A BIG ASM!
More than 2000 gather in Brisbane

Prevent-protect-respond: ANZCA’s BDSH report
Farewell: Remembering Noel Cass
20 Many firsts at Brisbane ASM
From “pop-up sims” to Masterclasses to a named oration (the Tess Cramond Oration, given by Dame Quentin Bryce) to an on-site crèche – the Brisbane ANZCA Annual Scientific Meeting featured many firsts, not to mention stellar scientific and social programs.

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

Regulation of day procedures and centres

The safety of the community when undergoing anaesthesia and surgery is one of our core principles. This is challenged when adverse outcomes occur, often with high media profiles, relating to critical events following day-case procedures in unregulated environments. As specialist anaesthetists we are often called on to work in these facilities.

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

It is clear that all patients should be assessed beforehand, post-procedural care be considered, and any general, dental, oral or major regional anaesthetic be conducted by an anaesthetist in an appropriately regulated facility. The provision of sedation is more complex, although governed by similar and overlapping standards. The term “conscious sedation” is interpreted by many regulators and non-anaesthesia practitioners as being a totally “safe” condition, needing a lower skill-set for care. This may be true for oral sedatives, but as we know, intravenous sedation can be a fine balance of consciousness progressing rapidly, and often unpredictably, to what is to all intents and purposes, general anaesthesia, with its attendant risks.

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

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

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

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

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

Professor David A Scott

ANZCA President

Launch of Better Pain Management

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

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

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

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

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

Essential Pain Management joins forces with WFSA

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

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

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

Supporting countries with developing healthcare systems

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

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

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

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

Indigenous doctors

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

John Ilott
Chief Executive Officer, ANZCA
Awards

Queen's Birthday honours

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

Member (AM) in the general division of the Order of Australia

Dr Christopher John Acott, SA
For significant service to medicine as an anaesthetist, to difficult airway management, to diver safety, and to the community.

Member (AM) in the general division of the Order of Australia

Dr John Charles Leyden, NSW
For significant service to community health as an advocate for patient support networks and research into neuroendocrine cancer.

Awards roles include membership of ANZCA’s Training Accreditation Committee and she continues to be involved in hospital inspections. She has also served on the ANZCA Indigenous Health Committee.

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

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

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

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

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

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

ANZCA Council Citation

Twenty years of global humanitarian work rewarded

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

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

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

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

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

Former president wins prestigious award

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

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

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

ANZCA Bulletin June 2017

Carolyn Jones
Media Manager, ANZCA

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

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Dr Stedmon was a volunteer with one of the first groups of medical professionals to help with the international effort to control the Ebola outbreak in Sierra Leone in West Africa in 2014 which claimed more than 11,000 lives. After responding to a call out by the International Federation of the Red Cross, Dr Stedmon played a key role in helping to establish one of the agency’s first treatment tent facilities.

She spent a month in Kenema, Sierra Leone at the Red Cross tent facility which had been established because the country’s hospitals were overrun with patients. Dr Stedmon has had a long involvement with the Red Cross that has seen her deployed in Sudan, Thailand, Yemen, East Timor and Nepal. In addition to her work in Sierra Leone in 2014 where she was required to wear personal protective equipment she also joined the international relief effort after a deadly typhoon devastated the Philippines in 2013.

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ANZCA Bulletin June 2017

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ANZCA and government

Building relationships

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

Australia

STP investment confirmed
May is budget season for state and federal governments in Australia. There were no specific impacts on ANZCA in any of the state budgets, but on May 2, ANZCA CEO John Iott and General Manager, Policy, Safety and Quality Jo-anne Chapman, represented the College at the Victorian State Budget briefing. Across Australian states, broad investment continues in quality and safety improvements in hospital care, electronic patient records, upgrading infrastructure and research. The Federal Budget was released on May 9. On May 10, ANZCA participated in a budget teleconference with Commonwealth government officials regarding the next steps with the Specialist Training Program (STP) and the Integrated Rural Training Pipeline (IRTP). The discussion focused on programs for the College and Faculty to evolve their rural and remote workforce strategy to ensure a continued supply of training positions in both anaesthesia and pain medicine, and for patients accessing surgery and care.

Confimation of continued STP funding for three years provides an opportunity for the College and Faculty to consider how best to strengthen training in regional and rural Australia. Over the next quarter, the Policy, Safety and Quality unit will liaise directly with each regional committee, FPM and College committees to engage members in the planning and rollout of STP to 2020.

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

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

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

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

It was to surprise that feedback focused on patient safety and patient-centred care. Key themes for ANZCA’s submission included:

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

A copy of the final submission can be found on the ANZCA website at: www.anzca.edu.au/documents/anzca_voluntary-assisted-dying-submission_report_2.pdf

Australian submissions:

- Victoria DHHS – Voluntary Assisted Dying Bill discussion paper response.
- NSW Health – Credentialing and defining clinical privileges for senior medical and dental practitioners.
- RANZCOG – Maternity Care in Australia: a framework for a healthy generation of Australians.

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

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

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

Essential Pain Management
In April, ANZCA, with input from the FPM Sub-Committee, led discussions and established a partnership with the WSFA for joint trademarking arrangements for Essential Pain Management (EPM).

EPM has experienced considerable growth across the globe to promote better management of pain.

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

New Zealand

Stakeholder meetings
Dr Gary Hopgood, Chair, New Zealand National Committee (NZNC) Chair, and Virginia Lintott, Senior Policy Adviser, met with representatives from several health sector agencies in March, including Dr Andrew Simpson, Acting Chief Medical Officer at the Ministry of Health, Dr Paul Watson, Acting Manager Strategy and Relationships at Health Workforce New Zealand (HWNZ), and Mr Philip Pigou, Chief Executive Officers, Medical Council of New Zealand (MCNZ).

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New Zealand submissions:

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

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

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

HWNZ has also released its Annual Report to the Minister of Health July 2015 to 30 June 2016. The report is available on the Ministry of Health website at www.health.govt.nz.
Pain, Choosing Wisely gain media coverage

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

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

The launch of New Choosing Wisely Australia guidelines in March received extensive combined radio, print and online coverage with quotes from ANZCA President Professor David A Scott. ABC TV News, 7.30 Report and ABC Radio News in Sydney, Darwin, Perth, Adelaide, the Gold Coast and Hobart and Radio 2SM in Sydney ran interviews about the Choosing Wisely guidelines with Professor Scott on March 19 for their news bulletins. This coverage reached nearly 400,000 people. Print reports ran in The Ballarat Courier (“Call to be frank”), The Border Mail, (“Call to be frank under Choosing Wisely Australia guidelines”) The Advocate and The Narrandera Argus on March 20. These had a combined audience of 23,000 people.

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

ANZCA and FPM in the news

College accounts

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

We’ve established hashtags for some of our core areas of work: • #ANZCA1992 • #ANZCAlibrary • #ANZCAedu •  @ANZCA_FPM the Faculty of Pain Medicine account • #ANZCA Te (on Twitter as: • #ANZCALibrary • #ANZCAedu •  @ANZCA_FPM the Faculty of Pain Medicine account • #ANZCA1992

Follow us on Facebook:

• Facebook.com/ANZCA1992

Facebook account

Follow us on Twitter:

• @ANZCA the official ANZCA account

• @ANZCA_FPM the Faculty of Pain Medicine account

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• @GKMuseum the Geoffrey Kaye Museum of Anaesthetic History

Since the March 2017 edition of the ANZCA Bulletin, ANZCA has featured in:

• 67 print reports

• 25 radio reports

• 564 online reports

• 3 TV reports

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

Media releases since the previous Bulletin

Tuesday May 16:

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

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

Monday May 15:

Anaesthetists at forefront of uncovering scientific fraudlines

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

Saturday May 13:

Ten more human senses may hold key to better patient outcomes

False hope: Drving claims medicinal cannabis is a ‘magic pill’ for chronic pain relief

Study explores benefits of fit and healthy doctors on their patients

Friday May 12:

Searching for a solution to severe distressing period pain

New pain management education resource for health professionals launched

Thursday May 11:

Anaesthetists learn to “think big” and explore the elephants in the room

Monday March 20:

Obese and elderly should quiz doctors on their patients

Thursday March 16:

New pain management education resource for health professionals launched

A full list of media releases can be found at www.anzca.edu.au/communications/media
In this situation, with a high-risk co-morbidities to be performed in a “remote or hostile” environment with an anaesthesia assistant whose competence is in question…

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

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

The next verse in the song springs to mind:
Help me if you can, I’m feeling down /
And I do appreciate you being round.

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

Desires of maintaining standards and achieving optimal outcomes, you may obtain guidance from the College’s germane documents.
The aims of ANZCA professional documents are multiple, but have the overarching goal of fostering safety and quality. The purpose of the guidelines and statements is to identify standards and alert practitioners with a view to averting scenarios similar to the above.

The issue of the machine check encountered above and compliance with standards are addressed by PS31 Guidelines on Checking Anaesthesia Delivery Systems, and PS54a Statement on the Minimum Requirements for Anaesthetic Machines and Workstations for Clinical Practice, but the machine check as outlined in PS31 has not been diligently performed. This triggers an uneasy feeling about the competence of your anaesthesia assistant.

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

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

Before PS08: anaesthesia assistants, Coffs Harbour and ANZCA
As a regional centre, our anaesthesia assistants (AAs) have always consisted of a heterogeneous trained group, including registered nurses, endorsed enrolled nurses and anaesthesia technicians.

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

The results of our 2012 accreditation visit came with a surprise: Section 7 describes the core competencies and includes knowledge of standards, equipment, infection control, safety, anaesthesia techniques, regional and local anaesthesia, sedation, invasive monitoring and procedures, therapeutic agents, pain, non-technical skills and emergency care.

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

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

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

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

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

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

PS08 Statement on the Assistant for the Anaesthetist
As a regional centre, our anaesthesia assistants (AAs) have always consisted of a heterogeneous trained group, including registered nurses, endorsed enrolled nurses and anaesthesia technicians.

