Edging closer:
Auckland ASM attracts 1700

Update: Bullying, discrimination, harassment
Mary Burnell:
Our first female dean
ANZCA council:
Meet our new leaders
Here’s how you could single-handedly reduce CVC*-related bloodstream infections by** 62%.¹

ChloraPrep™ cut surgical site infections by** 41%.²

References
³ CareFusion Data on file as per Instructions for Use (IFU).
⁴ * Central venous catheter.
⁵ ** When compared to 10% povidone-iodine.

ChloraPrep™ with Tint
Cutaneous solution
Minimises hospital acquired infections

ChloraPrep™ with Tint
Cutaneous solution
2% w/v chlorhexidine gluconate (CHG)
70% v/v isopropyl alcohol (IPA)

CareFusion Australia 316 Pty Ltd
Unit 3/167 Prospect Highway
Suanthai NSW 2147
Ph: 1800 833 372

CareFusion NZ 313 Ltd
14B George Bourke Drive
Mt Wellington Auckland 1060
Ph: 0508 422 734

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Photos for Fellows use

ANZCA has developed a photo library for Fellows’ professional use, such as in slides and brochures. The free library, which is password protected and for Fellows’ use only, is divided into five categories:
- Pre/post-theatre.
- Theatre.
- Training.
- Drugs and equipment.
- Obstetrics.

It was developed as a result of feedback from Fellows interested in illustrating material they use professionally. The doctors in the photographs are anaesthetists or trainee anaesthetists and the “patients” are actors. All have consented to their images being used as part of an ANZCA website-based library.

The images are available for use in JPG format and will be added to over time.

The ANZCA photo library can be found at:
anzca.edu.au/fellows/benefits-of-fellowship
Looking after trainees’ interests

The ANZCA Trainee Committee represents trainees across Australia and New Zealand.

Changing lives in Nepal

Dr Kenny Lewis recently spent time with the Women’s Health Team at Open Heart International in Nepal.

Meet your new leaders

ANZCA has a new president, Associate Professor David A. Scott, a new vice-president, Dr Rod Mitchell and three new councilors.

New anaphylaxis guidelines

The Australian and New Zealand Anaesthetic Allergy Group has produced new guidelines.
This is my first message as president of ANZCA, and I feel very privileged to be able to hold this position, to progress the activities of the College in advancing safety and quality in anaesthesia and pain medicine, and to represent the College at a national level. I want to express my thanks in particular to our immediate past president, Dr Genevieve Goulding. A separate article on the opposite page outlines her contribution as a councillor and president, and we are fortunate that Genevieve will continue on the council for three more years. Genevieve has worked tirelessly as our president and set us in a very good direction for the years ahead.

The ANZCA Council is changing and on page 20 we thank Dr Lindy Roberts, Professor Alan Merry and Professor Ted Shipton for their substantial contributions to the College and welcome new councillors Dr Chris Cokis (Perth, WA), Dr Nigel Robertson (Auckland, NZ) and Dr Chris Hayes (Hunter, NSW). I also welcome Dr Rod Mitchell as the new ANZCA vice-president.

Outgoing president
Genevieve Goulding leaves a lasting legacy

Genevieve completed her two-year term as president following the handover ceremony at the 2016 ANZCA Annual Scientific Meeting in Auckland. Fortunately, we will not lose her experience and expertise because she continues in the ANZCA Council for the next three years and now holds the title of immediate past president. Genevieve has been a remarkable leader for the College during her presidency, which followed seven years on ANZCA Council including two as vice-president. Genevieve travelled extensively around Australia and New Zealand during her term, which provided her with clear and direct insights into the issues affecting Fellows and trainees.

Workforce always has been a topic of great concern and Genevieve led the College's response to the Australian Government's National Medical Training Advisory Network project by providing accurate data and our profession's perspectives into its analysis. Over the years, Genevieve has been heavily involved in training and education and was a leader in initiating the revision of our curriculum in 2013. An outstanding achievement was in addition to supporting them during the insults of surgery. The words we use with our patients and colleagues matter. Engagement extends to our sister societies in the Australasian Society of Anaesthetists and the New Zealand Society of Anaesthetists. We are building closer links and understandings while retaining our obvious core strengths.

We are increasing our collaboration with other colleges, especially the Royal Australasian College of Surgeons, but also the Royal Australasian College of Physicians, and extending overseas to the Royal College of Physicians and Surgeons in Canada, and the Irish and UK colleges as well. One aspect of this collaboration is to strengthen and maximise the benefit of overseas aid and outreach programs, which already make an impact, for example, through education programs, LifeBox, and Essential Pain Management. We also are strengthening our relationships with neighbours such as Hong Kong and Malaysia.

These collaborations will help us address the challenges I listed earlier.

Professionalism
Professionalism is the responsibility we have to maintain our skills and knowledge to a level appropriate to our practice. The role of the College in this is life-long training – good anaesthetists, setting standards for safe practice and safe practice environments, and helping with ongoing learning and support throughout our practising lives. The College will aim for a collaborative approach to the development of a stronger and clearer support for professionalism and professional behaviours over the coming years.

Engagement
Engagement of us as individuals and the College as your representative organisation starts with the community. To strengthen our specialty we need to enlighten the community and our non-anaesthesia colleagues about what anaesthesia is. One of the key responsibilities of the ANZCA Council is the appointment of the College chief executive officer (CEO) which will be 170 years old this year. Anaesthesia has gone from being a high risk undertaking in healthy patients to a low risk undertaking in critically ill patients. This has been achieved by ongoing development, by active and productive research, by the ready learning and adoption of new ideas and skills into direct patient care. Because it’s safer, the community (including our medical colleagues) think it’s easy. Too often we call it sleep, but general anaesthesia is not “sleep”, it is a highly specialized form of pain control. We are heavily involved in training and education and were a leader in initiating the revision of our curriculum in 2013. An interest in education has led to her supporting the development of our relationship with the Royal College of Physicians and Surgeons in Canada, which has significant credentials in this area. The welfare of anaesthetists also has always been a strong interest, and Genevieve was a founding member and former chair of the Welfare of Anaesthetists Special Interest Group. Allegations of bullying, discrimination and sexual harassment that surfaced in hospitals over the past 18 months, in particular, caused her great concern and prompted the formation of a College working group in the issue.

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**Chief executive officer’s message**

**ICT governance**
At its February 2016 meeting, the ANZCA Council approved the establishment of an Information and Communications Technology (ICT) Governance Committee. Over the past several years ANZCA has developed and implemented major IT infrastructure and education programs as well as IT-based accreditation, continuing professional development (CPD) and finance applications.

Like many organisations, ANZCA has become heavily dependent on its IT systems and this will continue to be the case. Leadership in the field of medical education will require increasing reliance on and investment in ICT infrastructure and applications. Indeed, there is still a long “pipeline” of service and technology improvements necessary to achieve the College’s goals. Ongoing investment in ICT infrastructure needs to be highly strategic with clear understanding of the value to be contributed to the business in future years.

The ICT Governance Committee will assist the council and chief executive officer to effectively manage the risk and opportunity and to understand major ICT investments, ICT’s impact on business continuity as well as ICT performance compared to peers.

**Vanderbilt University model adapted by RACS**

This model (see below) outlines our proposed progression for dealing with professional conduct matters, including bullying and discrimination. Working from the bottom of the pyramid, the intervention commences informally and escalates only if and when there is a requirement to do so. The following descriptors indicate how we might approach complaints about behaviour or professional practice.

1. **Informal – single unprofessional incident:** Advice and assistance offered.
2. **Level 1 – apparent pattern:** Awareness intervention. First stage of formal process. Counselling stage.
3. **Level 2 – pattern persists:** Guided intervention by ANZCA. Second stage of formal process. Disciplinary intervention considered.
4. **Level 3 – no change evident and potential for high impact or high risk:** Disciplinary intervention most likely.

Practice standards are at the core of professional practice. These will always be the guide in dealing with complaints about behaviour or professional practice. ANZCA will also develop its philosophy in handling allegations of bullying, discrimination or professional practice.

The most likely approach will be based on a risk assessment, that is, supporting members in matters of low risk, members’ health and their willingness to improve practice (for example, up to level 2), whereas the approach is likely to be more disciplinary in matters of high risk to ANZCA, its members, patients and to patients (levels 2 and 3).

The formalised approach described above is clearly a major initiative for medical colleges. Naturally the ANZCA Council will proceed cautiously in its development but it will ultimately provide consistency and transparency when action is required in supporting the high standards of practice that are expected by the community.

**Building relationships**

The 2016 ANZCA Annual Scientific Meeting in Auckland was a good opportunity to get together with our partners in anaesthesia, the Australian Society of Anaesthetists and New Zealand Society of Anaesthetists.

We will write more on the detail of our joint planning in future Bulletins but there is undoubtedly a commitment by all three organisations to work together for the benefit of the profession.

John Iott
Chief Executive Officer, ANZCA

**Dental board acts on misleading claims**

The College recently was made aware of cases where dentists had portrayed themselves in a misleading fashion on their websites by advertising themselves as dental anaesthetists or anaesthesiologists. ANZCA notified the Australian Health Practitioner Regulation Agency, which referred the matter to the Dental Board of Australia for action.

The dental board considered the case of Dr F, and found that although Dr F has had two years’ training in medical anaesthesia overseas, he does not practise general anaesthesia in Australia, but conscious sedation as he is endorsed to do.

In relation to Dr F’s use of the title “dental anaesthesiologist” and reference to a previous job as a visiting medical officer (VMO), the board considered these terms could be misconstrued and lead people to believe that Dr F is registered as a medical practitioner when he is not. This could constitute an offence under section 17 of the national law.

As a result, Dr F has amended his website to identify himself as a “dental sedationist” and he has removed any reference to being a VMO. The board decided that no further action is required because Dr F has dealt with the issue and removed the misleading wording.

Dr Peter Roesler
Director of Professional Affairs, ANZCA
Awards

Queen’s birthday honours

Medal (OAM) of the Order of Australia in the general division
Dr David Cameron Wilkinson, Royal Adelaide Hospital, SA, for service to hyperbaric medicine.

Member (AM) of the Order of Australia in the general division
Mr Kenneth James Harrison, Victoria, for significant service to the community through financial support and senior roles with horticultural, social welfare, medical and cultural groups.
Mr Harrison is on the Board of Governors of the Anaesthesia and Pain Medicine Foundation.

Only ANZCA Fellows can be FANZCAs

FANZCA – recognised worldwide that you are a specialist of the highest professional standing.
All Fellows of ANZCA are entitled to use the FANZCA logo – on stationery, email signatures and slides.
For further information:
www.anzca.edu.au/fellows

Pain medicine popular in media

In the period since the last ANZCA Bulletin, media coverage has been dominated by 790 reports on the Auckland annual scientific meeting (see page 46 for full report) but there has also been other, more general, anaesthesia and pain medicine coverage.

FPM Vice-Dean Dr Meredith Craigie, was interviewed on ABC Radio’s AM program on May 31. She welcomed a new study that confirmed long-standing concerns that morphine actually worsens chronic pain.

FPM Board member Dr Michael Vagg and Fellow Dr Malcolm Hogg appeared on a panel discussing chronic pain on Jon Faine’s Conversation Hour on Melbourne ABC station 774 on May 26. They responded to talkback calls and discussed problems with opioids, techniques for active self-management of pain and new devices that can offer pain relief. They reached an audience of 55,000 people.

A call for an about-turn in the prescribing of opioids for chronic pain by FPM’s new dean and the director of the Hunter Integrated Pain Service, Dr Chris Hayes, garnered page one of the Newcastle Herald on April 14. Dr Hayes said doctors had “got it wrong” and needed to do “a medical about turn” on the over-reliance of addictive prescription opioids for chronic pain. Over time, the body adapted and became tolerant to these drugs, making their effectiveness with chronic pain doubtful.

The news report on Dr Hayes’ article reached an audience of over 32,000 people in regional NSW. It was followed up by an editorial in the same paper the next day.

Former ANZCA president Professor Kate Leslie (pictured above right) talked about the latest advances in anaesthesia, bullying and women in medicine, and how we can make better specialists on the Lindy Burns radio program Writs & Cures on ABC 774 Melbourne on March 18. She had an audience of about 15,000 people.

Karen Kissane
Media Manager, ANZCA

Media releases since the previous Bulletin:

Wednesday May 4:
High cost to delirium after surgery.
Spread of cancer may be prevented by good pain relief and use of morphine.
Two new leaders for ANZCA and FPM.

Tuesday May 3:
Does ketamine prevent chronic pain after surgery?
Kind doctors make healthier patients.
Honey-bees’ “waggle-dance” helps uncover the secrets of anaesthesia-induced jetlag.

Monday May 2:
Doubts about the safety of anaesthesia for infants explored.

Monday May 1:
New technique revolutionises treatment for stroke.
Exercise has more impact on health than diet.

Friday April 29:
Pain is the hidden side of the obesity epidemic.
New techniques help prevent chronic pain after surgery.
Media releases can be found at www.anzca.edu.au/communications/media.
**ANZCA and government: building relationships**

**Specialist Training Program site engagement visits**

**Australia**

ANZCA is the Specialist Training Program (STP) contract manager for 58 training positions in anaesthesia, pain medicine and intensive care medicine (on behalf of the College of Intensive Care Medicine) in expanded settings across the country, including rural, regional and private hospital settings. It is understood there will continue to be 900 STP trainees spread across the medical specialties in the anticipated next round of STP funding. There will be an additional 50 rural specialist training posts in 2017, increasing the total to 100 posts, under the Integrated Rural Training Pipeline. Further information is available at: [www.health.gov.au/internet/ministers/publishing.nsf/Content/health mediarel-yr2015-ley150.htm](http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health mediarel-yr2015-ley150.htm).

**Engagement**

The ANZCA Government Programs team has undertaken a number of stakeholder engagement activities in the past few months to support our Specialist Training Program sites as they await an announcement from the Department of Health regarding the outcome of the program review and an anticipated announcement of ongoing funding by the health minister. Sarah Keinert and Ellen Pascoe visited sites in Victoria, SA, WA, NSW and Queensland.

An extended meeting at each site included time with the head of department, supervisor of training, other STP site contacts, as well as current and former trainees. These meetings facilitated discussions about STP contracts and the advantages and challenges presented by the STP post/s. In summary, the visits included:

- **Victoria**: Eight sites across metropolitan Melbourne and regional locations in Ballarat and Goulburn with anaesthetic, pain medicine and intensive care training posts.
- **SA**: One site in metropolitan Adelaide with an anaesthetic training post. One rural site provided written feedback on their anaesthetic training post.
- **WA**: Eight sites across metropolitan Perth, Joondalup and regional locations in Bunbury and Rockingham with anaesthetic, pain medicine and intensive care training posts. One of these posts is with the Royal Flying Doctor Service. An additional meeting was held with the Western Australian Anaesthetic Rotation.
- **NSW**: Nine sites across Sydney and regional locations in Coffs Harbour, Goulburn, Maitland and Tamworth with anaesthetic, pain medicine and intensive care training posts.
- **Queensland**: Eight sites across Brisbane and regional locations in Townsville, Mackay, Rockingham, Bundaberg, Toowoomba and Redcliffe. Additional meetings were held with the Queensland Anaesthetic Rotational Training Scheme (QARTS) and the Queensland Intensive Care Pathway.

**Feedback**

All the feedback highly underscored the value that Specialist Training Program funding has brought to these sites and expressed a wish for ongoing funding. Much of the feedback also mirrored the findings and recommendations from ANZCA’s 2015 Specialist Training Program evaluation report: [www.anzca.edu.au/Training/Specialist-training-program](http://www.anzca.edu.au/Training/Specialist-training-program).

Unfortunately, due to time and financial constraints, it has not been possible to visit all STP sites, however we have provided sites with an opportunity to give feedback on the STP and the experience of the program through an email questionnaire. ANZCA’s STP training sites have implemented a variety of successful models. These vary according to the level of trainee/s, the approach of the supervisor of training and consultants, the location of the setting, the variety and complexity of cases and the easy availability of appropriate formal education sessions for the trainees. Many of the heads of department and supervisors of training spoke about the added service efficiency in these expanded settings that funding for an STP trainee brings, particularly as the number of high acuity and complex cases increase across these settings. The increasing awareness of a need to initiate succession planning within departments was also noted, especially the fostering of future supervisors of training from among current staff and within the trainee cohort, who may become future staff in that setting.

All trainees who participated in the sessions relayed the professional and personal benefits of having one or more rotations in these expanded settings. The positive experience gained varied widely, depending on factors such as the number of trainees in the department, the length of rotation and the trainee’s involvement in the wider community. Several former STP trainees are now employed as consultants in these private and/or rural and regional settings.

**What was observed?**

- Specialist Training Program posts can effectively contribute to the alleviation of training bottlenecks.
- There is greater success when heads of departments and supervisors of training play an active role in managing the type of STP trainees rotated into STP posts.
- Trainees benefit from opportunities to regularly re-join their wider cohort for formal education sessions.
- Trainees benefit from being in settings with other trainees, irrespective of whether it is another STP trainee, an ANZCA trainer or a trainee from another college.
- Supervisors and trainees benefit from regular and ongoing discussions about expectations and progress.
- Succession planning should be undertaken within the department and the hospital to ensure the ongoing success of an STP training site.

Thank you to all of the departments and individuals we visited for being so generous with your time and open in your responses about how the Specialist Training Program works in your settings.

**New Zealand**

This year has seen a number of changes at the Ministry of Health as it implements a new structure. Two of the major changes include disestablishing the National Health Board and the National Health Committee. Their functions will be streamlined into the Ministry of Health, Health Workforce New Zealand, the Health Quality and Safety Commission and the Health Promotion Agency remain unchanged.

The ministry also has released the updated New Zealand Health Strategy, following extensive consultation. The strategy outlines the high level direction for New Zealand’s health system over the next 10 years and is available here: [www.health.govt.nz/publication/new-zealand-health-strategy-2016](http://www.health.govt.nz/publication/new-zealand-health-strategy-2016). The ANZCA New Zealand National Committee (NZNC) provided feedback on the strategy during the consultation phase last year.

Work continues on developing a therapeutic products regulatory regime to replace the Medicines Act 1981. In April, the ministry publicly released Cabinet papers and associated regulatory impact statements about developing the new regime. The ANZCA NZNC provided feedback to the ministry in January about draft options for the regulation of prescribing and dispensing under the new regime, and Heather Ann Moodie, General Manager NZ, will attend a briefing from the ministry in May about the recently released Cabinet papers.

The Health Quality and Safety Commission has released its final Position paper on the transparency of information related to health care interventions, available here: [www.hqcc.govt.nz/publications-and-resources/publication/2643](http://www.hqcc.govt.nz/publications-and-resources/publication/2643). The ANZCA NZNC provided feedback to government agencies on this issue throughout 2015, including attending meetings and lodging submissions on the topic. An opinion from the ombudsman on public release of health outcome data is also expected in the coming months.

Virginia Lintott, Acting General Manager, Policy, ANZCA

**Submissions**

**Australia**

- Dental Board of Australia – Consultation on entry-level competencies for conscious sedation endorsement of registration.
- Senate Standing Committees on Community Affairs – Inquiry into the Medical Complaints process in Australia.

**New Zealand**

- Medical Council of New Zealand – Revision of the Medical Council’s Statement on Telehealth.
- Medical Council of New Zealand – Statement on advertising testimonials.
- Ministry of Health – Reducing harm from commercial sunbeds.
ANZCA tackles bullying, discrimination and sexual harassment in the workplace

In March 2015, media reports about neurosurgical training in Melbourne highlighted the issues surrounding bullying, discrimination and sexual harassment (BDSH) in the medical workplace. The frank disclosures initiated further discussions and reports, revealing widespread concerns about safety and respect. In response, the Royal Australasian College of Surgeons (RACS) established an expert advisory group, which took submissions and surveyed surgical trainees. Its report was made public in September.

The President of RACS, Professor David Watters, publicly apologised for bullying by surgeons (www.youtube.com/watch?v=lm_YLicg9Sw) with a clear statement that such behaviours were unacceptable. RACS was not alone and many complaints of bullying, discrimination and sexual harassment have been presented in the media in Australia and New Zealand over the past year.

ANZCA Council took these issues seriously, and the ANZCA Bullying, Discrimination and Sexual Harassment Working Group was established in November 2015 to identify current resources and policies within the College; evaluate the extent of the problem as it affects trainees and Fellows; and recommend improvements the College could make to reduce such events and improve support.

Bullying, Discrimination and Sexual Harassment Working Group

The group’s membership was designed to provide broad representation and expertise. ANZCA participated in the Australian Medical Association forum on bullying in November, and a workshop was held for senior staff, the ANZCA Council and the working group in January this year. The term “bullying” is used for brevity in this article, but it is intended to mean all forms of bullying, discrimination and sexual harassment.

Definitions

Bullying poses a threat to an individual’s health, compromises safe patient care, can impede career progression and impacts on the wider community.

Bullying is the repeated unreasonable behaviour directed towards a worker or a group of workers that creates a risk to health and safety. Bullying can involve offensive, intimidating, malicious, persistent, discriminatory, vexing, harassing, earthy or inappropriate remarks, gestures, actions or behaviour, such as verbal abuse, name-calling, threatening, the unilateral alteration of work schedules or the excluding of individuals from meetings.

Discrimination in unfavourable treatment relating to legally defined characteristics. These characteristics include age, disability, industrial activity, employment activity, lawful sexual activity, marital status, physical features, political belief or activity, race, pregnancy, religious belief or activity, sex, parental status or status as a carer, breast feeding, gender identity, sexual orientation, social origin, irrelevant criminal record and personal association.

