This report covers the activities of the New Zealand National Committee (NZNC) for the period 1 April 2010 to 31 December 2010, reflecting ANZCA’s change to its reporting year. As well as being responsible for activities similar to those of the Australian regional (state) committees, the NZNC represents ANZCA at the national level in New Zealand, particularly in the College’s dealings with the New Zealand Government, the Ministry of Health and the Medical Council of New Zealand (as the regulatory body for doctors). The committee also advises the ANZCA Council on New Zealand issues, facilitates continuing medical education events for Fellows and provides a forum for liaison between training hospitals and the College.

NZNC Chair’s comment

NZNC office bearers and members
  NZNC representatives

ANZCA staff in New Zealand

NZNC meetings
  Attendance of elected members

Treasurer’s report
  New Zealand auditors
  Income
  Expenditure
  Online payments
  ANZCA’s financial processes

Annual General Business Meeting

Congratulations

Deaths noted

Submissions made

Appointments

External meetings
  New Zealand Society of Anaesthetists
  Medical Council of New Zealand
  New Zealand Medical Association
  Council of Medical Colleges in New Zealand
  Division of Rural Hospital Medicine
  Ministry of Health – disaster response
  Physician Assistants
  Acute care in provincial hospitals
  National Clinical Leadership Forum
  University of Auckland – recognition
  Other meetings

Other major issues for the NZNC
  Workforce issues
  NZNC roadshow
In 2010, there was a strong focus on developing initiatives and strengthening the New Zealand staff so that the NZNC can better fulfil ANZCA’s strategic objectives, particularly those of:

- increasing the engagement of the College’s members and the interaction with key external stakeholders;
- developing and communicating ANZCA’s position on the differing roles and professional training required of Fellows and others providing sedation and anaesthesia-related care; and
- addressing projected training and workforce shortages.

Workforce issues have been to the fore, with the NZNC responding to various initiatives being developed by Health Workforce New Zealand, which was set up in 2009 to lead and coordinate the planning and development of the country’s health and disability workforce.

Equally significant was the NZNC decision to have a countrywide tour of public hospital anaesthesia departments to increase engagement with our Fellows and other anaesthetists. The roadshow, as it was termed, got under way in October and, by the end of December, 21 of the 26 meetings had been held. The NZNC is addressing the key concerns identified during the roadshow and some will form the basis of a communications and lobbying strategy in 2011.

The addition of a Communications Manager, New Zealand to the staff in Wellington in July 2010 has enabled us to improve the regularity and extent of communications with the anaesthetic community, as well as to respond promptly to issues in the media and begin planning the strategy needed to
advance our goals with external stakeholders. A Policy Officer will be employed in 2011 to strengthen our capability in the research, submissions and policy areas.

In addition, the regular work of the National Committee and the New Zealand office has continued with the NZNC representing ANZCA at various meetings, plus making submissions and advocating on behalf of the College and the practice of anaesthesia. These various matters are detailed in this report.

I take this opportunity to say thank you to all those Fellows, Trainees and other anaesthetists who so willingly contribute their time, knowledge, skill and experience on a voluntary basis to enable the College to carry out its work. As I noted in my roadshow presentations, there is an enormous number of you working in various roles including as various committee members, representatives at meetings, examiners, inspectors, lecturers at exam courses, course organisers, assessors, supervisors of training, module supervisors, clinical directors, other clinicians and department staff who provide mentorship and assistance to Trainees and anaesthetists. My thanks to everyone who has given so generously to ensure that the training, education and standard of anaesthesia are maintained for the benefit of the public of New Zealand. This invaluable work helps keep our College alive and relevant.

NZNC OFFICE BEARERS AND MEMBERS

2010 was an election year for membership of the NZNC but as the number of nominations received for the two-year period ending June 2012 did not exceed the number of members permitted on the committee, no ballot was required. Drs Brian Lewer, Arthur Rudman and Paul Smeele did not stand for re-election. Drs Gary Hopgood, Nigel Robertson and Jennifer Woods became elected members, having previously been co-opted members. Drs Kerry Gunn and Indu Kapoor were new elected members in 2010 and Dr Amber Chisholm became an elected member, having previously been the New Fellows’ Representative.

Internal elections were held at the July meeting to select office bearers. The full committee and office bearers, as well as the New Zealand office staff, are listed below, including changes where former committee members resigned and new ones took their places, or office bearers changed.

Chair  
Dr Vanessa Beavis

Deputy Chair  
Dr Geoff Long (from July), Dr Paul Smeele (until July)

Honorary Secretary  
Dr Gerard McHugh

Honorary Treasurer  
Dr Gerard McHugh

National Education Officer  
Dr Geoff Long

Formal Project Officer  
Dr Jennifer Woods (from July), Dr Arthur Rudman (until July)

National Quality & Safety Officer  
Dr Joe Sherriff

Chair, NZ Panel for Vocational Registration  
Dr Vaughan Laurensen

Elected Members  
Dr Amber Chisholm (from July), Dr Kerry Gunn (from July), Dr Gary Hopgood, Dr Indu Kapoor (from July), Dr Brian Lewer (until July), Dr Nigel Robertson (from July), Dr Malcolm Stuart

New Fellows’ Representative  
Dr Sabine Pecher (from July), Dr Amber Chisholm (until July)

Ex-officio as ANZCA Councillors  
Prof Alan Merry, Dr Leona Wilson

Co-opted Representatives  
Dr Kieran Davis (Faculty of Pain Medicine, from July), Dr David Jones (Faculty of Pain Medicine, until July), Dr Kathryn Hagen (Chair, NZ Trainee Committee)

Co-opted Observers  
Dr Rob Carpenter (Chair, NZSA, from August), Dr Nigel Waters (Chair, NZSA, until August), Dr Mike Gillham (Chair, CICM)

Attendees  
Dr Steuart Henderson (ANZCA Director of Professional Affairs)
With the ANZCA Council having established a Professional Affairs Department at head office in Melbourne charged with providing greater support to Fellows, the NZNC has established a new role on the committee – that of a Professional Affairs Officer with particular responsibility for organising CPD events for Fellows. Dr Kerry Gunn was appointed to that position.

NZNC representatives
NZ Anaesthesia Education Committee Dr Kerry Gunn, Dr Jennifer Woods
NZ Anaesthetic Technicians Society Dr Malcolm Stuart
NZ Resuscitation Council Dr Malcolm Stuart

ANZCA STAFF IN NEW ZEALAND
Executive Officer Heather Ann Moodie
Administrative Officer Juliette Adlam (ANZCA and CICM)
Administrative Officer Jan Brown
Communications Manager, NZ Susan Ewart (from July)
Finance Officer Karen Hearfield
Finance & Administration Assistant Anna Pears (from September)
Administration Officer Rose Chadwick (NZ Anaesthesia Education Committee)
Director of Professional Affairs Dr Steuart Henderson (Assessor and New Zealand)
Director of Professional Affairs Dr Vaughan Laurenson (Deputy Assessor, appointed December)

In 2010, two new positions were created in the New Zealand Office – a Communications Manager, New Zealand and a part-time Finance and Administration Assistant. A third new position will be filled in 2011, that of a Policy Officer – a role that will encompass the professional affairs area, IMGs, research for submissions and strategic planning, as well as policy work.