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

It’s all about the team
PS ... what? Delivering multi-disciplinary anaesthesia assistant training in a regional hospital (continued)

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

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

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

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

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

Dr David Gillespie, VMO Anaesthetist, Coffs Harbour Health Campus
Dr John Neal, VMO Anaesthetist, Coffs Harbour Health Campus
Mr John Mavor, Clinical Nurse Educator - Anaesthesia, Coffs Harbour Health Campus
Mr Rod Peadon, Manager iSIM centre, Coffs Harbour Health Campus

Professional documents – update

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

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

- PS50: Guidelines on Return to Anaesthesia Practice for Anaesthetists (final version).
- PS18: Guidelines on Monitoring During Anaesthesia (final version).
- Guidelines for Reviewing the Clinical Practice of a Peer (approved for development).

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

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


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

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

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

Doctors under stress perform poorly, do not learn effectively, and have worse clinical outcomes. It is regular patterns of bad behaviour towards others which does the harm. People who are in lesser positions of authority are more likely to be on the receiving end of inappropriate behaviours such as aggression, abuse, intolerance or exclusion. Our job can be stressful enough without adding to the mix inappropriate behaviours such as aggression, abuse, intolerance or exclusion. People who are in lesser positions of authority are more likely to be on the receiving end of this – but not exclusively so. It can come from peers or other clinical groups, for example, junior doctors and nurses. Harm also comes from passive-aggressive behaviours, “whispered” disparaging comments or disengagement. Bullying, discrimination and sexual harassment are limits to what ANZCA can do. Support for those involved with BDSH either as victims, or as supporters or indeed for those who are alleged to perpetrate it.

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

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

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Throughout our lives we learn by example. For technical skills we ideally go through a process of preparatory education, observation, understanding, and graded supervised practice progressing perhaps from simulation to proficiency – think of CVC insertion as an example. Many non-technical skills are knowledge-based, with the application of that knowledge based on practice, experience and further learning – think of the selection, sequence and dosing of drugs for induction of general anaesthesia, or the choice of dose of spinal bupivacaine. These are all aspects of the medical expert, another of the ANZCA Roles in Practice. These roles are not abstract educational concepts but are based on the CanMedS principles and are widely used throughout the world. These roles do not exist in isolation but they all interact. Other roles alluded to above are those of “communicator” and “professional”. The ANZCA publication “Supporting Anaesthetists’ Professionalism and Performance – A guide for clinician” is a valuable resource to help guide the understanding of these interacting roles. The publication of the of the ANZCA Bullying Discrimination and Sexual Harassment (BDSH) Working Group – Final report (see www.anzca.edu.au/resources/doctors-welfare) is a necessary milestone which has identified the size of the problem in trainees and younger consultants, and contains a framework [Protect-Prevent-Respond] and recommendations which the Royal Australasian College of Surgeons through a letter of agreement, and are looking to other healthcare groups as well to be able to offer the best advice and support we can for those involved with BDSH either as victims, or as supporters or indeed for those who are alleged to perpetrate it. No one sets out to act unprofessionally, cause distress to their colleagues, create an adversarial workplace, or deliver anything but the best of care to our patients. ANZCA is working within itself, with our trainees, specialist international medical graduates (SIMGs) and Fellows as well as our peer profession – hospitals and healthcare organisations to provide best support for safe and effective workplaces, which are also seen to be – maintaining our specialty as one respected and valued by our community.

Professor David A Scott
ANZCA President

Reference:
I am pleased to write of the success of the ANZCA ASM held in Brisbane in May 2017. The Regional Organising Committee (ROC) crafted an exceptional scientific, workshop, social and new Fellows program full of big ideas and innovation, and definitely delivered on the theme THINK BIG.

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

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

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

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

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

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

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

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

The “elephant in the room” – a large blow-up elephant – reminded us of how important it is to shed the stigma of mental illness, to encourage open discourse … by suicide. Our HCI partners did not fail to demonstrate and teach with an excellent display of equipment and knowledge.

The College Ceremony celebrated the graduation of more than 200 new Fellows and the presentation of three Orton Medals to Professor David Story, Professor Alan Merry and Professor Dame Quentin Bryce delivered an inspiring oration and retold the story of Professor Tess Cramond, a trailblazer in anaesthesia, resuscitation and pain medicine. Her message of brave practise, unwavering high standards and social conscious was expertly delivered to a receptive audience.

The social program was also of a high standard and much food and drink was enjoyed with friends over the course of the meeting. New Fellows and their families sipped champagne and enjoyed arias by Queensland Opera in stunning surrounds of the Queensland Gallery of Modern Art at the College Ceremony reception. Professor David A Scott hosted the president’s dinner for the ROC and invited speakers at the Steakhouse restaurant with river and city views. The ANZCA Research Foundation cocktail reception and the trainees and retired anaesthetist lunches were all well attended. The HCI drinks were informal and conducive to collegiate chat. The sliver-themed Gala Dinner was a showstopper with Lisa Hunt and Forever Soul rocking the crowd and the dance floor was full within a few bars of their opening number. A fitting celebration of ANZCA’s 25th anniversary!

Special thanks must go to our ROC for their tireless effort over the two and a half weeks of planning. Thank you also to the events team at ANZCA who possess a can-do attitude and an unparalleled capacity to deliver despite differing demands. A thank you to each individual who contributed to a workshop, masterclass, scientific session, cocktail reception, plenary or session, set up and dismantled equipment. You are the heart and soul of the ASM. Team Brisbane… Well done! You THOUGHT BIG!

Dr Bridget Eff eyen
Convenor

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

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

Gender equity was another conscious effort where the number of women speakers and facilitators increased to about one third. And in another first, a childcare facility was included onsite.
Thank you to everyone who came to the Brisbane ASM in May this year. You helped make the 2017 ANZCA ASM in Brisbane awesome. If you couldn’t make it – commiserations. I think the locals will be reminding you that you should have been in Brisbane for the ASM well into the future. Just like surfers typically talking about yesterday’s waves!

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

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

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

Workshops and more

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

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

The “Think BIG” theme motivated our presenters to deliver themed, innovative, knowledgeable, Brilliant, inspiring and gender balanced activities.

The Clot Wars plenary, was certainly a highlight. Professor Andrea Kurz from the University of Sydney delivered his famed late starts to concerts. It soon became obvious that the back of the plenary stage, was in fact a huge curtain. Drawn back, it exposed an operating room in full flight at 4am. The tensions that developed within the team gave a spectacular context for Professor Lorelei Lingard’s plenary discussion on the tension of the environment and ourselves. Activities were delivered at the Brisbane Convention and Exhibition Centre and off site.

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

Environment and sustainability

The Brisbane Regional Organising Committee set themselves an ambitious agenda to reduce paper and waste and deliver a more environmentally responsible meeting. Some of the initiatives included:
- No conference satchels.
- ASM handbooks kept to a minimum in size and numbers.
- Concentration on online meeting technology including the Virtual ASM.
- Leftover food not being thrown to landfill but being used to benefit society.
- $410,000 donation to Lifeflight in lieu of speaker gifts.
- Worked with the Brisbane Convention and Exhibition Centre, a leader in sustainability, to achieve this.

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ANZCA hosts visiting PNG anaesthetist

ANZCA hosts Indigenous doctors

FPM program ‘specific’ success

ASM audiovisual presentations available to all

ANZCA hosts visiting PNG anaesthetist

The 2017 ASM hosted an anaesthetist from Papua New Guinea, Dr Hilbert Tovirika, as part of its commitment to supporting countries with developing health systems. As anaesthetic registrar at Port Moresby General Hospital, Dr Tovirika gave a first-hand account to delegates that outlined the challenges of anaesthesia in his country. Another doctor from Papua New Guinea, Dr Pauline Wake, who is training to become a paediatric anaesthetist, had also planned to speak at the ASM but was unable to attend. When Dr Wake completes her training she will be that country’s sole paediatric anaesthetist.

ANZCA Fellows regularly do voluntary clinical and educational work in developing countries to help deliver better healthcare, comfort and safety through improved access to safe anaesthesia and effective pain medicine. In Papua New Guinea, where there is a severe shortage of anaesthetists and limited access to good medical care, ANZCA Fellows are working with local doctors to improve anaesthesia training and to provide ongoing educational support.

Dr Tovirika is already well known to many ANZCA Fellows. He received the 2015 ANZCA sponsored award for the best result in the Diploma of Anaesthesia course and in 2011 he won the ANZCA-sponsored Best Medical Student in Anaesthesia book prize. As part of the work of the Overseas Aid Committee ANZCA supports three academic prizes each year for anaesthesia trainees in Papua New Guinea. The funding that enabled Dr Tovirika to attend the 2017 ASM was provided as a donation from Anaesthetic Services: www.anaestheticservices.com.au/.

ANZCA’s Indigenous Health Committee, which encourages Australian and New Zealand trainees to consider a career in anaesthesia, funded three scholarships for Indigenous doctors to attend the 2017 ASM. Queensland doctor Dr Antoinette Daylight joined two NSW junior doctors Dr Angus McNally and Dr Gene Stolec in Brisbane for the ASM where they met the chair of the Indigenous Health Committee Dr Sean McManus and ANZCA Vice-President Dr Rod Mitchell to discuss their medical career pathways and interest in anaesthesia.

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

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

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

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

ANZCA’s Indigenous Health Committee recognised the importance of training Indigenous specialist anaesthetists and specialist pain medicine physicians in Australia and New Zealand.

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

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

ANZCA hosts Indigenous doctors

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New Fellows thinking big as leaders

In the 2017 New Fellows Conference (NFNC17) delegates were asked to reflect on the leaders in anaesthesia and the pain medicine that have inspired them, and during dinner each presented two qualities that made these leaders effective and inspiring.

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

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

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

The 2017 NFNC delegates were challenged to rise to the leadership challenges that they will encounter in their professional lives.

The next NFNC will be held in Mar del Plata, Argentina in May 2018 to be announced.

