Museum refresh: Minister opens ANZCA’s new knowledge centre

Connect, share, learn: Our new online learning system, Networks

Managing pain: Course expands into Manila

Your ANZCA: Meet the Senior Leadership Team
College farewells Barry Baker

Few have made more significant contributions to the College than Professor Barry Baker, who retired in August.

If you smoke, you risk more complications during and after your operation. Smoking starves your body during and after surgery. It can lead to blood clots. You will have more trouble recovering. Stop any time before your operation and:

- STOP smoking before your
- operation
- to avoid postoperative
- complications
- especially
- if you smoke
- daily
- or
- have
- complications
- during or after
- anaesthesia.

National Anaesthesia Day – October 16

Plans are well under way around Australia and New Zealand for National Anaesthesia Day on Thursday October 16.

ANZCA's new knowledge centre

The newly refurbished Geoffrey Kaye Museum of Anaesthetic History reopens within dedicated knowledge centre of ANZCA's new knowledge centre.

ANZCA Bulletin

The Australian and New Zealand College of Anaesthetists (ANZCA) is the professional medical body in Australia and New Zealand that conducts education, training and continuing professional development of anaesthetists and specialist pain medicine physicians. ANZCA comprises about 3000 Fellows and 2000 trainees across Australia and New Zealand and serves the community by upholding the highest standards of patient safety.

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Advertising inquiries

To advertise in the ANZCA Bulletin please contact communications@anzca.edu.au.

Past editions

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Please note that any views or opinions expressed in this publication are solely those of the author and do not necessarily represent those of ANZCA.
President’s message

Doctors’ health

ANZCA and the Royal Australian and New Zealand College of Psychiatrists (RANZCP) have set up a working party to review the scientific literature and overseas experience from doctors’ health programs regarding propofol misuse in the profession. Rob Fry, an Auckland anaesthetist, has recently surveyed anaesthetic departments in Australia and New Zealand to determine the incidence of substance abuse in anaesthesia personnel over the past 20 years. Figures for the private sector, however, are not available except anecdotally. It is hoped that the working group can develop an evidence-based, consistent approach for the profession to detect and manage this emerging, serious, potentially fatal problem.

ANZCA has also participated in an AMA/beyondblue roundtable called in response to meeting the recommendations of the report detailing the results of the Welfare of Anaesthetists Special Interest Group was a leader in this area compared with other colleges and societies.

Survey season

We are now in the process of analysing two very important surveys – the ANZCA Fellowship Survey and the Graduate Outcomes Survey of new Fellows within three years of graduation.

Surveys are vital for ensuring our College serves its members to the best of its ability. They give direct feedback on the quality of your College’s performance across many of its functions and whether these are meeting your needs. They guide our decision-making – where we focus our resources, how we communicate and, importantly, how we advocate on behalf of the College. The Australian Medical Council (AMC), which accredits all the medical colleges, requires that graduate outcomes data is produced.

I hope if you are one of ANZCA’s 900 new Fellows who received the Graduate Outcomes Survey that you participated. ANZCA can only advocate with government and the College has a full and accurate picture of the distribution of the workforce and what problems are being encountered.

Watch out in the December Bulletin for the results of both these surveys. Speaking of surveys, in June, 250 Fellows were also randomly selected for audit of continuing professional development (CPD) compliance – I was one of those Fellows.

The CPD audit is also an AMC requirement and demonstrates not only compliance but also the range of activities undertaken by Fellows. Proof for every activity entered is not required, just for the minimum points to meet the requirements.

The Medical Board of Australia is also randomly auditing medical practitioners for compliance with one of the four “mandatory registration standards”. These include checks on practitioners’ criminal history, evidence of CPD activities, recency of practice and evidence of professional indemnity insurance. The Australian Health Practitioner Regulation Agency (AHPRA) itself is undergoing a review as part of the planned (slightly late) three-year review of the National Registration and Accreditation Scheme under which it was established in 2010.

The museum complements the resources of ANZCA’s library and archives and the newly appointed Fellows room. I encourage all Fellows – both local and those visiting Victoria – to visit the museum, which is a great gift from our forebears that will benefit many generations of anaesthetists in the future (full report – page 26).

National Anaesthesia Day

I wish to remind everyone about National Anaesthesia Day on October 16 (see page 20). The theme is smoking cessation with the message “Stop smoking before your anaesthetic” and coincides with the formal release of an updated PS12: Guidelines on Smoking as Related to the Perioperative Period.

National Anaesthesia Day kits will be sent to hospitals in the lead-up to October 16, which is the anniversary of the day in 1846 that ether anaesthesia was first demonstrated in Boston, Massachusetts.

This is an important health advocacy role for anaesthetists and we can influence our administrators, surgical bookings staff, and the surgeons we work with to implement the necessary strategies in a timely manner. Importantly, National Anaesthesia Day is also an opportunity to explain to the public the crucial role anaesthetists play in healthcare, both through face-to-face interactions and via a College-run media campaign.

ANZCA has recently endorsed The New Zealand Guidelines for Helping People to Stop Smoking that provide healthcare workers with advice they can use when dealing with people who smoke. The guidelines, published by the New Zealand Ministry of Health, are based on a recent review of the effectiveness and affordability of stop-smoking interventions. A range of supporting resources is also available.

Next year’s National Anaesthesia Day theme will be obesity, a major public health issue in Australia and New Zealand and of great concern to all anaesthetists every day. “Being overweight is becoming normal as the majority of our adult population is overweight or obese”, commented the UK’s Chief Medical Officer in her 2014 annual report.

In Australia, obesity has been announced as a national health priority. I recommend an excellent document, Tackling Obesity, a position statement published by the NZ Medical Association in May (www.nzma.org.nz).

Dr Genevieve Goulding

ANZCA President
Pain medicine learning provides users with access to the FPM podcast series. Resources now in development include the new Better Pain Management online education system for healthcare professionals.

The personal and professional learning section of Networks supports and facilitates the ongoing development of skills, knowledge and behaviours across a range of subject areas. The first resource available is the online Foundation Teacher Course.

See page 33 for further information.

Preserving our history

On September 19, the Victorian Minister for Health, David Davis, opened our newly refurbished Geoffrey Kaye Museum of Anaesthetic History, which is recognised as one of the best anaesthesia museums in the world. It is an important asset that preserves our history for all. I encourage local Fellows and trainees and visitors to Melbourne to come to the College and see the museum, now housed in our new cultural centre in the historic Ulmarra building on St Kilda Road.

As part of the Ulmarra refurbishments, we have a newly appointed room set aside especially for Fellows visiting the College. The ANZCA Library has also been moved and updated. The history sections of the ANZCA website are also being improved to coincide with these activities and one of the highlights is an interview with the late Dr Geoffrey Kaye, who founded the museum, conducted by ANZCA’s honorary archivist, Dr John Paull.

I would like to thank our honorary curator, Dr Christine Ball, for all her input into this project. For more information, please see pages 26-29.

A firefighter and police officer made up the team of four who carried out a double amputation on Brian Coker who was trapped under concrete. They all worked in a confined, unstable, dark space with the constant threat of aftershocks and with minimal equipment (a Leatherman knife and hacksaw, with morphine and ketamine as anaesthetic) to amputate the legs of and to free Mr Coker, who has since gone on to compete in the New York marathon on a hand cycle.

If you are concerned about yourself or a colleague, contact The Doctors’ Health Advisory Service.
Patients put at risk of addiction

Anesthetists push to ban codeine amid anxiety over misuse

Anesthetists are pushing for a ban on codeine amid growing concern over its misuse, particularly among young people.

Dr Brendan Moore, immediate past president of the Australian and New Zealand College of Anaesthetists (ANZCA), said the prescription of codeine had become a "shared European responsibility".

Dr Moore said the only reason for prescribing codeine was for pain management. He said the drug had a potential for abuse and dependence.

"There is evidence of under-treatment and over-treatment just through not taking enough care to understand the gravity of the situation," he said.

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"There is evidence of under-treatment and over-treatment just through not taking enough care to understand the gravity of the situation," he said. "There is evidence of under-treatment and over-treatment just through not taking enough care to understand the gravity of the situation."
Climate evidence convincing

It is unfortunate and surprising that the ANZCA Bulletin has followed the trend of popular media to publish the minority opinions of climate change deniers (“Reply to Desflurane and climate change”, ANZCA Bulletin June 2014). The evidence for global warming is extensive and convincing. The Intergovernmental Panel on Climate Change, the American Association for the Advancement of Science, the National Oceanic and Atmospheric Administration, the CSIRO, the World Health Organisation, among other scientific bodies, agree that it is virtually certain our planet’s climate is warming due to greenhouse gas emissions. Climate change is one of the greatest threats to global health and the health of future generations, as Dr Hellier stated (ANZCA Bulletin, March 2014). A recent editorial and comment in the British Medical Journal and The Lancet have this year asked health professionals to be prepared for the impacts of climate change, particularly on vulnerable populations. Food insecurity, population migrations and destabilising extreme weather events will have lasting effects on global health.

Climate change is happening here and now, the time for debate is past. As a professional body of doctors, we have a responsibility to act in creating awareness, influencing governments and working towards mitigating its effects. We certainly need to be unied in speaking up for the science.

Dr Liz Bashford, FANZCA
Dear Dr Jones, Victoria

Climate evidence convincing

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Dr Liz Bashford, FANZCA
Dear Dr Jones, Victoria

Time to act on climate change

We reply not to the comments by Dr Greg Smith (“Reply to Desflurane and climate change” ANZCA Bulletin June 2014) in regard to his denial of anthropogenic climate change, but to the editors and ask why such views find their way into the ANZCA Bulletin?

To publish comments that have no mainstream scientific basis and are in complete denial of one of the biggest health challenges we are facing is inappropriate. We would not publish a denial of AIDS being caused by a virus or that smoking does not cause cancer, despite some “scientific” research claiming just that.

The vast majority of institutions with expertise agree on the urgency to act on man-made climate change now. They include CSIRO, the Bureau of Meteorology, NASA, National Oceanic and Atmospheric Administration (NOAA) and Australian Academy of Sciences and of course the Intergovernmental Panel on Climate Change (IPCC), a body made up of 209 lead authors, 30 review editors and 600 contributing authors from 40 countries. To doubt this organisation is akin to doubting ANZCA being able to educate and advise on commonside effects of general anaesthesia. Ninety-seven per cent of climate scientists agree on anthropogenic climate change taking place right now.

Internationally, and in Australia, our medical institutions are calling on doctors to take urgent and transformative action.

We should welcome a healthy expression of opinion if perhaps reducing our use of Desflurane (“Desflurane – far from ideal” ANZCA Bulletin, March 2014) does help bring about urgent and necessary change. It is up to us, as health professionals, to deal with the urgent and serious threat of climate change. We owe this to our future generations. Based on our best scientific consensus, this is not a hoax. If it were, well then we would have created a better world “for nothing” and simply acted on the best available evidence at the time.

Dr Ingo Weber, FANZCA, FRACGP
Dr Forbes McGain, FANZCA, FCICM
Western Health, Victoria

Dr Wilga Kottek, FANZCA
Frankston Anaesthetic Service, Victoria


Time for the “tele-conference”

The recent use of an iPad app at the Singapore ANZCA ASM enhanced “question time” at sessions markedly and the organising committee is to be applauded for its introduction. It did make me think, however, that with this final piece of the technological puzzle, there really was actually no need for me to actually be in Singapore at all. Most of the conference, from a learning perspective, could be undertaken from home. All talks and PIBs could be streamed live via the internet, with coded access to paying “tele-attendees” (wherever in the world they happen to be) providing questions via an iPad app.

With concerns about costs, both to ourselves and to taxpayers, as well as the carbon footprint associated with travelling from one part of Australasia to another, it makes sense for our society and College to provide a “tele-attendance” option for each meeting. This is not to say the conference is dead – there’s much to be gained from hands-on experiences such as workshops and the benefits of relaxed socialising but a “tele-conference attendance” should be offered as an option in all future meetings as soon as possible.

Dr Chris Jones, FANZCA
Sydney

Surveys update

Two key College surveys – the ANZCA Graduate Outcomes Survey of new Fellows and the larger ANZCA Fellowship Survey – have reached the analysis stage.

The College received a strong response to its ANZCA Fellowship Survey and the results, which are being analysed by strategic market research consultancy Acuity Research & Insights, will assist the ANZCA Council, committees and staff in addressing the strategic direction of our College.

Acuity is also in the process of analysing the results of the annual Graduate Outcomes Survey, which was sent to 900 new Fellows (within three years of graduation) in July. This is the second time ANZCA has run the survey of new Fellows and the results will assist ANZCA’s decision-making in relation to younger Fellows as well as interactions with government and other decision makers on workforce issues. The results of both surveys will appear in the December Bulletin.
Drug handling: Why perception matters

Ever seen one of those movies where there is a painting on the wall and a pair of eyes follows your every move? Scary!

Actually, minus the painting, pairs of eyes observe many of the things we do in theatre. It is interesting to ponder how we are perceived by the owners of those eyes, especially these days with all the rules and regulations, and mandatory reporting.

There is an adage, “if you want to know what an anaesthetist is like, ask the nursing staff”. With the number of nursing staff in the theatre it is not surprising that there will be at least one pair of eyes observing our actions and behaviours at any given time. They see a lot! They are quick to pick up on any irregularities, which not infrequently get reported because of the conceivable implications, but also because of mandatory reporting requirements and the potential consequences of failure to do so.

Years ago, anaesthetists were expected to provide and transport ampoules of drugs from one location to another, and the carry-over acceptability of transporting drugs in this way appears to be lingering among some practitioners. While this practice may be quite innocent, it presents an opportunity to bypass the strict controls, governed by the drugs and poisons legislation. The jurisdictional authorities view any form of drug handling that bypasses strict controls as a very serious offence. So, how would our nursing colleagues perceive and respond to ampoules of drugs being removed from theatre?

There have been several instances where anaesthetists have had to endure harrowing experiences as a result of being reported for such activities. The purpose of presenting the following is not only to stimulate consideration of “What would you do?” but also to encourage consideration of “How would you feel?”

Each case involved the anaesthetist being reported to the hospital administration, resulting in the immediate withdrawal of privileges pending the outcome of investigations. As the act of transporting drugs was innocently or at least naively performed, each of the anaesthetists was devastated by the implications that their actions were deemed illegal and unprofessional. The assumption of guilt and impurity was clearly evident and the ensuing investigation provoked for the practitioners a range of understandable emotions, including disbelief that they had done anything wrong.

These sorts of cases raise the question of how we are seen by others. The way we are perceived by others is particularly important, especially when it comes to implications, but also because of mandatory reporting requirements and the potential consequences of failure to do so.

The practice of transporting drugs between hospitals is clearly, under current regulations, a breach of the controls in place. What about between buildings within a single hospital, or even between suites in the same building? While there are means of achieving this with strict documentation, signing of relevant drug dispensing ledgers and communication with relevant staff, it courts danger in view of the different ways in which our actions may be perceived. Any departure in expected behaviour can easily be misinterpreted, raising questions about our professionalism and result in consequences that may impact on our health and well-being.

While the approach of PS51 Guidelines For The Safe Administration Of Injectable Drugs In Anaesthesia is from a safety perspective, it does address the issue of recording drug administration and the ability to reconcile those drugs.

Item 2.3 states that “Anaesthetists should have a comprehensive understanding of the systems and processes involved in drug prescription and administration”. This includes the appreciation of the need to be able to reconcile each drug with each patient if required.

In anaesthesia we are good at performing risk assessments to guide our management. Maybe the way we handle drugs should also be subjected to a similarly rigorous risk assessment to then guide our drug handling procedures.

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Dr Peter Roessler
ANZCA Director of Professional Affairs (Policy)

Professional documents – update

The professional documents of ANZCA and FPM are an important resource for promoting the quality and safety of patient care for those undergoing anaesthesia for surgical and other procedures, and for patients with pain. They provide guidance to trainees and Fellows on standards of anaesthetic and pain medicine practice, define policies, and serve other purposes that the College deems appropriate.

Professional documents are also referred to by government and other bodies, particularly with regard to accreditation of healthcare facilities.

Professional documents are subject to regular review and are amended in accordance with changes in knowledge, practice and technology.

A revised version of PS09 Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures is now available. This document seeks to support uniform standards for high quality and safe administration of procedural sedation and/or analgesia by all appropriately qualified health practitioners in Australia and New Zealand.

Queries or feedback regarding professional documents can be directed to profdocs@anzca.edu.au.

The complete range of ANZCA professional documents is available via the ANZCA website, www.anzca.edu.au/resources/professional-documents.

Faculty of Pain Medicine professional documents can be accessed via the FPM website, www.fpm.anzca.edu.au/resources/professional-documents.
Barry Baker was raised in Queensland and obtained his undergraduate degree, MBBS, from the University of Queensland (UQ) in 1965. In his student years, Barry was co-editor of the university’s literary magazine, Galmahra, and editor of the UQ medical school’s journal, Trephine.

His residency years were spent in Brisbane with rural teams in general practice in Mundubbera and Southport. He completed his anaesthesia training in Brisbane and obtained fellowship of the Faculty of Anaesthetists of the Royal Australasian College of Surgeons in 1968. In the same year, after crossing Russia on the trans-Siberian railway and flying from Leningrad to London for the exam, he was awarded fellowship of the Faculty of Anaesthetists of the Royal College of Anaesthetists.

He then completed a doctor of philosophy at Magdalen College, Oxford in 1971 for his thesis, The physiology of artificial ventilation.

