New Zealand National Committee

Report for the period January 1 to December 31, 2011

This report covers the activities of the New Zealand National Committee (NZNC) for the period January 1 to December 31, 2011. As well as being responsible for activities similar to those of the Australian regional (state) committees, the NZNC represents ANZCA at the national level in New Zealand, particularly in the College’s dealings with the New Zealand Government, the Ministry of Health and the Medical Council of New Zealand (the regulatory body for doctors). The committee also advises the ANZCA Council on New Zealand issues, facilitates continuing medical education events for Fellows and provides a forum for liaison between training hospitals and the College.
NEW ZEALAND NATIONAL COMMITTEE (NZNC) CHAIR’S COMMENT – Dr Geoff Long

In looking back over 2011, our first thoughts go to our colleagues in Christchurch. They have had to endure a year like no other – and continue to live and work with much of the major disruption that earthquakes have caused, particularly that on February 22, 2011. Despite their personal losses and circumstances, and the very natural concern for family and friends they must have felt at the time of the quake, our colleagues – anaesthetists and trainees – did us proud in upholding the finest traditions of our profession. Anaesthetists worked in the theatres and the Emergency Department, often with limited power and water, and out in the field in dangerous conditions, practising not just their specialist anaesthetist skills but utilising all their medical training to assist in whatever way was needed. We acknowledge that work and their continued professionalism throughout the year.

For the NZNC, 2011 was a busy year. I assumed the role of chair in July and thank Dr Vanessa Beavis for her support in my transition to the position. Vanessa had carried on as chair for an additional year while I learned the ropes as deputy chair.

Earlier in the year, Vanessa completed her marathon task of visiting all anaesthetic departments around the country, an exercise that was very helpful in engaging with our Fellows, trainees and other members of the anaesthesia team, and giving direction to the NZNC as to how we may support our colleagues.

Feedback from that roadshow assisted the NZNC in developing an advocacy strategy to advance ANZCA’s position on issues such as standards of practice, the composition of the anaesthesia team and workforce matters, and generally to improve the College’s standing and recognition with government, other key stakeholders and the media. The strategy, which underpins the NZNC’s work generally, is reviewed as requirements and priorities change.

Ongoing engagement with the Medical Council of New Zealand (MCNZ) and Health Workforce New Zealand (HWNZ) continues to dominate, with submissions required on various issues that these organisations raise about the future of the medical workforce, funding for trainees, credentialling, registration, scope of practice and continuing professional development. Our new Policy Officer, Brigid Borlase, has contributed hugely to this process, as well as to the policy work undertaken at ANZCA’s Melbourne office.

Early in the year, a comprehensive report on the future of the New Zealand anaesthesia workforce was developed for HWNZ in conjunction with the New Zealand Society of Anaesthetists (NZSA). Later, the analysis of a New Zealand anaesthesia workforce survey undertaken by ANZCA in late 2009 plus hospital data about the use of anaesthesia services was completed. The resulting study, being released in March 2012, models the future supply of and demand for New Zealand anaesthesia services to 2030. It provides valuable information for discussions on the future of our anaesthesia workforce.

The New Zealand Anaesthesia Annual Scientific Meeting held in Auckland in November was a great success and a credit to the organisers.

As a new initiative, our New Zealand Trainee Committee (NZTC) instigated a Part 3 Course in December based around the transition from registrar to consultant, which was very well received by all who participated.

We have completed a number of workplace-based assessments for overseas-trained specialists. It is gratifying to see that people recognise the value of fellowship and put themselves through this process to attain it.

Impetus is building for the introduction of the revised curriculum at the end of 2012 for us in New Zealand and will be a major focus for the coming year.

I thank the many people who contribute to the work of the College and to anaesthesia in New Zealand. The work done nationally and locally, and in Australia, by Fellows and trainees is very much appreciated. I also thank the staff in our Wellington office for their hard work and the invaluable assistance they provide.
NZNC MEMBERSHIP
No elections for NZNC membership were required in 2011, although internal elections were held at the July meeting to select office bearers, as listed here.