Sexual harassment involves unwelcome sexual advances, or an unwelcome request for sexual favours to the other person; or engaging in any other unwelcome conduct of a sexual nature in relation to the other person in circumstances in which a reasonable person, having regard to all the circumstances, would have anticipated that the other person would be offended, humiliated or intimidated.

Bullying, Discrimination and Sexual Harassment

The Faculty of Pain Medicine also is investigating how best to understand the situation in pain medicine. FPM representatives Dr Lindy Roberts is working with the Faculty’s Teaching and Learning Committee on data collection from trainees and recently graduated Fellows. The Faculty is seeking expressions of interest from trainees interested in being involved in an advisory group. Those who are interested should contact the Faculty’s general manager, Helen Morris at hmorris@anzca.edu.au.

The standard you walk past is the standard you accept” – Lieutenant General David Morrison, former Chief of Army, 2013.

Bullying, Discrimination and Sexual Harassment Working Group

Associate Professor David A Scott

ANZCA President and Chair, BSH Working Group

Training and education in the workplace forms an important role in the prevention of bullying. We are working with RACS to identify opportunities where trainees and specialists in anaesthesia and surgery can jointly participate in learning how to optimise professional behaviours. It also is important to recognise we all have responsibilities as observers of bullying behaviours, even if we are not directly affected. As the then Chief of Army, Lieutenant General David Morrison, famously said: “The standard you walk past is the standard you accept.”

A future article will detail the action the College and Faculty are taking to identify and manage bullying in conjunction with employers. In the meantime, it strongly recommended that trainees and specialists first take a local, low-level approach to resolving any issues by contacting senior colleagues, supervision of training, heads of departments or, if necessary, escalation to the hospital’s human resources department. Many issues can be managed effectively in this way.

If a trainee or Fellow has concerns they can access resources on the ANZCA website (www.anzca.edu.au/Resources/Doctors-welfare) or contact the CEO directly via phone or email ceo@anzca.edu.au. RACS encourages any concerns about surgeons to be directed to their “hotline” (www.surgeons.org/about/racs-complaints-hotline/).

Associate Professor David A Scott

ANZCA President and Chair, BSH Working Group

president@anzca.edu.au
"The 2016 WorkplaceInfo Social Media Index survey ... found 23 per cent of organisations experienced bullying of their employees via social media..."

It’s fair to say the topic of social media defamation always draws a decent crowd, with some faces looking particularly worried. The recent Twitter-tale of a NSW lad formerly from Orange High School who found himself in a spot of defamation bother and out of pocket $35,000 in damages – at the ripe old age of 20 – tends to cement my point. Bearing a grudge against a teacher at the school, he took to Twitter and Facebook to publish his grievances. The judge was clear that the teacher in question was defamed by the pub “false allegations” and that the effect on her “was devastating”.

The internet has provided a platform for ordinary people and employees to publish 24/7, and, dare I say, they are very busy. Privacy settings are irrelevant and for every comment and every photo posted online there is likely to be a permanent record, and the odd subpoena. The key point here is that defamation is actionable irrespective of the medium. Defamation lawyers are struggling to keep up with the workload as social media fortifies their area of expertise, mindful that the traditional principles of defamation apply: if information is spread intentionally and it causes injury or damage to another person, organisation, association, practice or company’s reputation, it is likely to be problematic.

To boot, in this new age, if a person who did not create the defamatory material, but chose to share or re-publish it, or is enough of a twit to re-tweet it, they too could have a defamation case pending. As a cautionary note I always tell the now anguished faces in the crowd to read the 38 Facebook comments before you share or re-publish a Facebook post accompanied by 38 comments!

"The IBUPROFEN YOU REACH FOR AT HOME IS NOW READY FOR SURGERY"

I routinely ask people when working with groups, about when they last updated their social media policy. I regularly receive the same pained looks in response. I hear myself repeating “it’s time” and note that the 2016 WorkplaceInfo Social Media Index survey, having interviewed 71 Australian businesses, found 23 per cent of organisations experienced bullying of their employees via social media, and that 8 per cent of bullying primarily involved employees making inappropriate, derogatory and disparaging comments about their co-workers. Further, inappropriate online treatment of employees by colleagues included stalking, threats, releasing information about a co-worker, group bullying, and the posting of inflammatory material, videos and photographs.

Susan Halliday is a former sex and disability discrimination commissioner who spoke to the ANZCA Council and senior staff earlier this year about bullying, discrimination and sexual harassment. She covered risks associated with social media in her presentation. As it approaches eight years since Virgin Atlantic sacked 13 flight attendants for inappropriate chatter on Facebook, it’s clear people in both professional and personal environments have failed to take note that cyber space is a public place, and when you post in the modern sense of the word, you publish in the traditional sense of the word.

Having called customers “chavs”, commented on the six-legged variety of frequent-cockroach flyers travelling for free and criticised the airline’s flight safety standards, the behaviour of the flight attendants in 2008 was declared “totally inappropriate” and it was found that their campaign had “brought the company into disrepute”.

Fast forward to 2016 and there’s a plethora of people posting online who still fail to understand they’re professionally aligned with a workplace, as their fingers busily type before they think. For the record “typing before you think” is usually far more dangerous than “speaking before you think”? If it Facebook, Instagram, Twitter, Snapchat, blogging, Wikis, Flikce, Youtube, LinkedIn or a group text message, it’s important to ask oneself “would I be happy to read that comment or see that picture on the front page of the newspaper with my name, and that of my employer or medical practice, attributed?”

To the new online generation, this is too much for the modern workplace. I hear this all the time and you don’t remove it, it’s the law says you are responsible for it. Now Facebook Wall, Twitter feed, false and misleading statements on LinkedIn and Instagram pictures accompanied by comments, and set some time aside to work on your “privacy” and access settings.

Susan Halliday
Former Sex Discrimination Commissioner and Disability Discrimination Commissioner

Susan Halliday is a former sex and disability discrimination commissioner who spoke to the ANZCA Council and senior staff earlier this year about bullying, discrimination and sexual harassment. She covered risks associated with social media in her presentation.

Laying down the law on social media
Dr Peter Roessler explains ANZCA’s professional documents using practical examples.

Respect and support are essential to collegiality.

“Collegiality” is a term used in many contexts, however it appears to escape attention when colleagues encounter conflict with external organisations or people.

What does collegiality mean, why is it important and how do we, as individual Fellows, demonstrate collegiality?

As a young consultant and deputy director at a major teaching hospital, I aspired to take over as director when the incumbent retired. My plans took a dive when a disheartened visiting medical officer who felt aggrieved about the allocation of a private list (which was fairly shared among all VMOs) made allegations about the director, who was of the utmost integrity and honesty. The opportunity to seize financial funding allocations by another specialty resulted in the allegations being escalated to the hospital’s administration. In the absence of any inquiry – let alone a fair one – the director was judged guilty with subsequent removal of departmental sessions. He was so shocked that he announced he would resign. Here was an opportunity for me to become director. Knowing the allegations were completely mischievous, I encouraged the director to dispute them. He was vindicated by the subsequent inquiry, however sessions were still divested away from the department, which he found untenable and consequently resigned. The director of medical services approached me assuming I would accept the position as director.

What would you do?

Rightly or wrongly, I felt I could not accept the offer under such circumstances and professed a biblical quote that he should go forth and multiply. Clearly this was not the only option and it may not have been the wisest, however, it was a demonstration of my support for a colleague and mentor and I have never had any regrets.

More recently there have been incidents where colleagues have been accused of misconduct or questionable clinical management, but following investigations by the medical board no sanctions have been imposed and no negative findings made. During an inquiry, privileges are suspended by healthcare facilities. Despite strong support from their surgeons, the concerns raised by other physicians and/or peers carried greater weight. The impact of such decisions on livelihood and family is huge.

In the absence of an appropriate hospital inquiry devoid of conflicts of interest, there is a risk the findings may be prejudiced. Medical advisory committees and credentialing committees must be impartial and exclude or manage conflicts of interest. Collegiality demands that during our colleagues’ suspension we assist by covering their lists until they are able to resume work. This enables us to maintain services to the community, the hospital and the surgeons while supporting our colleagues, who may be the victims of personality conflicts, poor communication or stresses to which we may all be susceptible at times.

The relevant professional documents/ College documents pertinent to considerations of collegiality include:

- **PS62 Statement on Credentialing and Defining the Scope of Clinical Practice in Anaesthesia**
- **PS65 Statement on the Standards of Practice of a Specialist Anaesthetist**
- **PS44 Guidelines on Return to Anaesthesia Practice for Anaesthetists**
- **PS50 Guidelines of Return to Anaesthesia Practice for Anaesthetists**
- **Supporting Anaesthetists’ Professionalism and Performance – A Guide for Clinicians**

Collegiality is the regard with which we, as individuals, hold each other, and the support we provide to fellow members of our College especially during times of stress. We are most fortunate to have access to resources and we should avail ourselves of these during times of stress or conflict.

The Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists have expertise in assisting with a range of issues and their committees include very experienced and knowledgeable peers. The Welfare of Anaesthetists Special Interest Group also is an excellent support resource.

While ANZCA may be perceived as a regulatory organisation responsible for education and standards, fellowship affairs also is a major role of the College. The College cares about its Fellows and invests considerable resources into assisting and supporting its fellowship. From this perspective, there is no shortage of collegiality, so it comes back to each of us as individuals to promote our specialty and to support each other.

Dr Peter Roessler
Director of Professional Affairs, Professional Documents ANZCA
Changes to the ANZCA Council

Your new ANZCA Council

The ANZCA Council changed in May with Professor Alan Merry stepping down after 11 years and Dr Lindy Roberts retiring after 12 years, including two years as president.

Alan and Lindy have made substantial contributions to the College; Alan with a particular focus on safety and quality and research, and Lindy in education and training. Hopefully they will continue to be able to contribute.

Professor Ted Shipton is also leaving the ANZCA Council, having served brilliantly as dean of the Faculty of Pain Medicine for the past two years. Dr Chris Hayes (Newcastle, NSW) has been elected as dean and is an able successor.

Also to be congratulated are re-elected councilors Dr Pat Farrell (Newcastle, NSW), Dr Rod Mitchell (Adelaide, SA) and Dr Richard Waldron (Hobart, Tasmania). I am very pleased to welcome Dr Chris Colhoun (Sydney, WA) and Dr Nigel Robertson (Auckland, NZ) as new councillors.

I am very grateful to our outgoing councillors and look forward to working with our new “team” as we deal with the opportunities and challenges faced by our College and specialty. With great pleasure I also welcome Dr Rod Mitchell to the position of vice-president. Rod was elected at the New Council Meeting in Auckland.

Associate Professor David A Scott of the University of Melbourne and St Vincent’s Hospital, took up the role of president of ANZCA during the 2016 ANZCA Annual Scientific Meeting in Auckland in May. Associate Professor Scott is the director of the Department of Anaesthesia and Acute Pain Medicine at St Vincent’s Hospital in Melbourne. He also is an associate professor in the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne. His key research interests include cognitive change following anaesthesia, patient blood management in cardiac surgery, and the safe and effective management of acute pain.

Associate Professor Scott, who replaces Dr Genevieve Gouldling, said, “It is a privilege and responsibility to lead the Australian and New Zealand College of Anaesthetists. “Our College has an outstanding international reputation in both the clinical excellence of our Fellows and the quality of our research.

There are many challenges in healthcare at the moment, and the College will continue to engage with healthcare and other professional organisations, government and regulators to achieve the best outcomes for our patients.”

The new vice-president of ANZCA is Dr Rod Mitchell of South Australia, whose practice includes anaesthesia and intensive care medicine, in both the public and private sectors.

Dr Mitchell worked for many years in Alice Springs, both as a specialist anaesthetist and a GP anaesthetist, and with the Royal Flying Doctor Service. He continues to have a professional interest in indigenous health.

During his time on the ANZCA Council he has chaired several committees including the Professional Affairs Executive Committee, Continuing Professional Development, Indigenous Health, the Joint Consultative Committee on Anaesthesia, and Fellowship Affairs. Both appointments run for two years.

Karen Kissman
Media Manager, ANZCA

Our College’s evolution: 2004-16

Former president Dr Lindy Roberts reflects on her 12 years on council.

Over the past 12 years, I have witnessed many changes.

Highlights include the election of our first female president (and first residing in New Zealand, Dr Leona Wilson); the election of the first female dean of the Faculty of Pain Medicine (Dr Penny Briscoe); more effective trainee and new Fellow voices (ANZCA Trainee Committee established 2007, represented on ANZCA Council from 2010; new Fellow councillor from 2008); formation of the Indigenous Health Committee; community representatives on committees; Australian and New Zealand recognition of pain medicine as a specialty; establishment of the Anaesthesia and Pain Medicine Foundation and the ANZCA Clinical Trials Network (supporting internationally recognised as well as novice researchers); creation of the ANZCA Overseas Aid Committee (and Essential Pain Management); increasing focus on welfare (for example, the Ray Hader Award for Pastoral Care, improved assistance for trainees experiencing difficulty); and more support for clinical teachers and supervisors (for example, the ANZCA Educators Program). The list goes on.

There are many things that strengthen our College and Faculty. Foremost is the large pool of Fellows, trainees and international medical graduate specialists (most of whom become Fellows) who give their time and energy to advance our professions. They work in many capacities – teachers, researchers, supervisors of training, examiners, committee members and chairs, ANZCA Council and FPM Board members, and so on. While the central contribution of these volunteers has not changed, the College is now better able to support their efforts.

College and Faculty activities would not be possible without our highly capable staff – not just in visible areas, such as, education, communications, fundraising, fellowship affairs, continuing professional development, professional affairs and conference management, but also in critical supporting portfolios, such as finance and project management.

Staff capability in all areas has improved enormously over the past 10 years. The New Zealand office, with its media and health policy resources, is a good example. Staff expertise allows us not only to respond to government inquiries, but increasingly we are the “go to” body for other organisations.

There is now a College Communications team, which produces hundreds of anaesthesia and pain medicine media stories each year and high quality publications (for example, National Anaesthesia Day posters).

Both appointments run for two years.

Karen Kissman
Media Manager, ANZCA

ANZCA Council officer bearers

President - Associate Professor David A Scott (Vic)

Vice-President – Dr Rod Mitchell (SA)

Immediate Past-President – Dr Genevieve Goulding (Qld)

Honorary Treasurer – Dr Richard Waldron (Tas)

Chair of Examinations – Dr Michael Jones (NSW)

Honorary Curator – Dr Christine Ball (Vic)

Honorary Historian – Professor Barry Baker (NSW)

A full list of committee members and their chairs can be found on the ANZCA website under “Council, committees and representatives”.

All College correspondence to the president should be directed to either the president’s email address (president@anzca.edu.au) or the CEO’s email address (ceo@anzca.edu.au).

Introducing our new councillors

Dr Chris Cokis
Dr Chris Cokis is an anaesthetist working in the area of cardiothoracic anaesthesia at Fiona Stanley Hospital in Perth, Western Australia. His interests include the examination process for trainees and he has been actively involved with the Cardiac Thoracic Vascular and Perfusion (CTVP) Special Interest Group for many years.

Dr Nigel Robertson
Dr Nigel Robertson emigrated to New Zealand from Scotland nearly 30 years ago. He is a specialist anaesthetist and former clinical director of the adult anaesthesia division at Auckland City Hospital with an interest in neuro-anaesthesia and orthopaedics. He was chair of the New Zealand National Committee of ANZCA and is an expert advisor to the Health and Disability Commissioner in NZ. He is the new chair of the Continuing Professional Development Committee and is a hospital accreditation visitor for ANZCA.

Dr Chris Hayes
Dr Chris Hayes is dean of the Faculty of Pain Medicine. Having trained initially in anaesthesia, Chris now works entirely in pain medicine and is the director of the Hunter Integrated Pain Service based at John Hunter Hospital in Newcastle, NSW. Chris’s interests include the multidimensional treatment of chronic pain, health system redesign and a personal focus on pain associated with endurance trail running.

Dr Rod Mitchell
Dr Rod Mitchell is the president of the Australian and New Zealand College of Anaesthetists and is currently finishing up his three-year term. Rod’s term has seen the ANZCA Council work on a number of important initiatives including waste management, increasing focus on welfare (for example, the Ray Hader Award for Pastoral Care, improved assistance for trainees experiencing difficulty); and more support for clinical teachers and supervisors (for example, the ANZCA Educators Program). The list goes on.

There are many things that strengthen our College and Faculty. Foremost is the large pool of Fellows, trainees and international medical graduate specialists (most of whom become Fellows) who give their time and energy to advance our professions. They work in many capacities – teachers, researchers, supervisors of training, examiners, committee members and chairs, ANZCA Council and FPM Board members, and so on. While the central contribution of these volunteers has not changed, the College is now better able to support their efforts.

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Karen Kissman
Media Manager, ANZCA

(continued next page)
Changes to the ANZCA Council (continued)

The ANZCA Council also has evolved over those years under the leadership of past presidents, councils and chief executive officers, each building on the achievements of predecessors.

Increasingly there is an expectation that councillors are trained for their roles as company directors, through an induction process, an annual council education program and company director courses. Decisions now formally consider strategy, risk and budget. Council takes advice from external advisors and has a Finance, Audit and Risk Management Committee. These formal business processes ensure that College resources are used wisely and to best effect.

A healthy organisation is one that adapts to meet the challenges, opportunities and changes of the time. Fellows and trainees can be reassured that ANZCA and its Faculty of Pain Medicine are not only well regarded, but also work effectively to advance the specialties of anaesthesia and pain medicine in the interests of our patients.

Dr Lindy Roberts
Past ANZCA president

Elected to the ANZCA Council in 2004, Dr Lindy Roberts served as assessor, treasurer, chair of Education and Training, and FPM Board representative. As president (2012-14), she had a leadership role in the ANZCA Strategic Plan 2013-2017, the introduction of the revised curriculum in 2013, the ANZCA/FPM Continuing Professional Development Program revision and represented the College in many external forums on issues such as workforce and revalidation. Most recently, she was chair of the Anaesthesia and Pain Medicine Foundation Committee, ANZCA representative to the Australian Society of Anaesthetists Professional Issues Advisory Committee, councillor to the Education Training and Assessments Executive Committee, and FPM representative to the Bullying, Discrimination and Sexual Harassment Working Group. She is passionate about education and training, complex acute pain management, ENT anaesthesia and film noir.

Professor Alan Merry
Professor Alan Merry is chair of ANZCA’s Research Committee and has served on the ANZCA Council since 2003. He is an anaesthetist and specialist in pain medicine at Auckland City Hospital, NZ. He chairs the board of the Health Quality and Safety Commission in NZ. Working with others, he contributed to the establishment of ANZCA’s Quality and Safety Committee, which is going from strength to strength under the leadership of Dr Phillipa Hore, and the Australian and New Zealand Tripartite Anaesthetic Data Committee (ANZTADC), now under the chairmanship of Dr Neville Gibbs and the direction of Dr Martin Calvert. Professor Merry believes the ANZCA Council is in great heart and that councillors appointed in recent years have strengthened the sense of collegiality, purpose and commitment to the good of our specialty and the patients we serve. He believes the opportunity to serve on council, and on the NZ National Committee before this, has been one of the great privileges of his career.

Professor Edward (Ted) Shipton
Professor Ted Shipton is the immediate past dean of the Faculty of Pain Medicine. Ted is an anaesthetist and specialist pain medicine physician in Christchurch and Burwood hospitals in Canterbury, NZ. He is head of the Department of Anaesthesia at the University of Otago in Christchurch, and medical director of the Pain Management Centre for the Canterbury District Health Board. He is director of Pain@Otago Research Theme, and serves on the MCHB Curriculum committee, and on the Professional Conduct Committee of the Medical Council of New Zealand. He considers anaesthesia to be in good hands due to the tireless commitment and collegiality shown by the members of the ANZCA Council in enhancing the quality of training, research and patient safety. He says it has been a great honour to be a member of the ANZCA Council.

Dr Lindy Roberts
Past ANZCA president

Professor Alan Merry
Chair ANZCA Research Committee

Professor Edward (Ted) Shipton
Immediate past dean of the Faculty of Pain Medicine

ANZCA farewells…

Dr Lindy Roberts
Professor Alan Merry
Professor Edward (Ted) Shipton

ADVERTISMENT

Are you a new Fellow (ANZCA/FPM) within three years of attaining your Fellowship? We need you!

You will have received an email inviting you to have your say. Survey closes 4 July.

Focus on the important issue of bullying, harassment and discrimination for the first time.

You will have received an email inviting you to have your say. Survey closes 4 July.

Online surveys...no paperwork.

No more than 20 minutes to complete.

Voluntary and confidential.

graduateoutcomes@anzca.edu.au

Last chance to have your say
Anaesthetists tackle a weighty problem

The 2015 National Anaesthesia Day survey found obesity is a growing medical concern. ANZCA conducted a survey on anaesthetists’ attitudes to obesity as part of the National Anaesthesia Day activities in October 2015. The survey revealed a problem: anaesthetists often find it difficult to communicate with obese patients about their weight.

About two thirds of respondents indicated that obesity was the most common co-morbid condition they encountered and the same proportion had anaesthetised at least one obese patient on their most recent clinical day. The survey respondents almost universally agreed that obesity increases both perioperative and lifetime risks for patients. However, respondents suggested uncertainty in knowing how best to approach the problem, with comments such as “obesity is the new norm”, and “I feel politically incorrect if I have to discuss with patients their extreme weight and the problems it can cause”.

A collaborative group was formed to explore options for resolving this problem. The group consists of two anaesthetists (Associate Professor Natalie Smith, University of Wollongong; and Professor David Story, University of Melbourne), a specialist obesity physician (Dr Nic Kermas, Camden and Concord Repatriation General Hospitals, Sydney) and a specialist in medical communication (Associate Professor Robyn Woodward-Kron, University of Melbourne).