For more information on NFNC, please refer to anzc.a.org.au/conferences.
Ellis Gillespie Lecture
Professor Andrea Kurz, ANZCA ASM Visitor, “Think bigger: Building the evidence for evidence-based perioperative care”

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

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

FPM Queensland Visitor’s Lecture
Dr Suellen Walker, FPM Queensland Visitor, “Longitudinal pain research – from preterm birth to early adulthood”

Queensland Visitor’s Lecture
Professor Tim Cook, Queensland Visitor, “Big ambition: Getting engagement in large projects”

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

Key presentations

Dr Meredith Craigie

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

Dr Craigie’s long involvement with ANZCA began in 1992 when she was awarded fellowship while at the Adelaide Children’s Hospital where she specialised in paediatric anaesthesia. Her focus on anaesthesia for children with burns soon evolved into a broader interest in pain management for children and advocacy for paediatric pain management services. This work continues to be a passion for Dr Craigie today.

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

Dr Craigie was elected to fellowship of ANZCA’s Faculty of Pain Medicine in August 2001 and was elected to the board of the Faculty of Pain Medicine in May 2012. She is now the vice-dean and chairs several committees including the Training and Assessment Executive Committee. She has had a particular interest in assessment processes. She joined the panel of examiners for the Faculty in 2002, chaired the examination committee from 2010 to 2013 and again this year. In addition, she was an ANZCA fellowship examiner from 2004, joining the Final Examination Sub-Committee in 2009 until 2013 and was the external examiner for the Hong Kong College of Anaesthesiologists Graduate Diploma in Pain Medicine in 2009. She remains involved with assessment processes as the FPM representative on the ANZCA Examination Advancement Advisory Group.

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

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

**Professor Stephan Schug**

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

He qualified in medicine at the University of Cologne, Germany, where he also obtained his MD by thesis in clinical pharmacology and subsequently specialised in anaesthesia, intensive care and pain medicine. In 1989, he moved to New Zealand where he initiated one of the first acute pain services in Australasia at Auckland Hospital. The planned stay of one year became 12 years after he accepted a position as the Head of Section of Anaesthetics at the University of Auckland. Over the following years he developed academic anaesthesia at the University of Auckland and was awarded a Personal Chair in Anaesthesiology in 2000. In 2001 he moved to Perth and was appointed Chair of Anaesthesia at the University of Western Australia in 2006. As the Director of Pain Medicine in the Department of Anaesthesia and Pain Medicine of Royal Perth Hospital his clinical responsibilities include the running of a Comprehensive Inpatient Pain Service as well as a multidisciplinary Pain Medicine Centre, which is accredited for training by the Faculty of Pain Medicine of ANZCA.

Professor Schug’s principal research interests include the management of acute and chronic pain, cancer pain, regional anaesthesia, the pharmacology of anaesthetics and anaesthetic agents and quality control in healthcare. He is a world-renowned speaker and the author or co-author of 15 books, more than 80 book chapters, 75 original and 150 reviews and letters and multiple abstracts.

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

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

**Professor Alan Merry**

Chair of ANZCA’s Research Committee and an ANZCA councillor for 3 years, Professor Alan Merry is foundation Professor of Anaesthesia at the University of Auckland Medical School and Head of the School of Medicine. He practises anaesthesia and chronic pain management at Auckland City Hospital and is Chair of the Board of the New Zealand Health Quality and Safety Commission.

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

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

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

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

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

**Professor David Story**

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

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

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

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

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

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

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

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

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

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

From the citation by Dr Lindy Roberts at the College Ceremony during the 2017 ANZCA Annual Scientific Meeting in Brisbane.
As for our speakers this year we were pleased to have Professor Pierre Fort, the Rufner Professor of Anaesthesia at the time and Professor Michael Huber from Chicago. An important year in our history was 1994. It saw ANZCA and the Joint Faculty of Intensive Care (JFICM) hold a standalone meeting - now renamed the ANZCA Annual Scientific Meeting. It was held in Launceston and our invited speakers for this meeting were Professor Carl C Borg from Emory, Dr Jose Carvalho an obstetric anaesthetist who at the time was at the University of Sao Paulo, and our own Professor Laurence E Mather. In 1995 the ASM turned topical with a meeting in Townsville. The front of the brochure is replete with blues and greens, tropical fish and coral. The first brochure with some theming - but still no “theme”. We have however our first meeting with named visitors – the Foundation Visitors (Dr John William Sear and Professor Christopher J Eagle) and the Australasian Visitor (Professor John Russell). In 1996 the ASM went as far as the outback with tradition – it became a combined scientific meeting with the Australian Society of Anaesthesiologists (ASA) in Perth in October. This was the year that Sydney was awarded the World Congress of Anaesthesia and so a decision was made to host both meetings in Sydney. We had a plethora of well-known speakers at this meeting – Professor Bruce Cullen delivering the Mary Burnell Lecture, Professor Pierre Cottis presenting the Ellis Gillenwater Lecture (who proudly showed me his honorary FANZCA when we met recently in Paris), Australian Visitor, Dr David Cramshak, President of the ASA Dr Geoffrey Wetherpoon, a very young looking Professor Tiek Oh, Dr Stephen Jones, Dr Norman Swan and Dr Angela McClelland. Our first ANZCA meeting held in New Zealand was in 1997, this meeting was combined with ANZCS (NZ) and was held in beautiful Christchurch. We were welcomed to the meeting by the convenor – a very familiar face at ASMs – Dr Ross Kennedy (who went on to convene the 2010 Christchurch meeting as well). At this meeting the lineup of speakers again sees some well-known names – Foundation Visitors Gavan Kenny from Glasgow and Jerrold Lerman from Toronto, JFICM Foundation Visitor Keith Walley from Vancouver and the Australasian Visitor Dr Brian Horan. This meeting also saw some firsts – the introduction of a workshop program with 14 workshops being held on the Tuesday afternoon of the meeting and development of poster sessions.

In May 1998 the meeting headed to Newcastle. The esteemed Professor Barry Baker was the Australasian Visitor and we saw Professor Simon Gelman, Professor Hugo Van Aken and Dr Gordon Doig as Foundation Visitors. In 1999 we are back Adelaide and into the ASM. An ASM website is listed on the front over of the brochure. Times are changing! And now we have three Foundation Visitors (Dr John William Sear, Professor Michael Huber and Professor Richard Albert). The Australasian Visitor was Dr Richard Morris.

Our speakers for this year were Professor Barry Baker who was our invited speaker on the 25th anniversary of Anaesthesia at the time and Professor Michael Roizen from Chicago. An important year in our history was 1994. It saw ANZCA and the Joint Faculty of Intensive Care (JFICM) hold a standalone meeting – now renamed the ANZCA Annual Scientific Meeting. It was held in Launceston and our invited speakers for this meeting were Professor Carl C Borg from Emory, Dr Jose Carvalho an obstetric anaesthetist who at the time was at the University of Sao Paulo, and our own Professor Laurence E Mather. In 1995 the ASM turned topical with a meeting in Townsville. The front of the brochure is replete with blues and greens, tropical fish and coral. The first brochure with some theming – but still no “theme”. We have however our first meeting with named visitors – the Foundation Visitors (Dr John William Sear and Professor Christopher J Eagle) and the Australasian Visitor (Professor John Russell). In 1996 the ASM went as far as the outback with tradition – it became a combined scientific meeting with the Australian Society of Anaesthesiologists (ASA) in Perth in October. This was the year that Sydney was awarded the World Congress of Anaesthesia and so a decision was made to host both meetings in Sydney. We had a plethora of well-known speakers at this meeting – Professor Bruce Cullen delivering the Mary Burnell Lecture, Professor Pierre Cottis presenting the Ellis Gillenwater Lecture (who proudly showed me his honorary FANZCA when we met recently in Paris), Australian Visitor, Dr David Cramshak, President of the ASA Dr Geoffrey Wetherpoon, a very young looking Professor Tiek Oh, Dr Stephen Jones, Dr Norman Swan and Dr Angela McClelland. Our first ANZCA meeting held in New Zealand was in 1997, this meeting was combined with ANZCS (NZ) and was held in beautiful Christchurch. We were welcomed to the meeting by the convenor – a very familiar face at ASMs – Dr Ross Kennedy (who went on to convene the 2010 Christchurch meeting as well). At this meeting the lineup of speakers again sees some well-known names – Foundation Visitors Gavan Kenny from Glasgow and Jerrold Lerman from Toronto, JFICM Foundation Visitor Keith Walley from Vancouver and the Australasian Visitor Dr Brian Horan. This meeting also saw some firsts – the introduction of a workshop program with 14 workshops being held on the Tuesday afternoon of the meeting and development of poster sessions.

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The 2000s

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

The 2002 meeting was a golden jubilee. We celebrated 50 years of the establishment of the Faculty of Anaesthetists within RACS to undertake higher professional training in anaesthesia. Held in Brisbane the theme was “The challenges of change”, Professor Guy Ludbrook was the Australasian Visitor with Foundation Visitors Jonathan Mark, Kim Burchiel and David Burgner. It would be 15 years before the meeting made its way back to Brisbane. In 2017 the ASM headed back to Tasmania but this time to Hobart. A few well-known names at this meeting who continue to return to ASMs over the years – Associate Professor Kate Leslie is the Australasian Visitor and with Foundation Visitors Professor James Eisenkraft, Professor Dominic Maki and Professor Henrik Kehlet. This would be the last time the ASM could be held in Tasmania as delegate numbers continued to increase, as well as the size of the exhibition and numbers of workshops.
Without a convention centre in Tasmania the current ASM won’t fit in a desire by anaesthetists and specialist pain medicine physicians in Tasmania to get involved with large scale scientific meetings, they are now organising the 2019 ASM in Kuala Lumpur.

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

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

The 2006 ASM was held in Adelaide with the theme “All in a day’s work”. This was the first event organised without the venerable Joan Sheales at the helm which added extra challenges for the organisers however Margie Cowling and Pam Macintyre proved to be outstanding in this role. They worked tirelessly to deliver a fantastic meeting. The delegates were joined by top scientists and educators from the Australasian Visitor Dr Margie Cowling, Dr Tim Semple and Dr David Wilkinson. The meeting is characterised by the inclusion of “art” sessions into the program.

