

Australian and New Zealand College of Anaesthetists

ABN 82 055 042 852

Joint Faculty of Intensive Care Medicine
Faculty of Pain Medicine



Bulletin

*'To serve the community by fostering safety and quality patient care
in anaesthesia, intensive care and pain medicine'*

Inside

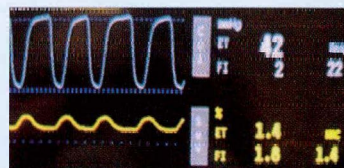
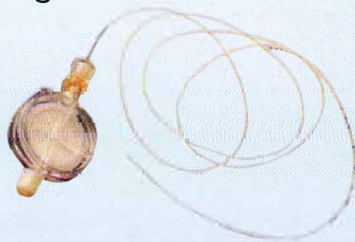
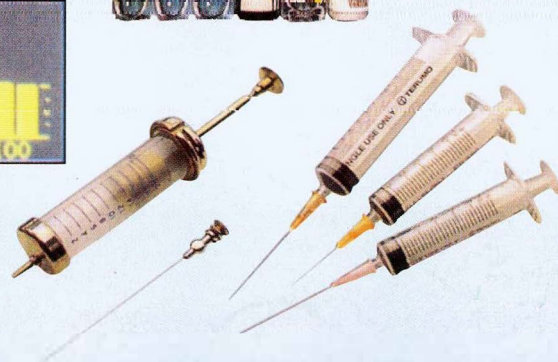
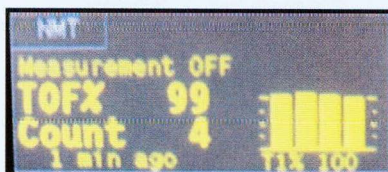
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Editorial

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The Australian and New Zealand College of Anaesthetists' *Bulletin* is published four times per year by the Australian and New Zealand College of Anaesthetists, ABN 82 055 042 852, 630 St Kilda Road, Melbourne, 3004, Victoria.

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President's Message

Richard J Willis, PANZCA

'To serve the community by fostering safety and quality patient care in anaesthesia, intensive care and pain medicine.' Mission statement of ANZCA.

In this, my first President's Message, I would like to examine the first phrase of the Mission Statement, 'To serve the community', as it is a part of our professional practice that we don't often consider. In its simplest interpretation, 'the community' consists of our patients and we 'serve' them by administering safe anaesthesia. In this regard, they are certainly served exceptionally well. By any measure, the quality of anaesthesia provided to patients by Fellows of our College is of world standard. Our training and assessment processes are internationally respected and rightly so. Not content with this, the College is in the process of further upgrading these areas of activity. The new Education Unit is now one year old and has already made significant contributions to the education of our trainees. A revision of the training program involving the introduction of twelve training modules is being undertaken by a committee chaired by College Past-President, Teik Oh. This major task is progressing well but there is still more to do, particularly with regard to the assessment methods. Concern regarding the possibility of changes to the examinations have already been expressed, but Fellows should be reassured that there is no intention to discard the well-validated aspects of our training and examination processes. Proposals for the modules are currently being discussed by Regional Committees and by the New Zealand National Committee. Within the next few weeks details of the new modular program will be placed on the College web-site for comment from Fellows. I commend this to you, as constructive feedback is needed.

Serving the community, though, means more than simply providing safe anaesthesia in a professional manner to

patients. As the accepted experts in the provision of anaesthesia services, we do have some obligation to make those services available to the people of our respective countries. This can only be achieved if first, there are sufficient practitioners to provide them and second, such practitioners are available in the areas where they are needed. How well do we shape up in that regard? I believe we can do better. Workforce numbers in all areas of medical practice in Australia are examined in depth regularly by a respected government committee, the Australian Medical Workforce Advisory Committee (AMWAC). Anaesthesia workforce was assessed in 1996 and again in 2001. Some shortages were identified in both studies but these have been and will be relatively easily corrected within acceptable timeframes. Mal-distribution of specialists has also been identified. Workforce studies by ANZCA have also detected shortages, often in areas away from major metropolitan centres and particularly in New Zealand. A notable feature of the ANZCA study was an increase in the number of anaesthetists who state that they would prefer to be working less hours, a view held especially strongly by New Zealand Fellows. On a different scale and for different reasons, difficulties in the provision of emergency obstetric anaesthesia and analgesia services are being experienced in several regions. So, is there a real shortage of anaesthetists to an extent greater than predicted by current studies, or are the apparent shortages the result of poor conditions and remuneration? Such industrial issues are not the business of the College but provision of high quality anaesthesia services certainly is. Having sufficient numbers of appropriately trained and accredited specialists available to provide the necessary range of anaesthesia services in the areas where and when they are required is fundamental or we cease 'to serve the community'. In addition shortages for whatever reason reflect particularly badly on the profession and undo much


of the good work done in recent years in upgrading the public image of anaesthetists.

Certainly the suspicion is that there is a shortage of specialist anaesthetists greater than anticipated. This needs to be better documented. Correcting such shortages is not easy to manage in the short term but is best addressed by increasing the output of our training programs. Quick-fix alternatives that appeal to the 'bean counters' such as using varying grades of lesser trained 'anaesthetists' are not acceptable, although the College does participate in a rigorous but fair assessment process for overseas-trained specialists. A nagging question in this regard is the morality of addressing our shortages by recruiting anaesthetists from countries that are in much greater need of their services than we are. Having achieved sufficient workforce numbers, we must then find ways of encouraging Fellows to work in currently under-serviced areas.

I have briefly touched on a number of projects and issues that the College is currently considering. There are many more. Most of the issues are challenging, somewhat controversial and often not limited just to the specialty of anaesthesia.

In facing these challenges, anaesthetists must remain united but, in doing so, must remember that we have primary obligations not only to the immediate welfare of patients but also to 'serve the community' by having services available where they are needed.

Professor Teik Oh has now completed a very successful and productive two-year term as ANZCA President. He has involved himself in every aspect of College affairs, created new visions and directions for the College, represented the College on numerous national committees and expended untold hours of his own time to advance our profession. He will remain on Council to continue the development of the new modular FANZCA training program. On behalf of all Fellows, "Teik, congratulations and thank you".



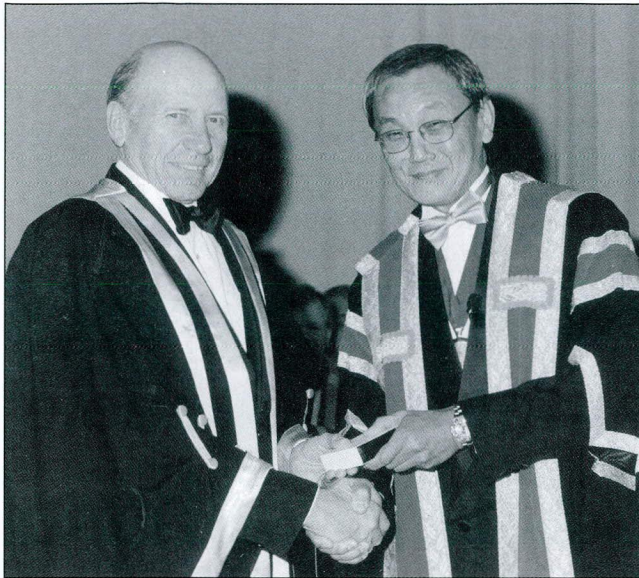
RICHARD WILLIS



UNDERGRADUATE PRIZE IN ANAESTHESIA

The recipients of the 2001 ANZCA Prize for the University of Tasmania are Ms Nadia Blest (pictured) and Dr Kendra Evans.

Ms Blest and Dr Evans were presented with their awards at the University's Graduation Ceremony held in December 2001.



Australian and New Zealand College of Anaesthetists' Medal Citation - Aldo Victor Dreosti AM

"The Australian and New Zealand College of Anaesthetists' Medal is awarded at the discretion of the Council of the College in recognition of major contributions to the status of anaesthesia, intensive care or related specialties".

Mr President, it is my privilege to present to you, Aldo Victor Dreosti, for the award of the Australian and New Zealand College of Anaesthetists Medal.

Dr Vic Dreosti graduated in medicine at the University of the Witwatersrand in Johannesburg in 1957. He trained in anaesthesia at Baragwanath Hospital followed by two years as a registrar in London where he was awarded with FFARCS. With his wife, Lyn, he then moved to Australia to a senior registrar position at the Royal Adelaide Hospital and became the fore-runner of a group of South African trained anaesthetists who have had distinguished careers in anaesthesia in Adelaide. He passed FFARCS in 1962. After three years as a staff anaesthetist, Dr Dreosti commenced private practice but remained as a significant contributor to the RAH department as a Visiting Medical Specialist. In 1975, he was the first VMS appointed to the staff of the new Flinders Medical Centre. He was granted Clinical Senior Lecturer status at both Adelaide and Flinders Universities. Dr Dreosti was unique in being able to concurrently maintain productive professional relationships with two different University public hospitals and with private practice at a time when there was a significant gulf between the public and private sector. This achievement played a major role in promoting the affection and respect that the Adelaide anaesthesia community has for him.

Dr Dreosti's contributions to the profession have been numerous. He has played a significant part in the Adelaide anaesthesia teaching program throughout his professional life in the roles of clinical teacher, lecturer, organiser and as the South Australian Regional Education Officer for nine years. He was a member of the South Australian Regional Committee of the Faculty of Anaesthetists for seventeen

years! During this same period, he was a member of the State Committee of the Australian Society of Anaesthetists, including being State Chairman for two years. He upgraded the standards of anaesthesia in Adelaide's private hospitals by organising anaesthesia liaison officers for each hospital, resulting in better communication and greater consistency of apparatus, drugs and processes.

He was an examiner for the FFARCS for twelve years holding the position of Chairman of the Final Examination Committee in 1978. In the following year he was elected to the Board of the Faculty of Anaesthetists, a position he held for seven years. Throughout this whole period he held the important position of Chairman of Examinations, contributing to the establishment of the internationally respected high standard that our examination system continues to have.

Dr Dreosti's contributions to the profession were not limited to Australia. He was instrumental in assisting the Malaysian anaesthetists establish their own postgraduate MMed qualification and contributed to both their teaching programs and their examination system. Selected Malaysian trainees still receive part of their training in Adelaide.

In latter years, Dr Dreosti has become one of the most respected anaesthetists in Adelaide and a person to whom anaesthetists turn for help, particularly in times of need. His calming influence and quiet reasoned advice has helped many. He has acted as friend, mentor, role model and teacher to a whole generation of South Australian anaesthetists.

One of the secrets to the maintenance of Dr Dreosti's self-chosen heavy workload has been his ability to maintain his personal well-being with a supportive family and his physical well-being with regular workouts. He was a "gym junkie" long before it became fashionable!

In 1994, he was recognised by the community with the award of Member of the Order of Australia (AM) for services to anaesthesia, an award richly deserved.

Tonight it is my pleasure on behalf of the Australian and New Zealand College of Anaesthetists to recognise Victor Dreosti's contribution to the College and to our profession.

Mr President, I present to you Aldo Victor Dreosti for award of the Australian and New Zealand College of Anaesthetists Medal.



Law Report

Michael Gorton B.Comm, LLB., FRACS (Hon), FANZCA (Hon)
College Honorary Solicitor
Partner – Russell Kennedy, Solicitors

“Privacy Laws and Medical Research”

Recent legislative changes dealing with privacy issues impact on the way medical research is conducted in Australia.

The *Commonwealth's* Privacy Act commenced in December 2001 and regulates the way that information is collected, used and protected. It particularly restricts disclosure.

Private sector organisations are required to comply with a set of privacy principles (National Privacy Principles - NPP) that set a base line standard for the protection of personal information. Medical organisations in particular deal with sensitive health information which will be regulated by the privacy legislation. In addition, some States have their own legislation dealing with these issues in a similar, but not necessarily identical, way. (For example, the Victorian Health Records Act, which will commence in July 2002.)

Health Information

Health information includes information or an opinion about the physical, mental or psychological health of a person. It includes information about a disability, and an individual's wishes about future health services. It includes information relating to the health services provided.

Collecting Health Information

Generally speaking, health information now collected will need individual consent. This need not be written, but should be clear, either from the express wishes of the individual, or arising from the conduct or circumstances.

Information collected can only be used for the general purposes for which it was collected. In the main, this will

relate to the treatment and health services to be provided to the patient or individual. It can include secondary purposes for which a doctor may need to use or disclose health information, including for research, management of health services, quality assurance, follow up with individuals or consulting with other doctors.

Research

Health information forms a special category of information which is highly sensitive. In general terms, it can only be collected and used under the privacy legislation with consent. However, the NPP provide an exemption allowing for the collection, use and disclosure of health information, which is necessary for research, that is, “relevant to public health” under particular conditions. These include circumstances where it is impracticable for the organisation conducting research to seek the individual's consent first. For example, there may be no current address for a person whose health information is being used in the research, or insufficient information to allow follow up or identification. There may be administrative and practical reasons why an individual consent in each case is difficult to obtain. Some research projects allow patients to “opt out” of a trial or data collection project, rather than require a specific consent to participate.

However, to utilise this exemption:

- it must be shown that the research cannot be served by “de-identified information” – where the identity of the individual cannot be ascertained, and
- the research must take place in accordance with guidelines issued by the Privacy Commissioner.

The Privacy Commissioner may approve guidelines issued by the NHMRC, and draft guidelines have been issued for

comment. The guidelines require that general ethical principles be applied to all research involving humans, as well as guidelines on specific research, participant groups and other issues.

A fundamental of the guidelines is a requirement for a Human Research Ethics Committee to review research proposals. The HREC must consider a number of matters, including whether the research proposal has sufficient expertise and understanding of the privacy issues involved, and whether or not the public interest in carrying out the research activity substantially outweighs the public interest in the protection of privacy.

Nonetheless, other National Privacy Principles should also be borne in mind when conducting research, even if approval has been received from an HREC:

- reasonable steps must be taken to ensure that, where health information has been collected without consent, it is de-identified before it is disclosed;
- reasonable steps must be taken to protect personal information from mis-use, loss, unauthorised access, modification or disclosure;
- reasonable steps must be taken to destroy and de-identify personal information when no longer required;

- reasonable steps must be taken to let any person who asks, to be advised of the personal information held, for what purpose, and how the information is collected, held and used.

Other Legislation

State based legislation does, in the main, reflect the same requirements. For example, in Victoria, the Health Records Act 2001 establishes its own health privacy principles (HPP), which similarly govern the collection, use, disclosure and handling of health information. The Health Services Commissioner in Victoria has also issued statutory guidelines on research reflecting similar requirements to those under the Federal legislation:

- research must be in the public interest if it is not practicable to seek consent from patients;
- research information should be de-identified as much as possible;
- research should be reviewed by a Human Research Ethics Committee.

For further information :

www.nhmrc.gov.au/publications
www.privacy.gov.au/publications/dhdg.doc
www.health.vic.gov.au/hsc

Deaths

Council noted with regret the death of the following Fellows:

Dr John William Langley Kemp (UK) – FFARACS 1975, FANZCA 1992
Dr Norman Robert Sherwood (QLD) – FFARACS 1972, FANZCA 1992
Dr Thomas Cecil Dixon (SA) – FFARACS 1966, FANZCA 1992
Dr Kenneth William MacLeod (NSW) – FFARACS 1956, FANZCA 1992



Education Report

RUSSELL W. JONES, Director of Education, ANZCA

The success of the recent Annual Scientific Meeting (ASM) illustrates their value as a forum for bringing together a large number of personnel, a broad range of technologies, and a great deal of disparate knowledge and expertise. In addition to the opportunity to hear speakers, attend workshops, learn of modernizations and receive updates on established practices, ASMs can be the source of new, exciting and useful innovations. In particular, any opportunity for the mixing of delegates with a wide range of experiences from a variety of clinical situations provides potential opportunity for a 'cross fertilisation' of ideas. This is essential for the evolution of all fields including anaesthesia, intensive care and pain medicine. It is often the sharing of ideas, thoughts and concepts of personnel from different areas that provides the basis for significant breakthroughs in practice and in technology. Delegates can obtain maximum value from a conference by identifying specific questions, issues or problems and making contact with individuals or small groups who have ideas or experience in those areas¹.

This requires that people with compatible backgrounds and similar interests are brought together. In a popular ASM with hundreds of delegates this is often difficult. Meetings of Special Interest Groups (SIGs) facilitate productive gatherings in some topic areas, however it is more problematic to gather small groups of delegates on topics that are not included among the list of SIGs. This problem is compounded as many delegates may not know each other or may be unaware of specific individuals with whom they share a common interest. A strategy that can be used to overcome this problem, and to foster the bringing together of people with similar interests and ideas, is the inclusion of Personally Arranged Learning Sessions (PEARLS) within a conference program.

PEARLS are focused gatherings of a small number of

people with a common interest in a particular question, issue or problem. Their format is varied depending on their intended purpose. They may consist of a brief workshop, presentation, open discussion, debate or any other suitable format. One of their advantages is that the number of participants in any single PEARL is limited. This allows many PEARLS to run concurrently. The process for incorporating PEARLS into a conference is described below:

- Prior to the conference individuals nominate questions, issues or problems they wish to address.
- These individuals will later become responsible for chairing the PEARLS (under overall control of the conference convenors).
- The nominated questions, issues or problems are reviewed by the scientific program convenors to ensure they are appropriate topics for the conference.
- The convenors then select those topics that are most suitable for the conference.
- Each of these is allocated a time slot within the meeting (typically 30 minutes to an hour).
- Many PEARLS are arranged to run in parallel at any one time (extremely popular PEARLS may be offered more than once). This saves valuable time on the conference program.
- Descriptions of all PEARLS (and the date/time/location of the session) are posted upon a noticeboard at the conference venue during registration.
- Each description is accompanied by a sign-up sheet allowing as many as 12 interested individuals to nominate attendance at a specific PEARL.

- At any time prior to the commencement of the PEARL delegates are free to peruse the noticeboard and sign-up for those PEARLS that they wish to attend.
- Sign-up sheets are left on the noticeboard until immediately prior to the commencement of the PEARL. Thus delegates are able to view the composition of each group and to add or delete their own name as they wish.

PEARLS tend to be greeted with enthusiasm wherever they are held. Participants find PEARLS allow the best use of time, networking and brainstorming. These are amongst the most valuable aspects of a scientific meeting.

¹ Schwartz, PL. & Heath, CJ. PEARLS (personally arranged learning sessions): An alternative to presentations of free papers. *Br Med J* 1985; 290:453-454

Regional Annual Reports

New South Wales

Office Bearers & Members

Chair:

Dr Frank Moloney

Deputy Chair:

Dr Michael Jones

Hon Secretary:

Dr Jenny Beckett-Wood

Hon Treasurer:

Dr Michele Joseph

Regional Education Officer:

Dr Ross Kerridge

Formal Project Officer:

Dr Richard Morris

Continuing Education Officer:

Dr Michael Jones

Total No. of Regional Committee Meetings for Year: 5

Committee Members:	Meeting Attendance
1 Dr Jenny Beckett-Wood	5 out of 5
2 Dr Matthew Crawford	4 out of 5
3 Dr Richard Halliwell	3 out of 5
4 Dr Michael Jones	5 out of 5
5 Dr Michele Joseph	3 out of 5
6 Dr Ross Kerridge (Sabbatical leave)	4 out of 5
7 Assoc Prof Peter Klineberg	3 out of 5
8 Dr Frank Moloney	5 out of 5
9 Dr Richard Morris	5 out of 5
10 Dr Michelle Mulligan	3 out of 5
11 Dr Tony Quail (Sabbatical leave)	4 out of 5
12 Dr Joanna Sutherland	4 out of 5

Education – Dr Ross Kerridge

A number of changes to Anaesthetic training in NSW have occurred in the last twelve months, reflecting developments within the College, and the effect of external developments on college Training. These changes include:-

Appointment of College Education Officer

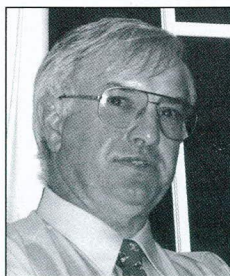
The appointment of Dr Russell Jones as College Education Officer has provided a focus for a number of initiatives to improve training provided by the College. Central to these changes have been efforts to increase support for Supervisors of Training. This has included the first steps towards training programs for SoTs, and the development of a Support Kit for Supervisors of Training comprising a variety of materials to assist them to effectively fulfil their role. Dr Jones has also played a central role in reviewing the system for In-Training Assessment (see below).

In-Training Assessment

The process of In-Training Assessment has been a source of concern for some years. Specifically three central issues. Firstly, the need to ensure continuity of supervision, so that identified deficiencies are addressed, even if the trainee changed location. Secondly, uncertainty about whether the In-Training Assessment was *summative* (i.e. a pass/fail assessment grading of the 'term') or *formative* (i.e. the assessment process itself contributed to the trainees development.) Finally, the workload caused by the process itself was of concern.

These concerns have been at least partly addressed by recent changes. Trainees are now expected to maintain a record of training, including original copies of In-Training Assessments, to show different Supervisors of Training as they progress through their training program. The six monthly In-Training Assessment has been declared to be non-summative (not pass/fail), which reduces some concerns that were held about the legal status of the assessment. It also emphasises the importance of the assessment process, in particular the face-to-face interview(s) with the Supervisor of Training, as a formative part of training. The mechanism for dealing with the occasional 'Trainee with Difficulties', who may not be achieving an acceptable standard of training, will now be separate from the In-Training assessment process.

These changes to the process of In-Training Assessment will need further



Dr Frank Moloney
Chairman



Dr Jenny Beckett-Wood
Honorary Secretary

Ex-Officio Members:

Councillors:

Professor Michael Cousins,
Assoc Prof Greg Knoblanche

Faculty of Intensive Care Representative:

Dr Dorothy Breen

ASA Representative:

Dr Nigel Symons

New Fellows Representative:

Dr Anthony Padley

Course Organizer Primary:

Dr Peter Kam

Course Organizer Final Fellowship:

Dr Michael Bookallil

Dr Tim McCulloch

Representatives on External Committees

Dr Frank Moloney

Committee of Chairmen of NSW
State Committees of Medical
Colleges

Standing Committee of College
Chairmen

NSW State Committee, Royal
Australasian College of Surgeons

Joint Consultative Committee-
Anaesthesia

Executive Committee, Rural
Special Interest Group

Dr Michael Jones

Committee of Management,
Australian Society of Anaesthetists

Assistant Editor, Australian
Anaesthesia

Dr Matthew Crawford

Peer Review Subcommittee, NSW
Council on Quality in Health Care

Dr Jo Sutherland

Scientific & Technical Advisory
Committee, Australian Red Cross
Blood Service

Blood Use Improvement Group,
NSW Health Department

Regional Administrative Officer

Ms Janice Taylor

Offices and Secretariat

Suite 603 Eastpoint Tower,
180 Ocean Street,
Edgecliff NSW 2027

development, but should address some of the previous concerns.

NSW Paediatric Training

The difficulties of providing adequate Paediatric Anaesthetic Training in NSW have been of concern for some years. After prolonged negotiations and discussions with the Paediatric Anaesthetic hospitals in Sydney, changes have been put in place to increase the number of trainees gaining paediatric experience, particularly at the Children's Hospital at Westmead. The NSW Health Department has been closely following this issue, and is aware of the limitations inherent in the current staffing profiles at the Children's Hospitals. Negotiations are currently in progress aiming to establish extra positions for paediatric anaesthetic registrars at the Children's Hospitals. It is hoped these positions will be available by 2003, however this may depend on a simultaneous commitment to increase the rural component of training for Anaesthetic Trainees. (see below).

Rural Training & Workforce

The current difficulties in ensuring supply of anaesthetic specialists in rural centres is of concern to many. The difficulties of ensuring adequate paediatric training have prevented the College from accrediting new training positions, including in rural areas. When paediatric training issues are resolved, accreditation of additional positions in rural centres may be possible. Similarly, new positions in developing metropolitan hospitals may be possible. It is widely believed that there is a current national shortage of specialist anaesthetists, and that this shortage may increase without additional training positions. Thus additional rural and outer metropolitan positions are seen as desirable for multiple reasons.

Changing Roles for Anaesthetic Registrars

Across specialties, the roles and relative seniority of 'junior' medical staff in hospitals are changing. Anaesthetic Registrar positions (both accredited and non-accredited) are 'desirable', and the trainees are often more senior than other 'junior' medical staff. Hospital administrators have at times used this situation to widen the role of Anaesthetic Registrars in order to address systemic hospital problems. Anaesthetics is a developing specialty. The incorporation of non-traditional roles such as acute and chronic pain, perioperative medicine, and medical emergencies in trainees workload is occurring, and may be appropriate and necessary to reflect the development of the specialty. Other 'extension' of the role may be inappropriate. The College expects to be informed of any significant changes in the nature of the accredited position. It may be necessary to review accreditation of a position that has substantially changed since the last inspection.

Another notable phenomenon is related to the changing life expectations of trainees (the 'generation X' phenomenon) resulting in an increase in trainees choosing to interrupt training, or to pursue part-time or job sharing options where available.

Safe Hours

The effect of 'safe hours' requirements on training is considered by many to be a major issue and has the potential to affect the quality of training positions. The College endorses the AMA's policy on safe hours for trainee medical staff. This is somewhat problematical, and reinforces the need for refinement of the College policy on mandatory training requirements. The more general issue of safe hours for 'senior' medical staff must also be addressed by the profession and specialty.

Training Schemes

There are currently 154 accredited registrar positions in NSW, organised in nine schemes, plus a separate scheme in the ACT. The organisational logistics of this arrangement, particularly with regard to 'solving' the paediatric

anaesthetic training issue, suggests that grouping some schemes together may be appropriate. This may develop further during the next twelve months.

Support for Trainers

The traditional expectation that training is organised by Supervisors of Training 'in their own time' is increasingly difficult to support. Although it is expected that Supervisors of Training will have some allocated non-clinical time for their role, the requirements for this have frequently been underestimated, or not provided, particularly for VMOs. Clerical support for the SoTs role has also been deficient. As the College evolves as an educational institution, the SoTs requirements for training, formalised time allocation, clerical support and recognition will need to be addressed. In the interim, the support of all Fellows for the valuable work and commitment shown by those involved in training, particularly as Supervisors of Training, is required and appreciated.

Formal Projects – Dr Richard Morris

The year has been busy with an increase to 54 proposals and 44 completed reports. They have been generally of a high standard with only three requiring further clarification or improvement. My work has been ably assisted by Jan Taylor ensuring timely responses to requests and excellent management support. The group of reviewers has been enlarged to reduce the work for the long term stalwarts. Two meetings with Supervisors of Training have offered opportunities for a useful exchange of views and an excellent guide for candidates planning a literature review has been produced by Peter Kam for distribution as required. In the coming year it is planned to further develop the Formal Project by encouraging a wider variety of topics and multi-author reports where appropriate.

Continuing Education – Dr Michael Jones, Chairman NSWACE

The NSWACE Committee organised 3 highly successful meetings over the past year. Two of these meetings deserve special comment.

We returned to Leura in August 2001 to re-explore the place of traditional anaesthetic concepts in modern anaesthesia practice. As usual, the venue was outstanding and so were the many presentations. In addition, a number of interactive small group discussions were a feature, with several recently qualified Fellows acting as facilitators, joined by expert 'old hands' like Professor Joe Brimacombe.

On 3rd November, 2001, a huge turnout of Fellows attended an obstetric anaesthesia meeting. Dr Genevieve Goulding put together a programme of speakers featuring the best of the local obstetric anaesthesia identities to add to the expert visitors, Dr Michael Paech (Perth), Dr Andrew Ross (Melbourne) and Dr Scott Simmons (Adelaide).

Shortly after this meeting a dinner was held to recognise and thank Assoc Prof Peter Klineberg and Dr Genevieve Goulding who have resigned from the NSWACE Committee. All Fellows should be proud and grateful for the dedicated effort that both Peter and Genevieve contributed to NSWACE over many years.

The NSWACE Committee of Drs Michael Jones (Chairman), Matthew Crawford, Peter Isert and Michele Joseph has recently been joined by Drs Ed Loughman and Leonie Watterson. We would like to encourage all NSW Fellows to contact any of us with any suggestions, criticisms, thoughts or ideas on where we should be going with our CME programmes. Many analyses suggest that our traditional style of didactic meeting is significantly flawed in achieving good CME, however, we are also aware that many Fellows still enjoy and learn from our traditional meetings! We are hoping to embrace other appropriate learning methods that can be applied to large group meetings, and welcome as much feedback as possible.

Meetings planned for 2002 include a Day Surgery theme for our 18th May meeting and a Paediatric theme for our 'out of town' meeting to be held in the Hunter Valley in late August. The programme for the November meeting is still in the planning stages.

Professional Affairs – Dr Frank Moloney, Chairman

Federal Council

The Federal Council has been active in many areas through 2001. Major changes have been initiated in Education following the appointments of Dr Russell Jones as Director of Education and Dr Mary Done, FANZCA, as Assistant Director. I congratulate Dr Ross Kerridge for the work he has done in facilitating many of the changes occurring in education as outlined in his report.

I attended the first College Council meeting of 2001 in Melbourne and the meeting associated with the ASM in Hong Kong. Many important issues were dealt with by Council, ranging from policy document review and the introduction of new policies, through to education, trainee selection, workforce problems, SIGs and MOPS.

The President has introduced an additional communication with Regional Committees through regular teleconferencing with Chairmen of State Regional Committees.

The new building has been completed behind Ulimaroa in Melbourne. A magnificent seven storey structure which will enable ANZCA and its Faculties to achieve higher levels of efficiency in examination and training. Thank you to the Council and, in particular, the CEO Mrs Joan Sheales, for their vision and economy in producing such a valuable asset.

Hospital Inspections

Multiple hospital inspections have been completed since February 2000. In 2000 – St George, St Vincent's and Wagga Wagga Hospitals. In 2001 – Canterbury, John Hunter, Royal Newcastle, Royal North Shore, Manly, Mona Vale and Nepean Hospitals. In 2002 - Port Macquarie (seeking trainees for the first time), Concord, Dubbo and Orange Hospitals will be inspected.

Inspections are intended to assist hospitals to eliminate deficiencies in the delivery of anaesthetic services and to assist in the maintenance of required standards.

Challenges

All Colleges face the reality of outside agencies scrutinising basic factors such as trainee selection and provision of adequate numbers of graduating trainees. Based on AMWAC projections, ANZCA has been requested to increase trainee numbers Australia wide to 34, by 2003. There are currently 90 vacancies in Australia's public hospitals. The maldistribution of Specialist Anaesthetists in NSW has resulted in the establishment of many Area of Need positions, mainly in rural areas and on the western fringe of Sydney. With the development of increased training rotations in paediatric anaesthesia, ANZCA will endeavour to link these rotations to new rural or district hospitals. I request any hospital department that is willing and capable of supporting a trainee rotation to contact your Regional Committee.