He returned to Australia in 1972 to take up a post as reader in anaesthesia at the department of surgery, UQ, and the Royal Brisbane Hospital, where he remained until 1992. This was the first chair in anaesthesia or intensive care in New Zealand.

In 1975, a section of intensive care was established within the Faculty of Anaesthetists, RACS, and Barry Baker was appointed its inaugural chair, a position he held until 1987. He remained in the executive of the section until 1988.

In 1975, the College’s armorial bearings were granted. Barry was deeply involved in its design.

From 1975 to 1992, Barry served as the Dean of the Faculty of Anaesthetists and on the RACS Council and executive committee (1986–1990), and also on the research committee.

This was an important time in the history of anaesthesia in Australia and New Zealand.

Barry was dean at the time of the negotiation of separation of the anaesthetists and intensive care specialists from RACS through the formation of an independent college.

He was a primary examiner in physiology for the Faculty from 1976–1991. He wrote a book, Australia’s First Anaesthetic Department, 25 years at the EPA to commemorate the event.

In 2000, he was appointed as an ANZCA Director of Professional Affairs (DPA). He became the Executive Director of Professional Affairs in 2009, which placed him on the council’s executive committee as well as attending council.

In 2010, he was appointed ANZCA’s dean of education, and he led the Curriculum Reform Steering Group, which was tasked with revising ANZCA’s curriculum and providing oversight of not only its creation but also its implementation in 2013.

Barry also has a long-standing interest in the history of anaesthesia, and is a member of ANZCA’s History and Heritage Expert Reference Panel. In 2012, he delivered the inaugural Pugh Day lecture in Launceston to commemorate the 165th anniversary of the first administration of an anaesthetic in Australia by Dr William Pugh in Tasmania in 1857.

He has more than 200 publications in academic and scientific literature on anaesthesia, physiological and historical topics. He has presented at meetings in Australia, New Zealand and elsewhere overseas on many occasions on a diverse range of subjects. In the 2005 edition of Australasian Anaesthesia, Barry wrote “The Ageing Anaesthetist,” a landmark article in this region that focused attention on the later stages of an anaesthetist’s career.

Quite apart from this prolific career, Barry spends time with his family – his wife Jane (also an anaesthetist), children Merinda, Alex and Matthew and four grandchildren. He is extremely fit and does challenging bushwalks, kayaks on Sydney Harbour and enjoys art, concert music and the theatre. He and Jane have travelled extensively.

Professor Barry Baker has had a long and distinguished medical career – the status of our specialty and that of intensive care have been shaped by his energy, passion, boundless enthusiasm and keen intellect.

ANZCA farewells Professor Barry Baker

From words to science: A brilliant career

Honours

1992 Admitted to the Court of Honour, RACS.

1994 ANZCA’s Orton Medal, the College’s highest award, given for distinguished service to anaesthesia.

1996 Awarded the Australian Society of Anaesthetists’ Ben Barry Medal in recognition of an outstanding contribution to the society’s journal, Anaesthesia and Intensive Care. The journal was established in 1972, and Barry has been on the editorial board from 1975 to this day.

1997 Awarded the prestigious ANZCA Douglas Joseph Professorship award for research in low flow and closed circuit anaesthesia.

2014 Awarded an AM, in the general division, in the Queen’s birthday honours, for significant service to medicine, particularly to cardiovascula anaesthesia, to medical education, and to professional medical organisations.

New awards

Two new awards, to be funded in alternate years by the earnings of a generous donation from Professor Barry Baker, were announced at an ANZCA Council dinner in July.

From left: Professor Barry Baker at July’s ANZCA Council dinner, joining the dinner, Professor Kate Leslie, who was feted as Dean of Education and Executive Director of Professional Affairs, Professor Barry Baker.

The dinner was also an opportunity to thank Professor Kate Leslie, Dr Kerry Brandis, Dr Michelle Mulgan, Associate Professor Brendan Moore and Dr Gabe Snyder who left the ANZCA Council in May.

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

Few people have made a more significant contribution to ANZCA and the preceding Faculty of Anaesthetists than Professor Barry Baker, who retired in August. ANZCA President, Dr Genevieve Goulding, pays tribute.

Barry Baker was raised in Queensland and obtained his undergraduate degree, MBBS, from the University of Queensland (UQ) in 1965. In his student years, Barry was co-editor of the university’s literary magazine, Galmahra, and editor of the UQ medical school’s journal, Trephine.

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He returned to Australia in 1972 to take up a post as reader in anaesthesia at the department of surgery, UQ, and the Royal Brisbane Hospital, where he remained until 1992. This was the first full-time academic appointment in anaesthesia in Queensland. His duties included being in charge of the intensive care unit, Barry initiated an undergraduate course in anaesthesia, resuscitation and intensive care and also was responsible for overseeing postgraduate training in anaesthesia and intensive care.

In 1975, a section of intensive care was established within the Faculty of Anaesthetists, RACS, and Barry Baker was appointed its inaugural chair, a position he held until 1987. He remained in the executive of the section until 1988.

Also in 1975, he took up the post of foundation professor of anaesthesia and of intensive care at the University of Otago on New Zealand’s South Island, where he remained until 1992. This was the first chair in anaesthesia or intensive care in New Zealand.

The years in Dunedin were busy ones. Barry was the director of anaesthesia, on the Otago Hospital board as well as foundation director of the intensive care unit. Apart from his obligations to the faculty and its section of intensive care, the medical school, his clinical work, research and his young family, Barry undertook various faculty appointments, including being elected to the Board of the Faculty of Anaesthetists in 1980, the education officer from 1986–1988 and chairman of the Workforce Committee from 1985-1986. In 1987 he became vice-dean. He was acting dean for six months, while Robin Smallwood was sick, and then dean when Robin died in September.

From 1987–1990, Barry served as the Dean of the Faculty of Anaesthetists and on the RACS Council and executive committee (1986–1990), and also on the research committee.

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He was a primary examiner in physiology for the Faculty from 1976–1991. However, he has also examined for the final exam as well as intensive care. There would be very few other Fellows who have examined in all three areas.

In 1990 ANZCA was incorporated – the斐误r towards the formation of a college of anaesthetists had begun!

In the same year, Douglas Joseph (Dean of the Faculty from 1980-1982) died and the bequest was established. ANZCA was founded on February 7, 1992 and in 1993, the Faculty of Intensive Care was founded.

In 1993, the College’s armorial bearings were granted. Barry was deeply involved in its design.

From 1989–1995, Barry was chair of the Education Standards Sub-Committee of the Committee of Presidents of Medical Colleges (CPMC).

In the same year that ANZCA was founded, Barry left Dunedin and became the Nuffield Professor of Anaesthetics at the University of Sydney, based at the Royal Prince Alfred Hospital (RPA) and he remained in that position until 2005. He was chair of the University of Sydney Ethics Committee from 1998–2000.

Barry retired from clinical anaesthesia in 2005, an important year as the RPA celebrated its 75th jubilee.

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He has more than 200 publications in academic and scientific literature on anaesthesia, physiological and historical topics. He has presented at meetings in Australia, New Zealand and elsewhere overseas on many occasions on a diverse range of subjects. In the 2005 edition of Australasian Anaesthesia, Barry wrote “The Ageing Anaesthetist,” a landmark article in this region that focused attention on the later stages of an anaesthetist’s career.

Quite apart from this prolific career, Barry spends time with his family – his wife Jane (also an anaesthetist), children Merinda, Alex and Matthew and four grandchildren. He is extremely fit and does challenging bushwalks, kayaks on Sydney Harbour and enjoys art, concert music and the theatre. He and Jane have travelled extensively.

Professor Barry Baker has had a long and distinguished medical career – the status of our specialty and that of intensive care have been shaped by his energy, passion, boundless enthusiasm and keen intellect.

ANZCA and, before it, the Faculty, has benefitted enormously from his many years of dedication.

We are deeply grateful for his service, wisdom, guidance and vision.
Committee Chair), Ms Heather Ann Moodie (GM NZ) and Ms Virginia Lintott (Policy Adviser NZ) were scheduled to meet with representatives from the Health Workforce New Zealand (HWNZ) is continuing its work to improve the information available to help medical students and doctors in prevocational training. There is an allocation in the budget to resource the Specialist Training Program beyond next year - but there is no funding agreement with the Government yet.

The funding agreement between the College and the Federal Government is due to expire in December next year. As a result, there have been no new positions released for the 2015 training year. The 2014-15 Health Portfolio Budget statements list the continuation of 500 specialist training program positions across the 2014 and 2015 academic years. There is no indication of an increase in numbers but it is encouraging that there is an allocation of resources to the program within the health portfolio beyond next year.

Specialist Training Manager Donna Fahie and I will meet shortly with department representatives to advocate for continuation of the program after 2015. The College recently assisted the Australian National Audit Office in a performance audit of the administration of the specialist training program by the Department of Health. As part of the audit, a number of specialist training program-funded hospitals were asked to share their perspective on how the program’s funding has helped them in providing increased training opportunities, as well as any other matters relating to its operation. We would like to thank those sites that volunteered their time to be involved.

Further information on the specialist training program can be found at: www.anzca.edu.au/training/specialist-training-program. Enquiries relating to STP, including the above projects, can be directed to Donna Fahie (manager, STP) on +61 3 9093 4953 or stp@anzca.edu.au.

New Zealand

Parliament adjourned for the final time in this term on July 31, with political parties launching their election campaigns for the September 20 national election. The Ministry of Health, the Hon Tony Ryall, is retiring from politics at this election. In anticipation of a new health minister, ANZCA has been working with the Council of Medical Colleges in New Zealand to develop a briefing for the incoming minister. ANZCA’s section of the briefing will highlight key work areas and priorities for the College.

PHARMAC has developed and consulted on its proposed approach for managing hospital medical devices nationally, and will eventually move to full management of hospital medical devices (including assessment and prioritisation). This will be a gradual process over several years. PHARMAC will continue to consult and seek feedback from the sector as this work develops and as PHARMAC takes over more categories of medical devices. Currently, PHARMAC has national contracts in place for wound care products, sutures and laparoscopic equipment, and is working on interventional cardiology and orthopaedic devices.

The Perioperative Nurses College, part of the New Zealand Nurses Organisation, has developed a draft Knowledge and Skills Framework for the Registered Nurse Assistant to the Anaesthetist. It has also announced that in early 2015, the Auckland University of Technology will pilot a Registered Nurse Assistant to the Anaesthetist Course as part of its postgraduate nursing program. Dr Nigel Robertson (ANZCA NZ National Committee Chair), Ms Heath Ann Moodie (GM NZ) and Ms Virginia Lintott (Policy Adviser NZ) were scheduled to meet with representatives from the Perioperative Nurses College and the Auckland University of Technology in early August, to discuss the importance of aligning with ANZCA’s professional documents such as PisoA Recommendations on the Assistant for the Anaesthetist, among other issues.

Health Workforce New Zealand (HWNZ) is continuing its work to improve the information available to help medical students and doctors in prevocational training with career planning. The College has recently provided information to HWNZ about the ANZCA and Faculty of Pain Medicine training programs. HWNZ is also keen for colleges to work with it and district health boards to build data on workforce trends to help determine the number of training places required for the different specialties.

Submissions

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

Australia:
- Australian Commission on Safety and Quality in Health Care on training and competency requirements for recognising and responding to clinical deterioration in acute care.
- Australian Medical Council on the accreditation of the Royal Australasian College of Physicians.

(continued next page)
Community Affairs Legislation Committee and the Senate Standing Committees on Community Affairs on the Inquiry into the Health Workforce Australia (Abolition) Bill 2014.

Health Workforce Australia on:
- Expanded Scope of Practice, Advance Practice in Endoscopy Nursing Project.
- Geographic Distribution: Medical Workforce Project.

Medical Board of Australia on:
- Core Registration Standards.
- Limited Registration Standards.


Pharmaceutical Benefits Advisory Committee and Department of Health on the generic modified-release oxycodone preparations and tamper resistance.

Royal Australian and New Zealand College of Radiologists on the imaging guidelines and decision support tools.


Victorian Department of Health on the Medical Planning Education Group Topic: International Health Professionals Victoria review.

ANZCA and government: Building relationships

New Zealand:
- Ministry of Health NZ, confirming ANZCA’s endorsement of the New Zealand Guidelines for Helping People to Stop Smoking.
- PHARMAC on:
  - PHARMAC’s proposed approach for managing hospital medical devices.
  - Feedback on requests from DHB hospitals for PHARMAC to list glucose 4% sodium chloride 0.18% solution on the Pharmaceutical Schedule.
- Proposals on:
  - wound care products by W M Bamford & Co Ltd.
  - ferric carboxymaltose.
  - preoperative carbohydrate 0.5 kcal/ml oral feed.
  - erythropoietin.

- Perioperative Nurses College on its draft Knowledge and Skills Framework for the Registered Nurse Assistant to the Anaesthetist.
- Post Anaesthesia Nurses of New Zealand on its draft Professional Framework and Practice Standards for Post Anaesthesia Care Unit nurses.

A selection of ANZCA’s submissions, including the accreditation submission to the Australian Medical Council and submissions developed by the New Zealand National Committee can be accessed via: www.anzca.edu.au/communications/submissions.

Jonathon Kruger
General Manager, Policy, ANZCA
Get involved!

Smoking and the perioperative period - what our guidelines say

Tobacco use is the single greatest preventable cause of death and disease in Australia and New Zealand. At least half of all smokers will eventually die as a result of their smoking according to conservative estimates. About 15,500 deaths in Australia and 5000 in New Zealand are attributable to tobacco each year.

Smokers are at increased risk of perioperative respiratory, cardiac and wound-related complications. However, smoking cessation before surgery has been shown to improve surgical outcomes. Although there is some controversy about optimal timing of smoking cessation there is agreement that quitting for longer is best.

Seize the opportunity - the anaesthetist and advocacy

The perioperative period represents a “teachable moment” when many smokers quit or attempt to quit smoking, sometimes permanently.

The Smoking Cessation Taskforce of the American Society of Anesthesiologists developed a simple three-point cessation strategy (A-A-R = Ask, Advise, Refer). This involves always asking patients about their smoking status (even when known), advising them of the perioperative risks and referring them to locally available smoking cessation support.

It’s never too late to stop smoking

• Quitting smoking for one day will lower carboxyhemoglobin and nicotine levels which can improve tissue oxygen delivery.
• Quitting smoking for as little as three weeks has been shown to improve wound healing.
• Quitting smoking for six to eight weeks results in sputum flow being normal.
• Immune function is significantly recovered by six months after quitting smoking.

Seize the opportunity – the anaesthetist and advocacy

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Seize the opportunity – the anaesthetist and advocacy

Stop any time before your operation and:

• Run demonstrations using mannequins and other equipment, especially if it can demonstrate the negative effects of smoking (for example, lung function).
• Display the National Anaesthesia Day poster throughout the hospital and/or in consulting rooms.
• Print and distribute ANZCA’s web-based patient information sheets (www.anzca.edu.au/patients/information-sheets) and other collateral (www.anzca.edu.au/patients/information-sheets).
• Using a “sim-man” display to demonstrate anaesthesia.
• Using mannequin heads with airways and lung anaesthetic equipment.
• Using computers to display patient information available on the ANZCA website (www.anzca.edu.au/patients).
• Displaying posters and balloons in anaesthesia departments, lifts and other parts of the hospital.
• Using a “sim-man” display to demonstrate anaesthesia.
• Using mannequin heads with airways and lung anaesthetic equipment.
• Displaying the National Anaesthesia Day poster, balloons and other information.
• Setting up a booth staffed with anaesthetists, trainees and anaesthetic technicians in the Auckland City Hospital foyer and displaying the National Anaesthesia Day poster, balloons and other information.
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A STIGMA ATTACHED TO MORPHINE AND A GENERAL RELUCTANCE TO ACKNOWLEDGE AND BE TREATED FOR PAIN MAKES ITS MANAGEMENT ESPECIALLY DIFFICULT IN THE PHILIPPINES.

Pain is a global human experience, undiscriminating among individuals and transcending cultures. But the way pain is recognised, assessed and treated can vary wildly. When the Essential Pain Management (EPM) course was delivered for the first time in the Philippines in August, more than 50 healthcare professionals had the opportunity to discuss their understanding of patients presenting with pain, its various causes and treatments, and the barriers to pain control encountered under their health system.

EPM was designed in 2008 by ANZCA Fellows Professor Roger Goucke, from Western Australia, and Dr Wayne Morriss, from New Zealand, in response to a request from colleagues in Papua New Guinea (PNG) who wanted to support doctors and other health professionals in understanding and providing effective pain management. It was piloted in PNG in 2009 and has since been introduced to 32 countries. The three-day EPM course (see breakout), was developed as a straightforward and easy-to-deliver module of education where the basics of the physiology and psychology of pain are explained and explored. Interactive and group discussion-based, an important component of the model is to train participants to deliver the course themselves once they have completed it.

At first glance it may seem unlikely that a highly-trained workforce such as physicians, anaesthetists, nurses and other healthcare professionals need any explanation of the dynamics of the human pain experience. But participants at the course, held in Manila and drawn from the nation’s population of 100 million, all agreed that pain was complex to treat in their hospitals and clinics and remained grossly misunderstood even among their colleagues.

Course participant Dr Maria Elena Oripapis, an anaesthetist from the rural province of Bohol, more than 1000 kilometres south-east of Manila, explained that addressing a patient’s pain was generally regarded as secondary to their healthcare and treatment, when it was considered at all.