In 2007 the meeting was held in Melbourne with the theme “Perioperative Medicine: Evidence and Practice”. The meeting was held in the Victorian College of Physicians with Dr Rowan Thomas and Dr Julia Fleming as convenors.

ASMs 1992-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>City</th>
<th>Theme</th>
<th>Convenor/s</th>
<th>FPM Convenor/s</th>
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<tr>
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<td>Canberra</td>
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<td>Professor Garry Phillips</td>
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<td>Anaesthesiology, Intensive Care and Pain Medicine Delivery - The Next Generation</td>
<td>Dr John Low</td>
<td>Professor Leigh Atkinson</td>
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<td>2002</td>
<td>Brisbane</td>
<td>The Challenge of Change</td>
<td>Dr Kerry Beadnell</td>
<td>Dr Graham Rice</td>
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<td>Hobart</td>
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<td>Dr Hilary Froneman</td>
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<td>Dr Mark Josephson</td>
<td>Professor Stephen Shag</td>
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<td>Improving Outcomes</td>
<td>Dr Charles Bradfield</td>
<td>Dr Bob Large and Dr Mike Butler</td>
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<td>Adelaide</td>
<td>All In A Day’s Work</td>
<td>Dr Margaret Cooling</td>
<td>Dr The Simple and Dr Dinh Kaper</td>
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<td>2007</td>
<td>Melbourne</td>
<td>Perioperative Medicine: Evidence and Practice</td>
<td>Dr Rowan Thomas</td>
<td>Dr Julia Fleming</td>
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<td>Sydney</td>
<td>Anaesthesiology: Science, Art and Life</td>
<td>Dr David Elliott</td>
<td>Dr Charles Brookie</td>
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<td>2009</td>
<td>Cairns</td>
<td>Anaesthesiology: Branching Out</td>
<td>Dr Sean McMahan</td>
<td>Dr Jason Ray</td>
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<td>Christchurch</td>
<td>How Meets Why</td>
<td>Associate Professor Ross Kennedy</td>
<td>Professor Ted Shipston</td>
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<td>Hong Kong</td>
<td>Seeking the Dragon Pearl</td>
<td>Dr Chi-Wai Cheung</td>
<td>Dr Phoon-Ping Chen</td>
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<td>Perth</td>
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<td>Dr Tony Farrell</td>
<td>Dr Max Majedo</td>
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<td>Dr Debra Donahue</td>
<td>Dr Michael Vagg</td>
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<td>Singapore</td>
<td>Working Together for our Patients</td>
<td>Dr Nicole Phillips</td>
<td>Dr Lewis Holford</td>
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<td>Adelaide</td>
<td>The Changing Face of Anaesthesia and Pain Medicine</td>
<td>Dr Aileen Craig</td>
<td>Dr Gary Clothier</td>
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<td>Closer to the Edge</td>
<td>Dr Michael Kiesler</td>
<td>Dr Jan Olsen</td>
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<td>2017</td>
<td>Brisbane</td>
<td>Think Big</td>
<td>Dr Bridget Ellender</td>
<td>Dr Kathleen Cooke</td>
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25 years of great ASMs (continued)

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

In 2009 the meeting returned to far north Queensland but this time to the state-of-the-art Perth Convention Centre on the banks of the beautiful Swan River. Themed “Evolution: Grow Develop Thrive”, it was an outstanding program. Australasian Visitor is Associate Professor David A Scott, with Dr Steve Venits, Professor Catherine Bushnell, Professor You Wan, Professor Vincent Chan, Professor Spencer Liu, Professor Mervyn Singer and Professor Homer Tang as keynote speakers. Those who attended will remember the excellent scientific program, the spectacular Gala Dinner with stand-up comedy from President Kate Leslie and President Mike Irwin and a memorable post Gala Dinner witnessing of a marchette fight on the streets on Wan Chai! An extremely successful satellite meeting was held in Shanghai with the Chinese Society of Anaesthesiologists.

A return to Perth in 2012, but this time to the state of the art Perth Convention Centre on the banks of the beautiful Swan River. Themed “Evolution: Grow Develop Thrive”, the meeting’s keynote speakers are Ruth Lautau, Daniel Bennett, Andrew Davidson (Australasian Visitor), Patrick Wouters, Henrik Kehlet and Joseph Noel. The College Ceremony Oration is memorably delivered by Dr Kelvin Kong, Australia’s first Aboriginal Fellow of RACS.

(continued next page)
25 years of great ASMs (continued)

25 years of great ASMs
celebrated ANZCA-wide

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

ANZCA’s Melbourne office marked the anniversary on February 7, the date ANZCA was officially established in 1992.

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

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

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

We were “Closer to the edge” in 2016 – a truly fantastic scientific program in beautiful Auckland, with keynote speakers Carol Peden, Cynthia Wong, Steven Cohen, Tony Dickinson and Matthew Chan (Australasian Visitor). And now what an incredible 25 years of annual scientific meetings! I have only mentioned a few of the amazing people who give their time so freely every year to organise these meetings. Every convenor is supported by an organising committee of dynamic, committed individuals, not to mention the dedicated ANZCA Events staff who are there every step of the way offering support, expertise and the occasional bug!

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

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

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

Dr Nicole Phillips
Director of Professional Affairs, ASMs

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

ANZCA’s Melbourne office marked the anniversary on February 7, the date ANZCA was officially established in 1992. As well as a celebratory cake, the book 25 Years of ANZCA Leadership was launched.

The book had been sent to all Fellows, trainees and other stakeholders and is available in flipbook through the ANZCA flipbook.

2013

2014

2015

2016

2017

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

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

Susan Ewart
Communications Manager, NZ

ANZCA Bulletin June 2017

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

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

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

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

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

How to make a SALAD sim trainer?

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

For added realism, either white vinegar or “Barf-ume” (fake vomit smell available online) can be added to provide a strong olfactory stimulus. The entire set-up is contained within a Pelican case, which not only functions as a reservoir for simulated airway contaminant, but also allows airway head, assorted suction catheters, laryngoscopes, ET tubes etcetera to be rapidly bundled away for travel.

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

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

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

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

Suggested links
https://emcrit.org/podcasts/having-a-vomit-salad-with-ducanto/
https://www.facebook.com/SALADSimulation/
http://kidocs.org/2016/12/salad-on-the-beach/
http://kidocs.org/2016/10/portable-vomit-simulator/
https://vimeo.com/185109587

Above from left: Associate Professor Stu Marshall and Dr Tim Leeuwenburg; SALAD kit, Kangaroo Island; SALAD sim in Chicago.
A rich life of many and varied achievement

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

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

He graduated in 1949, worked at The Alfred hospital in 1950, and then spent a year in Bendigo. In 1952, having done his compulsory student anaesthesia cases at the Women’s Hospital, Noel was appointed there as one of the first two anaesthesia registrars under Kevin McCaul. During that year Noel passed the final waiver examination and was awarded a Private Candidate’s certificate.

In 1953, he became one of the first anaesthesia registrars at the Royal Melbourne Hospital under Norman James. That year he passed the final DA examinations, which preceded the fellowship of the Faculty of Anaesthetists, founded within the Royal Australasian College of Surgeons in 1952. The first examinations were in 1956.

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

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

An avid skier, Noel also became chairman of the RCH Ski Club for many years and, after his retirement in 1988, he was treasurer. The group was finally abandoned when Michael Cousins at Flinders Medical Centre and other hospitals developed research groups about 10 years later.

Noel was involved in many activities. He was active in the Medical History Society as treasurer and president 2007-2008. He gave the triennial Embley Memorial Lecture in 1963 in honour of the first anaesthetist appointed to the Melbourne Hospital in 1873 and the first lecturer in anaesthesia at Melbourne University, who undertook an extensive animal study on the cause of death from chloroform.

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

In the 1970s few anaesthetists were involved in research. Noel’s first research was in the pharmacology department under Professor Shaw in 1957, when he demonstrated the reversal of sleep following thiopentone in rabbits. It had no effect in humans – an early demonstration of species variation. In all, Noel published 46 papers.

In 1977 we decided to form an anaesthetic research group, in which members, who often worked on their own, could receive comments and suggestions about their projects. Noel Cass was treasurer. The group was finally abandoned when Michael Cousins at Flinders Medical Centre and other hospitals developed research groups about 30 years later.

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(continued next page)
A rich life of many and varied achievement (continued)

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

While Noel Cass was one of Australia’s most academic anaesthetists, he had many other interests. Jazz music was one of these. Over 50 years ago, he started a group which met at a member’s home once a fortnight. They then began to receive invitations to play at private functions, at the hospital, the College of Surgeons 50th anniversary, the Ormond College Ball and to other large audiences.

He also played in New Orleans when visiting that famous jazz city. Dr Jazz, as the group became known, played at his 80th birthday celebration.

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

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

I will conclude with an expression of sympathy to his children, Peter, Anne and Lindy and their families.

He is remembered as a wonderful and stimulating father. His wife, Brenda, who was a great support to him, passed away three years ago.

When through life’s treasures we sift
We find in the end
That one of life’s most valuable gifts
Is to have really good friends.

Noel had many. Those who remain will miss him.

Dr Kester Brown, AM, FANZCA
Victoria

Above from left: A keen jazz musician, Dr Cass is seen playing with David McConnell (past president of the Australian Society of Anaesthetists) and a group of anaesthetists at the World Congress of Anaesthesia in Sydney in 1996, Dr Cass with his family in 1985.
**Age and the Anaesthetist**

**Transitioning towards retirement**

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

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

The issue examined the impact of age on the individual anaesthetist, their practice, patients, retirement and the wider workforce environment. It is recognised that remaining in work has a positive benefit on personal health, so workplaces need to promote health and wellbeing and provide support to allow people to continue to work for as long as they need to. Although written for the UK environment, many of the issues discussed in this document are pertinent to Australia and New Zealand, especially sections 4-6.

