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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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42 Memories of Muttaburra
Rural medicine owes a lot to the quiet achievements of the bush matrons, writes Dr John Williamson.
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. Invites 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)
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.

<table>
<thead>
<tr>
<th>Group</th>
<th>Recent achievements</th>
<th>Current projects</th>
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<tbody>
<tr>
<td>Anaesthesia and Pain Medicine Foundation (Chair Kate Leslie) (see page 16)</td>
<td>Increased profile of the foundation (website, mailout, events)</td>
<td>Increased involvement of prominent philanthropists</td>
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<tr>
<td>ANZCA Trainee Committee (Co-chairs Michael Lumsden-Steele and Paul Nicholas)</td>
<td>Extensive input to the curriculum 2013 project including piloting the training portfolio system (TPS)</td>
<td>Trainee feedback on curriculum and TPS</td>
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<tr>
<td>Asian Transition Working Group (Chair Genevieve Goulding) (see page 53)</td>
<td>Regulation 38 published and ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions published on new Asia Training Program webpage</td>
<td>Scoping education workshop requirements for affiliated training regions at Singapore ASM</td>
</tr>
<tr>
<td>Assessments Committee (Chair Jenny Weller)</td>
<td>Development of a curriculum evaluation template</td>
<td>Evaluation and evolution of the curriculum to ensure it remains world-class’</td>
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<tr>
<td>Continuing Professional Development (CPD) Committee (Chair Vanessa Beavis) (see page 21)</td>
<td>Introduction of CPD for smart phones</td>
<td>Advancing CPD Project</td>
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<tr>
<td>Clinical Teacher Development Working Group (Chair Kersi Taraporewalla)</td>
<td>Online Foundation Teacher Course (FTC)</td>
<td>Facilitating trainee access to the FTC</td>
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<td>Essential Pain Management (EPM) Subcommittee (Chair Roger Goucke)</td>
<td>EPM expanded through south-east Asia and South America</td>
<td>Pilot of EPM in medical schools in developed countries</td>
</tr>
<tr>
<td>Education and Training Committee (Chair Genevieve Goulding)</td>
<td>2013 curriculum (with Curriculum Redesign Steering Group and others)</td>
<td>Educational governance review to support the revised curriculum</td>
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<tr>
<td>Fellowship Affairs Committee (Chair Rod Mitchell)</td>
<td>Successful Melbourne ASM</td>
<td>Responding to the Latrobe study on Fellow engagement</td>
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<td>New Fellow pack</td>
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<td>Graduate outcome survey</td>
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<tr>
<td>Final Examination Subcommittee (Chair Mark Buckland)</td>
<td>Improvements in examinations management system with automated exam planner</td>
<td>Ongoing mapping of the examination and the curriculum</td>
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<tr>
<td>Finance, Audit and Risk Management Committee (Chair Mr Geoff Linton)</td>
<td>Improved financial reporting to the ANZCA Council</td>
<td>Recruitment of external financial and governance expert</td>
</tr>
<tr>
<td>History and Heritage Committee (Chair Linda Sorrell) (see page 42)</td>
<td>8th International Symposium of the History of Anaesthesia, Sydney and Geoffrey Kaye Symposium in Melbourne</td>
<td>Development of more Anaesthesia stories (oral history project)</td>
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<tr>
<td>Group</td>
<td>Recent achievements</td>
<td>Current projects</td>
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<td>Indigenous Health Committee</td>
<td>Nine indigenous health podcasts</td>
<td>2014 Singapore ASM session on indigenous health</td>
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<tr>
<td>(Chair Rod Mitchell)</td>
<td>Curriculum teaching and learning cases</td>
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<td>Newcastle mentoring program for indigenous medical students</td>
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<tr>
<td>International Medical Graduate Specialist (IMGS) Committee</td>
<td>Increased training for IMGS WBA assessors</td>
<td>Review of international training programs</td>
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<td>(Chair Kate Leslie)</td>
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<tr>
<td>Mortality Subcommittee</td>
<td><em>Bulletin</em> article “To resuscitate or not to resuscitate”</td>
<td>Triennial Safety of Anaesthesia in Australia and New Zealand mortality report, 2009-2011</td>
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<td>(Chair Neville Gibbs)</td>
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<tr>
<td>Overseas Aid Committee</td>
<td>25th anniversary meeting, PNG Society of Anaesthetists with rollout of Lifebox pulse oximeters (92 for &gt;35 hospitals)</td>
<td>Support for Access to safe surgery and anaesthesia through collaboration with the Royal Australasian College of Surgeons</td>
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<tr>
<td>(Chair Michael Cooper)</td>
<td>Anaesthesia trainee overseas aid scholarship</td>
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<td>(see page 50)</td>
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<tr>
<td>Primary Examination Subcommittee</td>
<td>New integrated primary examination</td>
<td>Improved feedback to candidates</td>
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<td>(Chair Andrew Gardner)</td>
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<tr>
<td>Quality and Safety Committee</td>
<td>Establishment of the Anaesthetic Allergy Subcommittee</td>
<td>Morbidity and mortality review oversight through the mortality subcommittee and ANZTADC²</td>
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<tr>
<td>(Chair David A Scott)</td>
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<tr>
<td>(see page 38)</td>
<td>Co-badging Anaphylaxis management guidelines³</td>
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<tr>
<td>Research Committee</td>
<td>Increased support for multi-year studies</td>
<td>Assistance for trainees undertaking research</td>
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<tr>
<td>(Chair Alan Merry)</td>
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<tr>
<td>Scholar Role Panel</td>
<td>Development of option B exemption principles and forms</td>
<td>Supporting scholar role tutors with assessment of option A activities</td>
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<tr>
<td>(Chair Mark Reeves)</td>
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<tr>
<td>Training Accreditation Committee</td>
<td>Development of seven accreditation standards</td>
<td>Census of all accredited departments</td>
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<tr>
<td>(Chair Mark Reeves)</td>
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<td>Guidelines for approving training rotations</td>
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<tr>
<td>Workplace-based Assessment (WBA) Committee</td>
<td>WBA assessor training for curriculum 2013 using a WBA champions model</td>
<td>WBA evaluation¹</td>
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<tr>
<td>(Chair Rick Horton)</td>
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</tbody>
</table>