Chair Dr Vanessa Beavis (to July)
       Dr Geoff Long (from July)
Deputy Chair Dr Geoff Long (to July)
       Dr Nigel Robertson (from July)
Honorary Secretary Dr Gerard McHugh (to July)
       Dr Gary Hopgood (from July)
Honorary Treasurer Dr Gerard McHugh (to July)
       Dr Gary Hopgood (from July)
National Education Officer Dr Geoff Long (to July)
       Dr Indu Kapoor (from July)
Formal Project Officer Dr Jennifer Woods
National Quality & Safety Officer Dr Joe Sherriff
Chair, NZ Panel for Vocational Dr Vaughan Laurenson
   Registration
Fellowship Affairs Officer Dr Kerry Gunn
Other elected members Dr Amber Chisholm (to July when she resigned)
       Dr Malcolm Stuart
       Dr Sally Ure (from July - co-opted as a voting member to take Dr Chisholm’s place)
       Dr Beavis and Dr McHugh remained on the committee from July as elected members (previously officers)
New Fellows’ Representative Dr Sabine Pecher
Ex-officio as ANZCA Councillors Professor Alan Merry
       Dr Leona Wilson
Co-opted Representatives Dr Kieran Davis (Faculty of Pain Medicine)
       Dr Sheila Hart (Chair, NZ Trainee Committee)
Co-opted Observers Dr Rob Carpenter (Chair, NZSA)
       Dr Mike Gillham (Chair, CICM NZNC – to July)
       Dr Tony Williams (Chair, CICM NZNC – from July)
Attendees Dr Steuart Henderson (ANZCA Director of Professional Affairs)

NZNC representatives
NZ Anaesthesia Education Committee Dr Kerry Gunn
       Dr Jennifer Woods
NZ Anaesthetic Technicians Society Dr Malcolm Stuart
NZ Resuscitation Council Dr Malcolm Stuart
ANZCA STAFF IN NEW ZEALAND

General Manager, New Zealand National Office  Heather Ann Moodie
Training & Education Coordinator  Juliette Adlam
Policy Officer, New Zealand  Brigid Borlase (from August)
Administrative Officer  Jan Brown (to July, when she resigned)
Assessments Coordinator and NZAEC Administration Officer  Rose Chadwick
Communications Manager, New Zealand  Susan Ewart
Finance Officer  Karen Hearfield
Administrator, NZNC  Anna Pears
Director of Professional Affairs (Assessor)  Dr Steuart Henderson
Director of Professional Affairs (Deputy Assessor)  Dr Vaughan Laurenson

In 2011, a Policy Officer, New Zealand, position was added to the New Zealand national office staff complement, with Brigid Borlase being appointed to the role from August. This has added to the office’s capability for researching and preparing submissions in New Zealand, and contributing to the development of ANZCA policy generally.

Long-serving staff member Jan Brown left at the end of July after 13 years with ANZCA’s New Zealand office. Her work was divided between two current part-time staff members whose hours were increased accordingly. Anna Pears has taken on the role of NZNC Administrator (in addition to other administrative tasks) and Rose Chadwick has become Assessments Coordinator (IMGs, WBAs and hospital inspections) in addition to her New Zealand Anaesthesia Education Committee (NZAEC) administration role.

A new ANZCA management structure saw Heather Ann Moodie’s position title changed from Executive Officer to General Manager, New Zealand National Office.

NZNC MEETINGS

The NZNC met in Wellington three times in 2011 – Friday March 4, Friday afternoon and Saturday morning July 8/9, and Friday November 25. The July meeting was preceded by a joint meeting with the NZSA Executive.

At its March meeting, the NZNC considered:
- the ramifications of the Christchurch earthquakes;
- how it could respond to the needs expressed during the 26-meeting roadshow;
- the HWNZ anaesthesia workforce review;
- the general parameters to be considered in developing an NZNC advocacy strategy;
- the HWNZ’s expressed preference for a single medical college in New Zealand rather than trans-Tasman colleges.