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

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

Ageing is inevitable. However, the rates of physical and physiological change are variable and retirement strategies therefore need to be individualised. Not only is the workforce ageing, the patient population is also ageing. This means the proportion with significant comorbidities will increase and the overall complexity of anaesthetists’ work will also increase. Anaesthesia is a safety industry. Therefore, the health system as well as the profession need to ensure that anaesthetists remain “fit for task” and are able to perform as specialists safely and competently.

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

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"Anaesthesia is a safety industry. Therefore, the health system as well as the profession need to ensure that anaesthetists remain ‘fit for task’..."
“There is a duty of care, when the College inducts trainees, to tell them if there is any risk of early mortality and diseases as a result of stress-related or environmental issues. We already know that the suicide rate is higher than in the rest of the community,”

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

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

“Anaesthetists are difficult, we’re a bit obsessive-compulsive,” he says.

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

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

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

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

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

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

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

Karen Kissane
ANZCA

Karen Kissane

There’s an extraneous stress in your life, there’s less room to deal with it if you are over-committed financially.”
When it comes to low flow techniques using modern anesthesia workstations what happens to inspired oxygen concentration? Dr Gary Hopgood and Dr Geoff Laney caution about the use of low flows and demonstrate the understanding necessary for this technique.

Something to watch out for

For many of those of a generation who learned the craft of anesthesia before the world was infested with microchips, the internet and Facebook, control of anesthesia had become possible with routine gas and agent monitoring. Further to causing harm, these themes were also most prevalent in incidents that resulted in death, (albeit with a much lower incidence). So too were:

- Undergoing a procedure categorised as cardiovascular or neurological.
- Incidents occurring afterhours of the first 4000 incidents in webAIRS, the second of the webAIRS overview articles was published in the March edition (vol 45, issue 2) of Anaesthesia and Intensive Care. The ANZTADC Publications Group examined cleansed de-identified webAIRS data in order to pinpoint themes more common to adverse outcomes compared to incidents with a more benign course. Anesthesia technique was not analysed in this cross-sectional report because it will be the subject of a separate, more detailed, report in future.

Dang er arises when anesthesia practitioners at the level of年 or earlier when working with equipment designed by those born to generation Y. It is not that the machine is faulty, merely that we are at risk of confusing flows for percentages, and struggling with the need to shift from thinking in the ways of generation X or earlier when working with equipment designed by those born to generation Y.
**Surgical antibiotic prophylaxis: getting it right**

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

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

Analysis of timing data shows how important “on time” prophylaxis is. When prophylaxis is given too early or after KTS, the SSI rate is significantly higher, RR 2.3 (95% CI 1.4-3.7), p=<0.002. While the use of 2g doses of cefazolin has improved, too many patients are given this dose for all adults undergoing orthopaedic surgery, unless the patient is significantly under 80kg and/or has renal impairment, to ensure adequate dosing for those >80kg.

**Safety alerts**

**Recent alerts:**

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

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

**Dr Peter Roessler**

Communication and Liaison Portfolio

Safety and Quality Committee

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

**Record-keeping training recommended for anaesthetist**

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

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

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

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

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

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

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

**Susan Ewart**

Communications Manager, NZ
As a Mercy Ships volunteer, Dr Wendy Falloon had always wanted to do some volunteer work in the developing world, but life kept getting in the way: examinations, children, a busy anaesthesia practice.

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

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

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

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

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

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

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

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

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

“I managed to overcome that mental thing about not wanting to ask for help and found that lots of people who couldn’t do? Each person is a person, and their lives are changed for the better; being given their health back means being able to earn a living, or to get married, or to no longer be shunned as cursed or possessed because of their deformity. They are often rejected even by their own families. “One woman waiting in the queue on a screening day had a massive tumour on the back of her head, keloid scarring. The tumour was as big as her head and was hanging down the back of her neck. It was rotting, and it stank to high heaven. At the screening, no one would sit near her because of the smell.

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

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“I managed to overcome that mental thing about not wanting to ask for help and found that lots of people who couldn’t...
A new diploma qualification in diving and hyperbaric medicine (DHM) will launch on July 31.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

“It helps with wound healing in people without diabetes; people with renal failure, who get a notoriously difficult skin ulceration with a high level of mortality called calciphylaxis; and it helps avoid the neurological injury associated with carbon monoxide toxicity, which can happen as a result of a suicide attempt or industrial exposure,” Dr Wilkinson says.

“We certainly have evidence for these things, but they are not supported yet by adequate randomised controlled trials.”

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

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

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

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

Karen Kissane
ANZCA
Dean’s message

One possibility might be to develop an N of 1 trial template that interested Fellows and others might use in consenting patients. The aim would then be to pool results. An alternative is to consider the mantle of leadership more strongly and to strengthen our distinctive Faculty brand and our voice.

Safety and quality

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

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

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

The Faculty brand

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

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

Strategic planning

The Faculty’s 2018-2023 Strategic Plan will be launched at the Spring Meeting in Torquay later this year. In developing the plan feedback was sought internally from our trainees, Fellows and staff, and externally from the many individuals and organisations with whom we interact. Several key themes have emerged from comments received.

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

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

Dr Chris Hayes
Dean, Faculty of Pain Medicine

Training unit accreditation

The following hospitals have been accredited for pain medicine training:

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

Admission to fellowship of FPM

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

Completion of the training program:

- Dr Peter Carlin, FANZCA (SA)
- Dr Matthew Keys, PJCEM (Qld)
- Dr Rajiv Menon, FANZCA (WA)
- Dr Stephen Smith, FANZCA (NSW)
- Dr Srirekha Vadasseri, FRANZCP (Vic)

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

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

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

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

Honorary fellowship – Professor Lorimer Mosely

At the ANZCA Annual Scientific Meeting in May, Professor Lorimer Mosely was admitted to the Faculty of Pain Medicine as an honorary Fellow, recognising his notable contributions to the advancement of the science and practice of pain medicine though not as a practising specialist pain medicine physician in Australia or New Zealand. Professor Mosely is a National Health and Medical Research Council principal research fellow, and professor of clinical neurosciences and foundation chair in physiotherapy at the University of South Australia, a senior principal research Fellow at Neuroscience Research Australia, and chair of the Pain Adelaide Stakeholders’ Consortium. He has authored 270 articles and has twice won PAIN’s Most Cited Paper award. Professor Mosely’s post-doctoral research has attracted $2 million in funding here and in the UK over a 12 year span. He has won numerous Australian and International prestigious prizes and awards and the College congratulates him on his deserving Honorary Fellowship.

FPM Board changes

A formal ballot was held on April 5 for three vacancies on the Faculty Board. Dr Chris Hayes and Professor Stephan Schug were re-elected and Associate Professor Paul Gray, FANZCA (Qld) was elected. The ballot count for the New Fellow position on the Board was held on April 26 and Dr Harry Eeman was the successful candidate.

Introducing our new FPM Board members

Dr Harry Eeman

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

Leaving the FPM Board

Professor Ted Shipton

Professor Edward (Ted) Shipton was elected to the FPM Board in 2005. He served as the chair of the Education Committee, the Curriculum Redesign Governance Group, the Exit Questionnaire Sub-committee and the Trainee Affairs Portfolio and was also a member of the Curriculum Redesign Steering Group, the Examination Committee, the Training Unit Accreditation Committee, the New Zealand National Committee and the Mentoring Sub-Committee. He is now the chair of the FPM New Zealand National Committee and a member of the Examination Committee.

As Dean from 2014-16, Professor Shipton had a pivotal role in the development and launch of the revised curriculum and e-learning resource, publication of the fourth edition of Acute Pain Management: Scientific Evidence and the development by the Faculty of key positions statements with the publication of PMOS Recommendations regarding the use of opioid analgesics in patients with chronic non-cancer pain and PM04 Statement on “Medicinal Cannabis” with particular reference to its use in the management of patients with chronic noncancer pain. Professor Shipton’s gifts of collegiality and steadfast determination see the Faculty Board well positioned for a new phase of activity.

Associate Professor Paul Gray

Associate Professor Paul Gray

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

Associate Professor Brendan Moore

Associate Professor Brendan Moore

was elected to the FPM Board in 2005. He served as the chair of the Trainee Affairs Portfolio and the Training Unit Accreditation Committee, Honorary Treasurer and was a member of the Education and Training Committee, Research Committee and Queensland Regional Committee. He remains a member of the Research and Innovation Committee and the Better Pain Management Steering Group. As dean from 2012-2014, Associate Professor Moore took a leadership role in developing the 2015-2017 FPM Strategic Plan and in the successful application to have pain medicine accredited as a vocational scope of practice in New Zealand in 2012. He bought a strong innovation focus to the Board and was integral to the development of the successful FPM Opioid Calculator App and Better Pain Management e-learning modules for healthcare professionals and progression of an initiative to develop a Pain Device Implant Registry. This spirit of innovation is the legacy that Associate Professor Moore leaves to the Faculty Board.
Faculty of Pain Medicine (continued)

Better Pain Management: e-learning for managing patient pain

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

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

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

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

The Better Pain Management launch was live streamed via Periscope (see https://www.pscp.tv/w/UtyJy6 elementary0) during a key meeting of Australian and New Zealand pain medicine specialists, which attracted local and international delegates ahead of the start of the ANZCA’s Annual Scientific Meeting on May 13.

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

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

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

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

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

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

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

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

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

Above left: Dr Michael Vagg, Chair of the FPM Online Pain Management Education Program Steering Group launches Better Pain Management.
ANZCA Library at the 2017 ANZCA ASM

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

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

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

- Giveaways including copies of Obstetric Anaesthesia from Oxford University Press.
- Live updates to the incredibly popular Library Guides!
- A peer-reviewed journal published by the Accreditation Council for Graduate Medical Education, JGME disseminates scholarship and promotes critical inquiry to inform and engage the graduate medical education community to improve the quality of graduate medical education. Access JGME through the following link www.jgme.org.ezproxy.anzca.edu.au/.