The group reviewed the literature to try to answer this question: “How can anaesthetists best communicate with obese patients regarding perioperative risk and weight loss?”

The answer was very short: we found no literature to address the specific question of how anaesthetists should communicate with their patients, perioperatively, about the risks and management of obesity. One letter to the editor noted that anaesthetists should directly address obesity-related risks with patients in the pre-assessment setting rather than simply noting and managing such risks. However, no guidance on the best methods of doing so was found.

Addressing major perioperative risks during the pre-assessment process is essential to good perioperative care. Weight-loss conversations could be considered similar to the smoking cessation conversations that physicians learned how to initiate with patients in the past.

Patients expect their health risks will be assessed and addressed when they interact with health professionals; This has been called the “teachable moment”. The preoperative assessment provides a window of opportunity in which to do so. With sufficient time, it allows the patient to start to modify their risks.

The question of how to initiate risk discussions with obese patients remains important.

In the next stage of this work, we are using the literature closest to our original search topic to construct recommendations that could be used as guidance for anaesthetists. This literature includes evidence-based suggestions about initiating weight loss conversations with obese patients in other settings and by a number of healthcare professionals. It includes particular groups of patients, such as those in paediatric and maternity care. These suggestions will be reviewed and confirmed in consultation with the team. We aim to produce guidelines that will be of practical use for anaesthetists, which can be implemented and investigated in the future.

Dr Natalie Smith, FANZCA
Wollongong Hospital
Professor David Story, FANZCA
University of Melbourne

Librarians from two institutions performed formal searches with search terms including the following, individually and in combination:

<table>
<thead>
<tr>
<th>Communication</th>
<th>Interpersonal/physician-patient relations</th>
<th>Weight/weight loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perioperative care/period</td>
<td>Obesity/body mass index</td>
<td>Diet</td>
</tr>
<tr>
<td>Health education/promotion</td>
<td>Narration</td>
<td>Directive counselling</td>
</tr>
<tr>
<td>Referral and consultation</td>
<td>English language</td>
<td>2006 to current</td>
</tr>
</tbody>
</table>

‘About two thirds of respondents indicated that obesity was the most common co-morbid condition they encounter and the same proportion had anaesthetised at least one obese patient on their most recent clinical day.’

References:

Gearing up for National Anaesthesia Day

National Anaesthesia Day
ANZCA will again be co-ordinating National Anaesthesia Day, this year on Monday October 17, with the aim of lifting the profile of anaesthesia in the community.

The theme for 2016 is regional anaesthesia which highlights that a large number of anaesthetics occur when the patient is awake and comfortable.

National Anaesthesia Day is usually held on October 16 each year to mark the anniversary of the day in 1846 that ether anaesthesia was first demonstrated publicly. However, this year October 16 falls on a Sunday so National Anaesthesia Day will be celebrated on Monday October 17.

The first spinal anaesthesia is believed to have been done in 1898, when surgeon Professor August Bier injected cocaine into a patient’s spine before surgery in Kiel, Germany. In 1906, Bier pioneered the use of intravenous regional anaesthesia with a technique called “the Bier block”, which is still used for short operations on arms and hands.

For further information about National Anaesthesia Day, please contact communications@anzca.edu.au.

About two thirds of respondents indicated that obesity was the most common co-morbid condition they encounter and the same proportion had anaesthetised at least one obese patient on their most recent clinical day.”
New Perioperative Anaphylaxis Management Guidelines

The Australian and New Zealand Anaesthetic Allergy Group (ANZAAG) and ANZCA have released the second version of the Perioperative Anaphylaxis Management Guidelines.

The new guidelines have been modified as a result of simulation research, feedback from anaesthetists who have managed episodes of anaphylaxis in the perioperative setting and from the many anaphylaxis workshops conducted since the initial guidelines.

The new resources include six management cards and more extensive guidelines and background documents designed for planning and protocol development prior to an emergency. The background document outlines how to use the cards, including team structure, incorporating human factors research, as well as electronic reference links and the level of evidence for the recommendations.

The key changes in the 2016 co-badge document are:

- Two paediatric cards for the immediate and refractory management of anaphylaxis in children. This allows for age-specific recommendations and simplifies information on the adult cards.
- Introduction of cardiac arrest recommendations at the top of the immediate management cards.
- Increased emphasis on rapid, large volume fluid resuscitation. Observations during simulation sessions indicate that fluid administration is frequently insufficient.
- Changes to the diagnostic card to make it a differential checklist rather than a textbook differential diagnosis list.
- Changing the drug name “adrenaline” to “adrenalin (epinephrine)” to be consistent with the Australian Therapeutic Goods Administration approach to international harmonisation of drug and ingredient names. The dual nomenclature is restricted to headings in most instances.

It is strongly recommended that institutions update to the new management guidelines and consider how to implement them locally. The process can be facilitated by preparing an anaphylaxis box, which can be used to conduct anaphylaxis management education and provide ready access to the necessary resources during an anaphylaxis crisis. Instructions describing how to prepare an anaphylaxis box and supporting documents are available from the ANZAAG website.

All management cards, guidelines and background papers, and anaphylaxis box documents can be found on the ANZAAG website at www.anzaag.com.au and the ANZCA website www.anzca.edu.au/ Resources/Endorsed guidelines. ANZCA has a policy of continuous resource monitoring and quality improvement. Feedback from ANZCA Fellows is welcome to admin@anzaag.com.

Dr Helen Kolawole, FANZCA
Chair ANZAAG Anaphylaxis Management Group, member ANZCA Anaesthetic Allergy Sub-Committee

Dr Helen Crilly, FANZCA
Chair ANZAAG Web/Data Group, Co-opted member ANZCA Anaesthetic Allergy Sub-Committee

Reference:

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Chair ANZAAG Web/Data Group, Co-opted member ANZCA Anaesthetic Allergy Sub-Committee

Reference:

The Australian and New Zealand Anaesthetic Allergy Group (ANZAAG) and ANZCA have released the second version of the Perioperative Anaphylaxis Management Guidelines.

The new guidelines have been modified as a result of simulation research, feedback from anaesthetists who have managed episodes of anaphylaxis in the perioperative setting and from the many anaphylaxis workshops conducted since the initial guidelines.

The new resources include six management cards and more extensive guidelines and background documents designed for planning and protocol development prior to an emergency. The background document outlines how to use the cards, including team structure, incorporating human factors research, as well as electronic reference links and the level of evidence for the recommendations.

The key changes in the 2016 co-badge document are:

- Two paediatric cards for the immediate and refractory management of anaphylaxis in children. This allows for age-specific recommendations and simplifies information on the adult cards.
- Introduction of cardiac arrest recommendations at the top of the immediate management cards.
- Increased emphasis on rapid, large volume fluid resuscitation. Observations during simulation sessions indicate that fluid administration is frequently insufficient.
- Changes to the diagnostic card to make it a differential checklist rather than a textbook differential diagnosis list.
- Changing the drug name “adrenaline” to “adrenalin (epinephrine)” to be consistent with the Australian Therapeutic Goods Administration approach to international harmonisation of drug and ingredient names. The dual nomenclature is restricted to headings in most instances.

It is strongly recommended that institutions update to the new management guidelines and consider how to implement them locally. The process can be facilitated by preparing an anaphylaxis box, which can be used to conduct anaphylaxis management education and provide ready access to the necessary resources during an anaphylaxis crisis. Instructions describing how to prepare an anaphylaxis box and supporting documents are available from the ANZAAG website.

All management cards, guidelines and background papers, and anaphylaxis box documents can be found on the ANZAAG website at www.anzaag.com.au and the ANZCA website www.anzca.edu.au/ Resources/Endorsed guidelines. ANZCA has a policy of continuous resource monitoring and quality improvement. Feedback from ANZCA Fellows is welcome to admin@anzaag.com.

Dr Helen Kolawole, FANZCA
Chair ANZAAG Anaphylaxis Management Group, member ANZCA Anaesthetic Allergy Sub-Committee

Dr Helen Crilly, FANZCA
Chair ANZAAG Web/Data Group, Co-opted member ANZCA Anaesthetic Allergy Sub-Committee

Reference:
It has become apparent we have overlooked some safety aspects of the equipment we use daily in many of our operating rooms.

The size and amount of equipment required to administer modern anaesthesia and complete surgical procedures is staggering when compared with 30 years ago.

Moving around the operating theatre and our patients in the presence of all this equipment, cluttered tubing and electrical cabling can present hazards to staff. Even our patients may be at risk if circuits are inadvertently disconnected or staff need to be replaced due to injury.

Colleagues and staff comment on hazards within the operating theatre. Such statements as, “when will telemetry be introduced?” are often repeated. This is not unreasonable; telemetry was available in coronary care units decades ago.

Manufacturers of anaesthesia machines seem to ignore the need to provide a means to appropriately manage equipment emanating from them.

It is a moral and legal requirement for employers to provide a safe working environment for staff in any workplace. Our operating rooms are no exception. In Victoria, this requirement is enshrined in the Victorian Occupational Health and Safety Act 2004.

The manner in which trip and fall hazards and electrical safety are managed in many of our operating theatres would no longer be regarded as best practice by experts in work safety (personal communication).

The solution

So what can be done to improve safety in our operating rooms?

The first step is for the owners and operators of our operating rooms to facilitate regular risk and safety audits and reviews of functioning operating rooms. This will enable the problems to be defined. Only then can solutions be developed. Currently these reviews do not appear to be happening.

In addition to the inclusion of anaesthetist advice in future operating theatre design, the following measures may be helpful:

- The addition of up to two pendants per operating room.
- The number of power outlets to be commensurate with the number of anticipated devices to avoid junction boxes.
- Simple fixtures attached to the anaesthesia machine (as already exist) should be used where available to tidy up the anaesthesia end!
- A proactive attitude by anaesthetists. Just lifting cables and tubes off the floor can be helpful.

Long-term improvements will require a multidisciplinary approach with all interested parties involved, once the issues have been defined.

Summary

It is time to rethink the way equipment essential for the care of the surgical patient is managed in the modern operating room.

The problems are not insurmountable. Improvements can be made after implementing regular reviews of current practices, the application of good industrial design and a focus on workplace best practice.

Did we not put a man on the moon in 1969? Hopefully interested parties will take the problems seriously and initiate the process for achieving better operating room safety for all participants.

Dr Grant Brace, FANZCA
Albert Street Anaesthetic Group, Victoria

ANZCA Perioperative Medicine Working Group

References:
1. NSQHS Standard 10, Preventing Falls and Harm from Falls.

A series of common scenes from a representative sample of operating rooms, in both public and private facilities, in Melbourne.

Opposite page from left: An untidy collection of necessary anaesthetic equipment. No fixture available to secure the breathing circuit off the floor. Not the cleanest place to house equipment. Equipment on the floor needing to be repositioned by staff. A potential trip and fall hazard. Anaesthetic equipment potentially creating a trip and fall hazard. An electrical junction box sits under an operating table at risk of liquid spill and operating four appliances. A potential for circuit overload and the loss of function of the four appliances attached.
Safety alerts

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

Recent alerts:
• Urgent product recall – Ondansetron 4mg (10) and 8mg (10) Dr Reddys®.
• Epipen 300 Microgram Adrenaline Injection Syringe Auto Injectors.
• Reduced vacuum for optional suction on certain Aisys of Anaesthetic Devices.
• Draeger Primus machines.
• Particles in propofol.
• Recall: Children’s Panadol 5-12 years suspension 200 mL bottle.
• Medtronic RestoreSensor implantable neurostimulators.
• Urgent Recall: Dräger D-Vapor and D-Vapor 3000 with Baxter Desflurane Agent and Bottles.
• Phenylephrine - lack of haemodynamic effect.
• Marcain Spinal 0.5% Heavy and reports of failed or incomplete spinal anaesthesia.

Changes to adrenaline autoinjector labels

During 2016, adrenaline medicine labels will start to show “adrenaline (epinephrine)” as the ingredient name. It is important to remember it is only the label of the autoinjector that will change to include this new information. The ingredients, including dose amounts, will stay the same. In different countries, different names are used to describe the same ingredient. In Australia, adrenaline is the approved name of the ingredient in autoinjector devices used for the emergency treatment of anaphylaxis. Currently, the only available autoinjector to treat anaphylaxis in Australia is supplied under the brand name EpiPen®.

Using different names for the same ingredient can be confusing for Australians travelling overseas, visitors to Australia, and health professionals trained internationally. Including both adrenaline and epinephrine on Australian medicines should help make it clear that these are the same ingredient. Both names also will be used in the accompanying consumer medicine leaflet inside the packaging. More information about changes to adrenaline labels is also available on the Therapeutic Goods Administration (TGA) website www.tga.gov.au/changes-adrenaline-and-noradrenaline-labels.

webAIRS news

Since its inception, webAIRS has collected 4375 critical events and registered 123 sites across Australia and New Zealand. A recent enhancement to webAIRS is the “Analyse incidents” page. Currently undergoing beta testing, this feature allows local administrators and webAIRS analysts to review local incidents, create charts for morbidity and mortality meetings (similar to the diagram above) and compare local results with be national data. The page is undergoing continuous improvement and feedback from users is encouraged. As is the case with all webAIRS reports, all data on the “Analyse incidents” page remains de-identified.

The webAIRS homepage has been updated and now features dynamic registered sites and incident report statistics. The news section details upcoming presentations and workshops, the next of which is at the 2016 Australian Society of Anaesthetists National Scientific Congress, Melbourne. As well as two workshops, a webAIRS session entitled “Error reduction strategies” will feature on Tuesday, September 20. Continuing professional development program credits (in the practice evaluation category) are awarded for participation in workshops just as they are for each report made in webAIRS.

Presentations of webAIRS data will feature at the annual scientific meetings of ANZCA, the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists. Most recently, a presentation at the 2016 ANZCA ASM included interim analysis relating to malignant hyperthermia and to hypertension. The recently formed webAIRS publication group will undertake further analysis of these themes. The March 2016 edition of Anesthesia and Intensive Care features the first publication of a peer-reviewed article using webAIRS data.

If you know that webAIRS allows you to submit incident reports as an individual? It is optional to link to a registered site – or register a new site – and at the conclusion of data input, the system will ask if you wish to forward the reported incident to an organisation or simply submit it anonymously. Each and every report in webAIRS earns you continuing professional development points and is making a valuable contribution to this important service improvement initiative.

For more information, please contact: Dr Martin Culwick or administration support via anztdc@anzca.edu.au. To register visit www.anztadc.net and click on the registration link at the top right hand side of the page. A demonstration can be viewed at www.anztadc.net/Demo/IncidentTabbed.aspx.
It is 50 years since Dr Mary Burnell became a resident medical officer at Adelaide Children’s Hospital and by 1934 had been appointed honorary anaesthetist. Her relationship with the hospital continued in this capacity until 1965, when she took up the position of honorary consulting anaesthetist, later renamed emeritus anaesthetist.

It was in 1934 Burnell became involved with the Australian Society of Anaesthetists (ASA), becoming a founding member of the society, as well as the first female member. A year later, in 1935, she worked as secretary for the South Australian section of the society. Burnell also joined the British Medical Association in 1932 and was awarded honorary life membership in 1943 after 50 years of membership.

Also in 1934, Mary married a surgeon, Glen Howard Burnell. Together they had three children and Mary Burnell stepped aside from her public anaesthesia practice in 1937 to devote time to their growing family. However, she was able to continue private practice working with her husband as they scheduled operations around domestic commitments.

Burnell believed strongly in collaborative practice and knowledge sharing. In 1953, she invited Dr Bernard Johnson from England to speak at the annual meeting of the society in Adelaide. This began a tradition of inviting overseas speakers which continues today.

In 1977, she was awarded a Silver Jubilee Medal, presented by Queen Elizabeth in a ceremony held at Buckingham Palace, and in 1996, the inaugural Mary Burnell Lecture was given at the annual scientific meeting in Townsville, Queensland, by Dr John Scanlon from the UK.

Outside of anaesthetics, Burnell was a member of the committee of mothers’ and nurses’ Health Association of South Australia and the South Australian Medical Women’s Society. She was an avid reader and highly knowledgeable about wines. Her love of good wine gained her the distinction of being a ‘wine judge’.

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References:
1. Mary Burnell, unpublished document, courtesy of Anne Prior
2. ibid.
4. ibid.
6. Mary Burnell, unpublished document, courtesy of Anne Prior
12. Anthony Prior, ‘Mary Taylor Angel’, Dean of the Faculty of Anaesthetists, Royal Australasian College of Surgeons, 1966; Dr Burnell being presented with Honorary Fellowship, Faculty of Anaesthetists, Royal College of Surgeons, 1973; University of Adelaide graduation program, 1931; Invitation to Silver Jubilee celebration, 1977

Dr Mary Burnell was a forthright and generous woman in both her personal and professional life.

Monica Cronin, Curator, Geoffrey Keye Museum of Anaesthetic History

Ari Hunter, Deakin University

Art Hunter is a student at Deakin University’s Master of Cultural Heritage & Museum Studies program. Art has been undertaking a collection management internship at the Geofre Keye Museum of Anaesthetic History since September 2019.

References:
1. Mary Burnell, unpublished document, courtesy of Anne Prior
3. Mary Burnell, unpublished document, courtesy of Anne Prior

Women leaders in anaesthesia: Past presidents and deans

Mary Burnell was a key figure in the establishment of the Faculty of Anaesthetists, Royal Australasian College of Surgeons. The dedication to the practice was recognised through an array of awards and leadership positions. Burnell served as President of the Australian Society of Anaesthetists and Dean of the Faculty of Anaesthetists. Through her leadership, including President’s motions, she supported the establishment of the Faculty of Anaesthetists, Royal College of Surgeons, honorary fellowship to the Faculty of Anaesthetists at RACS, honorary fellowship to RACS, life membership of the ASA and member of the Court of Honour, RACS.

Teresa (Tess) Cramond was the first woman president, and the first Queensland branch of the Australian Medical Association, dean of the Faculty of Anaesthetists at the Royal Australasian College of Surgeons (RACS), and was also the first woman councillor there. She was the first Queenslander to be enrolled in the Court of Honour of RACS, and the first woman appointed a colonel in the Defence Health Service. In 1978, Cramond was awarded an officer of the Order of Australia for her services to the community and the defence forces.

Kate Leslie is a dual qualified specialist anaesthetist and specialist pain medicine physician. During her term as president she encouraged the understanding of concussions and the role of sport medicine, an area that she is passionate about.

Lindy Roberts is a dual qualified specialist anaesthetist and specialist pain medicine physician. During her term as president she encouraged the understanding of concussions and the role of sport medicine.

Leona Wilson was the first woman and the first New Zealander to hold the ANZCA presidency. She was involved with the formation of the Perioperative Mortality Review Committee in 1990, and was a member of earlier committees that changed the Opioid’s Addiction Act 1997. During her presidency, Wilson skillfully navigated the College through the departure of the Joint Medical Committee member of the Law and Professional Conduct Committee. Wilson was key in the development of the Emergency Management of Anaesthetic Crisis courses, progress in Opioid’s addictive disorders, Wilson was appointed an Officer of the New Zealand Order of Merit, 2010, and received the Royal Onorto Medal in 2012.

Genevieve Goulding is a foundation member and former chair of the Wellness of Anaesthetists Special Interest Group. Her interest in this field is ongoing, with a particular emphasis on the areas of impairments, competency assessment and substance misuse. This interest carried through to her presidency, during which time Goulding initiated the Royal Australasian College of Surgeons’ feedback and evaluation of regional training and education improvement for anaesthetists and surgeons. Goulding is a Royal Australasian College of Surgeons’ special interest group, which is based on clinical guidelines for management of opioid-related symptoms and treatment of opioid use disorder. Goulding participated in the National Australian Medical Students’ Association Beyond Blue Roundtable Advisory Group.

Mary Burnell, Dean of the Faculty of Anaesthetists 1966 – 1973

MBBS, DA RCP

MBBS, DA RCP

MBBS, DA RCP, GradCertClinEd

MBBS, FANZCA, FFAICS, FFAICS, FFAICS, FFAICS

MBBS, FANZCA, FFAICS, FFAICS, FFAICS

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MBBS, FANZCA, FFAICS, FFAICS

MBBS, FANZCA, FFAICS, FFAICS
In 1993, Dr Mary Burnell presented the newly formed Australia and New Zealand College of Anaesthetists with the working maquette of a large fountain she presented to RACS in 1971. The large fountain came to be dubbed “Forest Landscape” and was commissioned in memory of her late husband Dr Glen Howard Burnell.

A maquette is a model produced by a sculptor to help them visualise their ideas and determine both scale and form. In this case the sculptor was Stephen Walker, one of Australia’s premier large-scale bronze artists of the time.

While bronze is a sturdy material, it also requires some attention to keep it looking its best. Over the years the piping had broken down, along with the fountain mechanism and the plinth had mysteriously disappeared. In early 2016 the maquette was sent to Millennium Art Services for a buff and polish, and to have its various parts serviced and restored.

In March it was returned to ANZCA in full working order. Now cleaned and polished, it has retained its patina and will continue to develop the rich, warm colourings of bronze patination for years to come. The working fountain augments the stunning garden at ANZCA House and provides a touchstone to the values of improvement and innovation Dr Burnell held during her life and which were instrumental in the formation of both the Faculty and the College.

In 2013, the 8th International Symposium on the History of Anaesthesia was held in Sydney, with a satellite meeting in Melbourne. More than 100 people from around the world presented on areas of historical interest within the practice of anaesthesia and pain medicine.

The proceedings from the meeting were published in April 2016 and are now available for purchase.