In July, the NZNC:
- hosted a cocktail function for key stakeholders, including the Minister of Health and new Director-General of Health;
- welcomed ANZCA Vice President Dr Lindy Roberts to the cocktail function and the meeting, where she talked about strategy;
- elected new officers for the year;
- adopted an advocacy strategy to promote anaesthesia and pain medicine as medical specialties, and the role of the College in training, education and the promotion of professional standards to ensure quality and safety in patient care;
- discussed the ANZCA Training Program, including the introduction of the revised curriculum;
- discussed various workforce issues;
- farewelled Dr Vanessa Beavis from her role as NZNC Chair.
At its November meeting, the committee:

- welcomed ANZCA’s new CEO Linda Sorrell, who discussed ANZCA’s strategic planning, the curriculum revision, and the joint Australian Medical Council (AMC) and MCNZ reaccreditation of the College;
- discussed conflicts of interest, the provision of CPD activities for anaesthetists in smaller centres, clinical audit and the ANZCA New Zealand anaesthesia workforce study;
- welcomed the CEO of the Health Quality & Safety Commission (HQSC), Dr Janice Wilson, as guest speaker.

Major matters that the NZNC handled in 2011 are outlined in greater detail below.

**Attendance of elected members**

Attendance by elected members at the three NZNC meetings was:

- Dr Vanessa Beavis: 3/3
- Dr Amber Chisholm: 0/2 (maternity leave, then resigned)
- Dr Kerry Gunn: 3/3
- Dr Gary Hopgood: 3/3
- Dr Indu Kapoor: 3/3
- Dr Vaughan Laurenson: 3/3
- Dr Geoff Long: 3/3
- Dr Gerard McHugh: 1/3
- Dr Nigel Robertson: 2/3
- Dr Joe Sherriff: 2/3
- Dr Malcolm Stuart: 1/3
- Dr Jennifer Woods: 3/3

**TREASURER’S REPORT – Dr Gary Hopgood**

**New Zealand auditors**

RSM Prince has prepared the 2011 audited financial accounts for the New Zealand office. These financial accounts form part (the New Zealand Branch) of the overall audited financial accounts of the College and are presented to the ANZCA Council and signed by two councillors as directors of the College. RSM Prince is the New Zealand counterpart of the Melbourne-based RSM Bird Cameron, engaged by ANZCA’s head office to act as the College auditors. The New Zealand branch of ANZCA is registered with the New Zealand Companies Office and this requires that audited accounts are prepared separately for the New Zealand office activities. The audited accounts are filed with the New Zealand Companies Office and can be viewed on its website (usually being added to the site about June).

**Income**

Income is derived mainly from Fellows’ registration and subscription fees, and trainees’ annual fees. Income from ANZCA workplace-based assessments (WBAs) and assessments undertaken on behalf of the MCNZ covers the costs associated with these assessments.

In 2011, overall income increased by $189,759 compared with 2010, the result of more WBAs and an increase in income from annual training fees and subscriptions.

**Expenditure**

Overall expenditure increased by $240,060 compared with 2010. Most of this increase related to salary adjustments, an increase in staff numbers with associated administration expenses and the New Zealand office paying the salary of two head office-appointed staff. The increase in salaries and administration costs totalled $188,755. Other increases related to there being more WBAs (bringing in an additional $29,140) and the share of the annual subscriptions assigned to the Anaesthesia and Pain Medicine Foundation going up from $88,331 in 2010 to $100,392.

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

The annual general business meeting of New Zealand Fellows was held during the NZ Anaesthesia Annual Scientific Meeting held in Auckland on November 3. NZNC Chair Dr Geoff Long spoke to his report, circulated before the meeting. Outgoing NZAEC Chair Dr Ted Hughes presented a report on NZAEC activities. Other topics discussed included workforce matters and the NZNC roadshow of visits to anaesthesia departments around the country.

