clear sunny skies outside, more than 100 interns, residents and registrars flocked to the Royal Prince Alfred's Education Centre to learn more about the exciting life of an anaesthetic registrar.

After an initial welcome from the NSW Regional Trainee Committee, the day kicked off with Dr Katherine Jeffrey, Dr Simon Martel and Dr Trylon Tsang ably reminding us what being an anaesthetic trainee was about, as well as the various prestigious organisations a budding young anaesthetic trainee could join. This was followed by Dr Pat Farrell covering "What is ANZCA", Dr Simon Martel highlighting the structure of training and the revised ANZCA curriculum and Dr Michael Stone's famous exam tricks and tips lecture.

Afternoon tea was followed by a presentation by Dr Ken Harrison of Careflight's guide to career choice (as well as his family photo album!). Dr Natalie Smith discussed attributes of the successful anaesthetist, cultivating them as a trainee and Dr Greg Downey covered mentorship. Dr Michael Bonning, of beyondblue, rounded off the afternoon with his presentation on mental health and happiness.

Despite squeezing a lifetime's worth of information into five hours, morale remained high thanks to the entertaining and informative lectures. The day was rounded off with a question and answer session followed by drinks at the local. Thanks go to all the presenters, the 2012 regional trainee committee, and Tina Papadopoulos from the NSW ANZCA office for all her work behind the scenes.

Tasmania

"Past, future and what the?!!"

Delegates and speakers from interstate and around Tasmania attended the ANZCA/Australian Society of Anaesthetists Combined Annual Scientific Meeting titled "Past, future and what the?!!" held from March 15-17 in Launceston.

Organised by Dr Andrew Wallis, the meeting covered topics ranging from Dr Paul Lee-Archer's discussion on "Omics and anaesthetics" to Associate Professor Ross MacPherson's presentation on "You're taking what?". Delegates also enjoyed the hypothetical as well as Andrew Pirie's discussion on Tasmania's wine history.

The annual general meetings of the Tasmanian Regional Committee and the Tasmanian Australian Society of Anaesthetists also were held and were well attended.

Social events proved to be very popular with drinks and music beside the Tamar River on Friday night and dinner, music and art at the Queen Victoria Museum and Art Gallery.

The three-day meeting kicked off on Friday with a training day for 17 trainees from around the state at Launceston General Hospital. They also enjoyed opportunities to network at a trainees' dinner and joined other delegates at the drinks by the river. Plans are well underway for the 2014 Annual General Meeting in Hobart.

Above from top: Delegates at the ANZCA/ASA Combined Annual Scientific Meeting "Past, future and what the?!!"; The social events at the ASM were popular with delegates.

Above right: Members of the Victorian Regional Organising Committee at the ASM.

Victoria

Melbourne annual scientific meeting

Members of the Victorian Regional Committee played a significant part in organising the annual scientific meeting (ASM) held in Melbourne last month. Dr Debra Devonshire, the deputy chair of the VRC, was the convenor of the ASM. She was supported by co-convenor and treasurer Dr Mark Hurley (VRC continuing medical education officer), scientific convenor Dr David Bramley (VRC honorary secretary) and workshop co-convenor Dr Irene Ng (VRC formal project officer).

The meeting was extremely successful and our thanks and appreciation are extended to the Regional Organising Committee for their enduring commitment and superb planning and organising efforts over the past two years.

Quality assurance meeting

A quality assurance meeting was held at the College on Saturday April 20. The program, put together by the convenor, Dr Shiva Malekzedah of the Victorian Regional Committee, started with lectures at 1pm followed by interactive group discussions until 5.30pm. This format for our quality assurance meetings has proved very successful over the years. Registration numbers were excellent and the program very well received by the attendees.

We would especially like to thank our lecturers - Professor David Story, Associate Professor Philip Peyton, Dr Peter McCall and Dr Laurence Weinberg - for their time.

Another quality assurance meeting is planned for October.

Victorian Regional Committee Annual Dinner

The Victorian Regional Committee annual dinner was held on Monday May 27. The dinner is an opportunity to thank our members for their time and contribution to the committee and our various continuing medical education events. We also used the occasion to thank our pre-Fellowship course convenors for their efforts in putting together our final and primary full-time courses.

Victorian Regional Committee Training Program

The Victorian Anaesthesia Training Program was launched this year following the tremendous effort of Dr Richard Horton, the Association of Directors of Anaesthesia in Victoria and the Victorian Supervisors of Training in its formulation. We look forward to the benefits of this scheme in the year ahead.

Victorian Trainee Committee Annual dinner and meeting

The Committee held its second meeting for the year on April 24, followed by their annual dinner.

Medical Careers Expo 2013

Four trainees from the Victorian Training Committee attended the Victorian Regional Committee booth at the Medical Careers Expo on June 1 at the Melbourne Park Function Centre. Thanks to Drs Ying Chen, Bronwyn Scarr, Rachel Corris and Noam Winter (Committee chair) for their time and effort in assisting with this event.

Australian Capital Territory

Foundation Teacher Course

The Foundation Teacher Course will be held in the ACT office from July 10-12 and will be attended by Fellows from around Australia and New Zealand. The course is facilitated by Maurice Hennessy, ANZCA Education Training and Development Manager.