It is a weighty tome, covering a range of interest areas, including: “Biological and chemical warfare: An historical perspective” by DB Bacon; “How Joseph Banks was the impetus to materia medica, including drugs of anaesthetic importance” by AG McKenzie; “Anaesthetists and the development of pain medicine” by MJ Cousin and DB Carr; and “No experience required: a historical look at the teaching of anaesthesia in Victorian Britain” by the honorary curator of the Geoffrey Kaye Museum of Anaesthetic History, Christine Ball.

With 106 papers to choose from, there is sure to be a topic of interest to everyone.

The book can be purchased online via the Australian Society of Anaesthetists’ website.

The 9th International Symposium on the History of Anaesthesia will be held in Boston, Massachusetts from October 24-28, 2017. For more information check the website of the American Society of Anesthesiologists.
Training anaesthesia assistants

The Australian College of Peri-Anaesthesia Nurses will offer a clinical fellowship program for anaesthesia and recovery when it launches in July.

The Australian College of Peri-Anaesthesia Nurses (ACPAN, formerly ASAPO) is launching nationally in Australia in July and will offer a clinical fellowship program for anaesthesia and recovery in collaboration with the University of Tasmania. This program will satisfy the requirements of PS8 and will involve basic life support, advanced life support and anaesthesia crisis training. The university will provide online material and anaesthetic departments will provide local supervision of clinical experience and training.

Assessments will be done by ACPAN in the form of written and viva examinations. The University of Tasmania will assess recognition of prior learning to gain registered nurses who are currently in the role an opportunity to gain a postgraduate certificate.

The Australian Anaesthesia Allied Health Practitioners (AAAHP, formerly ASAPO) represents anaesthetic technicians nationally in Australia and are ensuring their education for technicians satisfies the standard of PS8. The diploma of paramedical sciences (anaesthesia) is not offered in NSW. Another issue is that whereas registered nurses and enrolled nurses are registered with the Australian Health Practitioners Regulatory Authority (AHPRA), technicians are not.

The standard of education of assistants is very varied across Australia and is largely delivered locally.

“Proper educational pathways must be established for all assistants to the anaesthetist. Organisation of training for our assistants – whether registered nurses, enrolled nurses or technicians – on a national level should be an achievable goal.”

What is the Agency for Clinical Innovation?

The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and develop evidence-based models of care and assist with their implementation in NSW health services. On this issue there has been considerable collaboration with other health groups including the NSW Ministry of Health, the NSW Health Education and Training Institute (HETI), ACORN, ASAPO and ACPAN.

With so many interested groups, it has been difficult to gain acceptance of a single approach, but the ANZCA guideline has been useful in summarising the educational issues. The recent leadership from ACSPAN and ACORN, in collaboration with University of Tasmania, to put a national focus on nursing education for the assistant to the anaesthetist is a promising development and national organisation from AAAHP will hopefully do the same for educational standards for anaesthetists.

Once the educational standards of both groups have satisfied PS8, it is envisaged there should be no barrier to blended departments of registered nurses, enrolled nurses and technicians. At this stage, technicians are not allowed to handle or check 58 drugs in every state and they do not work in recovery units. The ACI has a role in implementing new models of care in order to support standardisation of practice across the system. Proper educational pathways must be established for all assistants to the anaesthetist. Organisation of training for our assistants – whether registered nurses, enrolled nurses or technicians – on a national level should be an achievable goal.

Dr Michael Amos
Chair of Anaesthesia and Perioperative Network, Agency of Clinical Innovation

References:
1. Kluger, M T; Bukofzer, M; Bullock, M. Anaesthetic assistants: Their role in the development and resolution of anaesthetic incidents. Anaesthesia and Intensive Care 27.3 (Jun 1999): 269-74.
New in the library

Read QxMD app on trial to keep up-to-date on your specialist topic

The ANZCA Library is trialling the Read by QxMD app until the end of 2016. ANZCA and FPM Fellows and trainees can keep up-to-date on their specialist topic and favourite journals through access to the ANZCA Library resources. Simply select ANZCA from the list of institutions under the Settings section of the app.

Read by QxMD provides a single place to discover new research, read outstanding topic reviews and search PubMed. It provides a simple interface that drives discovery and seamless access to the medical literature by reformattting it into a personalised digital medical journal.

Read by QxMD is available on Google Play and the app store: www.qxmd.com/apps/read-by-qxmd-app.

The library encourages your feedback during this trial via library@anzca.edu.au.

For more information about Read by QxMD and other apps available through the ANZCA Library, visit the Apps library guide: http://libguides.anzca.edu.au/library/apps.

New books for loan


History of anaesthesia VIII

Stereopharmacological research in anaesthesiology
A thesis based on selected published works submitted in the fulfilment of the requirements for the degree of Doctor of Medical Science of Sydney Medical School, The University of Sydney / Mather, Laurence E. -- Sydney, Australia: University of Sydney; Sydney Medical School, 2015.

Understanding ultrasound physics

Contact the ANZCA Library
www.anzca.edu.au/resources/library
Phone: +61 3 9093 4967
Fax: +61 3 8517 5381
Email: library@anzca.edu.au

ANZCA Library comes to New Zealand

In the lead-up to the annual scientific meeting (ASM) in Auckland, Fellows from around Australia and New Zealand took advantage of a hands-on workshop about using the ANZCA Library for research. Participants had a range of experience from “new to the library” to “PhD researcher”, as well as varying specialty interests, so it was a great opportunity to learn library tips and tricks. Library staff also were on hand at the ANZCA stand during the ASM to provide information about services and resources for the Fellows and trainees. Oxford University Press joined in on Sunday to promote the British Journal of Anaesthesia and BJA Education, with syringe-shaped highlighters proving very popular with attendees. If you missed visiting the library during the ASM, don’t forget library services are available online anywhere 24/7!
### New eBooks

Ebooks can be accessed via the ANZCA Library website: [www.anzca.edu.au/resources/library/online-textbooks](http://www.anzca.edu.au/resources/library/online-textbooks)

<table>
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<tr>
<th>Title</th>
<th>Authors</th>
<th>Publisher</th>
<th>Year</th>
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<tr>
<td>Safer healthcare: strategies for the real world</td>
<td>Vincent, Charles; Almus, René; -- New York: Springer International Publishing, 2015</td>
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Auckland ASM 2016 – A Pleasure Hosting You!

Closer to the edge sounds like a great theme! How about making a video about walking around the Skytower and then jumping off?!

The speed of agreement and willingness to walk 300 metres above the streets of downtown Auckland attached by a scarily thin rope convinced me that our Regional Organising Committee (ROC) was going to make the 2016 ANZCA Annual Scientific Meeting (ASM) something special. A year later, after several hundred hours of preparation, thousands of emails and numerous trans-Tasman phone calls, the meeting became a reality.

Our team wanted to showcase not only the work of ANZCA and the Faculty of Pain Medicine and its Fellows, but also the beauty, friendliness and thrill of Auckland. True to the Kiw spirit, we wanted to push boundaries, expose delegates to new and innovative speakers and, at times, make them feel uncomfortable. Importantly, we were aware of the significance of using new and emerging technology and encouraged presentations from various platforms, including Twitter, Facebook, FOAMed (free open access medical education), Skype and “virtual” presentations.

Our meetings had many high points. The New Fellows Conference at Waiheke Island was highly successful due to excellent invited speakers and a location that sat on the fence and all took the concept of presenting their thoughts to reflect the “Closer to the edge” theme.

As always at ANZCA ASMs we had fantastic support from our healthcare industry colleagues. Their involvement with breakfast sessions, industry-supported talks, as well as a hugely popular trade display, complemented our scientific program extremely well.

It’s always a challenge to keep delegates until the end of the conference. We chose to make the closing ceremony one of our high points and to our great relief had a fantastic attendance. The closing plenary talk was delivered by Dr Michelle Dickinson or “Nanogel”, a nanotechnologist at the University of Auckland, who showed the radical and innovative ways that this technology can and will affect our specialty. The audience was enthralled by the talk, which included many examples of how nanotechnology will change our practice. These included: physiological monitors that can be printed out using your existing inkjet printer; nanobots to assist with drug delivery and diagnosis; and surface coatings that will limit the spread of infection.

If that was not enough, the final debate pitted the best of our plenary speakers to debate which country had contributed the most to the field of anaesthesia. It was fantastic to see those Fellows present for their ANZCA and FPM Fellowships up close and projected in the fabulous Aotea Centre main auditorium screen. The College orator, Rob Harrell, was an engaging, entertaining and thought-provoking speaker, who moved our emotions from laughter to tears as well as the battle to get justice for his brother, who was killed by the Khmer Rouge. His journey from sportsman to politician was truly inspiring, and this was appreciated by new and older Fellows alike.

Our plenary speakers created an interesting blend of basic science, state-of-the-art clinical quality research, clinical updates and even a fascinating presentation of T. His journey from sportsman to politician was truly inspiring, and this was appreciated by new and older Fellows alike. It was fantastic to see those Fellows present for their ANZCA and FPM Fellowships up close and projected in the fabulous Aotea Centre main auditorium screen. The College orator, Rob Harrell, was an engaging, entertaining and thought-provoking speaker, who moved our emotions from laughter to tears as well as the battle to get justice for his brother, who was killed by the Khmer Rouge. His journey from sportsman to politician was truly inspiring, and this was appreciated by new and older Fellows alike.

Our gala dinner promised so much – the decadence of the 1920s and The Great Gatsby. What an evening! There were dancers, a great lighting show, fascinating master of ceremonies and flowing bubbles! The dance floor was full from beginning to midnight, after which many partied into the early hours. The venue at the Viaduct Events Centre allowed our delegates to experience the 21st century excesses surrounded by multi-million dollar yachts in the vibrant heart of Auckland Harbour.

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All the best.

Associate Professor Michal Kluger
Convenor, 2016 ANZCA ASM

Delegates from every state and territory of Australia, and across New Zealand converged on Auckland for the 2016 ANZCA Annual Scientific Meeting held from Saturday April 30 to Wednesday May 4. They were joined by delegates from as far as Austria, Canada, China, Germany, India, Ireland, Italy, Japan, South Korea, Malaysia, the Netherlands, Norway, Pakistan, Qatar, Saudi Arabia, Singapore, South Africa, Spain, the UK and the US.

Auckland ASM 2016 – A Pleasure Hosting You!

Exploring closer to the edge

Registrations 1700
Speakers and facilitators 236
Plenary sessions 6
Concurrent sessions 40
Workshops 76
Small group discussions 23
Moderated e-poster sessions 4
E-poster prize sessions 2
E-posters 62

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Associate Professor Michal Kluger
Convenor, 2016 ANZCA ASM
EXPLORING UNUSUAL CORNERS OF ANAESTHETIC KNOWLEDGE

It’s a strange feeling finishing an annual scientific meeting (ASM). You spend several years crafting the program and then, quicker than you like, it’s all upon you, gone by and then it all goes a bit quiet with time for reflection… well it would be, except “winter is coming”, along with far too many patients at work.

First and foremost, I’d like to thank Jan Sharrock and her stellar staff in ANZCA’s Events team. They are the lifeblood of these meetings and have an amazing ability to herd cats. I’m very grateful for their skills (and tolerance!).

For our scientific program, in an effort to explore unusual corners of anaesthetic knowledge and give a nod to the outdoor experiences for which New Zealand is famed, we settled on a theme of “Closer to the edge”. As if asking/expecting us to take on roles in the Regional Organising Committee wasn’t enough, our convenor, Michal Kluge, managed to twist a few of our arms to take a wander around the Auckland Sky Tower (but outside). Our healthcare industry liaison convenor Rachelle Lumsden still hasn’t forgiven him…

The workshops and small group discussions were organised by Vincent Fong and Tim Hall, and credit should go to them for the quality of moderators for these. I think they ably balanced the mix of emergency response activities with wider interest as well as combining human interest and learning for zoo, trauma and aeromedical workshops. Hopefully that is the only time our colleagues get to slide down aircraft emergency chutes!

I believe the ANZCA ASM is primarily a forum for scientific discussion and exploring the boundaries of our discipline. As scientific co-convenors, Tim and I aimed to introduce us all to new areas and ideas in our specialty to make us question what we hold as accepted canon, and I’m indebted to all those who co-ordinated various sessions around our theme. I hope the delegates found the program achieved this.

I undertook to hold up a mirror to what we do in a variety of areas and ask whether our brainstem responses (because that’s what we’ve always done) are valid. Why do we put “race” as a study data point? Dr Alan McLintic gave a very eloquent and carefully considered argument as to the invalidity of race as a surrogate for genetics and the casual way it is incorporated into medical research.

Dr Doug Campbell reported on some very interesting results of “big data” analysis, suggesting the inflexion point where post-operative mortality transitions into background “native” mortality is significantly longer out from surgery than we ever realised.

We were lucky to have had so many good speakers with an enviable international reach. Professor Carol Peden (US), Dr Cynthia Wong (US), Professor John Myburgh… they all put so much thought and concern they put into their talks. These plenaries served as a counterpoint to the “edgy” science.

Dr Steuart Henderson was awarded the ANZCA Medal in recognition of his major contribution to the College and the profession at the College Ceremony in Auckland in May.

Steuart is widely respected by Fellows, trainees and staff as a role model of dedicated, persistent and focused contribution to the College, undertaking his role quietly and effectively, and with courage,” Professor Alan Merry said in the citation.

The visitors spent time in the operating room taking with anaesthetists, surgeons, cardiologists and other staff, stimulating thought and learning.

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Dr Henderson was recognised in particular for his leadership in education, training and continuing education. He was a member of the New Zealand National Committee for 16 years, was the NZ national education officer and chaired the NZ Continuing Education Committee.

He also was the anaesthesia director of Wellington Hospital — a major ANZCA-accredited training hospital — for more than 20 years, becoming a role model to many younger anaesthetists. Dr Henderson began a program of inviting annual visitors to the department, fostering links between Wellington and other centres of excellence.

Based on the citation by Professor Alan Merry at the College Ceremony during the 2016 ANZCA Annual Scientific Meeting in Auckland.

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Dr Henderson also served as an ANZCA councilor for 12 years. When he left the council in 2004, the then-president Dr Dick Willis said: “Steuart has obviously been a voice of significant reason and often has taken a very sound and very well-based view which is different from the rest of the council. I think this has been a very good stimulus to help the council think… Steuart’s contribution has been huge over a long period of time.”

During his time on the ANZCA Council, Dr Henderson served as chair of the Education and Training Committee, as College assessor and as an examiner and examiner trainer assessor.

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FROM WELLNESS RESEARCH TO NUTRACEUTICALS, THE PAIN PROGRAM HITS ITS MARK

Following a successful FPM Refresher Course Day on Friday, the Faculty of Pain Medicine launched into the “ASM proper” with the workshops on Saturday.

Pain workshops were a popular new development for this meeting with strong interest from delegates. John Pereira followed his talk at the Refresher Course Day with a fascinating session on wellness, which was well attended and prompted lively discussion.

The informal setting of a workshop/small-group discussion worked well and delegates seemed to relish the opportunity presented by an interactive session. ... physical exam) workshop, and we have had requests from trainees and experienced clinicians to run this workshop again.

Sunday dawned bright and the Faculty’s component of the ASM kicked off with the Michael Cousins’ lecture delivered by Tony Dickenson, who recapped on his experience of pain medicine in the US military and the similarities and differences between civilian and military populations in their response to common pain experiences.

Monday began with the FPM NZ Visitor’s lecture, during which Steven Cohen recounted his experience of pain medicine in the US military and the similarities and differences between civilian and military populations in their response to common pain experiences.

The Free Paper Session was well attended and hotly contested. The judges awarded the Dean’s Prize to Dr Linda Tsang for “Post-operative analgesic efficacy of continuous wound infusion of local anaesthetic compared to epidural patient-controlled analgesia after laparotomy: a prospective study (NSW)”.

The afternoon saw a high-quality psychology session, with Malcolm Johnson presenting a comprehensive review of pain and sleep; Keith Petrie following on from his Friday after-dinner talk on the influence of expectation; and Dieter Dvorak explaining psychological flexibility and the hopelessness model based on the relational frame theory of Stephen Hayes. The nature of psychology trials with not only deception, but also administration of nocebo, sparked discussion and got people thinking.

Lastly, in what might be termed the grand finale, Stephan Schug delivered the much-awaited fourth edition of Acute Pain Management: Scientific Evidence – the new “grey book”. We knew this session would be popular but the packed lecture suite was surely a testament to the work which has gone into producing this document and a credit to the authors.

I would like to thank all the speakers, who went to great lengths to deliver a fantastic meeting. My thanks also go to J ane Thomas, convenor of the FPM Refresher Course Day, Kieran Davis, scientific advisor; Mike Seggs, FPM representative; Penny McFarlane from the Faculty; and Jan Sherwood and the Events team from ANZCA, who really made the event happen.

It was a pleasure to be involved in planning and executing the ASM. We had a lot of fun and I recommend getting involved. Now what’s next?

Dr Jim Olson
FPM Scientific Convenor

ACUTE PAIN BOOK LAUNCHED

The fourth edition of Acute Pain Management: Scientific Evidence was launched at the Auckland ASM. The 700-page book, edited by Professor Stephan Schug, is a world-renowned guide in the treatment of acute pain.

The book summarises, categorises and evaluates the complete literature on the management of acute pain. Fellows and trainees who would like a copy of the book and have not yet registered their interest should email apmse4@anzca.edu.au with their name and College ID. Additional hard copies are available for purchase.

Dr Chris Hayes, FPM Dean

Below: FPM Dean, Dr Chris Hayes, acknowledging the members of the fourth edition of Acute Pain Management: Scientific Evidence working group Associate Professor David A Scott, Professor Stephan Schug, Associate Professor Greta Palmer, Dr Richard Halliwell and Dr Jane Trinca.
RAISING OUR PROFILE

Media
The Auckland ASM received widespread media coverage across Australia and New Zealand in print, online and on radio, with a record total of 790 reports discussing the meeting. These reports had a potential cumulative audience of six million people according to our media monitors, iSentia. If the reports had been paid advertising, they would have cost $A1.4 million.

Fifty articles were published in print media: 699 reports, or 88 per cent of the total, appeared on the internet; New Zealand aired 28 of the 41 radio reports.

ANZCA hosted four reporters at the meeting – Fairfax health reporter Rania Spooner, News Ltd health reporter Evonne Mozdonski, Australian Associated Press national medical correspondent Margaret Schellkowski and Eileen Goodwin of the Otago Daily Times, who filed stories that were syndicated across Australia and New Zealand. Ten media releases produced by the Communications team generated separate stories across a wide range of outposts in print, online and on radio.

Among the most popular topics were the use of bees to investigate anaesthetic jellyfish (Dr Guy Warran); the way a cold retreat has revolutionised treatment for stroke (Professor Alan Barber); questions about the safety of anaesthesia for infants (Associate Professor Andrew Dawson); findings that kind doctors lead to healthier patients (Dr Robin Youngson); the dangers of post-anaesthetic delirium (Associate Professor David A Scott); and the fact that exercise has more impact on health than diet (Dr Chris Hanna).

On Sunday May 1, #ASM16NZ was the top trending hashtag in New Zealand and from April 30 to May 3 it was the top trending healthcare conference hashtag in the world.

We made a total of 185 tweets (an average of 37 a day) using the @ANZCA account. The average engagement rate was 3 per cent. The benchmark average is 0.5 to 1 per cent.

Our most popular tweet (photos from the College Ceremony) was engaged with 82 times – and had an engagement rate of 14.7 per cent.

Tweets from the @ANZCA account received a total of 106,623 impressions during the ASM.

ANZCA established a conference hashtag

For the first time, Twitterfall was used to stream Twitter around the venue. This made the conference newsfeed accessible to all delegates and encouraged people to “join the conversation”.

The 2016 FPM Refresher Course Day and the ASM’s pain stream also received widespread media coverage. Professor Stephan Schurg was interviewed about the launch of the fourth edition of the Acute Pain Medicine: Scientific Evidence, in conjunction with a media release prepared by the Communications team, resulting in more than 20 news reports across Australia and New Zealand. Dr John Pareira from Canada was interviewed about pain and obesity, supported by a media release from the Communications team. His work was covered in 28 media reports across Australia and New Zealand.

Social media
As in previous years, the use of social media in the lead up to and during the ASM was centred on Twitter.

There was a significant growth in social media engagement compared to 2015; a 258 per cent increase in the number of hashtag impressions, a 221 per cent increase in the number of tweets from @ANZCA and a 136 per cent increase in number of participants using the ASM hashtag.

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ASM E-Newsletter
The daily ASM E-Newsletter was designed to keep delegates up to date with daily activities at the ASM but also, importantly, to give Fellows and trainees unable to attend, a taste of what the conference had to offer.

It included video interviews with all keynote speakers, access to daily and event photo galleries and media coverage.

The e-newsletter was well received, with between 42 and 50 per cent of all emails opened. An average of 23.2 per cent of people opening an email clicked on at least one link. These figures are well above the benchmarks for these metrics.

Photographs were by far the most clicked on content, followed by video interviews. Staff photographers and an external professional photographer were used throughout the FPM Refresher Course Day and the ASM to capture the full flavour of the event.

About 60 per cent of e-newsletters were opened on a mobile device. A vast number of emails were opened within the first 10 hours of mail out.

Communications engaged an external video production team to record and edit 20 interviews with all invited speakers as well as College leaders about important ANZCA and FPM issues. We also did a series of vox pops in which delegates gave their thoughts on the meeting.

Photos, video interviews, the ASM e-newsletters and our media coverage can be viewed at https://asm.anzca.edu.au/photos-videos-e-newsletters-media/.

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Gilbert Brown Prize – Dr Adrian Chin for “A randomised controlled trial comparing ultrasound and palpation assisted combined spinal epidural anaesthesia for elective caesarean section”.