CONGRATULATIONS

During the year, the NZNC offered its congratulations to:

- **Dr Steven Mitchell**, a trainee at Auckland City Hospital, who won the ANZCA NZNC Prize for the Best Scientific Presentation at the Annual Registrars’ Meeting held on December 2 in Auckland.
- **Dr Neil Pollock** (Palmerston North) who received ANZCA’s Harry Daly Research Award for 2012 for his project *Malignant hyperthermia: exome sequencing for gene discovery.*
- **Dr Leona Wilson**, ONZM, who was made a life member of the NZSA at its annual general meeting in November in recognition of her services to anaesthesia.

DEATHS NOTED

NZNC noted with regret the deaths in 2011 of the following New Zealand Fellows:

- **Dr David Cranleigh Thomson Bush** FFARACS 1963, FANZCA 1992;

SUBMISSIONS

During 2011, the NZNC received 45 formal requests for comment on discussion documents, reports and papers. The majority of requests came from the public sector, notably the MCNZ, Pharmac, Ministry of Health and HWNZ. Topics ranged from strategic planning for the health sector to requests for comment on the use of specific anaesthetic agents. Training and regulation of health professionals was another common theme.

Notable submissions included:

- Prioritisation of medical disciplines for funding (HWNZ)
- Registration of PGY1 and PGY2 (MCNZ and HWNZ)
- Registration and recertification framework for the profession of anaesthetic technology (Medical Laboratory Science Board)
- The contribution of medical colleges to the development of the New Zealand health workforce and the proposed concept of a single New Zealand College (HWNZ)

NZNC also submitted comments on new or reviewed ANZCA professional documents and other ANZCA consultation documents.

COMMUNICATIONS

Through our Communications Manager, New Zealand, Susan Ewart, the New Zealand office contributes New Zealand material to the *ANZCA Bulletin*, the *E-Newsletter*, the main ANZCA annual report and the weekly staff update. The New Zealand office also checks other material – policies, handbooks, etc – published by the main office to see that the New Zealand element is included and accurate. The New Zealand office took the primary role in revising the *Anaesthesia as a Career* booklet.

As well as several pages of New Zealand news in each issue, major New Zealand features in the *Bulletin* included anaesthetists in the aftermath of the Christchurch earthquake (March), Associate Professor Jennifer Weller’s research and New Zealanders taking part in disaster response training (June), anaesthetic technicians (September), an interview with the HWNZ chair Professor Des Gorman and Dr Indu Kapoor’s voluntary work (December).
Seven editions of the NZNC’s own e-newsletter, *Gasbag*, were published with the last two for the year adopting a new design reflecting ANZCA’s overall branding. ANZCA tries not to overload recipients’ inboxes by spacing out its various electronic communications. In keeping with this, *Gasbag* will be published bi-monthly in 2012, about the middle of the month.

The NZNC website was redesigned to fit within the template for all ANZCA sites. The aim ultimately is to incorporate as much New Zealand material as possible in the main site to reflect the trans-Tasman nature of the College.

A focus for the year was increased engagement with the New Zealand general news media with the Communications Manager making personal contacts and promoting the inaugural ANZCA Media Award for the best news story or feature about anaesthesia or pain medicine that appeared in print, on radio, on television or online in Australia or New Zealand in 2011. Pleasingly, TVNZ’s Lorelei Mason won that award, worth A$5000. The increased contact also saw NZNC Chair Dr Geoff Long asked for comment on several occasions, often in relation to workforce issues. Media training was provided for Dr Long and NZNC Deputy Chair Dr Nigel Robertson, giving them a good insight into how the media works and how to use interviews to advance ANZCA’s position on topics.

Several news releases were made, the most significant being one in conjunction with the Christchurch earthquake. Initial reports about the care given a trapped man whose legs had to be amputated to free him were inaccurate. Our media release sought to correct that and featured the story of Christchurch anaesthetist, Dr Bryce Curran, who provided anaesthetic and assisted with the amputation in the collapsed Pyne Gould Corporation building. It received wide coverage in New Zealand and Australia. Other media releases related to new maternity guidelines and a government initiative to increase interest in working in rural hospitals.