Art of Anaesthesia meeting

The popular Art of Anaesthesia meeting usually held in March was cancelled because the ASA national meetings will be held in Canberra this year. The ACT Regional Committee and the ACT Australian Society of Anaesthetists would like to reassure Fellows and trainees that Art of Anaesthesia will return in 2014.

South Australia and Northern Territory

Anaesthesia throughout the ages

On March 13, an evening continuing medical education meeting, "Anaesthesia throughout the ages", was held at the Women's and Children's Hospital. Video footage of anaesthetic use at the turn of the century was projected onto the foyer wall and attendees showed much interest, amusement and some horror at some of the historical uses of anaesthesia.

Guest speakers included Dr Peter Lillie (director of the Department of Anaesthesia, Flinders Medical Centre), Professor John Russel (Chair, SA Anaesthetic Mortality Committee), Dr David Fenwick (retired Fellow) and Dr Richard Willis (retired Fellow and former ANZCA president).

Each speaker told stories about their training and advancement into consultancy, showing how much the specialty of anaesthesia had changed, particularly with the evolution of equipment and anaesthetic drugs. They shared many amusing stories about the primitive equipment and how it was used, showing how far we have come.

Each speaker commended ANZCA for the quality of training provided within the specialty and, Dr David Fenwick, as a migrant to Australia, particularly expressed his gratitude for the structured and quality training he received from the College when he arrived.

ANZCA's Geoffrey Kaye Museum was extremely helpful in organising historical photographs for a quiz competition and this provided an excellent opening to the meeting, generating discussion and debate.

Above from top: Retired Fellow and past ANZCA President, Dr Richard Willis; From left, Dr Andrew Thomas, Retired Fellow Dr Roger Capps, Retired Fellow and Past ANZCA President Dr Richard Willis and Retired Fellow Dr David Fenwick.

Queensland

16th Annual Queensland Registrar's Scientific Meeting

This year's Annual Queensland Registrars' Scientific Meeting was held on Saturday, April 20 in the ANZCA Queensland Regional Office.

Sixty five registered delegates, including trainees and active and retired Fellows attended the meeting. Nine trainees took up the opportunity to present their formal project research and to provide high quality medical and scientific education.

We extend our sincere thanks to Dr Stuart Blain, Dr Daniel Clarke, Dr Joshua Daly, Dr Sorcha Evans, Dr Anthony Hade, Dr Vesselin Petkov, Dr Ikhwan Abdul Rahim, Dr Brad Smith and Dr Torben Wentrup.

Congratulations to Dr Anthony Hade, who won the Professor Tess Cramond Award for his project "Estimating the risk of fatal obstetric haemorrhage in Jehovah's Witnesses". Congratulations also to Dr Joshua Daly, who won the Australian Society of Anaesthetists Chairman's Choice Award for his project "The creation of an anaesthesia crisis checklist app – utilising mobile device technology for crisis management", and Dr Torben Wentrup, who won the Axxon Health Award for his project, "The red folder".

Dedicated Fellows assisted the convenor, Qld Formal Project Officer Dr Kerstin Wyssusek, on the day. Dr Jeneen Thatcher, Education Officer Qld, presented an update on the new curriculum and acted as timekeeper. Our thanks also go to our diligent adjudicators Dr Sanjiv Sawhney, Dr Martin Heck and Dr Jason Howard. Dr Paul Martin represented the Australian Society of Anaesthetists chair.

We were fortunate to welcome Professor Tess Cramond who again inspired us with her enthusiasm and passionate speech. Her wisdom is inspirational.

Special thanks to the staff of the Queensland Regional Office who were most supportive preparing for and hosting the meeting.

The event was sponsored by Pert & Associates, AVANT, MIGA and Investec Specialist Bank.

We are looking forward to our 17th Annual Registrars' Scientific Meeting in 2014. With the requirements for the scholar role activities of the new curriculum in mind, we expect sophisticated and educating presentations.

Dr Kerstin Wyssusek
Formal Project Officer, Qld

Queensland Regional Report

Activity in Queensland continues at a high level and in the last three months has included:

- Primary and final practice viva sessions.
- Final written and clinical exams.
- Two primary lecture sessions.
- Eight introductory training webinars and recording of six more podcasts.
- Supervisors of training meeting.
- Directors of anaesthesia meeting.
- 16th Annual Registrars' meeting.

Once again, the Queensland Regional Committee would like to acknowledge the work of the dedicated and capable convenors, lecturers and mock examiners who have offered trainees these valuable learning opportunities.

The Queensland Anaesthetic Rotational Training Scheme has begun the process for recommending trainees to 2014 hospital rotations. Applications opened on May 17 and closed on June 3. The assessment process is in full swing.

Above from left: Dr Ikhwan Abdul Rahim; Dr Joshua Daly and Dr Paul Martin; Dr Anthony Hade and Professor Tess Cramond.

Above right from left: Dr Robert Webb, Jane Leadbeater and Professor Errol Maguire.