Trainees Academic Prize – Dr Adam Hollingworth for “Does formalisation of handover and the use of a joint structured visual aid improve postoperative handover?”

ASM 2016 Open ePoster Prize – Ms lanthe Boden for “Lung infiltration prevention post surgery major abdominal with pre-operative physiotherapy (LIFPMMAc: POP) trial: a bilateral multi-centre randomised controlled trial”.

ASM 2016 Trainee ePoster Prize – Dr Adam Hollingworth for “Should a pre-procedure ultrasound scan be gold standard for all neuraxial techniques in obstetric anaesthesia?”

FPM Best Free Paper Award – Associate Professor Philip Peyton for “Reduction of chronic post-surgical pain with ketamine (ROCKet) pilot trial”.

All ANZCA Fellows and trainees, including those who did not attend the ASM, can access speaker-approved presentations via the Virtual ASM at https://asm.anzca.edu.au/virtual-asm.

ASM slide presentations available to all

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NEW FELLOWS INSPIRING THE FUTURE

The 2016 New Fellows Conference (NFC) was held from April 27-29 on Waiheke Island, a 45-minute ferry ride from Auckland. The conference site was The Venue, set on beautiful Onetangi Beach. We welcomed 29 delegates, ANZCA President Genevieve Coupland, the New Fellow Co-Chairs Dr Scott Miu, the 2017 NFC convener Dr Mark Young, the FPM Board member-in-residence Dr Meredith Craige and the ANZCA council-in-residence Dr Vanessa Beavis. Delegates came from all ANZCA regions as well as Malaysia, Singapore, and Hong Kong. An international scholar was selected from Fiji. The theme was “Inspiring the future.” The conference began with delegates introducing themselves and answering two questions:

“Thinking back to your time as a trainee, what advice would you give a new trainee and why?” and “What is the one aspect of your specialty that you think you will always love and why?” Responses were varied, entertaining and thought-provoking. The NFC Committee then facilitated a short opening session.

A team-building exercise organised by Destination Waiheke Island followed. Delegates were divided into four teams and put into vans with a list of “challenges” to complete around Waiheke Island. Examples included scenery to photograph, iconic Waiheke activities for carry-out, building sand castles, discovering the island’s nude beach and interacting with the locals. Points were scored based on the creative content of photographic evidence handed in at the end of the challenge. The weather played its part and delegates were given the opportunity to drive around Waiheke, enjoy the scenery and sunshine, and get to know each other. At dinner that evening, the photographs were presented in a slideshow, much to everyone’s amusement.

On Thursday morning, the Key-2-Me Process Communication Model Seminar was conducted by Dr Helen Frith (specialist anaesthetist at Middlemore Hospital, Auckland). The seminar demonstrated individual differences in communication and stress patterns and how to manage them. Delegates had completed a questionnaire before the conference, which Dr Frith used to develop individualised personality profiles.

After lunch, Professor Ron Paterson presented on “The Good Doctor.” A professor of law, Professor Paterson was the New Zealand Health and Disability Commissioner (2000-2010), and is now the New Zealand parliamentary ombudsman. He is also the author of The Good Doctor: What patients want and, as Professor Paterson stated, is his life’s work. Professor Paterson is the author of The Good Doctor: What patients want.

A session titled “Effecting change within our systems” was facilitated by Dr Dale Bramley, a public health physician and chief executive officer of Waitemata District Health Board, Auckland. The session gave us insight into how effective change occurs, providing ideas and tools to implement change, helping us to collaborate within and outside our operating theatres by taking a different approach to innovation. The day ended with delegates attending a formal dinner at Cloudy Bay vineyard and restaurant.

Friday morning began with Dr Craigie from 1 April 2016 (FPM Board member-in-residence) speaking on her journey from childhood to medical school, and her career stages in anaesthesia. She discussed her life and her experiences. Later that morning, Dr Tony Fernando (psychiatrist and sleep specialist) presented a session on happiness and the health of doctors. He discussed the importance of happiness in our practice, for our future lives and for our patients.

The final session on Friday was an interactive Q and A with Dr Goulding, Dr Beavis, Dr Miu and Dr Craige. Topics discussed included careers as future leaders, discrimination and bullying, ANZCA training and examinations. By accounts, the 2016 NFC was a success and the objectives of the conference were met. We thank all delegates for their involvement and for making the NFC as enjoyable as it was. Friends, foes and professional links were forged, and delegates continue to maintain an active Waitemata group and Destination facility for sharing ideas and resources. An informal reunion is planned at future ANZCA events.

A special thanks to Eleni Koronakos, who was instrumental in ensuring the smooth organisation of the NFC.

Dr Nav Sidhu
Dr Chao-Yuan Chen
2016 New Fellows Conference Co-Covener

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**Fraxiparine®**

**Fraxiparine® Forte**

**Prevention of DVT associated with general or orthopaedic surgery**

**Treatment of DVT**

**Prevention of clotting in the extra-corporeal circuit during haemodialysis**

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**FRAXIPARINE/FRAXIPARINE FORTE (nadroparin calcium) – Minimum Product Information. Indications:** Fraxiparine: Prophylaxis against deep vein thrombosis (DVT) associated with general or orthopaedic surgery; treatment of DVT; prevention of clotting during haemodialysis.

**Fraxiparine Forte:** Treatment of DVT; CONTRAINDICATIONS:** Hyper-sensitivity to nadroparin or exogenous heparin; history of thrombocytopenia with nadroparin; increased risk of haemorrhage and bleeding or unusual bleeding; active peptic ulceration, haemorrhagic cerebrovascular accident or infarct endocarditis; severe renal failure (creatinine clearance <30 mL/min) receiving treatment for DVT.

**PRECAUTIONS:** Hepatic induced thrombocytopenia – monitor platelet count; increased risk of bleeding; renal impairment; hypoadrenalinemia; splanchic/portal haemostasis, cutaneous necrosis; late allergy; pregnancy; lactation; elderly. LMWHs are not interchangeable. (Refer to full PI).

**INTERACTIONS:** Aspirin, other salicylates, NSAIDs, ticlopidine and other anti-platelet agents; caution with oral anticoagulant agents, systemic glucocorticosteroids, corticosteroids. (Refer to full PI).

**ADVERSE EFFECTS:** Transaminases (usually transient); small haematoma and other injection site reactions; thrombocytopenia (rare). (Refer to full PI).

**For DVT treatment and prevention, subcutaneous injection into lateral abdominal wall (or alternatively the thigh). For use in haemodialysis, inject into arterial line.

**Fraxiparine:**

- **Prophylaxis**
  - General Surgery: Initially 0.3mL (2,850 anti-Xa IU) 2 to 4 hours before surgery, then once daily for at least 7 days. Orthopaedic Surgery: Initially 0.5mL (4,500 anti-Xa IU) 2 to 4 hours before surgery, then once daily for at least 7 days. 
  - For use in haemodialysis, inject into arterial line.

- **Treatment of DVT:** Once daily injection
  - 86 anti-Xa IU per kg body weight every 12 hours; usual duration is 10 days. (See full PI).

**Fraxiparine Forte:**

- **Prophylaxis**
  - 171 anti-Xa IU per kg body weight once daily; usual duration is 10 days. (See full PI). Fraxiparine contains nadroparin 9,500 IU anti-Xa/mL. Fraxiparine Forte contains nadroparin 19,000 IU anti-Xa/mL. Based on full PI last amended 12 November 2015

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**PSB listed from 1 April 2016**

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**Aspen Pharmacare Australia** comprises Aspen Asia Pacific Pty Ltd (ABN 71 141 444 484) and its subsidiaries, including Aspen Pharmacare Australia Pty Ltd (ABN 51 096 236 985), Fraxiparine PI. Last amended Nov 2015.
Think Big

ANZCA 2017 ASM
May 12-16, Brisbane

KEYNOTE SPEAKERS
Professor Andrea Kurz, ANZCA ASM Visitor
Professor Christopher Eccleston, FPM ASM Visitor
Professor Michael Irwin, ANZCA Australasian Visitor
Professor Tim Cook, ANZCA Queensland Visitor
Dr Suellen Walker, FPM Queensland Visitor
Professor Lorelei Lingard, ANZCA Organising Committee Visitor

INVITED SPEAKER
Dr Andrew Klein

COLLEGE CEREMONY ORATOR
The Honourable Dame Quentin Bryce AD, CVO

Twitter: @ANZCA #ASM17BRIS
Website: asm.anzca.edu.au
On May 2, I had the honour of taking over as dean of the Faculty of Pain Medicine from Professor Ted Shipton. In stepping into this role I am conscious of the strong foundations on which we continue to build. Since the foundation of the Faculty in 1998, we have seen the recognition of pain medicine as an independent medical specialty in Australia in 2005, and New Zealand in 2012. The revised training program based on a restructured curriculum was launched last year. We now have more than 400 Faculty Fellows and extensive links across health professional and consumer networks in Australia, New Zealand and internationally.

Strategic planning is critical as we build our Faculty. The current five-year plan (2013-2017) was developed during the deanship of Brendan Moore and consolidated under the leadership of Ted Shipton. In the background to this planning phase I would like to encourage dialogue about our sense of identity as specialist pain medicine physicians. Our revised training program inverts the familiar biopsychosocial approach and commends the sociopsychobiomedical. We need to discuss what this means in our daily practice of pain medicine and how this might translate to future direction for the Faculty.

Clearly one of our key roles is the provision of multidimensional treatment to our patients and with it, protection of the multidisciplinary team environment in which this treatment occurs. Yet the details of how different treatments are emphasized within this broader approach needs clarification. Outcome measurement and benchmarking must remain high priorities as we seek to refine our treatment programs according to the future of health care in New Zealand, Australia and beyond.

I bring to the position of dean 20 years of experience in pain medicine and an enduring interest in education, health system redesign and outcome measurement. I bring gratitude for the achievements of the Faculty to date and hope for our ongoing contributions to the future of health care in New Zealand, Australia and beyond.

We move towards the Faculty’s next five-year strategic planning process with confidence in our foundations and a sense of excitement in the future building program. I invite you all to play a part in the building process as it proceeds.

Dr Chris Hayes
Dean, Faculty of Pain Medicine

Dean’s message

The recent publication of Acute Pain Management: Scientific Evidence 4th Edition represents a major achievement of the Faculty under Ted’s guidance. The Better Pain Management program and Opioid app projects also have progressed under his leadership, their success flowing from his dedication to support the education of a wide range of health professionals.

Ted has been a strong advocate for pain medicine in his position on ANZCA Council. The robust relationships he has developed have paved the way for a smooth transition as I join the council. In addition, Ted has developed enduring friendships among Faculty and ANZCA staff.

The respect with which he is held makes it easier to follow in his footsteps. To the board of the Faculty, Ted has consistently brought wise guidance and firm direction. We continue to value his presence, reassurance and corporate memory on the board as 2016 progresses.

On behalf of the fellowship, FPM Board, the general manager and staff, I thank Ted for the time, effort and leadership he has invested as dean. We are all the stronger for his efforts.

Dr Chris Hayes
Dean, Faculty of Pain Medicine

Departing dean leaves Faculty in good shape

It is a great pleasure to acknowledge immediate past dean Professor Ted Shipton for his work as leader of our Faculty from May 2014 to May 2016. Ted has a unique blend of collegiality and determination along with a great willingness to fly back and forth across the Tasman. He is an effective listener who can prioritise issues and see them through to project closure.

Ted’s time as dean has been marked by highly effective consolidation of strategic Faculty direction and completion of key projects. The rollout of the new training program and curriculum in 2015 has been a major achievement. We now offer a truly world-class program.

In addition, the electronic Persistent Pain Outcome Collaboration has prospered and grown. There are now 50 participating sites and an established team at the University of Wollongong. This Faculty initiative will undoubtedly prove to be of great value in refining our treatment programs and campaigning for resources within a hard pressed health sector.

Dr Chris Hayes
Dean, Faculty of Pain Medicine

Original research wins Faculty awards

The Dean’s Prize is awarded to the Fellow or trainee judged to have presented the most original pain medicine/pain research paper. Dr Trang was awarded a certificate and a grant of $1000 for educational or research purposes.

Dr Linda Trang, from NSW, is this year’s winner of the Dean’s Prize, awarded at the Faculty of Pain Medicine’s annual general meeting in May.

Dr Trang won the award for her paper titled “Postoperative analgesic efficacy of continuous wound infusion of local anaesthetic compared to opioid patient-controlled analgesia after laparotomy: a prospective study”.

The award is presented to the Fellow or trainee judged to have presented the most original pain medicine/pain research paper. Dr Trang was awarded a certificate and a grant of $1000 for educational or research purposes.

Associate Professor Philip Peyton, from Victoria, won the Best Free Paper Award, which is for original work judged to be the best contribution to the free papers session of the Faculty of Pain Medicine. Associate Professor Peyton won a certificate and a grant of $500 for educational or research purposes for his paper “Reduction of chronic post-surgical pain with ketamine (ROCKet) pilot trial”.

The Faculty free paper session is open to all registrants of the ANZCA and FPM annual scientific meeting.
Faculty of Pain Medicine (continued)

Faculty celebrates successful Refresher Course Day

The Faculty’s Refresher Course Day and annual scientific meeting (ASM) programs were a tremendous success and a tribute to the hard work of the Faculty’s Refresher Course Day Scientific Convenor, Dr Jane Thomas, FPM ASM Scientific Convenor, Dr Jim Olson, and organizing committee member Dr Karen Davis. The Refresher Course Day attracted 188 delegates and received strong support from the healthcare industry with three major sponsors and one exhibitor present. One of the international speakers, Dr John Pereira, from Canada, was additionally sponsored by BNZ.

The program, “Extremes of pain”, explored the many challenges involved in managing pain in the morbidly obese, chronic spinal pain and cancer pain. The academic sessions were followed by a dinner at The Northern Club, which included an entertaining after-dinner talk by Professor Keith Pettie, the professor of health psychology at Auckland University Medical School, entitled “What the dominatrix didn’t tell you – increasing your personal nocebo power”. Professor Ted Shipton was thanked for his leadership and significant contribution as dean in advancing the Faculty’s strategic initiatives.

The 2016 FPM Refresher Course Day and the ASM’s pain stream received widespread media coverage in print and online. Professor Stephan Schug was interviewed about the launch of the fourth edition of the Acute Pain Management: Scientific Evidence, in conjunction with a media release prepared by the Communications team, resulting in more than 20 news reports across Australia and New Zealand.

Dr Pereira was interviewed about his presentation on pain and obesity, which also was supported by a media release from the Communications team. His work was covered in 28 media reports across Australia and New Zealand.

Opioid calculator app success

The FPM opioid calculator app is enjoying great success, with 7683 users completing 37709 sessions in the six months since its launch. The top five countries for active users of the app are Australia (62 per cent), US (20 per cent), NZ (6 per cent), Canada (3 per cent) and the UK (2 per cent).

To download the free app, search for ANZCA Opioid Calculator in the iTunes or Google Play store, or use the QR code.

New library tool – Library Guides

The ANZCA Library has introduced a new resource called Library Guides, which collates recommended resources, such as library databases, journals, books, web pages and other useful links for finding information around specific areas. Two pain medicine library guides have been created: Pain Medicine and Foundations of Pain Medicine. The first includes resources aimed at pain medicine Fellows and trainees while the second has been designed for applicants preparing to sit the foundations of pain medicine exam. Other library guides cover areas such as the roles in practice, resources for educators, continuing professional development and medical apps. Further information about these new resources can be found on page 36 of the Bulletin.

Committee restructure

The Faculty of Pain Medicine Board has approved the formation of a Training and Assessment Executive Committee (TAEC) to align, co-ordinate and strategically advise the board on the activities of the Learning and Development Committee, the Training Unit Accreditation Committee and the Examinations Committee and to provide guidance to the assessment in relation to training and accreditation. This purpose is to ensure alignment of the curriculum with the training and assessment processes. The Education Committee has been dissolved. Terms of reference for the TAEC can be found on the website at http://fpm.anzca.edu.au/About-FPM/Committees.

Admission to fellowship

The following have been admitted to fellowship of FPM by examination:

- Dr Michael George Veltman, FANZCA, NSW.
- Dr Leinani Salamasina Aiono-Le-Tagaloa, FANZCA, NZ.

This takes the total number of Fellows admitted to 426.

2015 Fellowship examination report available now


Faculty of Pain Medicine long-case assessment

The first round of long cases recently was held in Auckland (April 1), Sydney (April 6), Brisbane (April 15) and Melbourne (April 15). Fifteen of 25 candidates were successful. Thank you to the local convenors for co-ordinating the assessments.

The next round of long-case assessments will be held in the week of September 5-9. Further information, including dates and venues, will be available on the website soon.

2016 Fellowship examination dates

The written exam will be held across FPM regional and national offices on Friday, November 4. The clinical exam will be held in Melbourne on Saturday, November 26. The closing date for exam registrations (written and clinical) is Wednesday, September 30.

Training unit accreditation

The following hospitals have been re-accredited for pain medicine training after successful reviews:

- Alfred Health Services.
- Barbara Walker Centre (St Vincent’s Hospital, Melbourne).
- Burwood Hospital.
- Canberra Hospital.
- Melbourne Pain Group (level 2).
- Pain Matrix (level 2).
- St Vincent’s Hospital, Sydney.
- The Auckland Regional Pain Service.
- Townsville Hospital.

The number of accredited pain units stands at 14.
After completing her schooling in Samoa, Satuala took her medical degree at Otago University in Dunedin, graduating in 1991. She began pursuing a medical career in surgery at Palmerston North Hospital, resisting suggestions by anaesthetists that she would be well suited to their specialty. A transfer to Dunedin Hospital after about six years saw her working closely with anaesthetists in the intensive care unit, where Satuala says she “saw the light”. As a strong Christian, it also was important to her to seek spiritual guidance for her decision.

Satuala appreciated the different teaching style anaesthetists had and switched to train in anaesthesia at Southland Hospital in Invercargill, at Dunedin Hospital and then completing her FANZCA at Auckland Hospital in May 2005. She became the first anaesthetist back to Samoa. “I was very passionate about going back to Samoa. I am very aware of the need there, but I couldn’t get a job in Samoa,” Satuala says.

Her interest in obstetric anaesthesia saw her take a job at National Women’s Hospital in Auckland before being accepted for a fellowship at Stanford University. Satuala returned to Whanganui Hospital, where she had hoped to build a pain service. She now holds a specialist position and works at TARPS in Green Lane, Auckland.

Satuala undertook her FFPMANZCA studies at Auckland Hospital and at The Auckland Regional Pain Service (TARPS), after which she returned to Whanganui Hospital, where she had hoped to build a pain service. She now holds a specialist position and works at TARPS in Green Lane, Auckland.

She sees pain medicine as one of the frontiers of contemporary medicine. “There is so much we don’t understand about the neuroscience and the intricate way our bodies are put together,” Satuala says.

There is also the human side. No matter how much we do understand about the neuroscience, we are not going to reach someone unless we also understand who they are as a person. This is still very much an area in need of research.” Satuala notes that pain medicine requires a different mindset from anaesthesia, where there are greater certainties around the results you can achieve.

“Patients in pain are looking for a cure and it is hard to say that you might not be able to provide that. Despite that, or perhaps because of that, I find it an intensely satisfying area to work in. I never get bored.”

For prescribers and patients alike.

Download your FREE Opioid Calculator app

An essential clinical tool:
- Simplifying the calculation of total oral Morphone Equivalent Daily Dose (mMED).
- Using evidence-based, conservative limits for opioids.
- Utilising a “traffic light” opioid dose warning system to provide a new level of clinical caution.

Developed by the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists

• Useful links to further information and education about safe opioid dosing.
• Clear, simple and user-friendly format.
• For prescribers and patients alike.

Contact us at opioidcalculator.fpm@anzca.edu.au

Opioid Calculator – A new horizon in safety
Recognised in the top 20 of best medical apps released in 2015.
Save the date: Refresher Course Day and Annual Dinner Brisbane Convention & Exhibition Centre, Brisbane Friday May 12, 2017

"BIG SPECIFICS"

Keynote speakers: Professor Chris Eccleston (FPM ASM Visitor) – Professor of Medical Psychology and Director Centre for Pain Research University of Bath (UK); Dr Suellen Walker (FPM Queensland Visitor) – Reader and Consultant in Paediatric Anaesthesia and Pain Medicine UCL Institute of Child Health (Infection, Inflammation, Immunity and Physiological Medicine) Great Ormond St Hospital for Children NHS Foundation Trust (UK).

Provisional program:

Session 1: Big picture
Session 2: Paediatric masterclass
Session 3: Pelvic pain masterclass
Session 4: What is big in pain brains

Registration:
Registration brochures will be mailed in late 2016 and will also be available for download from www.anzca.edu.au/fpm. Alternatively, please contact the conference organiser via email fpm@anzca.edu.au or phone +61 3 8517 5302.

Only FPM Fellows can be FFPMANZCAs

FFPMANZCA – recognised worldwide that you are a specialist of the highest professional standing.

All Fellows of FPM are entitled to use the FFPMANZCA logo – on stationery, email signatures and slides. For further information: www.fpm.anzca.edu.au/fellows


Paracetamol reduces prostaglandin synthesis via inhibition of COX-1 and COX-2 enzymes providing central and peripheral analgesic effects.1 Tramadol acts centrally by activating μ-opioid receptors as well as inhibiting noradrenaline/serotonin reuptake reducing both the perception and transmission of pain.2

References:

PMS Information: This product is not listed on the PMS.