Having our own Communications Manager has enabled us:

- to improve the frequency and content of our communications with the New Zealand-based Fellows, Trainees and other anaesthetists in the ANZCA CPD Program;
- to keep the NZNC informed of issues in the media as they develop;
- to respond to enquiries from and issues in the media promptly and appropriately;
- to update the ANZCA website promptly;
- to plan and coordinate the NZNC roadshow, report on its results and begin planning a strategic campaign to advance key issues.

The role also involves raising the profile and understanding of anaesthesia generally with the media and the public.

The appointment of the Finance and Administration Assistant is providing valuable support to senior staff who are moving to work part time.

NZNC MEETINGS
The NZNC met in Wellington twice during the reporting period – Friday afternoon and Saturday morning 23/24 July and Friday 26 November. The July meeting was preceded by a joint meeting with the New Zealand Society of Anaesthetists (NZSA) Executive on the morning of Friday 23 July.

At its July meeting, the NZNC welcomed:

- ANZCA President Prof Kate Leslie, who highlighted particular items of ANZCA Council activities.
- ANZCA consultant and recent Director of Strategy and Operations, Ian Collens, attending to outline the changes to the College’s ITA process as it transitioned to being fully electronic.
- Executive Chair of Health Workforce New Zealand (HWNZ), Professor Des Gorman, attending to give an overview of HWNZ’s work and future plans.
As well as the work of HWNZ and workforce issues generally, major issues discussed at the July meeting included ANZCA’s curriculum redevelopment, the new ITA process, the revised process for assessing International Medical Graduates (IMGs), disaster response planning at the Ministry of Health and rural hospital anaesthesia training.

At its November meeting, the committee welcomed:

- ANZCA President Prof Kate Leslie, who spoke about ANZCA Council activities.
- Dr Sarah Nicolson (SOT, Auckland City) and Dr Martin Misur (Auckland anaesthetist), who demonstrated the software they have developed for recording Trainee progress, and spoke about its relevance for the new ITA process.
- Dr Tom Watson (by teleconference) to report on rural anaesthesia training as the NZNC representative on the Board of Studies for the Division of Rural Hospital Medicine New Zealand.

Other major topics on the November meeting agenda included a report on the NZNC roadshow and the matters it was bringing to light; the need to develop a strategic plan for advancing particular issues, mainly around workforce developments; the anticipated increase in SOT workload with the new ANZCA training programme requiring more workplace-based assessments; HWNZ’s anaesthesia workforce review; progress on the application by anaesthetic technicians to be regulated under the Health Practitioners Competence Assurance (HPCA) Act 2003; and changes in assessing IMGs.

Major matters that the NZNC handled in 2010 are discussed in greater detail under the various headings below.

**Attendance of elected members**
There were two NZNC meetings in the reporting period. Attendance by elected members was:

<table>
<thead>
<tr>
<th>Name</th>
<th>Attended</th>
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<tbody>
<tr>
<td>Dr Vanessa Beavis</td>
<td>2/2</td>
</tr>
<tr>
<td>Dr Amber Chisholm</td>
<td>0/2 (maternity leave)</td>
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<tr>
<td>Dr Keryn Gunn</td>
<td>2/2</td>
</tr>
<tr>
<td>Dr Gary Hopgood</td>
<td>1/2 (paternity leave)</td>
</tr>
<tr>
<td>Dr Indu Kapoor</td>
<td>2/2</td>
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<tr>
<td>Dr Vaughan Laurenson</td>
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<tr>
<td>Dr Geoff Long</td>
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<tr>
<td>Dr Gerard McHugh</td>
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<tr>
<td>Dr Nigel Robertson</td>
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<tr>
<td>Dr Joe Sherriff</td>
<td>2/2</td>
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<tr>
<td>Dr Malcolm Stuart</td>
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<tr>
<td>Dr Jennifer Woods</td>
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**TREASURER’S REPORT – Dr Gerard McHugh**

**New Zealand auditors**

RSM Prince has prepared the 2010 audited financial accounts for the New Zealand office. These financial accounts form part (the New Zealand Branch) of the overall audited financial accounts of the College and are presented to Council and signed by two Councillors as directors of the College. RSM Prince is the New Zealand counterpart of the Melbourne-based RSM Bird Cameron, the College auditors. The New Zealand ‘branch’ of ANZCA is registered with the NZ Companies Office, which requires that audited accounts are prepared separately for the New Zealand office activities. The audited accounts are filed with the Companies Office and can be viewed on its website.

**Income**

All New Zealand Fellows’ registration and subscription fees, together with Trainees’ annual fees are now paid directly to the ANZCA New Zealand office.
The overall income increased in the 2010 year by $166,448 compared with 2009. This was as a result of an increase in the number of workplace-based assessments conducted and an increase in income arising from the ASM, secretarial services provided to CICM, New Fellows’ registration fees and annual subscriptions for Fellows.

**Expenditure**

Overall expenditure for 2010 increased by $163,192 and this aligns with the increase in revenue. The majority of this increase was the result of a percentage of the annual subscriptions ($88,331) being assigned to the ANZCA Foundation, which had not occurred in previous years. Other increases in expenditure were reflected in the costs associated with the greater number of workplace-based assessments (an additional $33,931) and the salaries total (an additional $86,839) resulting from salary adjustments, an increase in staff members and the fact that the New Zealand office pays the salaries of New Zealand-based staff from some head office units (Communications and Directors of Professional Affairs).

**Online payments**

An online gateway with ANZ Banking Group became operational in 2010, enabling Fellows’ subscriptions to be paid online directly into the ANZCA New Zealand bank account. It also allows ANZCA head office to process funds directly into this account in New Zealand dollars, a significant advantage when collecting registration fees for events in New Zealand.

**ANZCA’s financial processes**

As a result of the College’s improved accounting package and reporting system, it is now possible to reflect more accurately income and expenditure to the correct cost code areas. The monitoring of monthly reports showing income/expenditure against budget allows the New Zealand office to keep track more easily of any variances that may need to be addressed.

I gratefully acknowledge the hard work of Karen Hearfield in the ANZCA New Zealand office in ensuring the financial processes are completed accurately and in a timely manner.

**ANNUAL GENERAL BUSINESS MEETING**

The annual general business meeting of New Zealand Fellows was held during the ANZCA ASM in Christchurch on 4 May. NZNC Chair Dr Vanessa Beavis presented her annual report and Ian Collens, ANZCA’s Director of Strategy and Operations, outlined preliminary findings from the New Zealand workforce survey.

**CONGRATULATIONS**

During the reporting period, the NZNC offered its congratulations to:

- **Dr Leona Wilson**, ANZCA’s Immediate Past President, who was awarded the honour of Officer of the New Zealand Order of Merit in the Queen’s Birthday (June) Honours List for her services to medicine, in particular anaesthesia.

- **Dr Vaughan Laurenson**, on being appointed a Director of Professional Affairs (Deputy Assessor) for ANZCA as from 1 December 2010.

- **Dr David Jones** of Dunedin on his appointment as Dean of ANZCA’s Faculty of Pain Medicine at its AGM in May.