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

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

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

Updated Library Guides

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

Follow the #ANZCALibrary on Twitter

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

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

Read ANZCA Library journals from your mobile device

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

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

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

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

OvidToday and enabling full-text access, visit the NEW dedicated App Library Guide: http://libguides.anzca.edu.au/apps/ovidtoday

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

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

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

Anesthesia and perioperative care of the high-risk patient

Anesthesia and perioperative care for organ transplantation

Bariatric and metabolic surgery:
Indications, complications and revisional procedures

Bariatric surgery complications:
The medical practitioner's essential guide

Controlled substance management in chronic pain: A balanced approach

Medical statistics: For beginners

Postoperative care in thoracic surgery:
a comprehensive guide

Practical anesthetic management:
The art of anesthesiology

Reducing mortality in the perioperative period

Textbook of hyperbaric medicine

Total intravenous anesthesia and target controlled infusions:
A comprehensive global anthology

You're wrong, I'm right: Dueling authors re-examine classic teachings in anesthesia

Obstetric anesthesia

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

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

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

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

Professor Baker also announced the new research scholarship announced Foundation Life Patron Dr Peter Lowe, who already funds the annual ANZCA Melbourne Emerging Anaesthesia Researcher Award, has established this new scholarship with a commitment to donate a total of $100,000 over five years. The support of Dr Lowe, Professor Baker and these three new awards are providing opportunities for talented new Fellows embarking on challenging research careers, in line with ANZCA’s commitment through the new ANZCA Research Strategy and Emerging Investigators Sub-Committee.

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

Lunch at KPMG and tour of the “New Peter Mac”

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

Automatic deductions make giving easier

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

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

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

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

Above clockwise from left: Foundation Chair Dr Genevieve Couglan welcomes guests. More than 100 people attended the function. The ATACPS trial led by Professor Paul Myles won the Australian Clinical Trials Alliance 2019 Trial of the Year; Professor Barry Baker announces a personal $25,000, 25th anniversary donation.
Helping you to achieve research goals

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

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

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

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

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

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

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

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

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

The survey also identified that some departments were successful in obtaining direct hospital funds to subsidise a research co-ordinator. For departments that are just getting started in multi-centre research, the CTN are helping departments “buddy” with an experienced research co-ordinator in their region to show them the ropes of clinical research. Departments can also request assistance from the ICU research co-ordinator who may be seconded to the anaesthesia department. Investigators and departments are encouraged to get in contact with the CTN office and the ARCN: 0800 free to assist you in getting started in research!

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

References:
1. Holden, L., Pager, S., Golenko, X. & Ware, R. 2 found that more than half of the combined full-time equivalent of research co-ordinators rely on competitive research funding. The CTN has developed a business case to help justify to department heads how to employ a research co-ordinator through the funds accrued from prepayment payments from participating in CTN trials.

Successful verification of CPD activities for 2016

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

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

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

The ATACAS trial wins trial of the year

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

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

The ceremony was timed to coincide with International Clinical Trials Day, held on May 20 each year to commemorate the first known randomised controlled trial by James Lind into the causes of scurvy in sailors 275 years ago.

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

The trial took more than 10 years to complete at 31 hospitals in seven countries who recruited 4350 patients.

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

Addressing maldistribution: The Tasmanian initiative

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

This is a pity as there are many (often under-recognised) advantages to an anaesthesia career in a rural or regional hospital. The range of practice involves a broad specialty mix including trauma, obstetrics and older paediatrics.

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

While not a rural training scheme per se, the Northern Rotation of the Queensland Anaesthetic Rotational Training Scheme offers the opportunity for trainees who are interested in gaining exposure to regional and rural specialist practice. For the past five years, all Tasmanian trainees have rotated for one to two years to a rural (North West Tasmania) or regional hospital (Launceston). Ideally they spend the two years of basic training in the North/North West followed by two years of advanced training in Hobart. In all Tasmanian hospitals, trainees have exposure to trauma, obstetric, and paediatric anaesthesia.

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

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

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

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

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

Associate Professor Kersi Taraporewalla Chair, ANZCA Education Sub-committee

Develop strategies to teach effectively – Attend a locally delivered module

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

• Melbourne July 24
  - Teaching practical skills.
  - Clinical supervision.

• Auckland August 3-4
  - Planning effective teaching and learning.
  - Teaching in the clinical setting.
  - Interactive learning and teaching.
  - Clinical supervision.
  - Teaching practical skills.

• Gold Coast September 16
  - Planning effective teaching and learning.
  - Teaching in the clinical setting.

• Melbourne October 16-17
  - Planning effective teaching and learning.
  - Teaching in the clinical setting.
  - Interactive learning and teaching.
  - Clinical supervision.
  - Teaching practical skills.

• Auckland November 23-24
  - Planning effective teaching and learning.
  - Teaching in the clinical setting.
  - Interactive learning and teaching.
  - Clinical supervision.
  - Teaching practical skills.

Calling future facilitators

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

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

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

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

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

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

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Primary fellowship examination
February/April 2017
Ninety two candidates successfully completed the primary fellowship examination:

AUSTRALIA
Australian Capital Territory
Roy Robert Bartram
Stuart Gordon Keith McKeown

New South Wales
Nicholas James Barton
Michael Allan Booker
Anuk Ruwanka Cooray
Andrew Paul Couch
Michele Mathew

New Zealand
Dhir Madhav Bhattacharya
Seung Joon Chin
Samuel Robert Fowler
Max Patrick Hattaway

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

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

Ry an Peter Watts, Queensland
Alexandra Rose Frankkitt, New Zealand

This page: Primary examination court of examiners. Opposite page: Chair, Final Examinations Dr Karen Smith during her speech at the presentation ceremony for successful candidates.
The 2017 Tri-nation Alliance International Medical Symposium (IMS) and workshops were held in Melbourne from March 7-10. The theme of IMS 2017 was “Leading change in healthcare culture, education and practice”. Video recordings of selected keynote presentations from the following speakers are now available at https://vimeopro.com/anzca/tri-nation-alliance.

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

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

Closing plenary

Dr Ian Graham, Dean of Education, ANZCA

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

Lucy Ann Dempster
Arya Gupta
Paras Malik
Sarah Rose Skidmore, NSW

Merit certificates
Merit certificates were awarded to:

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

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

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

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

Closing plenary

Dr Ian Graham, Dean of Education, ANZCA
New Chair for ANZCA NZNC

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

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

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

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

The new deputy chair is Dr Sally Ure, a specialist at Wellington Regional Hospital. Dr Ure has been a committee member since 2011 and its deputy or acting education officer since 2015. She is deputy head of department at Wellington Hospital and was a supervisor of training there for six years from 2007.

Dr Ure also served on the Education Committee of the Medical Council of New Zealand for three years (2012-2015).

Lectures look at complex pain, substance abuse

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

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

Dr Foss presented at Waikato and Hutt Hospitals in May, and Dr Purdy will present at Nelson Hospital on Tuesday July 18. Both will also present at the lower North Island regional meeting, this year being held at Palmerston North Hospital on Friday September 8.

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

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

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

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

Part Three Course on November 30

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

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

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

• The various directions in which FANZCA can take you, with speakers from around the country offering insights into the working lives of anaesthetists and things they wish they had known.

• CV and interview tips.

• The work of ANZCA and the NZ Society of Anaesthetists (NZSA), which is hosting the course.

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

New chair and 25th anniversary feature at stakeholder function

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

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

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

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

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

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

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

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

Anaesthetic technician course changing

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

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

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

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

Primary examination success in the wake of Lismore floods

Learning to work under pressure is an essential attribute for an anaesthetist in training; and this ability to adapt and remain focused was recently put to the test for two trainee anaesthetists in Lismore, NSW. On March 31, Lismore fell victim to the wrath of ex-Tropical Cyclone Debbie, where rising floodwaters breached the levee and swamped much of the town causing widespread destruction. A natural disaster such as this is a stressful event, but this was compounded by the need to promptly evacuate from our housing for an unknown time period – just 48 hours out from sitting the Primary VIVA examination. Books, notes and study aids were reluctantly left behind. The wild weather and surrounding road closures also meant that attendance at the Brisbane VIVA Practice weekend was impossible. This was terribly disappointing as exam courses like these benefit regional candidates enormously. Fortunately, as a result of the generosity and flexibility of the Lismore Base Anaesthetic Department, we were able to maximise in-house VIVA practice in the week leading up to the exam.

Within a few days the floodwaters receded, roads re-opened and apartments became habitable again, enabling us to direct our full attention to the upcoming exam. Despite the initial challenges, the three of us made it to Melbourne and were ultimately successful in passing the Primary examination.

Although there is a feeling of great achievement and relief among us, we recognise that we were extremely lucky in the wake of the floods; the loss and devastation suffered by many in our community is evident and will be long lasting. If I could take anything from this experience, it would be the attributes of the town folk. Even in the face of such adversity, as the physical clean-up and rebuild begins, there is a sense of optimism and resilience. The community is working together with remarkable determination to get the job done.

Justine O’Shea
Queensland registrar, Lismore

Australian news

Victoria

Primary Fulltime Course

The course ran from May 29 to June 9 at the College and was once again very well received. The course continued to be an integral component of candidates’ preparation for the final exam, with this most recent course catering for 84 trainees participating; many having heard great feedback from past courses and coming from interstate and internationally to attend. The course concluded with practice viva sessions that the trainees described as “invaluable experience and a great way to finish off the course”. We thank the Fellows and advanced trainees who assisted with the lectures and VIVA sessions, and a special mention to course convenor Dr Adam Skinner. Without their valuable time, knowledge and commitment the course wouldn’t be as successful as it is.

A sense of optimism and resilience. The community is working together with remarkable determination to get the job done.