Considerable work was done to publicise the NZ Anaesthesia ASM to attract registrations, with the Communications Manager drawing up a communications plan to ensure the ASM received as much exposure as possible throughout all ANZCA publications and on its website. The large contingent of Australian registrants as well as the strong New Zealand attendance suggests that this paid dividends. Susan Ewart also met the organising committee and arranged for media to be able to report on the ASM itself. She sent out details of the speakers and synopses of their presentations to the media, which drew some coverage. She also met the 2012 ASM conference organisers to begin work on similar coverage for that meeting.

**APPOINTMENTS/ELECTIONS**

Dr Vanessa Beavis (Auckland) was appointed to ANZCA’s Training Accreditation Committee and appointed ANZCA Annual Scientific Meeting Officer.

Dr Don Mackie (Auckland), FANZCA, was appointed Chief Medical Officer for the Ministry of Health as from August 1, 2011.

Pain medicine specialists Dr Kieran Davis (Auckland) and Dr Christopher Jephcott (Waikato) were appointed to Pharmac’s Analgesic Subcommittee of its Pharmacology and Therapeutics Advisory Committee, for three-year terms, ending July 31, 2014. Dr Davis was also co-opted onto the Faculty of Pain Medicine (FPM) Board as the North Island, New Zealand, representative.

Professor Ted Shipton (Christchurch) was elected to the FPM Board, while Dr David Jones (Dunedin) was re-elected FPM president for the 2011-12 year.

NZNC member Dr Vaughan Laurenson (Christchurch) was appointed to the Board of Studies of the Division of Rural Hospital Medicine New Zealand (DRHMNZ), a division of the Royal New Zealand College of General Practice, to provide expert anaesthesia advice for the DRHMNZ programme, which includes anaesthesia training.

Dr Peter Doran (Timaru) and Dr Graham Roper (Christchurch) were appointed members of ANZCA’s Primary Examination Subcommittee for 2012. Associate Professor Jenny Weller (Auckland) and Dr Kerry Gunn (Auckland) were appointed members of the Final Examination Subcommittee for 2012.
Dr Gregory Steele (Rotorua) and Dr Mohua Jain (Wellington) were appointed to ANZCA’s Final Exam Panel of Examiners for 2012.

Professor Alan Merry (Auckland) was appointed ANZCA’s Councillor in Residence for its 2013 New Fellows Conference.

Dr Sheila Hart (Wellington) and Dr Scott Robinson (Waikato) were accepted as New Zealand’s nominees to the 2012 ANZCA New Fellows Conference being held in Perth in May.

Dr Kerry Gunn was appointed to ANZCA’s CPD Committee and e-Learning Working Group. Dr Sheila Barnett (Dunedin) and Dr Katherine Wills (Invercargill) were appointed to the e-Learning Working Group, in their capacity as NZTC members.

The ANZCA Council appointed the following New Zealanders to chair ANZCA committees for the 2011-12 year: Associate Professor Jennifer Weller, Assessments Committee; Professor Alan Merry, Research Committee; Dr Leona Wilson, IMGS Committee; Dr Wayne Morriss, Overseas Aid Committee; and Dr Vaughan Laurenson, NZ Panel for Vocational Registration.

Professor Alan Merry was re-elected to the ANZCA Council for a further three-year term.

Dr Neilis Kruger was nominated to represent ANZCA on University of Auckland research into medication safety in New Zealand hospitals.

EXTERNAL MEETINGS
NZNC members and staff regularly represent ANZCA at a wide variety of meetings, including the ANZCA Council and other head office meetings, and NZ Anaesthesia ASM planning meetings.