Dr Sudhakar Vishnu Mayadeo 1935 – 2013

Sudhakar Mayadeo was born on November 3, 1935 and passed away peacefully in his sleep on the morning of February 18, 2013.

Sudhakar received his formal education in India, having gained his MBBS in 1959 from the University of Puna (Pune) in the state of Maharashtra, India. He gained his diploma in anaesthetics from the University of Bombay 1961 and later completed his MD (anaesth) in 1965 from the prestigious All India Institute of Medical Sciences (AIIMS) in New Delhi.

New Zealand has had a close association with AIIMS over many years, having partly funded the initial cost of setting up of AIIMS in 1955 under the Colombo Plan. Not surprisingly, the winds of fate brought Sudhakar to New Zealand in 1967 when he joined the anaesthesia department at Palmerston North Hospital under Dr Dick Rawstron.

Sudhakar was a very competent anaesthetist and was popular and well liked by his colleagues in the department. He moved to Auckland in 1971 to join the Department of Anaesthesia at Auckland Hospital under the directorship of Dr Jack Watt, and gained his FFARACS in 1972.

After attaining fellowship, Sudhakar was transferred to work as a full-time specialist at National Women's Hospital where he worked for many years, and was actively involved with anaesthesia for obstetrics and gynaecology, and epidural service for obstetrics. He joined the Anaesthesia Auckland Group in 1980 as a part-time practising anaesthetist, specialising mainly in anaesthesia for obstetrics and gynaecology, and plastic and cosmetic surgical procedures. He developed a flourishing and successful private practice until he retired in 2005.

In his leisure time, he enjoyed reading, was keen on music and cricket, and played an active role in promoting the language and culture of his state of Maharashtra. Being a dedicated oenophile, he often visited vineyards for wine tasting and was always excited when he saw or read about any new high-quality wines and made sure his wine cellar was well stocked. He even had a personalised car registration plate – Vintage 35.

Although he had a few health issues in the years after he retired, Sudhakar was blessed to have passed away peacefully without much suffering,

He leaves behind his wife Anuradha, a daughter, a son, three grandchildren and many friends and colleagues to cherish his memories. I have known Sudhakar since we trained together in Bombay and am deeply touched by his loss. Over the years I have watched with interest our mutual progress in professional development and seen our families grow. May his soul rest in peace.

Dr Vasu Hatangdi, FANZCA
Auckland, New Zealand

Dr Michael Beem 1954 – 2013

Michael Beem was chair of the Queensland Regional Committee of ANZCA when he had a surfing accident before a "holiday season" afternoon list on December 30, 2004. Tragically, this accident left him a ventilator-dependent quadriplegic.

Mike graduated from the University of Queensland in 1977, undertook his internship in Toowoomba and, with his wife Sylvia, spent three years in Launceston. There he had a year as a medical registrar before starting anaesthesia training, which he completed within the rotational training scheme of the Princess Alexandra Hospital in Brisbane, attaining his fellowship of the Faculty of Anaesthetists, Royal Australasian College of Surgeons (FFARACS) in 1984. After spending 12 months as a locum staff specialist at the Princess Alexandra and Royal Brisbane hospitals, he spent a year as a senior registrar at the London Hospital, before returning to the Royal Brisbane Hospital (RBH) as a staff specialist. In 1987, he joined the Brisbane Clinic anaesthesia practice, while continuing as a visiting medical officer at the RBH. Mike was instrumental in the relocation of what was a small anaesthetic group practice to Wesley Hospital, where it has been since, and at the time of his death, had some 30 members.

Mike developed a very busy and successful private practice, but also found time for a broad commitment to the specialty: to the Faculty and then College, where he became a member of the Queensland Regional Committee before becoming chair in 2003; to the Australian Society of Anaesthetists, where he was variously state secretary and treasurer; and to the Wesley Hospital, where he served on the Anaesthetic Advisory Committee and what was the forerunner of the Quality Assurance Committee. The Wesley subsequently honoured him as an emeritus fellow. Beyond that, Mike was the practice manager for his private group until his accident.

One can only begin to imagine how all consuming and confronting an injury such as this could be. The anticipated acute physiological derangements occurred, along with pulmonary emboli and gastrointestinal bleeds, all borne in silence and remarkable humour until a "speaking valve" was inserted and normal conversations became possible. Mike's own accounting of distressing and progressive dyspnoea as a medical registrar altered his ventilator settings, or of his own diagnosis of a dropping haemoglobin before blood tests revealed a significant anaemia, were instructive but disturbing.

Mike ultimately returned home to his great relief, in the care of Sylvia and a team of around-the-clock carers, many of whom were medical students and with whom he developed a great rapport. Tutorials were delivered around the clock, interspersed with the ongoing immediate care that quadriplegia demands. Remarkably, only one pressure sore occurred over the time that he was nursed at home. He died on January 25 after a short episode of sepsis, appropriately cared for by his general practitioner and a palliative-care physician.

It was noted at his funeral that his good humour and courage in what were the worst of circumstances were remarkable, and that his interest and love of the specialty and the profession never waned.

We extend our condolences to Sylvia and the children, and to Michael's parents, brother and sister, and their families.

Dr James Bradley, FANZCA
Brisbane