Justine O’Shea
Queensland registrar, Lismore

Final (Part II) Course

The VRC Final (Part II) Course was held in February. The course continues to be an integral component of candidates’ preparation for the final exam, with this most recent course catering for 61 attendees from Victoria and interstate. Twenty-two topics were covered across five busy days of exam-focussed, interactive presentations. They included topics from “Anaesthesia for thoracic surgery” to “Ethics, law and professional issues”, from “Anaesthesia for neurosurgery” to “Biochemistry”, and “Pain medicine” to “Interpretation of ECGs and management of PPMs/ICDs”. Despite the tight schedule, attendees are also provided with a tour of the Geoffrey Kaye Museum, which provided a welcome break from the lecture theatre.

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

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

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

Art of Anaesthesia Annual Scientific Meeting

This year’s edition of the Art of Anaesthesia will be held over the weekend of September 23-24 at the Australian War Memorial (AWM) in Canberra. The AWM is an iconic Canberra building and one of the world’s great museums, renowned for its extensive collection of art, relics, photographs, film and sound commemorating the sacrifice of Australians at war.

This year we are extremely fortunate to have two international guest speakers join us for the meeting, Professor Girish Joshi from the UT Southwestern Medical Centre in Texas, and Dr Ben van der Griend from the Children’s Hospital of Eastern Ontario in Canada. Professor Joshi will deliver two topical presentations in the field of ambulatory anaesthesia – an area in which he is a world leader. Dr van der GRIEND will demystify key issues that can make paediatric anaesthesia daunting for the “occasional” paediatric anaesthetist and teach us how to tame little monsters! We are also delighted to welcome our interstate speakers Professor Andrew Davidson, Professor David Liley and Dr Peter Schuller, as well as our fabulous local researchers, to the meeting.

ANZCA President Professor David A Scott and ASA President Associate Professor David M Scott will open the Saturday program with engaging presentations on the use of frozen blood in combat zones, and negotiating professional minefields respectively.

The Saturday program will close at 4.50pm to allow delegates enough time to move out to the Pool of Reflection for the very moving Last Post ceremony, to be conducted by local anaesthetist Lieutenant Commander John Ellingham.

On Sunday morning, there will be two emergency response workshops, Can’t Intubate Can’t Oxygenate, and Anaphylaxis Management. The workshops will help those who wish to complete mandatory CPD emergency response activities and will be held at Calvary Hospital in Bruce. For those preferring a more leisurely day on Sunday, we have organised a private tour of the War Memorial by retired Wing Commander Sharon Bowns, followed by wine tasting and lunch at the nearby award-winning Mount Majura Vineyard. We welcome everyone to the meeting and encourage all to spend some time exploring both the War Memorial and Canberra’s Floriade flower festival.

New ACT Chairs

At the ACT Regional Committee Annual General Meeting held on April 5, Dr Andrew Hehir formally handed over the role of Chair to Dr Girish Palnitkar. We sincerely thank Dr Hehir for his years of service on the ACT Regional Committee and his dedication to our anaesthetists and local workforce issues. The role of ACT Trainee Committee Chair has also been formally handed over from Dr Jennifer Hartley to Dr Julia Hoy. Dr Hartley has been an integral member of the Trainee Committee for many years and although we will miss her terribly we wish her all the best for her provisional fellowship year at Westmead Hospital.

Medical Careers Expo and more

The Medical Careers Expo was held at the University of Western Australia in early April with an excellent turnout of prospective trainees. The ANZCA stand was one of the busiest with five trainees as well as Dr Kevin Hartley. They represented our training program and answered queries from interested medical students and junior doctors.

A new simulation group has been formed to replace the now defunct ISL Committee. It will be known as the Western Australian Simulation in Healthcare Alliance (WASHA). It will be autonomous from the Department of Health and have a wider engagement than the department’s Simulation Advisory Group, which has its representatives from five government metropolitan health boards. WASHA’s roles will be in advocacy, research, networking and collaboration.

Dr Ed O’Loughlin has stepped down as the WA representative on the Scholar Role Subcommittee and we thank him for his contribution. Dr Dale Currigan has volunteered to take on the role.

The voluntary mentorship program is again running pairing introductory trainees with advanced trainees with a workshop planned for later in the year.

The Autumn Scientific Meeting will be held on April 7, 2018 at the Joondalup Resort, the Country Conference will be held on October 26-28, 2018. All committee meeting dates and members are on the ANZCA WA website for future reference.

Western Australia

Primary Refresher Courses in Anaesthesia

The course is a full time revision course, run on a lecture/tutorial basis and is suitable for candidates presenting for their primary examination in the first part of 2018.

Monday October 16 – Friday October 27, 2017
Venue: Large Conference Room, Kerry Packer Education Centre
Royal Prince Alfred Hospital, Missenden Road, Camperdown, NSW
Fee: $A1078 (including GST)
A comprehensive set of supplementary notes, lectures notes and USB will be given to each participant at the commencement of the course.
Applications close on Friday September 29.
The number of participants for the course will be limited. Late applications will be considered only if vacancies exist.
For information contact: Annette Strauss
mecourses@anzca.edu.au +61 2 9966 9085

New South Wales

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Opportunities for training, learning and experiences

The Annual Scientific Meeting in Hobart on March 17-18 saw 137 delegates attending “Anaesthesia – the next frontier”. Feedback was very positive with attendees appreciating the new format of separate presentations and workshops. Delegates also valued the knowledgeable and engaging presenters. Invited speakers included Professors Steven Shaffer and Pamela Flood from Stanford Medical Centre, San Francisco; Professor Guy Ludbrook from Adelaide and Professor Francis Bowling from Sydney, as well as many others.

Another first was the extensive range of workshops on offer on the Saturday afternoon, including advanced life support (ALS), anaphylaxis, ultrasound guided regional anaesthesia of the upper limb, obstetric and gynaecology workshops, preoperative whirlpool bath and a medical history tour.

Double decker buses took delegates through scenic Coal Valley vineyards to Frogmore Creek Winery where stunning views, award winning wines and a delicious three-course dinner with live music provided delegates with a great night out and was for many a highlight of the meeting.

The next main meeting will be the mid-winter workshop that will be held on Saturday August 26 at Tasmania’s peak golfing destination, Barnbougle. The theme “Innovating, Involving, Inspiring” provides delegates with the complete breathing experience with an approved CICO workshop, a dynamic and interesting array of presentations with open questions and group discussion. An engaging medical history tour of Hobart also provided delegates with a unique local experience.

CME meeting

Associate Professor Bernd Froessler, Department of Anaesthesia, Lyell McEwin Hospital and Associate Professor, University of Adelaide presented at the first CME meeting for 2017, held at the historic Lion Hotel in North Adelaide.

Associate Professor Froessler’s talk outlined the importance of managing iron deficiency and anaemia in the perioperative setting. Iron deficiency and iron deficiency anaemia are common conditions affecting a quarter of the world’s population. In patients presenting for non-cardiac surgery, iron deficiency with or without anaemia is found in up to 39 per cent of patients. In certain subgroups of patients with conditions like colorectal cancer or heavy menstrual bleeding, the occurrence of preoperative anaemia has been found to be even higher.

Anaemia, red blood cell transfusion and perioperative significant blood loss have all been established as adversely impacting clinical outcomes. Comprehensive patient blood management programs offering effective approaches for minimising perioperative blood loss and optimised patient care have been designed. Preoperative optimisation of anaemia appears to be a key aspect of patient blood management.

The presentation was professionally recorded and distributed to remote South Australian and Northern Territory anaesthesia hospital departments for their training and CPD purposes.

New SA trainee mentoring program

A formal trainee mentor program is being developed by the SA/NT Trainee Committee for South Australian introductory trainees. The program offers anaesthetic trainees the opportunity to connect and form a professional relationship with a consultant mentor.

Consultants have enthusiastically volunteered to become a part of the program to assist trainees through the duration of their training and beyond.

Dr Marni Calvert, Chair SA/NT Trainee Committee has been a driving force behind the program. “Until this point, no formal scheme has been in place and mentor relationships have been quite ad hoc. Anaesthetics training is a challenging program with ups and downs for everyone. The goal is to match up trainees with experienced consultants who will meet at least three times over the initial 12 months,” Dr Calvert said.

Medicinal marijuana

Dr Meredith Craigie presented an informative session on medicinal marijuana at the first FPM CME for 2017. Her presentation included information on the state of the evidence, what is happening in Australia in relation to Federal Government processes and the FPM’s recommendations. It was well-attended by 21 delegates including specialist pain medicine physicians, trainees and allied health professionals.
Obituary

Bruce Stewart Clifton
1928-2017

On June 1, 1959 ABC TV showed a film of a demonstration of mouth-to-mouth artificial respiration “saving the lives” of volunteers who had been paralysed with tubocurarine (and anaesthetised). This demonstration was to show how much more effective mouth-to-mouth was than the then accepted norms for artificial respiration in resuscitation by the RLSSA, SLSSA and St Johns, and soon around the world.

The volunteers were all awarded the British Empire Medal (BEM) in the New Year’s Honours for 1960-1961. Bruce Clifton received the RLSSA’s Meritorious Service Medal (1959) for this work and had the immense satisfaction of achieving a change in resuscitation technique which led to very many successful resuscitations which would otherwise not have occurred, though as he subsequently noted the demonstrations possibly would have been prevented by a modern ethics committee as being too dangerous! The volunteers all gave informed consent as to the serious potential issues, though one subsequently complained that the swollen lips and facial battering... that mouth-to-mouth was very soon thereafter accepted in Australia as the method for artificial respiration in resuscitation by the RLSSA, SLSSA and St Johns, and soon around the world.

Bruce Clifton, who was medical officer to the NSW branch of the RLSSA, offered to anaesthetise and paralyse some volunteers who would then have their colleagues try out the mouth-to-mouth, Holger Nielsen and Schäfer methods to compare their individual effectiveness. This demonstration was to show how much more effective mouth-to-mouth was than the then accepted norms for artificial respiration of the Holger Nielsen or Schäfer methods.

The two great lifesaving societies of the time, the Royal Life Saving Society of Australia (RLSSA) and the Surf Life Saving Society of Australia (SLSSA) were both becoming interested in this new mouth-to-mouth method for artificial respiration for use in resuscitation of the near drowned. In America there were some people, almost all anaesthetists, who were showing the advantages of mouth-to-mouth. The lifesaving societies were wondering if it might be possible to have lay people taught this new method.