Committee of College Chairmen

This important Committee meets eight times per year enabling open discussion of major health developments with other disciplines and the Department of Health. Through the adept Chairmanship of Mr Michael Hollands FRACS, this Committee has become an important negotiation opportunity between clinicians and government.

Multiple topics have been addressed in a reasoned, constructive way at this forum. These include the professional indemnity crisis, quality in health care strategies, privacy issues, consent forms, rural clinical schools.

There have been important visitors at some of these meetings –

The new Director of the Health Care Complaints Commission, Ms Amanda Adrian, flagging an open consultative approach to the handling of complaints in NSW. HCCC, we were informed, supported fully all Quality Improvement initiatives. All Chairmen were given the chance to voice concerns their discipline may have with barriers to Quality Health Care.

The Minister for Health, the Hon Mr Craig Knowles, attended the November meeting. Chairmen were given the opportunity to speak on any concern during this two hour exchange. I spoke briefly on rural workforce issues, identifying the trouble spots, emphasising that even though ANZCA is making every effort to increase training positions, this does not solve the problem. Risk management difficulties brought about by an increasing lack of pre-operative assessment opportunities, coupled with working hours and fatigue problems was also raised. In reply, the Minister reminded us of the formation of the Institute of Clinical Excellence which is a pro-active body chaired by Mr Bruce Barraclough. Its prime function will be the monitoring of the quality of health care and advising on risk management. It is intended that Area Health Management will purchase services from the Institute of Clinical Excellence.

The Health Care Liability Bill consumed a good deal of the Committee's time through 2001. On a positive note, my firm impression is a genuine desire by the Minister to alleviate this impost.

My conclusion to this report demands a sincere thanks to members of the Regional Committee for their work and support. With the existence of four vacancies on the Regional Committee in 2002 we look forward to welcoming new Fellows to the Committee enabling us to continue the work of the College in NSW into the future.

Finally I would like to once again acknowledge the major contribution to ANZCA made by Dr Brian Horan, who died on 11th August, 2001.

FRANK MOLONEY
CHAIRMAN

Queensland

Office Bearers & Members
(* denotes co-opted members)

Chair:

Dr Kerry Brandis

Vice chair:

Dr Bob Whiting

Honorary Secretary:

A/Prof Geoffrey Gordon

Honorary Treasurer:

Dr Patricia Goonetilleke

Regional Education Officer:

Dr Kerry Brandis

Formal Project Officer:

Dr Gerard Handley

Continuing Education Officer:

Dr Peter Moran

QRC IT Officer:

Dr Ian Cameron

Representatives on External Committees:

Dr Kerry Brandis

Advisory Panel to Health Rights Commission

Committee of Queensland Medical Colleges, Medical Workforce Specialist Working Party

Staff Panel of Peers, Senior Staff Specialist Status, Queensland Health

Visiting Panel of Peers, Senior Visiting Specialist status, Queensland Health

ANZCA/RACS Building Committee

Dr Robert Whiting

Advisory Panel to Health Rights commission

Committee of Queensland Medical Colleges. Medical Workforce Specialist Working Party

Staff Panel of Peers, Senior Staff Specialist Status, Queensland Health

Dr Peter Moran

Editorial Committee Representative "Australasian Anaesthesia"

Postgraduate Diploma in Anaesthetic Nursing. Queensland University of Technology

ANZCA/RACS Building Committee

Part II Practice Viva Session Co-ordinator

Dr Bart McKenzie

Medical Workforce Specialist Working Party

Queensland Ambulance Medical advisory Committee

Dr Julia Byatte

Queensland Committee to Investigate Perioperative Deaths

TAFE Course for Anaesthetic Assistants – Scrutineer for ANZCA

Dr Di Khursandi

Medical Advisory Committee of Queensland

Post-graduate Medical Education Committee, University of Queensland

A/Prof Alison Holloway

Chairman, ANZCA Sub-committee on Anaesthetic Training (which includes Anaesthetic Technician Training Committee)

Dr Ian Stephens

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

Dr Paul Mead

Australian Resuscitation Council

Dr Norris Green

RACS Queensland Trauma Committee

Total No. of Regional Committee Meetings for Year:

April 2001 to March 2002 = 8 meetings

Attendances of Elected Members (No. of Meetings)

Dr Michael Beem	6:8
Dr Kerry Brandis	7:8
Dr Stephen Bruce	6:8
Dr Julia Byatte	7:8
Dr Ian Cameron	5:8
Dr Patricia Goonetilleke	6:8
Dr Geoffrey Gordon	7:8
Dr Gerard Handley	7:8
Dr Anton Loewenthal	5:8
Dr Peter Moran	8:8
Dr Robert Whiting	3:8



Dr Kerry Brandis
Chairman



Dr Geoffrey Gordon
Honorary Secretary

Committee members

Dr Michael Beem
Dr Stephen Bruce
Dr Julia Byatte
Dr Anton Loewenthal

Ex-officio Members:

Dr Di Khursandi (Councillor)
Prof John Gibbs (Councillor)
Dr Ranald Pascoe (Faculty of Intensive Care Representative)
Dr Tim Wong (ASA Representative)

Co-Opted New Fellows' Representatives:

Dr Daryll Koch
Dr Cameron Hastie

Course Organisers

Primary Short Course:

Dr Kerry Brandis

Primary Long Course:

Dr Cameron Hastie
Dr Roslyn Breadsell

Part I Practise Viva Sessions:

Dr Rhonda Boyle
Dr Chris Thomas

Final Fellowship Short Course:

Dr Stephen Bruce
Dr Scott Buntain

Final Fellowship Long Course:

Dr Kerry Brandis
Dr Ralph Whiteside

Part II Practise Viva Sessions:

Dr Peter Moran
Dr Chris Thomas
Dr Scott Buntain

Advisor of Candidates for Anaesthesia Training:

A/Prof Alison Holloway
Dr Gerard Handley

Regional Administrative Officer

Ms Joyce Holland

Administrative Assistant

Ms Deidre Beach

Financial Report

The accounts of the QRC continue to be managed in Melbourne. All of the educational activities of the QRC ran at a small surplus this year and the centralised accounts remain with sufficient funds for the anticipated operating activities of the Committee.

The courses conducted by ANZCA, and the combined CME meetings (reported elsewhere) continue to attract the interest of Fellows and Trainees and have been very well attended.

Major purchases this financial year included a 'two-box' Xray viewer. The QRC now has sufficient equipment to support nearly all of its activities. This has proven to be a significant asset to our courses and educational activities.

Education

Trainees

Queensland has 100 trainees of whom 82 are in years 1 to 4. The number of registrars in the 5th or Provisional Fellow year varies slightly from year to year. For 2002, there have been new approved training positions at Princess Alexandra, Gold Coast, Ipswich, Rockhampton & Nambour Hospitals and also at Lismore Hospital in northern NSW.

In 2001 the selection process for trainees was changed with the introduction of a structured interview and standardised scoring system for the various selection components. Advice was available on request to all unsuccessful applicants. Selection of trainees for all positions in Queensland are finalised at a selection meeting held later in the year. Further fine-tuning of the selection process has occurred following a meeting of Directors & Supervisors of Training in April.

Demand for training positions remains strong. The top dozen unsuccessful applicants are placed on the reserve list and many will obtain approved training positions as other registrars complete training during the year and move into Provisional Fellowship positions.

Sub-speciality rotations are currently sufficient to meet all College requirements for those registrars who remain on the scheme throughout their training. Further increase in trainee numbers will depend on availability of sufficient experience in cardiothoracic anaesthesia and neuroanaesthesia. It is hoped that trainee exposure to chronic pain medicine will increase following the commencement of Pain Medicine units at Townsville and Gold Coast Hospitals.

Registrar Training Courses

For the last few years we have been able to provide a full complement of courses within the State. There are 'long' (one night per week) and 'short' (full-time) courses to assist candidates in preparation for both the Primary and the Final FANZCA exam. Demand for places on the courses remains strong. All courses have individual convenors but operate under the general direction of the Regional Education Officer, Dr Kerry Brandis. All courses are held in the College Building in Brisbane.

Other Training Issues

Viva Practice Sessions are held for both the Primary exam (organised by Dr Rhonda Boyle 2001, Chris Thomas 2002) and the Finals examination (organised by Dr Peter Moran 2001, Drs Chris Thomas and Scott Buntain 2002).

A special thanks is offered to the convenors, tutors and lecturers for all these educational activities. It has been pleasing to see the commitment of new specialists in contributing back to the courses which assisted them during their training.

Continuing Education

The 25th Annual CME meeting was held on the 7-8th July 2001 at the Royal Pines Resort. The major theme of the meeting "Anaesthesia and Co-existing Medical Disease" included sessions on Iatrogenic Illness, Diabetes and Anaesthesia, Haematology and Anaesthesia and Endocrine Disease. Professor Bill Runciman was the interstate guest speaker with 256 delegates attending the meeting and 21 companies from the Health Care Industry displaying their products. The successful meeting convened by Dr G Myburgh was concluded with an evening Dinner/Dance.

The 5th Combined ANZCA-ASA Annual Registrars' Meeting was held at College House in Brisbane on the 10th November 2001. Six registrars presented their projects with Dr Jennifer Morgan being awarded the Tess Cramond Prize for Best Formal Project presented on the day. This year a prize for excellence in Technical presentation was also awarded. This prize was given the name of a late Queensland Anaesthetist who had made a significant contribution to the speciality in Queensland. The Dan Hogg Memorial prize was donated by Axxon Health, and was awarded to Dr Angus Mann. The afternoon was given over to a well received session on "Introduction to Specialist Practise".

It has been a hectic year for the Organising Committee of the 2002 ANZCA Annual Scientific Meeting which was held at the Brisbane Convention & Exhibition Centre from the 11th to the 15th May.

Other CME Matters

The QRC has commissioned a web site during the year. This site seeks to be a focal point of College activities in Queensland. It currently has the names and contact details of the Committee Members, the details of ALL Queensland based courses, a listing of the approved training hospitals in Queensland and a listing of upcoming Queensland events of interest to the Fellows and Trainees. The site may be accessed at <http://www.qld.anzca.edu.au>

Following the QRC Annual General Meeting, held on 24th July 2001, Dr Dick Willis presented a paper on the Overseas Trained Specialists program. This paper was well received by the healthy number of Fellows attending the AGM.

Professional Affairs

A Vocational Training Expo for junior doctors was held on the 22nd June 2001. Tess Cramond, Lyndall Patterson, Mark Lai and Bronwyn Williams manned a booth and promoted our speciality at this very popular and well attended event.

It is with much delight that the Committee learnt that a retired Fellow, Dr Patricia MacKay, had been awarded the AMA Women in Medicine Award for 2001. This is the second time in as many years that the award has gone to an Anaesthetist.

Acknowledgements

The Queensland Regional Committee would once again like to acknowledge the extraordinary contribution made to the activities of the Committee, Fellows and Trainees in Queensland by Joyce Holland, the Regional Administrative Officer. Without her organisation, thoughtfulness, forbearance and management skills, we would not be able to engage ourselves in the range of activities that are currently available to the Fellows and Trainees in Queensland. We also wish to acknowledge the countless and undocumented hours spent on College affairs by Queensland Fellows over the past year.

GEOFFREY GORDON
HON SECRETARY

Victoria

Office Bearers

Chairman:

Dr Kate Leslie

Deputy Chairman:

Dr Rowan Molnar

Honorary Secretary:

Dr Peter McCall

Honorary Treasurer:

Dr Mark Fajgman

Continuing Medical Education / IT:

Dr Joe Novella

Education – Anaesthesia:

Dr Mark Buckland

Paramedical Personnel:

Dr Philip Ragg

Formal Project Officer:

Dr Winifred Burnett

Safety Officer / Social:

Dr Beth Ashwood

Victorian Medical Postgraduate

Foundation:

Dr Steve Chester

Assistant Education Officer:

Dr Mark Tuck

Assistant CME Officer:

Dr Colin Iatrou



Dr Kate Leslie
Chairman



Dr Peter McCall
Honorary Secretary

Total number of Regional Committee Meetings for: 2001 = 11
2002 = 3

Attendances of Elected Members:

Dr Ashwood	8/11
Dr Buckland	8/11
Dr Burnett	6/11
Dr Chester	7/11
Dr Fajgman	9/11
Dr Iatrou	8/11
Dr Leslie	8/11
Dr McCall	7/11
Dr Molnar	9/11
Dr Novella	10/11
Dr Ragg	10/11
Dr Tuck	8/11

Introduction

This is an election year for the VRC and the Call for Nominations was circulated to Victorian Fellows in early March 2002. I would like to thank retiring Members, Drs Stephen Chester, Joseph Novella and Colin Iatrou for their fantastic contributions to the Committee, and wish them well for the future. I would also like to thank Dr Tony Leaver for his contributions as New Fellow. Finally, we farewelled Dr Ian Rechtman from the Committee after more than 20 years of service to the College.

The 2000/2002 Committee has continued with its involvement in conducting CME meetings for Victorian Fellows, organising courses for trainees, and advising and assisting Council with their Victorian affairs, ably assisted by our Administrative Officer, Ms Corinne Millane.

In the year 2002 a number of new initiatives were implemented by the VRC in conjunction with the Medical Education Special Interest Group, namely the very successful weekend "Effective Anaesthesia Teaching Strategies for the Future" workshop, held in November 2001 in Lorne. An Orientation to Anaesthesia Course for pre and primary Registrars introduced in February 2002 was also very successful. Similar workshops/courses will now be held on a yearly basis.

2001 has seen an increase in VRC commitment and involvement in health care committees and workshops as follows:

Committee	Fellow
Coroner's Health and Medical Advisory Committee	Dr Mark Langley
MPB Working Group on the problem of sexual misconduct	Dr Rowan Molnar
Committee of Chairmen of Victorian State Committees of Medical Colleges	Dr Kate Leslie
Consultative Council on Anaesthetic Mortality and Morbidity	Dr Pat Mackay, Chair Dr Mark Langley Dr Philip Ragg Dr David Scott
NHMRC – Blood Group	Dr Peter McCall
NHMRC Blood and Blood Product Working Group	Dr Craig French (ANZCA) Dr Megan Robertson (IC)
DHS Planning for Intensive Care Service in Vic - Issues Paper Workshop	Dr Craig French (ANZCA) Dr Megan Robertson (IC)

Ex-Officio Members:

Councillors:

Dr Ian Rechtman
Dr Rod Westhorpe
A/Prof Tony Weeks

Co-opted

Royal Australasian College of Surgeons:
Prof Paddy Dewan

Consultative Council on Anaesthetic Mortality and Morbidity:
Dr Patricia Mackay

Australian Society of Anaesthetists Representative:

Dr Simon Reilly

Faculty of Intensive Care Representative:
Dr Craig French

Faculty of Pain Medicine Representative:
Dr Terry Little

New Fellow:

Dr Tony Leaver

Administrative Officer

Ms Corinne Millane

Committee

Trauma Foundation
(Trauma Verification Project)

Victorian Quality Council (DHS)

Patient Management Taskforce (DHS)

Victorian Doctors Health Program

Rural Special Interest Group

Clinical Tutors Course Working Party

Anaesthesia Continuing Education
Co-ordinating Committee

Tort Law Reform Group
(Comprises representatives from the AMA,
RACGP, the OSA, the RACOG and executive
members of the Committee of Chairmen (VIC))

Fellow

Dr Jamie Cooper
(Change of Rep yr 2002)

Dr Tony Weaver
Dr Brendan Flanagan

Dr Kate Leslie

Dr Stephen Chester

Dr Mark Tuck (Chair)

Dr Joseph Novella (Co-opted)

Dr Kate Leslie

Dr Mark Tuck

Consultative Council of Anaesthetic Mortality

The current Consultative Council was appointed in July 2001 for a three-year period with an enlarged membership and additional resources. The Council Chairman, appointed by the Minister, is Dr Patricia Mackay. The Council elected Dr Tony Weaver as Deputy Chairman. The new Council comprises 10 specialist anaesthetists from both the private and the public sector who can cover most subspecialty areas and the Chairman can invite colleagues with special expertise where this is necessary. There has also been an increase in female representation on the Council as well as the inclusion of a rural specialist. Other specialties include Intensive Care/Medicine, Emergency Medicine, General Pathology, Forensic Pathology, Surgery and General Practice.

The Victorian Government has introduced several new initiatives, which impinge on the activities of the Council. The Surgical Consultative Council has just been reconstituted and a Medical Consultative is anticipated. Eventually it is expected that these Councils will work in close co-operation. Additionally the Government has set up a widely representative Victorian Quality Council under the chairmanship of Dr Michael Walsh. The Anaesthetic and Surgical Councils will be expected to convey to the Quality Council any concerns about quality of care and suggestions for improvement. It is emphasized however that no identifying material will be transmitted to the Quality Council. Based on concerns following numerous incident reports on acute pain management it is planned to make a submission to the Quality Council outlining the need for universal support in hospitals for Pain Management Units with adequate funding for infrastructure and training.

A new initiative in which the Consultative Council On Anaesthetic Mortality and Morbidity is involved is the review of Sentinel Events reported to the Sentinel Events Programme of the Department of Human Services. This is still in an early phase and the value of root cause analysis completely divorced from medical considerations remains to be proven. No doubt this programme will undergo changes as it develops.

The main and significant threat to the activities of the Council is the widely held concerns of some medical practitioners and hospital administrators about indemnity and the effects of the new privacy laws. Some practitioners are reluctant to continue to provide any case reports or summaries of quality assurance meetings to the Council. This could result in limiting what is considered the most important function of the Council: the evaluation and collation of anaesthetic morbidity in Victoria. Legal experts are working to meet

these concerns and amend the Health Act. However, it is emphasized that the Anaesthetic Council does have statutory immunity and no information provided to the Chairman can be released. In addition hospitals are provided with code numbers and all identifying information is destroyed as soon as review of the case is completed.

The Council has a web site containing general information and the public reports as well as important alerts. This can be accessed at <http://vccamm.health.vic.gov.au>. Currently work is being completed to ensure a secure site for medical practitioners only for the annual information bulletin, which was published in May. The next triennial report will be published at the end of 2002.

Education

The past year has seen some exciting activities in education in our region. There is no doubt that the assistance of the Director of Education Dr Russel Jones has been a great help in this area.

Once again the Annual Registrars' Scientific Meeting was held on the Friday before the Annual Combined ANZCA/ASA CME Meeting, and was a great success. The presentations were of an excellent standard, and the Anaequip prize for the best paper was awarded to Dr Fergus Davidson for his paper "Protocols and Staffing Arrangements for Resuscitation of Neonates During Delivery by Caesarean Section".

Following on from the ASM and the Education Special Interest Group (SIG) meeting at Couran Cove in May and July respectively, there has been an effort by the College to increase the support and profile of the Supervisors of Training (SOT). The introduction of the SOT Support Kit for the beginning of the 2002 registrar-training year has been well received. To assist both SOTs and others interested in teaching an enormously successful workshop on "Effective Anaesthesia Teaching Strategies for the Future" was held over a weekend in November at Lorne. The successful organisation of this rests primarily with the Victorian Education SIG Members Rod Tayler, Michael Bujor, Brendan Flanagan and of course Russell Jones. All in attendance agreed it was an exceptionally useful meeting. The Committee has committed to co-hosting a similar style of meeting on an annual basis.

The new registrar year has seen significant changes to the ITA process, and an afternoon meeting of SOTs was held in early February to discuss this and other issues. The group plan to reconvene later in the year to review application of the new ITA process to trainees.

The Victorian Regional Committee with the Education SIG held an introductory workshop for all new trainees in the region. This included presentations outlining the training program and the ITA process, the role of the College, the Formal Project and research, techniques and styles of adult learning, exam preparation and professionalism. The afternoon was very well attended, and feedback has been very good. It is planned to make it an annual event.

A subcommittee of the VRC was formed in 2001 to address the pressing issue of paediatric/obstetric rotations for 2003. The subcommittee determined the number of existing rotations, the number of candidates for 2003, and prospects for expansion of posts. Dr Peter McCall developed a template that will accommodate all eligible registrars for 2003. This involves new positions at Bendigo Hospital and the Children's Hospital, which will be funded by the Department of Health (Victoria), upgrading of an unaccredited position at Frankston Hospital, and the use of adult teaching hospital positions. All trainees will gain at least 8 months of paediatric/obstetric experience.

Finance

As stated last year, with the centralising of all Regional Committee financial activities, the College accountant more closely monitors the VRC accounts. These changes require all money received by the VRC to be deposited into a College account and requisitions must be made to the College accountant for all money spent by the VRC. This system appears to be functioning quite well.

With the completion of building works at Ulimaroa, first and second part courses are again being run at the College, and the financial support provided by the VRC whilst they were being run elsewhere is no longer required.

Some new furniture and equipment was purchased when the VRC 's office was relocated into the new building.

Continuing Education

The number and quality of CME activity for anaesthetists and trainees in Victoria continues to grow. College sponsored activities included:

- | | |
|---------------------|--|
| 23rd April 2001 | Coroner's Seminar, The Auditorium, College Headquarters "Writing Expert Opinions for the Coroner" Dr Noel Cass and Prof Stephen Cordener |
| 20th July 2001 | Annual Registrars' Scientific Meeting, The Auditorium, College Headquarters |
| 21st July 2001 | 22nd Annual Combined ANZCA/ASA CME Meeting, Hotel Sofitel, Melbourne. "Technology and the Anaesthetist" |
| 10th September 2001 | Victorian Regional Committee CME Evening Meeting: Crisis Simulation in Aviation: Lessons for Anaesthetists, Dr Dai Lewis, Former Medical Director, Ansett Australia; Dr Brendan Flanagan, Director of Southern Health Care Network, Simulation Centre; Mrs Anastasia Novella, Private Practising Clinical Psychologist |
| 11th December 2001 | Victorian Regional Committee CME Evening Meeting "Codeine, its Metabolites and Drug Interactions", Associate Professor Andrew Somogyi, Department of Clinical and Experimental Pharmacology, University of Adelaide. |

All of these Meetings were videotaped and may be borrowed from the ANZCA Library.

The 22nd Annual Combined Continuing Medical Education Meeting theme, "Technology and the Anaesthetist", explained technology for the uninitiated; explored current technologies in the operating room, the home office and the mobile/handheld office. Education and technology was also explored.

The 23rd Annual Combined ANZCA/ASA CME Meeting will be held on 20th July 2002 at the Hotel Sofitel. The theme of this meeting will be "Welfare of the Anaesthetist" and will address psychological, social, financial and insurance issues, as well as drug addiction, exercise and safe hours for anaesthetists.

A local Register of Meetings is maintained. Anyone with details of planned meetings wishing inclusion on this list should contact the VRC Administrative Officer via e-mail vic@anzca.edu.au, phone (03) 9510 6299 or fax (03) 9510 6786.

Rural Activities

The continuing rural issue is the recruitment and maintenance of an adequate anaesthetic workforce in non-metropolitan hospitals.

Two events relating to this ongoing problem occurred during the last 12 months. The Commonwealth has engaged consultants to address this issue at a Federal level and the rural representative met with one of the consultants to

discuss primarily the disincentives to rural practice in anaesthesia, although the study's brief is rural medical practice in general.

The disincentives are significant and range from concerns relating to adequate community resources such as schools and other social infrastructure, to local health resources, and eventually to issues such as workforce numbers, training, CME and maintenance of standards, and other issues which are the direct province of the College.

Unfortunately, as one might expect from an examination of the long-term pattern of socio-economic drift that has occurred from rural to city for many years, the issues over which the College might exert direct influence are minor.

One positive contribution to this area was achieved during the year when the State Health Department agreed to fund an extra registrar position at third year level in Bendigo. This means that three anaesthetic registrars will be able to experience anaesthesia in a major regional centre in addition to achieving increased throughput for obstetric and paediatric training during the third year rotation.

Safety

The Safety Officer of the Committee is responsible for monitoring drug and equipment issues, which are important to Victorian patients. Fellows are invited to contact the Safety Officer with issues or problems regarding safety.

Victorian Doctors Health Program (VDHP)

The first meeting of the Consultative Council of the VDHP was held on Wednesday March 6th. The Council comprises representatives from all the Colleges, Universities and other interested and related bodies. It is independent of the Medical Practitioners Board of Victoria (MPBV) and the Australian Medical Association (AMA).

The Council has received 70 contacts since 19th April 2001. Its role is to support and assess doctors and medical students and then refer them to appropriately qualified specialists and experts to formulate a management program for their illness - physical, mental, alcohol or drug addiction. Ultimately, the aim is to change doctors' culture, with respect to illness, by engaging their own general practitioner for all medical problems and ensuring they have annual check-ups so that all illnesses are diagnosed and treated early before they have an impact on the family, patients and possibly result in a request to present to the MPBV.

All consultations are confidential. Of those seen 25% have been self-referrals and 75% referred by concerned colleagues and spouses or the MPBV. The latter is not notified of doctors presenting to the VDHP. Most presentations were related to alcohol and drug abuse and psychiatric illness.

Victorian Medical Postgraduate Foundation (VMPF)

In spite of withdrawal of government funding, the VMPF continued to organise metropolitan postgraduate education meetings and a limited country education program in 2001. However, the government decided to reinstate funding to VMPF in 2002 to conduct its country education program. The Careers Expo Day for medical undergraduates and residents was very successful and will be held again in 2002.

In 2001 the VMPF conducted courses in Obstetrics and Gynaecology, Ophthalmology and Palliative Care for metropolitan general practitioners. It also has continued courses for foreign graduates preparing for the Australian Medical Council examinations.

Formal Project

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

- Dr David K Clarke
High Dose Oral Dextromethorphan as an Adjunct to Analgesia with Morphine after Knee Surgery
- Dr Andrew Schneider
Local anaesthetic infiltration may not be necessary prior to intrathecal anaesthesia for elective Caesarean section
- Dr Tyron Crofts
Bilateral Frontal Haemorrhages Associated with Continuous Spinal Analgesia
- Dr Jonathan M. Graham
Agreement between dialled and measured sevoflurane concentrations from Blease Datum vaporizers
- Dr Helen Kocent
Analgesia after lower limb amputation using continuous local anaesthetic infusion into the sheath of the posterior tibial or sciatic nerve
- Dr Sally Troedel
The Pain Visual Analog Scale: Is It Linear or Non-linear
- Dr Irvin Heng
Development of a Peri-operative Management Plan for Diabetic Patients
- Dr Michael Lukins
Comparison of Forced Air Warming Blanket and Cotton Blanket During Total Abdominal Hysterectomy
- Dr Rurari M M Orme
The Effect of Esmolol on the CP50-Awake of Propofol
- Dr Neda Taghizadeh
An Epidural Survey in Wodonga Hospital Obstetric Unit
- Dr Damian Castanelli
Reduction in sevoflurane requirements with remifentanyl in paediatric patients
- Dr Bronwyn Webster
Post Caesarean Section Analgesia - A Review of Current Practices
- Dr Chiu Beng Oh
Pre-anaesthetic Patient Anxiety Survey (PAPAS)
- Dr Robert Solly
Relations between Quality of Recovery in Hospital and Quality of Life at 3 Months after Cardiac Surgery
- Dr Eamonn M Mathieson
Descending aortic pulsed wave Doppler can predict changes in cardiac output during off-pump coronary artery bypass surgery
- Dr Andrew S Robinson
Antinociceptive properties of neurosteroids IV: pilot study demonstrating the analgesic effects of alphadolone administered orally to humans
- Dr Simon Jones
The Pharmacokinetics of Cisatracurium in Neurosurgical Patients During Mild Hypothermia
- Dr Conn Antoniou
Sub-Tenon's Block of the Eye
- Dr Constantinos Kolivas
Anaesthesia Information Page – An Internet Information Site

Dr David Terry

A New Method for Measuring Gas Exchange

Dr J F Pedley

Lingual thyroid – a threat to the airway

Dr James Tomlinson

The Current Issues in the Perioperative Management of HIV-Infected Patients
- a Synopsis

Dr Iona Arangelischi

Anaesthesia for Endoluminal Repair of Abdominal Aortic Aneurysms

Finally, the Victorian Regional Committee would like to thank all the staff at College Headquarters for their valuable assistance during the year. We extend our particular thanks to our Administrative Officer, Ms Corinne Millane for her excellent support.

KATE LESLIE
CHAIRMAN

South Australia

Office Bearers and Regional Committee Members

Chair:

Dr M Wiese

Vice Chair:

Dr M Cowling

Hon. Secretary/Treasurer:

Dr M Cowling

Committee Members:

Dr A R Laver

Dr L McEwin

Dr L Rainer

Dr J Harding

Dr A Norton

Dr C Higham

Dr R Limb

Prof D Moyes

Total No. of Regional Committee Meetings for Year: 9

Attendances of Elected Members

Dr Margaret Cowling	8 of 9
Dr Chris Higham	1 of 9
Dr Tony Laver	8 of 9
Dr Robin Limb	7 of 9
Dr Lisa McEwin	6 of 9
Professor Don Moyes	3 of 9
Dr Alistair Norton	2 of 9
Dr Lynne Rainey	6 of 9
Dr Margaret Wiese	9 of 9
Dr Jackson Harding	5 of 9

The *Annual General Meeting* of the South Australian Regional Committee was held on Wednesday, 18th April 2001 prior to the CME meeting at Wakefield Hospital.

Continuing Education

Continuing Education Meetings – The South Australian Regional Committee thanks the Combined ASA/ANZCA CME Committee for organising the following meetings throughout 2001 /early 2002:

1. 18th April 2001
“BIS Monitoring, Facts and Fiction”
Speaker: Professor Guy Ludbrook
2. 15th May 2001
“Post Operative Nausea & Vomiting, Prevention & Management”
Speaker: Dr Martin Tramkr, ANZCA ASM Foundation Visitor.
3. 26th June 2001
“Does Specialisation Improve Quality”
Speaker: Dr Johan van der Walt
4. 14th August 2001
“Surgery for Sleep Apnoea”
Speaker: Dr Sam Robinson.
5. 12th September 2001
“Local Anaesthetic Toxicity: the new, the old & the wrong”
Maurice Sando Memorial Lecture, visiting speaker Professor Christopher Bernards.
6. 5th December 2001
“CPR Guidelines, what’s in & what’s out”
Speakers: Dr Kym Osborn & Dr Rajev Hegde.
7. 13th March 2002
“Electrical Safety in the Operating Theatre”
Speaker: Dr John Robson
ANZCA Prize presentation to Dr AUSA Klitte



Dr Margaret Wiese
Chairman



Dr Margaret Cowling
Honorary Secretary/Treasurer

Perioperative Mortality Committee

Sixty three cases were assessed in the year ending 31st December 2001, almost all proving to be inevitable deaths. Direct access to the State Coroners records has been re-established, which will lead to a speedier assessment of reports. The Coroner’s Act is being revised, and this committee’s advice has been sought and provided. The next POMC triennial report will be distributed soon.