Aspen Australia comprises Aspen Asia Pacific Pty Ltd (ABN 75 146 444 436) and its subsidiaries, including Aspen Pharmacare Australia Pty Ltd (ABN 61 590 216 585), Aspen Pharma Pty Ltd (ABN 68 154 119 594), Aspen Medicines Australia Pty Limited (ACN 145782056) (Orphan Holdings Pty Ltd (ABN 60 115 816 206), and Orphan Australia Pty Ltd (ABN 51 067 589 342). All sales and marketing requests to ASPEN PHARMACARE AUSTRALIA – 19-27 CBD Place, St Leonards NSW 2065.”
Many Fellows and trainees are unaware of the work that goes on behind the scenes at ANZCA. This article, about the ANZCA Trainee Committee, is part of a series on the activities undertaken by ANZCA committees.

The ANZCA Trainee Committee comprises representatives from each Australian state and territory and a representative from New Zealand. This year co-chairs Adriana Bibbo (VIC) and Christine Velayuthen (NSW) are joined by Grace Ho (WA), Jennifer Hartley (ACT), Lizi Edmonds (NZ), Robert Ranser (Tas), Maryann Turner (Qld) and Marni Calvert (SA/NT).

The role of the ANZCA Trainee Committee is to consider and provide input on trainee-related matters referred to it by the ANZCA Council and other College committees.

The main issues are education, training and accreditation, and, importantly, to consider any issues referred to it by the regional trainee committees.

The ANZCA Trainee Committee has two all-day face-to-face meetings and three teleconferences each year. It is supported by a large number of staff, including Ollie Jones (General Manager, Education), Paul Stephenson (General Manager, Training Assessment) and Suzanne Grgic (Administrative Officer, Training Assessment), who provide an integral role within the College and to this committee.

It is important that trainees are aware of their representatives in each region, as these committees are there to support improvements and the management of regional training. Trainee committees allow trainees to have a voice and a means to be heard. Trainees may be experiencing a higher workload in their workplace, but they are not alone and can be part of this committee.

The ANZCA Trainee Committee aims to consider and provide input on the revised anesthesia-training curriculum, training portfolio system, Part Zero course and much more.

Meet the ANZCA Trainee Committee

Australia Capital Territory

Dr Jennifer Hartley

Jennifer Hartley is the chair of the ACT Trainee Committee. She is in advanced training and has been a member of the committee for two and a half years. The committee consists of five elected members and several co-opted members who work tirelessly and are enthusiastic about training in the ACT.

The committee feels privileged to have a small yet supportive group of trainees in the ACT which allows the committee to actively engage with all trainees and implement improvements specific to the ACT region.

Meet the ANZCA Trainee Committee

New South Wales

Dr Christine Velayuthen

The NSW Trainee Committee is co-chaired by Christine Velayuthen and Monique McLeod and has nine members, two co-opted members and two GASACT representatives.

The committee aims to provide a vehicle where trainee issues can be raised and improvements made. These issues can be taken further to the regional committee or to other ANZCA committees to continue to develop training and education. The committee also has a role in the development of the Part Zero course.

Meet the ANZCA Trainee Committee

Queensland

Dr Maryann Turner

This year saw the arrival of nine new members on the Queensland Trainee Committee, which is chaired by Maryann Turner. The committee is fortunate to comprise a wide and representative spectrum of trainees covering basic training, advanced training and provisional fellowship training from metropolitan and regional locations.

A successful and well-received Part Zero course was run in February with high quality lectures presented by local consultants. The allocation of individual hospital representatives has facilitated insight into the issues facing trainees and made it possible for us to discuss, action and follow up concerns appropriately.

Meet the ANZCA Trainee Committee

South Australia and Northern Territory

Dr Marni Calvert

Marni Calvert commenced as chair of the SA/NT Trainee Committee in January 2016 having been a committee member on and off since 2011. She is undertaking a fellowship in vascular anaesthesia at Flinders Medical Centre and has the strong backing of a talented group of trainees on the committee.

Meet the ANZCA Trainee Committee

Victoria

Dr Adriana Bibbo

Adriana Bibbo is in her second year as the chair of the Victorian Trainee Committee. She is a third year registrar through the Eastern Training Scheme (The Alfred).

This year, the Victorian Trainee Committee comprises 11 representatives, with an even distribution across the Victorian hospital network and the various levels of training, including for the first time this year a first year registrar.

Meet the ANZCA Trainee Committee

Western Australia

Dr Grace Ho

Grace Ho is an advanced trainee year 1 in the mostly sunny city of Perth. She is undergoing her paediatric anaesthesia term at the Children’s Hospital Perth and has discovered a newfound respect for magic tricks and a deep seated fear of clowns.

Meet the ANZCA Trainee Committee

Meet the ANZCA Trainee Committee

Meet the ANZCA Trainee Committee

Meet the ANZCA Trainee Committee

Meet the ANZCA Trainee Committee

Meet the ANZCA Trainee Committee
**About the early indicator checklists**

A review of the literature confirms early indicators of a trainee experiencing difficulty almost always fall into one of the following categories:

- Examination failure.
- Clinical performance.
- Professionalism and/or insight deficiencies.
- Illness.
- Global assessment concerns.

The project group developed an introduction document and five checklists, each addressing one of the areas in which a trainee might be struggling.

The checklists provide guidance on how to confirm there is a problem, how to raise the problem with the trainee and how to plan an appropriate course of action to assist the trainee. Each early indicator checklist has been developed to guide supervisors in how to approach this issue with a trainee.

**The project group**

The College formed a project group to identify and develop resources on early indicators of a trainee experiencing difficulty. Dr Sarah Nicolson (NZ) chaired the project, with representation from director of professional affairs (DPA) assessors, supervisors of training, trainees, the Wellness of Anaesthetists Special Interest Group and relevant ANZCA units.

The project group includes: Dr Sarah Nicolson, FANZCA, Chair; ANZCA educational supervisor (NSW); Dr Nadeep Sidhu, FANZCA, ANZCA ETASIC representative (NZ); Dr Vaughan Laurenson, FANZCA, ANZCA DPA assessor (NZ); Dr Maggie Wong, FANZCA, ANZCA DPA deputy assessor (Vic); Dr Michelle Moyle, FANZCA, ANZCA education office (NSW); Dr Marion Andrew, FANZCA, Chair, Wellness of Anaesthetists Special Interest Group (SA); Dr Belinda Phillips, FANZCA, ANZCA provisional fellowship trainee (Vic) (now FANZCA); Dr Adam Mahoney, ANZCA advanced trainee (Tas); Mr Olly Jones, General manager, ANZCA Education Unit; Ms Paula Stephenson, General manager, ANZCA Training Assessment Unit; Ms Tamara Rowan, Operations manager, ANZCA Training Assessment Unit; Mr Maurice Hennessy, Learning and development facilitator, ANZCA Education Unit; Ms Gina Lyons, Operations manager, ANZCA Education Unit; Ms Shana Tan, Training portfolio systems analyst, ANZCA Training Assessment Unit.

**Conclusion**

ANZCA is exceedingly grateful to the project group for their time and contribution to the development of a valuable resource to support supervisors of training and trainees in tackling and overcoming challenges.

Dr Sarah Nicolson Chair, TDP Early Indicators Project Group

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**New resources have been developed to guide supervisors of training to assist trainees.**

Many trainees experience hurdles in their training, be it organising childcare that fits with an ICU roster, realising they won’t complete their volume of practice requirements before the end of a paediatric placement; being the go-to medical advisor for a sick family member; or failing an exam. For a small but not insignificant number of trainees, their hurdle becomes a mountain.

As a supervisor of training, it can be hard to know how to help. The College has concluded a project to develop support tools to help supervisors of training to identify when a trainee needs assistance and may need to move to a trainee experiencing difficulty process (TDP).

Supervisors of training can find intervening tricky for many reasons. They may have a large number of trainees in their hospital, some of whom are in placements of short duration.

It can be hard to find the time to identify a trainee experiencing difficulties and initiate remediation before a trainee moves to a new placement.

There often is caution about addressing issues raised about a trainee or by a trainee. Barriers to engagement include a lack of confidence, time or resources for the supervisor of training, reluctance to face a difficult conversation, concern about bullying or harassment, or hesitancy to commence a formal process. These barriers can occur on part of both the supervisor of training and the trainee.

With the 2013 curriculum comes clear limits on training time and number of exam attempts. This puts more impetus on identifying areas of difficulty early, and offering timely assistance to struggling trainees.

The identification of early indicators that may lead to a TDP can pave the way for trainees to get the support and remediation they need and help drive a successful career in anaesthetics.
Bringing video-guided debriefing to an exam course

Anaesthetists at Fiona Stanley Hospital use video recordings to help prepare trainees for the FANZCA Part 2 viva course.

Examination viva practice plays a significant educational role in the development and training of junior doctors throughout medicine. Arguably, viva practice is one of the most common forms of simulation in modern medical training.

Medical simulation is of increasingly high fidelity and much is invested to create immersive environments where trainees can safely experience a wide variety of clinical situations. The number of exam viva courses has grown internationally, increasing in realism, with examinations taking great care to prepare questions of appropriate complexity and to accurately recreate the stresses and pressures of daily practice.

In simulation education, debriefing and the structured analysis of human behavioural factors have developed hand-in-hand with their technological counterparts, but in exam courses there is often little debriefing beyond feedback on knowledge performance.

We believe confidence and performance in fellowship examinations can be improved by addressing human factors, such as communication style and non-verbal communication: body language, hand/arm gestures and how candidates deal with stressful situations.

In September 2015, the Department of Anaesthesia and Pain Medicine at Fiona Stanley Hospital, WA, ran its second FANZCA Part 2 viva course. The department has a strong commitment to training and education and has an established simulation fellowship program where its fellows receive high-quality training in simulation and debriefing using advocacy inquiry with good judgement. The simulation fellows were co-opted to observe and debrief candidates.

There was significant preparation prior to the first video. The faculty were keenly aware of the power of simulation and their responsibility towards candidates only a few weeks prior to their final exam. Cameras recorded the examiner and candidate concurrently and the process was made as unobtrusive as possible. We were keen not to distract the candidates.

Twelve candidates (nine from WA and three from Singapore) attended the course and each consented to have one viva video recorded. The viva lasted 15 minutes during which the observer took detailed, timed notes. Once the candidate had moved to the next station, brief feedback was sought from the examiner. Debrief sessions lasted at least 15 minutes and were conducted in a private room. The debriefing sessions proved enjoyable for debriefers and informative for candidates. Behaviours and styles were identified in a collegiate fashion and honestly analysed using “advocacy inquiry” style questioning. Video playback allowed the debriefers to better make their points and the candidates to view themselves going through a stressful situation.

After the course, we collected anonymous electronic feedback. All candidates said they found the feedback debrief session useful and that video playback added to this. One candidate felt they were distracted by the recording, but only initially.

Based on this feedback we altered our video arrangements to further reduce distractions for our next course in April 2016 with 17 candidates. We asked candidates to wear the formal clothes they intended to wear for the actual exam. This time the recorded viva took place in a separate room with the observer, out of the candidates’ view to make the process as unobtrusive as possible. The candidates were well briefed and introduced to the “video room” to maintain a safe learning environment. Video debriefing was provided immediately after the viva.

All candidates felt the debrief sessions and video guidance were helpful, none felt the recording was a distraction and all agreed or strongly agreed that their confidence in dealing with vivas has increased as a result of the course.

We feel high quality debriefing is useful because it:
- Increases knowledge of strengths and areas for development.
- Increases confidence.
- Allows clarity of purpose and goals.
- Influences future behaviours and decision-making.

We find the “advocacy inquiry” style of questioning, where debriefers offer clear, perhaps critical, but respectful judgement together with a genuine curiosity to understand why things happen the way they do, leads to very interesting discussions, with the candidates identifying most potential issues themselves.

Adding recorded vivas and immediate video-guided feedback to a viva course adds significant complexity and workload to a time-pressed faculty. However, the process is immensely rewarding, especially in those “light bulb” moments when our junior colleagues realise the fruits of their hard work. We encourage other course organisers to employ video recording during their sessions and provide high-quality debriefing to improve non-technical exam performance.

Dr Abhijoy Chakladar, Dr Ing-Kye Sim, Dr Daniel Anderson, Dr Mei Mei Westwood
Department of Anaesthesia and Pain Medicine, Fiona Stanley Hospital, WA

Dr Christine Ong
Department of Anaesthesia, Joondalup Health Campus, WA

Acknowledgement:
We thank the Department of Anaesthesia and Pain Medicine for its continued support in hosting the course and for releasing so many senior staff to examine. We are indebted to our examiners from hospitals around Perth who often attend in their free time. Special thanks to Dr Malcolm Thompson and Dr David Wright for agreeing to be filmed (reluctantly!) and to our junior colleagues sitting the exam — good luck!

Candidate’s comments regarding video feedback (2015 and 2016):
- Constructive criticism is helpful.
- The video session is great and the feedback is very personalised.
- Insight into non-textbook performance is very valuable.
- Really good practice on how I will feel during the real event and how I’ll perform under pressure. Also useful to watch how I present in other peoples’ eyes (through video feedback).
- Able to see your own body language.
- personalised feedback allows for personal improvement.
- Allows feedback of body language that’s frequently overlooked.
- Allows targeted/personalised feedback.
- Allows more objective assessment, extremely valuable for observing body language and viva dynamics and technique.
- Allows feedback of body language that’s frequently overlooked.
- Very constructive and appropriately focused.
- Allows more objective assessment, extremely valuable for observing body language and viva dynamics and technique.
- Allows feedback of body language that’s frequently overlooked.
- Very useful in terms of answering technique and mannerism.

References:

"We believe confidence and performance in fellowship exams can be improved by addressing human factors, such as communication style and non-verbal communication."
Successful candidates

### Primary fellowship examination February/April 2016

One hundred and thirty seven candidates successfully completed the Primary Fellowship examination at this presentation and are listed below:

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<tr>
<th>Australia</th>
<th>Candidates</th>
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<tr>
<td>Australian Capital Territory</td>
<td>Mitchell David Blake, Benjamin Darby, Martin Dewarpey</td>
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<td>New South Wales</td>
<td>Ahmad Sabah Bakir, Caroline Ban, Christopher John Bell, Daniel Careyanntis</td>
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<td>Oliver Mark Laron, Ronald Cheung, Philip Collins</td>
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<td>Timothy David Cooper, Tara Kristen Dalby, Zoe Daskalopoulos</td>
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<td>Anumika Oshadiie De Abis, Varun Ramanabu Desai</td>
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<td>Monica Joy Deychalis, Thomas Christopher Egan, Daniel Fletcher, Damiha Vajic,</td>
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<td></td>
<td>Anton Fonska, Bernard Fries, Tiffany Alexandra Fikde, Michael A Ginsburg</td>
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<td>John Paul Harper, Nathan Andrew Hewitt</td>
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<tr>
<td>South Australia</td>
<td>Philip Martin King, Sweatha Komeru, Kenrick King Fai Ku, Amisha Kulkaani</td>
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<td>Bianka Gik Benai, Avry Lou Lim, Andrew Peter Lindberg, Joel Brian Monizies</td>
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<td>Patrick Itelo, Lauren Nicole Pilz, Gordon Edward Petie, Rebekah Susan Potter,</td>
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<td>Queensland Christopher David Arnold, Rafal Bacajewski, Cameron Morton Bell,</td>
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<td>Hanna Denise Burton, Rebecca Kathleen Caragata, Konika Chatterjee, Diana Da Silva,</td>
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<td>Corey Dore, Zahra Farzadi, Nathan Flint, Nicholas James Gerbanas, Alice Hazley Gynther,</td>
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<td>Ashon Jeffery, Allison May Jones, Claire Jane Maxwell, Karyn Alice Loyina Meldon,</td>
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<td>Tony James Miller-Greenman, Marten Misiewski, Aoni Moody, Fraser James Andrew Morton,</td>
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<td>Stephen Naughtin, Luke Bradley Nottingham, Adrian Proctor, Lilyana Puti Satowikuya,</td>
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<td>Anna Catherine Imelda Shirley, Jessica Teresa Taylor, Iain C Walker-Brown,</td>
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<td>Mark A Wyne, Xiang Lin Yeow</td>
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<td>Victoria</td>
<td>Benjamin Daniel Biles, Isabelle Laura Cooper, Sean John Davies, Cameron Gibson Galbraith,</td>
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<td>Andrew John Goldberg, Megan Elizabeth Hayway, Timothy Robin Chu Ho,</td>
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<td>Soyed Sohul Hosseni, Akhsh Hgumenally, Nicole Jacqueline Hunt, Patricia Ky,</td>
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<td>Bianca Antoinette Macula, Matthew David Matheson, Christopher John Moran,</td>
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<td>Western Australia Natasha Alex, Simon Peter Bradbeer, Suzy Dominique Brunis,</td>
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<td>Alisa Kim Ireland, Andrew James Johnson, Sebastian Paul Karalus,</td>
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<td>Cahm John McHugh Donald, Leota Jane Morton, John Anthony Newland, Festia Alexandria Parsons,</td>
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<td>Benjamin John Simpson, Matthew James Summers, Syed Muhammad bin Syed Abdul Hamid,</td>
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<td>Simon John Berndt Vosberg, Nicole Kyla Vogts</td>
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### Renton Prize

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

- John Anthony Newland, New Zealand

### Merit certificates

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

- Alice Hazel Gynther, Queensland
- Rafal Bacajewski, Queensland
- Craig Melville Rainbird, WA
- Natalie Alexi, WA
- Simon Don Pappalas, WA
- Simon Peter Bradbeer, WA

### Final Fellowship examination March/May 2016

One hundred and thirty eight candidates successfully completed the final fellowship examination at this presentation and are listed below:

<table>
<thead>
<tr>
<th>Australia</th>
<th>Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Capital Territory</td>
<td>Mitchell David Blake, Benjamin Darby, Simon Don Papaelias, Hannah Perilman,</td>
</tr>
<tr>
<td></td>
<td>James Franklin Preuss, Craig Melville Rainbird, Scott Cameron Sargent,</td>
</tr>
<tr>
<td></td>
<td>Bojana Stefanovic, NEW ZEALAND Sarah Jane Ashcroft, Michael J Barley,</td>
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<td></td>
<td>Melvin Mingwen Chong, Yan Yi Chua, Nicola Anne Delany, William Jan Essen,</td>
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<tr>
<td></td>
<td>Malinda Clive Illekguttie Fernando, Shadi Nabil Zahi Gadalla,</td>
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<td></td>
<td>Dani Rae Hinch, Sanna Maria Antikki Hultbomaki, Alisa Kim Ireland,</td>
</tr>
<tr>
<td></td>
<td>Andrew James Johnson, Sebastian Paul Karalus, Cahm John McHugh Donald,</td>
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<tr>
<td></td>
<td>Leota Jane Morton, John Anthony Newland, Estee Alexandria Parsons,</td>
</tr>
<tr>
<td></td>
<td>Benjamin John Simpson, Matthew James Summers, Syed Muhammad bin Syed Abdul Hamid,</td>
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<td></td>
<td>Simon John Berndt Vosberg, Nicole Kyla Vogts</td>
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<tr>
<td>Victoria</td>
<td>Catherine Margaret Algie, Babak Amin, Katherine Jekyll, Louisa Frances Lowes,</td>
</tr>
<tr>
<td></td>
<td>Georgina Stewart Mahony, Alyson Patricia McGrath, Sharon Lisa McGregor,</td>
</tr>
<tr>
<td></td>
<td>Rachel Amanda McLenan, Ross Mortimer, Lois Gaycon Oh, Jacqueline Louise Robson,</td>
</tr>
<tr>
<td></td>
<td>Natalie Russell, Brad Alexander Sheridan, Timothy Richardon Sullivan, Shanthi Wickrama-Pathirana,</td>
</tr>
<tr>
<td></td>
<td>Hot Tin Rex Yuan, Matthew Gerard Van Zetten</td>
</tr>
</tbody>
</table>

### ANZCA Bulletin June 2016

66 67
Successful candidates (continued)

IMGS examination March/May 2016

Five candidates successfully completed the International Medical Graduate Specialist Exam at this presentation and are listed below:

Farhood Tofighi, ACT
Ranga Jeevanie Vitiyala, NSW
Kingsley Paul Storer, SA
Judit Orosz, Victoria
Lekha Dilrukshi Walallawita, WA

Cecil Gray Prize

The Court of Examiners recommended that the Cecil Gray Prize for the half year ended June 30, 2016 be awarded to:

Christopher Raoul Clemens, Victoria

Merit certificates

Merit certificates were awarded to:

Christopher Jensen O'Loughlin, Victoria
Shaun J Roberts, Queensland
Irene Marea Whyte, NZ
Shepherd Chun Young

NEW ZEALAND

Gareth Shrantha Ansell
Martin Andrew Bailey
Alexander James Bates
Edwin Coaxes
Owen William Davies
Daniel Fang
Penelope Louise Geens
John Jay
Luke Eain
Henry Cecil Milne
Matthew Paul Muskler
Samantha Seedawathie Pudl
Gosta Claire Pearce
Alastair John Proud
Sarthakshayam Shannugananathan
David Ernest Silverman
Claire Francis Smith
Nicola Smith
Michael Warwick Triper
Irene Marea Whyte
Stephen Chun Young

HONG KONG

Chan Choi San Alfred
Chan Man Wai
Lam Chi Cheung
Luk Ting Hin

MALAYSIA

Chong Howe Yee
Shahir Hamid Mohamed Akbar

SINGAPORE

Charis Erin Huey Khoo
Ambika Paramasivan
Professor Kate Leslie presented results from a study of the safety of endoscopy sedation in University of Melbourne-affiliated hospitals. 2,132 patients were included. Half of the patients were aged over 60 years, half of them had a BMI >27kg/m2 and 42 per cent of them were American Society of Anesthesiologists’ physical status 3-5. Propofol doses were commensurate with general anaesthesia. Significant hypotension was the most common significant unplanned event (11.8 per cent). Seven patients (0.3 per cent) required unplanned endotracheal intubation and two patients (0.1 per cent) required advanced life support. The overall 30-day mortality rate was 1.2 per cent (6 per cent in emergency patients and 0.2 per cent in elective patients).