- **Dr Katherine Hagen**, outgoing Chair of the NZ Trainee Committee, who won ANZCA’s Dr Ray Hader Award for Compassion, which recognises Trainees who promote a compassionate approach to the welfare of anaesthetists, colleagues, patients and within the community.

- **Dr Alastair Ineson**, a Trainee at Auckland City Hospital, who won the ANZCA NZNC Award for the Best Scientific Presentation at the Annual Registrars’ Meeting held on 3 December in Auckland.

- **Associate Professor Jennifer Weller**, Auckland University, who received ANZCA’s Harry Daly Research Award and $50,000 for a study into the effectiveness of video-based training to improve
teamwork behaviours in acute care: a randomised controlled trial. She also received a 2011 Simulation/Education Grant of $22,800 for a study into the impact of assessment on life and learning.

**Abraham Jacobson**, University of Auckland, and **Thomas Clendon**, University of Otago, who were 2010 recipients of the ANZCA Prize in Anaesthesia. This prize aims to foster undergraduate and postgraduate teaching of anaesthesia, its related disciplines and perioperative medicine, and to raise awareness of the speciality among medical students and recent graduates. The winners each receive a certificate and book voucher equivalent to A$500.

**DEATHS NOTED**

NZNC noted with regret the deaths in 2010 of the following New Zealand Fellows: **Dr Wilfred Christie Mills** FFARACS 1953, FANZCA 1961; **Dr John Newstead** FFARACS 1972, FANZCA 1992; **Dr Eva Ruth Seelye** FANZCA 1992, FFARACS 1968; and **Dr (Roland) John Wilson** FANZCA 1992, FFARCS 1986.

**SUBMISSIONS MADE**

As well as being invited to nominate representatives to ANZCA and government bodies, the NZNC receives a large number of reports and papers to consider throughout the year. All are given consideration and, where appropriate, a submission or comment is made. In 2010, the NZNC considered 54 external and internal consultation documents and requests for representatives. Key submissions it made in response included:

- Medical Council of New Zealand (MCNZ) – Vocational Recognition of Pain Medicine scope of practice
- MCNZ – ANZCA reaccreditation interim report
- Ministry of Health (MoH) – Review of the Health and Disability Commissioner Act 1994 – Right 7(6)(c)
- MoH – Legislative barriers to workforce innovation
- MoH – Annual report on protected quality assurance activities
- PHARMAC – A national approach to hospital pharmaceutical funding

NZNC also submitted comments on new or reviewed ANZCA Professional Documents and other ANZCA consultation documents, such as that relating to the revised curriculum framework.

The nominations the NZNC made are noted **below**.

**APPOINTMENTS**

- Perioperative Mortality Review Committee: **Dr Leona Wilson**, Deputy Chair
- Ministry of Health, New Zealand Maternity Standards Working Group: **Dr Ted Hughes**, joint NZNC/NZSA nominee
- NZ Health Quality and Safety Commission Board: **Prof Alan Merry**, Chair
- Perinatal and Maternal Mortality Review Committee: **Dr Graham Sharpe**, joint ANZCA/NZSA nominee
- DHB Maternity Service Specifications Working Group: **Dr Elaine Langton**, joint ANZCA/NZSA nominee
- Medsafe’s Medicines Assessment Advisory Committee: **Dr Malcolm Futter**
- Ministry of Health Acute Services in Provincial Hospitals Advisory Group: **Drs Paul Smeele, Vanessa Beavis** and **Nigel Robertson**
- Ministry of Health, National Health Board, Elective Services Productivity and Workforce Development Programme Steering Group: **Dr Vanessa Beavis**
- Ministry of Health, Concept of Disaster Medical Assistance Teams Potential Trauma and Surgical Modules Working Group: **Dr Maurice Lee**
- Ministry of Health, DHB Maternity Service Specifications Working Group: **Dr Elaine Langton** with alternate, **Dr John Walker**, joint ANZCA/NZSA nominees
- University of Auckland – Research into Medication Safety in NZ Hospitals: Dr Cornelius Kruger
- ANZCA Foundation (now known as The Anaesthesia and Pain Medicine Foundation): Dr Leona Wilson for three years
- ANZCA’s Indigenous Health Working Group – Drs Jack Hill and Ted Hughes
- ANZCA Curriculum Redesign Group – Dr Sarah Nicholson
- ANZCA Quality and Safety Committee – Dr Leona Wilson as Deputy Chair and Dr Michal Kluger
- ANZCA IMGS Committee – Dr Indu Kapoor
- ANZCA committee chairs – the following New Zealanders were appointed chairs of ANZCA committees at the May Council meeting: A/Prof Jennifer Weller, Assessments Committee; Prof Alan Merry, Quality and Safety Committee, Research Committee and Adjudicators for the Gilbert Brown Prize; Dr Leona Wilson, IMGS Committee; Dr Wayne Morriss, Overseas Aid Committee; Dr Vaughan Laurenson, NZ Panel for Vocational Registration; Dr Kathryn Hagen, ANZCA Trainee Committee.

EXTERNAL MEETINGS
NZNC members and staff regularly represent ANZCA at a wide variety of meetings, including the ANZCA Council and other head office meetings and NZ Anaesthesia ASM planning meetings. In the reporting period, some of the major external meetings attended are detailed here.

New Zealand Society of Anaesthetists (NZSA)
The NZNC maintains a close relationship with the NZSA and the Chair/President of each is invited to present a report to, attend and speak at the meetings of the other. As NZNC Chair, Dr Vanessa Beavis attended the NZSA Executive meeting in April while Dr Leona Wilson attended the October one, each reporting on past and planned NZNC activities. As NZSA President, Dr Nigel Waters sent a report but was unable to attend the July NZNC meeting. His presidential successor, Dr Rob Carpenter, reported to and attended the November NZNC meeting.

ANZCA and NZSA work together on issues of mutual concern, including nominating joint representatives for government appointments and having joint subcommittees, such as the workforce subcommittee. Another joint committee is the New Zealand Anaesthesia Education Committee, whose major task is overseeing the organisation of the New Zealand Anaesthesia Annual Scientific Meetings (ASMs).

An important liaison is the annual joint meeting between the NZNC and NZSA Executive, held in July immediately preceding the NZNC meeting. A key topic at the 2010 meeting on 23 July was workforce planning, with ANZCA’s Ian Collens speaking about the New Zealand workforce survey report and NZSA’s Workforce Subcommittee Chair, Dr Andrew Reid, giving a presentation on health workforce planning.

Health Workforce New Zealand developments continued to be the major focus for both groups, particularly the anaesthesia workforce review.

Medical Council of New Zealand (MCNZ)
As one of the branch advisory bodies (BABs) that advises the MCNZ, ANZCA was involved in the annual BAB meeting held on 15 November 2010 with NZNC members Drs Leona Wilson, Geoff Long, Vaughan Laurenson and Steuart Henderson attending, as well as New Zealand office staff. This meeting discussed the assessment of IMGs applying for a vocational scope of practice, and assessing cultural competence and professionalism (in training programmes, performance assessments and regular practice reviews).