A pleasing development in 2011 was the ANZCA Council decision to co-opt the NZNC chair to be an observer at all council meetings. Previously, the NZNC chair was invited to attend in rotation with the regional committee chairs from the Australian states (that is, once in every eight meetings). The change enables the NZNC to be fully conversant on issues council is considering and corrects the anomaly whereby the NZSA president could attend all meetings as an observer when the NZNC chair could not. Dr Vanessa Beavis attended the April and June council meetings, Dr Geoff Long attended the August and October meetings, and Dr Nigel Robertson attended the November meeting.

Some of the other major external meetings attended in 2011 are detailed here.

New Zealand Society of Anaesthetists (NZSA)
In 2011, Dr Leona Wilson attended the February NZSA Executive meeting, Dr Vanessa Beavis the April one, and Dr Geoff Long attended the September and November meetings. NZSA President Dr Rob Carpenter attended the March and November NZNC meetings.

The annual joint meeting between the NZNC and NZSA Executive was held on July 8. The two groups noted that they were largely in agreement on the future direction of the anaesthesia workforce as expressed in the workforce review report to HWNZ, Anaesthesia 2020. Similarly, both supported the registration process and scope of practice proposals for anaesthetic technicians, and agreed on a joint approach to HWNZ about its proposed funding criteria. A memorandum of understanding between the NZNC and NZSA for running a new Part 3 Course for advanced trainees was signed off and the two groups agreed to work on an upgrade of the NZAEC website.

Medical Council of New Zealand (MCNZ)
At its annual meeting for branch advisory bodies (BABs), held on September 26, the MCNZ updated BABs on the review of prevocational training requirements, the move to joint accreditation of trans-Tasman colleges, assessment of international medical graduates, regular practice reviews and other matters. The meeting included a presentation on the conflicts of interest that can arise when healthcare industry funds CPD activities. Discussion revealed that a number of colleges refused such sponsorship and were still able to run profitable conferences. The ANZCA representatives at the meeting were Dr Geoff Long, Dr Vaughan Laurenson, Dr Steuart Henderson and Dr Malcolm Stewart, along with New Zealand office staff.
Dr Gary Hopgood represented the NZNC at an MCNZ training session for those who conduct interviews on its behalf for assessment purposes.

Dr Vaughan Laurenson represented the NZNC at an MCNZ meeting in March to discuss the memorandum of understanding it has with branch advisory bodies.

**Council of Medical Colleges in New Zealand (CMC)**

The CMC meets in Wellington four times a year, bringing together representatives of all New Zealand’s medical colleges to discuss issues of mutual interest. In 2011, Dr Geoff Long represented the NZNC at the February, August and November meetings, with Dr Nigel Robertson attending the May meeting. New Zealand staff members also attended each meeting.

These meetings provide a regular opportunity for the MCNZ and the NZMA to update colleges on such items as training, registration requirements, workforce planning and developments concerning international medical graduates. In addition, colleges report on relevant activities and representatives from government agencies, such as the Ministry of Health and HWNZ, are often invited to update the colleges on current initiatives, particularly in the workforce area.

Two major issues for the CMC in 2011 were HWNZ’s concept of a single medical college for New Zealand, with specialist discipline faculties, and the strategic direction and structure of the CMC itself, particularly the need to enhance its operational and strategic capability. The two are linked in that HWNZ is looking for a more streamlined way of consulting on and managing training matters, and sees an enhanced CMC as providing an alternative to its concept of a single medical college.

Other matters discussed during the year include fellows and trainees re-entering the workforce, regular practice reviews, IMG assessment, clinical leadership resources, prevocational education, the AMC/MCNZ joint accreditation process, trainee feedback opportunities, the work of the HQSC, the pressure on New Zealand training places from Australia’s expected over-supply of medical graduates and various HWNZ initiatives.

In December, the NZNC contributed to CMC briefing notes for the incoming government. As well as outlining ANZCA’s purpose, the NZNC reiterated the benefits of being part of a trans-Tasman college, its belief that anaesthesia is a medical specialty that must remain the preserve of fully qualified doctors, and its support for quality & safety initiatives and for improving the geographic distribution of senior medical officers in New Zealand. It also referred to the revised ANZCA curriculum, and it supported CMC raising its profile and taking a stronger lead on various issues.