“You had an operation or you got sick and you are meant to have pain. That’s how we think, that’s how people in the Philippines think,” Dr Oripapis said. “So much so, she has never had a cancer patient present before when the cancer is terminal.

“Being a doctor, I thought I should be able to give her comfort, I owe that to my mother,” she said. “That’s when I started to really see the importance of pain relief and that’s when I started to get interested in pain, when my mother felt so much pain that I realised that we had to treat pain itself as well as the condition.”

The right combination of paracetamol, tramadol and psychological support has her mother’s pain under control today, but Dr Oripapis said she still sees too much suffering among others that can be alleviated with the right combination of therapies.

(continued next page)
“I manage my mother’s pain and I would like that for everyone else too.”

“All the time I see patients as well as their attending surgeons and they are not well educated about pain at all.”

Professor Goucke said there were many low and middle-income countries where public health and social problems were so enormous that there was little opportunity to make a breakthrough in pain management. But there was opportunity in the Philippines, he told his class, for a small revolution in patient well being.

“Our aim is to improve the understanding of pain. Pain is simply poorly understood.

“Pain management is possible and it is affordable. It is a matter of education.”

The EPM program is based on the acronym RAT: Recognise, Assess and Treat.

The course outlines the basics of pain and then explores recognition of pain, ways to assess (including the pain scale) and treatment options, which participants are encouraged to discuss widely – from cognitive behavioural therapy, through to rest, ice compression and elevation (RICe) techniques and then more complex treatments including opioid and antineuropathic combinations.

The incoming President of the Pain Society of the Philippines, Dr Lilybeth Tanchoco, said this misunderstanding of the urgent need to better manage pain in her country was largely informed by cultural and religious factors, shared as widely among doctors as patients.

A dominantly Catholic and deeply religious nation, suffering was seen as atonement, a “cross that must be borne” and an experience through which a greater sense of holiness attained.

“We have to help people understand that in relieving pain you are not separating yourself from God,” Dr Tanchoco said.

“That when you have a better quality of life you are more able to participate in your life, your family and your community, that there is no virtue in suffering.”

Anaesthetist Dr Renato Maranan attended the course from Davao, south-east of Manila, which has a population of just 18,000. He said he found that many patients also simply didn’t want to “complain” about their suffering, which made the most sympathetic doctor’s job more challenging.

“Many are too shy, they expect they must just put up with what they are feeling,” Dr Maranan said.

It is for this reason that a component of the course involves how to identify a person is in pain. That technique, as Professor Goucke teaches it, is as simple as asking the patient what they feel.

“If someone doesn’t tell you they are in pain then how would you know?” Professor Goucke asked participants on the first of three days of EPM.

“Sometimes it is just a question of asking them.

“Pain is what the patient says hurts.”

The message that pain can be invisible is reinforced, as is the idea that pain is not always a sign of obvious tissue injury or illness. Case studies are discussed among participants where they share their observations and patient stories.

A recurring topic of conversation and clear source of frustration were attitudes to effective and cheap sources of pain relief, especially morphine.

While morphine was generally accepted for use in cancer pain but a major barrier was the distribution of opioids throughout the country, its prescription and its dispensing. The oldest and possibly most readily recognised opioid, fear in the community about morphine’s addictive quality runs high in the Philippines.

Families and patients themselves will regularly outright refuse its administration.

“They think they will be addicted and leave hospital or recover as a drug addict,” said dean of the Faculty of Medicine and Surgery at the University of Santo Tomas, Professor Jesus Valencia.

“There is a very big stigma attached to morphine. We need to change attitudes so people can understand that managed by your doctor under close supervision addiction is not the outcome of treatment.”

Dr Luviminda (Luz) Kwong, president of the Pain Society of the Philippines, said doctors themselves were often reluctant to administer treatment and that education was key to breaking down this barrier.

“Generally there is enough access to the drugs, although it varies, but as big a problem is lack of training in pain management.”

Professor Goucke said he enjoyed seeing how well the course was received and how easily it could be adapted to a local environment – from Fiji to Mexico – no matter what the local language for pain was or what the cultural challenges were for its management.

“It’s cheap to run, local professionals learn to teach the concepts to their colleagues so it is very efficient.

“And it works.”

Ebru Yaman, Media Manager, ANZCA
Geoffrey Kaye Museum of Anaesthetic History reopens within dedicated knowledge centre

ANZCA’s historic Ulimaroa building has been transformed into a hub of information for use by Fellows and trainees.

With the refurbishment of the Fellows Room, the relocation of the Geoffrey Kaye Museum of Anaesthetic History and ANZCA Library, as well as newly painted meeting rooms within Ulimaroa, ANZCA Fellows now have ready access to a dedicated and fit-for-purpose knowledge centre.

To celebrate completion of the works and to mark the occasion, Victorian Health Minister Mr David Davis joined around 60 guests at ANZCA House and officially opened the Geoffrey Kaye Museum of Anaesthetic History on Friday, September 19.

Dr Genevieve Goulding, ANZCA President, Dr Chris Ball, ANZCA Honourary Curator, Dr John Paull, ANZCA Honourary Archivist and Dr Andrew Kennedy, Convenor, 2014 New Fellows Conference all presented on the evening.

The event included a traditional smoking ceremony and welcome to country, saw the handing over of a time capsule from the 2014 New Fellows Conference (“My Legacy”) and showcased a new visual and oral history presentation about Dr Geoffrey Kaye. Most interesting and entertaining were Dr John Paull’s stories of Dr Kaye’s life, ranging from his professional achievements to his personal eccentricities.

A popular part of the evening was the opportunity to walk through the knowledge centre and view the new exhibition in the museum focusing on developments in anaesthesia and pain medicine and how this has improved patient outcomes and professional practice. People also were drawn to the newly installed ANZCA timeline, a feature of the corridor leading from ANZCA House and into Ulimaroa.

Guests were asked to record their experiences with, and thoughts on, the museum and this will form part of an exciting oral history project designed to engage Fellows in the life and times of the museum.

The Geoffrey Kaye Museum of Anaesthetic History

Dr Geoffrey Kaye formed the Museum of Anaesthetic Apparatus in 1935. He believed a museum of that type was essential to the development of future anaesthetists. By looking to the equipment and procedures of the past, trainee anaesthetists would be better placed to understand the requirements of the present and anticipate those of the future.

Almost 80 years later, the museum has undergone several name changes, finally settling on the Geoffrey Kaye Museum of Anaesthetic History in 1987. It has been relocated several times with its newest form being formally re-opened within the knowledge centre in Ulimaroa.

Located in front of ANZCA House in St Kilda Road, Melbourne, the Italianate building, Ulimaroa, served as the College’s library until recently. Now, the Geoffrey Kaye Museum and ANZCA Library sit side by side and, with a newly refurbished Fellows Room, form the knowledge centre.

The former exhibition, “All in a Day’s Work”, has been replaced by a thematic progression through the development of anaesthesia, advances in pain medicine and technical developments, which have resulted in equipment and skills to create better experiences for patients and practitioners.

The museum pays homage to the innovators of World War I; the (predominantly) men who challenged accepted practice and technique to develop better ways of treating critically injured soldiers.

On loan from the Royal Australasian College of Surgeons museum is a facial reconstruction mask from that era. The soldier represented by the mask, Private George Noshir, received severe facial wounds from a gunshot injury. The type of injury complicated the administering of anaesthesia and this inspired Ivan Magill and Stanley Rowbotham to develop more efficient endotracheal tubes to allow the necessary surgeries to be performed.

A variety of what have become known as “Magill’s endotracheal tubes” are on display.

A display area has been dedicated to Dr Kaye, the man who started it all. This glass case links the museum and library and from either side offers a peek to the other collections. The museum side highlights his developmental interests and achievements, cheap, portable vapourisers for the Australian army during the World War II, sectioning anaesthesia equipment for study and his creative side, with a set of ley pewter candle sticks, constructed in his workshop. The library side showcases his eclectic taste in literature, from technical works through to a German version of Shakespeare.

The museum has been designed in a modular fashion so sections of the display can be removed and replaced with temporary exhibitions. This allows for swift changes in response to current areas of interest or popularity. Plans are underway for 2015 programming.
The ANZCA Library

The ANZCA Library is as popular as ever and is often described by Fellows as the “jewel in the crown” of the College. Relocation did nothing to stop the steady stream of queries, with more than 3800 requests from Fellows and trainees fulfilled by the library during this period. The library team was very proud to offer a continuous service during the relocation.

The library has assisted with a range of projects so far this year, from sourcing current and relevant articles required for the new edition of the Acute Pain Management book, to performing literature searches on topics such as anaesthesia for electroconvulsive therapy.

The relocation of the ANZCA Library collection into a new space allows Fellows and trainees ready access to current material when visiting the College. A display of new journals and books can be browsed and dedicated exam preparation and medical education collections have been developed.

The older books collected over the many years since the library was established as part of the Faculty of Anaesthetists have been retained and now fill the grand bookshelves of the newly appointed Fellows Room. Over the next few months, rare and significant books, such as the Geoffrey Kaye Collection, will be transferred to the museum.

While the new library space offers a place for research and study, the online presence of the library including journals, textbooks and databases continues to expand and improve, ensuring equal access for all Fellows and trainees across Australia and New Zealand.

As one satisfied customer stated: “It is a pleasure to use ANZCA Library in general and it is great to know that you work so hard to improve it when possible”.

Fellows Room

The newly refurbished Fellows Room, located in one of the front rooms of Ulimaroa, offers Fellows and trainees a dedicated social, study or meeting space within the knowledge centre. The mood of the room reflects back to an earlier era with floor to ceiling bookcases in dark wood, plush curtaining and comfortable seating areas, all set off by the large bay windows that afford a relaxing view of the gardens.

The room is fitted with data and power points, offering the perfect intersection between the charm of yesteryear and modern convenience.

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Memories and milestones

A brief history of ANZCA, and its preceding Faculty of Anaesthesia, Royal Australasian College of Surgeons has been created for the corridor leading from ANZCA House into Ulimaroa.

As well as describing the formation of ANZCA in 1992, the timeline includes a section on the birth of the Faculty of Pain Medicine and the development of intensive care medicine.

It describes the evolution of core College roles including our commitment to training, our role in maintaining standards, our dedication to safety, our commitment to research and how we recognise achievements. It also looks at our work in the community and the important role of overseas trained doctors.

My Legacy: 2014 new Fellows time capsule

Delegates at the 2014 New Fellows’ Conference on Sentosa, Singapore, created a time capsule to be stored at the Geoffrey Kaye Museum of Anaesthetic History. The capsule contains advice from new Fellows to anaesthetists of the future, along with objects and photographs that represent their working lives today.

Dr Andrew Kennedy, convenor of the New Fellows Conference, and Dr Vicki Pentelow, the youngest Fellow for 2014, presented the capsule to the museum’s Honorary Curator, Dr Christine Bail.

When the capsule is opened in 2039, the new Fellows who open it will find anaesthetists’ working lives represented by a range of objects: A photograph of doctors marching in protest against government contracts; a picture of doctors dressed as characters from a video game; a model of a peripheral nerve stimulator; a security badge card with resuscitation guidelines; and two takeaway coffee cups.

One interesting item is a departmental phone list. The contributor included it because “…it symbolizes our increasing role as perioperative physicians, with our role extending well beyond the OR and recovery to far broader areas, in post op care, nurse and physician education and theatre co-ordination”.

Thank you

The newly refurbished knowledge centre and in particular the relocation of the Geoffrey Kaye Museum of Anaesthetic History would not have been possible without the vision, determination and commitment of a number of people. While it is impossible to name everyone, ANZCA would like to acknowledge the following Fellows, Dr Christine Bail, Honorary Curator, Dr John Pauli, Honorary Archivist and Dr Rod Westhorpe, former Honorary Curator, who each in their own way has ensured the museum remains an integral part of the College for past and present members. Thank you also to the hard working museum and facilities staff, contractors and the ANZCA Knowledge Resources team who worked tirelessly to ensure all was ready for the September 19 opening.
Networks opens new online opportunities

This month, the College is launching Networks, ANZCA’s new online learning and collaboration management system.

Networks is an intuitive digital environment that allows ANZCA and FPM Fellows and trainees to connect, share and learn in a simple, engaging and accessible way.

What’s available?

Networks will expand ANZCA’s educational offerings, such as ANZCA and FPM podcasts, webinars and online courses, to allow Fellows and trainees to undertake training and continuing professional development activities online.

It will also modernise online committees, sub-committees and project group practices, replacing E-Communities with a vastly improved collaborative system.

There are four main streams:

• Anaesthesia learning (see opposite).
• Communities (see opposite).
• Pain medicine learning (see page 32).
• Personal and professional learning (see page 32).

ANZCA and FPM will benefit from the many tools available in Networks to meet our strategic aims of delivering a world-class training program, to provide a professional development framework that supports the ongoing development of skills and expertise to enhance services to Fellows and trainees and to strengthen connections within the College community.

Logging into Networks

Trainees and Fellows will be able to log in to Networks using their ANZCA website username and password. You can access Networks from the ANZCA or FPM website homepages using the quick links in the right-hand listing.

Networks is customised to each user

Each user will see their own homepage, customised to display all the Networks that the user has access to, for example, ANZCA podcasts within anaesthesia learning and committees in which they are involved.

Log out at the end of your session

It is good practice for all users to manually log out after they have finished each Networks session. This is particularly important if users are using a shared computer as others may be able to access course materials or committee papers if the computer is left unattended.

Anaesthesia learning

Anaesthesia learning provides Fellows and trainees with a wealth of quality educational resources they can readily access in one place.

Existing learning resources, such as ANZCA podcasts and teaching and learning cases, are now available in Networks. Please note these will shortly be removed from their previous location on the ANZCA website.

We are also expanding resources in this section, and will have a range of new educational resources available soon. More information on these is listed below.

• Trainee orientation program and support resources

The introduction of the revised curriculum has been challenging for both new and transitioned trainees. These new supporting resources will offer simple, practical advice and tips for trainees in each training period, an overview of the important training milestones and advice on balancing work and life. The project group developing this resource is chaired by Dr Noam Winter, Co-Chair ANZCA Trainee Committee, Victoria.

• Supervisor orientation program and support resources

Supervisors are vital to the training program, and these resources will provide support in a simple and accessible format. From tips on co-ordinating your team, providing support and education for team members, to advice on looking after yourself and trainees, the resource will offer a wealth of information and an online collaborative network for all supervisors to share their experiences. The project group developing this resource is chaired by Dr Emily Wilcox, Supervisor of Training, NSW.

• Primary examination preparation resource

This resource will provide insights into the exam process, useful tips for preparing for the exam and information about what happens on the day. It will include a series of mock-viva advice from trainees that have undertaken the exam, and a view into the examiners’ perspectives. To complement the resources we will also run two webinars each year for trainees from 2015. There is a project group developing this resource with representation from the Primary Examination Sub-Committee.

Networks can be accessed via the ANZCA home page.

Each user has a customised homepage.

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Belinda Hofmeyr, ANZCA Committee Support Officer

“Members found it easy to use, much faster to download [documents], loved the fact they could view the documents in the browser and could navigate easily.”

Elaine Jenkins, Manager Corporate Office, ANZCA

“It’s easy to use, it’s very easy to move back and forward and the papers seem to pop up much more quickly...”

Dr Patrick Farrell, ANZCA Councillor, NSW

“A select group of committees were chosen to be involved with a pilot, to use Networks and provide feedback. The feedback has been positive, and we will continue with a phased approach for the remaining committees and groups.”

Olly Jones, General Manager Education, ANZCA

“Belinda Hofmeyr, ANZCA Committee Support Officer

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Belinda Hofmeyr, ANZCA Committee Support Officer
Networks opens new online opportunities (continued)

Foundation Teacher Course teaches the teachers

The Foundation Teacher Course has been running since 2010. The course is underpinned by adult learning principles and designed to support self-directed, motivated and committed participants with facilitator support and a model of formative feedback.

It consists of eight modules:
• Doctor as educator.
• Planning effective learning and teaching.
• Feedback to enhance learning.
• Interactive learning and teaching.
• Teaching in the clinical environment.
• Teaching practical skills.
• Authentic assessment.
• Clinical supervision.

The course is offered online and face-to-face, and the outcomes are identical for both.

Here is feedback from a past participant:

“This course helped immensely with giving me tools to plan and deliver effective teaching, not only in the theatre environment, but in the simulator and in more formal environments.”

Dr KA

Online course format

In 2012 the first online Foundation teacher course was launched as a pilot, with six participants. The course continues to evolve and is now offered to 15 participants twice a year, with further expansion planned.

The course participants view short presentations, usually a maximum of 20 minutes, and access reading material and other resources. They then complete workplace activities, which are structured to support the application of theory into practice. Participants initially complete three course components: the orientation; the introduction; and the first module of the course. Planning effective learning and teaching. Once they have completed the activities for the first module and provided feedback, they can access the remaining seven modules and plan their learning journey. The expectation is each module will be completed in two weeks.

A typical journey through a module might involve:
• Viewing the overall structure of a module.
• Reviewing the activities planned for the module.
• Watching the online presentation.
• Completing activities in the workplace.

Within the course there is a range of learning tools being used in a variety of ways, including online presentations, discussions, reading resources, quizzes, videos and more. The course offers a webinar each month with the course facilitator to enable participants to engage in real time about the learning material and their experiences.

“Writing the learning plan allowed for application of new knowledge.”

Dr HT

Pain medicine learning

Pain medicine learning provides Fellows and trainees with a range of pain medicine learning content.