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).
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

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...
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
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.

• 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

“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.”

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...
ANZCA Bulletin
June 2013

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?

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.

“...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.”

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.

- 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.
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(continued next page)
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

“ANZCA research funding has delivered outstanding value for money.”
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)
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, 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

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
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.
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
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.

**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.

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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

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

Superstition
Dogma
& Science

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.
SCIENTIFIC 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.

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 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
“THANKS ARE EXTENDED TO THE PROFESSIONAL TRADE EXHIBITORS AND OUR MAJOR SPONSORS FOR THEIR SUPPORT.”
Dr Debra Devonshire Convenor

“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

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Dr Debra Devonshire Convenor

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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
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.

**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 medicine. He described the role in creating. Tensions followed when Ernst was a late withdrawal due to family illness.

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

**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”.

**Dr Michael Vagg, FANZCA**

FPM Scientific Convenor

**Clea Hincks**

General Manager, Communications

ANZCA
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.
Trailblazer’s Service Earns Prestigious ANZCA Award

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.
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.
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.
“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

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.”
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.
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 should be followed.

The Anaphylaxis Management Resources are based upon previously published international guidelines and consist of a background document and cards. The approach is similar to that used to manage conditions such as malignant hyperthermia. 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.
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

References:
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:


[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 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
Anaesthetic history

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 appendectomy. This was my first lone appendectomy 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 FIO2 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 did many home visits and displayed great 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.

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**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)!
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/Olimmaroa”. 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”.

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Until recently, scholarly attempts to explain the origin and meaning of the word Ulmaroa 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.

**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 Ulmaroa 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).
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.”
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.
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).

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.

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.

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“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.”
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.
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.

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.

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  ACT
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 Choi  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  NSW
Kamalasena  NSW
Dinushka Iroshima Devi  NSW
Kariyawasam  NSW
Kim Leng Kho  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

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<th>Name</th>
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<td>Andrew James Iliov</td>
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<td>Victor Victorovich Birioukov</td>
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<tr>
<td>Chiong Ling Yvonne Wong</td>
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**Merit certificates**

Merit certificates were awarded to:

<table>
<thead>
<tr>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>David Warrick Burns</td>
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<tr>
<td>Sobana Thillainathan</td>
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<tr>
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<tr>
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<td>Catherine Frances McGregor</td>
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<tr>
<td>Adam Isaac Mossenson</td>
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<td>Wayne Reynolds</td>
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<td>Niroooshan Rooban</td>
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<td>Sonya Ting</td>
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<td>Anna Michelle West</td>
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<tr>
<td>Irene Maree Byrnes</td>
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<td>Lauren Elizabeth Craig</td>
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<td>Penelope Louise Geens</td>
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<tr>
<td>Courtney Rose Hore</td>
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<tr>
<td>Philippa Mary Jerram</td>
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<tr>
<td>Zhao Kun Koo</td>
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<tr>
<td>Alexander Peter Ames Reed</td>
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<tr>
<td>David Ernest Silverman</td>
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</tr>
<tr>
<td>Mark Patrick Woolley</td>
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</tbody>
</table>
| 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 Magregor Brown, NZ