Training Issues

The Regional Education Sub Committee has met regularly throughout the year, Dr Russell Jones, Director of Education ANZCA, attended the August meeting and addressed the Committee on training issues. New members of the Committee are Guy Christie-Taylor (RAH), Kevin Parry (Trainee Representative), Tim Strong

Formal Projects Officer:
Prof D Moyes

Northern Territory Co-opted Representative:
Dr B Spain

Faculty of Intensive Care Representative:
Dr S Peake

Faculty of Pain Medicine Representative:
Dr P Macintyre

Younger Fellows Representative:
Dr J Harding

ASA Representative:
Dr N Maycock

Ex-Officio:
Dr R J Willis (Member of Council)
Dr P Lillie (Directors Representative)

Regional Education Sub-Committee

Chairman – Regional Education Officer:
Dr G Miller

Organiser – CME:
Dr L Rainey

Course Organiser – Primary:
Dr G Koo

Course Organiser – Final Fellowship:
Dr D McLeod

Regional Administrative Officer
Ms Jane Hinchey

(Coordinator of Training). Many thanks to Dave Fenwick, Laura Burgoyne and in particular to Neil Maycock for their contributions to the Committee.

The Primary and Second Part Courses continue under the guidance of Grace Koo and David McLeod. Changes to the exam structure mean that candidates can now present for the two components of the Primary exam separately. Many thanks to the Coordinators for their hard work.

The Alice Springs rotation remains suspended but the South Australian Rotational Training Scheme now provides 3 of the 4 trainees at Royal Darwin Hospital.

The College is taking a more proactive educational role including the formulation of a more structured curriculum. The Committee is involved in feedback regarding the new FANZCA Programme. Courses in Effective Teaching in Anaesthesia have been held in Queensland and Victoria and were attended by members of the Committee. A workshop was held here in November on "Improving Anaesthetic Teaching" and was well attended. Feedback has been positive and there are plans for this to become an annual event. Many thanks to Kym Osborn and others for organizing this meeting which was also attended by Russell Jones.

The Simulator at Flinders University under the direction of Harry Owen has been used for a number of training sessions. CSL has agreed to sponsor 12 training sessions in the coming year, providing an opportunity for all trainees to attend.

Regional Committee

Dr Victor Dreosti has been awarded a College Medal and was presented with this at the College Ceremony in Brisbane. Congratulations to Victor from all the Fellows in South Australia.

Congratulations also to Dr John Russell who has been granted the title of Clinical Professor within the University of Adelaide. This promotion recognizes the valued service John has provided to the discipline of Anaesthesia over many years.

There has been no response to the submission to the Parliamentary Select Committee on funding of the Public Hospital System in relation to the lack of funding for the establishment of a Children's Acute Pain Service in Adelaide.

I hope that for the future of Anaesthesia in this State the current funding situation improves or I believe there will be ongoing problems recruiting and retaining enthusiastic specialists to train the next generation of Anaesthetists.

Another area of concern to both the public and private sector is the availability of anaesthetists for the provision of safe Obstetric Anaesthesia and Analgesia. Dr Scott Simmons was the College representative at a meeting called by Dr Chris Hughes, Chair of the SA/NT Regional Committee for O&G (RANZCOG) on 11th February 2002. Dr Neil Maycock was also present representing the ASA.

On behalf of the Regional Committee I would like to thank all Fellows who have contributed to the various activities of the College in South Australia throughout the year. The South Australian Secretariat has been managed very efficiently by Ms Jane Hinchey, I would like to thank her for the excellent support she's given me and for the efficient and pleasant way she has assisted us all throughout the year.

I will be standing down after the College meeting in May. The 2002 Committee has been elected and includes some new members. The newly elected members are Harry Owen, Daryl Catt, Kym Osborn and Glenys Miller. I wish them well.

MARGARET WIESE
CHAIRMAN

Tasmania

Office Bearers and Members

Chair:

Dr Margaret Walker

Deputy Chair:

Dr Phil Browne

Secretary:

Dr Daniela Eugster (from April 2002)

Regional Education Officer:

Dr Mike Grubb

Committee Members:

Dr Richard Waldron

Ex-Officio:

Dr Mike Martyn (Councillor)

New Fellows Representative:

Dr Mike Grubb

Representatives on External Committees

Ambulance Clinical Council:

Dr Marcus Skinner

PostGraduate Medical Council:

Dr Michael Hodgson

Australian Resuscitation Council:

Dr Malcolm Anderson

School of Medicine Advisory Council:

Dr Malcolm Anderson

Australian Anaesthesia Sub-Editor:

Dr Malcolm Anderson

Younger Fellows Conference:

Dr Mike Grubb



Dr Margaret Walker
Chairman

Total Number of Regional Committee Meetings for year 2001: 4

Attendance of elected members

M Walker	3
M Martyn	2
D Eugster	3
R Waldron	2
P Browne	3
M Grubb	3

Education

Successful examination candidates for 2001

Primary: Stuart Day, Anna Miedecke, Elizabeth Irwin, Lia Freestone, Andrew Wallace, Wei Ping Chan

Final: Claire Service, David Cooper, Cameron Gourlay

Dr Peter Lane continues as Supervisor of Training at the Royal Hobart Hospital.

The NorthWest Regional Hospital in Burnie is accredited for 1 anaesthetic trainee per year and registrars from Hobart have rotated up there for a 3-month term. Concern was expressed regarding lack of supervision and caseloads and too much time spent in Intensive Care. Most of the problems were due to lack of anaesthetic specialists employed in Burnie, reflecting a shortage of staff anaesthetists in Tasmania generally. The situation has improved since then with recruitment of more anaesthetic specialists at the NorthWest Regional Hospital.

A formal visit by the Hospital Accreditation Committee was arranged for earlier this year and a verbal report has indicated that there were no problems and supervision was adequate. The Regional Committee is awaiting the final report from the Hospital Accreditation Committee.

Continuing Education

In May 2001, Dr John Overton, ex-Director of Children's Hospital Anaesthetic Department in Sydney, visited Launceston and Hobart to speak with registrars and specialists. He spoke about his experiences in anaesthetics and as Director, which resulted in a very entertaining session.

A Registrars meeting was held in Hobart on 25th November 2001. Dr Russell Jones, Director of Education, spoke to the registrars about issues relevant to training.

Another Tasmanian Regional ASM was held at Freycinet Lodge in February 2002 with a theme of "Obstetric and Medico Legal Issues". Guest speakers were Dr Genevieve Goulding and Mr Michael Gorton.

All meetings were well attended.

The "Anaesthesia for Remote Situations and Difficult Circumstances" course was again held in April 2002 at the Launceston General Hospital. The Co-ordinator was Dr Haydn Perndt, staff anaesthetist at the Royal Hobart Hospital, who was ably assisted by other members of the Hobart and Launceston Departments of Anaesthesia. Again this course attracted many applicants, an indication of its success.

Hobart is hosting the ANZCA ASM in May 2003. The venue will be the Hotel Grand Chancellor Convention Centre and the conference is to run over 4 days, including a weekend and incorporate sessions on anaesthesia, ICU and pain.

The Organising Committee consists of:

Convenor:	Dr Richard Waldron
Deputy Convenor:	Dr Margaret Walker
Scientific Convenor:	Dr Phil Browne
Social Programme:	Dr Peter Sayers

Workshops & Problem Based

Learning: Dr Malcolm Anderson
Trade Liaison: Dr Colin Chilvers
Audio visual: Dr Jeremy Wallace
Faculty of Intensive Care Rep: Dr Stuart Miller
Faculty of Pain Medicine Rep: Dr Hilton Francis

The planning for the ASM is well underway and promises to be an event not to be missed!

Professional Affairs

The issue of attracting people to participate in the workings of the Regional Committee continues to be a problem. A handful of people end up doing all the work and a solution is not obviously apparent. We can only hope some of our trainees will return to Tasmania and show an interest in participating in the Regional Committee and be spurred on by the enthusiasm of the current members.

DANIELA EUGSTER
SECRETARY

Western Australia

Office Bearers

Chairman:

Dr Grant Turner

Honorary Secretary:

Dr Stuart Inglis

Honorary Treasurer:

Dr Stuart Inglis

Continuing Education Officer:

Dr Michael Paech

QA Officer:

Dr Neville Gibbs

Regional Education Officer:

Dr Lindy Roberts

SARG/Rural Education:

Dr Leigh Coombs

Members:

Dr Nedra Vanden Driesen

Dr Craig Schwab

Dr Simon Maclaurin

Councillors:

Prof Teik Oh

Dr Wally Thompson

Co-opted:

Attendance at Regional Committee Meetings

Dr Grant Turner	5/6
Dr Stuart Inglis	5/6
Dr Michael Paech	6/6
Dr Neville Gibbs	3/6
Dr Lindy Roberts	6/6
Dr Leigh Coombs	4/6
Dr Nedra Vanden Driesen	5/6
Dr Simon Maclaurin	6/6
Prof Teik Oh	2/6
Dr Wally Thompson	2/6
Dr Wilson Lim	0/6
Dr Stephen Watts	2/6
Dr Andrew Miller	0/6
Dr Richard Riley	4/6
Dr Roger Goucke	2/6
Dr Bernice Ng	1/6
Dr Mark Josephson	2/6
Dr Andrew Imison	2/4

Office Bearers Reports – Dr Grant Turner

Committee Composition and Office Bearers

This year Dr Craig Schwab resigned from the Committee. Dr Andrew Imison was co-opted to take his place and has nominated for an elected Committee position on the new Regional Committee.

During the year the Committee debated some of the Office Bearers' roles and the following changes were made. The position of Welfare Officer was removed as it was felt to be a duplication of the Welfare of Anaesthetists arrangements currently in place in WA. The position of Treasurer was felt to be irrelevant with the current financial arrangements between the college and the Regional Committees and was also removed. A Deputy Chair position was established and Dr Simon Maclaurin was elected to it unanimously.

Council Citations

Council Citations were presented to Dr Bob Wong at the ANZCA AGM in June 2001 and to Drs Bill Beresford, John Hankey, Max Sloss and Don Stewart at the Autumn Scientific meeting in March 2002.

Bereavements

The past year saw the tragic loss of two of our colleagues Dr Chris Reid and Dr Stephen Hocking. They are much missed by the entire anaesthetic community in Western Australia

Continuing Education for Rural GP Anaesthetists

The College and Society in collaboration with CTEC continues its innovative three-day combined classroom and simulation program over the past year specifically for rural GP Anaesthetists. This continues to be a high value educational activity.

New Fellows Conference

Dr Andrew Imison and Dr Andrew Gardner were the WA representatives to the New Fellows Conference in Brisbane in May 2002

Gilbert Troup Prize for Undergraduates in Anaesthesia

ANZCA has added support to the long standing ASA Gilbert Troup Prize for Medical Students. The University of WA now administers this prize.

ANZCA and ASA in Western Australia

The past 12 months has seen a continuation of the close working relationship between the ASA and ANZCA. The two Committees have held their respective bi-monthly meetings after a joint combined meeting. In doing so we have been able to avoid duplication of effort while constantly providing a unified voice on issues affecting all anaesthetists in Western Australia.



Dr Grant Turner
Chairman



Dr Stuart Inglis
Honorary Secretary/Treasurer

Country Representative:

Dr Wilson Lim

Day Care Anaesthesia:

Dr Stephen Watts

Medico Legal:

Dr Andrew Miller

Website Editor:

Dr Richard Riley

ASA Representative:

Dr Ken Williams

Faculty of Pain Medicine:

Dr Roger Goucke

Faculty of Intensive Care:

Dr Bernice Ng

Dr Andrew Imison

Convenor of ASM 2004:

Dr Mark Josephson

Administrative Officer(s)

Mrs Peta Gjedsted

Mrs Patricia Luxford

(from February 2002)

This year saw the establishment of a separate secretariat for ANZCA and ASA in Western Australia. Mrs Patricia Luxford has been appointed for 24 hours per week and has done a wonderful job in setting up the new office and establishing working routines. We owe a great debt of thanks to Mrs Peta Gjedsted who took on the role of running the secretariat in addition to her position as Prof Oh's secretary while we established the new secretariat.

WA Regional Education Officer Report - Dr Lindy Roberts

Changes to the Training Program:

Currently there are 40 trainees (years 1-4), with the recent addition of one training position each at Fremantle and Sir Charles Gairdner Hospitals. ANZCA has approved two additional positions at Princess Margaret Hospital for Children, which are as yet unfunded.

The following trainees joined the WA Training Program in 2002:

Joel Butler, Brian Chan, Tamara Culnane, Rowena Knoesen, Paul Kwei, Tania Rogerson, Phillip Russell, Mark Schutze, Katherine Shelley

The standard of formal projects has remained high, with the following approved in the past 12 months:

MJ Paech, BHS Lee, SF Evans. The effect of anaesthetic technique on postoperative nausea and vomiting after day-case gynaecological laparoscopy. *Anaesth Intens Care* 2002;30:153-159.

E Giles Talc pleurodesis: an audit of practice at Sir Charles Gairdner Hospital. Presented at the WA branch of the Australian Thoracic Society Meeting, 2001.

S Keel, J Gowardman. Traumatic laryngeal injury in a nine year old child - the 'Padded Dash' Syndrome revisited. *Critical Care and Resuscitation* 2000;2:30-33.

Macfarlane J, Paech MJ. Another knotted epidural catheter. *Anaesth Intens Care* 2002;30:240-243.

IM Morgan, S Bruce. The anaesthetic record. What are you missing? *Anaesth Intens Care* (in press). Presented at the 5th Annual Registrars Meeting in Brisbane, 10th November 2001, awarded The Tess Cramond Prize.

M Thompson. Anaesthesia after bleomycin: a retrospective analysis of practice and postoperative respiratory complications. Presented at the combined WA ANZCA/ASA Autumn Scientific Meeting, 23rd March 2002. Submitted for publication.

C Schwab, D Wright. Intraoperative high-dose remifentanyl in a patient on naltrexone therapy. *Anaesth Intens Care* 2000;28:701-703.

SS Wyatt, DA Jones, MJ Paech, L Gurrin. Anxiety in patients having caesarean section under regional anaesthesia: a questionnaire and pilot study. *International Journal of Obstetric Anesthesia* 2001;10:278-283.

Many thanks to the following whose contribution to the WA Training Program is greatly valued:

Supervisors of Training

Liz Avraamides (Joondalup Health Campus)

Jay Bruce (Fremantle Hospital)

Ramin Gharbi (Royal Perth Hospital)

Polly Harmon (King Edward Memorial Hospital)

Soo Im Lim and Charlotte Jorgensen (Princess Margaret Hospital)

Wilson Lim (Bunbury Regional Hospital)

John Martyr (Advisor for non-aligned trainees)

Steve Myles (Sir Charles Gairdner Hospital)

First Year Orientation Course Convenor

Simon McLaurin

Examination Course Convenors

Part 1 – Jay Bruce, Emma Giles, Nedra Vanden Driesen

Part 2 – Chris Cokis, Simon Maclaurin, Bill Weightman

Those involved in trainee selection

Simon Maclaurin, Michael Paech, Grant Turner, Nedra Vanden Driesen

Clinical teachers, lecturers, trial examiners, mentors, and project supervisors

Too many to mention by name, thanks for your input.

Continuing Education Report – Dr Michael Paech

Regional Scientific Meetings

The 2001 Winter Scientific Meeting (WSM) was held on July 23rd 2001 at the McDonald Lecture Theatre. This was the first of three such meetings honouring Dr John Hankey and completed the continuing education activities of Dr Kate Leslie that were commenced during the preceding week. Dr Leslie, of Royal Melbourne Hospital, was an outstanding visitor, speaking at meetings and tutorials in Bunbury and at Royal Perth and Sir Charles Gairdner Hospital. The WSM proved an ideal forum for presentations by local anaesthetists and the standard of free papers, principally by trainees, was excellent. WA Anaesthesia thanks Boots Healthcare for their generous sponsorship and their commitment to sponsorship again this year.

The 2002 WSM welcomes Professor Guy Ludbrook of Royal Adelaide Hospital. A busy program, including Bunbury and several metropolitan teaching hospitals, is planned for the week of June 22-29.

The 2002 Autumn Scientific Meeting was held on March 23-24 at the Burswood Casino. This was a highly successful multidisciplinary meeting organised by WA Anaesthesia, largely by members of the ASA Committee. The theme of "Acute Pain Management – A practical approach" allowed contributions by outstanding speakers such as visitor Dr David Scott and Professor Stephan Schug. It was pleasing to see a strong attendance by anaesthetic technicians and nursing staff. Thanks go to the major sponsors of Anaesthetic Supplies, Abbott, AstraZeneca, Duke Medical/Surimex, Pacific Medical and Organon Australia.

Other Activities

It was with much regret that the planned prolonged visit of Professor Jim Eisenach from North Carolina, USA did not eventuate, following the events of September 11th immediately before his scheduled departure date.

Nevertheless, in addition to industry-sponsored presentations by overseas speakers, a visiting lecture evening sponsored by Abbott Australasia was arranged on April 10. Dr Dolin is a Pain Specialist from the U.K. and spoke on "Acute pain management – a literature review"

Anaesthesia WA continues to support rural General Practitioners with continuing education sessions and hospital visits, now held on a regular basis in Perth at the Centre for Anaesthetic Simulation and Medical Collaborative and Royal Perth Hospital. Thanks to Leigh Coombs for his organisation of these courses.

Future Continuing Education

In October 2002 we welcome the proposed visit of Professor Michael Harmer of Cardiff, Wales on his return trip from the ASA Scientific Congress in Adelaide.

Perth is to host the 2004 Annual Scientific Meeting of the College and organisation is underway, with appointment of Conference Organisers, submission of proposed speakers and inspection of venues. The scientific convenor is Dr Mark Josephson and the social convenor Dr Andrew Gardner.

Treasurers

Financial Report ANZCA WA Administration Account – Dr Stuart Inglis

The budgets were presented in accordance with College guidelines.

Audit was performed and found to be satisfactory. A financial report will be presented to the ANZCA WA AGM. As all accounting procedures are now done by ANZCA head office and the regions no longer hold any funds, the position of Treasurer was abolished at the February Committee meeting.

Financial Report ANZCA ASA Continuing Education Fund – Dr Paul Rodoreda
Budgets and Reports were prepared according to the respective Guidelines and forwarded to ANZCA and ASA according to their respective schedules. Financial Reports will be presented at the respective AGMs.

Australian Resuscitation Council – WA Branch
Dr Aileen Donaghy represents WA Anaesthetists in this Regional Committee.

Faculty of Pain Medicine ANZCA
Dr Roger Goucke (Vice Dean) represents the Faculty on the ANZCA WA Committee and has kept the Committee abreast of the many developments in the new Faculty.

Faculty of Intensive Care ANZCA
Dr Bernice Ng has represented the faculty on the Regional Committee

Western Australian Anaesthesia Mortality Committee
Dr Neville Gibbs has taken over the role of Chairman of the WA Anaesthetic Mortality Committee and has embarked on a process of increasing the awareness of the anaesthetic community of the function and workings of the Committee.

Anaesthesia WA Website – Dr Richard Riley, Webmaster
The Anaesthesia WA website (maintained by the Anaesthesia WA Continuing Education Committee) remains online at the following Internet address: <http://www.AnaesthesiaWA.com>. The site is hosted by iiNet Pty Ltd and continues to be sponsored through the generosity of AstraZeneca Pty Ltd.

The main page features a news column and links to ANZCA and the ASA. It also directs the user to pages detailing various Committees, educational material and other resources, such as the malignant hyperthermia and anaesthetic allergy testing facilities. ANZCA Part 1 references and tutorial timetables for trainees are also available from this site. The home page is also a portal to Departments of Anaesthesia located in Western Australia.

Changes and modifications to the website are made following ANZCA and ASA Committee approval.

Health Department of Western Australia Committees
ANZCA WA contributes to State Committees on Endoscopy Services, Day Surgeries and Rural General Practice Anaesthesia.

Chair of Anaesthesia in WA
Professor Teik Oh (President of ANZCA) is the inaugural Chair of Anaesthesia in Western Australia. He is based at Royal Perth Hospital. Last year Associate Professor Stephan Schug from Auckland joined him taking up the position of Associate Professor of Anaesthesia at the University of WA and the Director of Pain Medicine at Royal Perth Hospital. This appointment continues the process of enhancing the academic profile of Anaesthesia in Western Australia.

Western Australian Anaesthetists Support Group
This is a small informal confidential group supporting colleagues in the midst of personal or professional crises. It is a joint project of ANZCA and ASA in WA.

On behalf of the College I thank all the WA Committee members and Councillors who give so much of their time and talents to the ANZCA WA Committee and the specialty in Western Australia.

GRANT TURNER
CHAIRMAN

New Zealand National Committee

Office Bearers and Members

Chairman:

Dr Sharon King

Deputy Chairman:

Dr Malcolm Futter

Honorary Secretary:

Dr Vaughan Laurenson

Honorary Treasurer:

Dr Peter Cooke

Education Officer:

Dr Hugh Spencer

Formal Projects Officer:

A/Prof. Michael Harrison

Committee Members:

Dr David Jones

Prof. Alan Merry

Dr Tom Watson

Dr Jennifer Weller

Total number of committee meetings for year: 3

Attendance of Elected Members

Full attendance at the July 2001 meeting.

November 2001: Apologies from Prof. Alan Merry

February 2002: Apologies from Dr Tom Watson

Chairman's Report

New Zealand, as everywhere else, is facing increasing pressure to deliver more health but with a health workforce which has not enlarged fast enough to keep up with the demands. It no longer matters whether more can be gained for the dollar, the critical problem is now MANPOWER!

It is not a problem of the number of doctors training in anaesthesia, it is retaining them in New Zealand. New Zealand is still a desirable place to live in, but it is a problem of working conditions and feeling valued. Recruitment from other countries is not just plagued with the issues of medical registration and adequate standards of training but also we are probably poaching from another country worse off than we are.

So with at least ten years of the business model applied to health and the Health Workforce Advisory Committee (HWAC) only established last year, the obvious politically expedient solution would be that another professional group(s) could give anaesthesia. General Practitioners are diminishing in numbers due to decreasing income and increasing paper work that comes with the speciality. The nursing workforce has an average age well in to their 40's.

The answer, if there is one, will not be simple!

The Foreign Qualified Medical Practitioners Amendment Bill, which if passed, would have allowed another Registering Authority other than the Medical Council to vet overseas trained doctors to work in NZ, did not proceed beyond Select Committee hearing. Again ANZCA was singled out by the Select Committee as being the most stringent of all the Medical Colleges in recognising overseas-trained specialists.

In response to the high profile medical adverse event cases over recent years, there is now an undertaking by the different agencies dealing with these to pass on the information to the Medical Council of New Zealand. (eg. ACC, Health and Disability Commissioner's Office.) A competency review may arise if a threshold is reached for the number of complaints received on a particular individual.

However the average anaesthetist is alive and kicking as demonstrated at the two recent and very successful CECANZ meetings held in Waikato and Auckland, thanks to the Convenors Dr David Kibblewhite and Dr Mark Bukofzer. The depth and breadth of talent is awesome, equal to the prowess on the rugby field!

MALCOLM FUTTER
CHAIRMAN

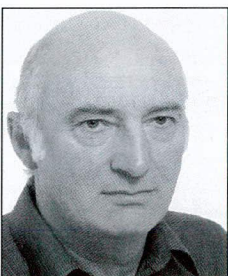
Treasurer's Report Year ending 31 December 2001

The New Zealand Committee Expenditure rose by 23% for the year ending 31 December 2001 compared with the previous year. This increase was attributable to three main areas in roughly equal proportion; an increase in administration costs now that the office has two fulltime staff, a larger contribution to the cost of the Council of Medical Colleges and the need to meet a CECANZ deficit that has resulted from a reduction in income from the sale of HELP modules.

Other NZ Committee expenses have remained approximately the same. Total expenditure (less seed money for conferences) was \$193,454. The CME account balance increased \$10,000 during the year as a result of conference profits and this was used to offset the CECANZ cost.



Dr Sharon King
Chairman



Dr Vaughan Laurenson
Honorary Secretary

Councillors:

Dr Stuart Henderson
Dr Leona Wilson

Faculty of Intensive Care

Representatives:

Dr Ross Freebairn, Chairman, FIC, NZ
A/Prof Jack Havill, BOF

NZSA Representatives:

Dr David Chamley
(to November 2001)
Dr Annette Turley
(from November, President, NZSA)

Administration Officer:

Ms Lorna Berwick

Assistant Administration Officer:

Ms Jan Graham

As at 31 December 2001, the working Capital held by the Committee was \$191,664. The Committee also has fixed assets of \$55,676 plus a 1/3 of the value of Elliott House on Kent Terrace.

Funds that have been budgeted to support the Perioperative Mortality Committee have thus far not been required. Likewise, during the 2001 year no appointment was made for the part-time Director of Professional Affairs, for which the budgeted figure of \$50,000 had been allowed.

PETER COOKE
HONORARY TREASURER

NZNC Formal Project Report 2001/2002

The formal projects from the following trainees were found to be acceptable

Bhabha Putli	Anti-emetic Efficacy of Tropisetron in Post Cardiac Surgery
Birch Craig	Co-Administration of Drugs and Blood Products in Anaesthesia and Intensive Care
Carll Andrew	Retrospective assessment of ASA grading
Gardiner Deborah	Case report on persistent PONV
Goodey Alan	Detection of bacterial Translocation using PCR after Cardiopulmonary Bypass
Lardner David	Eaudit of outcome of elderly in intensive care
McGill Matthew	Organisation of preoperative clinics (CECANZ Palmerston North meeting)
Oosthuizen Johan	Evidence based guidelines for preassessment
Rudman Arthur	Phaeochromocytoma case report
Taylor Elsa	DNR policy at Dunedin Hospital (published NZMJ 1996,109,424-8)
Waddington Mark	Review of suspected clinical episodes of MH
Woodfine James	Measurement of inflammatory mediators after surgery
Woods Jennifer	Anaesthesia Equipment Setup Competency in Anaesthesia Dept Staff

The following trainees have registered projects but have not submitted final reports

Bergman Ivan	Awareness using the AIMs database
Bhabha Putli	Anti-emetic Efficacy of Tropisetron in Post Cardiac Surgery
Bishay M	Antiemetic effect of naloxone
Botha Pierre	Epidural haematoma after epidural, presenting with Brown-Sequard syndrome.
Chapman Lisa	Computerised anaesthetic drug interaction database
Chirnside Robyn	Inhalation induction with sevoflurane
De Souza Rebecca	Anaphylaxis and altered coagulation
Doran Peter	Audit of caesarean section post op analgesia
Frengley Robert	The effect of closed system suction on airways pressure with Servo 300 ventilator
Kreuger Kerstin	PONV protocol
Lai James	Right ventricular dysfunction
Lee Keat	Availability of analgesia modalities

Lee Maurice	Obstetric analgesia video
Lombard Stefan	CD-ROM multimedia on Level 2 machine check
Marsh Sally	Designing a course for anaesthetic technicians
Middlemiss Maria	Cost analysis of Sevoflurane usage
Muncaster Andrew	Postoperative symptoms at home in children
Nicholson Lance	Guideline for opiate infusions in paediatrics and neonates
Painter Tom	Strength testing of central venous catheters
Ryan Allison	Infection control practices
Thomas Frank	Multimedia teaching of pain management
van Gulik Mike	A double blind RCT of post operative epidural analgesia after major surgery.
Wieland Paul	Incidence of PONV post 2 methods of anaesthesia for colonoscopy
Wijerathne Gamini	In-hospital death following ICU discharge
Wong Andrew	Intraoperative warming: comparison of forced warm air and radiant heating device
Yee Bevan	A review of hypertrophic cardiomyopathy

MICHAEL HARRISON
FORMAL PROJECT OFFICER

Report from the President to Fellows of the Australian and New Zealand College of Anaesthetists

AS AT THE 14th MAY 2002

It is my pleasure to report on behalf of Council on matters pertaining to the College since the last Annual General Meeting. I report a small number of activities of the College, its Council and the myriad of other College Committees, but emphasise some major developments.

GENERAL

ANZCA House

ANZCA House, our extension to our headquarters "Ulmaroa", was opened by the Governor General, His Excellency Dr Peter Hollingworth on 4th August 2001. This magnificent seven-storey building will for many years provide the College with the facilities to serve our Fellows and trainees and to fulfil our mission "*To serve the community by fostering safe and quality patient care in anaesthesia, intensive care and pain medicine*". I have previously thanked our CEO, the architect and builders, and Councillors and Fellows for making this vision a reality.

EDUCATION AND TRAINING

Education Unit

Dr Russell Jones was appointed Director of Education, and Dr Mary Done, FANZCA appointed Assistant Director.

Supervisors of Training

Supervisors of Training are corner stones of the FANZCA Program. A workshop for Supervisors of Training is now a regular feature at College ASM. Support for Supervisors of Training in the form of the SOT Kit was developed for every Supervisor. Principles of effective teaching were taught at a number of College-funded workshops for Supervisors and Fellows committed to teaching our future specialists.

The Medical Education SIG is a very active SIG and contributes regularly to the College on education initiatives. I wish to thank this SIG, especially its Chairs Barrie McCann and Rod Tayler, and all our Supervisors of Training. These Fellows are quiet achievers and their work is very much appreciated.

Trainees

The College FANZCA program aims to graduate generalist specialist anaesthetists capable of delivering safe and quality anaesthesia care. The aims of the attributes of an anaesthetist and the standards of practice of a specialist anaesthetist are presented in the recently updated College handbook, *Objectives of Training* in anaesthesia.

Accreditation of trainees serves to maintain appropriate levels of supervision and to plan for subspecialty experience. Trainees in anaesthesia are selected by institutions using the College's *Selection of Trainees* process. This sets out guidelines on selecting trainees according to set criteria and with transparency, procedural fairness, and natural justice.

A new Effective Management of Anaesthetic Crises or EMAC Course was introduced this year for anaesthesia trainees. This is an alternative course to the EMST course that all trainees must complete. The EMAC course uses modules including simulation, to teach skills and crises management. Simulation centres are being accredited by the College to conduct this exciting new course.

A revision of in-training assessment of trainees (ITA) was implemented. In-training assessment is recognised as a formative assessment and the process has been simplified.

Changes in Regulations to College Examinations were made. The most significant one being options for Primary Examination candidates to present for the whole examination or at different sittings for each of the components (Physiology and Pharmacology).

New FANZCA Program

The College formed a working party of Professor TE Oh, Professor Peter Kam, Dr Ed Loughman, Dr Lindy Roberts, Associate Professor Tony Weeks, Dr Leona Wilson and the Education Unit to review the FANZCA Program. This is anticipated to take 18-24 months to complete.

Revisions to the Regulations of the FANZCA Examinations were made in the past 12 months. A major one is the ability of candidates in the Primary Examination to carry over a passed subject for the next attempt.