New Zealand Medical Association (NZMA)
NZNC Deputy Chair Dr Geoff Long represented the NZNC at the NZMA forum on 1-2 November held to develop a consensus statement on the role of the doctor in the 21st century. NZMA Chair Dr Peter Foley explained that: “Without clarity on the role of the doctor, we cannot know how best we should select, educate and train doctors or plan the future of the medical workforce.” Dr Long said
that there was good consensus among those present as to what sort of document should be produced. “Of particular interest to anaesthetists was an affirmation of the apprenticeship model of training with a broad base, and recognition of the importance of the maintenance of technical expertise by doctors,” he reported.

Council of Medical Colleges in New Zealand (CMC)
The CMC meets in Wellington four times a year, bringing together representatives of all New Zealand’s medical colleges to discuss issues of mutual interest. Dr Vaughan Laurenson represented the NZNC at the May meeting, Dr Geoff Long at the August meeting and Dr Vanessa Beavis at the November one, with New Zealand staff members also attending each meeting. Dr Beavis was also able to participate in the CMC meeting with the Minister of Health on the evening preceding the November meeting.

These meetings provide an opportunity for the MCNZ and the NZMA to update the colleges on items of common interest, including training, workforce planning and developments concerning international medical graduates. In addition, colleges report on relevant activities and representatives from government agencies, such as the Ministry of Health, are often invited to update the colleges on current initiatives. The July 2010 meeting included a session looking at Health Workforce New Zealand (HWNZ) developments while the November meeting discussed recruitment into specialist training and the role of MOSS in the specialist workforce.

Division of Rural Hospital Medicine (DRHM)
The NZNC, through Dr Tom Watson, continues to work with the Division of Rural Hospital Medicine (DHRM) Board of Studies over the curriculum for its core three-month period of training in anaesthesia and a more advanced 12-month programme. The aim of the three-month course is to equip the Trainee to resuscitate a patient, intubate or put lines in, rather than administer anaesthesia. The advanced one-year elective is for a Trainee interested in performing a very limited range of anaesthesia. The DRHM is a division of the Royal New Zealand College of General Practitioners.

Ministry of Health – disaster response
Following the NZNC’s approach to the Minister of Health earlier in 2010 expressing the College’s interest in having anaesthetists involved in disaster planning, the NZNC has been involved in meetings with the Ministry of Health to discuss New Zealand’s ability to respond to a disaster. Dr Maurice Lee and NZNC Chair Dr Vanessa Beavis attended a July meeting, with Dr George Merridew (who is involved in Australian disaster response planning) joining by teleconference from Australia. Dr Lee again represented the NZNC at a further meeting in September. These meetings discussed developments around the provision of a medical assistance team capability to respond to disasters within New Zealand and the Pacific region.

Physician Assistants (PAs)
While it does not involve the practice of anaesthesia, the NZNC is watching with interest the two-year PA trial that started at Middlemore Hospital in September. ANZCA’s Communications Manager NZ (Susan Ewart) researched the topic in depth in preparing a feature backgrounding PAs and the trial for ANZCA’s September 2010 Bulletin. Subsequently, ANZCA NZ was invited to send a representative to a 1 October meeting in Adelaide discussing the role and future of PAs in Australian healthcare. Dr Andrew Reid attended on behalf of ANZCA and the NZSA. Reports on last year’s PA pilots in Queensland and South Australia were presented and the summit discussed various aspects of the PA role including selection, education, accreditation, registration, prescribing rights, perceived shortfall in the medical workforce and financial considerations. The NZNC was also involved in briefings about the planned pilot at the start of 2010.

Acute care in provincial hospitals
Several Ministry of Health meetings were held in 2010 to discuss issues around 10 hospitals identified as being vulnerable in terms of being able to deliver acute care. The issues centred on workforce and role substitution. Drs Nigel Robertson and Paul Smeele represented the NZNC at the meetings.
National Clinical Leadership Forum
Drs Nigel Robertson and Gary Hopgood represented the NZNC at a HWNZ National Clinical Leadership Forum held in Wellington in June. HWNZ has emphasised that it is looking to clinicians for leadership and has now established a New Zealand Centre of Excellence in Health Care Leadership at the University of Auckland.

University of Auckland – recognition
NZNC Chair Dr Vanessa Beavis represented ANZCA at a dinner that the University of Auckland held in November 2010 to thank those who had made significant funding contributions to the university’s research programme. ANZCA and the university’s medical faculty have been working together to support medical research with the College having awarded over $500,000 in research grants since 1999. As well as the dinner, the College has been recognised in the Chancellor’s publication, on the university’s website and by inclusion as a member of The Sir Douglas Robb Society. A former chancellor of the university, Sir Douglas Robb played a significant role in establishing its medical school in 1964.

Other meetings
Other meetings attended in the April-December 2010 period, and not mentioned elsewhere in this report, included:
- a Minister of Health and Heart Foundation function;
- the MCNZ farewell to its Chair, Prof John Campbell;
- a Health and Disability Commissioner medico-legal seminar;
- the Operating Theatre Management Conference;
- the Ministry of Health’s National Patient Stimulation Training Centre;
- Health Workforce New Zealand about its work programme; and national clinical leadership;
- the NZ College of Midwives Conference – opening ceremony;
- the NZMA Annual Trainees Forum; and its Christmas function;
- the Association of Salaried Medical Specialists Conference and welcome function;
- the NZ Anaesthetic Technicians’ Society Executive meetings and its ASM.

OTHER MAJOR ISSUES FOR THE NZNC
Workforce issues
The dominant matter for the NZNC in 2010 has been that of workforce issues and the various developments encompassed in that, particularly those driven by Health Workforce New Zealand (HWNZ).

The Government established HWNZ in 2009 to provide a single, coordinated response to improving New Zealand’s ability to train, recruit and retain the health workforce. HWNZ is a stand-alone business unit within the Ministry of Health but reporting directly to the Minister of Health. It incorporates the former Clinical Training Agency and so manages all the funding for Trainees.

Prof Des Gorman, the former head of the School of Medicine at Auckland University, is its Executive Chair. He attended the July 2010 NZNC meeting, outlining his background and the key issues facing New Zealand’s health workforce. The particular issue he wants addressed is what is termed the “100/40” problem. This refers to HWNZ’s prediction that within 10 years there will be a 100% increase in demand for health services while the health budget will increase by no more than 40%.

Essentially, health providers are being told that they will have to do substantially more with much less and find innovative ways of doing so.

Accordingly, in 2010, HWNZ established 11 workforce service reviews, including one for anaesthesia, with review teams asked to develop scenarios that consider how to use their existing workforces better to improve productivity and the possible introduction of new roles, scopes of practice and deployment practices to improve throughput, quality and access to care.
Initially established by the NZSA, the NZ Anaesthesia Resource Review Group’s (ARRG) was expanded to include representation from ANZCA’s NZNC (Drs Geoff Long, Leona Wilson and Gerard McHugh). Research for its report included surveys and meetings with New Zealand’s public hospital anaesthesia departments to outline the issues and receive feedback on potential solutions to the “100/40” problem. The clear message given at the meetings was that the way the workforce is currently structured must change in order to meet future demand and that it is better to devise a palatable solution than to have an unsatisfactory outcome thrust upon anaesthetists. The NZNC’s bottom line is that the practice of anaesthesia must remain a medical specialty and that any help (such as from nurse anaesthetists, physician assistants or anaesthetic technicians) must involve delegation, under supervision, and not substitution.