**Merit certificates**

Merit certificates were awarded to:

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Benjamin Kave</td>
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</tr>
<tr>
<td>Ryan David Juniper</td>
<td>WA</td>
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Primary fellowship examination (2013 curriculum)

**February/April 2013**

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

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Monica Li-Meng Chew</td>
<td>NSW</td>
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<tr>
<td>Katelyn Priester</td>
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<tr>
<td>Bernard Roach</td>
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</tr>
<tr>
<td>Lakshmi Nayana Vootakuru</td>
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<tr>
<td>Gillian Hilda Wright</td>
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<tr>
<td>Christina C Denman</td>
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<td>Andrew Robin Growse</td>
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<tr>
<td>Kristin Ann Hielscher</td>
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<td>Christopher Scott Lack</td>
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<tr>
<td>Krista Frederika Adriana Mos</td>
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<td>Nicole Rebecca Whitlock</td>
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<tr>
<td>Courtney Louise Williams</td>
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<td>James Robert Chappell</td>
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<td>Caroline Rebecca Delaney</td>
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<td>Chelsea Anne Hicks</td>
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<td>Ravinder Neil Singh Sandhu</td>
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<td>Jessica Joan Staker</td>
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<td>Siobhan Kirsty McGuinness</td>
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<td>Christine Kim Thu Vien</td>
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<td>Matthew Peter Aldred</td>
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<td>Bojan Bozic</td>
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<td>Kevin Wai Kee Chan</td>
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<tr>
<td>Natasha Lekshika De Silva</td>
<td>WA</td>
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</table>
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, 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, QLD
- John Michael Beck, QLD
- Eleanor Charlotte Castle, QLD
- Tawona Dhikakama, 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 Curigan, 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
- Aliister Boon Tsin Ooi, Vic
- Sarah Elizabeth Pulermo, 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)
Eight candidates successfully completed the International Medical Graduate Specialist Exam and are listed below:

<table>
<thead>
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<tbody>
<tr>
<td>Anandhi Rangaswamy</td>
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<td>Ibrahim Yacoub</td>
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<td>Armando Preti</td>
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<td>Tushar Indulkar</td>
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<tr>
<td>Nirmala Dayani Jayasekera</td>
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### Cecil Gray Prize
The Court of Examiners recommended that the Cecil Gray Prize for the half year ended 30 June 2013, be awarded to:

<table>
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<td>Wilson Binh Quan Huynh</td>
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### Merit Certificates
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<td>Benn Morrie Lancman</td>
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<td>Luke Jonathon Heywood</td>
<td>QLD</td>
</tr>
<tr>
<td>Katrina Pamela Pirie</td>
<td>VIC</td>
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<tr>
<td>Alexander J Smirk</td>
<td>VIC</td>
</tr>
</tbody>
</table>
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.

I thank Frank for all he has contributed.
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

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 300 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

Australian Pain Society dinner in Canberra in March.

Standing (back row) from left: Dr David Jones, Dr Tim Semple, Dr Geoff Speildewinde, Dr Malcolm Hagg, 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.
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 her 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.
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 37 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

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 coordinators 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


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

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.

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**New titles**

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

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**Donations received**
Dr Martin Carter kindly donated five books to the ANZCA Library during the 2013 ANZCA Annual Scientific Meeting in Melbourne.
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.
• 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
• 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).

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.

Contact the ANZCA Library
www.anzca.edu.au/resources/library
Phone: +61 3 8517 5305
Fax: +61 3 8517 5361
Email: library@anzca.edu.au
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-surgery.
• Elective patients, categorised as low risk – death rate of 0.07 per cent within 30 days post-emergency surgery. Where the surgery was planned, the death rate dropped significantly to 1.2 per cent.

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.

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.

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.
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 tailor 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

Acknowledgements

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
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 (NZNO) 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).
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 awareness of the specialty among medical students and recent graduates. The prize comprised a certificate and book voucher.

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**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.

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**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.
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.
Australian news
continued

“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 “Oomics 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.

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 convener of the ASM. She was supported by co-convener and treasurer Dr Mark Hurley (VRC continuing medical education officer), scientific convener Dr David Bramley (VRC honorary secretary) and workshop co-convener 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.

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.
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.
Obituary

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 Pune (Pune) in the state of Maharashtra, India. He gained his diploma in anaesthesics 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
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