Log in to access the FPM podcast series, which covers a broad range of topics relevant to pain medicine. These podcasts have been developed by specialists who are experts in their field. Please note these will shortly be removed from the FPM website.

We also are expanding the learning resources in this section. Resources in development include:

• Nine FPM e-learning modules to complement the revised curriculum

These comprise self-directed modules, a case study and self-assessed quiz relating to the essential topics of the 2013 curriculum. The modules provide an entry point into the essential topics areas throughout the core training stage, and give trainees the opportunity to integrate the FPM Roles in Practice as they relate to a selection of learning outcomes drawn from the curriculum.

• Better Pain Management

FPM has developed an engaging interactive online education program for healthcare professionals caring for patients with persistent pain. The program, called Better Pain Management, comprises six one-hour education modules, and will launch soon (see page 30).

Helen Morris, General Manager, Faculty of Pain Medicine

Personal and professional learning

This section of Networks helps to support and facilitate the ongoing development of skills, knowledge and behaviours across a range of subject areas.

The first resource available is the online Foundation Teacher Course (see opposite). This course exposes participants to a structure for planning, teaching and learning and provides an opportunity to experience approaches for teaching and supervision in a clinical environment.

One cohort of participants is now enrolled and their initial experience of the course and Networks has been very positive. Feedback included comments on the short orientation videos provided, ease of navigation, comprehensive introduction to the course and a wide range of tools available. See over the page for more information on the Foundation Teacher Course.

The future creation and expansion of Networks will be an exciting challenge for authors, designers and facilitators. As a collaborative and interactive space adhering to the principles of adult learning, we encourage Fellows and trainees to support their own learning journey with the opportunity of developing their own Networks and resources.

Oly Jones, General Manager Education, ANZCA

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Helen Morris, General Manager, Faculty of Pain Medicine
Employee support keeps the College on track

Our events team has years of experience in running events – the ANZCA annual scientific meeting and other events, including meetings for special interest groups, FPM and the ANZCA Trials Group. Our regional staff also are involved in running meetings, exams and other activities. Another important role is raising money to support research.

ANZCA staff also play a key role in advocacy by working with Fellows on submissions to government and non-government organisations in Australia and New Zealand and raising the profile of our specialties through the media and via mechanisms such as the ANZCA website and National Anaesthesia Day.

Community development in the areas of indigenous health and overseas aid is another important role.

To ensure a clear understanding of what individuals and teams do in the College and improve our interaction with Fellows, trainees and other stakeholders, we are developing service charters for each ANZCA unit.

Everything the College does is guided by the ANZCA Strategic Plan 2013–2017 (see www.anzca.edu.au/about-anzca/our-college) and its priorities to:

- Advance standards through training, education, accreditation and research.
- Build engagement, ownership and unity.
- Develop and maintain strong external relationships.
- Ensure ANZCA is a sustainable organisation.

The operational activities of the College are mapped each year in the ANZCA-wide business plan, which is structured around the strategic priorities (each of these has four objectives).

Cascading off the ANZCA-wide business plan are individual unit business plans, which also are structured around ANZCA’s strategic priorities and objectives, and are considered during the budgeting process.

FPM is slightly different, in that it has its own FPM Strategic Plan 2013–2017 with three priorities: To build fellowship and the Faculty; to build the curriculum and knowledge; and to build advocacy and access. It can be found at www.fpm.anzca.edu.au/about-fpm/structure-and-governance. While FPM activities feed into the ANZCA business plan, the FPM unit plan is based on the FPM strategic plan.

Our relatively new Strategic Project Office and Technology unit ensures the strategic priorities of ANZCA are captured and prioritised in our Information Management and Information Technology (IM/IT) Roadmap.

Together, ANZCA staff ensure the College moves forward, with its mission, vision and strategic priorities guiding all that we do.

Linda Sorrell
CEO, ANZCA

Much work goes on behind the scenes at ANZCA. This article is about our College staff and their role in keeping the College focused on its strategic priorities.

While the contributions of Fellows and trainees are crucial to ANZCA’s success as a leading medical college in Australia and New Zealand, the staff could be considered the glue that holds the College together.

ANZCA has a strong team of skilled and dedicated staff led by a senior leadership team made up of our general managers, our deputy chief executive officer, Carolyn Handley, and me. Also a key part of ANZCA is the team of directors of professional affairs (DPAs), experienced clinicians led by former ANZCA president Dr Leona Wilson, who provide advice on College functions that require input from Fellows. FPM also has a director of professional affairs, Professor Milton Cohen.

ANZCA has employees in Melbourne, New Zealand and offices in the Australian regions. To recognise outstanding achievements of individuals and teams, we introduced a Staff Recognition Program last year.

The activities of some units, such as Training and Assessments and Fellowship Affairs, are visible to Fellows and trainees, just as important are the behind-the-scenes teams, such as Human Resources and Finance, which keep the College functioning efficiently.

Our staff ensure the core roles of the College are undertaken as seamlessly as possible – running the training program (including exams, hospital accreditation, managing trainee records and international medical graduate specialist assessments), running the continuing professional development program, running educational activities for supervisors, producing podcasts and webinars for Fellows and trainees, providing a comprehensive library, maintaining the highest standards in quality and safety through the development of professional documents and the dissemination of safety alerts.

ANZCA’s Senior Leadership Team (clockwise from bottom left): Lee-Anne Pollard (Training and Assessments), Warren O’Harae (Australian regions), Clea Hincks (Communications), Oily Jones (Education), Jenny Leithridge (Human Resources), Rob Parker (Anaesthesia and Pain Medicine Foundation), Jan Sharrock (Fellowship Affairs), Helen Morris (FPM), Nick Russel (Strategic Project Office and Technology), Galina Fidler (Finance), Jonathan Kruger (Philips), Heather Ann Mouda (New Zealand National Office), Linda Sorrell (Chief Executive Officer), Carolyn Handley (Deputy Chief Executive Officer).

ANZCA’s full corporate structure can be seen on page 38.

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CEO, ANZCA

Executive Director – Dr Leona Wilson
DPAs@anzca.edu.au
The Professional Affairs unit is made up of clinicians who provide advice on specific areas that require input from Fellows. The Executive Director of Professional Affairs is Dr Leona Wilson. Other members who report to Dr Wilson are Dr Peter Roessler (DPA, Policy), Dr Steuart Henderson (DPA, Assessor), Dr Vaughan Laurenson (DPA, Assessor), Dr Michelle Mulligan (DPA, Deputy Assessor), Dr Nicole Phillips (DPA, Annual Scientific Meetings) and our Dean of Education, Dr Ian Graham.

Professor Milton Cohen is the DPA, FPM.

ANZCA’s full corporate structure can be seen on page 38.
Who does what at ANZCA?

ANAESTHESIA AND PAIN MEDICINE FOUNDATION
General Manager – Rob Packer
foundation@anzca.edu.au
www.anzca.edu.au/foundation

The Anaesthesia and Pain Medicine Foundation raises funds to support medical research and education programs conducted by ANZCA and FPM Fellows and staff in Australia, New Zealand and internationally. It administers the research grants program and supports the College’s international projects and activities.

FACULTY OF PAIN MEDICINE
General Manager – Helen Morris
fpm@anzca.edu.au
www.fpm.anzca.edu.au

The Faculty of Pain Medicine unit supports all Faculty activities. Primarily it contributes to the delivery of the training program, the accreditation of training units, the delivery of a continuing medical education program that supports ongoing development of skills and expertise, the development of research and education projects, the delivery of Faculty communications and the development of resources for use by Faculty Fellows and trainees.

FELLOWSHIP AFFAIRS
General Manager – Jan Sharrock
www.anzca.edu.au/fellows

The Fellowship Affairs unit provides professional development support for Fellows. It offers events support (in particular the ANZCA Annual Scientific Meeting and special interest group events), support for quality and safety activities and knowledge resources, including the ANZCA Library, the Geoffrey Kaye Museum of Anaesthetic History and the local Fellowship Affairs and Quality and Safety committees. Fellowship Affairs recently co-ordinated the ANZCA Fellowship Survey and the Graduate Outcomes Survey and ran a very successful annual scientific meeting in Singapore.

HUMAN RESOURCES
General Manager – Jenny Lethbridge
hr@anzca.edu.au
www.anzca.org.au

The Human Resources team provides strategic and operational human resources leadership to encourage best practice in the management of staff to enable them to achieve their potential, personally and professionally. This includes employee relations, industrial relations, recruitment and selection, learning and development, payroll and health and safety activities.

NEW ZEALAND NATIONAL OFFICE
General Manager – Heath Ann Moodie
anzca@anzca.org.nz
www.anzca.org.nz

The New Zealand National Office manages New Zealand-based activities of the College and ensures ANZCA is represented at New Zealand government and non-government agencies, such as the Ministry of Health, Health Workforce New Zealand and the Medical Council of New Zealand.

POLICY
General Manager – Jonathon Kruger
policy@anzca.edu.au
www.anzca.edu.au/policy

The Policy unit has an advocacy role, managing relationships with New Zealand-based government and non-government bodies, including the Australian Medical Council and the Medical Council of New Zealand. The unit manages the Specialist Training Program, which funds training in settings beyond traditional public teaching hospitals. It also co-ordinates College professional documents and internal policies, such as intellectual property. The unit supports the Overseas Aid Committee and the Indigenous Health Committee.

FINANCE
General Manager – Galina Fidler
finance@anzca.edu.au

The Finance unit manages the financial affairs of the College. It focuses on the production and use of information to meet College accounting needs, compliance (government and other regulatory bodies), management and control (to meet organisational objectives), strategy and risks (to inform the development and implementation of strategy and manage financial risk) and funding (identifying sources of funding for organisational activities).

EDUCATION
General Manager – Olly Jones
education@anzca.edu.au
www.anzca.edu.au/education

The Education unit is responsible for the delivery, development and ongoing quality improvement of education activities of the College. It develops e-Learning resources for ANZCA and FPM trainees and Fellows, delivers the Foundation Teacher Course designed to help Fellows and provisional Fellows in their training activities. The Education unit played a major role in developing the revised ANZCA curriculum. The 2016 ANZCA Continuing Professional Development Program, the FPM curriculum revision project and the implementation of Networks, the College’s new learning and collaboration management system.

TRAINING AND ASSESSMENTS
General Manager – Lee-Anne Pollard
www.anzca.edu.au/training

The Training and Assessments unit manages the systems that support the anaesthesia training program. This includes accreditation of departments for training, examinations, the international medical graduate specialist accreditation process, the online system that records training against the curriculum, and support for these functions.

COMMUNICATIONS
General Manager – Clea Hincks
communications@anzca.edu.au
www.anzca.edu.au/communications

The Communications team produces key ANZCA publications including the ANZCA Bulletin and e-newsletters and advises and supports other ANZCA units in their communications with Fellows and trainees through professionally edited and designed College collateral. Communications manages the ANZCA website content and helps raise community awareness of ANZCA, FPM, anaesthesia and pain medicine through the media by promoting scientific meetings, research and other activities.

The strategic project office manages New Zealand-based activities of the College and ensures ANZCA is represented at New Zealand government and non-government agencies, such as the Ministry of Health, Health Workforce New Zealand and the Medical Council of New Zealand.

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STRAategic PROJECT OFFICE AND TECHNOLOGY
General Manager – Vicki Russell
strategicprojectoffice@anzca.edu.au

The strategic project office manages projects in line with the strategic priorities of ANZCA. It has developed the Information Management and Information Technology (IM/IT) Roadmap, which prioritises ANZCA’s technology-driven projects and manages the technological environment that enables College staff, Fellows and trainees to access information using the most efficient hardware and software. Recent projects include the development of the continuing professional development portfolio system and the training portfolio system.

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Employee support keeps the College on track (continued)

ANZCA organisation chart
A doctors orchestra that travelled to St Petersburg to play music in the grand State Capella Hall discovered a destination rich in culture, contrast and history.

White Nights in St Petersburg is the time of the midnight summer sun, when dusk turns to dawn and the city doesn’t sleep. Every night there is opera, ballet and music at the renowned Mariinsky Theatre or the Grand Philharmonic Hall. The White Nights festival is also the time for a huge celebration for students graduating from high school. More than a million people gather in Palace Square watching fireworks and the Scarlet Sails celebration on the banks of the Neva River.

Melbourne has had a sister city relationship with St Petersburg, previously Leningrad, for 25 years. To celebrate this association, a Melbourne-based doctors’ orchestra, called Corpus Medicietum, recently travelled to St Petersburg to play in the State Capella Hall.

The orchestra is mostly made up of medical practitioners who play their instruments to a professional standard, but it was also joined by a few lawyers and professional musicians. The result was a concert of an extremely high standard, matched with enthusiasm, intelligence, wit and energy. The performance was followed the next day by a charity ball at the Rose Pavilion in Pavlovsk Palace in azi of Alvisa, a Russian organisation that provides support for the families and children with haematological diseases requiring bone marrow transplants. The program for the concert and the charity ball was called “To Russia with Love”.

We had time between rehearsals to discover much about the colourful and sometimes gruesome history of this relatively young city. Founded in 1703, St Petersburg has been home to famous composers, writers, tsars and the 1917 revolution. Beautiful churches and cathedrals punctuate the city skyline and there are many extravagant palaces in the surrounding areas of the town. We had a private viewing of the Hermitage and the Faberge egg exhibition. The Church of the Savior on Spilled Blood was astonishing.

We spent one day visiting hospitals. I went to the Federal Almazov Medical Research Centre, a hospital on the outskirts of St Petersburg. On the way to the hospital I saw a different city to the tourist centre. Many of the people living in St Petersburg are very poor and live in small, cold and dirty high-rise buildings in need of repair.

The hospital, on the other hand, had a modern, airy design and was built recently. The research labs were equipped with the latest technology for genetic analysis and manipulation. There were 30 ICU beds, each equipped with a stack of eight B. Braun pumps and the latest Datex ventilator. My guide was a recent anaesthetic graduate. Her first rotation after medical school in 2009 was anaesthesia. She graduated as an anaesthetic specialist in 2011. While she works as an anaesthetist at another hospital, the specialty she practices at the Almazov Centre is haematology, for which she will be sitting the final exams this year. She told me that most young medical practitioners work at two hospitals and have two or more specialist qualifications. The wages are not high and a single hospital is only allowed to employ each doctor for a maximum of 36 hours a week. Working in two hospitals allows doctors to double their income.

She said that over the past 10 years, a lot of money has gone into some hospitals, including the Almazov, but it has not been evenly distributed. Other doctors in the orchestra visited hospitals that were poorly equipped; where major thoracic operations were performed on patients with end-stage cancer simply because radiotherapy equipment was not accessible.

Most health care is free, but there are some surprising exceptions. IVF is available free to anyone in a “normal” relationship any number of times, but freezing embryos costs around £5000. Patients choose to undergo egg harvest multiple times at no cost, rather than store eggs, to minimise the number of procedures!

One morning a small group of orchestra members were invited to meet with senior government officials at the Smolny Institute. The palatial building at Smolny was once a finishing school for the daughters of nobility, then during the revolution, the headquarters of Lenin. Today it is the region’s government house.

Evgeny Grigoriev, the chairman of the committee for external relations, spoke with polite sincerity about the virtues of music and medicine, how these attributes can rise above political difficulties and pave the way for economic collaboration. Our accompanying Australian diplomats responded that political difficulties should not exist at all. We used the meeting to encourage and invite further experience exchange.

An orchestra of doctors was unusual in Russia. In fact, amateur orchestras are almost unheard of. One explanation I heard was that Russian people are poor and need to work many hours to feed their families. “Lifestyle” activities such as music performance are not possible for non-professional musicians. Another explanation could be that it is a cultural ideal to do just one thing, and do it well.

The bureaucracy in Russia is challenging to navigate. A foreigner needs first to obtain an “invitation” to then apply for a visa. The invitation amounts to eight pages of detail that is completed by the hotel or friend, inviting the visitor. Once in the country, a visitor must register his/her arrival within 48 hours. There are fines if a tourist is caught not carrying a passport. Artwork and musical instruments can be confiscated by customs on departure. We all carried documentation that we owned the instruments and that we brought them with us into the country.

We were only in Russia for a couple of weeks, but the memories of the wealth, the people, the art and the power of the country will last a lifetime.

Dr Rowan Thomas, FANZCA
St Vincents Hospital, Victoria

“It is a cultural ideal to do one thing, and do it well.”
Quality and safety

Why ANZCA needs a direct line to you

When the College issues safety warnings, it needs to be confident its intended targets will get the message.

In the yesteryear science fiction series Lost in Space, one of the characters was a robot that was frequently heard heralding imminent danger with the alert “Warning! Warning!” This function served to protect the humans from harm. But those that were just out of earshot or distracted may not have been alerted and consequently were exposed to danger. ANZCA was a futuristic one that looked to the role of robots, but interestingly did not foresee communication beyond auditory alarms.

Fifty years later modern technology has the ability of global communication including both auditory and visual means through computers and mobile devices. But there is still not guarantee that the warnings are received. What is needed is a process that achieves the ability to issue an alert and ensure that it is received by its intended target.

This is the challenge that ANZCA is attempting to take on. Safety alerts come to the College’s Quality and Safety Committee, which filters and captures those relevant to our specialty. The information is then disseminated to Fellows and trainees by varying means, including an SMS safety alert system that allows urgent safety alerts to be sent immediately to Quality and Safety Committee members and quality and safety officers in each Australian and New Zealand. These officers then disseminate the information locally.