An interim report was made at the end of 2010 and the final ARRG report was due to be submitted by 31 March 2011. The review will then move to analysis of recommendations and a period of wider sector engagement before identifying priority scenarios for testing through demonstration sites. After that, the review team is to produce a high level report summarising key themes and potential changes to roles and ways of working needed to provide the workforce needed by 2020.

It has been somewhat frustrating not to have the final report of the ANZCA/NZSA New Zealand Workforce Survey to feed into this process. An outstanding 75% response to the 2009 survey gave ANZCA great supply data but getting consistent demand data proved far more problematical and it has taken considerable complex analysis to draw conclusions about demand. ANZCA’s former Director of Strategy and Operations, Ian Collens, has continued work on this during 2010 and was due to report to the NZ Anaesthesia Workforce Steering Group on 7 April 2011 before finalising his report.

Other HWNZ moves that the NZNC is watching with interest include the physician assistant trial currently under way at Middlemore Hospital and the concept for a single medical college for New Zealand, with different disciplines being faculties within that. While no formal discussion paper has been produced, HWNZ Executive Chair Prof Des Gorman has expressed reservations about the value and place of trans-Tasman medical colleges. The NZNC believes that the New Zealand anaesthesia community gets huge value from being part of a trans-Tasman college, and that we would struggle to ‘go it alone’, but will not adopt a final position on the concept until it has more information from HWNZ.

NZNC roadshow

A major initiative in the last 18 months has been the NZNC’s decision to have a countrywide tour of public hospital departments of anaesthesia, which became known as the roadshow. This has provided an invaluable opportunity to communicate directly with nearly all the doctors working in anaesthesia (Fellows, non-Fellows, IMGs, Trainees) in public hospitals and, most importantly, to hear from them as to their concerns and the issues they want the NZNC to pursue.

Planning began in August and the first of 26 meetings was held on 19 October 2010, the last on 2 March this year, but with the majority in November 2010. NZNC Chair Dr Vanessa Beavis presented all the meetings to ensure consistency of message, with other NZNC members invited to attend in support.

Dr Beavis spoke about the College, its work, recent changes and the political climate within which the NZNC has to operate. She also invited questions and discussion of the issues those attending saw as important (with an ANZCA NZ staff member present to record these). And she emphasised that anaesthetists themselves can assist with building a better understanding of their work, especially their perioperative role, during their everyday encounters with patients and their families.

There was a very positive reaction to giving the anaesthesia community the opportunity to learn about and discuss ANZCA’s activities, especially from those in the smaller centres who can feel neglected and disconnected. While meetings often raised issues particular to that department, a number of common themes emerged, including:

- the work involved in the new ITA and WBA assessment process for Trainees;
- the need to ensure medical students get more exposure to anaesthesia;
• the need for the College to lobby against anaesthesia being devolved to less qualified
alternative providers and to promote better understanding of the extent of the anaesthetist’s
role;
• the need for better understanding of the paths to vocational registration and Fellowship for
IMGs;
• the need to promote better the benefits of gaining and maintaining Fellowship; and
• the desire for more cooperation between rural and urban hospitals to help overcome educational
and staffing shortages in rural hospitals.

The NZNC is looking at how it can respond to these needs, some of which will be the focus of a
strategy and lobbying campaign in 2011.

Anaesthetic Technicians
The NZNC has continued to support the NZ Anaesthetic Technicians Society in its application for
anaesthetic technicians to become registered health professionals under the Health Practitioners
Competency Assurance Act 2003. Considerable progress was made in 2010 with the Minister of
Health agreeing in principle, provided the move did not require a new regulatory authority. As the
year ended, this decision and that regarding the appropriate regulatory authority awaited Cabinet
approval and formal gazetting before the work on preparing the new regulatory system could begin.

QUALITY AND SAFETY
ANZCA, and anaesthesia, is well represented in New Zealand’s health quality and safety initiatives.
Prof Alan Merry heads New Zealand’s Health Quality and Safety Commission (HSQC) and Dr Leona
Wilson is Deputy Chair of the Perioperative Mortality Review Committee (POMRC), which comes
under the HSQC’s umbrella. They are New Zealand’s two ANZCA Councillors.

The HSQC, already established on an interim basis, came into formal being in October 2010 after the
New Zealand Public Health and Disability Amendment bill was passed with unanimous support from
all parties in Parliament. The Commission is responsible for assisting providers across the health and
disability sector (public and private) to improve service safety and quality, and therefore outcomes,
for all who use these services in New Zealand. One of Prof Merry’s first tasks after the HSQC
formally came into being was to release the 2009/2010 report of serious and sentinel events across the
country’s district health boards. This report showed that, overall, New Zealand hospitals have a very
safe healthcare system with a continuing focus on patient safety but the report enables health care
personnel to learn from the serious and sentinel events that did occur and reduce their likelihood in the
future.

POMRC is responsible for reviewing deaths following any invasive procedure and deaths that have
occurred following local, regional or general anaesthesia. It plans to produce its inaugural report in
July 2011.

At the NZNC level, Dr Joe Sherriff has been appointed the National Quality & Safety Officer, a new
position established in all ANZCA’s regions in 2010 as well as at the national level for New Zealand.
The role involves assisting with gathering information for and preparing quality and safety-related
submissions, with its main aims being to:
• act as a point of contact and as a conduit for relevant quality and safety information;
• seek opinions for submissions relating to quality and safety reviews;
• attend pertinent local quality and safety workshops/meetings where possible, and liaise with the
Quality Assurance Officers in accredited hospitals.
ADMISSION TO FELLOWSHIP

The following New Zealand-based anaesthetists were admitted to ANZCA Fellowship in 2010, either through examination or through the IMGS pathway:

- Sara Jane Allen (Auckland City)
- Erik Steenfeldt Andersen (Hutt)
- David Martin Blundell (Rotorua)
- James Paul Cameron (Wellington)
- Timothy Mark Chapman (Dunedin)
- Angela Joy Louise Freschini (Gisborne)
- David Leandro Freschini (Gisborne)
- Andrew James Furlonger (Waikato)
- Selena Ann Hunter (Wellington)
- Jonathan Peter Jarratt (Christchurch)
- Matthew Alexander Jenks (Auckland City)
- Nathan James Kershaw (North Shore)
- Nicholas Webster Marks (Christchurch Women’s and Children’s)
- Douglas Craig Mein (Wellington)
- David Anthony Pirotta (Wellington)
- Andrew John Pitcher (Palmerston North)
- Nicholas Jason Christopher Randall (Christchurch)
- Raman Sivasankar (Dunedin)
- John Robert Smithells (Waikato)
- Gavin Matthew Sullivan (Waikato)
- Michael James Thomas (Auckland City)
- Damon Nicholas Simon Thompson (Auckland City)
- Su Sien Thon (Middlemore)
- Ramesh Vasoya (Whangarei)
- Philipp Urban von Sicard (Whakatane)
- Stephen Keith Whiting (Rotorua)
- Zarina Wai Bink Wong (Auckland City)
- Caroline Chunlei Zhou (Auckland City)

INTERNATIONAL MEDICAL GRADUATES (IMGs)

ANZCA assesses International Medical Graduates, through interview, on behalf of the Medical Council of New Zealand (MCNZ), the registration authority for doctors.