College Guidelines on Assisting Trainees with Difficulties were developed and promulgated. The College contributed to the *Anaesthetics Framework for PGY1 and PGY2 Clinical Training Portfolio* developed by Queensland's Postgraduate Medical Committee for application nationwide.

CONTINUING PROFESSIONAL DEVELOPMENT

Maintenance of Professional Standards

Maintenance of Professional Standards (MOPS) and Professional Practice Review have now been declared under the New Zealand Medical Practitioners Act, the Health Insurance Act (Commonwealth of Australia), and

the relevant Acts in South Australia, Victoria, Western Australia, Queensland, Tasmania and the Australian Capital Territory. The Committee of Dr. Leona Wilson, Chair, Professor Teik Oh and Professor Garry Phillips) have met quarterly to fine-tune the program. MOPS participation has now been offered to Anaesthetists in the South Pacific Islands and Papua New Guinea.

Annual Scientific Meetings

The 2002 ASM is being held at the Brisbane Convention and Exhibition Centre from the 11th to the 15th May. The Foundation Visitor to this Meeting is Professor Jonathan Mark from the USA who delivered the Ellis Gillespie Lecture titled *Perioperative monitoring in the new millennium: do our practices improve outcome?* Professor Guy Ludbrook (SA) delivered the Australasian Visitor's Lecture in his capacity as Douglas Joseph Professor, titled *Evolution: the key to survival*. The ASM International Anaesthesia Speaker is Professor Joanne Douglas from Canada.

A full report of the 2002 Annual Scientific Meeting, including the award of the Gilbert Brown Prize and Formal Project Prize, will be announced during the Dinner and will be noted in future editions of the ANZCA Bulletin. I thank the Organising Committee for this immensely successful Meeting.

The 2003 ASM will be held in Hobart and the 2004 ASM in Perth. Since the Melbourne ASM in 2000, the Virtual Congress is now a popular and vital part of our scientific meeting. I thank Dr Joe Novella for driving this so successfully.

Australasian Anaesthesia

A new issue of Australasian Anaesthesia, Australasian Anaesthesia 2001 was published. This is the sixth in a series produced every two years. This 'blue book' is a showpiece of Australasian anaesthesia, intensive care and pain medicine practice. Our congratulations and thanks are due to the Editors (Dr John Keneally and Dr Michael Jones), the Regional Sub-editors, and to the sponsors Abbott Australasia.

PROFESSIONAL AFFAIRS

Rural Education and Services

College officers and I met with the previous Federal Minister of Health and Aged Care and various health bureaucrats, and we had discussions with State Ministers about initiatives to improve anaesthesia services and education to rural regions. All were enthusiastic but none came good with funding for the initiatives. This is obviously a difficult aim for every College to achieve, and Council formed a dedicated rural Committee to bolster our efforts.

Areas-of-Need

The College process *Anaesthesia Services for Areas-of-Need in Australia* according to the AMC template has been implemented. This fast-tracks an applicant for an AON post and provides a follow-up assessment. This AON assessment is related to, but separate from, assessment of

overseas-trained specialists (OTS) see below. Recently, I met with Federal and State health officials in discussions on recruiting anaesthetists for vacant AON posts, as requested by all Health Ministers. The College offers its cooperation but within our AON process guidelines.

Assessment of Overseas-Trained Specialists

This OTS Assessment process has been successfully implemented. The process assesses an OTS for equivalence to an Australasian specialist in terms of training received and clinical ability, through three components; an interview, a clinical examination (Performance Assessment) and a Clinical Practice Assessment.

I was delighted to see all successful candidates admitted to Fellowship via this system participating in the College Ceremony on Saturday.

AMC Accreditation

The initial AMC Accreditation submission to the Australian Medical Council has been made. This includes documentation for the College, the Faculty of Pain Medicine, and the Joint Faculty of Intensive Care Medicine. The team of seven appointed by the AMC, headed by Professor Richard Larkins, Dean, Faculty of Medicine, Nursing and Health Sciences, University of Melbourne, will review the submission. Visits will then be planned for later this year to the College, and to at least two regions. Once dates and venues are set, the final submission will be circulated to Regional Committees and to Chairmen of College Committees. ANZCA is the first College to be reviewed by the AMC, following pilot reviews of the College of Surgeons and the College of Radiologists in 2001.

Asia-Pacific

Close relationships continue between ANZCA and Hong Kong, Singapore and Malaysia. The College provides an external examiner to the Diploma and Master of Medicine examinations at the University of Papua New Guinea and the Fiji School of Medicine.

Professor Phillips continues to coordinate training for the Master of Medicine in Anaesthesia in Papua New Guinea, assisted by anaesthetists visiting PNG as part of the AusAID sponsored RACS Tertiary Health Services program.

AWARDS, HONOURS AND APPOINTMENTS

During the past year many of our Fellows have been the recipients of Awards, Honours, and Appointments.

- Dr Patricia Coyle (NSW) was invested as an Officer of the Order of Australia (AO).
- Dr Patricia Mackay (Vic) was awarded the AMA Woman in Medicine Award.
- Associate Professor Paul Myles (Vic) and Dr Jamie Cooper (Vic) were awarded five-year NHMRC Practitioner Fellowships.
- Dr S J (Butch) Thomas (USA) was elected President of

the American Board of Anesthesiology.

- Professor Barry Baker (NSW) was granted Fellowship of the Wood Library – Museum of Anesthesiology.
- Dr Jose Carlos Almeida Carvalho (Brazil) was awarded the 2002 Distinguished Service Award, ASRA.
- Dr Brian Pollard (NSW) was awarded a Commander of Merit, Sovereign Military Hospitaller Order of St John of Jerusalem, of Rhodes and of Malta, Australian Association.
- Professor Pierre Coriat (France) and Professor Teik Oh (WA) were granted Honorary Fellowship, College of Anaesthetists, RCSI.
- Professor Michael Cousins (NSW) and Dr Roger Goucke (WA) were elected to the Chapter of Palliative Medicine, Royal Australasian College of Physicians.
- Dr Mary Done (Vic) was presented with the Vice-Chancellor's Teaching Award 2001, University of New South Wales.
- Associate Professor Tony Weeks (Vic) was appointed Honorary Clinical Associate Professor within the Department of Anaesthesia, Monash University.
- Dr John Russell (SA) was appointed Clinical Professor of Anaesthesia, Adelaide University, Royal Adelaide Hospital.
- Dr Geoff Gordon (Qld) was appointed Associate Professor of Medicine, James Cook University, The Townsville Hospital.
- Dr Bengt Korman (WA) was appointed Adjunct Professor of Anaesthesia and Pharmacology within the Division of Veterinary and Biomedical Science, Murdoch University.
- Professor Alan Merry (NZ) was appointed Professor of Anaesthesia, Auckland School of Medicine, University of Auckland.
- Professor Jamie Sleigh (NZ) was appointed Professor of Anaesthesia, Waikato School of Medicine, University of Auckland.
- Professor Garry Phillips (SA) was appointed Emeritus Professor of Anaesthesia, Flinders University of South Australia.

ANZCA Medal

It gave me great pleasure to award the ANZCA Medal to Dr Vic Dreosti (SA) during the College Ceremony. Dr Dreosti has contributed greatly to education in South Australia over the years, and to the College.

ANZCA Council Citation

The College established the ANZCA Council Citation in December 2000 to recognise significant contributions to activities of the College, particularly in education.

Citations were awarded to ANZCA Fellows Dr John Hankey (WA), Dr Max Sloss (WA) and Dr L I G (Tub) Worthley (SA),

and to Dr Bill Beresford (WA), and Dr Don Stewart (WA). Presentation of these Citations have taken place at appropriate Regional meetings.

DEATH OF FELLOWS

It is with regret that I report the death of Dr Brian Horan, a past Councillor and the following Fellows:

Dr Stuart Mackay Bottrell (NSW) – FANZCA 2000

Dr Thomas Cecil Dixon (SA) – FFARACS 1966, FANZCA 1992

Dr Ronald Wellesley Greville (ACT) – FFARACS 1956, FANZCA 1992

Dr Anna Karolina Havlin (Vic) – FFARACS 1986, FANZCA 1992

Dr Stephen Nicholas Hocking (WA) – FANZCA 1996

Dr Brian Francis Horan (NSW) – FFARACS 1956, FANZCA 1992

Dr John William Langley Kemp (UK) – FFARACS 1975, FANZCA 1992

Dr Kenneth William MacLeod (NSW) – FFARACS 1956, FANZCA 1992

Dr George Anthony Osborne (SA) – FFARACS 1988, FANZCA 1992

Dr Christopher Gordon Reid (WA) – FANZCA 1999

Dr Norman Robert Sherwood (QLD) – FFARACS 1972, FANZCA 1992

RESEARCH

Dr John Boyd Craig Annual Prize

This prize was not awarded this year.

Research Grants for 2002

Thirty-two applications were received for 2002 with two withdrawn prior to the review process. Total funding requested by the applications was \$1,130,339, with funding available of \$350,925. All applications were perused by the Research Committee and each reviewed by three external Reviewers with recognised expertise in the area of the project. All Reviewers' ratings and comments, and Applicants' comments on the Reviewers' Written Reports, and applications were ranked accordingly. An encouraging aspect was five applications for PhD scholarships.

Grants were awarded to:

1. Dr Michael Bennett (NSW) \$15,000
Development and validation of hyperbaric chamber attendant decompression schedules
2. Prof Duncan Blake (VIC) \$10,000
Intrathecal omega-conotoxins and dexmedetomidine in the treatment of neuropathic pain
3. Prof Duncan Blake (VIC) \$10,000
Pre-emptive multi-modal analgesia for thoracic and upper abdominal surgery

4. Dr Chris Bolton (VIC) \$44,981
An investigation of the effect of shared post-operative care in children
5. Dr Marianne Chapman (SA) \$15,000
Motor patterns and gastric emptying in the critically ill
6. Dr Andrew Davidson (VIC) \$5,000
Perioperative blood glutathione and paracetamol levels in children
7. Dr Mark Fajgman (VIC) \$10,000
Utero-placental hypoperfusion during laparoscopy: can it be prevented?
8. Dr Frank Liskaser (VIC) \$5,000
The acid-base effects of two different cardiopulmonary bypass primes
9. Dr Thomas Morgan (QLD) \$25,000
Determining the optimal ion difference in crystalloid resuscitation fluid
10. Dr J A Myburgh NSW \$10,000
The Australasian Traumatic Brain Injury Study (ATBIS)
11. Assoc Prof Paul Myles (VIC) \$44,981
Influence of gender and sex hormone differences in recovery from anaesthesia
12. Dr Michael O'Leary (NSW) \$10,000
Nutrition and protein metabolism in sepsis: quantity, delivery route and catabolism modulation
13. Dr Michael Paech (WA) \$10,000
The effect of ketamine and magnesium on postoperative morphine use after remifentanyl
14. Clinical A/Prof John Rigg (WA) \$15,000
Preoperative risk factors, adverse outcomes and effects of epidural and spinal anaesthesia
15. Dr David Story (VIC) \$6,000
Post-operative creatinine changes in patients with pre-existing renal impairment after isoflurane or sevoflurane: a randomised clinical trial
16. Dr Suellen Walker (NSW) \$54,981
Inhibitory modulation of spinal pain pathways by alpha₂-adrenergic agonists: effect of developmental age
17. Dr Paul Wrigley (NSW) \$59,981
Mechanisms of cannabinoid and opioid action in neuropathic pain states

Harry Daly Research Fellowship

On the recommendation of the Research Committee, the Harry Daly Research Fellowship for 2002 was awarded to Dr Paul Wrigley (NSW) for his project: *Mechanisms of cannabinoid and opioid action in neuropathic pain states.*

Florence Marjorie Hughes Research Award

On the recommendation of the Research Committee, the Florence Marjorie Hughes Research Award was awarded to Dr David Story (Vic) for his project: *Post-operative creatinine changes in patients with pre-existing renal impairment after isoflurane or sevoflurane: a randomised clinical trial.*

ADMISSION TO FELLOWSHIP BY ELECTION

The following were elected to Fellowship of the College:

Under Regulation 6.3.1(b)

Dr Colin Peter Marsland, NZ
 Dr Ruth Alison Bourne, Vic
 Dr Alan Grayson Phelps Bullingham, NSW
 Dr Julian Corbett Fuller, NZ
 Dr Christopher Joseph Horrocks, NZ
 Dr Barry Seymour Koonin, NSW
 Dr Alan John McLintic, NZ
 Dr Mark Alastair Moores, NZ
 Dr Andrew James Munro, NZ
 Dr Elizabeth Jenny Tham, SA
 Dr Peter Vernon van Heerden, WA
 Dr Robert Graham van Renen, SA

Under Regulation 6.3.1(c)

Dr John McGowan Campbell, Vic
 Dr Robert Terrence Clarke, NSW

PRIMARY EXAMINATION

July/September 2001

The written section of the examination was held in all capital cities in Australia, Launceston, Newcastle, Townsville, Auckland, Christchurch, Dunedin, Hamilton, Hong Kong, Kuala Lumpur, Singapore and Wellington.

A total of one hundred and eighty seven (187) candidates presented for the Primary Examination and one hundred and seventeen (117) candidates were approved.

	TOTAL No CANDIDATES		INVITED TO ORAL		APPROVED	
	Pharmacology	Physiology	Pharmacology	Physiology	Pharmacology	Physiology
MELBOURNE	154	148	144	131	128	110
PRIMARY EXAMINATION APPROVED						
MELBOURNE	117					

The Renton Prize for the period ending 31st December 2001 was awarded to Dr. Michael Peter Clifford of Victoria.

March/April 2002

The written section of the examination was held in all capital cities in Australia, Launceston, Newcastle, Townsville, Auckland, Christchurch, Dunedin, Hamilton, Hong Kong, Kuala Lumpur, Singapore and Wellington.

A total of one hundred and forty-one (141) candidates presented for the Primary Examination and seventy-four (74) candidates were approved.

	TOTAL No CANDIDATES		INVITED TO ORAL		APPROVED	
	Pharmacology	Physiology	Pharmacology	Physiology	Pharmacology	Physiology
MELBOURNE	98	112	83	99	63	80
HONG KONG	11	12	7	9	6	4
TOTAL	109	124	90	108	69	84

**PRIMARY
EXAMINATION
APPROVED**

MELBOURNE	69
HONG KONG	5
TOTAL	74

Merit List

In line with Council's decision to recognise candidates who have achieved excellence in their examination results, the following candidates were awarded the inaugural Merit Certificate for their performance at the April 2002 Primary Examination.

G.W.J. Best	TAS
D. S. Dolan	QLD
S. J. Kennaugh	NSW
M. J. Ierino	NSW
D. M. McGuire	WA
M J. Rumball	NZ
B. S. Skinner	VIC

The Renton Prize was awarded to Dr. Michael Statos Paleologos of New South Wales.

FINAL EXAMINATION (ANAESTHESIA)

July/August 2001

The written section was held in all capital cities in Australia, Auckland, Dunedin, Hamilton, Hong Kong, Singapore and Wellington

The Viva Examination in anaesthesia and medicine was held at The Prince of Wales and Sydney Children's Hospitals in Sydney.

Eighty Five (85) candidates presented in Sydney and Sixty Six (66) were approved.

Successful Candidates

Names of successful candidates:

N J Acworth	QLD	D T H Lim	HK	F N Thomas	NZ
C M Hunt	NSW	J M Shirley	QLD	D J Fahlbusch	SA
C B O'Sullivan	NSW	J O L Cheung	SA	N F Mostert	NZ
R J Ayer	NSW	E H Lim	WA	M D Tran	NSW
N V Ignatenko	NSW	R H Solly	VIC	C G Flynn	QLD
G G Pattullo	NSW	P K Y Chung	NSW	A K Nagy	VIC
A J Bergin	QLD	Liu Kowk Kuen	HK	A M Tymms	VIC
Kwok Fung Kwai	HK	T J Studholme	NZ	S C Fong	QLD
D J Probert	QLD	P D Cooper	TAS	S P W Neff	NZ
J D Boessenkool	NZ	K K Lundqvist	NSW	V L Walsh	NSW
K C Lee	NZ	S Sturland	NZ	D C Gardiner	QLD
A Rasmussen	SA	K L Cunningham	NZ	D W Nemeth	SA
J L Brown	SA	J Marxsen	VIC	D C Williams	SA
H A Leggett	NSW	Suen Sai Tsz	HK	J R Gregson	NSW
P B Ronchi	VIC	P J Dunkin	NSW	Ng Ka-Lai	NT
J E Chaffer	ACT	A P McDougall	QLD	A O K Wong	HK
Li Ching Fan Carina	HK	S J Tame	NSW	C M Hew	SA
A J Ryan	SA	M L Edwards	NZ	S A Nicolson	NZ
L J Chapman	NZ	M S McManus	QLD	K Wong	NSW
S J Lightfoot	NSW	K L Taylor	NSW	Hui Ki Ling	HK
C W Scarff	VIC	R S Emmett	SA	T J Nixon	NSW
C P Chau	HK	R S Moss	NSW	S S Wyatt	WA

The Court of Examiners recommended that the Cecil Gray Prize for the half year ended 31st December 2001 be awarded to Mark Lewis Edwards of New Zealand.

April/May 2002

The written section of the examination was held in all capital cities in Australia, Newcastle, Townsville, Auckland, Christchurch, Dunedin, Hong Kong, Singapore and Wellington.

The viva examination was held at College Headquarters and the Alfred Hospital, Melbourne.

Successful Candidates

Names of successful candidates:

M.A. Abeysekera	NZ	P. Geldard	VIC	A.J. Ottaway	TAS
D.C. Archbold	VIC	L. Gualano	VIC	H-Y. Poon	HKG
S.H. Armarego	NSW	E. Hedayati	NZ	E.K. Prentice	VIC
G.E. Aughterson	VIC	C.A. Huang	NSW	C.J. Reid	VIC
C.R. Bain	VIC	D.F. Inness	NSW	P.B. Ritchie	VIC
I.J. Bergman	NZ	K.A. Jamieson	NZ	M.A. Rose	NSW
E.C. Bishop	QLD	M-J. Kim	VIC	K.A. Ryan	NZ
C.D. Bowden	VIC	J.W.M. Koh	NSW	N.Y. Saleh	NSW
A.S. Brooks	WA	I.C. Lack	VIC	S.S. Seevanayagam	VIC
R.S. Bulach	VIC	J.C.W. Leyden	NSW	R. Segal	NZ
D. Butler	WA	C.D. Liessmann	QLD	S.C. Smith	VIC
B.J.E. Cassidy	SA	K.H. Low	VIC	M.J. Stokan	NSW
T.Y. Chai	NSW	M.B. Lukins	VIC	L.I. Tan	WA
Kin Wah Chan	HKG	A.J. Mark	NZ	A.S. Thind	NSW
W.B. Chazan	NZ	C.A. McCutcheon	VIC	G.M. Tweeddale	NSW
D.Y-H. Chung	QLD	J.A. McGee	NZ	N.L. Urquhart	VIC
E.L. Corcoran	WA	J.M. McLean	QLD	D.T. Vyse	WA
F.J. Davidson	NSW	D.L. Morgan	VIC	R.J. Wandless	NZ
T.I. Diprose	NZ	T.L. Morris-Webb	QLD	H.G. Wangel	SA
K.M. Doherty	NSW	P.A. Murphy	NZ	P.Z. Wicks	VIC
S.V. Domanski	VIC	E.C.H. Neo	VIC	S.M. Williams	NSW
A.B.P. Donaldson	QLD	Kar Who Ng	SA	Yuen Man Kwong	HKG
T.M. Duffy	WA	Y-W.C. Ng	NSW	T. Zafirooulos	VIC
A.B. Duggan	NSW	L.A. Nicholson	NZ	D.C. Zoanetti	SA
N.L. Fairweather	QLD	J. Oosthuizen	NZ		
T.R. Farrell	WA	R.M.M. Orme	VIC		

The Cecil Gray Prize for the period ending 30th June 2002 was awarded to Dr. Ian Christopher Lack of Victoria.

Merit List

In line with Council's decision to recognise candidates who have achieved excellence in their examination results, the following candidates were awarded the inaugural Merit Certificate for their performance at the May 2002 Final Fellowship Examination.

N.L.	Fairweather	QLD
P.A.	Murphy	NZ
M.A.	Rose	NSW
N.L.	Urquhart	VIC

PROFESSIONAL DOCUMENTS

The following Professional Documents were reviewed and promulgated during the past twelve months:

TE13 - *Guidelines for the Provisional Fellowship Year*

EX1 - *Policy on Examination Candidates Suffering from Illness, Accident or Disability*

PS6 - *Recommendations on the Recording of an Episode of Anaesthesia Care (the Anaesthesia Record)*

PS12 - *Statement on Smoking as Related to the Perioperative Period*

PS16 - *Statement on the Standards of Practice of a Specialist Anaesthetist*

PS19 - *Recommendations on Monitored Care by an Anaesthetist*

PS20 - *Recommendations for Responsibilities of the Anaesthetist in the Post-Operative Period*

Withdrawal of Professional Document

Professional Document P22 - Statement on Patients' Rights and Responsibilities was withdrawn in September 2001.

COLLEGE AFFAIRS

Joint Faculty of Intensive Care Medicine

A full Annual Report of the Joint Faculty of Intensive Care Medicine will be presented by the Dean elsewhere. This new joint Faculty was recently founded with the Royal Australasian College of Physicians. It is a historic event and exemplifies the cooperation between the two Colleges in a discipline that is supported by both. I congratulate the Foundation Fellows in their admission to the joint Faculty. Much time has been expended by the previous Board of the Faculty and RACP representatives to make this a reality. I thank and congratulate the Dean Dr Felicity Hawker and her predecessor Dr Alan Duncan for their stewardship of the Faculty during this exciting but often challenging time.

Faculty of Pain Medicine

A full Annual Report of the Faculty of Pain Medicine Care will be presented by the Dean elsewhere. The Faculty of Pain Medicine continues to develop. In the past year, the Faculty has conducted examinations and developed more professional policies and guidelines on Pain Medicine. I congratulate the Board for their sterling work. In particular, I thank Dean Professor Michael Cousins for his efforts and vision in putting this unique Faculty together and welcome the Dean-elect Professor Leigh Atkinson.

ANZCA Foundation

The Governor General announced during his speech at the opening of ANZCA House, that he had accepted the invitation to be Patron of the Foundation.

New South Wales Regional Committee – Purchase of Premises

In April, the College purchased a property in Crows Nest to house the New South Wales Regional Committee. The building will allow for examinations and courses to be held at that site.

College Funds

The College remains in a good financial position. A full Financial Report of the College will be presented by the Honorary Treasurer, Dr Mike Martyn.

COLLEGE COUNCIL MEMBERSHIP

Membership of the Council to take office after the Annual General Meeting, its Office Bearers and Committees will be published in the next edition of the ANZCA Bulletin.

Council

At the Annual General Meeting Professor John Gibbs and Associate Professor Greg Knoblanche will retire from Council.

Professor Gibbs retires following completion of twelve years on the Board of Faculty and Council. During this period Professor Gibbs served as Assessor from 1995 to 2000, Chairman of the Education Committee from 1992 to 1994 and Chaired the Hospital Accreditation Committee from 2001 to 2002. He was an Examiner for the Primary Examination from 1972 to 1987 and a member of the New Zealand Regional Committee from 1975 to 1987.

Associate Professor Knoblanche retires following his election to Council in 1996. During this period, he served as Chairman of Examinations from 1997 to 2002, and Chairman of the Hospital Accreditation Committee from 1998 to 2001. He was an Examiner for both the Primary and Final Examinations from 1988 to 1999 and a member of the New South Wales Regional Committee from 1983 to 1994.

In accordance with the provisions of the Articles of Association, nominations were called for three vacancies on Council. Six nominations were received. Dr Mike Martyn was re-elected for a period of three years with new Councillors Dr Kate Leslie (Vic) and Dr Kerry Brandis (Qld). I congratulate Dr Martyn on his re-election, and Drs Leslie and Brandis on their election to Council.

The following is the result of the Ballot:

POSITION ON BALLOT	Votes Counted
1 LESLIE, Kate	741
2 MARTYN, Michael	682
3 BRANDIS, Kerry	642
4 LOUGHMAN, Edward	535
5 GATT, Stephen Paul	494
6 GOONETILLEKE, Patricia Hester	455
Total Votes Counted	3549

$3549 \div 3 = 1183$ Total Ballots Counted
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Envelopes Received	1204
Less Invalid Envelopes	14
Ballots Received	1190
Less Invalid Ballots	7
TOTAL BALLOTS COUNTED	1183

Regional Breakdown of Votes

REGION	Votes Received	No. of Fellows	%
New South Wales/ACT	343	853	40.21
Northern Territory	5	12	41.66
Queensland	219	437	50.11
South Australia	82	247	33.20
Tasmania	31	61	50.82
Victoria	281	613	45.84
Western Australia	62	221	28.05
New Zealand	113	371	30.45
Hong Kong	25	139	17.98
Malaysia/Singapore	7	96	7.29
USA/Canada	6	62	9.67
United Kingdom	11	66	16.66
Other Overseas Countries	5	15	33.33
Ballots Received	1190		
Invalid Ballots	7		
TOTAL BALLOTS COUNTED	1183	3193	37.05

COLLEGE ADMINISTRATION

A number of College staff changes have occurred during the past twelve months. A vacancy in the position of general Administrative Assistant was filled by Miss Fiona Wade when Miss Lisa Blackmore moved to the position of Administrative Assistant within the Education Unit. Lisa later took up the newly created position of Administrative Assistant to the IT Department, and in December 2001, Ms Brigitte McDonald was appointed Administrative Assistant to the Education Unit. Following Miss Shae Benton's resignation as Administrative Assistant (Examinations), Brigitte made application for this position and was appointed in February. The vacancy within the Education Unit was filled by the appointment of Ms Helen Shanks in March.

Following the resignation of Ms Jennifer Lannan as Administrative Officer (RARS and OTS), a brief replacement was Mrs Helene Humberstone. After her resignation in September 2001, this position was filled by Ms Nelly Katsnelson.

A new position of Administrative Officer (Executive Services) was created in August 2001 and Miss Carolyn Lee was appointed.

Mrs Anne Pike resigned from her position as Administrative Assistant with the Queensland Regional Committee in October 2001 and was replaced by Mrs Deidre Beach.

The part-time administrative assistance provided to the Western Australian Regional Committee by Ms Peta Gjedsted was formalised in February with the appointment of Mrs Patricia Luxford as Administrative Officer.

Mr Matt Lowe tendered his resignation as Assistant Accountant in December and was replaced by Mr Damien Morgan in January 2002.

IN CONCLUSION

As Council has worked through the issues of this year, I have been constantly reminded that the College's fundamental strength is its Fellows, trainees and staff. I continue to be impressed by their contributions and dedication, and their continuing commitment to the College's achievements. To conclude this report, I wish to record my grateful thanks to Councillors, members of Boards of Faculties, Chairs and members of Regional Committees and the New Zealand National Committee, members of College Committees, Fellows who contributed time pro bono to the College, and the CEO Mrs Joan Sheales and all the College administration staff. Our combined efforts will provide the basis for the development and promotion of our College and specialties.

TEIK E OH
PRESIDENT
May 2002

Honorary Treasurer's Report

This is my first annual report since taking up the position of Honorary Treasurer. I am pleased to report that the College is in a sound financial position even though there were significant developments in the past year. These included the completion of, and move into, the new building as well as the funding of the new Education Unit.

The Financial Report for 2001, in the format required by the Australian Securities Commission, has been circulated to all Fellows. This report has been discussed and accepted by Council as well as undergone external independent audit. Comments below apply to the Financial Report.

Financial Performance

The overall revenue for the year ended 2001 of \$5,910,554 is similar to that for 2000 (\$5,947,112). However, total expenses increased by 18% to \$4,634,327 leaving a surplus of \$1,276,227. This surplus equates to 21% of the total revenue but is less than in 2000 (\$2,032,238). The 2000 surplus was unusually high due to unpaid expenditure relating to the new building. The main increases in the 2001 expenses are due to the increased depreciation (new building) and increased employee benefits (wages, on-costs and appointment of new staff). There is only a minor increase in expenses from other activities. The 2001 surplus was actually \$345,505 higher than budgeted. It has been pleasing to note that the Colleges budgeting process is remarkably sound.

Financial Position

This is a summary of the assets, liabilities and overall equity of the College. The total assets of \$24.5M include nearly \$10M of property ownership (which is accounted for at cost and not at current valuations). The total liabilities of \$6.6M are mainly due to subscriptions in advance (\$5.2M which includes \$2.7M for subscriptions collected for 2002 and \$2.5M invoiced for 2003 some of which was paid). These subscriptions in advance are returned to Fellows upon retirement from practice. The 2002 subscriptions in advance are accounted for as a liability until 1st January 2002. Thus the total equity of nearly \$18M includes less than \$8M of usable assets. However over \$5M of this is in the Foundation (AICPM \$1.59M; CME \$0.75M) and Trainees Funds (\$1.98M) as well as specific bequests (\$0.89M). More than half of the CME monies are being held on behalf of regions as a result of the centralisation of these funds. This means that the College's actual usable reserve is less than \$3M. These reserve monies are accounted for in the Project Fund along with the other College assets (property and equipment).

Cash Flows

There has been a significant increase in monies received from examination and trainee fees (40% increase from 2000) as well as from subscription and entry fees (23% increase). The amount of interest received decreased by 42% to \$564,011 due partly to the completion and payment for the new building and lower interest rates. Compared to the 2000 accounts there was also a 6% increase (\$222,676) in the market value of monies invested in Equity Trusts. However the interest income appearing in the accounts from these investments reflects actual income received and does not include any increase in the market value.

Notes

The remaining sections of the Financial Report provide accounting policies, further breakdowns to the actual statements and financial instruments.

Conclusion

The expansion of the College, in numbers of Fellows, staff and buildings has occurred without excessively straining the financial stability of the College. This has also occurred without any increase in Fellows subscriptions over the last four years. Fellows must be congratulated for their continued support of the subscriptions in advance policy which has contributed significantly in achieving the current situation. These monies provide additional cash flow, offset potential subscription increases by adding interest income (especially to the Foundation) and require the College to budget two years in advance. As well many Fellows have also been pleasantly surprised by the return of their subscription in advance upon retirement.

Our healthy financial status is the result of many people's commitment and endeavour. This includes Councillors, Committee members, Fellows and staff throughout Australia, New Zealand and South East Asia. They all deserve recognition for their efforts.

I would particularly like to thank Dr Dick Willis, the previous Honorary Treasurer for his guidance as well as Mrs Joan Sheales, CEO, Mr Kim Kostos, Finance Manager and the College accountants, Ms Vivienne Lillis and Mr Damien Morgan.

Comments, queries, criticisms and suggestions are all welcome.