Bruce Clifton was born in Sydney on September 7, 1928 to Edward Clifton of “independent means” and Jessie née McGregor, and grew up in Summer Hill, Sydney, proceeding to Newington College, Sydney Grammar School and the University of Sydney graduating with Hons II in 1952 (final year 1951). During his school years he was a representative tennis player for NSW, and remained a good golfer all his life. He was a JMO (1952) at Royal Prince Alfred Hospital (RPAH) and in 1953 he enlisted for a year with the Australian Army Medical Corps serving in Korea as a captain. For those who knew Clifton in later life as the iconoclastic rebel who loved to take down the officious this year in the army is mindboggling. Along similar lines were his memberships for many years of Sydney’s Union Club and the Australian Golf Club before resigning from both institutions.

In 1954, he had a period in general practice with Dr Grace Perry the famous Australian poet who had a most successful suburban general practice. After this it was back to the RPAH, where he remained for the rest of his professional life as an anaesthetist, becoming the first full timer and later clinical director. In 1956 Clifton passed the two-part DA (Syd) and was elected MFARACS. In 1958 he passed the MRACP. He completed the FRACP (FRACP 1972) and rumour has it that his performance tipping the MRACP examination whilst an anaesthetic trainee, not a physician trainee, vexed the powerful RPA physicians whose own trainees were left well adrift. On another much later occasion Clifton was responsible for picking the veneer of the equally powerful surgeons, one of whom was attempting to repair a ruptured abdominal aortic aneurysm in the very early days of such surgical operations.

The patient exsanguinated and died in the middle of the procedure but the surgeon did not notice and was not notified immediately. When he inquired why he had not been informed of this dire event the answer was “I thought you needed the procedure!” Clifton’s MRACP enabled him to obtain some medical clout in instituting new therapies for the treatment of tetanus (1961) and for patients who had attempted suicide by drug overdose. Clifton single-handedly founded intensive care beds in RPAH which he helped pay for by buying from his own funds ventilators and other equipment. The now large and most impressive RPA ICU thus had its beginnings in a medical “side” ward almost as a privately funded exercise to treat tetanus. Clifton who lived in the hospital quarters was always available in those early days to respond to calls from this “ICU”.

Clifton was a very unconventional person and quite eccentric in many ways though hugely respected for his clinical acumen, skills and teaching. An indication of this was his refusal to apply for the FFARACS as he believed that the 2-part DA and his MRACP should have qualified for his automatic elevation to FFA. In 1975, when Professor Joseph was Dean, Clifton somewhat reluctantly accepted the FFA on the nomination of the Dean and Vice-Dean.

He effectively ran the daily activities of the department during the chairmanship of Professor Douglas Joseph retiring only when Joseph’s replacement had been selected. Clifton had been remembered by medical students who passed through RPA for his intensely humorous but exceptionally instructive tutorials mostly on resuscitation and anaesthesia, though occasionally on intensive care topics or life more generally. Other activities he helped initiate were developments in cardiopulmonary perfusion, hypothermia and anaesthesia allowing the initial development of cardiac surgery at RPAH. One of his most famous administrative actions was to undertake a whole week of work as an anaesthetist strapped into a wheelchair which he himself operated without assistance. This somewhat peculiar activity was to demonstrate that it was entirely possible and safe to practice as an anaesthetist to Dr Tom Fraser, one of the departmental anaesthetists who had suffered a paraplegic accident following a fall from a horse. Clifton so successfully demonstrated the feasibility of such wheelchair working conditions that Fraser returned to work and himself became a role model for other wheelchair dependent anaesthetists around the world.

Clifton never married and sadly for those members of his old hospital and department cut himself off from the RPA completely in retirement. Initially he lived part of each week on the Fraser farm at Glossodia, NSW, for about 15 years, and then on return to Sydney at Killara and latterly Murrayside. He died on March 6, 2017 from a stroke aged 88 years. By his own wishes there will be no memorial service.

Professor Barry Baker AM
Emeritus Professor, University of Sydney
Honorary Historian, ANZCA

Dr Tom Fraser
Consultant Anaesthetist,
Royal Prince Alfred Hospital, NSW
Max did his formal anaesthetic training from 1968-70, based at Royal Perth hospital. He was 42 when he obtained his Fellowship. He went into private practice and in 1971 joined the visiting staff at King Edward Memorial Hospital for two years and Royal Perth hospital for 5 years. In 1996, Max was appointed Emeritus Consultant.

Max tutored in pharmacology for the primary exam for 10 years. He served on the WA committee of the Australian Society of Anaesthetists (ASA) from 1972-1979 and was chairman from 1978-1979. He was on the WA Regional Committee of the Faculty of Anaesthetists from 1973-1979 and remained as a continuing education member until 1987, then was acting chairman of the committee from 1987-1998. He was a member of the WA Anaesthetic Mortality Committee from 1990-1996 and an examiner for the final fellowship from 1984-1992.

Max presented a number of papers at national meetings, and was very active in matters relating to our specialty until his retirement in 1996. He was a member of the WACA for 60 years and a frequent attender at cricket matches.

Obituary

Maxwell Thomas Sloss
1928-2017

Max Sloss was born in Perth and attended Perth Modern School on a scholarship. He did first-year medicine in 1946. In those days there was no medical school in Western Australia, so Max was accepted to do medicine in Adelaide but he switched to science, graduating with a BSc. in chemistry. He then worked for the State Chemical Laboratories as an industrial chemist.

In 1958, Max resumed his medical studies and in 1962 became part of the first group to have completed their entire medical course in WA. He had taken up an Army scholarship and, after a year as a resident at Royal Perth hospital, he spent four years as an Army Medical Officer. He spent a year in Vietnam as a Major with the 2nd Field Ambulance, working as an anaesthetist. He is mentioned in Marshall Barrett’s book on Vietnam, entitled Surgery, Sand and Saigon Tea.

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Max was an expert in calligraphy, and his Christmas cards were a delight. He was also attending French lessons at The Welsh Club right up to the week before he became ill.

Max was married to Margot for 53 years, until she passed away in 2005. He is survived by his son Vivian and daughters Melanie and Marielle, seven grandchildren and three great-grandchildren.

Dr Neville J Davis, AM, FANZCA Western Australia

Obituary

Terence Jen Keat Wong
1979-2016

Terence was granted his FANZCA in 2012 and was a popular and highly respected staff specialist at Joondalup hospital. He was easygoing, yet hardworking and efficient. Head-hunted by numerous surgeons around Perth, he found himself busier than he anticipated in private practice. He saw anaesthesia as a job to be done well, but not as what defined his life or his identity.

As many anaesthetic nurses and technicians remarked to me afterwards, being allocated to a list with Terence was an awesome list. To many, he was their favourite anaesthetist to work with, for his laid-back personality and gentle nature. To me, he was my Terence, to our children, the most loving and adoring father they could ask for. He was as rock-steady as an “ASA 1, 20 yo.” male’s blood pressure under anaesthesia, in home life and work. He also did not look much older. I could not have asked for a more solid and trustworthy partner in life. I credit him for keeping my private work challenging and diverse. He was a quiet man of few words, but he knew how to deliver a good one-liner — although usually funny, some were simply profoundly true.

“If the reason you are not accepting a list is because you are scared, that IS the reason to do the list”. This advice carried me through my dips in confidence when he had a cerebral bleed. He died peacefully nine days later. He was a real gentleman and will be sadly missed.

Dr Annylyn Kook, FANZCA Western Australia
Obituary

Dr Dennis Boon (von Ochssee)
1956-2017

He was appointed as a specialist anaesthetist in Christchurch in December 1987 and worked there until ill health forced him to stop work in February 2016. After some years, he also started work in the private health sector, but his major commitment was to the anaesthesia department at Christchurch Hospital, which provides anaesthesia services to all the public hospitals in Christchurch.

In 1993, Dennis took over the role of lead anaesthetist for the anaesthesia service at Christchurch Women’s Hospital, which at the time was located off the main hospital campus, and part of a separate Crown Health Enterprise (Healthlink South). This was the time of the disruptions caused by the “health reforms” major restructuring of 1991-93, that featured an influx of managers from the business sector who were new to health. Dennis provided strong support for Vaughan as they navigated a safe passage for the department through these interesting times.

Midwives had become independent practitioners in 1990. This had the effect of changing their relationship with anaesthetists. Dennis was in the forefront of ensuring this new relationship did not erode the standards of patient care, especially when epidural analgesia was used.

As well as surfing, snowboarding, mountain biking and fishing, Dennis was a keen scuba diver. For many years, he was an important member of the team of doctors who staffed the hyperbaric unit that was originally located at the Princess Margaret Hospital in Cashmere before being relocated to Christchurch Hospital in the late 1990s. For a long time this was unpaid, voluntary and in addition to other on-call commitments. Treatments more often than not seemed to happen in the middle of the night and often needed repeating over the following days.

Alternate Tuesdays would see Dennis working, often alone, late into the evening looking after patients having major head and neck surgery. He had taken on this role soon after starting as a specialist and had developed considerable expertise in caring for these challenging patients. As a result, he became the local expert and resource person in the management of the difficult airway and was very enthusiastic in passing on his knowledge and skill to the anaesthesia trainees. In the last five years, the registrars voted him the “Specialist Anaesthetist of the Year” on two occasions in recognition of his teaching.

Dennis was an absolute pleasure to work with. He was well organised, calm and unflappable – almost Zen-like. He was generous and had a great sense of humour, sometimes black, always dry. He avoided the limelight and was content to just get on with the job in hand with as little fuss as possible.

Dennis had a very happy disposition and a very friendly nature. He had a very positive approach to life that was not affected by his ill health. He seemed to permanently have a wry smile on his face and this will be my enduring image of him.

Dennis is survived by his wife Keryn Taylor and his son Mathew.

Dr Paul Smeele, FANZCA
Christchurch Hospital