Dr Vaughan Laurenson chairs the New Zealand Panel for Vocational Registration, which is responsible for this process. Other NZNC members who served on interviewing panels in the nine months to 31 December 2010 are Drs Gary Hopgood, Indu Kapoor, Gerard McHugh, Paul Smeele, Malcolm Stuart and Jennifer Woods, with ANZCA Councillor Dr Leona Wilson (NZ) sitting in as an observer for the December 2010 interviews. Lorna Berwick attended as the lay member of the panel and MCNZ observers attended all interviews.

In the reporting period, 23 interviews were held plus six preliminary assessments. The IMGs interviewed had trained in the UK, Germany, Sweden, India, Belgium, Czechoslovakia, South Africa and the USA.

ANZCA’s new IMGS process, effective from 1 January 2009, was revised further during 2010 and the revised assessment form is being used at interviews from the beginning of 2011. Applicants assessed as having “Substantial Comparability” can proceed to Fellowship without sitting an examination, but instead undertaking a period of Clinical Practice Assessment and completing a
comprehensive Workplace Based Assessment (WBA). There were 12 WBAs in 2010 and all successfully proceeded to Fellowship.

In the last two years, Dr Laurenson has worked hard with MCNZ to see if its assessment requirements for IMG vocational registration can be aligned more closely to ANZCA’s requirements for Fellowship as the differences have caused confusion for applicants and difficulties for those making the assessments.

In particular, some IMGs have not understood the difference between MCNZ assessment for vocational registration and ANZCA assessment for Fellowship. This is not assisted by the MCNZ sometimes granting vocational registration without requiring the IMG to pass the ANZCA exam, even when the Panel for Vocational Registration has recommended the exam (and which ANZCA would still require for Fellowship). The Panel is now endeavouring to clarify the situation by explaining, after the interview, what will be required for ANZCA Fellowship, irrespective of what the MCNZ decides is needed for vocational registration.

Where MCNZ decides an exam is not necessary, it will usually ask the IMG to undertake a Vocational Practice Assessment (VPA) and the panel has advised the MCNZ how to fine-tune the VPA to better meet the needs for assessing an anaesthetist. As a result, ANZCA assessors can now have more confidence that the VPA system is close to the standard of ANZCA’s WBA.

NATIONAL EDUCATION OFFICER’S REPORT – Dr Geoff Long

Education Sub-Committee Meetings

The Education Sub-Committee acts as a forum for Supervisors of Training to discuss changes implemented by the College Council as well as local issues. In 2010, it met twice by teleconference – in May and November. Grappling with the on-line ITA process was a challenge for many this year.

Supervisors of Training for 2010

Whangarei Hospital: Dr Stephen Pearce
North Shore Hospital: Dr Lance Nicholson
Auckland City Hospital, Level 4: Dr Amanda Dawson
Auckland City Hospital, Level 8: Dr Sarah Nicholson; Dr Nadia Forbes (Deputy), (from October)
Auckland City Hospital, Level 9: Dr Jack Hill (until April); Dr Tim Skinner (from May)
Starship Children's Health: Dr Bryan Hodgkinson (until January); Dr Peggy Yip (from January)
Middlemore Hospital: Dr Craig Birch; Dr Simeon Eaton (Deputy) (from June); Dr Matthew McGill (Deputy)
Waikato Hospital: Dr Alan Crowther; Dr Rob Carpenter (until January); Dr Tim Hodgson (Deputy) (until July); Dr Gavin Sullivan (Deputy) (from October)
Rotorua Hospital: Dr Mandy Perrin
Tauranga Hospital: Dr Pierre Botha
Taranaki Base Hospital: Dr Charlie Brown
Hawke’s Bay Regional Hospital: Dr Tony Diprose
Palmerston North Hospital: Dr Maria Au Young (until September); Dr Carolie Zhou (from September)
Hutt Hospital: Dr Brent Waldron
Wellington Hospital: Dr Sally Ure; A/Prof Sandy Garden (Deputy)
Nelson Hospital: Dr Gareth Harris
Christchurch Hospital: Dr Jennifer Woods; Dr Chris Pottinger (Deputy) (until May); Dr Ashley Padayachee (Deputy) (from May)
Timaru Hospital: Dr Alan Robert (until June); Dr Peter Doran (from June)
Dunedin Hospital: Dr Jason Henwood; Dr Tim Wright (Deputy)
Southland Hospital: Dr Robert Wall

**Rotational Supervisors for 2010**
Northern Rotation: Dr Darcy Pric
Midland Rotation: Dr Rob Carpenter (*until July*); Dr David Williams (*from July*)
Central Rotation: A/Prof Sandy Garden
Southern Rotation: Dr David Bain

**ANZCA Teacher Courses**
In 2010, two ANZCA Teacher Courses were held in New Zealand.
The first, in March, was an advanced level workshop, *Effective Supervision*, for those who already had some clinical teacher training or experience. The 13 participants developed an understanding of the principles of effective supervision and how these principles relate to the clinical context. Interactive activities and discussion focused on the role of the supervisor in promoting reflection and contributing to professional development. Participants explored the skills and qualities of being an effective supervisor, including helpful supervisory behaviours. The framework for effective supervision and its application to the anaesthetic setting were covered.

In October, a pilot foundation level 2½-day course designed to equip participants with fundamental skills for teaching ANZCA Trainees effectively proved very popular, with about 30 applicants for the 12 places. Those who missed out will be given the opportunity to attend future courses. The course was extremely interactive and focused on developing practical skills applicable in day-to-day clinical teaching. To complete the course, participants were required to complete an assessment task involving the critique of their own and a peer’s teaching practice and planning. Participant feedback was very positive and course facilitator Mary Lawson said: “We had some fabulous new blood on the course – great for the future of anaesthetic education in New Zealand.”

**Hospital inspections**
There was one hospital inspection in 2010 – Dunedin on 8 March.

**Trainee courses held in 2010**
- Anaesthesia Primary Revision Course, Christchurch, 7-13 February: 27 participants
- FANZCA Primary Course, Hamilton, 17-28 May: 18 participants
- FANCA Final Course – Oral Examination, Wellington, 18-21 March and 22-25 July: 40 participants
- FANZCA Part II Course, Auckland, 21 June to 2 July: 42 participants

**Annual Registrars’ Meeting (ARM)**
The ARM was held on Friday 3 December 2010 at Auckland City Hospital. The morning session topics were volunteer work in the developing world and organising an international fellowship. The afternoon session was broadcast by videoconference to Wellington, Christchurch and Dunedin Hospitals. It involved scientific presentations on a wide variety of projects from case studies and surveys through to audit and research, with the following awards being made:
- The ANZCA NZNC Prize for Best Scientific Presentation – Alastair Ineson for his study into analyser position for CO₂ monitoring in a rebreather circuit.
- The NZSA Prize for Best Quality Assurance Project – Conrad Engelbrecht for his audit of lateral tilt in caesarean section.
- The University of Auckland Caduceus Award – Phillip Kriel for his presentation on the issues and ethics involved in organ donation after cardiac death.
Acknowledgements
The NZNC is grateful to all those who work hard to make the FANZCA training program a success. In particular, I acknowledge the work of Supervisors of Training, Rotational Supervisors and the Convenors of the exam courses held throughout the year. Their dedication and commitment are very much appreciated and often go unrecognised. Thank you to my fellow members on NZNC, and to the staff in the Wellington office who provide invaluable assistance. We have had a very active Trainee Committee this year that has produced an excellent handbook – *Anaesthesia Training in New Zealand Made Easy*.