MIKE MARTIN
Honorary Treasurer

Admission to Fellowship

BY EXAMINATION

Arhanghelschi	Ioana	VIC	Keel	Stephanie Louise	WA
Banks	Ian Christopher	SA	Kolivas	Constantinos	VIC
Bui	Tri Minh	NSW	Lombard	Frederick Wilhelm	NZ
Cantwell	Leo Kelvin	VIC	Meyer	Teresa Elizabeth	UK
Collins	David William	NSW	Pfitzner	Lian	NSW
Cuff	Barbara Elisabeth	NSW	Rentoul	Toni Maree	QLD
Davis	Adriana	NSW	Robinson	Andrew Stephen	VIC
Dobell	Siobhan Ann	VIC	Tan	Soo Guan	SIN
Evans	David John	SA	Terry	David Edward Wason	VIC
Ferch	Noela Ilona	UK	Thompson	Malcolm Roslyn	WA
Giles	Emma Kate	WA	Troedel	Sally Phillipa	VIC
Hargreaves	Craig	UK	Vernier	Carlo	NSW
Hoffmann	William John	VIC	Wellington	Jean	VIC
Jones	Simon John	VIC	Woodfine	James David	NZ

Overseas Trained Specialists Performance Assessment

APRIL/MAY 2002

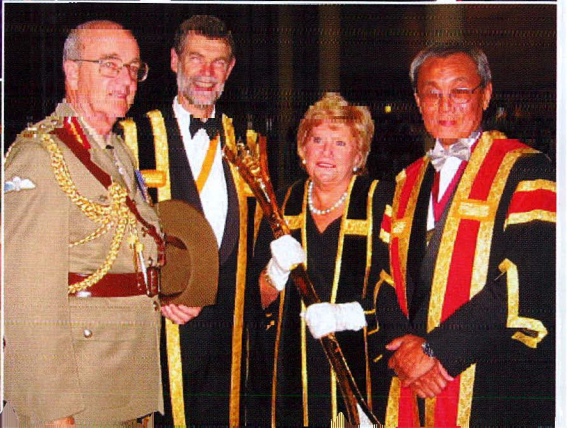
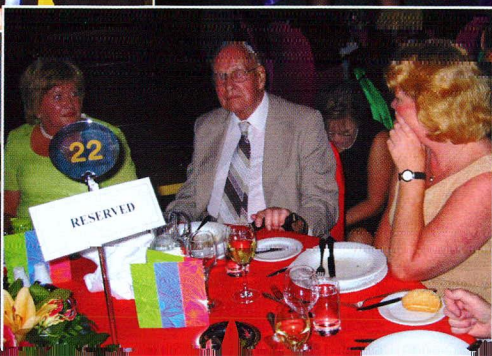
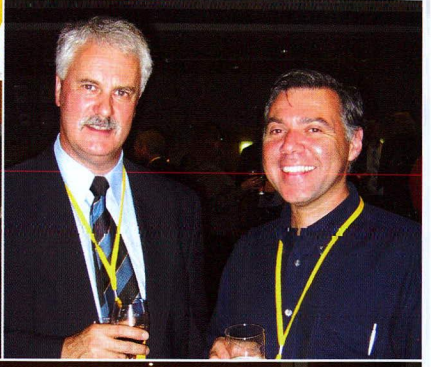
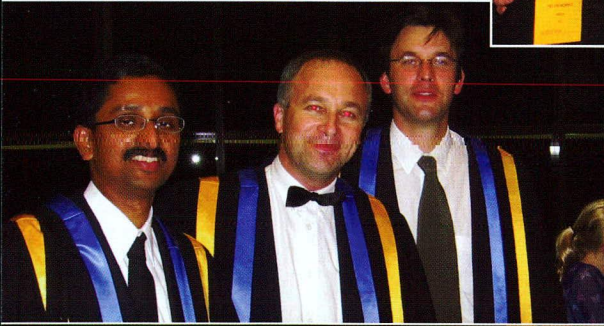
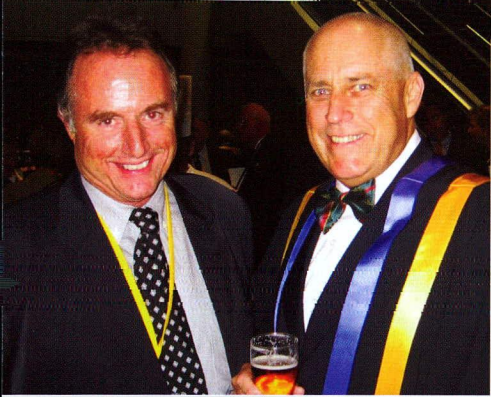
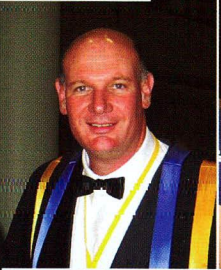
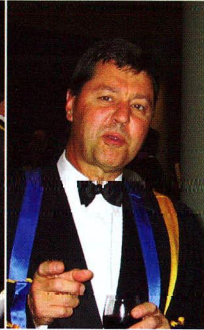
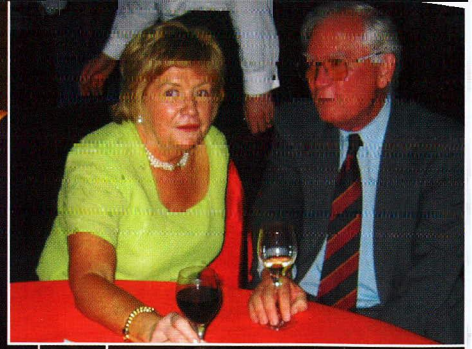
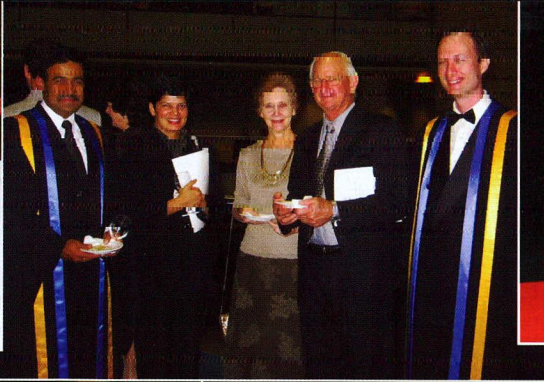
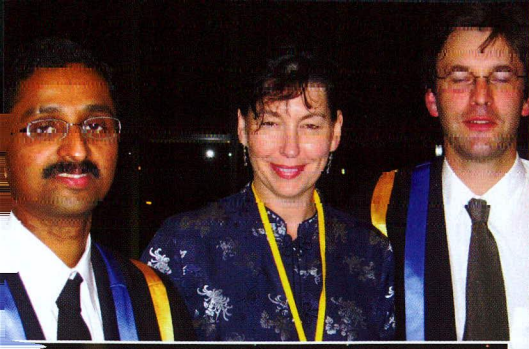
The following candidates were successful at the recent Overseas Trained Specialist Performance Assessment and are yet to complete the requirements of the OTS Assessment Process:

D. Berens	QLD
C.J.M. Fahy	SA
J. Somfleth	SA
B.F. Weitkamp	VIC
G.A. Wright	TAS

Overseas Trained Specialists Performance Assessment

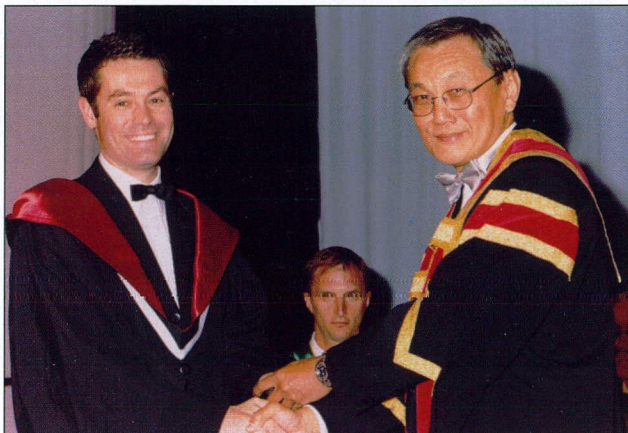
The following candidates have completed the requirements of the Overseas Trained Specialists Assessment Process and have been admitted to Fellowship:

Mahmood Ahmad	WA
Alexander Vasilievich Khrapov	NZ
Benzion Jacob Shulman	NZ



Prize Winners

Renton Prize



Dr Ben Jon DI LUCA, March 2002

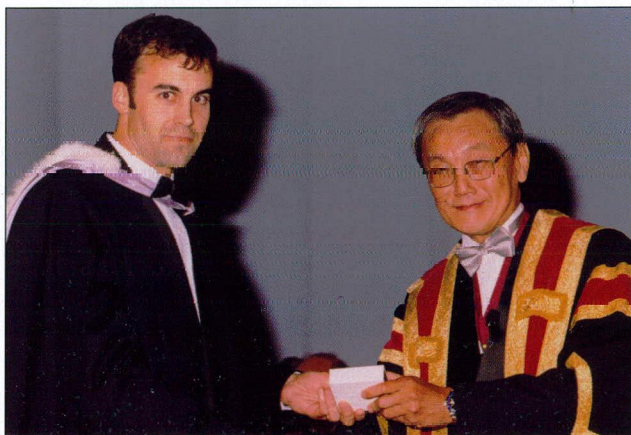


Dr Andrew Hugh JACKSON, April 2001



Dr Michael Peter CLIFFORD, September 2001

Cecil Gray Prize



Dr Brian Shaune COWIE, May 2001

Dr Cowie was also awarded the Renton Prize at the September 1998 Primary Examination



Dr Mark Lewis EDWARDS, September 2001

Primary Oral Examination

April 2002



Front Drs Stephen Barratt, Robert Henning, Jo Sutherland, Neville Gibbs (Chairman), Yahya Shehabi, Linda Cass, Mark Langley
Back Drs Geoff Gordon, Bow Wong, Noel Roberts, Alan McKenzie, Prof. Tony Gin, Dr John Copland



Retiring Examiner Dr. Robert Henning with Dr. Neville Gibbs, Chairman, Primary Examination Committee

Final Oral Examination

May 2002



Front: Drs Leona Wilson, Geoff Mullins, Glenda Rudkin, David Scott (Chairman), Assoc. Prof. Tony Weeks, Drs Michelle Mulligan, Phillipa Hore, John Russell
Middle Drs Peter Gibson, Ed Loughman, Bruce Burrow, Michael Bujor, Kerry Gunn, Tim Costello, Michelle Joseph, Chris Johnson
Back Drs David Sage, Graham Smith, Peter Moran, Vaughan Laurenson, Craig Morgan, Cam Buchanan, Michal Kluger, Vanessa Beavis, Peter Dawson, John Madden, Wally Thompson, Andrew Puddy, Rob Beavis, Peter Peres, Vida Viliunas, Phil Ragg



Retiring Examiner Dr. Glenda Rudkin with Dr. David Scott, Chairman, Final Examination Committee



Retiring Examiner Dr. David Sage with Dr. David Scott, Chairman, Final Examination Committee

Primary Examination

MARCH/APRIL 2002

The written section of the examination was held in all capital cities in Australia, Launceston, Newcastle, Townsville, Auckland, Christchurch, Dunedin, Hamilton, Hong Kong, Kuala Lumpur, Singapore and Wellington.

The viva examination was held at College Headquarters, Melbourne and the Hong Kong Academy of Medicine, Hong Kong.

SUCCESSFUL CANDIDATES

S Baker	WA	S J Kennaugh	NSW	C G Tse	NZ
Ho Whei Wern Lorraine	SING	D H K So	HK	J Elms	VIC
M S Paleologos	NSW	N A Chadderton	NZ	D M McGuire	WA
N A Barrett	NSW	L M Kitto	NSW	S P K Vuong	NSW
S J G Hockley	SA	N J Stradwick	SA	D F Gilbert	VIC
A J Pitcher	NZ	F Y Chong	NSW	D K McNeil	VIC
G W J Best	TAS	B K Lising	NSW	C A F Y Wan	VIC
E J Holt	WA	R A Swan	VIC	A P Guy	NSW
M S Purcell	QLD	H R Cornelissen	NZ	G P Messer	QLD
A S Black	SA	R F Lumsden	NZ	J R White	WA
M J Howes	QLD	T O J Tang	VIC	K Hall	NSW
M R B Ranger	NZ	M Diacon	VIC	A M Mitchell	NZ
P J Botha	NZ	M S Markou	NSW	K M Woo	NSW
S A Hunter	NZ	Tang Yee Kwan	HK	S A Harper	NSW
M J Rumball	NZ	D S Dolan	QLD	R E Murray	QLD
W P L Bradley	NZ	M M Marr	NZ	M A Yip	HK
M J Ierino	NSW	B Teh	VIC	G E Harris	NZ
C A Sayer	NZ	B M Drewnianka	NSW	I Ng	VIC
C N H Brett	NZ	S D Marshall	NZ	P K Y Yip	NZ
E Johnston	NSW	G W Toh	SA	G C Hawkins	NSW
N A Skeahan	QLD	D Duke	NSW	A E Oh	NSW
J R Cameron	NSW	K M Martin	NZ	Yu Lin Yau	HK
S C Karalapillai	VIC	Tsang Ho Sze, Kristie	HK	M W Hayman	NSW
B S Skinner	VIC	K N Elks	NZ	A C Padayachee	NZ
D R Cathcart	QLD	N J McDonnell	NZ		

RENTON PRIZE

The Renton Prize for the period ending 30th June 2002 was awarded to Dr. Michael Statos Paleologos of New South Wales.

MERIT LIST

In line with Council's decision to recognise candidates who have achieved excellence in their examination results, the following candidates were awarded a Merit Certificate for their performance at the April 2002 Primary Examination.

G.W.J. Best	TAS
D. S. Dolan	QLD
S. J. Kennaugh	NSW
M. J. Ierino	NSW
D. M. McGuire	WA
M J. Rumball	NZ
B. S. Skinner	VIC

Final Fellowship Examination

MARCH/APRIL 2002

The written section of the examination was held in all capital cities in Australia, Newcastle, Townsville, Auckland, Christchurch, Dunedin, Hong Kong, Singapore and Wellington.

The viva examination was held at College Headquarters and the Alfred Hospital, Melbourne.

SUCCESSFUL CANDIDATES

M.A. Abeysekera	NZ	P. Geldard	VIC	A.J. Ottaway	TAS
D.C. Archbold	VIC	L. Gualano	VIC	H-Y. Poon	HKG
S.H. Armarego	NSW	E. Hedayati	NZ	E.K. Prentice	VIC
G.E. Aughterson	VIC	C.A. Huang	NSW	C.J. Reid	VIC
C.R. Bain	VIC	D.F. Inness	NSW	P.B. Ritchie	VIC
I.J. Bergman	NZ	K.A. Jamieson	NZ	M.A. Rose	NSW
E.C. Bishop	QLD	M-J. Kim	VIC	K.A. Ryan	NZ
C.D. Bowden	VIC	J.W.M. Koh	NSW	N.Y. Saleh	NSW
A.S. Brooks	WA	I.C. Lack	VIC	S.S. Seevanayagam	VIC
R.S. Bulach	VIC	J.C.W. Leyden	NSW	R. Segal	NZ
D. Butler	WA	C.D. Liessmann	QLD	S.C. Smith	VIC
B.J.E. Cassidy	SA	K.H. Low	VIC	M.J. Stokan	NSW
T.Y. Chai	NSW	M.B. Lukins	VIC	L.I. Tan	WA
Kin Wah Chan	HKG	A.J. Mark	NZ	A.S. Thind	NSW
W.B. Chazan	NZ	C.A. McCutcheon	VIC	G.M. Tweeddale	NSW
D.Y-H. Chung	QLD	J.A. McGee	NZ	N.L. Urquhart	VIC
E.L. Corcoran	WA	J.M. McLean	QLD	D.T. Vyse	WA
F.J. Davidson	NSW	D.L. Morgan	VIC	R.J. Wandless	NZ
T.I. Diprose	NZ	T.L. Morris-Webb	QLD	H.G. Wangel	SA
K.M. Doherty	NSW	P.A. Murphy	NZ	P.Z. Wicks	VIC
S.V. Domanski	VIC	E.C.H. Neo	VIC	S.M. Williams	NSW
A.B.P. Donaldson	QLD	Kar Who Ng	SA	Yuen Man Kwong	HKG
T.M. Duffy	WA	Y-W.C. Ng	NSW	T. Zafiropoulos	VIC
A.B. Duggan	NSW	L.A. Nicholson	NZ	D.C. Zoanetti	SA
N.L. Fairweather	QLD	J. Oosthuizen	NZ		
T.R. Farrell	WA	R.M.M. Orme	VIC		

CECIL GRAY PRIZE

The Cecil Gray Prize for the period ending 30th June 2002 was awarded to Dr. Ian Christopher Lack of Victoria.

MERIT LIST

In line with Council's decision to recognise candidates who have achieved excellence in their examination results, the following candidates were awarded a Merit Certificate for their performance at the May 2002 Final Fellowship Examination.

N.L.	Fairweather	QLD
P.A.	Murphy	NZ
M.A.	Rose	NSW
N.L.	Urquhart	VIC



José Carlos Almeida Carvalho MD, PhD., FANZCA

Recipient of the 2002 Distinguished Service Award of the American Society of Regional Anesthesia and Pain Medicine (ASRA)

José Carlos Almeida Carvalho was born on May 14, 1953, in São João da Boa Vista, State of São Paulo, Brazil. Married to Marilourdes, they have three children, Carolina (22), Gabriela (21) and Guilherme (19), currently living in São Paulo, Brazil.

Dr. Carvalho graduated from the University of São Paulo School of Medicine in 1977 and completed his Residency in Anesthesiology at the University of São Paulo in 1980. He obtained his Masters' degree in Pharmacology in 1984 and his Ph.D. in Pharmacology in 1988, both at the University of São Paulo. Dr. Carvalho developed his academic career as a Professor at the University of São Paulo holding different positions. From 1988 thru 1996 he served as Director of Obstetric Anesthesia, where he was involved with clinical practice, research and teaching. From 1997 thru 2000 he served as Director of Education at the Department of Anesthesia. He is currently a Professor at the PhD Program.

He has held Visiting Professorships at the Department of Anesthesia of the Brigham and Women's Hospital, Boston, in 1987; at the Department of Obstetric Anesthesia of the University of California, San Francisco, in 1988; at the State University of New York at Buffalo in 1993; to the Australian and New Zealand College of Anaesthetists in 1994; to the Malaysian Society of Anesthesiology in 1997, as a WFSA invited professor. In 1994 he was elected to Fellowship of the Australian and New Zealand College of Anaesthetists.

He has delivered over 70 lectures in international meetings in 17 different countries in North and Latin America, Europe, Asia and Oceania.

Dr. Carvalho dedicated his entire career to the practice and teaching of and research in Obstetric Anesthesia. His dissertation for Master's Degree was on the pharmacokinetics of bupivacaine in term pregnant women and his PhD thesis addressed the gastric accumulation of bupivacaine in the neonate after epidurals for Cesarean section and vaginal delivery. Dr. Carvalho was a member of the WFSA Committee on Obstetric Anesthesia and Analgesia from 1988 thru 1992 and re-elected for the 1992-1996 term. Dr. Carvalho has authored and co-authored 50 full papers, 16 book chapters, 33 abstracts presented in international meetings and 100 abstracts presented in national meetings. He has also delivered over 240 lectures in national meetings. The vast majority of his publications and lectures were related to Obstetric Anesthesia.

Dr. Carvalho has served as Consulting Editor (1986-88), Associate Editor (1989-1991) and Co-Editor (1992-97) for the Brazilian Journal of Anesthesiology and continues in its Editorial Board. He has served as Consulting Editor (1990-1994) and subsequently as Associate Editor (1995-1997) for the journal Regional Anesthesia and Pain Medicine. He has served on the Editorial Board of the International Journal of Obstetric Anesthesia in 1998 and is currently on the Editorial Board of Obstetric Anesthesia Digest.

Dr. Carvalho was the Founding President of the Latin American Society of Regional Anesthesia (LASRA) in 1993 and finished his term as President in 1995. He served as Secretary-General and Treasurer of LASRA from 1997 thru 2000. He also served as the President of the Brazilian Chapter of LASRA from 1996 thru 2000.

He has chaired 6 Brazilian LASRA meetings and 2 Latin American Symposium on Regional Anesthesia since the establishment of LASRA in 1993. He still serves as a member of the Board of Directors of the Brazilian Chapter of LASRA.

In the Brazilian Society of Anesthesiology, besides his involvement with the Brazilian Journal of Anesthesiology since 1986, Dr. Carvalho served the Committee on Obstetric Anesthesia and the Board of Examiners, which he chaired in his 4th year.

Dr. Carvalho is currently working for one private institution with 2 different Maternity Hospitals.

Hospital e Maternidade Santa Joana is a busy setting with 1,200 deliveries per month and Pro Matre Paulista is a smaller institution with 270 deliveries per month. He serves as the Scientific Director for the Department of Anesthesia and Secretary-General for the Continuing Medical Education Program at both Hospitals and as Technical Director at Pro Matre Paulista. Dr Carvalho has just completed his third year at Universidade Paulista Law School in São Paulo and shall receive his Bachelor Degree in law in 2003.

This article appeared in the February 2002 ASRA newsletter and has been reproduced with the permission of ASRA.

Special Interest Group

WELFARE OF ANAESTHETISTS

The 'Pros' & 'Woes' of Anaesthetists' Health

John Donne, a wise man and a renowned poet, realized the importance of doctors' health 450 years ago: "I observe the physician with the same diligence as the disease".

How did my involvement with the health of doctors start? I became aware of some of the issues when, after several years of a busy rural practice, I experienced a prolonged period of what the psychiatrist labelled "moderately severe depression". Part of my strategy to heal myself, and to get my brain back, was to keep even busier. I decided to conduct some research - a survey of rural anaesthetists, to see if they too had similar experiences of what we now call "Burn-out". Collating the responses took many long evenings at the computer. I have spoken in public about my experiences, and published an article (Stars Disappear; BMJ 1998), in the hope that others might learn from my journey, that the recognition of depression might be enhanced, that the stigma of mental illness might be diminished.

There have been rumblings about anaesthetists' health and well-being for over 10 years: in 1990 an anaesthetic CME meeting in Melbourne looked at what to do after a major anaesthetic mishap: "Anaesthetic Mishaps - Handling the Aftermath". Sometime later, three NSW anaesthetists, Judy Williams, Barry Baker and Greg Purcell, ran a lunchtime meeting at the ANZCA Annual Scientific Meeting in Launceston in 1994, entitled "Our Stressful Lives".

Because of my experiences with the rural survey, in 1992-3 the Australian Society of Anaesthetists (ASA) asked me to conduct a survey on women in anaesthesia. Genevieve Goulding, an anaesthetist from Sydney, was one of the respondents to that survey. When she heard that I was a fellow registrant at the ASA meeting in Fiji in 1994, she made contact with me; there I met up with her and her son Tim.

We discussed issues of concern in the personal and professional lives of ourselves and our colleagues. Some of these were the perceived high incidence of suicide and substance abuse in anaesthetists, as well the impact of a stressful lifestyle on self and family. Two studies presented at anaesthesia meetings have shown that suicide is the cause of death in 10% of our colleagues and trainees. (Weeks AM; Suicide and substance abuse in anaesthetists: Risks to the Anaesthetist Meeting, Melbourne 1995, and Khursandi DCS & Cass N: ANZCA Annual Scientific

Meeting Hong Kong 2001).

Genevieve had been asked to organise a meeting in Terrigal NSW, which had the title "Is Anaesthetic Practice a Health Hazard?" The presenters at this seminar were Steve Biddulph, famous for his books on mens' health issues and bringing up boys, and Geoff Riley, a psychiatrist from Perth. It was my first experience of the powerful workshop format. The large audience (delegates and partners) intermittently formed small discussion groups, each with the task of exploring various personal issues, guided by these two experts.

In 1995, not long after the successful Terrigal meeting in February, another CME meeting was convened in Melbourne in August titled "Risks to the Anaesthetist". There were sessions on physical hazards, substance abuse and other areas of concern. My talk was on gender issues ("Risk and Gender").

In the evening following this meeting, 20 interested anaesthetists and their partners met at a Melbourne restaurant. At that dinner, an anaesthetists' self help group was formed. The Group was nick-named "Onions" after the restaurant - retrospectively a serendipitous choice, as the onion was an apt symbol: like human beings it has many layers, exploring the inner self by peeling off these layers can cause tears, and it has roots too, which we all need.

Later the group was re-named The Welfare of Anaesthetists Group (WOAG); it has become a Special Interest Group (WOA SIG) under the tripartite auspices of ANZCA, the ASA and the New Zealand Society of Anaesthetists. It has over 200 members.

The activities of the Group are educational, although, on occasion, individual members of the Group may be consulted by stressed doctors or their colleagues. Their role in these situations is to suggest appropriate avenues of referral. The Group runs seminars for trainees, specialists and non-specialist anaesthetists, sessions at CME meetings, and workshops on well-being topics. In all of these we have been ably assisted by our colleagues in psychiatry and psychology. The Group's association with the College of Psychiatrists is in the process of being formalised.

Members of the Group have also given presentations to hospital departments of anaesthesia, and to trainees on examination courses. Liaison with interested parties and groups in other countries, as well as at home, is an ongoing source of information and networking. In Queensland we liaise with the Health Assessment team at

the Queensland Medical Board, and with the Queensland Doctors Health Advisory Service, on whose Board of Management I sit.

Soon after its formation the Group formulated and issued "Action Plans" on several subjects. Some of the areas covered are: Personal Health and Strategies; Financial Issues; Recognising Depression (in yourself or a colleague); Retirement; Fatigue; Trainees & Examinations; Mentors and the Buddy System; Why don't you have your own GP? (reprinted with permission from Dr Peter Arnold); After a major anaesthetic mishap; Dealing with suspected or proven substance abuse; The impaired colleague; Medico-legal issues; Training and Family responsibilities; Welfare issues for the anaesthetic department or group; Infection; Latex Allergy; Manual handling; Auckland Protocols (for Intervention in Substance Abuse, by permission of the authors). The Action Plans are shortly to be reviewed again with further updating. For copies, access the ANZCA website under SIGs, or email me on dcsk@petrie.starway.net.au.

What happened along the way? Many wonderful colleagues were supportive, and shared the vision that Genevieve Goulding and I had of improving the health and well-being of our colleagues. To them I offer our grateful thanks. Their support was enormously important in the beginning, as the majority of our fellows regarded us at best as do-gooders, and at worst as two crazy women. Our interests were seen as a soft option, and therefore not really deserving of professional attention; the paths we were following were regarded as invalid, unimportant, and the goals we were pursuing unattainable. The problems are undoubtedly huge, the canvas large, but I believe we are making headway. The increasing recognition that doctors' health is a worthy and important issue has been fuelled by the work of groups such as ours. Any involved person or organisation needs to ensure that opportunities for education and publicity are continually grasped.

The developing concern for the health and safety of our colleagues (and therefore our patients) is evidenced by the convening of national and international meetings on Doctors Health. I would particularly like to express appreciation to the Doctors Health Working Party of the Australian Medical Association of Queensland, who organised in Brisbane the first two Australian National Doctors Health Conferences, in 1999 and 2001.

Sessions and articles on aspects of anaesthetists' health are now a regular occurrence on the anaesthesia CME scene. National and International meetings of anaesthetists always contain a segment or two on doctors'

health topics. Our Group has received many expressions of gratitude for its work.

The Specialist Colleges are not responsible for the health and welfare of their fellows (health is after all ultimately a personal responsibility). However they can facilitate mechanisms for education in the relevant issues. In addition they can lend moral and material support to those individuals and bodies who are active in the education, treatment and rehabilitation of doctors with health problems. ANZCA supports the Welfare SIG and provides the secretariat. The College of Surgeons has established a Health Advisory Bureau and a mentoring program. The College of Psychiatrists has Fellow and Trainee support systems.

Our group has been instrumental recently in assisting ANZCA to develop two College Professional Documents, on "Trainees with Difficulties", and "Statement on Fatigue". During the drafting of the fatigue document, a colleague was recalled to duty (by an administrator) after 24 hours of continuous work. As a result of this potentially dangerous situation, all Queensland directors of anaesthesia wrote to Queensland Health requesting the provision of fatigue leave in senior staff contracts. (Senior staff contracts are the only Queensland Health clinical employee contracts currently without fatigue leave provisions). Fatigue leave rather than fatigue pay - as Drew Dawson pointed out at the Doctors' Health conference, it is invidious to pay a person more to put patients at greater risk!

Perhaps one of the most rewarding and heartening outcomes so far has been the inclusion of questions on doctors' health issues in our College's Final examination. The next generation of anaesthetists are being encouraged to learn the awareness of health and wellbeing issues so essential to the professional and personal life of today's anaesthetist. And if there is one way to ensure that all our younger colleagues bend their considerable intellects to any issue (including their own and others' health), it is to include questions on the subject in undergraduate and post-graduate examinations.

This article is based on a paper presented at the 2nd National Doctors' Health Conference Brisbane November 2001, at the session entitled "The Challenge for Specialist Colleges in dealing with the health issues of their members and colleagues".

Dr Diana C Strange Khursandi
Chair WOA SIG



Dean's Message

Felicity Hawker

The Joint Faculty of Intensive Care Medicine has some 270 trainees of whom the vast majority are training currently. Despite the recent focus on Foundation Fellowship and election of the new Board, the primary purpose of the Joint Faculty is to provide a training scheme that produces intensive care specialists of the highest quality. Consequently aspects of training form a major part of the everyday business of the Faculty as well as the deliberations of the Board.

A working party of the Board has developed a draft version of a new training program. Although similar in content to the current program, it is proposed that the new program would be different in structure and would have basic and advanced components in line with the current RACP program and the proposed new ANZCA program. In time it is likely that the Joint Faculty will develop its own Primary Examination but in the interim it seems that most trainees will undertake basic training with ANZCA or RACP and enter advanced training after successfully completing the ANZCA Primary Examination or the RACP Written and Clinical Examinations respectively. Development of a basic training program for individuals wishing to train in intensive care only will also be necessary. It is possible that some trainees have become aware that "change is in the air". I must stress that this new program is still in development and will be disseminated widely for comment.

Supervisors of Training provide a link between the trainee and the Joint Faculty. Their role has become more complex in recent times, particularly with regard to In-training Assessment, with a change in focus from a summative to a more formative process. The Faculty is actively seeking ways to offer better support to Supervisors of Training. Courses are available through both ANZCA and RACP and a Supervisors Package containing a range of resource material is being developed. Formative in-training assessment involves an initial process of goal setting by the Supervisor and trainee together, and regular review to ensure that the goals have been achieved. If they have not, the Supervisor and trainee formulate a plan to address areas of weakness so that all

goals are eventually met. The value of this formative assessment is one of several reasons why the Faculty now requires that all trainees are prospectively registered. It has been questioned whether this need for prospective registration creates a double standard among registrars in a particular intensive care unit – those who are trainees with training supervised by the Faculty and those who are not. I don't believe this to be the case. The difference is that the goals set for a junior anaesthetic registrar undertaking the compulsory three months of intensive care training will be different from those for an intensive care trainee embarking on training for a career in intensive care, and they will be different again for an intensive trainee completing the last six months of the two core years. In this latter case, goal setting will involve acquiring the professional attributes of a specialist and consultant before completing training. I believe these attributes are best achieved through training in a Senior Registrar capacity.