The aim of the second ANZCA Clinical Trials Network session is to update researchers and delegates on the keys to successful research. This year the session was titled “Publishing your results”. ANZCA research and investigators through the media and through government advocacy. Good research stories are enthusiastically engaged. Careful control of the message is important and that’s where good advice of experienced media managers comes in.

The ANZCA research community also greatly enjoyed the Gilbert Brown Prize Session (won by Dr Adrian Chin for “A randomised controlled trial comparing ultrasound and palpation assisted combined spinal epidural anaesthesia for elective caesarean section”) by the Research Committee Chair Dr Adam Holroyd for “Does formalisation of handover and the use of a joint structural visual aid improve postoperative handover?” and the ANZCA Research Grant session. These sessions included many wonderful stories from researchers around the ANZCA regions, funded by grants from the Anaesthesia and Pain Medicine Foundation. Visit the Virtual ASM to check these out.

The ANZCA Clinical Trials Network Executive, investigators and trial co-ordinators greatly appreciate and enjoy the opportunity to participate in the ASM each year, and to meet and network with the ANZCA community. The 2016 Research Awards were presented to:

- Professor Matt Chan (Harry Daly Award)
- Professor David Story's NHMRC Foundation Function (won by the team of the ITACS trial in 2015).

Research awards at the ASM

One of the annual high points for ANZCA and foundation-funded research is the presentation of research awards by Professor Alan Merry after the Gilbert Brown Prize Session at the annual scientific meeting. At the Auckland meeting this year, awards went to Professor Matthew Chan (Harry Daly Award), Professor Michael Pisc (John Boyd Craig Research Award), Professor Stephen Schug (PharmA ANZCA Research Award), Dr Philip Finch (Bussell Cole ANZCA Memorial Research Award), Dr Hugh Taylor (ANZCA Melbourne Emerging Researcher Award), Dr Joel Symons (the Robin Smallwood Bequest), and Dr Nicole Tan (Perpetual ANZCA Emerging Researcher Award).

(continued next page)
Anaesthesia and Pain Medicine Foundation

Foundation features at the ASM (continued)

Both the Perpetual award and the Robin Smallwood Bequest were awarded for the first time in 2016, representing the importance of Perpetual’s corporate partnership, and of the generous contribution in perpetuity established by the Smallwood family in memory of Dr Robin Smallwood and his significant leadership and contribution to anaesthesia.

The Russell Cole award, now in its third year, continues to make an outstanding ongoing contribution to the development of pain medicine.

Congratulations to all established and early career grant and award recipients on their outstanding grant applications.

Supporting emerging researchers appeal 2016

While our established researchers are generating increasing impact and evidence for practice, it is just as encouraging to see our early-career researchers getting an increasing share of the foundation’s annual grant funding.

Supporting them is an important investment in the future of investigation and excellence in the specialties, their contributions across perioperative medicine.

The foundation’s recently mailed appeal features personal reflections from emerging researchers and foundation grant recipients Dr Nicole Tan, Dr Julie Lee, Dr Jonathan Biller, Dr Alvin Chuan and Dr Raymond Hu. Please support the appeal, and thank you to all those who have already donated!

Thanking new Patrons Program members

A huge thank-you to all new Patrons Program members for your support. Patrons commit to annual donations of $A500 or more to support research and education, and are some of the foundation’s most committed and valuable supporters.

From April to June this year, nearly 20 Fellows have joined the program. We look forward to providing them with special reports and updates on studies, investigator, publications and other research highlights in 2016 and beyond.

Australian Executor Trustees

In May, Australian Executor Trustees advised the foundation that its invited submission for a grant of $A35,000 to support a South Australian researcher and project had been successful.

Both the Perpetual award and the Robin Smallwood Bequest were awarded for the first time in 2016, representing the importance of Perpetual’s corporate partnership, and of the generous contribution in perpetuity established by the Smallwood family in memory of Dr Robin Smallwood and his significant leadership and contribution to anaesthesia.

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The foundation was delighted to receive the funding, which is a valuable encouragement of South Australian research in the specialties at a time when research funding in the state is at a premium.

Supporting in perpetuity

Any supporter who is interested in creating a perpetual future contribution to delivering great outcomes to patients by including a bequest in their will should contact Rob Packer at the foundation on +61 3 8517 5306 or rpacker@anzca.edu.au.

Rob Packer
General Manager, Anaesthesia and Pain Medicine Foundation

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Introducing five new modules

- Technology in teaching and learning
- Concepts in assessment
- Teaching in multiple settings
- Organisation of education in departments
- The trainee experiencing difficulty

Pilot sessions are open to ANZCA and FPM Fellows and Provisional Fellows and to IMGS with limited places at each session.

To register your interest in attending a module pilot or to obtain more information, please contact the ANZCA Education Unit: education@anzca.edu.au

Pilot sessions are open to ANZCA and FPM Fellows and Provisional Fellows and to IMGS with limited places at each session.

To register your interest in attending a module pilot or to obtain more information, please contact the ANZCA Education Unit: education@anzca.edu.au

The following locations have confirmed module sessions over the next six months with additional locations to be added soon:

- Mackay, Qld
- Melbourne, Vic
- Darwin, NT
- Christchurch, NZ
- Sydney, NSW
- Gold Coast, Qld
- Townsville, Qld
- Brisbane, Qld
- Perth, WA
- Adelaide, SA
- Townsville, Qld
- Brisbane, Qld
- Gold Coast, Qld

Module sessions are open to ANZCA and FPM Fellows, and Provisional Fellows and to IMGS. Places are allocated in order of registration until capacity is reached.

For enquiries and registration, please contact the ANZCA Education Unit: education@anzca.edu.au

To donate, or for more information on supporting the foundation, please contact Rob Packer, General Manager, Anaesthesia and Pain Medicine Foundation on +61 3 8517 5306 or email rpacker@anzca.edu.au. Gifts can be made via www.anzca.edu.au/fellows/foundation.
Is 2016 the last year of your triennium?

The 2014-2016 continuing professional development (CPD) triennium finishes on December 31. Below are the requirements you will need to have completed by this date:

**Triennial requirements**

- Complete all six sections of your CPD plan.
- Complete all six sections of your triennial evaluation.
- Practice evaluation – 100 credits in total (including at least two mandatory activities).
- Knowledge and skills – 80 credits.
- Emergency responses – at least two activities (CICO, cardiac arrest, anaphylaxis and/or major haemorrhage).
- A minimum of 30 credits annually each for 2014, 2015 and 2016.

**End of triennium tips**

Now is the time to review your current status. Ensure you have completed every step of your CPD plan to unlock your milestones, this will help you track that you have met your annual requirements for 2014, 2015 and 2016. If you have entered the required 30 credits for each year, your statements will appear with a tick next to them. You can complete the same practice evaluation activity twice in order to meet the two mandatory activity requirements, so long as they are one year apart.

**Assistance**

Have your circumstances changed, or is there something that has prevented you from completing a certain part of your triennium?

Participants who are unable to meet the minimum CPD requirements due to exceptional circumstances may apply for special consideration. The chair of ANZCA’s CPD Committee will assess all applications on an individual basis. Examples of circumstances that may be considered are serious illness, loss or bereavement, or hardship.

Are you unsure about where to log an activity in your portfolio? Or is there something you need to do that you are unsure where/how to do?

If so, please contact the CPD unit well in advance for assistance via cpd@anzca.edu.au or +61 3 9510 6299. We will be happy to talk you through it.

---

**Medical history masterclass**

Keen to improve your historical research skills? Want to learn more about medical history? Earn continuing professional development points while learning about something you love?

The Geoffrey Kaye Museum of Anaesthetic History is running an all-day masterclass to help medical professionals and members of the public develop and fine-tune their historical research skills. Run by the museum and Monash University’s School of Philosophical, Historical and International Studies, the masterclass will be held on Saturday October 15 to coincide with History Week.

Check the museum’s webpage for further information or register your interest by emailing museum@anzca.edu.au. Participants in the ANZCA Continuing Professional Development Program can claim attendance under the Knowledge and Skills category ‘short courses, workshops’ for two credits per hour.

---

**Applications are now open for the Dr Ray Hader Award for Pastoral Care.**

This award acknowledges the significant contribution by an ANZCA Fellow or trainee to the welfare of one or more ANZCA trainees. The nature of such a contribution may be direct, in the form of support and encouragement, or indirect through educational initiatives or other strategies.

The award is named after Dr Ray Hader, a Victorian ANZCA trainee who died of an accidental drug overdose in 1998 after a long struggle with addiction. Established in memory of Dr Hader by his friend Dr Brandon Carp, this award promotes compassion and a focus on the welfare of anaesthetists, other colleagues, patients and the community.

In 2012, Dr Carp agreed to continue sponsorship of the award and to expand the criteria to recognise the pastoral care element of trainee supervision.

The winner of the award receives $A2000 to be used for training or educational purposes. Any ANZCA Fellow and/or trainee can be nominated for this award. Individuals must be nominated and seconded by an accredited ANZCA trainee or Fellow. The nominator must describe in no more than 1000 words how the candidate has made a significant contribution to the pastoral care of trainees and provide the details of two additional referees.

Application forms can be found at www.anzca.edu.au/About/ANZCA/Awards. All applications must be emailed to ceo@anzca.edu.au by Monday September 19, 2016.
Dr Kenny Lewis from Sydney Adventist Hospital in Wahroonga NSW was a volunteer with the Women’s Health Team of Open Heart International, which visited Nepal in March.

Day seven on our mission to alleviate Nepal from its scourge of pelvic prolapse: I find myself puffing up a dusty hill halfway between our hotel in Bhaktapur and the Scheer Memorial Hospital in Banepa. It is 6.45am but already the Nepali countryside is awake and active. Elderly women carry heavy pails up rocky paths, children trip down mountain roads in an assortment of school uniforms, men repair tattered roofs on buildings bent and broken. Everywhere the bleating, barking, yelping, cooing of resident creatures, tame and wild.

I summit the hill and descend to the town. In the streets there is dust and smoke and noise and litter and colour and life. A heaving melee of bicycles, scooters, children playing in ditches, dogs sampling yesterday’s rejected meals, old men pulling food wagons where anything sells. A woman throws her turbid washing water into the streets. A dog runs away. A truck with colourful medallions hosts a jingle as it swerves to avoid a man pushing a cart burdened with fruit. A tailor using a sewing machine with a foot pedal smiles his trade oblivious to passers by.

The sweet smell of incense. A temple bell. Everywhere the dust and fumes of a town choking on its own waste.

Volunteer specialists change lives in Nepal

The welcoming gates of the hospital appear unexpectedly through the haze. The crowd before the registration clerk parts to let me through. In the open courtyard, patients and their early visitors mingle and talk in hushed tones. An orderly mops the stone theatre floor with disinfectant.

In the theatre annex I meet my first patient: Mrs DS, an old woman, skin creased and folded like the Himalayan foothills. A lifetime of physical exertion imprinted on her face. Small hands and feet. Average height and weight – 146cm, 44 kg. I am 166 centimetres in my theatre clogs; Guam in the land of Lilliput. A student nurse is my stand-in interpreter. “Namaste Aama,” my greeting. I learn that the patient is 61 (she looks 80), has had 12 pregnancies, seven children still living. “What happened to the children who died?” The patient tells they died from disease. She couldn’t get them to the clinic to immunise them. Does she smoke? No. Gave up three years ago. I soon learn that the answer to this question is irrelevant. Passive smoking affects everyone and cooking is done indoors over open fires. Never been to hospital before; denies diabetes or hypertension (quite prevalent); takes no medication. I don’t ask about herbal remedies. I don’t know enough about them.

Dr Kenny Lewis, Sydney Adventist Hospital, NSW

We proceed to the tiny theatre. Plaster cracking off walls. An antique voltmeter in the corner to regulate the theatre lights. The strong smell of Lysol is overpowering. Our Ulco-Campbell anaesthetic machines are vintage Australian, made obsolete by new technology. The ventilators don’t work. An enormous oxygen cylinder dominates the workspace. The pressure valves on the cylinder are broken, a low whistle from the fail-safe valve on the machine our only warning of impending gas failure. I check the batteries in the flashlight – essential backup in a country where electricity fails four or five times a day.

My attention turns to the anaesthetic drugs and equipment. I review the syringes and needles we brought with us, which are adequate for the simple anaesthetic required: spinal anaesthesia with light sedation. In older patients who have endured a lifetime of hard work, spinal anaesthesia can be challenging. Small intervertebral spaces, degenerative spine disease, calcified interspinous ligaments. Variations in technique are required but are ultimately successful. The patients lie quietly during the surgery. I have to ask them frequently whether everything is OK. Stoicism and forbearance is the norm. Acceptance makes life tolerable.

We only see my patients the next day that the real person emerges. The surgical ward is filled with relatives bearing small gifts or good wishes. The patients lie quietly on stretchers stacked six abreast within the whitewashed walls. A nurse brings me a gapped-tooth smile. Presses her hands together and offers a diffident nod of the head. Her lips crease to allow a smile through. “Dunyabad” (thank you). Namaste!

I head back to the theatre for a teaching session with the students before my afternoon list. I feel conflicted. On an individual level this is rewarding but the problem is too great, the work immense. What to do, where to start? Are we making a difference? Are we changing lives? For Mrs DS, a short visit by a group of inspired volunteers from Australia has changed the world.

Endnotes

It is only when I see my patients the next day that the real person emerges. The surgical ward is filled with relatives bearing small gifts or good wishes. The patients lie quietly during the surgery. I have to ask them frequently whether everything is OK. Stoicism and forbearance is the norm. Acceptance makes life tolerable.”

Open cutpage from left: Banepa, Kathmandu Valley; shared communal bath; postoperative ward; Dr Kenny Lewis with patient; thyroid goitre; Registration desk at Scheer Memorial Hospital; Hindu Kalava or sanctified thread; TB spine.
Specialists fly in to assist
cyclone ravaged Fiji

Three New Zealand anaesthetists were
among 23 volunteers who made up the
NZ Medical Assistance Team (NZMAT)
response after Tropical Cyclone Winston
devastated parts of Fiji on February 20.

The participating anaesthetists were
Dr Wayne Morriss from Christchurch,
Dr Tony Diprose from the Hawke’s Bay
Regional Hospital in Hastings and Dr
Alan Goodey from Waikato Hospital
in Hamilton.

The Australian Medical Assistance
Team (AusMAT) also sent 23 people to
Fiji, including Dr Andrew Magnis, an
anaesthetist from the Royal Darwin
Hospital.

Dr Morriss was one of a four-person
initial assessment team that worked with
Fiji’s Ministry of Health to determine
the most appropriate medical response.

A few days after the cyclone, Dr
Morriss flew to Vanuabalavu Island in
the northern Lau group, along with Fijian
medical colleagues.

“As we approached the island, the
massive destruction caused by the
cyclone was very evident,” Dr Morriss
said. “We learnt that as many as 90 per
cent of the homes on the island were
destroyed. Fortunately, the number of
deaths and injuries – five people were
killed and three were admitted to hospital
for injuries – was way below what was
originally feared. This was really a
testament to the good preparation done
by the Fijians.”

The scale of the devastation was
similar on Koro Island, which Dr
Morriss visited with two colleagues from
AusMAT.

Based on the initial assessment team’s
recommendations, the NZMAT deployed
19 people to provide medical support on
several fronts. These included surgical
support for the main hospital in the
capital, Suva, a five-person team on
Koro Island, a four-person team to the
northern Lau group of islands, and a
two-person team to the Combined Task
Force Headquarters established by the New
Zealand Defence Force.

Dr Diprose and Dr Goodey each worked
with a surgical team at the Colonial War
Memorial Hospital in Suva. The team
managed cyclone-related injuries so
local medical staff could focus on other
emergency and elective work.

Dr Morriss described his two-week
deployment to Fiji as a very sobering
experience.

“It was sad to see the immense loss and
devastation suffered by the people of Fiji,” he said. “But I am glad I was able to go
back and help as part of the NZ Medical
Assistance Team.”

Colonial War Memorial Hospital
medical superintendent Dr Jemesa Tadravu was quoted in the Fiji Times
as saying the New Zealand medical
personnel had greatly assisted the work
at the country’s largest referral centre.

Susan Ewart
Communications Manager, NZ

Opposite page from left: Cesta Kaitani and her
three daughters show cyclone damage to their
village of Nasau on Koro Island (photo taken by
the New Zealand Defence Force). Dr Wayne
Morriss with Fijian colleagues on Vanuabalavu
Island in the northern Lau group; the eight-
person surgical team outside the Colonial War
Memorial Hospital in Suva with Dr Tony Diprose
(far left) and Dr Alan Goodey fifth from left.

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Special Interest Group events

Welfare of Anaesthetists SIG Meeting – Socialising meeting in the ANCA Village “Be your best self”
Melbourne Convention and Exhibition Centre
September 14, 2016
events@anzca.edu.au

Combined SIG Meeting
“Building resilience – reflections, culture and changing minds”
Novotel Sydney Manly Pacific
October 7-9, 2016
events@anzca.edu.au

Perioperative Medicine SIG Meeting
“The elderly surgical patient: What matters in the end”
Peppers Noosa Resort and Villas
October 20-22, 2016
events@anzca.edu.au

ANZCA Clinical Trials Network
“8th Annual Strategic Research Workshop”
August 12-14, 2016
Crowne Plaza Coogee Sydney, New South Wales
event@anzca.edu.au

The Australian and New Zealand Anaesthetic Allergy Group’s Annual Scientific Meeting
“Perioperative Anaphylaxis: The aftermath”
RACV City Club
Melbourne Victoria
August 12-14, 2016
events@anzca.edu.au

ANZCA Clinical Trials Network
“8th Annual Strategic Research Workshop”
August 12-14, 2016
Crowne Plaza Coogee Sydney, New South Wales
event@anzca.edu.au

For more information about the workshops, abstract and presentation guidelines, and to register, please visit: www.anzca.edu.au/fellows/Research/anzca-clinical-trials-network-events.html

PROVISIONAL PROGRAMME
Session 1: Perioperative
Session 2: PBLD
Session 3: Perioperative
Session 4: Non OR anaesthetic
Annual General Meeting
Dinner

OTSAN is pairing with ASA for the first time to host Annual OTSAN Meeting. This meeting will precede the ASA NSC 2016 in Melbourne.

Speakers include some of the well-known experts in their respective fields. The meeting will be of interest to all members of the OTSAN family and specialists and trainees interested in perioperative medicine.

More information will be available on www.otsan.org or via email: aihua.wu@easternhealth.org.au

World Congress of Anaesthesiologists
28 August – 2 September 2016
Hong Kong Convention and Exhibition Centre

16th World Congress of Anaesthesiologists
Learn more at www.wca2016.com

SAVE THE DATE

Learn more at www.wca2016.com
Research workshop attracts interest

Thirty-four people took part in ANZCA’s second New Zealand research workshop, demonstrating that there is keen interest in learning how to conduct successful research. The workshop, entitled “A toolkit for emerging investigators”, was held at Auckland City Hospital on March 11.

Convenor Dr Thomas Fernandez, supported by Dr Kerry Gunn and Dr Doug Campbell, organised an excellent program presented by eminent New Zealand researchers together with Professor Scott Beattie from Toronto, Canada, who was in New Zealand for the Auckland City Symposium the following day.

Professor Beattie presented on “Achieving high quality clinical evidence in anaesthesia”. The other topics were: “The question, the methods and the significance” (Professor Alan Merry); “So you want to be a researcher?” (Dr Bob Boas); “The value of a PhD” (Associate Professor Simon Mitchell); “Establishing a research department” (Associate Professor Tim Short); “ANZCA Scholar Role” (Dr Jennifer Woods); “Utilising database research” (Professor Scott Beattie); “The open field of neuroscience of anaesthesia research: clinical and laboratory possibilities” (Professor Jamie Shrigl); “Research in pharmacogenomics” (Dr Dean Bunbury); and “Conducting a pilot study” (Dr Doug Campbell).

The program closed with a moderated question and answer session, “Meet the experts”, with a panel involving Professor Beattie, Professor Merry, Associate Professor Short and Professor Shrigl.

Very positive feedback indicated the workshop gave the registrants inspirational ideas on conducting successful clinical research. They also appreciated the opportunity to network, establish research-related contacts and develop themes for clinical research.

This workshop was supported by the ANZCA NZ National Committee and the Joint Anaesthesia Faculty Auckland (JAYA) Trust. The next research workshop will be held in 2018.

Network for obstetric anaesthetists

ANZCA’s NZ National Committee and the NZ Society of Anaesthetists are jointly supporting a network of obstetric anaesthetists, which plans to meet several times a year to share information and experience, and to discuss issues. Dr Douglas Moir from Wellington Hospital is chairing the network, which comprises obstetric anaesthetists from all district health boards.

The group aims to provide national representation of obstetric anaesthetists, consolidate and amalgamate good practice, share guidelines and good practice, give support for clinical practice in difficult cases, and encourage and support members to foster training and education. It also hopes to improve professional connections with colleagues in obstetrics and midwifery.

After an inaugural planning meeting in November, about 20 obstetric anaesthetists attended the first national meeting held at ANZCA’s Wellington office on March 7. The meeting also was attended by Ministry of Health information technology staff and representatives from the company developing the Badgernet maternity records management system, who discussed how the system was working. ANZCA hosted a second face-to-face meeting at its Wellington office on May 30. The network also has been invited to join an obstetric and midwifery group meeting on August 15 at Wellington Hospital. A final meeting for the year is proposed for November.