**ANZCA NZ TRAINEE COMMITTEE (NZTC) REPORT – Dr Kathryn Hagen**

2010 was a busy year personally for me, taking on the chair role of the ANZCA Trainee Committee, as well as remaining Chair of the NZTC. The NZTC had a steady year, which ended with a very successful face-to-face meeting in early December involving both the 2010 committee members and the new members for 2011. This saw Dr Sheila Hart of Wellington become Chair for 2011. Thank you to ANZCA and the NZNC for making my chairmanship possible. It has been a fabulous experience to be part of the College and I look forward to further involvement later in my career.

The NZTC for 2010 comprised Dr Kathryn Hagen (Chair, Auckland City), Dr Sheila Hart (Deputy Chair, Wellington), Dr Sheila Barnett (Dunedin), Dr James Dalby-Ball (Christchurch), Dr Rachel Dempsey (Wellington), Dr Tim Hall (Middlemore), Dr Kim Heus (Wellington), Dr Thimali Rajapaksa (Auckland), Dr Sarah Sew-Hoy (Hawke’s Bay) and Dr Joe Taylor (Waikato). The CICM Observer was Dr Rob Bevan. The NZSA Observer was Dr Nathan Kershaw (to July) and then Dr Tom Fernandez.

Four meetings were held in 2010, three teleconferences (15 March, 31 May and 31 August), followed by the face-to-face meeting on 4 December. Attendance was good at all meetings, easily reaching the set quorum of six members.

**Other meetings attended**

*By the Chair*
- ANZCA Council – February, June, August, October and November
- ANZCA Trainee Committee teleconferences – March, June, August and November
- GASACT Teleconference – December
- ANZCA NZNC meetings – March and July
- ANZCA Clinical Teacher Development Working Group – November
- ANZCA Regional Education Officer/National Education Officer Meeting – April

*By the Deputy Chair*
- ANZCA NZNC meeting – November

*By Members of the NZTC*
- NZMA Doctors in Training Council meeting – September

**Activities in 2010**

Maintenance of the *Anaesthesia Training in New Zealand Made Easy* Guidebook: Changes to the ITA process and the modules required updating the guidebook, as well as incorporating new issues and ideas from Trainee feedback.

Video-conferencing the Annual Registrar Meeting: We were able to get the afternoon session video-conferenced to Wellington, Christchurch and Dunedin again this year, and will look to encompass the whole day and possibly more centres in 2011.

**NZTC Newsletter:** We have continued to produce a quarterly newsletter (after each meeting), aiming to keep Trainees up to date with our activities, inform them of upcoming meetings, courses, exam registration dates and any correspondence we receive about Fellowship positions, both here and overseas. We also use this forum to advise people of issues with Formal Projects and changes to the ANZCA Training Program.

Articles for the ANZCA Bulletin: An article I wrote about Trainee representation on ANZCA committees was published in March. In the December issue, Dr Tom Fernandez wrote about the
inaugural GASACT Trainee Congress in Melbourne in 2010. Also in the December issue was a feature based on Dr Tim Hall speaking to Dr Andrew Cameron about working as a Regional Fellow in New York. It is great to see some Kiwi Trainee involvement!

Looking forward to 2011

The main focus for 2011 will be developing a ‘Part 3’ course for Trainees coming to the last 1-2 years of their training and considering what they can do, or have to do, once the exams and their five years of training are completed. Three 2011 committee members (Sheila Hart, Thimali Rajapakse and James Dalby-Ball), aided by the NZSA Representative Tom Fernandez and Tim Hall (2010 member) constitute the subcommittee that is working on formulating a day of presentations and discussions relevant to those looking ‘beyond Part Two’.

The NZTC will also be aiming to:

- maintain the newsletter as a quarterly publication specifically aimed at NZ Trainees;
- maintain our links with the NZSA and CICM Trainee Representatives;
- encourage Trainees to attend both the Auckland City Symposium in March and the Annual Registrars’ Meeting in November.

FORMAL PROJECT OFFICER’S REPORT – Dr Jennifer Woods

Dr Arthur Rudman stepped down as Formal Project Officer (FPO) in July 2010 after four years in the position. I must thank Juliette Adlam in the national office for helping make my appointment to the FPO position relatively easy, and for her excellent and efficient assistance and on-going support. Also, many thanks to the Fellows who have assessed Formal Projects throughout the year.

For the 2010 year:

- New projects registered 37
- Projects confirmed by the Assessor 24
- Projects registered and in progress 56
- Projects currently with the Assessor 5

The standard and quality of Formal Projects submitted continues to represent the whole spectrum from poor to excellent. A continuing source of frustration is the number of projects submitted in what appears to be ‘draft’ form (spelling and grammar mistakes, bad English, poor sentences structure, unusual formatting, etc). Trainees and their supervisors need to rectify this.

The New Zealand Formal Project Prize for 2009 was not awarded. Currently, we are selecting a shortlist of Formal Projects for consideration for the New Zealand Formal Project Prize for 2010.

The Annual Registrars’ Meeting was held on 3 December 2010 in Auckland. Thank you to Dr Lisa Chapman for convening a very successful meeting. Ten Trainees gave presentations. This meeting is a great opportunity for Trainees to present their Formal Projects and I encourage Trainees to consider this forum in the future. The NZNC sponsors one of the registrar prizes awarded at this meeting.

Dr Michelle Mulligan, ANZCA Councillor, raised with Dr Kathryn Hagen, as NZTC Chair, the question of whether an electronic database should be established for (approved) Formal Projects that Fellows and Trainees could access. I believe we should support this proposal. A significant amount of work has often gone into writing a Formal Project and most are unlikely to ever be published but they contain useful and informative data. They would be a good resource for Fellows for CPD; and, for Trainees, they would give some indication as to the types of topics suitable and the standard required for their Formal Project.
Projects completed and confirmed in 2010

Dr Jonathan Albrett  Variation of in-hospital resuscitation practices between DHBs throughout New Zealand. Opportunities to improve standardisation of care

Dr Sally Barlow  A prospective observational audit of residual neuromuscular blockade in postoperative cardiac surgery patients

Dr Estibaliz Basarrate  Fires and explosions

Dr David Blundell  Assessing the understanding and use of the Alaris PK syringe driver by anaesthetic registrars at Counties Manukau District Health Board

Dr Daniel Boyd  Surgical diathermy

Dr Nicola Broadbent  A retrospective audit of usage and serious complications of intrathecal morphine at Auckland City Hospital

Dr James Cameron  Blood loss and blood product use after cardiac surgery

Dr Nina Civil  Platelet function in intraoperative autologous whole blood donation for cardiac surgery: an observational study using TEG and PFA to assess platelet function