A further development relating to training has been approval in principle for one year of core intensive care training to be spent in an overseas unit, providing the training is approved prospectively and the unit meets similar criteria to those required for accreditation for the full 24 months of core intensive care training in Australia, New Zealand and Hong Kong.

With such a heavy focus on training and trainees, it seems time that trainees are involved more in Faculty affairs, particularly in matters related to training. This has become an important issue for the RACP and it is appropriate that it should be adopted by its newest Faculty. The form this involvement will take is soon to be debated by the Board. Just as input from New Fellows has made a significant contribution to Faculty policy, I feel the voices of trainees should be heard and heeded.

A handwritten signature in black ink, appearing to read 'Felicity Hawker', written in a cursive style.

Felicity Hawker

Items of Interest

FROM THE FEBRUARY 2002 BOARD MEETING

FOUNDATION FELLOWSHIP

The Interim Board of the Joint Faculty admitted a total of 420 Foundation Fellows. An election for membership of the Board of the Joint Faculty will be conducted in June.

EDUCATION AND TRAINING

The role of Supervisors of Training

The Board has agreed to increase the focus on this role. Consideration of appointment will require a curriculum vitae and references. The Policy Document will be reviewed and development of more workshops to provide skills and resources to assist Supervisors will be explored. A Kit for Supervisors is in development.

Review of In-Training Assessment Process

The Board revised its Policy Document IC-11 "Guidelines for the In-training Assessment of Trainees in Intensive Care Medicine" (reprinted elsewhere in this issue of the Bulletin). The process still requires trainees to be assessed at six monthly intervals. However the option for a preliminary interview, and self assessment by the trainee has been incorporated. Completed assessments will now be forwarded directly to the Faculty office by the Supervisor rather than via Regional Education Officers. Trainees will be required to maintain a portfolio that will include copies of assessments, an optional 'Training Goals' form and other voluntary documentation such as logbooks and course attendance details.

Requirement for anaesthesia training

The Board amended the Administrative Instructions to clarify that posts for the anaesthesia component of intensive care training must be in hospitals approved for training by ANZCA, but do not have to be in an ANZCA accredited post.

Training Committee

The Joint Faculty has established a Training Committee to consider approval of applications for prospective approval of training. Membership includes the Co-ordinator of Advanced Training, Censor and such other members the Board may choose to appoint.

Review of Training Program

A Working Party continues to develop the proposal for a new Training Program. The proposal includes development of a program consisting of three basic training years and three advanced training years, with minimum core elements of intensive care, clinical anaesthesia and clinical medicine. Anaesthesia and medicine components could be undertaken during basic training to allow maximum

flexibility to the program. The Primary Exam must be passed before accreditation of advanced training and there will be further investigation into equivalence of other Primary Exams. Trainees would be required to spend at least two years of total training program in Australasia or Hong Kong, with an advanced core training year being in an Australian, New Zealand or Hong Kong C24 unit.

PROFESSIONAL

Policy Documents

The following documents were approved and appear elsewhere in the Bulletin:

- IC-3 "Guidelines for Intensive Care Units Seeking Accreditation for Training in Intensive Care"
- IC-11 "Guidelines for In-Training Assessment of Trainees in Intensive Care Medicine"
- IC-13 "Recommendation on Standards for High Dependency Units Seeking Accreditation for Training in Intensive Care Medicine"

Accreditation of Core Intensive Care Training undertaken overseas

The policy of FICANZCA has been to approve core intensive care training undertaken in inspected and accredited Intensive Care Units only. The Board has agreed in-principle, to approval of advanced training undertaken outside Australia, New Zealand or Hong Kong, subject to the proposed training program meeting specific requirements.

AMC Accreditation

The processes and policies of the Joint Faculty are to be reviewed as part of the ANZCA application for accreditation by the AMC. A draft of this submission has been prepared and submitted as part of the ANZCA submission.

Liaison with ANZICS

The Board agreed the President of ANZICS would be co-opted to the Board as an observer and the Dean would also attend ANZICS Board meetings as an observer, allowing a route for bilateral feedback.

Annual Scientific Meeting, May 2002 Brisbane

The Board resolved that Dr David Burgner be appointed as the Joint Faculty Foundation Visitor for 2002. Dr Burgner is a UK paediatrician with a special interest in infectious diseases, now working in Perth. He will visit Brisbane and Melbourne. A revised program incorporating the themes of perioperative medicine, sepsis and resource allocation in the ICU was approved. It was also arranged that a

Workshop for Intensive Care Supervisors of Training would be held during the meeting.

New Fellows Conference, 2002

The following were nominated as the Joint Faculty Representatives for the New Fellows Conference in May, entitled 'Challenge of Change':

Dr Ian Seppelt, NSW

Dr Emma Merry, NZ

Dr Shane Townsend, Vic

Dr Peter Kruger, Qld was appointed at the previous meeting of the Board. Dr Ranald Pascoe was appointed Board member-in-residence.

Foundation Fellowship of the Joint Faculty of Intensive Care Medicine

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS
ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS

Neil ABRAHAMS, NSW
Ion Steffn ALEXANDER, NSW
Brian Joseph ANDERSON, NZ
Michael Bernard ANDERSON, NZ
Ziauddin ANSARI, VIC
Christopher Matthew ANSTEY, QLD
Subhash Chander ARORA, VIC
David Lancelot Hugh AUSTIN, NZ
Kin Wah AU YEUNG, HK
John Raymond AWAD, NSW
Amjed AZIZ, NSW
Arthur Barrington BAKER, NSW
Ashoke BANERJEE, NSW
Geoffrey Arthur BARKER, Canada
Nicholas Andrew BARNES, NZ
Robert James BARNETT, QLD
Jonathan Arthur BARRETT, VIC
John Campbell BARRETT, NZ
John Samuel BECA, NZ
Ursula BECKMAN, NSW
Andrew BELESSIS, NSW
Anthony James BELL, TAS
Rinaldo BELLOMO, VIC
Peter Graeme BENDIXON, QLD
Kerrie June BENFIELD, VIC
Forbes Eadie BENNETT, NZ
Ronald Ernest BENSON, NSW
Gwynne James BENTLEY, QLD
Andrew David BERSTEN, SA
Allan Raymond BESWICK, TAS
Helen Lesley BIDSTRUP, NSW
David Julian BIHARI, NSW
Gillian Frances BISHOP, NSW
David BLYTHE, WA
Christian Hermann BÖHRINGER, USA
Robert James BOOTS, QLD
Christopher Leonard BORTON, NSW
David Ralph BOWIE, NZ
Dorothy Margaret BREEN, NSW
Francis Xavier BRFHENY, WA
Peter John BRISTOW, QLD
Timothy Peter BROWNRIDGE, SA
David Howard Francis BUCKLEY, NZ
Thomas Anthony BUCKLEY, HK
Jonathan Neil BUCKMASTER, VIC
Michael David BUIST, VIC
Anthony Richard BURRELL, NSW
Michael Paul BURT, ACT
David John McGregor BUTCHERS, NSW
Warwick BUTT, VIC
Philip Leonard BYTH, NSW
John Francis CADE, VIC

Ross Michael CALCROFT, HK
Victor Ian CALLANAN, QLD
Peter Donald CAMERON, WA
Robert James CAMERON, NSW
Ian Kyle CARNEY, VIC
Daryl Richard CATT, SA
Paul CHAMPION, VIC
Marianne Jean CHAPMAN, SA
Ai Yu CHENG, HK
Po Wa CHEUNG, HK
Meher Prasad CHINTHAMUNEEDI, TAS
Robin Kuo Choon CHOONG, NSW
Michael CLARENCE, VIC
Peter Telford CLARK, NSW
Geoffrey Malcolm CLARKE, WA
David George CLAYTON, SA
Michael John CLEARY, QLD
Jerome Garth Lineham COCKINGS, QLD
Amanda Jane COCKS, NSW
Arthur Francis COGSWELL, Canada
Eugene Israel COHEN, VIC
Catherine Louise COLE, NSW
Elizabeth CONNOLLY, Ireland
David Andrew COOK, QLD
Peter Dalton COOK, QLD
Leigh John COOMBS, WA
David James COOPER, VIC
Paul David COOPER, TAS
Charles Frederick CORKE, VIC
Michael Anthony CORKERON, QLD
Mark Graeme COULTHARD, QLD
Peter Joseph CRANSWICK, VIC
Matthew Ronald CRAWFORD, NSW
Peter Denholm CRONE, NZ
Kieran CROWLEY, Ireland
Philip Howard Vaughan CUMPSTON, ACT
David Neil CUNNINGHAM, SA
Helen Elizabeth CURROW, NSW
Geoffrey Ronald CUTFIELD, NSW
Mark Richard DALEY, NSW
Andrew Ross DAVIES, VIC
Michael John DAVIS, NSW
Alfred Charles DAY, UK
Roderic Gregory DELBRIDGE, QLD
Richard Alan DINSDALE, NZ
Barry DIXON, VIC
Geoffrey John DOBB, WA
Trevor Lancelot DOBBINSON, NZ
Karl Desmond DONOVAN, WA
George DOWNWARD, NZ
Barry John DUFFY, NSW
Graeme John DUKE, VIC

Trevor David DUKE, VIC
Alan William DUNCAN, WA
David Scott DURHAM, SA
Cyrus EDIBAM, WA
Stephen Arthur EDLIN, WA
Nicholas Andrew EDWARDS, SA
Simon John ERICKSON, WA
David ERNEST, VIC
Grant Frederick ERUINI-BENNETT, NSW
David John EVANS, SA
John Stuart Martin EVANS, QLD
Evan Richard EVEREST, SA
Simon Robert FINFER, NSW
Mark Edward FINNIS, SA
Malcolm McDougal FISHER, NSW
Athanasios FLABOURIS, NSW
Stephen John FLETCHER, UK
Alistar Millar FORBES, WA
John Edward FOY, NZ
David John FRAENKEL, QLD
John Francis FRASER, QLD
Ross Callum FREEBAIRN, NZ
Craig John FRENCH, VIC
Paul FROST, NZ
Elizabeth FUGACCIA, NSW
William Rayner FULLER, SA
John Eugene Anthony GALLAGHER, NSW
Leslie Henry GALLER, NZ
David Alan GALLER, NZ
Stephen Paul GATT, NSW
David John GATTAS, NSW
Robert Charles GAZZARD, VIC
Alastair James GIBSON, NZ
Michael James GILLHAM, NZ
John Eugene GILLIGAN, SA
Jonathan GILLIS, NSW
Charles David GOMERSALL, HK
Manivannan GOPALAKRISHNAN, NSW
Geoffrey Stewart GORDON, QLD
John Robert GOWARDMAN, ACT
Bruce Huxtable GRAHAM, NSW
Thomas Marcus GRATAN-SMITH, NSW
David Thomas GREEN, VIC
John Victor GREEN, VIC
William Middleton GRIGGS, SA
Geoffrey Alan GUTTERIDGE, VIC
Stephen Roderick HAGLEY, SA
Adrian Cumming HALL, VIC
Nerina Susan HARLEY, VIC
Peter William James HARRIGAN, NSW
Gordon Alfred HARRISON, NSW
Graeme Keith HART, VIC

Jack Hilton HAVILL, NZ
Kenneth John HAVILL, NSW
Felicity Helen HAWKER, VIC
Mark John HAYDEN, UK
Rajeev HEGDE, SA
Alan HENDERSON, QLD
Seton John HENDERSON, NZ
Robert Darien HENNING, VIC
Robert Gordon HERKES, NSW
Bernadette Blanche HICKEY, VIC
Keith Graham HICKLING, QLD
Peter Robert HICKS, NZ
Catherine Grace HILL, UK
Geraldine HILL, NSW
Kenneth Mark HILLMAN, NSW
Kwok Ming HO, NZ
William Ralph HODGSON, NSW
Robin Leigh HOLLAND, NSW
Andrew William HOLT, SA
Gillian Clarke HOOD, NZ
Wayne Grant HOWARD, ACT
Robert Charles HUTCHINSON, VIC
Philip Rowan HYDE, NZ
Benno Uwe IHLE, VIC
Theresa Clair JACQUES, NSW
Stephen John JACOBE, NSW
Maliq Pengeran Chunchie JAIMON, NSW
Owen Francis JAMES, NSW
Ian Richard JENKINS, WA
George JOHN, India
Christopher John JOYCE, QLD
Gerard Thomas JOYCE, VIC
Gavin Matthew JOYNT, HK
James Arthur JUDSON, NZ
Amod KARNIK, QLD
Yvonne Janice KEARLEY, VIC
Stephen Richard KEELEY, SA
William John Ward KELLY, VIC
Dennis Robert KERR, NSW
Stephen John KERR, UK
Myrene Carol KILMINSTER, NSW
Neil Gordon KILOH, NSW
Geoffrey John KNIGHT, WA
Chi Kwan KOO, HK
Peter Stanley KRUGER, QLD
Mark David LANDY, QLD
Peter Charles LAUSSEN, USA
Peter Scott LAVERCOMBE, QLD
John Campbell LAWRENCE, NSW
Peter John LAWRENCE, NSW
Isabel Anne LEDITSCHKE, QLD
Richard Priestley LEE, NSW
Richard Creighton LEONARD, UK
Yat Iim LEONG, VIC
Kit Hung Anne LEUNG, HK
Michele Rose LEVINSON, VIC
Janet LIANG, NZ
Jeffrey LIPMAN, QLD
Bruce Gregory LISTER, QLD
Joy-Wah Ronald LO, UK
Heather Maree LOW, NSW

David Arthur LOWE, NSW
Paul Anthony MACDONALD, NSW
Christopher Mark MACISAAC, VIC
Darren Robert MANSFIELD, VIC
Brian James MARSH, Ireland
Harold Michael MARSH, USA
Vladimir MARTYN, WA
Neil Thomas MATTHEWS, SA
Colin James McARTHUR, NZ
Craig Lawrence McCALMAN, NZ
John Bernard McCARTHY, QLD
David James McCLEAVE, SA
Anthony John McDONOGH, NSW
Julie Ann McENIERY, QLD
Colin Brett McFADYEN, NSW
Paul Vincent McGINN, VIC
Gregory Bruce McGRATH, WA
Andrew Derrick McKEE, NZ
Anthony Stuart McLEAN, NSW
Angela McLUCKIE, UK
Peter Jerome McQUILLAN, UK
Roderick John McRAE, VIC
David Brian McWILLIAM, NSW
Emma Jane MERRY, NZ
Fiona Kristine Isôla MILES, UK
Kenneth John MILLAR, VIC
Stuart Ross MILLER, TAS
David Michael MILLISS, NSW
Imogen MITCHELL, ACT
Orlando Agostinho MONTEIRO, VIC
John Leith MORAN, SA
David Gordon MORE, NSW
Evan Brian MORGAN, VIC
Thomas John MORGAN, QLD
Peter Thomas MORLEY, VIC
Muniswami Yuganathan MUDALIAR, NSW
Daniel Vincent MULLANY, QLD
Anthony John MULLENS, NSW
Geoffrey Charles MULLINS, VIC
Deirdre Ann MURPHY, VIC
William James MURTHA, Canada
John Alexander MYBURGH, NSW
Ramesh NAGAPPAN, VIC
Priya NAIR, NSW
Zarir NANAVATI, NSW
Vineet NAYYAR, India
Sean Denis NEWELL, QLD
Richard Paul NEWMAN, SA
Bernice Yuen Yee NG, WA
Mark Brian NICHOLLS, NSW
George NIKOLIC, ACT
Cathal Patrick NOLAN, Ireland
Andrew Herbert NUMA, NSW
Gabrielle Anne NUTHALL, Canada
Anthony John O'CONNELL, NSW
Michael Seamus O'FATHARTAIGH, SA
Michael James O'LEARY, NSW
Mark Stewart OLIVER, NZ
Michael Edward O'LOUGHLIN, QLD
Rosemary Anne O'MEEGHAN, USA
William John O'REGAN, NSW

Teik Ewe OH, WA
Paul Ormond OLDER, VIC
Helen Ingrid OPDAM, VIC
John Herbert OVERTON, NSW
Robert Peter Francis PARKES, TAS
Scott Nicholas PARKES, TAS
William Geoffrey PARKIN, VIC
Simon John PARSONS, Canada
Ranald Lochiel Stewart PASCOE, QLD
Sandra Lois PEAKE, SA
Ian Young PEARSON, NSW
Aaron Ronny PEISACH, SA
Vincent Alfred PELLEGRINO, VIC
Anne-Marie PELLIZZER, VIC
Dermot Michael O'Malley PHELAN, Ireland
Garry David PHILLIPS, SA
Paul Robert PHIPPS, NSW
Mary PINDER, WA
Richard Douglas PIPER, NSW
Hugh Richard PLAYFORD, NSW
Bradley Mark POWER, WA
Jeffrey John PRESNEILL, VIC
Andrew Gordon PUDDY, SA
Adam PURDON, NSW
Roger Eric Stirling PYE, NSW
Ronald William QUINN, QLD
Kanaka Sundaram RACHAKONDA, NSW
Naresh RAMAKRISHNAN, VIC
Mason Philip RAMSAY, NZ
Alan Patrick Nigel RANKIN, NZ
Raymond Francis RAPER, NSW
Graham Phillip REECE, NSW
John Hamilton REEVES, VIC
Brent Vincent RICHARDS, QLD
Peter Rudolph ROBERTS, NZ
Megan Sue ROBERTSON, VIC
Howard Philip ROBY, NSW
Martin Peter ROWLEY, NSW
Samuel James RUDHAM, NSW
William Ben RUNCIMAN, SA
Peter John RYE, NSW
Robert Francis SALAMONSEN, VIC
John Dominic SANTAMARIA, VIC
William Peter SAUL, NSW
Carlos Daniel SCHEINKESTEL, VIC
David Norman SCHELL, NSW
Claudia SCHNEIDER, NZ
Mark SCHNEIDER, WA
Carl Brian SCOTT, QLD
Peter Howard SCOTT, QLD
Peter Francis SEAL, VIC
Elizabeth Rae SEGEDIN, NZ
Ian Mark SEPPFIT, NSW
Frank Athol SHANN, VIC
Peter Hamilton SHARLEY, SA
Geoffrey Mark SHAW, NZ
Yahya SHEHABI, NSW
William SILVESTER, VIC
David Chard SIMES, WA
Edward Grant SIMMONS, NSW
Catherine Margaret SIMPSON, NZ

Ram Gopal SISTLA, QLD
Mark SKACEL, ACT
Peter William SKIPPEN, Canada
George Andrew SKOWRONSKI, NSW
Anthony John SLATER, SA
James Wallace SLEIGH, NZ
Bradley Charles SMITH, NSW
Francis Evelyn SMITH, NSW
Rex Anthony SMITH, NZ
Stephen Mark SMITH, USA
Hing Yu SO, HK
Jennifer SOKOL, WA
Thomas Raymond SOLANO, NSW
Neil Cranson SONI, UK
Michael SOUTH, VIC
Edward Richard STACHOWSKI, NSW
David Hugh STEPHENS, QLD
Dianne STEPHENS, NT
Anthony Hugh Lawrence STEWART, NSW
Penelope Clare Huston STEWART, NSW
John William STOKES, QLD
Martin Kinman STREET, UK
Anthony David SUTHERLAND, VIC
Michael James SUTHERLAND, NSW
Paul Kenneth SWAN, Saudi Arabia
Kee Seng Ian TAN, HK
Yuen-Heng Peggy TAN, HK

Bruce Lindsay TAYLOR, UK
Govindasamy THANAKRISHNAN, NSW
Peter Dean THOMAS, SA
Walter Ross THOMPSON, WA
James TIBBALLS, VIC
Anthony Edward TOBIN, HK
Thomas Andrew TORDA, NSW
John McKinnon TORRANCE, NZ
Paul John TORZILLO, NSW
Richard Joseph TOTARO, NSW
Simon Charles Bruce TOWLER, WA
Shane Christopher TOWNSEND, VIC
Khoa TRAN, QLD
Yung TRAN, NSW
Ronald Valentine TRUBUHOVICH, NZ
Barbara Elise TRYTKO, NSW
Andrew John TURNER, TAS
David Valdemar TUXEN, VIC
David Byam ULYATT, QLD
Robert William URE, NZ
Peter Vernon VAN HEERDEN, WA
Alnis Ernst VEDIG, SA
Sathyajith VELANDY KOOTTAYI, VIC
Balasubramanian VENKATESH, QLD
Edward WARD, NZ
John Charles WARDEN, NSW
Rupert Anthony WEAVER, VIC

Ian James WEBB, QLD
Steven Anthony Rochford WEBB, WA
John William WEEKES, WA
Drew James WENCK, QLD
Anne Patricia WHALEY, NSW
Ann Maureen WHITFIELD, VIC
Robert Frederick WHITING, QLD
Michael Rohan WHITTY, NSW
Neil James WIDDICOMBE, QLD
Ubbo Frank WIERSEMA, SA
Barry Howard WILKINS, NSW
Anthony Brendan WILLIAMS, NZ
David Yong WILLIAMS, VIC
Gary David WILLIAMS, NSW
Stephen Frederick WOODFORD, NSW
William Paul David WOODS, WA
Clive WOOLFE, NSW
Lindsay Ian Grant WORTHLEY, SA
David Wayne WRATHALL, UK
Christopher Adrian WRIGHT, VIC
David Malcolm WRIGHT, QLD
Robert Charles WRIGHT, NSW
Hiu Yi Florence YAP, HK
Victor YEO, HK
Karl Kang YOUNG, HK
Robert John YOUNG, SA
Michael Winston YUNG, VIC

Joint Faculty of Intensive Care Medicine

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS
ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS

POLICY DOCUMENTS

- IC-1 (1997) Minimum Standards for Intensive Care Units
IC-2 (2000) The Duties of an Intensive Care Specialist in Hospitals Accredited for Training in Intensive Care.
IC-3 (2002) Guidelines for Intensive Care Units seeking Accreditation for Training in Intensive Care
IC-4 (2000) The Supervision of Vocational Trainees in Intensive Care
IC-5 (1995) Duties of Regional Education Officers in Intensive Care
IC-6 (2001) The Role of Supervisors of Training in Intensive Care Medicine
IC-7 (2000) Secretarial Services to Intensive Care Units
IC-8 (2000) Quality Assurance
IC-9 (1997) Statement on Ethics and Patients' Rights and Responsibilities
IC-10 (1996) Minimum Standards for Transport of the Critically Ill
IC-11 (2002) Guidelines for the In-Training Assessment of Trainees in Intensive Care Medicine
IC-12 (2001) Examination Candidates Suffering from Illness, Accident or Disability
IC-13 (2002) Recommendations on Standards for High Dependency Units Seeking Accreditation for Training in Intensive Care
PS38 (1999) Statement Relating to the Relief of Pain and Suffering and End of Life Decisions
PS39 (2000) Intrahospital Transport of Critically Ill Patients
PS40 (2000) Guidelines for the Relationship between Fellows and the Healthcare Industry
PS45 (2001) Statement on Patients' Rights to Pain Management

Fellowship Examination May 2002

The JFICM Fellowship Examination was held at the Princess Alexandra and Royal Brisbane Hospitals, Brisbane on 2nd and 3rd May



Chairman Dr Peter Morley congratulates A/Professor Jim Tibballs on completion of twelve years service as an Intensive Care Examiner.



Successful candidates, from left: Drs Peter Dzendrowski, Andrew Hilton, Julian Hunt-Smith, Ros Purcell, Mark Lucey, Kim Vidhani, Craig Hourigan, Alan Rouse, and foreground, Rob Frengley.

Admission to Fellowship

OF THE FACULTY OF INTENSIVE CARE, ANZCA

The following have completed all requirements for admission to Fellowship of the Faculty of Intensive Care, ANZCA, by examination and were admitted by the Board:

Naresh Ramakrishnan	VIC
Claudia Schneider	NZ
Michael James Gillham	NZ
Mark Richard Daley	NSW
David Scott Durham	SA
Jonathan Arthur Barrett	VIC

Annual Scientific Meeting

Brisbane, 11-13th May 2002

The inaugural Joint Faculty Annual Scientific Meeting was held in Brisbane in conjunction with the main meeting of the Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine.

The meeting was well attended and preceded by a successful New Fellows Conference at O'Reilly's Guesthouse on the Lamington Plateau. The theme this year was the "Challenge of Change" and a large portion of the papers were pointed in this direction. The content varied from patient malnutrition to reasons for the admission or non admission of patients to Intensive Care.

The Faculty Foundation Visitor was Dr David Burgner from Perth (formerly Clinical Lecturer in Paediatric Infectious Diseases and HIV at Imperial College Faculty of Medicine, St Mary's Hospital, London). He presented the Foundation Visitor's Lecture "What can human genetics tell us about the response to infectious diseases". This paper was

picked up in the press the next day with a short article entitled "Picking your Parents to avoid the flu".

The Intensive Care Dinner was held at the Rugby Club and proved a successful evening for all. The venue, meal and the view across the Brisbane River were superb.

The trade representation was well mixed between Anaesthesia and Intensive Care in their presentations and their service to registrants. This was well received.

The General Business Meeting was well attended and provided an opportunity to present Dr Richard Lee with a Certificate of Appreciation following 12 years of distinguished service to the Panel of Examiners.

The Organising Committee are to be congratulated on their success and the organisation of the program. Local reports have indicated that this was the "Best games ever" – (this is probably Queensland bias!).

RANALD L S PASCOE
COMMUNICATIONS OFFICER



Drs Chris Wright, Felicity Hawker and David Ernest following the College Ceremony



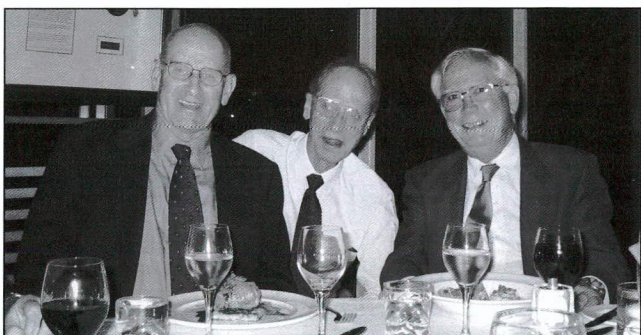
The Dean Dr Felicity Hawker and Dr Richard Lee, former Chairman of the Fellowship Examination



Dr David Burgner is presented with the Foundation Visitor's Medal for his presentation on the relationship between genetics and human infectious diseases



Fellow Victorians Peter and Libby Seal with Naresh Ramakrishnan



Drs Bob Wright, Ron Trubuhovich and Geoff Clarke at the Intensive Care Dinner

Joint Faculty of Intensive Care Medicine

Australian and New Zealand College of Anaesthetists

Royal Australasian College of Physicians

ABN 82 055 042 852

Review IC-3 (2002)

GUIDELINES FOR INTENSIVE CARE UNITS SEEKING ACCREDITATION FOR TRAINING IN INTENSIVE CARE MEDICINE

1. GENERAL

- 1.1 The Joint Faculty of Intensive Care Medicine classifies intensive care units into a number of categories for the purpose of its Administrative Instructions related to training in intensive care.
- 1.2 Intensive care units accredited for training by the Joint Faculty of Intensive Care Medicine must meet the following criteria:
 - 1.2.1 The unit must be fully established and operational and have a director who is a Fellow of the Joint Faculty of Intensive Care Medicine.
 - 1.2.2 The unit must offer trainees a wide spectrum of experience with an acceptable case load.
 - 1.2.3 The hospital should provide a comprehensive range of medical and surgical specialties.
 - 1.2.4 There must be access to a wide spectrum of investigations and therapeutic procedures.
 - 1.2.5 The unit must have an adequate number of specialised medical, nursing and ancillary staff.
 - 1.2.6 Clinical supervision by appropriately qualified specialist medical staff must be available at all times.
 - 1.2.7 There must be suitable facilities for the role of the unit and for the staff who work in it.
 - 1.2.8 A program of education, quality assurance and research must be offered which includes a formal teaching program readily available to trainees.
 - 1.2.9 Adequate intensive care textbooks, journals, management guidelines, protocols or clinical care pathways must be available on site, and the unit should have Internet or Medline access.
 - 1.2.10 Defined admission, management, discharge and referral policies must be in place.
 - 1.2.11 Trainees must work adequate hours within the intensive care unit as distinct from high dependency units or other rostered duties. If inadequate hours are worked in intensive care, the Censor may rule that the trainee or trainees must extend the duration of their core training.
 - 1.2.12 Where Trainees are involved in routine patient care in a high dependency unit, the high dependency unit should meet the criteria as described in Document IC-13 "Recommendations on Standards For High Dependency Units Seeking Accreditation For Training In Intensive Care Medicine".
 - 1.2.13 Unit policies and rosters must ensure that adequate clinical management experience (including performance of procedures) is available to trainees. If excessive numbers of trainees are considered to limit the adequacy of training, then the Censor may rule that the trainee or trainees must extend the duration of their core training.
 - 1.2.14 Safe working hours for trainees must be maintained and welfare issues addressed.
- 1.3 The hospital must have a comprehensive continuing education program for its staff and should provide adequate library facilities.
- 1.4 The hospital must be prepared for the Faculty, at intervals determined by the Board, to carry out visits to the unit to assess its suitability for training. Information about caseload, staffing patterns and the rosters will be required.
- 1.5 The training appointment must be entirely in intensive care, and should include provision for the trainee to take part in out-of-hours rosters for intensive care.
- 1.6 When appointments to the specialist staff are made, the advice of a properly constituted committee capable of evaluating the qualifications of the applicants must be sought. Faculty nominees are available to committees for this purpose.

- 1.7 The Joint Faculty of Intensive Care Medicine expects that the job specifications of the specialist medical staff will comply broadly with Document IC-2 "The Duties of an Intensive Care Specialist in Hospitals with Approved Training Posts".
- 1.8 Supervisors of Training are nominated by the Unit and appointed by the Board of Faculty. The Supervisor is expected to carry out the duties listed in Document IC-6 "Supervisors of Training in Intensive Care".
- 1.9 The Joint Faculty of Intensive Care Medicine expects that supervision of vocational trainees will conform to the principles of the Document IC-4 "The Supervision of Vocational Trainees in Intensive Care".
- 1.10 Positions for training in intensive care units accredited by the Joint Faculty of Intensive Care Medicine must be advertised and the unit classification (see 2 below) must be indicated in the advertisement. The selection process must conform to Faculty guidelines. Selection panels for the appointment of trainees in intensive care should include a representative of the Joint Faculty of Intensive Care Medicine.
- 1.11 The hospital must agree to notify the Board, through its Supervisor of Training, of any changes that might affect training. Changes such as a reduction in the workload or a reduction in the number of specialist staff working in the unit are regarded as important.
- 1.12 Applications for a change in classification will be received by the Board, and may necessitate re-inspection of the unit.