Following is the process for alerting Fellows of safety issues:

1. ANZCA receives the information. Safety alerts come from a variety of sources, for example, the Therapeutic Goods Administration, via Quality and Safety Committee members and Fellows (for example, hospital pharmacy alerts).

2. ANZCA assesses the information. The Quality and Safety Committee (through its chair, deputy chair and liaisons portfolio officer) determines the urgency of the safety alert.

3. ANZCA alerts Fellows. The significance of the alert will determine whether it is sent to all Fellows directly, or whether it is filtered through the Australian regional and New Zealand committees via electronic means.

   a. The recent propofol recall – in which contaminated batches were thought to be in circulation – highlighted a need to review the current process.

   b. To improve ANZCA’s safety alert process, a number of conflicting issues need to be considered including:

      i. ANZCA’s responsibilities. Alerts come to the College via several pathways and while ANZCA is not the source of these alerts it does act as the conduit.

      ii. How ANZCA receives the alerts. The College relies on external organisations to assess safety issues and their relevance to anaesthesia before they disseminate the information to ANZCA.

      iii. How ANZCA assesses alerts. Does a set of assessment criteria need to be established?

      iv. Responsibilities of Fellows. As professionals constantly seeking to achieve the highest standards in patient care it is up to us to monitor all sources for alerts that are relevant to our practice.

   c. ANZCA is not staffed 24/7. What happens in very high priority alerts that may arise out of hours?

   d. Are Fellows in private settings adequately catered for?

   e. If Fellows and trainees are emailed directly about alerts there is the possibility of email overload.

   f. Alerts are disseminated via Twitter and RSS feeds but the number of practitioners with Twitter accounts is small, and there are those who prefer not to have social media accounts or RSS subscriptions.

   g. Quality and safety is paramount and in recognition of this, the College, in reviewing the matter of safety alerts, will ensure that its role as a conduit is as comprehensive as technology permits, and offers appropriate access to Fellows.

Dr Peter Roessler
Communication and Liaison Portfolio
Quality and Safety Committee

What you can do

Make sure your details are up-to-date

Please ensure ANZCA has your current details by updating them via the MyANZCA portal – members.anzca.edu.au.

Help us to alert your colleagues

If you hear of a potential safety issue, please contact the College as soon as possible via js@anzca.edu.au.

Where to find anaesthesia safety alerts

• The ANZCA website. All safety alerts are listed here - www.anzca.edu.au/ fellows/quality-safety/safety-alerts (also see the “safety alerts” quick link on the ANZCA website homepage - www.anzca.edu.au). High-level alerts are loaded onto the ANZCA homepage.

• ANZCA E-Newsletter (monthly) and ANZCA Bulletin (quarterly) in the Quality and Safety section.

• Via Twitter and RSS feeds (please see below).

Setting up RSS and Twitter

To set up an RSS feed please visit the following link www.anzca.edu.au/ fellows/quality-safety/safety-alerts RSS and add the RSS link to your appropriate RSS reader.

Set up a Twitter account by visiting twitter.com and following the prompts. Once signed up, follow @anzca to receive safety alerts and other communications from the College.

ECRI alerts

The information below is obtained via alerts from the ECRI Institute.

Safe-cut safety scalpels

Bard states there is the potential for an inadvertent scalpel stick injury involving scalpels in the Bard safe-cut safety scalpels contained in perioperative use of inserted central catheter and dialysis catheter kits. Bard has replaced the Bard-Parker safety scalps with the new scapel. Bard states that the new blades are pushed forward from within the handle and that users should be aware of the following two differences:

• Ensure that the open ended, diagonal edge of the scalpel is pointed away from the hand/body when the blade is extended.

• The blade has a lock in both the fully open and fully closed position. After using, ensure that the blade “clicks” into the fully closed position.

Philips IntelliVue monitors

The Philips IntelliVue monitors are using Covidien Nevlar OxicMax pulse oximetry may malfunction. The monitor may alarm and display a SpO2 malfunction error message, and no SpO2 reading would be displayed. This problem typically occurs at SpO2 monitoring initiation or if a SpO2 sensor is plugged into a monitor that is already powered on. A fix is now available by contacting the Philips local representative.

Dr Peter Roessler
Communication and Liaison Portfolio
Quality and Safety Committee

Alerts

Hydroxyethyl starch – NZ review

Following concern last year about the increased risk of death and kidney problems in patients given medicines containing hydroxyethyl starch, Medsafe, and the Medicines Adverse Reactions Committee (MARC) in New Zealand have reviewed the benefits and risks of harm with Voluven and Volulyte 6 per cent in different types of patients. Medsafe and MARC issued a statement on July 16 saying that they have concluded that the restrictions already in place for the use of these medicines are adequate to manage the known potential risks of harm. The full safety alert can be viewed here: medsafe.govt.nz/safety/EWS/2014/Hydroxyethyl-starch-solutions.asp

Shortage of Neo-Synephrine®

Critical care nurses have been advised of a supply shortage of Neo-Synephrine® 1% per injection (phenylephrine hydrochloride). The interruption to supply is due to an unexpected delay in manufacturing. Hospira expects to restore supply to Australia from February next year. There is no generic equivalent to Neo-Synephrine® in Australia. However, there is a Special Access Scheme (SAS) version of phenylephrine available should there be an urgent need. Usage of the SAS version requires completion of an SAS Category A form, and is supplied on an individual patient basis.

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Dr Peter Roessler
Communication and Liaison Portfolio
Quality and Safety Committee

One of the greatest risks in our profession – and it’s a risk even with just going through the list.

The checklist has been used in New Zealand hospitals since 2008, when Auckland Hospital was one of eight pilot sites for a study led by Dr Atul Gawande and Dr Alex Haynes that was published in the New England Journal of Medicine in 2009.

The study showed dramatic improvements in mortality and morbidity: the rate of any complication dropped from 11.0 per cent at baseline to 7.0 per cent after introduction of the checklist (P<0.001); and overall mortality dropped from 1.5 per cent to 0.8 per cent (P<0.003). New Zealand’s results did not contribute as much to the improvements as the lower income countries but the results were convincing nevertheless.

Comparative results have been shown in several subsequent studies.

I think many of us believe there is too much paperwork and bureaucracy in healthcare today. However, the checklist is not meant to be about ticking boxes, but about increasing communication and teamwork in the operating theatre at the same time as making sure a few basic things are correct.

In the US, the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) reports communication as the root cause in more than 75 per cent of operative and postoperative sentinel events. A particular aim of the checklist is to make it easier for anyone to speak up if they see something wrong happening.

New Zealand’s Health Quality & Safety Commission is working to promote truly engaged use of the checklist in operating theatres, along with pre-list briefings and post-list debriefing.

With their established reputation for promoting patient safety, anaesthetists are particularly well placed to support this important initiative.

More information can be found at www.hqsc.govt.nz/our-programmes/reducing-perioperative-harm/.

Professor Alan Merry, ONZM
Chair of the Health Quality & Safety Commission
Head of the School of Medicine at the University of Auckland

ANZCA Councillor

An updated list of safety alerts is distributed in the first week of each month in the “Quality and safety” section of the ANZCA E-Newsletter.

They can also be found on the ANZCA website: www.anzca.edu.au/fellows/quality-safety/safety-alerts

World Health Organization

Engaged use of checklist essential for patient safety

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In addition to the production of the drug there were problems with the supply chain. Many hospitals and warehouses keep minimum stocks of all drugs. The hospital can thereby potentially make savings by avoiding a large amount of capital assets in the form of pharmaceutical drugs and losses due to the drugs going past their expiry date. The cost of holding the stock and the cost of expired stock are thereby transferred to the warehouse. Supply can be maintained using an efficient ordering system. This is colloquially known as a “just in time” system. However the warehouse might also use this methodology to reduce their costs and order from the manufacturer “just in time”. However this approach also leads to low stocks levels of alternative suppliers of a drug and the potential for shortages. This will be more acute if the drug is withdrawn and therefore all stocks effectively expire at the same time. This will put acute pressure on the supply chain of alternative stocks.

On July 7, the precautionary supply restriction was lifted. Subsequent testing of the product indicated that although the contents were sterile, it was possible to culture organisms from some of the flip-off lids and rubber stoppers. This varied in the propofol contamination tests and batches from 0 to 12/80 vials. In the pooled testing this was as high as 15/18 pools involving 90 vials.

Conclusion – swab the top
It is intended that this article will promote awareness of the importance of aseptic technique during all steps of the process of drug administration. As a secondary outcome, it is hoped that this article will promote ongoing discussion that will ultimately lead to improvements in patient safety in this area.

Adjunct Professor Martin Culwick, Medical Director ANZTADC
Dr Neville Gibbs, Chair ANZTADC

References:

For more information, please contact:
ANZTADC Administration
anztadc@anzca.edu.au
To register visit www.anztadc.net and click the registration link on the top right-hand side.
Demo at www.anztadc.net/Demo/IncidentTabbed.aspx
Mobile Demo at www.anztadc.net/demos/mobile.aspx
The FPM Spring Meeting themed “Joining the dots: Links and transitions in pain management” was held from September 5-7 at the Fairmont Resort, Leura, in the Blue Mountains of NSW. The meeting was successful with 93 delegates registered and strong healthcare industry support.

The meeting featured international speaker Dr Stefan Friedrichsdorf from the US who presented on managing common but complex chronic pain disorders in children as well as the pharmacological and integrative management of neuropathic pain from a paediatric and adult perspective. The meeting also featured many local speakers, presenting on a range of topics including paediatric pain management, support for GPs managing pain, pain programs including novel online resources and transition back into the community and to adult services.

The meeting enjoyed successful media coverage. Dr Newman Harris was interviewed by radio 2SM and ABC Radio North Coast about the link between chronic pain and mental illness. He said depression and anxiety disorders and other mental health problems could not be extricated from the pain experienced, as each contributes to the genesis of the other and each makes the other worse. He also spoke about how pain medication can affect and be affected by anti-depressant medication.

Associate Professor Dr David Champion was interviewed by ABC radio’s The World Today program and also by the Sydney Morning Herald about why doctors should look for a personal and family history of common recurrent pain disorders as well as iron deficiency, anxiety and depressive disorders – and a condition known as “restless legs syndrome” – in adults who present with chronic pain.

Curriculum Redesign Project launch
The 2015 training program was officially launched by the Dean, Professor Ted Shipton, and Chair of the Curriculum Redesign Project Steering Group, Dr Meredith Craigie, at the Spring Meeting on September 6.

The launch was well attended and the new training program was well received by delegates. The considerable input of FPM Fellows in reaching this milestone is acknowledged and greatly appreciated.

The 2015 curriculum and a range of accompanying resources can be accessed via the FPM website, www.fpm.anzca.edu.au/training/2015-training-program. Two short introductory videos have been developed to outline the philosophy and structure of the 2015 FPM training program. These videos can also be accessed via the FPM website, www.fpm.anzca.edu.au/resources/learning/fpm-curriculum-redesign-project/.

Inquiries can be directed to fpm.crp@anzca.edu.au.
Simple accident leads to life of pain

Faculty of Pain Medicine

It took nearly five years of chasing answers, of tests and interventions, frustration, grief, and constant, unbearable pain to reach a diagnosis. The fall caused nerve damage in the pelvic area, very real but invisible on MRIs, examinations, X-rays and CT scans. The diagnosis of pudendal neuralgia, arrived at after four and a half years, was the start of finding more effective treatment for her pain. Today, two and a half years after the diagnosis, Ms Mantalvanos’s pain is better managed and she uses an electronic implant, which distracts signals of pain to her brain. She has also become a strong advocate for better recognition, treatment and management of chronic pain.

One in five people across Australia and New Zealand suffer from chronic pain, yet the condition remains little understood. This message was the theme of the ANZCA Anaesthesia and Pain Medicine Foundation’s “1 in 5” television campaign launched in July to spread awareness of chronic pain. The commercial can be seen at www.anzca.edu.au/fellows/foundation.

Ms Mantalvanos is one of the chronic pain patients who volunteered their services to appear in the commercial, which encourages the public to donate to research into chronic pain.

The Dean of ANZCA’s Faculty of Pain Medicine, Professor Ted Shipton, said chronic pain had many causes and was a complex and debilitating condition that desperately needed more research.

“We need to keep finding better treatments and develop better understanding of the mechanisms at work in this condition – and for that we need more dedicated research.”

Ms Mantalvanos agrees. She is also the subject of a short film, The Hurting Strings, which documents the effect chronic pain has had on her life (see www.pudendalnerve.com.au). She hopes the film and the television commercial will raise the profile of chronic pain in the community. She is also working with pain professionals in WA to produce a pain management program.

“It is still a primitive time in pain. Being told for four and a half years ‘this is chronic pain ... go home and live with it, there’s nothing that can be done’ is brutal not to mention primitive.”

Ebru Yaman
ANZCA Media Manager

Clockwise from left: Soula Mantalvanos in her studio, a still from the television campaign, self-portrait: Finalist in The Doug Moran Portrait Painting Prize 2014.
Leaders and experts in trials research gathered recently for an opportunity to share and develop the best evidence to guide future practice plus an update on the hottest topics in the field.

That magical combination of sun, surf and science came together again for the sixth annual ANZCA Trials Group Strategic Research Workshop at the Sea Temple Resort in Palm Cove, Queensland on August 8-10.

The meeting continues to grow, with more than 100 investigators, co-ordinators and interested Fellows in attendance. While our primary aim is to develop proposals for large multi-centre trials, the format of the meeting provides for a fantastic update on all the hot topics in anaesthesia, perioperative and pain medicine. The informal atmosphere of the meeting also promotes networking among the participants, enabling emerging investigators and sites to get involved in established trials and also get advice on new ideas.

After the flight to Cairns, a quick taxi ride to Palm Cove and a dip in the ocean, the meeting opened with two workshops. Sofia Sidopoulou (Melbourne), outgoing chair of the research co-ordinators special interest group, convened a workshop for co-ordinators and early career investigators on good clinical practice and recruitment and consent in preparation for starting a study. At the annual business meeting held at the end of this workshop, Jeannene Douglas (Newcastle) was elected the new chair of the group. Meanwhile, Professor Kate Leslie chaired a workshop for the trials group executive at which they finalised the strategic plan for the trials group for the period 2014-2017.

The new vision for the trials group is: The ANZCA Trials Group will be a world leader in delivering high quality trial evidence that translates into safe and effective practice in anaesthesia, perioperative and pain medicine. The informal part of the meeting opened with stimulating presentations from the two invited speakers. Professor Philip Clarke, a health economist from the School of Population and Global Health, University of Melbourne, spoke about measuring and valuing health outcomes. This was of particular interest given our new vision to ensure our trials are translated into better outcomes for patients. Then Associate Professor Chris Frampton, a biostatistician from the University of Otago, spoke about data management and safety committees. These committees are established as independent bodies to oversee large trials, offering advice on progress and ensuring patient safety by viewing outcomes and adverse events. Later in the meeting, Professor Clarke spoke on embedding economic evaluations in all large studies and Associate Professor Frampton spoke on pitfalls in reporting of randomised controlled trials.

Next came a quick round-up of eight large trials in progress. Largely funded by national grants in Hong Kong, New Zealand and Australia, these trials plan to recruit more than 10,000 patients at more than 50 centres worldwide. Then the real fun began with the new proposal session. Ably chaired by Professor David Story (Melbourne), this session allows investigators 15 minutes to pitch a new idea and convince the audience of its merits – a bit like speed dating for researchers!

Ideas ranged from administration of fibrinogen concentrate in obstetric haemorrhage (Dr Joreline van der Westhuizen, NZ), through comparison of volatile anaesthetics and propofol for OSA patients (Dr Vinu Sivatwardana, NSW) to intravenous iron for NOF patients (Dr Ed O’Loughlin, WA). Two proposals were considered in depth – Dr Ashley Webb’s (Victoria) proposal on a quit pack for smokers and Dr Thomas Painter’s (SA) proposal for a study on tranexamic acid during arthroplasty. All these proposals were graded by the participants, and investigators will receive detailed feedback from the executive. Finally, reports were received from pilot studies endorsed by the trials group.

Delegates enjoyed tropical-themed welcome drinks and barbecue on the opening night and the conference dinner at the Reef House, Palm Cove, on the second night. At the dinner, incoming ANZCA Trials Group Executive Chair, Professor Kate Leslie, thanked Sarah Chezan (ANZCA events), Karen Goulding (ANZCA Trials Group Co-ordinator), Anna Parker (Melbourne) and Sofia Sidopoulou (Melbourne) for organising a fantastic meeting. She also took the opportunity to thank outgoing executive chair, Associate Professor Tim Short (NZ) for his leadership during his term. Associate Professor Short was successful in gaining a $NZ1 million grant for the Balanced Anaesthesia Study and engaging more than 10 centres in New Zealand in the trial.

The Trials Group Strategic Research Workshop brings together world leaders in anaesthesia, perioperative and pain medicine trials, emerging investigators from around the regions, trial co-ordinators and interested Fellows in a fantastic melting pot of ideas and enthusiasm. We are determined to move onward and upward in our quest for the best evidence to guide practice.

Professor Kate Leslie
Chair, ANZCA Trials Group
Applications now open

Applications are invited from Fellows in all training regions for selection to attend the 2015 New Fellows Conference in the Adelaide Hills, South Australia. To be eligible, Fellows must be within five years of fellowship on Friday October 31, 2014 and attending the 2015 ANZCA Annual Scientific Meeting.

Selection will be undertaken by the regional and national committees and the Faculty of Pain Medicine.