Team leadership vital for safety

Leadership that works within a team is safer than old-style leadership, which risks errors because juniors may be too scared or deferential to speak up. This was a key message arising from a Health Quality & Safety Commission (HQSC) forum held in Wellington in March, which explored the place of clinical leadership in health quality and safety.

ANZCA’s NZ Safety and Quality Officer, Dr Geoff Laney, and NZ General Manager, Ms Heather Ann Moodie, attended the forum, which featured top British neurosurgeon Mr Henry Marsh, a pioneer of using awake cranotomy for intrinsic brain tumours and the author of Do No Harm. Mr Marsh spoke on role modelling; openness and learning from mistakes; communication with colleagues and patients; team work; making hard decisions; stepping up; and patient involvement in choices.

He was joined by an impressive line-up of senior New Zealand health and other professionals, who shared their insights and practical experience, and drew on what clinical leadership meant for them in practice. These included Health Minister Dr Jonathan Coleman and the Director-General of Health, Mr Chai Chua.

The forum acknowledged that leadership styles have changed significantly since the 20th century and that contemporary leadership works in a team environment. The danger of sole leaders who did not listen to those around them was pointed out.

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He was joined by an impressive line-up of senior New Zealand health and other professionals, who shared their insights and practical experience, and drew on what clinical leadership meant for them in practice. These included Health Minister Dr Jonathan Coleman and the Director-General of Health, Mr Chai Chua.

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A successful leader not only leads from the front but also from the middle or from behind. Leaders are not just great problem-solvers, they deliberately build and lead behind even greater leaders. Mr Marsh summarised his take on clinical leadership as visibility, continuity of staff, trust, charisma, open to discussion and criticism, but able to make and execute decisions.

He said he believed the European working time initiative had adversely affected junior staff by diluting experience, breaking up the “team” and demoralising/alienating many junior staff. He also said “zero harm” was unattainable and mentioned the General Medical Council’s 2015 paper, the “Duty of Candour”, explaining when and how to apologise.

In his second presentation, Mr Marsh pointed out that patients can be ambivalent about information – wanting to know but also fearing the truth. Top cricketer and sports administrator Mr Martin Snedden, who organised New Zealand’s hosting of the Rugby World Cup in 2011, said a leader must start with a great story, which people understand and agree with, paint the picture with conviction and simplicity, and have resilience, great relationships, the ability to make key decisions and a willingness to genuinely listen.

The consultant/junior dynamics and the patient/doctor relationship also were discussed. Videos of the presentations are available on the HQSC website at www.hqsc.govt.nz.
Scan and ski workshop, July 15-16
The ACT Regional Committee will host a new workshop in July entitled “Scan and ski: Regional ultrasound scanning workshop for peripheral nerve blocks”. Dr Ross Peake will convene the workshop, featuring world-renowned ultrasound specialists Dr Alwin Chuan, Dr Peter Hebbard, Dr Brad Lawther, Dr Andrew Laidlow and Dr David Scott. It will be held at the Thredbo Alpine Hotel and run over two days, using the morning and evening sessions for hands-on ultrasound scanning and instruction, and leaving the middle of each day free for skiing or sightseeing in the beautiful NSW Snowy Mountains. The workshop will cover upper limb blocks, lower limb blocks, trunk and spinal blocks, among other topics.

The workshop will be limited to a small group only to ensure maximum time with the instructors and equipment, and only a few places remain available so register now to avoid missing out. Event details can be found on the ANZCA ACT web page.

Art of Anaesthesia – registration now open
The 2016 combined Art of Anaesthesia meeting will be held in Canberra over the weekend of October 15-16. The theme of this year’s meeting is “Back to the future” and registration is now open. During the Saturday program we will be providing presentations on the modern management of what might be considered old chestnuts: reflecting on the current “hoops” of hospital accreditation and continuing professional development through the prisms of two recently successful PhD candidates; trying to get our heads around care of the brain in various states of distress; and looking to the future of anaesthesia. On Sunday morning, there will be two emergency response workshops. Can’t intubate can’t oxygenate and Anaphylaxis management. In the afternoon, there will be a fibre-optic bronchoscopy workshop with Associate Professor Scott Parkes. The workshops will help those who wish to complete mandatory ANZCA Continuing Professional Development Program emergency response activities and those who wish to refresh their knowledge of the complex art of fibre-optic intubation.

We welcome everyone to the meeting and encourage all to attend the last week of the Floriade flower festival. Floriade is Australia’s largest celebration of spring and showcases one million flowers in bloom throughout Commonwealth Park. Bring the family, stay for the weekend and enjoy a unique experience in the nation’s capital. Event details, including online registration, can be found on the ANZCA ACT web page.

Preeclampsia and obstetric emergencies – a wonderful evening with Associate Professor Alicia Dennis
More than 50 local Fellows and trainees attended an evening presentation in Canberra on Thursday April 14 with the theme of preeclampsia and obstetric emergencies. Associate Professor Alicia Dennis delivered two wonderful presentations: “Haemodynamics in women with preeclampsia – the unified theory of preeclampsia” and “Key issues for anaesthetists when managing obstetric emergencies – obstetric haemorrhage, severe preeclampsia, immediate operative birth and maternal collapse”. Associate Professor Dennis is a specialist anaesthetist and director of anaesthesia research at the Royal Women’s Hospital in Melbourne. She is also a National Health and Medical Research Council fellow and her research program, which leads on from her PhD work, examines heart function in women with preeclampsia, a common high blood pressure condition in pregnant women.

Continuing medical education event
Sixty-two delegates attended the first South Australian and Northern Territory continuing medical education event of the 2016 series, held at the SA Women’s and Children’s Hospital. Dr Tony Chadderton, a specialist in addiction medicine from Drug and Alcohol Services SA, and Dr Christine Huxtable, FANZCA, an anaesthetist at Royal Adelaide Hospital, gave informative presentations on the topic of “Anaesthesia and recreational drugs”. Dr Chadderton spoke about addiction and drug profiles of methamphetamines, opioids and alcohol, and Dr Huxtable presented on the acute management of the dependent patient.

The event was well received and presentations were professionally recorded and distributed to remote South Australian and Northern Territory hospital anaesthesia departments to assist with training and continuing professional development.

Preparing for the primary exam
The SA Regional Office has been hosting a range of exam preparation activities. The regional staff and SA and NT trainees are grateful to Dr Nicholas Knight for co-ordinating these sessions and appreciate the specialist consultants who give valuable time and expertise in offering practice vivas to our trainees.
New South Wales

Primary Refresher Course in Anaesthesia

The course is a full-time revision course, run on a lecture/tutorial basis and is suitable for candidates presenting for their primary examination in the second part of 2016.

Date: Monday October 17 – Friday October 28, 2016
Venue: Large Conference Room, Kerry Packer Education Centre Royal Prince Alfred Hospital Missenden Road Camperdown NSW 2050
Fee: $A1078 (including GST)

In addition, a comprehensive set of supplementary notes, lecture notes and USB will be given to each participant at the commencement of the Course.

Applications close on Friday September 30 (if not filled prior).

The number of participants for the course will be limited. Late applications will be considered only if vacancies exist.

For further information contact: Tina Lynd
Email: nswcourses@anzca.edu.au
Telephone: +61 2 9966 9085

NSW Spring CME

The University of Sydney

November 26, 2016

“Anatomy for anaesthetists workshop”

“Maintaining the rage”

Tasmania

Tasmanian combined mid-winter meeting

The Tasmanian combined mid-winter meeting will be held on Saturday August 20 and moves from the Tasmanian east coast to the stunning mountainous wilderness of Cradle Mountain for the first time.

The convenors of the one-day meeting, Dr Daniel Aras and Dr Peter Wright, feel this will bring a different and unique feeling to the meeting and provide delegates with an opportunity to explore the Tasmanian wilderness, as well as meet colleagues and hear relevant and interesting presentations in a setting that feels a long way from the pressures of work, but is only a couple of hours from the city and airport.

Dr Aras has been to Cradle Mountain on numerous occasions and says the area offers a unique and delightful experience in all seasons with its ancient rainforests, crystal clear lakes and alpine heathland. He believes the meeting will be a great opportunity for attendees to bring their families, plan a romantic weekend getaway or take the opportunity to go bush walking.

For further information contact: Tina Lyroid
Email: tasmaniancombinedmeeting@gmail.com

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Australian news (continued)

Western Australia

Western Australian anaesthesia meetings

The ANZCA and Australian Society of Anaesthetists Autumn Scientific Meeting, titled “Updates in anaesthesia”, was held on March 12 at the University Club, University of Western Australia. One hundred and fifty seven delegates and forty three anaesthetic technicians attended the meeting, which also attracted thirty five healthcare industry sponsors.

Professor Michael Pach spoke on “Rapid sequence induction for GA caesarean delivery” and Dr Andrew Heard spoke on “Can’t intubate, can’t oxygenate, can it be avoided?” There were multiple concurrent workshops that made this event very attractive to delegates. Anaesthetists spoke on perioperative medicine, CPET interpretation, post-dural puncture headache, mentoring, major haemorrhage and CICO.

Dr Anna West was presented with the Dr Nerida Dilworth Prize for 2016 and Dr Aileen Donaghy presented on the DBC Runney Wilson Lecture with her experience from North to South. WA regional coordinator Melanie Roberts attended the Medical Careers Expo on April 12 with Dr Kev Hartley, Dr Grace Ho and Dr Gary Devine at Burwood on Swan. The ANZCA booth was very busy all day with questions from medical students and interns. Thank you to Kev, Grace and Gary for their assistance.

The Education Officer/Supervisor of Training meeting will be held on July 27.

The Country Meeting will be held October 21-23 at the Pullman Resort Bunker Bay. Registrations open in July.

Above clockwise from left: Dr Kev Hartley instructing a student at the medical expo; Autumn scientific meeting presentations in the auditorium; Dr David Bershoff presenting the Dr Nerida Dilworth Prize to Dr Anna West.

Victoria

Victorian quality assurance meeting and workshop

The Victorian Regional Committee held its first quality assurance meeting and workshop for 2016 at the College on Saturday May 14. The theme of the day was “devices and gadgets.”

The meeting began with four interesting and engaging presentations/cases by Dr Param Pillai, Dr James McGuire, Dr Gwendolyn Stewart and Dr Laurence Weinberg.

Following afternoon tea, delegates broke into small group discussions that culminated with a larger group summary.

The meeting was a great success, as indicated by both the number and engagement of participants. The passion and dedication of the anaesthesia community was clearly evident on the day. Recurrent themes of discussion included “anaphylaxis” and “the quick add-on” at the end of endoscopy lists, both identified as requiring diligent specialist anaesthesia care.

The day was made possible by the hard work of the ANZCA administrative and facilities staff.

The next quality assurance meeting will be held at ANZCA House on October 8.

Dr Shiva Malekzadeh

Convenor, Victorian Regional Committee

Above: Standing: Dr Emad Hanna, Dr Rajesh Devarakonda, Presenter Dr James McGuire; Sitting: Convenor Dr Shiva Malekzadeh, Presenter Dr Gwendolyn Stewart, Chair; ASA Victorian Section Dr Jennifer King.

Right: Group discussions at the quality assurance meeting and workshop.

Victoria 37th Annual Victorian ANZCA/ASA combined CME meeting

“Trade secrets – seek, master and excel” with guest speaker Professor Stephan A Schug MD FANZCA FFPMANZCA

Saturday July 30, 2016 from 8am to 5.30pm

 Sofitel Melbourne On Collins
25 Collins Street, Melbourne

Registration Fees

Fellows $352 (including GST) Trainees $242 (including GST) Retirees $110 (including GST)

For further information contact:

Daphne Erler
cic@anzca.edu.au +61 3 8517 5313
While doing his army service, Tom had rescued a young soldier from drowning and he subsequently developed an aspiration pneumonia, which left him with a persistently wet cough. A chest surgeon with whom he worked suggested he move to a warmer climate and he applied for the position as first director of anaesthetics at the Royal Hobart Hospital. Tom and Elma moved to Tasmania in 1957. At that time his staff consisted of one registrar, a resident who rotated monthly and three visiting honoraries. This was a world away from the current staffing, which numbers over 50 anaesthetists. Tom was the only qualified anaesthetist.

Dr Benjamin Rank, a prominent plastic surgeon from Melbourne, used to come to Hobart to do all the cleft palate and hare lip surgery. Dr Rank brought his own anaesthetist and was very reluctant to change this arrangement, but finally Norris and I met in 1966 in the anatomy dissecting labs at Sydney University while studying second year medicine and our subsequent career paths held many parallels.

Unfortunately Tom was plagued by health issues from the early 1960s and they would trouble him for the rest of his life. He developed atypical Meniere’s disease and this caused problems with balance and hearing. In 1976 he had a spinal fusion. Before his health problems, Tom played squash and tennis, was a keen fly fisherman and was involved in the Naval and Military and Athenaeum clubs in Hobart.

Tom and Elma separated in the early 1970s. He remarried in 1981 and, with family movements his primary education spanned four different schools. His secondary schooling was more settled at Macquarie High School. In 1966 he gained a Commonwealth Scholarship, which he used to study medicine at the University of Sydney.

In anaesthetic simulation and worked closely with Dr Kirsi Taraporewalla at the Royal Brisbane Hospital simulator in the mid 2000s. He was an active member of ANZCA’s Medical Education Special Interest Group. He retired in 2010, but continued to have an interest in anaesthetics, turning up from time to time for morbidity and mortality meetings over the next couple of years.

Norris moved straight into private practice. He had visiting sessions at RBH until 1983 and at the Repatriation General Hospital, Greenlopes, where he became a senior specialist in 1988. He both helped out at the Royal Australasian College of Surgeons exhibit at EXPO 88.

Norris began to look for more challenging work and took on visiting sessions at Princess Alexandra Hospital in the fields of kyphoscoliosis and major resection/reconstruction for orthopaedic malignancies. In 1991, he planned an overseas sabbatical and the next year moved with his family to Plymouth. In March 1994, following two busy German bombing raids on Clydeide, he lost his student accommodation. He moved out of the city to live with two maiden aunts, travelling daily to Glasgow to attend classes. He graduated in 1995 and did his internship at the Glasgow Western Infirmary.

Dr Thomas (Tom) Thomson 1920 – 2015

Tom Thomson was born on October 13 in Kilwinning, Ayrshire, Scotland and died in Hobart on September 12, 2015, a month before his 95th birthday. During his childhood, his father was the manager of the Kilwinning ironworks, which closed during the Depression. The family moved to Lugar where his father managed coalmines. He had an older sister and a younger brother, who survives him.

Tom joined the army and served in the Royal Army Medical Corps in Egypt, Palestine and Cyprus. After his release from the army he worked in a maternity hospital and later moved to general practice, first in Wolverhampton, then to a country general practice. During this time he married Elma Champion. He decided to give up general practice and set up anaesthetics. He started in Lancaster, moving later to Sheffield and then to Manchester where he got his FFARCS.

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Dr Margaret Matilda Patterson
1926 – 2016

Margaret Patterson was born in Warrnambool, Victoria, where her father was a teacher before receiving a post-war study grant and becoming a biochemist working on the development of vaccines. Margaret was inspired by her father and this clearly influenced her career. Margaret gained her medical degree from the University of Melbourne and a diploma of anaesthesia in England. She had a private anaesthetic practice in Brisbane for around two years. In the early 1960s, Margaret became an anaesthetist at Launceston General Hospital and was soon appointed director of anaesthetics. In the 1970s, she volunteered to teach anaesthesia in South Korea for three months, during long-service leave. Her death in her 90th year brings to a close a period during which anaesthesia in Launceston was established as a professional specialty and high standards of practice and care became the norm.

ANZCA Fellow Dr Stewart Bath met Margaret when he was appointed as an anaesthetic resident at Launceston General Hospital in 1967.

Dr Bath recalls that Margaret “was at the height of her powers and was an outstanding anaesthetist, the mainstay of the department and the standard-setting director of a group of general practitioner anaesthetists, who had until her arrival provided the anaesthetic services”.

While overseas or itinerant anaesthetists were appointed from time to time, Margaret was the only permanent anaesthetist with a full range of specialist skills, Dr Bath said.

“She was very particular about details of her work. She was a good teacher and I took a great interest in anaesthesia as a result,” he said.

“To further this interest, I requested another three-month term in my second year at the Launceston General Hospital during which time she taught me many... and to the point where the superintendent of the hospital insisted that she be superannuated on the grounds of ill health.”

Margaret was inspired by her father and this clearly influenced her career. She had a private anaesthetic practice in Brisbane for two years and also worked in Wellington, NZ, for around two years.

In the early 1960s, Margaret became an anaesthetist at Launceston General Hospital and was soon appointed director of anaesthetics. In the 1970s, she volunteered to teach anaesthesia in South Korea for three months, during long-service leave. Her death in her 90th year brings to a close a period during which anaesthesia in Launceston was established as a professional specialty and high standards of practice and care became the norm.

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ANZCA Bulletin June 2016
Obituary

Dr William (Bill) Hull Cochrane
1927 – 2015

Bill’s next move took him across the Atlantic as associate professor in anaesthesia with the University of Rochester in New York state for 1957-58, before moving to Alberta, Canada for about 15 years, during which time he added FRCP (1972) to his qualifications. In Alberta, he worked as a consultant anaesthetist at the Royal Alexander Hospital in Edmonton (1958-66) and at the Foothills Hospital in Calgary (1966-73), where he also lectured in anaesthesia at the University of Calgary.

His next migration took him to Wellington Hospital in New Zealand in 1974, initially to work as a consultant anaesthetist, then as director of the anaesthetic department from 1975-87, and continuing as a visiting anaesthetist at Wellington Hospital 1985-90. Bill obtained his FFARACS in 1976.

There are many highlights of Bill’s anaesthesia career including a challenge, virtually upon arrival at Wellington, when a senior political figure needed a prolonged procedure. The patient was an adverse anaesthetic risk, which would have caused many a lesser colleague to quail. Needless to say, the anaesthetic component of the procedure was successful.

His naval service ensured that Bill was nobody’s handmaiden, and woe betide anyone who tried to push him around. If a staff or visiting senior surgeon did not have his own way, he would simply leave, having asked a senior colleague to take over – and that surgeon would be denied Bill’s many skills, sometimes thereafter.

The recovery room equipment was greatly enhanced, as was the status of the department, by his firm leadership, for which we all owe Bill a debt of gratitude. Apart from his anaesthetic skills, Bill was very good with his hands and would tinker with and restore clocks and use his woodworkings equipment to make furniture. He also was a skilled silversmith.

Bill married June in 1953 and she supported him throughout their 62-year marriage. Their two sons, Nick and Chris, gained their MB ChBs in New Zealand and are now practising in medicine, Nick in Auckland and Chris in Canada.

Bill and June retired to Tauranga in 1989 and enjoyed a happy retirement until Bill passed away on August 16, 2015 aged 88.

Dr Bruce Cook, FANZCA
Retired
Dr Graham Sharpie, FANZCA
Wellington

Although his anaesthesia career took him around the world, William Hull Cochrane, known as Bill, was a loyal Ulsterman, born in Coleraine, Northern Ireland on April 15, 1927. He was educated at the Coleraine Academical Institute before qualifying MB, BCh and BAO at Queen’s University in Belfast in 1949, the first in a string of medical qualifications that would follow.

After graduation, Bill worked at the Royal Victoria Hospital in Folkestone, England, in 1950, and completed national service as a surgeon lieutenant with the Royal Navy on the cruiser HMS Belfast (1950-54) during the Korean War. He then went on to study anaesthesia in Liverpool, obtaining his DA in 1955 and his FFARCS in 1956.
Future meetings 2016
Australia and New Zealand
(continued)

October 16-18, Canberra, ACT
Art of Anaesthesia Meeting 2016
John Curtin School of Medical Research, Canberra, ACT
anzca.edu.au/act-events

October 20-22, Noosa, Qld
The 5th Annual Australasian Symposium of Perioperative Medicine
The elderly surgical patient: what matters in the end?
Peppers Noosa Resort and Villas
anzca.edu.au/events/506-events-2016

October 21-23, Bunker Bay, WA
Country Conference 2016
Pullman Resort, Bunker Bay
anzca.edu.au/wa-events

October 27-30, Adelaide, SA
SPANZA Conference
Adelaide Convention Centre, SA
spanza.org.au/2016

November 5-6, Coogee Beach, NSW
NSW CME Spring Meeting
Maintaining the rage
Crowne Plaza Coogee Beach, NSW
anzca.edu.au/nsw-events

November 26, Sydney, NSW
Anatomy Workshop
Sydney University, Sydney, NSW
anzca.edu.au/nsw-events

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Please check with conference organisers to confirm dates before arranging travel.
Here's how you could single-handedly reduce CVC*-related bloodstream infections by 62%.

ChloraPrep™ cut surgical site infections by 41%.

ChloraPrep™ with Tint Cutaneous solution
Minimises hospital acquired infections

References
3 CareFusion Data on file as per Instructions for Use (IFU).

* Central venous catheter.
** When compared to 10% povidone-iodine.

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Ph: 0508 422 734

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Australia and New Zealand (continued)

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anzca.edu.au/Events/SIG-events-2016

November 5-6  Coogee Beach, NSW
NSW CME Spring Meeting
Maintaining the rage
Crowne Plaza Coogee Beach, NSW
anzca.edu.au/nsw-events

November 26  Sydney, NSW
Anatomy Workshop
Sydney University, Sydney, NSW
anzca.edu.au/nsw-events

October 21-23  Bunker Bay, WA
Country Conference 2016
Pullman Resort, Bunker Bay
anzca.edu.au/wa-events

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DHF 146_6/16