2. CLASSIFICATION OF UNITS

- 2.1 Subject to criteria being met, the number of training posts in a unit accredited for training is unrestricted unless otherwise specified. All accredited units are suitable for core training, elective training and, unless otherwise specified, the intensive care component of anaesthesia training.
- 2.2 The duration of core training is restricted according to the classification of the unit as outlined below.

2.2.1 C24: Unrestricted core training

This classification is granted to units where it would be appropriate for a trainee to spend the whole of their core training in intensive care. This applies to major/tertiary hospitals and implies a high case load, diverse case mix and adequate severity of illness. Trainees are required to spend at least one year of core intensive care training in a unit with a C24 classification.

2.2.2 C12: Twelve months core training

This classification is granted to units where the case load and case mix are adequate but where it would be considered inadequate for a trainee to spend the whole of their core intensive care training in such a unit or where it is necessary for the trainee to spend a period of training in another unit to gain some specific clinical experience.

2.2.3 C6: Six months core training

This classification is granted to units where the case load, case mix, supervision or facilities are limited such that the period of core training in that unit should be restricted to six months. It is not a reflection on the quality of care in that unit. The C6 classification is also designed to encourage rotations to such units. Normally, not more than one period of C6 training in a given unit is allowed during core intensive care training. A second period of C6 training in another unit requires prior approval of the Censor and will only be granted if specific benefit in training will be achieved.

2.2.4 S3: Three months core training in specific circumstances

A unit is granted an S3 classification to allow a trainee to gain some specific clinical exposure. Only one period of S3 is allowed during core intensive care training. One period of C6 and one period of S3 training require prior approval of the Censor and will only be granted if specific benefit in training will be achieved. For administrative purposes, other services such as retrieval or hyperbaric units etc. may be considered under this classification.

2.3 Criteria for determining classification of units

The determination of a unit's classification will be made with regard to points listed in paragraph 1 above, the unit's case load, case mix, severity of illness of patients, range and frequency of procedures, supervision of trainees and facilities of the unit.

More specifically:

- 2.3.1 The Director of the unit must be a Fellow of the Joint Faculty of Intensive Care Medicine (FJFICM).
- 2.3.2 An appropriately qualified specialist must be rostered to supervise the unit at all times. When providing supervision the specialist must be rostered only for intensive care duties.

- 2.3.3 For units classified as C24 or C12, trainees must be exposed to more than one specialist who is a Fellow of the Joint Faculty of Intensive Care Medicine. More than one such specialist should have a minimum of 50% involvement in the unit.
- 2.3.4 The minimum unit case load for units seeking C24 or C12 approval should be 500 admissions per annum. The minimum case load for C6 or S3 units should be 350 admissions per annum.
- 2.3.5 Units classified as C24 or C12 should offer trainees a broad general experience of intensive care.
- 2.3.6 At least one medical officer must be exclusively rostered and, when on duty, predominantly present in the unit. "On duty" signifies that this medical officer must be present in the hospital at all times.
- 2.3.7 The unit must have a quality assurance program and carry out evaluations in accordance with Document IC-8 "Quality Assurance".
- 2.3.8 There shall be an active teaching program for medical staff, to which daily review of patients in the unit will make a significant contribution.
- 2.3.9 The Joint Faculty of Intensive Care Medicine expects there will be adequate office space for both the senior and the junior staff. Neither can be expected to carry out their roles properly without it.
- 2.3.10 Adequate secretarial help must be provided in accordance with Document IC-7 "Secretarial Services to Intensive Care Units".

2.4 Elective intensive care training in non-accredited units

This will only be permitted where prior approval has been obtained from the Censor.

3. PHYSICAL FACILITIES AND EQUIPMENT

3.1 The Patient Care Area

- 3.1.1 The number of intensive care beds available (a minimum of six) should be appropriate to the size and function of the hospital.
- 3.1.2 The area for each bed should be sufficient to allow easy access to the patient and to allow the deployment of equipment needed to manage the patient appropriately.
- 3.1.3 Services to the bed must be conveniently placed and in sufficient number to cope with the peak demand.

- 3.1.4 The design should take into account the serious risk of cross infection. There should be easy access to hand washing from each bed station and it should be possible to isolate individual patients.

3.2 Equipment

- 3.2.1 Equipment available in the unit must be appropriate to the work done in the unit and to the work load, judged by contemporary standards.
- 3.2.2 There must be a regular equipment safety checking system in force.
- 3.2.3 The beds must be of suitable design.

3.3 Support Areas

- 3.3.1 Adequate storage space is essential.
- 3.3.2 There should be a clear separation of clean and dirty working areas.
- 3.3.3 A ward administration area is required that must readily accommodate the staff who work there.
- 3.3.4 Offices must be provided for each of the full time specialist medical staff working in the unit.
- 3.3.5 There must be a suitably quiet area for the trainees to study when they have the opportunity.
- 3.3.6 The unit should have ready access to a teaching area with the appropriate facilities.
- 3.3.7 A relatives' waiting area must be available, with a separate private area for distressed relatives.

4. TEACHING AND RESEARCH

- 4.1 There must be a formal program of teaching provided for trainees. This teaching will include:
 - 4.1.1 Tutorials
 - 4.1.2 Daily review of patients with the intensive care specialist on duty for the unit.
 - 4.1.3 Case presentations and review sessions.
 - 4.1.4 Mortality and morbidity sessions.
- 4.2 The unit should have an active research program.

These guidelines should be interpreted in conjunction with the following Documents of the Joint Faculty of Intensive Care Medicine, Australian and New Zealand College of Anaesthetists and the Royal Australasian College of Physicians:

- IC-1 *"Recommendations on Standards for Intensive Care Units"*
- IC-2 *"The Duties of an Intensive Care Specialist in Hospitals Accredited for Training in Intensive Care"*

- IC-4 "The Supervision of Vocational Trainees in Intensive Care"
- IC-6 "Supervisors of Training in Intensive Care"
- IC-7 "Secretarial Services to Intensive Care Units"
- IC-8 "Quality Assurance"
- IC-13 "Recommendations on Standards for High Dependency Units Seeking Accreditation for Training in Intensive Care Medicine"

Promulgated: February 1994
 Revised: October 1998
 Revised: February 2002

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Joint Faculty of Intensive Care Medicine

Australian and New Zealand College of Anaesthetists
 Royal Australasian College of Physicians

ABN 82 055 042 852

Review IC 11 (2002)

GUIDELINES FOR THE IN-TRAINING ASSESSMENT OF TRAINEES IN INTENSIVE CARE MEDICINE

1. INTRODUCTION

In-training assessment (ITA) of Trainees in Intensive Care Medicine is an essential part of the Trainees' education. It complements other methods of evaluation, such as examinations. ITA is a joint process of evaluation and goal setting by the Trainee and the Supervisor of Training (SOT), and requires active participation by the Trainee. It is essential that the assessment is conducted in accordance with sound educational principles, and that the principles of natural justice are observed.

Assessment may be formative or summative. Formative assessment is personal and aims to be supportive of the Trainee. Summative assessment is an external validation of the trainee's development measured against objective criteria, for example by examination. The Faculty's ITA is mainly a formative process, but does have some summative aspects.

2. OBJECTIVES

The objectives of ITA are to:

- 2.1 Assess and assist with the Trainee's progress towards appropriate goals.
- 2.2 Provide regular feedback to Trainees.
- 2.3 Develop any remedial activities for the Trainee that may be required.

However, the failure to fully achieve the objectives will not invalidate the process.

3. PROCESS

Each Trainee must maintain a training portfolio throughout their training. It should include originals or copies of formal documents related to training and courses passed, as well as voluntary documentation such as a log-book. It MUST contain a copy of the signed ITA form from each final assessment with an SOT, and should contain all self evaluation performance forms.

It may be necessary for the trainee to produce the copies of final assessment forms when undergoing future assessments.

- 3.1 Formal assessment meetings MUST occur between the SOT and each Trainee at the end of each six month period (or sooner if the attachment is less than six months). Additional meetings between the Trainee and SOT should occur as appropriate. An interview at the beginning of the period is highly desirable. The purpose of such an early interview is to review the Trainee's previous performance, and set appropriate goals for the next training term. This may involve review of the Trainee's Training Portfolio. The agreed goals need to be written down and kept in the portfolio.

There should also be regular group meetings between the SOT and the Trainees together with the Head of Department if appropriate. Any Trainee experiencing difficulty should bring this to the attention of the SOT as early as possible.

- 3.2 At the final assessment interview, the SOT and Trainee will review and discuss performance during the completed attachment.
- 3.3 The formal assessment of the Trainee's performance over the previous attachment should be based upon;

- 3.3.1 An assessment by the three senior staff who are best placed to provide that assessment. Each must complete section B and C of the ITA form, and/or:

- 3.3.2 An assessment by a consensus meeting of the senior staff of the Department in writing using the ITA form.

The SOT should use this information to complete the definitive ITA form. Prior to the final interview, the Trainee may be asked to complete section C of an ITA form as self evaluation. This information can be used to discuss the past term and to establish goals for the next one. The completed final ITA form must be signed by the Trainee and the SOT, after the Trainee has had an opportunity to add comments.

If the Trainee is continuing at the same institution for the following six months, then the final interview can be joined with the initial interview for the next term.

- 3.4 Destination of forms:

- 3.4.1 The signed original of the ITA form should be submitted to the Faculty Executive Officer by the SOT within two weeks of the assessment. These forms will become part of the Trainee's central record and will be reviewed by the Censor.

- 3.4.2 A copy of the signed ITA form will be retained by the Trainee, along with any self evaluation forms the Trainee completed, and should be retained in the Trainee's portfolio.

- 3.5 The following points may assist senior staff and SOTs in situations where the Trainee's performance is not at the level indicative of a satisfactory assessment.

- 3.5.1 If there is a performance less than that "consistent with level of experience" in any of the skills/attitudes/abilities listed on the ITA form (indicative of a consensus view of the senior staff involved), then this matter must be discussed with the trainee with a view to establishing remedial strategies. An isolated "unsatisfactory" attribute does not necessarily constitute an unsatisfactory assessment.

- 3.5.2 A consistent unsatisfactory attribute over more than one assessment or multiple unsatisfactory attributes on the one occasion must be discussed with the Trainee and remedial strategies drawn up. The Trainee should be told in writing that his/her future performance will be specially monitored and planning for the next term should take that requirement into account.

- 3.5.3 Continued performance during serial assessments which is globally less than "consistent with level of experience" may be indicative of a situation which should be discussed with the Head of Department, and reported to the Executive Officer of the Faculty.

- 3.5.4 Advice as to remedial strategies can be obtained from the Education Officer or from the Education Unit via the Faculty Executive Officer.

4. UNSATISFACTORY ITA PERFORMANCE

When a Trainee consistently performs at a level which is considered to be below that to be acceptable for a developing intensive care medicine specialist, not withstanding repeated documented attempts at correction, then the provisions outlined in the ANZCA College Document TE18 Guidelines for Assisting Trainees with Difficulties section 7 or the RACP Independent Review of Training should be considered. This will require that processes in addition to In-Training Assessment are invoked. Advice can be obtained from the Education Officer or the Faculty Executive Officer.

Trainees may appeal against a JFICM decision on a matter of process. The appeal will be considered according to the appeal procedure of ANZCA.

These guidelines should be interpreted in conjunction with the following documents:

ANZCA Professional Document TE18 – *Guidelines for Assisting Trainees with Difficulties*

RACP Document – Independent Review of Training

Promulgated: 1995
Date of current document: February 2002

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Joint Faculty of Intensive Care Medicine

Australian and New Zealand College of Anaesthetists
Royal Australasian College of Physicians

ABN 82 055 042 852

Review IC 13 (2002)

RECOMMENDATIONS ON STANDARDS FOR HIGH DEPENDENCY UNITS SEEKING ACCREDITATION FOR TRAINING IN INTENSIVE CARE MEDICINE

INTENSIVE CARE TRAINING

Joint Faculty of Intensive Care Medicine trainees can be involved in routine patient care in a High Dependency Unit (HDU) which meets all the criteria described in this document.

The supervision of trainees in the HDU will comply with Document IC-4, "The Supervision of Vocational Trainees in Intensive Care". Trainees must work adequate hours in the Intensive Care Unit (ICU) as opposed to HDU or other activities. If inadequate hours are worked in intensive care, the Censor may rule that the trainee must extend the duration of core training (refer Document IC-3 "Guidelines for Intensive Care Units Seeking Accreditation for Training in Intensive Care"). HDUs in which intensive care trainees' work will be reviewed by the Faculty during a site inspection of the ICU.

INTRODUCTION

An HDU is a specially staffed and equipped section of an intensive care complex which provides a level of care intermediate between intensive care and general ward care.

Patients may be admitted to the HDU:

- (a) from the ICU as a step-down prior to transfer to the ward, or
- (b) directly from the ward, recovery or emergency areas.

Typically patients in HDU will have single organ failure and are at a high risk of developing complications.

An HDU should have resources for immediate resuscitation and management of the critically ill. Equipment should be available to manage short term emergencies, eg. a need for mechanical ventilation.

In stable patients routine monitoring and support may include ECG, oximetry, invasive measurement of blood pressure, low level inotropic support and non-invasive ventilation.

RECOMMENDED GUIDELINES

1. OPERATIONAL

The HDU must:

- 1.1 Be geographically part of the intensive care complex of that hospital.
- 1.2 Be operationally linked to the ICU which must be a Level II or III ICU (refer Document IC-1 "Recommendations on Standards for Intensive Care Units").
- 1.3 Have all patients admitted to the HDU referred to the attending intensive care specialist for management.
- 1.4 Have defined admission, discharge, management and referral policies.
- 1.5 Have twenty-four hour access to pharmacy, pathology, operating theatres and imaging services and appropriate access to physiotherapy and other allied health services.

The HDU should have:

- 1.6 Formal audit of its activities and their outcome.
- 1.7 Suitable infection control and isolation procedures.
- 1.8 Support services eg. technical and clerical.

2. STAFFING

The HDU staffing must include:

- 2.1 A medical director who is a Fellow of the Joint Faculty of Intensive Care Medicine (FJFICM).
- 2.2 In addition to the attending intensive care specialist, at least one registered medical practitioner with an appropriate level of experience immediately available at all times.
- 2.3 A nurse in charge of the HDU who has a post registration qualification in intensive care.

The HDU staffing should include:

- 2.4 At least one other specialist who is a Fellow of the Joint Faculty of Intensive Care Medicine.
- 2.5 Sufficient specialist staff to provide reasonable working hours and leave of all types to allow the duty specialist to be rostered and available to the HDU.
- 2.6 All nursing staff in the HDU responsible for direct patient care being registered nurses and the majority of all senior nurses having a post registration qualification in intensive care or high dependency nursing.
- 2.7 A nursing staff to patient ratio of 1:2.

2.8 A minimum of two registered nurses present in the unit at all times when there is a patient present in the unit.

2.9 Educational programs for both medical and nursing staff, and access to a nursing educator.

2.10 An orientation program for new staff.

3. STRUCTURE

The minimum size for an HDU should be four beds.

HDUs covered by this document are geographically and operationally linked to a Level II or III ICU. Both the parent ICU and the HDU should meet the minimum standards in Document IC-1 paragraph 7 for structure with the following changes:

Patient Area

- 3.1 At least 16m² floor area is required for each bedspace in an open area exclusive of service areas.
- 3.2 A typical HDU will require at least two oxygen, one air and two suction outlets, and at least eight power points for each bedspace.

Many facilities may be common between the ICU and the HDU eg. seminar room, library, staff offices, isolation area.

4. EQUIPMENT

The type and quantity of equipment will vary with the size and function of the HDU and must be appropriate to its workload, judged by contemporary standards.

There must be a regular system in force for checking the safety equipment.

Protocols and inservice training for medical and nursing staff need to be available for the use of all equipment, including steps to be taken in the event of malfunction.

Basic equipment should include:

- 4.1 Hand-ventilating assemblies.
- 4.2 Suction apparatus.
- 4.3 Airway access equipment.
- 4.4 Vascular access equipment.
- 4.5 Monitoring equipment, both non-invasive and invasive.
- 4.6 A defibrillator.
- 4.7 Equipment to control a patient's temperature.
- 4.8 Chest drainage equipment.
- 4.9 Infusion and specialised pumps.
- 4.10 Portable transport equipment.
- 4.11 Specialised beds.
- 4.12 A ventilator.

5. MONITORING

The level of monitoring should be appropriate to the role of the HDU and the physiological status of the patient and should comply with the minimum standards guidelines of Document IC-1 paragraph 9.

These guidelines should be interpreted in conjunction with the following Documents of the Joint Faculty of Intensive Care Medicine, Australian and New Zealand College of Anaesthetists and Royal Australasian College of Physicians:

- IC-1 "Recommendations on Standards for Intensive Care Units"
- IC-3 "Guidelines for Hospitals seeking Accreditation for Training in Intensive Care Medicine"
- IC-4 "The Supervision of Vocational Trainees in Intensive Care"

Promulgated:

February 2000

Revised:

February 2002

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Dean's Message

Michael J Cousins, AM

Final Message of Founding Dean

This will be my last message as your Founding Dean – an office I have been honoured to hold over the last three and a quarter years. It has been a very challenging but most rewarding brief to hold. Over my more than 33 years of involvement in Pain Medicine, there has been no more satisfying activity than the work associated with the early stages and then definitive operation of the Board and Committees of the Faculty. I wish to particularly note the constructive, harmonious manner in which the Board has worked. This was by no means a guaranteed outcome for a Board derived from five specialty bodies, namely anaesthesia, surgery, medicine, psychiatry and rehabilitation medicine. Thus it is a testimony to the Board members that they kept their focus firmly on the development of our specialty – to the benefit of patients, our trainees and Fellows. At this time it is appropriate to pause and ask ‘how far have we come?’ and “where are we going?”

How far have we come?

Following World War II the founding father of the field of pain medicine, Prof. John J. Bonica, a US Anesthesiologist, was charged with the care of injured soldiers returning from the battlefield with severe pain problems. Prof. Bonica recognised that his own sphere of knowledge was quite inadequate to manage the complex and severe problems that he encountered. With extraordinary insight and foresight, he recognised that a “team” approach would be needed and thus founded the multidisciplinary approach to pain management. Prof. Bonica recognised that there would be a need to assess physical, psychological and environmental factors contributing to pain in each patient, reflecting the multidimensional aspects of persistent pain. Although Prof. Bonica’s

pioneering work in Seattle after the war represents the beginnings of this field, it was not until the mid 1960s that multidisciplinary pain management centres developed in the United States, the United Kingdom and also in a small number of centres in Australia. When I worked with Philip Bromage at McGill University, Montreal, Canada (1967-1970) I met Ronald Melzack and Patrick Wall; their lectures and seminars opened my eyes to the imminent explosion in knowledge of pain and its management. In a visit from Montreal to Seattle in 1969 I met John Bonica and saw his ‘Pain Clinic’ at first hand. Subsequently Prof. Bonica had a lifelong influence on my commitment to this field: with his encouragement I helped to form the Australian Pain Society and in 1979-80 served as its Founding President; in 1977 he recruited me to the Council of the IASP (formed in 1974) and in 1987 I succeeded Madame Albe-Fessard (France), Bonica (USA), Iggo (UK) and Melzack (Canada) as the fifth President of IASP. Thus the Faculty has a significant connection with the beginnings of Pain Medicine as a science and professional discipline.

Some of the pioneers of pain medicine in Australia were anaesthetists who joined forces with neurosurgeons, psychiatrists, physicians and rehabilitation medicine specialists to conduct multidisciplinary pain clinics. This situation persisted in sporadic foci in Australia until 1995 when ANZCA Council decided to develop a Certificate in Pain Management. Shortly thereafter, ANZCA Council contacted RACS, RACP, RANZCP and the AFRM (RACP) to suggest the formation of a Joint Advisory Committee on Pain Medicine (JACPM); I was privileged to chair this Committee. Following agreement by these bodies, the Committee commenced its work late in 1995.

The Certificate in Pain Management was overseen by the Pain Medicine Committee of ANZCA which worked in

parallel with the JACPM until August 1998. At this stage the Pain Medicine Committee of ANZCA was merged into the JACPM and subsequently into the Board of the Faculty of Pain Medicine; the initial Board of Faculty was ratified by ANZCA Council in February, 1999 and met for the first time on 4th February, 1999.

The establishment in 1999 of the Faculty of Pain Medicine within ANZCA, incorporating true multidisciplinary representation from other medical specialties, is an important and innovative advance in dealing with the management of acute, chronic non-cancer and cancer pain, which collectively remain one of society's major problems (see Dean's message March 2001)

At the beginning of May, 2002 there were 141 Fellows and 10 Trainees of the Faculty. To date 45 Trainees have sat the examination for Fellowship and 40 passed.

In the three years since the Board commenced its work some major milestones have been passed:

- Development and revision of **Regulations for the Board**
- Development of a **Prospectus for Trainees**
- Development of a Training Manual, including formats and instructions for **Log Books, Quarterly Reports and Treatises** (now called Case Reports)
- Development of a major document '**The Objectives of Training**', including an extensive reference list.
- Assembly of a complete **portfolio of all of the foregoing references** and distribution to all Faculty training centres.
- Extensive work by the **Education Committee** in revising the reference list and developing important new educational materials such as a 'pain oriented physical examination'; a psycho-social evaluation for use by Pain medicine Trainees; a Manual for Supervisors of Training and a Guide to Study for Trainees (adapted from ANZCA documents)
- Meticulous and time-consuming work by the **Examination Committee** in developing and refining the content and format of the three examinations held to date. The quality of the examination process has been acknowledged by the examiners from all five participating specialties. An Examiners workshop is now run prior to each examination.
- The **Hospital Accreditation Committee** has developed a comprehensive '**Accreditation Questionnaire**', which is completed by prospective training centres, prior to inspection. A total of 11 training programs have been inspected and ten have been accredited (1 in Qld, 5 in NSW, 1 in Vic, 2 in SA and 1 in WA). A training position has also been approved in Auckland, NZ.
- A **pre-examination short course** has been held prior to each of the three examinations.
- **Professional documents** have been developed on '*Guidelines for Trainees and Departments seeking Faculty*

Approval of Posts for Training in Pain Medicine (PM1)'; 'Requirements for Multidisciplinary Pain Centres Offering Training in Pain Medicine (PM2)'; 'Statement on Patients' Rights to Pain Management (P45)' – joint with ANZCA; 'Guidelines on Acute Pain management (PS41)' – joint with ANZCA; 'Statement Relating to the Relief of Pain and Suffering and End of Life Decisions (PS38)' – joint with ANZCA

- Further professional documents under development include: '*Epidural Administration of Cortico-Steroids*'; '*Intrathecal Medication*'; '*Spinal Cord Stimulation*'; '*Implantable Pumps*'; '*Long Term Opioid Treatment in Non-malignant Pain*'
- Working Parties have worked hard on: the Development of Paediatric Pain Medicine; Development of Joint Training Opportunities in Pain Medicine and Palliative Medicine
- The NHMRC document "Acute Pain Management: Scientific Evidence" is being updated by a Faculty Working Party.

A crucial task has been the preparation of a major submission on behalf of the Faculty, as part of the ANZCA submission to the AMC for Accreditation. This will pave the way for recognition of Pain Medicine as a specialty area of medical practice.

Where are we going ?

The Faculty has made an excellent start as outlined above. It has operated very much as a multidisciplinary specialist body and must continue to do so. The signs are favourable: The new Dean is a Neurosurgeon, A/Prof. Leigh Atkinson who is a former President of the Australian Pain Society and past Vice-President of the Royal Australasian College of Surgeons. The Vice-Dean is a Physician, A/Prof Milton Cohen who is also Chair of the Education Committee. The Chair of the Examination Committee, Dr. Penny Briscoe is an Anaesthetist. Psychiatry and Rehabilitation Medicine are well represented on the Board and Committees, as are the other participating specialties.

As discussed in detail in my previous Dean's Messages, major challenges remain: development of training posts, specialist positions and other Pain Centre resources (November, 2000); completion of accreditation as a specialty; increased public awareness of evidence for chronic pain as a major health care problem (March 2001); increased public profile of Pain Medicine (March 2002); increased recruitment of trainees from participating specialties (March 2002).

I have great confidence in the calibre of our Fellows and Trainees. The Faculty Board and Committees are in a strong position to attack the remaining hurdles. However there are many younger Fellows who have great capabilities which could contribute to this still very young specialty; I encourage them to play a part in the shaping of a much needed new field of medicine.

I am ready to continue to serve the Faculty and ANZCA in whatever role I am called upon to fulfil. To Fellows of the Faculty of Pain Medicine I say – you are privileged to care for patients who are amongst the most challenging in all of medicine. In just the short time of evolution of the specialty improvements in scientific knowledge and treatment have been substantial. I believe that the next 5-10 years will be the most important yet experienced in this specialty and will see wide public and political recognition of the obvious unmet needs of patients. I am delighted that my successor will be a surgeon and I warmly welcome Leigh Atkinson to the office of Dean. Thank you, it has been a privilege to serve the Faculty and an unforgettable experience.



MICHAEL J COUSINS AM

Faculty of Pain Medicine

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

PROFESSIONAL DOCUMENTS

- PM1 (2002) Guidelines for Trainees and Departments Seeking Faculty Approval of Posts for Training in Pain Medicine
- PM2 (2001) Requirements for Multidisciplinary Pain Centres Offering Training in Pain Medicine
- PS40 (2000) Guidelines for the Relationship Between Fellows and the Healthcare Industry
- PS41 (2000) Guidelines on Acute Pain Management
- PS45 (2001) Statement on Patients' Rights to Pain Management

College Professional Documents adopted by the Faculty:

- PS4 (2000) Recommendations for the Post-Anaesthesia Recovery Room
- PS7 (1998) The Pre-Anaesthesia Consultation
- PS8 (1998) The Assistant for the Anaesthetist
- PS10 (1999) The Handover of Responsibility During an Anaesthetic
- PS15 (2000) Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery with amendment to the title to read
Recommendations for the Perioperative Care of Patients Selected for Day Care Procedures
- PS18 (2000) Recommendations on Monitoring During Anaesthesia
- PS31 (1997) Protocol for Checking the Anaesthetic Machine
- PS20 (2001) Recommendations for Responsibilities of the Anaesthetist in the Post-Operative Period

Highlights from the Board Meeting

HELD ON FEBRUARY 14, 2002

Education

M L Cohen reported that a full day meeting of the Education Committee had been held on February 13. He summarised the items discussed:

Training

The Objectives of Training and Reading List has been updated. A copy of the reference materials has been distributed to all approved Pain Management Centres. It is now the responsibility of each Centre to ensure this material is maintained. The Library has a copy of all the major texts and reference materials including books and monographs. There is a list on the web-site of the journals with access to contents on-line. Fellows and Trainees are encouraged to use the Faculty web-site. New areas of knowledge to be considered for inclusion into the Objectives are Genetics and Pain and Ethnicity, Gender and Pain.

Teaching Materials

Interview Skills

One particular area which needs to be addressed is the clinical interview skills which has been a weakness by candidates at examinations. At a future meeting the Committee will view, for evaluation purposes, videos on interview skills.

Psychological Assessment

Another area of weakness by candidates at examination is the psychological assessment. The Committee will develop a guide for both Trainees and Fellows.

Refresher Courses

It has been agreed to run refresher courses for both Fellows and Trainees from 2003 as part of the Annual Scientific Meeting.

Regional Education Meetings

The Committee agreed to pursue this idea at a future meeting. The running of these courses could be delegated to Fellows in each State with assistance from the College Regional Committees.

MOPS

It has been agreed to explore the options of the Faculty developing its own MOPS program. This would require contact with the participating Colleges/Faculty to ascertain each MOPS Program.

Supervisors of Training

The ANZCA Supervisors of Training Support Kit has been

distributed to Faculty Supervisors. It has been agreed to adapt this for Faculty use.

Examination

2001 Examination

The Board noted the report of the 2001 Examination.

2002 Examination

It was agreed to hold the 2002 examination at Sir Charles Gairdner Hospital, Perth in late October.

P Briscoe commented she anticipates holding an Examination Committee meeting in August.

Pre-Examination Short Course

It was agreed that this course for candidates be held at Royal Adelaide Hospital.

2002 Training Positions

It was noted that all the 2002 training positions are from anaesthesia and there was discussion on how best to create interest in the Faculty training program from the other specialities.

The Board agreed that information regarding the Faculty training program be circulated to Supervisors of Training of the participating Colleges/Faculty.

The Board believed that a "hospital development package" including information on the training program and the responsibilities of Supervisors of Training could be beneficial for presentation to the Director of possible prospective teaching institutions. It was agreed to discuss this further at a future meeting.

Professional Documents

The following Professional Documents were adopted:

PM1 (2002) *Guidelines for Trainees and Departments Seeking Faculty Approval of Posts for Training in Pain Medicine*. This document is published elsewhere in this Bulletin.

PS45 (2001) *Statement on Patients' Rights to Pain Management*.

Palliative Medicine

The RACP Chapter of Palliative Medicine Inter-Collegiate Forum on Palliative Medicine report held on 6th December, 2001 was tabled.

The Dean commented that this forum covered all aspects from how the Chapter of Palliative Medicine had been formed, the education and examination processes and the training program. He believed this forum was most informative and beneficial.

It was agreed that information regarding the Faculty training program including the rotation for palliative medicine trainees through the Faculty training program be circulated to the RACP Supervisors of Training in Palliative Medicine.

Accreditation

Professor Phillips was welcomed to the meeting. He outlined the AMC accreditation process. The Dean agreed to have the Faculty draft submission prepared by the outlined timetable.

Performance Assessment

The Board noted the College document Recommendations on Performance Assessment and agreed that this be modified for Faculty purposes.

White Papers

The Board noted a draft of the first white paper on Lumbar Epidural Administration of Corticosteroids. A revised draft of this paper will be presented to the next meeting of the Board.

Annual Scientific Meeting, May 2002 - Brisbane

G Rice commented the scientific program has been finalised and that the Registration Brochures had now been distributed.

Other Business

The Dean recognised this would be the last Faculty Board meeting at which retiring Councillor Professor John Gibbs would be present in his capacity as Co-opted Member representing ANZCA Council. He stated:

"John commenced contributing to pain medicine activities in the Certificate of Pain Management time and I remember John and me pouring over IASP guidelines and other materials at the very start. You have continued to put a lot of very detailed time and effort into helping to develop the Faculty Regulations and other documents and I for one am very grateful for the large amount of work you have put in. On behalf of the Board, thank you very much, John, we have very much enjoyed and appreciated having you on the Board."

Professor Gibbs was invited to reply:

"Thank you and I too have very much appreciated being able to be part of the input and see the Faculty activities get up and going."