The aim of the New Fellows Conference is to facilitate development of leadership and management capabilities in those identified as being significant future contributors to our profession and the College. Special emphasis is placed on fostering current and future leaders in anaesthesia and pain medicine, to encourage new Fellow engagement and strengthen relationships between new Fellows from different regions.

The 2015 New Fellows Conference is themed “Cultivating a culture of change in anaesthesia and pain medicine”.

The College and Faculty will cover the costs of the conference; however the applicant is responsible for the cost of travelling to and from Adelaide and all fees associated with ASM registration and associated costs. This conference is strictly for Fellows; families are not permitted to attend.

Written applications, with accompanying curriculum vitae and the names of two referees, should be forwarded to the applicant’s regional or national ANZCA committee, or the Faculty of Pain Medicine by Friday October 31, 2014. Successful applicants will be notified in early December.

For further information please contact:
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2015 New Fellows Conference
Cultivating a culture of change
in anaesthesia and pain medicine

Wednesday April 29 - Friday May 1, 2015
Mt Lofty House, Adelaide Hills, South Australia

Change agents
One of the focuses of next year’s New Fellows Conference will be empowering participants to inspire others.

Next year’s New Fellows Conference will be held at Mount Lofty House in the Adelaide Hills from Wednesday April 29 to Friday May 1. The conference theme will be “Cultivating a culture of change in anaesthesia and pain medicine”. As well as facilitating development of leadership and management capabilities in new Fellows identified as being significant future contributors to our profession and the College, the 2015 conference will encourage those new Fellows to seek opportunities for renewal and innovation and drive the process of change.

The process of change remains challenging and effective leaders are effective change agents who can inspire others within their organisation to implement change. The program for the conference has been designed to provide a welcoming environment for the new Fellows to interact and engage in activities related to change management that will be challenging and rewarding.

The Key 2 Me Process Communication Model® Seminar, facilitated by Dr Marion Andrew, will provide new Fellows an introduction to a tool that develops a deeper understanding of individual behaviour under stress. New Fellows will begin to learn and understand the needs and motivations of themselves and others, and stay open and resilient, when change or difficulties present a challenge.

The “Advocating for change” workshop, to be facilitated by Jonathon Kruger (ANZCA General Manager, Policy) will provide practical steps involved in developing an effective advocacy strategy with reference to examples at various levels, including within both hospital departments and government. New Fellows will develop an understanding about policy, stakeholder engagement, management and facilitating change.

The “Personal and career health” seminar, to be facilitated by Dr Roger Sexton, will provide an opportunity for delegates to reflect on the factors that impact on their personal and professional health and develop strategies to minimise the impact.

We look forward to hosting you in the picturesque Adelaide Hills and presenting a thought-provoking and inspiring program so that we can cultivate a culture of change in anaesthesia and pain medicine.

Dr Scott Ma and Dr Girish Chandran
Co-convenors, 2015 New Fellows Conference
Tasmanian-based anaesthetist Dr Colin Chilvers joined the humanitarian medical aid organisation Médecins Sans Frontières (Doctors Without Borders) in 2012. His first field placement was in Pakistan, where he worked as an anaesthetist in the Teme Trauma Hospital in June. In 2013, Dr Chilvers spent a month in Hangu, Pakistan, and recently returned to the town in June.

Like many doctors, I’d always thought I’d volunteer for Médecins Sans Frontières at some stage, but it wasn’t until I met and talked with a Médecins Sans Frontières anaesthetist that I thought, “Maybe I could really do this”.

I looked at the website and realised that I had the experience required and that the time commitment was manageable. It’s a minimum six-week placement for anaesthetists, which means I’m able to keep my family life and normal career. My plan is to continue doing one field placement each year.

I have recently returned from my second assignment in Pakistan, where I was working at a hospital in Hangu. This hospital is in a fascinating cultural context, adjacent to Pakistan’s North-West Tribal Areas and the highly conservative society that lives there. I saw many children with burns from domestic accidents and many obstetric emergencies. There is little anaesthetic care in the area and women often only get brought to hospital when they are in extreme difficulties with obstructed labour or haemorrhage.

Before this I worked as the anaesthetist at Teme Trauma Hospital in Port Harcourt. We operated on about 10 patients each day for injuries from road traffic accidents, gunshot wounds and machete attacks, so it was a busy hospital.

As an anaesthetist with Médecins Sans Frontières, surgical cases are mainly trauma and obstetrics, with some general type emergencies such as abscesses, appendicitis, etc. The surgery is quite rewarding to be involved with. Patients presenting near-death with penetrating trauma or a ruptured uterus, can be sitting up and happy within hours after surgery and resuscitation. There is unrivalled experience for young anaesthetists in the treatment of massive haemorrhage.

Ketamine is the most common anaesthetic for the frequent peripheral wounds and burns dressings, with spinals for caesareans and lower limb surgery, and general anaesthesia with intubation reserved for laparotomies and other bigger or unstable cases. Patients tend to be much younger than those in Australia. Obesity is not an issue. Limited investigations are available and there is no invasive monitoring, but this provides good experience in using clinical judgement – which we don’t get to exercise properly in advanced health care settings in Australia.

Working in Pakistan also offered an opportunity to practice a more complete form of medicine. With often only a single surgeon and anaesthetist, both will closely manage patients from the emergency room, through to the operating theatre, and then in the ward post-operatively. Decision making is challenging, which usually goes to theatre first, how much of your limited blood supply will you transfuse, if unlikely to be extubated post-op, should you even proceed?

An unusual phenomenon is that when the chips are down, Médecins Sans Frontières works offers a fascinating cultural experience. There are opportunities to interact with local people, staff and patients that no tourist could hope to access. There will be a small team of idealistic international staff who live and work closely together. Many of these have colourful backgrounds and will have worked in other interesting environments. Sharing the successes and dures of a field assignment creates a camaraderie that can’t be found in normal life.

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For me, the motivation to perform humanitarian anaesthetic work doesn’t need to be one of pure altruism. I found professional satisfaction in successfully dealing with the challenges of anaesthesia in a limited resource setting. And, of course, personal satisfaction in being able to help save many lives.

Dr Colin Chilvers, FANZCA
Tasmania

Last year Médecins Sans Frontières Australia sent 184 field workers from Australia and New Zealand to work in humanitarian crises around the world. One of the priority groups for recruitment is anaesthetists. Anaesthetists working with Médecins Sans Frontières support independent medical care to populations affected by conflicts, natural disasters, epidemics or healthcare exclusion. To work with Médecins Sans Frontières you need experience in general, paediatric, obstetric and trauma anaesthesia, while experience with intensive care, pain management and emergency medicine is highly valued. You also need to be a Fellow of ANZCA and available to commit to an assignment of six weeks minimum.

To learn more visit www.msf.org.au/join-our-team/who-we-need/anaesthetists.html

Listen to an interview with Dr Colin Chilvers on the College Conversations CD with this edition of the ANZCA Bulletin.
Anaesthesia in the world of perioperative medicine

The perioperative physician is defined in the editorial as a “qualified medical practitioner with an appropriate portfolio of competencies whose patient interaction is temporally defined by the index surgical admission”. They argue that while the full scope of perioperative medicine is not yet clearly defined, it must “integrate the training, experience and organisation to link effectively with a range of hospital and community specialists from the surgeon to the general practitioner”.

With this in mind, I wondered had the Department of Anaesthesia at the Royal Hobart Hospital (RHH) earned the right to call itself the Department of Anaesthesia and Perioperative Medicine? As I look around me, I think the answer is yes. In 2011, the department introduced a perioperative registrar role, which is filled five days a week by a registrar in training. The registrar performs a number of duties including timely reviews of patients booked on to the emergency theatre booking system.

One of the most innovative areas of perioperative medicine at the RHH is the provision of perioperative ultrasound by anaesthetists. Dr David Canty, formerly of the RHH, has recently completed a doctorate of philosophy at the University of Tasmania and his thesis is on the impact of focused transthoracic echocardiography in anaesthesia and non-cardiac surgery. Dr Canty’s initial work, undertaken at the RHH, demonstrated observational evidence that the use of focused transthoracic echocardiography changed anaesthetic (and surgical) management in patients with increased cardiac risk presenting for both elective and emergency non-cardiac surgery.

Dr Canty’s initial work in Hobart was the catalyst for the department’s perioperative, anaesthetic-led, echocardiography service. Under the lead of Dr Simon Pitt and Dr Thomas Mohler, the department now provides ready access to transthoracic ultrasound performed by anaesthetists for anaesthetists. If the role of perioperative medicine is to deliver the best possible pre, intra and postoperative care to meet the needs of patients undergoing surgery, it is imperative to be involved in quality perioperative outcome research. Indeed, our department’s current and past involvement in international multicentre studies including POISE-2, RELIEF, and BALANCE trials, the International Surgical Outcome Study and MUSI demonstrates a burgeoning commitment to this role.

Recently POISE-2 was the second largest patient recruitment site in Australia and New Zealand for POISE-2. The results from this trial have implications for practice and therefore the next step is to translate the evidence into perioperative practice by updating guidelines and incorporating it into patient care. Similarly, we are expecting that the results from the other studies will also have a significant impact on perioperative medicine.

To some degree we all practice perioperative medicine with variable enthusiasm. To remain abreast of practices in fields other than our own can prove difficult. However, the department hosts a joint keynote speakers are doctorsDaniel Sessler (Michael Cudahy professor and chair at the Cleveland Clinic) and Professor David Story (professor and chair of anaesthesia at the University of Melbourne). Other guest speakers will include Professor Kate Leslie (AMA Woman in Medicine Award 2014, Recipient), and Dr Maggie Wong (St Vincent’s Hospital and the Royal Women’s Hospital, Melbourne).

Joint keynote speakers are doctors
Daniel Sessler (Michael Cudahy professor and chair at the Cleveland Clinic) and Professor David Story (professor and chair of anaesthesia at the University of Melbourne). Other guest speakers will include Professor Kate Leslie (AMA Woman in Medicine Award 2014, Recipient), and Dr Maggie Wong (St Vincent’s Hospital and the Royal Women’s Hospital, Melbourne).

While our specialist anaesthetist/pain physician and specialist nurse-led acute pain service does an exemplary job at managing these increasingly complex patients, in the past few years the department has developed a consult liaison specialist pain medicine physician position to manage those patients with an aberrant post-operative pain trajectory that frequently includes those with complex psychosocial and alcohol and drug-related issues. Dr Max Sarma provides this service and education and liaison with persistent pain and primary care services.

Whether you have taken an interest in the field of perioperative medicine or not, it is hard to argue against the British Journal of Anaesthesia’s conclusion that “anaesthesia is best placed to drive the development of perioperative medicine” and “if we duck this challenge, others will not”.

The Department of Anaesthesia and Perioperative Medicine at the RHH has taken up the challenge. We will continue to embrace it at the forthcoming ANZCA/ASA combined annual Tasmanian scientific meeting Perioperative Medicine – Science to the Bedside from February 20-22 next year.

References:

Dr Joanna Walsh, FANZCA
Royal Hobart Hospital, Tasmania

From left: Royal Hobart Hospital, Tasmania. Dr Joanna Walsh in theatre; Dr Simon Pitt does a scan as part of the perioperative process at RHH; A form to record anaesthetic progress in the patient progress notes; A HAART scan form.

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While the level of inaccurate logging is difficult to establish, anecdotal evidence suggests the practice may be widespread. Trainees offered various reasons for not logging cases, Dr Smith said, including the time it takes to enter data into the training portfolio system, the difficulty they can face in de-identifying cases, and a perception that it’s not important or relevant to their education.

“There also is an element of fraudulent behaviour, but it is difficult to assess how widespread that is,” Dr Smith said. “For example, when trainees are close to achieving the case numbers required, it is possible that some may be entering a couple of cases to reach the number they need to move to the next stage of training.”

The College recently dealt with a case in which a vigilant supervisor of training questioned a junior anaesthetist after noticing the trainee had logged several very simple cases into their TPS. The supervisor realised a trainee at this early stage of training could not have completed the cases claimed.

“The supervisor of training talked to the trainee, who explained that what had been present when some of these cases were happening but not actually involved and might they could log them, even that was not the case,” Dr Smith said.

Trainees who are in doubt about what they can log should speak to their supervisor.

The College was working on ways to improve the training portfolio system, particularly when recording cases and procedures and in response to other trainee and supervisor feedback, ANZCA’s Operations Manager, Records Management, Juliette Whittington, said.

“If the trainee enters only 20 cases of X then we don’t know whether they’ve just managed to get 20 cases of X or whether they’ve actually done 100 cases of X,” Dr Smith said.

“Sometimes trainees reach their minimum numbers and then stop entering the cases they complete.”

For example, a trainee might be required to complete 20 cases of a certain procedure to meet their volume of practice requirements, she said.

“If the trainee enters only seven cases of X then we don’t know whether they’ve just managed to get seven cases of X or whether they’ve actually done one case of X,” Dr Smith said.

“The College monitors the curriculum to ensure it meets all of a specialist’s training needs,” Dr Smith said. “If trainees don’t indicate there is a problem – for example if there are too few or too many cases to be completed for their volume of practice requirements – then there is no imperative on the College to review the requirement.”

Trainee requirements
Trainee requirements are covered in ANZCA’s regulation 37 of the ANZCA Training Agreement. Both the regulation and the agreement require trainees to abide by ANZCA’s Academic Integrity Policy (see www.anzca.edu.au/resources/ corpo rate-policy).

Volume of practice requirements
Where trainees cannot meet volume of practice requirements due to time away from practice or lack of relevant cases, they can apply for an exemption to the director of professional affairs (DPA) assessor.

Dr Smith warned that trainees who falsely claim to have completed cases not only potentially place their patients at risk, rob themselves of the quality education ANZCA’s anaesthesia training program provides. They also are exposed to legal risk if anything goes wrong in their practice.

“Each year, our trainees sign an agreement saying they are acting in good faith and are behaving in a professional manner,” Dr Smith said. “If they don’t adhere to this then they are liable for any legal problems that arise.”

ANZCA’s Training Agreement includes a paragraph that says trainees agree to abide by a range of professional standards and codes, including ANZCA’s new Academic Integrity Policy, and “to be honest, transparent and act with integrity at all times.” It also points out that plagiarism and academic misconduct, including fraudulent entry into the TPS, is violations of these standards.

The ANZCA Council approved the academic integrity policy in February. It sets the standard for professionalism and competence for all trainees and Fellows of the College.

The College views integrity very highly as a professional value and trainees may not even realise their behaviour is academic dishonesty,” Dr Smith said. “There is a whole spectrum and we are concerned about every level of behaviour on that spectrum.”

For further information, please speak to your supervisor of training or contact the Records Management unit at training@anzca.edu.au.

“You have to be pretty committed to see it through, it all takes good planning,” she said.

Dr Hema Rajappa, a paediatrican and pain specialist at John Hunter Hospital in Newcastle, NSW, interrupted her pain training in 2010 to have her second child.

“You worry that you aren’t going to keep up,” she said. “But Dr Rajappa has some advice for anyone who takes their training part-time or interrupts it. “You have to look at the long term and not just the short-term picture,” she said.

“You need honesty with self. You have to understand what your needs are and ask for support. You may not always be familiar with what is happening.”

“Don’t be backward in coming forward; be honest, know your learning needs and ask for time off.”

“If you can keep your finger in the pie it is even better. Keep in touch online, at conferences. It’s all very helpful for your return. You know your problems, set your goals and be open to change. Things will change.”

In an indication of this change – and recognising that anaesthetists and trainees may require extended leave – the Royal Melbourne Hospital has begun to offer the CRANZ (Critical Care, Resuscitation and Airway Skills in High Fidelity Simulations) for anaesthetists who have taken a break.

The course was designed to make the return to work easier and to provide the leave that can result in reduced levels of confidence and competence, Dr Smith said. It is based on the UK’s Gas Again course, a refresher course for anaesthetists who have taken a break.

Awareness of your skills and confidence, and the most important things in returning to work,” Dr Shrivastava said.

Ebru Yaman
Media Manager, ANZCA

Listen to an interview with Dr Pease on the College Conversations CD, available with this edition of the ANZCA Bulletin.
Requirements for a scholar role activity audit

The scholar role activities were introduced in the 2013 ANZCA curriculum to replace module 11 and the formal project requirements. They offer greater flexibility and are designed to allow trainees to pursue a range of scholarly activity, including research, education or health administration. Completing them shows trainees have achieved skills in interpreting research and evidence.

What are we looking for when we assess an audit submitted as part of the SR Option-A activities?

The Scholar Role Sub-Committee is the College body overseeing the successful completion of the scholar role elements in the 2013 curriculum. Among its responsibilities is the formal assessment of the SR-A activity “Complete an audit and provide a written report for external assessment by the Scholar Role Sub-Committee”.

A recent review of our experience revealed we had received only four completed audits for review under Option A to date. Unfortunately, most of these were fundamentally flawed and required substantial work before they could be considered of an acceptable standard.

This article outlines the requirements and aims to encourage trainees to seek appropriate advice and support before embarking on an audit. This is particularly so if the purpose is to submit the final report as an Option-A element.

We recommend audits be undertaken as a small group activity, preferably as a joint effort of both Fellows and trainees to ensure the job is thoroughly undertaken and that adequate resources can be maintained during the audit period. Most audits will take longer than a term or two and being in the right place for long enough can be a problem for a single trainee. Remember to maintain a record of each trainee’s involvement so the appropriate people can later justify an application as a significant contributor.