Dr Jeremy Fernando  Too hot to handle: a case of malignant hyperthermia

Dr Andrew Good  From theatre to PACU: An audit of physiological changes

Dr Sheila Hart  A failure of M-Entropy to correctly detect burst suppression leading to sevoflurane overdosage

Dr Jonathan Jarrett  Perioperative use of Melatonin

Dr Nathan Kershaw  Avoiding inadvertent perioperative hypothermia at Taranaki Base Hospital: guideline and report

Dr Joseph Koh  Therapeutic mild hypothermia in ventricular fibrillation out-of-hospital cardiac arrest patients in Christchurch Hospital

Dr Shane McQuoid  Audit of laryngoscope illuminance

Dr Louise Moran  A comparison of anaesthetic Trainees’ career outcomes with previously expressed intentions

Dr Clinton Paine  Comparison of ultrasound-guided transversus abdominis plane block to ilioinguinal nerve block for paediatric inguinal hernia repair

Dr Judith Penney  Methoxyflurane and the Penthrox Inhaler – a review of pharmacology and clinical applications

Dr Katherine Perry  Anaesthetic challenges in a patient with lymphangioleiomyomatosis

Dr Andrew Pitcher  Adequacy of anaesthetic machine decontamination for use in patients susceptible to malignant hyperthermia

Dr Nicholas Randall  Anaesthesia for elective colorectal surgery: an audit of evidence-based practice

Dr Leon Serfontein  Delirium after coronary artery bypass graft surgery: a retrospective analysis of 309 cases

Dr Su Thon  Prophylactic endovascular placement of internal iliac balloon occlusion catheters in parturients with placenta accreta – a case series

Dr Damon Thompson  Who performs acute theatre cases, when and why?: an audit

Dr Stephen Whiting  Development of a web-based interactive temporary pacing tutorial
NEW ZEALAND ANAESTHESIA EDUCATION COMMITTEE (NZAEC)

The NZAEC is a joint ANZCA/NZSA committee responsible for overseeing the organisation of the New Zealand Anaesthesia Annual Scientific Meetings (ASMs), and administering the BWT Ritchie Scholarship for New Zealand Trainees and the annual Visiting Lectureships.

The NZAEC Chair changed in 2010, with Dr Ted Hughes, the NZSA representative on the Committee for the previous two years, succeeding ANZCA’s Dr Brian Lewer. The NZNC representatives on the NZAEC for 2010 were Drs Jennifer Woods and Kerry Gunn. The other members were Dr Vanessa Beavis as NZNC Chair, Dr Nigel Waters and then his successor Dr Rob Carpenter as NZSA President, and Dr Andrew Warmington, representing the NZSA.

2010 ASM

As is the practice, no New Zealand-specific ASM was held in 2010 as the main ANZCA 2010 ASM was held in Christchurch in early May. The theme How Meets Why – Clinical Practice and the Science Behind It was thoroughly explored in 164 presentations, 94 problem-based learning discussions and 56 moderated poster sessions to more than 1,000 delegates. The Regional Organising Committee was drawn largely from Christchurch Hospital staff and was convened by Ross Kennedy (A/Prof at Otago University’s Christchurch School of Medicine).

2010 New Fellows Conference (NFC)

The associated NFC was held at Hanmer Springs 28-30 April. It explored the theme Adventure and Anaesthesia from a variety of viewpoints, including those of the participants who each outlined an adventure they had had in anaesthesia practice. The four New Zealand delegates were Drs Neroli Chadderton (Hutt), Amanda Dawson (Auckland City), James King (Auckland City) and Brent Waldron (Hutt). The convenors were Karen Ryan and Ashley Padayachee from Christchurch Hospital.

2011 New Fellows Conference

The ANZCA Council selected Drs Indu Kapoor (Wellington) and Duncan Wood (Auckland City) to be the New Zealand representatives at the 2011 New Fellows Conference being held in Hong Kong 12-13 May 2011, in conjunction with the 2011 Combined Scientific Meeting (CSM).

Other ASMs

Other NZ Anaesthesia ASMs in the pipeline are:

The 2011 ASM is being held in Auckland from 2-5 November. The organizing committee consists of North Shore doctors with Dr Michal Kluger as convenor.

In 2012, the ASM joins the 13th International Congress of Cardiothoracic and Vascular Anesthesia (ICCVA) for a combined meeting in Auckland from 13-17 November. The co-convenors are Dr Marian Hussey and Dr Ivan Bergman.

The 2013 ASM will be held in Dunedin and is being organized by a committee drawn from the Dunedin and Southland Hospital departments, with Dr Campion Read as convenor.

BWT Ritchie Scholarships

Reports were received from 2009-2010 scholarship winners, Dr Anita Sumpter and Dr Katherine Brunette.

Scholarships for 2010-2011 were awarded to Dr Nina Civil and Dr John Smithells, who have undertaken their Fellowship years at Derriford Hospital, Plymouth, UK. Dr Civil’s fellowship was divided into two blocks: six months as the Regional Anaesthesia Fellow and six months as the Simulator Training and Medical Education Fellow. Dr Smithells secured a 12-month position as International Training Fellow in Cardiothoracic Anaesthesia.
NZ Anaesthesia Visiting Lectureships
The 2010 Visiting Lecturers completed their presentations. Dr Alan McLintic gave his lecture on the topic of false positive in statistics to departments at Timaru and Invercargill. Dr Anne Wills presented her lecture on the topic of anaphylaxis to departments at New Plymouth and Nelson.

The Visiting Lectureships for 2011 have been awarded to Dr Francois Stapelberg, from Auckland, and Dr Chris Jephcott, from Hamilton. Dr Stapelberg’s lecture is entitled “Anaesthetics are toxic to vulnerable young and old animal brains. What does that mean to your patients?” In his lecture, Dr Jephcott focuses on “Novel strategies for ward based procedural sedation”. The visiting lecturers will give their presentations at two regional hospitals during 2011.

FACULTY OF PAIN MEDICINE (FPM)
Dr David Jones of Dunedin was appointed Dean of ANZCA’s Faculty of Pain Medicine at its AGM in May 2010. This saw him step down as the FPM Representative on the NZNC, with Dr Kieran Davis of Auckland succeeding him in that role. Dr Michal Kluger of North Shore, Auckland, is the FPM representative on ANZCA’s Quality and Safety Committee.

In 2010, Dr Frank Thomas (Wellington) passed the FPM Fellowship Exam and received a merit award. Dr Jane Thomas (Auckland) achieved Fellowship through the summative pathway.

The MCNZ has invited the FPM to submit Stage 2 of its application process for recognition of pain medicine as a separate vocational specialty in New Zealand. This stage involves the FPM collating additional information, especially regarding the sustainability of the Faculty.

COLLEGE OF INTENSIVE CARE MEDICINE (CICM)
While the CICM is now quite separate from ANZCA and has separate premises in Melbourne, in New Zealand it continues to be serviced through an arrangement with the ANZCA secretariat, with ANZCA staff member Juliette Adlam being its administrator and the ANZCA NZ offices operating as its base, an arrangement that is working well for both parties. CICM’s NZNC Chair Dr Mike Gillham is a co-opted observer at ANZCA NZNC meetings and Dr Gerard McHugh represents the NZNC at the CICM NZNC meetings.