I was going through some College minutes recently and it is about eleven years since there was mention of a formal process of training and accreditation in 'pain'. Those references become more regular but it wasn't until Professor Cousins made Council aware of pain management that he then had this Faculty established through Council.

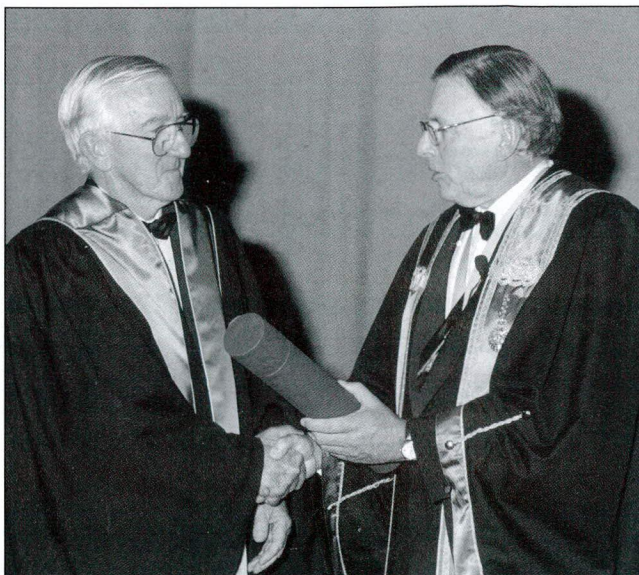
I would like to pay a tribute to Michael, as Dean, for running with this idea and for all he has achieved in respect of the establishment of this Faculty which I believe has a very sound base and is going to play a very real part in the development of the specialty of pain medicine in Australia and New Zealand."

The Dean thanked Professor Gibbs.



Front Row L to R: A/Professor Milton Cohen, Dr Penny Briscoe, Dr Roger Goucke (Vice-Dean), Professor Michael Cousins AM (Dean), Dr David Jones (Censor), A/Professor Leigh Atkinson

Back Row L to R: Margaret Benjamin (Executive Officer) Dr Pam Macintyre, Dr Bruce Kinloch, Professor John Gibbs (Co-opted Member representing Council), Dr Terry Little



Faculty Of Pain Medicine Honorary Fellowship

Citation -

ARTHUR WILLIAM DUGGAN

BSc (1st Class Hons)

MB BS (1st Class Hons)

MD (Univ Q) PhD (ANU)

Pharmacology at the University of Edinburgh. He remained there for the following ten years, also performing the role of Associate Dean for Research from 1995. He became Emeritus Professor of the University of Edinburgh in 1997 and in 1998 was appointed as Visiting Professor at the University of Sydney and Principal Hospital Scientist in the Pain Management Research Centre of Royal North Shore Hospital, Sydney.

Two of the highlights of Arthur Duggan's career were:

- The demonstration in 1976 that the administration of minute amounts of morphine into the area of the spinal cord known as the "substantia gelatinosa" powerfully blocks transmission to the brain of information related to pain. This finding played a significant part in stimulating clinicians to explore the use of opiate drugs at a spinal level, resulting in extensive application in the treatment of acute, chronic and cancer pain. This key paper was published in the prestigious journal "Nature" and at this stage Arthur Duggan had achieved five publications in "Nature" in his first thirty six publications, a feat that very few scientists are able to equal.
- The development of a new technique for detecting the release of neuropeptides in the brain and spinal cord. This involved the use of minute glass electrodes which were coated with antibodies on their outer surface. These electrodes were inserted into various regions of the brain and spinal cord and to detect the release of neurotransmitters at the precise site of release. This technique was first described by Duggan and Hendry in Neuroscience Letters in 1986 and proved to be a very powerful tool over the succeeding ten years and indeed up to the present time.

To limit a description of his research to the above two items would be quite inadequate. Over 150 publications spanning the years 1958 to 2002 have made major contributions to our understanding of: Inhibitory mechanisms in the spinal cord, including Glycine, GABA, endogenous opioids, noradrenaline, serotonin, and dynorphin; excitatory mechanisms in the spinal cord, including excitatory amino acids, acetylcholine, substance P; disturbances in the firing of spinal neurones in the presence of inflammation, nerve injury and spinal cord injury; direct measurement of release of growth factors in spinal cord in the presence of nerve injury, including

"The Board of the Faculty of Pain Medicine may admit from time to time distinguished persons who have made a notable contribution to the advancement of the science and practice of pain medicine, who are not practising pain medicine in Australia or New Zealand"

Mr Dean, I have the honour of presenting to you Arthur William Duggan.

Arthur Duggan is undoubtedly one of Australia's most distinguished neuroscientists and an internationally recognised basic scientist in the field of pain research. His career as a scientist was catalysed by two significant events. Firstly, in 1957 he undertook a Bachelor of Science degree in the midst of a medical course at the University of Queensland. His graduation with First Class Honours was a signal that he was destined for outstanding achievements and this proved to be correct. Following medical school, in 1960, he undertook medical practice for four years, including a fairly challenging appointment to a general practice in Julia Creek. However he had already determined that his future lay in medical research and in 1964 he was appointed as an NH&MRC research officer and subsequently in 1968 moved to the Department of Physiology at the ANU working in the John Curtin School of Medical Research under the direction of Professor David Curtis, where he undertook his PhD studies. Curtis had an international reputation in Neuroscience and at the time had a very well equipped laboratory and was pursuing leading edge research in the field of 'synaptic transmitters both inhibitory and excitatory and their interaction with drugs'. Following the award of his PhD in 1971, he obtained a prestigious NH&MRC C J Martin Travelling Fellowship to work in the Department of Physiology at the University of Bristol, then returning as a Visiting Fellow in 1973 to the ANU where he became progressively Fellow, and Senior Fellow over the eighteen years that he worked with David Curtis.

In 1987 he was attracted to a Chair in Veterinary

neuropeptide Y and brain-derived neurotropic factor. Of interest to clinicians, he was the first to demonstrate that direct electrical stimulation of the central nervous system results in the release of GABA which is likely to be the major mechanism involved in the analgesia produced by spinal cord stimulation. He continues to be actively involved in basic research, most recently demonstrating some exciting new findings in thalamic neuronal activity in the presence of spinal cord injury.

Major awards include election as Fellow of the Royal Society of Edinburgh in 1994; Honorary Membership of the Australian Pain Society; Royal Society of Medicine Professorship to lecture at the APS Scientific Meeting in 1989; Burroughs Wellcome Professorship 1996; Sunderland Lecturer, APS 1996; and Bonica Lecturer APS 2002. He was one of a small number of individuals who participated in the Inaugural Scientific Meeting of the APS in 1979, organised the 1986 meeting of the APS in Canberra and served as the President of this Society in

1986-87. He has been a Council Member of the Australian Physiological and Pharmacological Society and has been a frequent invited speaker at major international Neuroscience and Physiological Society meetings.

Throughout Arthur Duggan's career, he has maintained a strong interest in the application of his basic research to the treatment of patients. This has been reflected in his ready acceptance of multiple invitations to speak at national and international scientific meetings of clinicians. Recent examples include his contributions to the Inaugural Scientific Meeting of the Faculty of Pain Medicine in Adelaide in 1999, and to the Australian Pain Society in 2002.

Mr Dean, I have the great honour and privilege to present to you, ARTHUR WILLIAM DUGGAN for conferment of Honorary Fellowship of the Faculty of Pain Medicine.

R. LEIGH ATKINSON

Admission to Fellowship

The following trainees have completed all requirements for admission to Fellowship by examination and were admitted by the Board:

Anthony Davies	South Australia
Graham Hocking	New South Wales
Larry Kahn	New South Wales



Faculty Of Pain Medicine Honorary Fellowship Citation -

LAURENCE EDWARD MATHER

Dip Appl Chem; BSc; MSc; PhD; FANZCA; FRCA

Department of Anesthesiology at the University of Washington in Seattle under the direction of John J Bonica. Subsequently he was appointed as a Foundation Lecturer in the new academic Department of Anaesthesia and Intensive Care at the Flinders University of South Australia where he remained from 1976 to 1990 progressing from Lecturer to Associate Professor and then to full Professorial level in 1990. In 1991 he was appointed as Foundation Professor of Anaesthesia and Analgesia (Research) in the Department of Anaesthesia and Pain Management of the University of Sydney at Royal North Shore Hospital.

His research, embodied in more than 200 original publications; spans an extraordinary range of areas which are all substantial elements to clinical care. These areas include: seminal studies of the pharmacokinetics and of topical local anaesthetics, physiological effects of epidural blockade; pharmacokinetics of epidural, intercostal and peripheral neural blockade; pharmacokinetics, effects and toxicology of opioids in the treatment of acute, chronic and cancer pain – notably with ground breaking studies highlighting the variability among individuals in opioid blood concentrations and responses leading to the scientific basis of patient controlled analgesia; development of a scientific basis for the administration of opioids by intramuscular, intravenous, PCA, oral, rectal, spinal, transdermal and transpulmonary administration; development of new methods for the study and enhanced understanding of the pharmacokinetics and effects of intravenous, sedative and anaesthetic drugs; the first major study highlighting the inadequacy of post operative pain control in children; novel development of a sheep preparation for direct study of regional drug kinetics and effects; pioneering studies in drug chirality leading to the development of clinically useful drugs such as ropivacaine and levobupivacaine; clinically relevant studies of the effects of analgesic and local anaesthetic drugs on specific organs and the effects of organ dysfunction on such drugs, eg morphine disposition in renal failure, pethidine effects on myocardial function, and NSAID effects in the presence of renal impairment; most recently studies of the peripheral, spinal cord and brain sites of action of NSAIDs and mechanisms of such actions.

During a more than 25 year collaboration with Professor Michael Cousins, he has played a key role in developing two major academic Departments of Anaesthesia which fostered the development of two multidisciplinary pain centres emphasising basic and clinical research relevant to pain medicine. During this 25 years he has supervised a

“The Board of the Faculty of Pain Medicine may admit from time to time distinguished persons who have made a notable contribution to the advancement of the science and practice of pain medicine, who are not practising pain medicine in Australia or New Zealand”

Mr Dean, I have the honour of presenting to you Laurence Edward Mather.

During a research career spanning more than 35 years, Professor Mather has made a major contribution by his pioneering work on the scientific basis of drug treatment for the management of acute, chronic and cancer pain. He is unusual amongst scientists in that his work has been carried out at a basic science level as well as in pre-clinical and human clinical studies. His scientific background was shaped by BSc in Applied Chemistry which he gained by part time study while he worked as an industrial chemist. This was followed by a Masters and PhD in pharmaceutical sciences. He began to collaborate with anaesthetists and pain medicine specialists from the very beginning of his research career and this has continued. His curriculum vitae reveals a long succession of joint publications with individuals who have been prominent in developing the fields of anaesthesia and pain medicine, for example; Dick Climie, Michael Stanton Hicks, John J Bonica, Daniel C Moore and Michael Cousins. His contributions have been recognised by the award of the FANZCA and FRCA (both by election), by the inaugural Douglas Joseph Professorship of Anaesthesia, and by many invitations to act in the capacity of Visiting Professor in the United States, Europe and United Kingdom, with invitations as Rank Lecturer, ASRA Lecturer, Australasian Visitor and the John J Bonica Distinguished Lecturer. He served as a member of the Panel of Examiners for the Primary FANZCA examination from 1977 to 1988. There is no doubt that his commitment to the linkage between basic/clinical science and patient care was kindled during his appointment from 1972 to 1975 to the pre-eminent

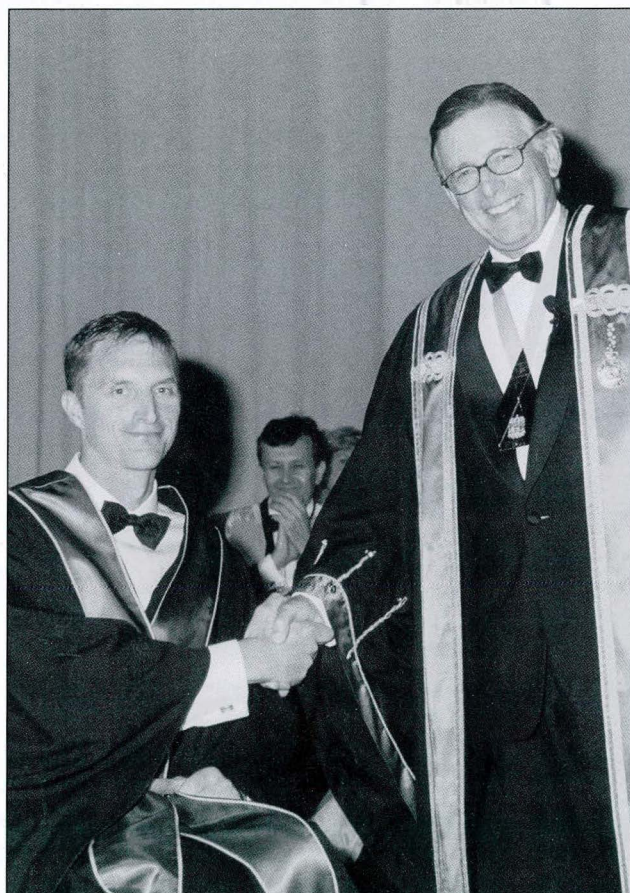
total of 24 higher degree research students, 11 of whom were anaesthetists. He continues to be a reviewer for no less than 16 scientific journals and has a major editorial involvement in four journals. He played a substantial role in the development of the Masters Degree in Pain Management, University of Sydney, and continues to be a major contributor to teaching in this course, which now has an international student enrolment. Over a substantial number of years he has also contributed to teaching in the FANZCA Primary Course in South Australia and New South Wales.

In short, Laurie Mather has made pivotal contributions to the scientific basis and practice of Pain Medicine and

stands beside a handful of individuals internationally, who can claim that their basic science has been translated into clinical practice. Where he stands aside from such peers is the extraordinarily rich diversity of his basic science work, complimented by an unusual blend of innovative and relevant clinical research.

Mr Dean, I have the great honour and privilege to present to you, LAURENCE EDWARD MATHER for conferment of Honorary Fellowship of the Faculty of Pain Medicine.

TERENCE F. LITTLE



Dr Michael Negraeff being presented the 2001 Barbara Walker Prize for Excellence in Pain Medicine by the Dean, Professor Michael Cousins at the May 2002 College Ceremony.

Annual General Meeting

May 12, 2002

Dean's Report

Welcome to the third Annual General Meeting of the Faculty of Pain Medicine. It is my pleasure to report on behalf of the Board on the affairs of the Faculty since the last Annual General Meeting.

I will report on a number of the activities of the Faculty Board and Committees over the past twelve months.

CENSOR

The duties of the Censor include the assessment of documentation of individuals who wish to undertake the Fellowship training program, assessment of documentation for occupational training visas and the initial assessment of documentation of applications received for election to Fellowship.

I would like to thank Dr David Jones for his work undertaken in the role of Censor.

EDUCATION

The Education Committee, under the Chair of Associate Professor Milton Cohen, has undertaken a great number of tasks. One of the most significant advances has been the development of the Objectives of Training and Reading List. These documents are a valuable source of reference materials for both Fellows and Trainees. The reference materials have also been provided to each accredited pain management centre to assist Trainees during their training period.

The Reading List is constantly under review and the Education Committee welcomes input from all Fellows to assist with its upkeep.

Other tasks being undertaken by the Committee are:

Reviewing teaching materials:

- A psychological assessment template. Psychological assessment continues to be a weak component for the majority of candidates at examination, which underlines the need for the Faculty to develop a guide for both Trainees and Fellows.
- Interview skills. This is another weak component at examination.

Courses:

- Pre-examination Short Course. The Education Committee has agreed to assist the Chairman, Examination Committee in developing the program for this course.

It has been agreed that from 2003 there will be a refresher course held as a component of the ASM. These courses will be open to both Fellows and Trainees. The content section of the pre-examination short course will be included in the refresher course and the pre-examination course will be more examination orientated with trial vivas, etc.

Regional Education Meetings

- The Committee is reviewing the possibility of conducting regional education meetings for Faculty Fellows as well as Fellows of participating Colleges.

Survey of Fellows

- A survey of Fellows was conducted during the year. This exercise was helpful as it assists the Board and Committee in defining what Fellows want from the Faculty and how Fellows can contribute to the Faculty.

Guidelines for Supervisors of Training

- The ANZCA Supervisors of Training Support kit has been forwarded to Faculty Supervisors. This will be adapted for the Faculty Supervisors in due course.

Continuing Education

- The Committee will be reviewing participating Colleges/Faculty MOPS programs with a view to developing a Faculty MOPS framework.

MOPS

- The Committee is developing a Faculty MOPS Program. It was considered this is important for recognition of Pain Medicine as an entity in its own right.

I would like to thank Professor Milton Cohen and the Education Committee for the excellent work undertaken during the past twelve months.

EXAMINATION

The third examination was held in November 2001 at Royal Adelaide Hospital. Twelve candidates presented for examination and ten were awarded a pass in the examination.

I would like to thank the Examination Committee and the Examiners for their assistance with this examination. I would also particularly like to thank Dr Penny Briscoe, as Chair to this Committee, for organising this examination.

The running of the examination is an arduous task and Dr Briscoe is to be congratulated.

A Merit List has been introduced for candidates who have shown excellence in their examination results but who have not achieved a sufficient mark to be awarded the Barbara Walker Prize. Candidates will be recommended by the Court of Examiners for the Merit Award.

I would also like to thank the assessors of the treatise material. At times this can be quite an onerous task for assessors however this is an important component of the summative assessment of trainees.

HOSPITAL ACCREDITATION

Hospital Accreditations continue to demand a large part of time, however, it is considered to be a significant role in maintaining the quality of Pain Management Centres.

An area we continue to address both at a State and Federal level is funding for more training positions. A "hospital training development package" is to be developed which may be of benefit for presentation to governments as well as the appropriate hospital administrators.

It is anticipated to continue the reviews of previously accredited pain management centres as well as assisting with the enquiries seeking initial accreditation.

I would like to thank Dr Roger Goucke as Chair to this Committee as well as the assessors who participated in reviews.

FELLOWSHIP AFFAIRS

Death of Fellows

Although not Fellows of the Faculty, it is with deep regret that I report the death of:

Christopher Gordon Reid FANZCA 1999,
FFPMANZCA trainee, WA

William H Sweet MD, DSc, USA

Patrick D Wall DM, FRS, UK

Awards, Honours and Appointments

Associate Professor Peter Reilly (SA) was awarded an AO (Officer of the Order of Australia) in the Australia Day Awards

Professor Raymond Newcombe (ACT) was awarded OAM (Medal of the Order of Australia) in the Australia Day Awards

Professor Michael Cousins AM, elected to Fellowship of the Chapter of Palliative Medicine (RACP)

Dr Roger Goucke, elected to Fellowship of the Chapter of Palliative Medicine (RACP)

Professor Stephan Schug (WA) Professor of Anaesthesia, University of Western Australia

Associate Professor Michael Paech (WA) Clinical Associate Professor of Anaesthesia, University of Western Australia

Honorary Fellowship

The Board has elected to Honorary Fellowship:

Professor Arthur William Duggan M.D., PhD – ACT

Professor Laurence Edward Mather PhD,
FANZCA, FRCA – NSW

Both were conferred their Honorary Fellowship at the College Ceremony on 11th May, 2002.

Dean-Elect

I am pleased to announce that Professor Leigh Atkinson FRACS has been elected Dean of the Faculty and will commence his appointment following this meeting.

Admission to Fellowship by Training and Examination

From May 2001, the following were admitted to Fellowship by examination:

Martin Louis Carter FANZCA	NSW
Bryce Steven Clubb FRANZCR	NSW
Anthony Fitz-Donald Davies FRCA	SA
Steven George Faux FAFRM (RACP)	NSW
Lorna Fox FRCA	NZ
Paul Douglas Gray FANZCA	QLD
Graham Hocking FRCA	NSW
Malcolm Noel Hogg FANZCA	NSW
Alan Melville Howell FFA (SA)	QLD
Linda Jane Huggins FRCA	SA
Charlotte Sarah Johnstone FANZCA	NSW
Larry Kahn FRCPC	NSW
Chung Cheung Leung FANZCA	Hong Kong
Diarmuid Gerard Luke McCoy FFARCSI	SA
Brendan Joseph Moore FANZCA	QLD
Michael Dale Negraeff FRCPC	NSW
Greta Mary Palmer FANZCA	VIC
Eric Parisod FMH Anaest, Switzerland	NSW

Barbara Walker Prize for Excellence in Pain Medicine

The 2002 Barbara Walker Prize for Excellence in Pain Medicine has been awarded to:

Michael Dale Negraeff FRCPC NSW

Merit List

Dr Anne Jaumees FANZCA is awarded the Merit Award from the 2001 examination.

Admission to Fellowship by Election

Since my last report the following have been admitted to Fellowship by election:

Richard James Burstal FANZCA	NSW
George Anthony Chalkiadis FANZCA	VIC
Phoon Ping Chen FANZCA	Hong Kong
Meredith Joan Craigie FANZCA	SA
Faiz Rahman Noore FRANZCP	NSW
Peter Lawrence Reilly AO, FRACS	SA
Edward Archibald Shipton FANZCA	NZ
Clayton Holwell Thomas FAFRM (RACP)	VIC

Total Fellowship

As at 1st May 2002, the Faculty has a total of 141 Fellows, four of whom are Honorary Fellows.

FINANCE

It is anticipated that the Faculty will be meeting its costs within the next few years. The Board agreed that the 2003 fees remain at their present level. The Board is mindful of the requirement for Fellows to also pay subscriptions to their primary specialty body.

From its inception, our Faculty agreed that we should attain financial independence within ANZCA as soon as possible.

PROFESSIONAL

Recognition of Pain Medicine as a Specialty

The Faculty has developed its submission for the Australian Medical Council in conjunction with the College submission.

I would particularly like to thank Professor Garry Phillips for his contribution in assisting the Faculty with its submission.

Professional Documents

The Faculty continues to develop and review its Professional Documents

The Faculty reviewed the following Professional Document during the past year:

PM1 – *Guidelines for Trainees and Departments Seeking Faculty Approval of Posts for Training in Pain Medicine*

PM2 – *Requirements for Multidisciplinary Pain Centres Offering Training in Pain Medicine*

The following was endorsed as a joint statement with the College:

PS45 (2001)

- *Statement on Patients' Rights to Pain Management*

The following College document was adopted as a Faculty Professional Document:

PS20 (2001)

- *Recommendations for Responsibilities of the Anaesthetist in the Post-Operative Period*

CONTINUING EDUCATION

White Papers

The Board has been undergoing the development of white papers. The first of these papers is close to completion and will be used as a template for other identified white papers. I invite Fellows to participate in writing these white papers.

New Fellows' Conference, 2002

Dr Sarah Lindsay FANZCA, Qld who presented for examination in 2001 will represent the Faculty at the 2002 New Fellows' Conference.

INTERNAL AFFAIRS

Board of Faculty

Dr Terry Little resigned from the Board and an election has been held. I would like to thank Terry for his contribution to not only the Board but also as a member of the former Pain Management Committee. Terry was also Chairman of the Hospital Accreditation Committee from the Faculty's inception to 2001.

I would also like to thank Professor John Gibbs as the Co-opted member representing ANZCA Council who has retired from Council and the Board. John commenced contributing to pain medicine activities during the Certificate of Pain Management and has continued to assist the Board with his knowledge of the College and other institutions.

Membership of the Board will take office after the Annual General Meeting, its Office Bearers and Committees will be published in the next edition of the Bulletin.

In accordance with the Regulations, nominations were called for one vacancy representing ANZCA on the Board. Three nominations were received.

On behalf of the Board and Faculty, I congratulate and welcome Dr Julia Fleming to the Board.

The following is the result of the ballot:

Envelopes received	81
Invalid	4
Votes counted	77
J A Fleming	38
D W Gronow	21
S A Schug	18

THE FUTURE

The Faculty continues to face many challenges. One of the ongoing major issues is the serious lack of specialist manpower, inadequate facilities, enormous mismatch between patient demand and clinical services and serious shortages of training positions. The challenge is to convince State and Federal authorities of the need for these issues to be addressed. New strategies need to be examined to get the message across for the sake of the very large number of patients who are simply not gaining access to appropriate and timely pain management treatment.

Continuing education for Fellows is also a high priority and this has commenced with the Reading List material and will continue with the first refresher course at the 2003 scientific meeting in Hobart.

Other areas of importance have been highlighted from the survey of Fellows and these will be addressed.

I would like to express my sincere thanks to Members of the Board, the Committees and Fellows for the work they have done during the past year. I also wish Leigh Atkinson every success as Dean.

MICHAEL J COUSINS AM

Australian And New Zealand College Of Anaesthetists

ABN 82 055 042 852

PROFESSIONAL DOCUMENTS

P = Professional T = Technical EX = Examinations
PS = Professional standards TE = Training and Educational

- TE1 (2001) Guidelines for Hospitals seeking College Approval of Posts for the First Four Years of Vocational Training in Anaesthesia *Bulletin June 2001, pg 92*
- TE3 (1999) Supervision of Clinical Experience for Trainees in Anaesthesia *Bulletin November 1999, pg 67*
- TE4 (1997) Duties of Regional Education Officers in Anaesthesia *Bulletin November 1997, pg 88*
- TE5 (1997) Supervisors of Training in Anaesthesia *Bulletin November 1997, pg 89*
- TE6 (2000) Guidelines on the Duties of an Anaesthetist *Bulletin July 2000, pg 86*
- TE7 (1999) Secretarial and Support Services to Departments of Anaesthesia *Bulletin November 1999, pg 69*
- TE9 (1999) Quality Assurance *Bulletin June 1999, pg 94*
- TE11 (1999) Formal Project Guidelines *Bulletin March 1999, pg 70*
- TE13 (2001) Guidelines for the Provisional Fellowship Year *Bulletin November 2001, pg 76*
- TE14 (2001) Policy for the In-Training Assessment of Trainees in Anaesthesia *Bulletin November 2001, pg 84*
- TE17 (1999) Advisors of Candidates for Anaesthesia Training *Bulletin November 1999, pg 66*
- TE18 (2000) Guidelines for Assisting Trainees with Difficulties *Bulletin March 2001, pg 76*
- EX1 (2001) Policy on Examination Candidates Suffering from Illness, Accident or Disability *Bulletin November 2001, pg 75*
- T1 (2000) Recommendations on Minimum Facilities for Safe Anaesthesia Practice in Operating Suites *Bulletin March 2001, pg 68*
- T2 (2000) Recommendations on Minimum Facilities for Safe Anaesthesia Practice outside Operating Suites *Bulletin March 2001, pg 72*
- P1 (1997) Essential Training for Rural General Practitioners in Australia Proposing to Administer Anaesthesia *Bulletin May 1997, pg 81*
- PS2 (2001) Statement on Credentiailling in Anaesthesia *Bulletin March 2002, pg 65*
- PS3 (2001) Guidelines for the Conduct of Major Regional Anaesthesia and Analgesia *Bulletin March 2002, pg 66*
- PS4 (2000) Recommendations for the Post-Anaesthesia Recovery Room *Bulletin November 2000, pg 72*
- PS6 (2001) Recommendations on the Recording of an Episode of Anaesthesia Care (the Anaesthesia Record) *Bulletin November 2001, pg 77*
- PS7 (1998) The Pre-Anaesthesia Consultation *Bulletin March 1998, pg 73*
- PS8 (1998) The Assistant for the Anaesthetist *Bulletin March 1998, pg 75*
- PS9 (2001) Guidelines on Conscious Sedation for Diagnostic, Interventional Medical and Surgical Procedures *Bulletin June 2001, pg 88*
- PS10 (1999) The Handover of Responsibility During an Anaesthetic *Bulletin November 1999, pg 62*
- P11 (1991) Management of Cardiopulmonary Bypass *Bulletin May 1991, pg 43*
- PS12 (2001) Statement on Smoking as Related to the Perioperative Period *Bulletin November 2001, pg 79*
- PS14 (1998) Guidelines for the Conduct of Major Regional Analgesia in Obstetrics *Bulletin November 1998, pg 81*
- PS15 (2000) Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery *Bulletin November 2000, pg 75*
- PS16 (2001) Statement on the Standards of Practice of a Specialist Anaesthetist *Bulletin November 2001, pg 81*
- PS17 (1997) Endoscopy of the Airways *Bulletin November 1997, pg 80*
- PS18 (2000) Recommendations on Monitoring During Anaesthesia *Bulletin November 2000, pg 78*
- PS19 (2001) Recommendations on Monitored Care by an Anaesthetist *Bulletin November 2001, pg 82*
- PS20 (2001) Recommendations for Responsibilities of the Anaesthetist in the Post-Operative Period *Bulletin November 2001, pg 83*
- P21 (1996) Sedation for Dental Procedures *Bulletin March 1997, pg 56*
- P24 (1997) Sedation for Endoscopy *Bulletin May 1997, pg 78*

- PS26 (1999) Guidelines on Providing Information about the Services of an Anaesthetist *Bulletin November 1999, pg 63*
- P27 (1994) Standards of Practice for Major Extracorporeal Perfusion *Bulletin November 1994, pg 46*
- P28 (1995) Policy on Infection Control in Anaesthesia *Bulletin March 1995, pg 38*
- PS29 (1997) Anaesthesia Care of Children in Healthcare Facilities without Dedicated Paediatric Facilities *Bulletin November 1997, pg 82*
- PS31 (1997) Protocol for Checking the Anaesthetic Machine *Bulletin November 1997, pg 84*
- PS36 (1997) Sedation for Regional Anaesthesia for Ophthalmic Surgery *Bulletin November 1997, pg 93*
- PS37 (1998) Regional Anaesthesia and Allied Health Practitioners *Bulletin March 1998, pg 79*
- PS38 (1999) Statement Relating to the Relief of Pain and Suffering and End of Life Decisions *Bulletin June 1999, pg 93*
- PM1 (1999) Guidelines for Trainees and Departments seeking College Approval of Posts for Training in Pain Medicine *Bulletin Mar 99, pg 73*
- PS39 (2000) Intra-hospital Transport of Critically Ill Patients *Bulletin July 2000, pg 84*
- PS40 (2000) Guidelines for the Relationship Between Fellows and the Healthcare Industry *Bulletin March 2000, pg 55*
- PS41 (2000) Guidelines on Acute Pain Management *Bulletin November 2000, pg 80*
- PS42 (2000) Recommendations for Staffing of Departments of Anaesthesia *Bulletin March 2001, pg 63*
- PS43 (2001) Statement on Fatigue and the Anaesthetist *Bulletin March 2002, pg 69*
- PS44 (2001) Guidelines to Fellows Acting on Appointments Committees for Senior Staff in Anaesthesia *Bulletin March 2002, pg 71*
- PS45 (2001) Statement on Patients' Rights to Pain Management *Bulletin March 2002, pg 72*
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