As a guide, we expect around 100 hours of work for each significant contributor.

Audits should have a structure that roughly conforms to the following stages: reviewing established criteria and reviewing any local data; planning data collection; making the ethics application; sampling; evaluating results against established criteria; planning an intervention; resampling; interpretation of second data set; writing the report. The report should be in the form outlined by SQUIRE, and should at least be 1500 words long. Useful audit templates can be obtained from the Royal College of Anaesthetists and we thoroughly recommend this publication.

Dr Michael Bennett, FANZCA
Chair, Scholar Role Sub-Committee

References:

Multi-source feedback updates

The entire multi-source feedback (MsF) process can now be completed online, following improvements to the training portfolio system (TPS) made on August 29. The MsF process enables trainees to gather feedback on their overall performance from multiple colleagues, allowing them to further develop in all areas of the ANZCA Roles in Practice.

The key benefits of the improvements are:
• Trainees can send requests for feedback and reminder emails to their nominated feedback providers via the TPS.
• Nominated feedback providers will receive an email request with a link to complete an online MsF feedback form.
• Responses completed online are automatically sent to the TPS and are viewable by the trainee’s nominated supervisor of training.
• Data from the responses received is collated and auto-populated into the MsF summary form, for completion by the nominated supervisor of training.

If you need assistance with completing the multi-source feedback process please contact the College via training@anzca.edu.au.

The Honorary Curator of the Geoffrey Kaye Museum of Anaesthetic History, Dr Christine Ball, enthralled an audience of more than 80 people on June 15 as she delivered the third annual Pugh Day lecture with the somewhat bizarre title, “Cobras, chloroform and consumption – the life and times of Joseph T Clover”. In the days preceding the lecture the title had generated puzzled comment in Launceston.

Not only did Dr Ball deliver a lecture with a great deal of extraordinary historical content, she entertained the audience with the tale of the cobra attacking its drummer keeper and many other curious and amusing anecdotes. Clover’s remarkably productive life and ingenuity were highlighted in the lecture, as was his sad and untimely demise from consumption.

The president of the Launceston Historical Society, Ms Marion Sergeant, introduced Dr Ball with the assurance that while the lecture was about anaesthesia, she could guarantee no one would sleep through it. And she proved correct.

Dr Ball’s concluding comment, “Never trust a cobra” was greeted with applause and laughter.

The chair of the Launceston General Hospital Historical Committee, Dr John Morris, thanked Dr Ball for her wonderful address and the committee members who worked to publicise the meeting. He also thanked the Launceston General Hospital Department of Anaesthesiatics for supporting the event.

A display of Pugh’s historical material in the meeting room related to his anaesthetic activities provided background to the Pugh Day celebration.

Dr Morris also thanked Dr Dan Huon, secretary of the Launceston General Hospital Anaesthetic Department and a qualified historian, and Dr John Paull, who had mounted a month-long public display of historical anaesthetic equipment with explanatory captions in five glass cases at the Launceston Public Library.

The fourth Pugh Day lecture will be held on June 21, 2015.

Dr John Paull, FANZCA
Launceston, Tasmania

From left: Dr Chris Ball and Marion Sergeant, Pugh Day lecture audience.
New online books

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

Two new texts on general diagnostic and therapeutic medicine have been updated in the ClinicalKey collection of online books: Conn’s Current Therapy 2014 and Ferris’s Clinical Advisor 2015.


Copies kindly donated by the author to the library and New Zealand office.


Free online journal on pre-hospital medicine and trauma

Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine (SJTREM) encompasses all aspects of the epidemiology, etiology, pathophysiology, diagnosis, treatment, rehabilitation and prevention of acute illnesses and trauma, resuscitation and emergency medicine, with particular interest in the multidisciplinary aspects of the chain of survival. Contributions focusing on education, training, implementation, as well as ethical and socio-economic aspects of trauma management are welcome. Recent articles include: “Quality improvement in pre-hospital critical care: increased value through research and publication”.

Available online at: www.sjtrem.com/

Health Libraries can help manage information overload


“To the Editor”: Gee’s introduction to a recent issue of the Journal discussed the impact that the overwhelming growth of health information has on doctors. While it is true that doctors are an important mainstay of advice to patients, health librarians are an important resource to doctors. Health librarians are trained to acquire, organise and disseminate credible information resources that enable doctors to find the best evidence to support clinical decision making.

Read the full letter in the Medical Journal of Australia through the ANZCA Library: www.anzca.edu.au/resources/library/journals/

New ECRI safety publications

Operating Room Risk Management articles:
- “Recommendations for identifying, managing physician substance abuse”
- “Moderate sedation and analgesia analysis”
- “Safety in moderate sedation and analgesia”

Contact the library if you require access to the full articles: library@anzca.edu.au

Latest anaesthesia and pain medicine research


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Latest anaesthesia and pain medicine research


A winter meeting in Cairns proved another success for the Rural Special Interest Group, attracting a strong mix of delegates and speakers.

The Rural Special Interest Group held its seventh annual meeting at the Pullman Hotel in Cairns, Queensland from July 4-6. The meeting, which focused this year on “Pain – Proven Performers & Promising Pioneers”, attracted solid numbers, with around 60 delegates, a good number of GP anaesthetists and strong support from trade displays.

The plenary sessions covered topics including the safe practice of regional anaesthesia, a review of current pain medications, persistent pain, and tips for challenging patients and specific procedures.

The speakers were a mixture of Rural Special Interest Group members from New Zealand and Australia, along with invited speakers. These included a clinical psychologist, Alison Beeden, and pain specialist Matt Bryant, from Townsville, local anaesthetists Vesselin Petkov and Alex Cottle, as well as Kari Cooke, from Brisbane. Our keynote speaker was Tania Morris, a pain specialist from the Sunshine Coast. The presentations were all well researched and loaded with clinical tips, for which I thank all the speakers.

The meeting once again hosted an ultrasound for regional anaesthesia workshop run by Vesselin Petkov, Mike Haines, Willem Basson and Craig Mitchell, with support from Sonosite. We also held our first simulation sessions in the theatres at Cairns Base Hospital. Penny Strickland, Kenneth Gilpin and Rod Martin ran two emergency scenarios for small groups with the help of some local theatre staff.

We continue to host a poster session, with the prize going to doctors Ian McPhee and Stephen Naughtin for their poster on intrathecal morphine. We plan to run a poster competition next year and the posters can be on any topic but must be relevant to rural anaesthesia.

The social events were well attended with delegates able to meet old friends and network. The drinks reception on the first evening was held in the hotel and the dinner was held at Salt Restaurant in the marina. The outdoor setting gave us all a chance to appreciate winter in the tropics and some great food.

The meeting was a great success and I would like to acknowledge local support from the Cairns Base Hospital and, in particular, Heather MacDonald for finding some local speakers and Penny Strickland for arranging the simulation session.

I would also like to acknowledge the great support that Hannah Burnell has provided to the Rural Special Interest Group and its meetings over the past five years. In her role as special interest group coordinator she has been meticulous with the planning and a wonderful host for the meetings and we would like to wish her well as she takes up a new role with ANZCA.

The final business of the meeting was the Rural Special Interest Group AGM, where plans for next year’s meeting were discussed. The meeting will be titled “ERAS – Every Rural Anaesthetists Should…” and will be held at Cradle Mountain in Tasmania from July 3-5.

Dr David Rowe
Convenor

Recognising warning signs

Are you enthusiastic for long, difficult or complicated cases? Do you volunteer to work extra shifts or to do extra or late cases on a list? Are you over-anxious to give breaks to your colleagues? Did you know that these are some of the warning signs of drug abuse, according to the Association of Anaesthetists of Great Britain and Ireland (AAGBI)?

These attributes are also those which are generally valued by anaesthetists, which highlights how difficult it can be to recognise substance misuse amongst our colleagues. For more warning signs and for strategies on what to do when you suspect someone may have a substance abuse problem, I encourage you to read the Welfare of Anaesthetists Special Interest Group resource document RD20 Substance Abuse 2013. This and other resource documents can be found on the ANZCA website at www.anzca.edu.au/fellows/special-interest-groups/welfare-of-anaesthetists/introduction.html

Recommendations for future articles in the Bulletin are welcome. Please contact Kirsty O’Connor (kocconor@anzca.edu.au) or Dr Suzi Nou (Suzi.Nou@nh.org.au).
The NZNC has also been working through the Council of Medical Colleges (CMC) and with HWNZ (including supplying data and information) to provide medical students and pre-vocational doctors with as accurate a picture as possible of the current and likely future workforce situation so that they can make their career choices accordingly.

September forum for clinical directors

On September 26, the NZNC is hosting a meeting in Wellington to update the clinical directors of New Zealand anaesthesia departments. This all-day meeting will provide a forum for discussion and information sharing on common issues in anaesthesia practice and departmental management in New Zealand. It will include an update on ANZCA matters including what the NZNC is doing, Training Accreditation Committee changes and what they mean for a department, continuing professional development, the new curriculum and National Anaesthesia Day plans. There will be group discussions on the anaesthesia workforce, anaesthetic assistants and industrial challenges. The afternoon will include a workshop on the utility of system tools in healthcare.

Inaugural anaesthesia research workshop

Another innovation from NZNC this year is the inaugural ANZCA New Zealand Anaesthesia Research Workshop to be held at Auckland City Hospital on December 4, just before the Annual Registrar Meeting. The research day aims to provide specialists, trainees and research nurses with a guide on how to become involved with and develop quality research. It should also provide a stepping stone into the area for novices seeking guidance or assistance along with the opportunity to network with research peers.

Perioperative nurses as assistants to anaesthetists

Another continuing issue discussed at the joint meeting is the proposal by the Perioperative Nurses College (PNC) for an education pathway and assessment framework for registered nurses working as assistants to the anaesthetist, with the course to be provided by the Auckland University of Technology (AUT). This would be a separate course and qualification from that already in place for anaesthetic technicians.

In essence the NZNC’s view, conveyed in submissions and at meetings with the PNC and the Ministry of Health, is that anaesthetists need to be confident that any assistant meets standardised, minimum requirements, irrespective of the training pathway to reach those standards. ANZCA has offered to provide anaesthetist input to assist PNC and AUT to develop a course that is fit for purpose and aligns with ANZCA’s professional documents. P508 Recommendations on the Assistant to the Anaesthetist (now under review).

Workforce – top topic at joint meeting

The changing nature of the anaesthesia workforce, with increasing competition for consultant positions especially in metropolitan hospitals, is shaping up to be the major issue for the New Zealand National Committee (NZNC) this year. The NZ Society of Anaesthetists (NZSA) and ANZCA had conveyed differing views to government of what was happening in the workforce and what needed to be done about it. There was robust discussion on this topic at the annual joint meeting between the NZNC and the NZSA Executive held on June 26. The two groups agreed to form a small working group to gather authoritative data and to formulate recommendations to present to Health Workforce New Zealand (HWNZ) and the government on how the New Zealand anaesthesia workforce can be sustained to meet the health needs of New Zealanders. A joint statement of intent to this effect has been provided to HWNZ.

In undertaking this, the NZNC will work within the framework of the Anaesthesia Workforce Action Plan that ANZCA developed last year to address the changing employment situation for trainees and Fellows in both Australia and New Zealand. It will also access the results of the College’s annual Graduate Outcome Survey, which provides extremely useful data for helping to assess workforce trends.

Nominations due for 2015 Visiting Lectureships

Nominations for the 2015 NZ Anaesthesia Visiting Lectureships close on September 30, 2014. This lectureship promotes the sharing of knowledge and experience by funding outstanding presentations to be made at regional hospitals around New Zealand.

A visiting lecturer should be an anaesthetist who will give a stimulating, informative and well-delivered presentation to colleagues and be willing to travel to two other centres in New Zealand to present their lecture/workshop. Nominations should be made by the head of department or practice with the consent of the nominee, using the form available at www.anaesthesiaeducation.org.nz.

Applications for this year’s award of the BWT Ritchie Scholarship close on October 7, 2014. This scholarship enables New Zealand-based trainees to gain experience in other countries, with the proviso that they bring that experience back to New Zealand.

The scholarship is open to anaesthesia, pain medicine and intensive care trainees who have passed their final examination for ANZCA fellowship and are eligible to proceed to training year five, or those who wish to undertake a further year of study outside New Zealand in the year following completion of their fellowship. It may be awarded for one further year, if appropriate. Candidates must be nominated and supported by their training departments.

For further information, including details on how to apply and reports from previous recipients, see www.anaesthesiaeducation.org.nz.

Dr Sidhu’s topic “CICO and the Surgical Airway: a personal account” used a case report to highlight issues and discuss the evidence surrounding emergency airway management with a particular focus on cricothyroidotomies.

“This presentation was ‘eye opening’ to say the least,” Dr Waters says. “An intense ‘ask the expert’ session followed and made many of us rethink our ideas on cricothyroidotomies. It also reinforces why the Emergency Response section of the latest College CPD Program is so relevant.”

Dr Torrie presented on perioperative team work behaviours – theory, research and practical application, to an audience representative of a theatre team with nurses all present along with anaesthetists. There were also plenty of questions and discussion after this presentation.

Dr Colin Marsland (Wellington) will present on the perioperative team’s role in anaesthesia and will give a stimulating, informative and well-delivered presentation to colleagues and be willing to travel to two other centres in New Zealand to present their lecture/workshop.

For further information, including details on how to apply and reports from previous recipients, see www.anaesthesiaeducation.org.nz.

BWT Ritchie Scholarship applications close soon

This year’s series of lectures got under way on August 1 with a continuation of last year’s innovation of having two lecturers present jointly at a one-day regional meeting. This saw some 40 participants from Palmerston North, Wanganui, Hawke’s Bay and Taranaki hospitals attend a highly interactive meeting at Palmerston North to hear from Dr Jane Torrie (Auckland) and Dr Nav Sidhu (North Shore). Departments who wish to host a lecturer in 2014 should complete an expression of interest form, available on the same website, also by September 30.

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The “Anaesthesia – a change of mind?” meeting was held at the Sydney Hilton on June 21. The meeting attracted anaesthetists from across Australia and New Zealand and was very well received. This conference raised the question “Is anaesthetics good for you, or can they be detrimental for your brain?”

Some of the topics that the keynote lectures covered were anaesthesia and the developing brain, brain monitoring, local anaesthetic toxicity revisited, perioperative delirium, optimising the orthogeriatric patient and minimising the harm in the elderly brain.

The problem-based learning discussions and workshops were a great success and addressed new techniques and equipment facilitated by expert presenters on the program.

We congratulate the NSW ACE committee, convenors and NSW ANZCA staff on the success of this event. Planning for next year is already under way.

Above from left: Dr Don Hannah, Dr Jordan Wood, Dr Tim Short, Associate Professor David Scott, Professor Ngy Shafiadi, Associate Professor Andrew Davidson, Dr Mary Hegarty.
Queensland

Unassuming Fellows lauded for relief work efforts

A fully subscribed recent meeting in Queensland covered topics from war zones to endovascular work.

The 38th Annual ANZCA/ASA Queensland CME Conference was held on July 19 at the Brisbane Convention and Exhibition Centre. Entitled “Go Where and Do What?! – Anaesthesia in the Challenging Environment”, the meeting was fully subscribed and a great success.

Delegates were treated to inspiring tales of the exploits of some unassuming Fellows from Australia in relief work in disaster and war zones. Highlights included the sheer scale of the devastation in the Philippines after Typhoon Haiyan, as well as the demonstration of a handover during battle conditions in Kundus, Afghanistan. Dr Andrew Fenton, a former ANZCA president and currently a consultant in Queensland, detailed the back doctors who have been supporting the course for many years. Feedback indicates that the course exceeded the expectations of participants, with most extremely satisfied with the program content.

Decision time for registrar training

Interviews have taken place for applicants to the Queensland-based training scheme.

The Queensland Anaesthesia Rotational Training Scheme (QARTS) interview process, undertaken in August, is an approved program accredited by ANZCA, and is a sponsored body providing advice to employing organisations in Queensland, northern New South Wales and Darwin. QARTS reports to anaesthetic directors, who represent the employing jurisdiction. It includes those Queensland hospitals, plus Lismore, Tweed and Darwin, which have been accredited for training by ANZCA and consist of four rotations, each managed by a rotational supervisor.

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Primary exam preparation

The 2014 Primary Exam Preparation Course (PEPC) was held in Brisbane during June with 23 trainees registering to take part. During the two week long course, trainees heard from more than 30 of their peers, who presented a full and diverse program. The first day saw trainees dive head first into practice exam sessions for the short-answer questions and multi-choice question papers with course convenor Dr Tiffany Wilkes, staff specialist at Princess Alexandra Hospital in Brisbane. This year’s course included new presenters and welcomed back doctors who have been supporting the course for many years. Feedback indicates that the course exceeded the expectations of participants, with most extremely satisfied with the program content. Overall, trainees evaluated the course as excellent or very good, with appreciation for a mix of didactic and interactive sessions.

We would like to thank Dr Wilkes for her time as PEPC course convenor and welcome Dr Bronwyn Thomas, who will take on the role next year.

Perfect location for a weekend workshop

The rugged and beautiful Freycinet National Park at Coles Bay was again the location for the winter continuing medical education workshop on Saturday August 23. Located two and a half hours from both Hobart and Launceston, the Freycinet meeting provided an opportunity for quality learning in a unique and stunning part of Tasmania.

Participants were able to fulfill their ANZCA continuing professional development (CPD) requirements by attending an advance life support (ALS) refresher course in the morning, followed by a range of presentations in the afternoon. These included an update on the revised CPD program by Dr Vanessa Beavis, an appraisal of the latest workplace issues from Dr Richard Gruenzer and a topical discussion by Dr Sara Bird on medicolegal issues such as mandatory reporting obligations and anaphylaxis management.

The afternoon was occupied with workshops designed to help fellows meet the needs of the new CPD curriculum with respect to emergency response activities, and I think we all learned some valuable lessons about anaphylaxis, major haemorrhage or the can’t intubate, can’t oxygenate scenario. Once again the facilities at the Brisbane Convention and Exhibition Centre were excellent. A big thanks goes to to Queensland events staff for their hard work, and also thanks to all our workshop facilitators, organisers and speakers for doing their part to ensure a high quality of education was delivered.

Dr Jason Howard presenting on regional anaesthesia to course participants

Dr Andrew Fenton, Dr Mark Gibbs and Dr Sarvesh Natani; Delegates taking a break.

Tasmania

Final exam preparation

The Brisbane office held the second Final Exam Preparation Course for 2014 in July. The course welcomed 30 trainees who are in the last few weeks of prep for their final exam in August. Course convenor Sanjiv Sawhney fleshed the week-long program with high-quality exam focused sessions.

Participants experienced practice examinations under exam conditions and a range of informative, well presented and relevant talks to best prepare them for success in the final exam. Evaluation of course content, the presenters and the training facilities points out that participants felt the topics were covered in sufficient detail and met or exceeded their expectations.

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Unassuming Fellows lauded for relief work efforts

A fully subscribed recent meeting in Queensland covered topics from war zones to endovascular work.

The 38th Annual ANZCA/ASA Queensland CME Conference was held on July 19 at the Brisbane Convention and Exhibition Centre. Entitled “Go Where and Do What?! – Anaesthesia in the Challenging Environment”, the meeting was fully subscribed and a great success.

Delegates were treated to inspiring tales of the exploits of some unassuming Fellows from Australia in relief work in disaster and war zones. Highlights included the sheer scale of the devastation in the Philippines after Typhoon Haiyan, as well as the demonstration of a handover during battle conditions in Kundus, Afghanistan. Dr Andrew Fenton, a former ANZCA president and currently a consultant in Queensland, detailed the back doctors who have been supporting the course for many years. Feedback indicates that the course exceeded the expectations of participants, with most extremely satisfied with the program content.

Decision time for registrar training

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The ALS course included six workstations and provided opportunities for participants to gain hands-on knowledge and experience. Participants in the ANZCA CPD Program were able to claim this course as an emergency response activity in their CPD portfolio. Delegates greatly appreciated the small groups at each workstation as it allowed increased teaching time and plenty of hands-on practice.

Feedback by participants was overwhelmingly positive. Registrants were impressed not only by the location and venue but also by the quality of facilities and the overall organisation of the day. Many brought their families and stayed overnight to enjoy the natural surroundings on the Sunday. Another winter workshop is planned for 2015. A different, though equally stunning location, may be on the cards.

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South Australia and Northern Territory

In search of the magic bullet

The South Australian and Northern Territory Continuing Medical Education Meeting “POISE-2 – the elusive magic bullet for perioperative ischemia” was hosted by ANZCA/Australian Society of Anaesthetists on May 21. The second continuing medical education for the year and the highest attendance to date (at 145) saw the Women’s and Children’s Hospital lecture theatre bursting at the seams with an additional 12 anaesthesia consultants and trainees video conferencing in from Darwin, Alice Springs and regional SA.

The guest presenter, Dr Tom Painter, FANZCA, is the principal investigator for POISE-2 research at the Royal Adelaide Hospital, as well as being the clinical senior lecturer at the University of Adelaide School of Medicine in the discipline of acute care medicine. The POISE-2 study is a highly regarded international, multicentre, randomised controlled trial looking at the role of Aspirin and Clopidogrel in perioperative morbidity. There was much anticipation for members to attend this presentation on such a highly regarded research project and attendees were not disappointed. Dr Painter was an outstanding speaker, receiving the highest commendations from his audience and remained post meeting to discuss the many questions and inquiries generated by his talk. With such high attendance numbers it was all hands on deck, so visiting ANZCA General Manager of Australian Regions, Warren O’Hare, was put to work on the registration desk signing in attendees, and valued the opportunity to meet many of the South Australian ANZCA Fellows and trainees.

Part 0 Course

The mid-year Part 0 course was held in the SA regional office in July. The new trainees entering the rotation were given informative presentations on trainee issues relating to the TPS, rotations, exams and workplace-based assessments. It was presented by SA/NT Trainee Committee chair, Dr Sam Lumb; education officer, Dr Christine Hildyard; rotational supervisor, Dr Sam Willis; and Part i convenor, Dr Liz Chye.

Spotlight on mental health

A Faculty of Pain Medicine continuing medical education meeting on “The mental health of the profession/what is the problem and what can be done?” was held on July 28 in the SA premises. It was presented by Dr Tony Davis and Dr Jill Benson and was well received by all delegates. Before the meeting, Dr Penny Briscoe was acknowledged for her years of effective work within the Faculty of Pain Medicine and, in particular, for her contribution as Dean of the Faculty 2008-2010. A framed portrait was unveiled, to be hung in the committee room along with other distinguished South Australian contributors to the professional life of ANZCA and FPM.

Doctor endorses full transparency

Regional Anaesthesia Refresher’s Continuing Medical Education evening meeting was held on July 30 at the Women’s and Children’s Hospital in Adelaide. Four local anaesthetic consultants provided an up-to-date summary on common regional anaesthetic techniques, dosing strategies and useful tips. Each speaker discussed clinical indications for blocking, anatomy and sonoanatomy and troubleshooting. Real-time ultrasound scanning demonstrations on a live patient were projected onto the large audio-visual screens for attendees to view, including those in Darwin, Alice Springs and Mount Gambier.

Clockwise from top left: Guest speaker Dr Tom Painter, FANZCA, Principal investigator for POISE-2 research at the Royal Adelaide Hospital; At the Part 0 course Dr Tristan Adams (new trainee), Dr U-Jun Koh (new trainee), Dr Alex Barrett (new trainee), Dr Louis Papilion (new trainee), Dr Samuel Willis (SA/NT rotational supervisor), Dr Sam Lumb (SA/NT trainee committee chair), Dr Lu Chye (SA/NT Part 1 convenor) and Dr Christine Hildyard (SA NT education officer);

Dr Penny Briscoe and Dr Tony Davis.
Registrars converge on Canberra Hospital

The inaugural ACT Registrars Workshop was held on Saturday August 30 in the theatre complex of The Canberra Hospital. Co-ordinated by Dr Candida Marane (chair, ACT Trainee Committee), Dr Jennifer Myers (Fellow, co-opted Trainee Committee member), and Dr Nathan Oates (Trainee Committee member), the workshop was centred around crisis and resource management, particularly focusing on the human factors involved in emergency responses. A variety of teaching approaches were used, including discussions, drills, lecture presentations, and high fidelity simulations.

Eighteen enthusiastic local registrars spent the afternoon rotating between four hour-long stations:

- An obstetric case-based discussion, run by Dr Lanie Stephens.
- Airway emergencies and drills, run by Dr Natalie Marshall.
- A high fidelity in-theatre simulation based around an anaphylaxis emergency, run by Dr Candida Marane, and
- A high fidelity trauma simulation based around a multi-trauma in ED, run by Dr Simon Robertson.

The day was thoroughly enjoyed by all, with both participants and faculty providing great feedback on the fantastic learning received. We would like to extend a special thanks to the 20 faculty members of The Canberra Hospital who dedicated their time, effort and expertise to ensure the success of this workshop.

Dr Candida Marane, Dr Jennifer Myers, and Dr Nathan Oates

(Continued)

Australian Capital Territory

35th Annual ANZCA/ASA Combined CME Meeting

On Saturday July 26 we held the 35th Annual ANZCA/ASA Combined Continuing Medical Education Meeting at the Sofitel Melbourne on Collins. The theme of the meeting was “Primum non nocere – How anaesthetists avoid harm”.

In the meeting we explored the issue of harm to our patients and to ourselves, which is unfortunately a part of our work. The meeting was well attended and generated forthright discussion. Issues of fluid management, pain and airway management helped us to aim for better care for our patients and the final session on propofol addiction and anaesthetist welfare helped us to reflect on the dangers around our practice.

Dr Mark Hurley
Convenor
CME officer
Victorian Regional Committee

Standing, from left: Dr Debra Devonshire (Chair VRC), Dr Mark Hurley (Honorary Secretary/CME Officer/Convenor of the Meeting), Dr Peter Seal (Co-Convenor and Chair ASA Victoria), Dr David Bramley (Deputy Chair VRC and Assistant CME Officer). Sitting from left: Dr Lisa Zuccherelli and Dr Kym Jenkins, guest speakers in the fourth session of the program.
University revives the EH Embley Memorial Medal

The University of Melbourne has revived the EH Embley Memorial Medal with generous support from the Victorian branch of the Australian Medical Association.

This medal is also awarded at Monash University and, consistent with the Monash guidelines, the University of Melbourne medal is awarded to the medical student who submits the best case report or essay in the areas of anaesthesia, perioperative or pain medicine.

The first of the revived medals was awarded to Ms Vanessa Weerasinghe Mudiyansalage, who is also in the first wave of final-year students in the new four-year postgraduate medical degree at the university. Vanessa wrote a case report on managing ... had anaesthesia experience in both Australia and Sri Lanka, and has anaesthesia at the top of her list of career options.

As foundation Chair of Anaesthesia at the University of Melbourne, Professor David Story was pleased to revive the medal, which has been awarded intermittently over more than 80 years.

The Victorian Branch of the British Medical Association first awarded the medal in 1929 to recognise the achievements of Dr Edward Henry Embley (1861-1924). Dr Embley’s life and career are described in a 1981 article by Geoffrey Kaye in the Australian Dictionary of Biography. As an anaesthetist at the (Royal) Melbourne hospital Dr Embley conducted physiology and cardiology experiments, published in the British Medical Journal in 1902, that demonstrated that death from chloroform was due to cardiac rather than pulmonary toxicity, the prevailing view at the time. Dr Embley’s work enhanced patient safety through practice change, to quote Dr Kaye: “Henceforth, chloroform was to be given progressively, close watch upon the pulse and avoidance of surgical interference until anaesthesia was complete.”

Above: Vanessa Weerasinghe Mudiyansalage with Chair of Anaesthesia at the University of Melbourne, Professor David Story.

View from the west

In WA, the focus recently has been on the challenges of respiratory disease, and smoking and surgery, ahead of the upcoming country conference in Bunker Bay.

The ANZCA/ASA winter scientific meeting was held on July 26; convened by Dr Michela Salvadore with the topic “updates on all things respiratory”. It was chosen to encompass a variety of interesting talks on the issues and challenges we face when providing anaesthesia for patients with respiratory disease.

The new lectureship for this triennium is dedicated to Dr John Boyd Craig; Dr Ashley Webb was the plenary speaker and presented on smoking and surgery: an issue of titanic importance that was well received and appreciated by the audience.

With the recent changes in continuing professional development (CPD) requirements, the Continuing Medical Education (CME) committee has been working hard to provide sessions that are CPD approved. Dr Lindy Roberts clarified some of the issues relating to the changes by giving us an update on CPD during the late afternoon session. One hundred and twenty six delegates attended the winter meeting and thank you to those who have sent through feedback.

Primary exams were held on August 11 and final exams were held on August 22-23. We wish the trainees the best with their results.

The WARC met on August 5; we thank the committee for its continued support and attendance. The ASA Committee met on August 25 and the CME Committee will meet on September 1 to discuss the upcoming country conference at the Pullman Resort.

The country conference, scheduled for October 17-19 and convened by Dr Twain Russell and Dr Silke Brinkmann, will consider crises management, and is fully subscribed. Thank you to all the delegates who have registered for this exciting conference and we will see you in Bunker Bay!

Above from left: Dr Ashley Webb, Dr James Anderson and Dr Michela Salvadore. Photos courtesy of Dr Nigel Hamilton.
Diana was born in Sydney in 1929, the eldest of three Furness girls. The sisters attended the girl’s school Ascham. Diana moved on to university as soon as she finished high school, and considered it year medicine, which consisted in those days of chemistry, physics, zoology and botany. She found physics particularly ... studied at school. At the University of Sydney, she completed her medical course and then went on to become qualified both as a medical practitioner and then as an anaesthetist.

In the early 1950s, it was rare for a woman to become a medical specialist; certainly no woman from the Furness or Longworth families had previously undertaken... 

The couple were married in 1958 and had four children: Chris, Nick, Penny and Hugh. It was a curious coincidence that all of the Tolhurst children were hit by a car at sometime or other before they left school and, in fact, Diana herself was hit by a car. Suffice to say that few families did more to bring about the 40 kilometer speed zones in Melbourne than the Tolhursts. In 1960, Nick passed away and is forever remembered.

For some 32 years Dr juggled running a household with a demanding part-time job as a specialist anaesthetist at the Footscray and District Hospital, later to become the Western Hospital in Footscray. She worked there until her late sixties and then ended her anaesthetic career at the Peter MacCallum Cancer Centre. She was especially keen on travel... 

In December 1949 in Wellington he married Judith Foden, a home science graduate, whom he had met while at university.

Desmond (Des) McQuillan was born in Auckland, New Zealand, on August 19, 1925 and died in Auckland on March 28, 2014. Des, who was an only child, attended Bayfield Primary School and Sacred Heart College, Auckland, where he excelled at cricket, rugby and tennis as well as academically. From his early teenage years, he decided to study medicine and completed his medical studies at Otago University’s Medical School in Dunedin in 1950.

In December 1949 in Wellington he married Judith Foden, a home science graduate, whom he had met while at university.

Diploma of Obstetrics and Des (who claimed he got the job of delivering many a baby because of the late arrival of the obstetrician) was one of the inaugural successful recipients. He later helped with the tutoring for this diploma.

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Des died on March 28, 2014 from a ruptured abdominal aortic aneurysm. Fully aware of the situation he was in over his last few hours, he remained the... 

Written by family: Linda O’Rourke, Michael McQuillan, Helen Buxton and Janet Sweeney, with contributions from Professor Werry CNZM, Emeritus Professor of Psychiatry, University of Auckland Medical School, and Dr Gillian Buildern MBS, FRCA, FANZCA, FFPMANZCA, Auckland.
Dr Gisele Mouret
1968-2014

Gisele Marie-Louise Mouret was born at Royal North Shore Hospital in 1968, a hospital where she would both train as a medical student and where her own children would later be born.

Her parents had settled in Sydney’s north after her father emigrated from Mazamet, France, schooling Gisele at St Ives North Public School and later Brigidine College. These early years were significant, with the formation of lifelong friendships demonstrating an intense and unwavering loyalty that defined much of Gisele’s adult life.

With interests in human performance and fitness, Gisele studied physiotherapy at the University of Sydney 1987-1991. After a short period working as a graduate physiotherapist, she sought a new challenge for her passions and in 1996 entered the inaugural year of the University of Sydney’s Graduate Medical Program.

While a medical student, Gisele’s sense of loyalty and service prompted her to enlist in the Royal Australian Navy. After completing her internship and residency, Gisele completed officer training at the Royal Australian Naval College at HMAS Creswell. The coming years of RAN training and service offered challenge, adventure and personal sacrifice for her formative junior doctor years.

Her first operational posting was to HMAS Manoora as part of Operation Anode, with HMAS Manoora serving as a logistic and medical support base for the Australian-led RAMSI forces restoring law and order to the Solomon Islands. Gisele was then deployed to HMAS Adelaide in the North Arabian Gulf under Operation Catalyst, contributing to post-war reconstruction of Iraq. It was on this deployment that Gisele managed to deliver a baby on-ship – an experience she was adamant should only occur once in the career of a budding anaesthetist!

In 2004 Gisele was deployed to HMAS Kanimbla in Operation Sumatra Assist, the ADF response to the devastating Indian Ocean earthquake and tsunami. Following this she returned to HMAS Penguin in 2006 as the Officer in Charge of the Submarine and Underwater Medicine Unit (SUMU). Her interests and expertise in hyperbaric, diving and underwater medicine then led her to commence ANZCA training the following year as a proud St George Hospital anaesthesia trainee.

Gisele’s interests and contributions to trainee well-being were evident in her active membership of regional training committees, continuing her career-long appreciation of welfare as an important issue for doctors and students of all levels. She had begun this interest even as a medical student, publishing and presenting widely on the management of stress in graduate medicine. Her loyalty and strong sense of justice made Gisele a formidable champion in any training matter.

After achieving fellowship in 2011, Gisele contributed as a visiting medical officer (VMO) at several northern Sydney anaesthesia departments, most notably to her training hospital, St George, where she is warmly remembered as a much liked and hard-working anaesthetist. She also continued as a Lieutenant Commander in the Royal Australian Naval Reserves.

As with all obstacles in her life, Gisele met health challenges with quiet, unwavering focus and determination. She never allowed her illness to define her life or her identity. Her persona was greater than any illness: a decorated naval officer, doctor, consultant anaesthetist, a mother and partner. A loyal and genuine friend to many, now deeply missed. From beginning to end, Gisele decided with discipline and dignity how she would live – a life defined by the discipline of her spirit and the genuineness of her character.

Gisele died on June 5, aged 45. She is survived by her partner Alison Potts and their two children, Blythe and Alexander.

Dr Daniel Jolley, FANZCA
Royal Darwin Hospital, Northern Territory