**Ministry of Health – disaster response**

Dr Maurice Lee continued to represent the NZNC at Ministry of Health meetings designed to increase and co-ordinate New Zealand’s disaster response capability – an initiative given increased emphasis by the February earthquake in Christchurch.

**Health Workforce New Zealand (HWNZ)**

NZ General Manager Heather Ann Moodie represented ANZCA at an HWNZ forum in August that asked participants to think creatively and collaboratively about designing the health workforce of 2020 and beyond. ANZCA indicated its interest in continuing this work through various working groups that evolved out of the day.

NZ Policy Officer Brigid Borlase attended an HWNZ workshop in October about the role of physician assistants (PAs), how they work in the US and the implications of the PA model for New Zealand, especially in light of the trial at Middlemore Hospital. Brigid’s work includes contributing to an ANZCA position on physician assistants.

**OTHER MAJOR ISSUES**

**NZNC roadshow**

Dr Vanessa Beavis completed the last of the roadshow visits in March. The full schedule involved 26 visits to public hospital anaesthesia departments around New Zealand, giving Dr Beavis the opportunity to talk about the College, its work, recent changes (particularly the revised curriculum)
and the political climate within which ANZCA has to operate. It also gave her the opportunity to hear from the anaesthesia community as to their concerns and the issues they want the NZNC to pursue.

There was an excellent turn out to all the meetings and a very positive reaction to giving Fellows, other anaesthetists and trainees the opportunity to learn about and discuss ANZCA’s activities, especially from people in the smaller centres who can feel neglected and disconnected. While meetings often raised issues particular to that department, a number of common themes emerged, including:

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

That feedback helped the NZNC in setting its priorities and in developing the focus of a new advocacy strategy, fitting within the overall ANZCA strategic plan.

**Advocacy strategy**

Considerable work went into developing an advocacy strategy, which was adopted at the NZNC’s July meeting. Its objectives are to work towards achieving:

- greater visibility for and recognition of ANZCA generally;
- an improved standing with government and other key stakeholders;
- acceptance and recognition by the media of the College as a leading authority on anaesthesia and the provision of anaesthesia services;
- acceptance and recognition of the College’s role as the pre-eminent provider of training for anaesthetists, and its role in setting and maintaining high standards of anaesthesia practice;
- greater understanding among the public, politicians and other members of the medical profession as to the full extent of the anaesthetist’s role in the operating room and the wider perioperative scope; and
- *the single most important objective* - acceptance of ANZCA’s view that anaesthesia is a medical specialty and, for the safety of the public, quality of delivery and maintenance of the current high standards, it is essential that it remain the preserve of doctors fully trained and qualified in the practice of anaesthesia; that any use of alternative providers must be a matter of delegation under supervision and not substitution.

In 2011, the strategy involved meetings with the Minister of Health, HWNZ and the new Director-General of Health, increased contact with the media, representing ANZCA’s position through submissions, a cocktail party for key stakeholders, an interview with HWNZ Chair Professor Des Gorman and completion of the ANZCA New Zealand Anaesthesia Workforce Study, which will underpin the NZNC’s 2012 strategic work.

At the cocktail party, the NZNC welcomed, among others, the Minister of Health, the Hon Tony Ryall, and the new Director-General of Health, Dr Kevin Woods. The chair and deputy chair of the Health Select Committee, Dr Paul Hutchison and Grant Robertson respectively, also attended, as did representatives from the MCNZ, Pharmac, other medical colleges, the NZSA, other medical bodies and the Ministry of Health. The event provided the opportunity to introduce the new NZNC Chair, Dr Geoff Long, and ANZCA’s Vice President, Dr Lindy Roberts, who had flown from Perth to attend.

The advocacy strategy will be adapted to meet new requirements as necessary.
Anaesthesia workforce
HWNZ put the focus on workforce matters in 2011, asking various workforces, including anaesthesia, to come up with innovative solutions to what it terms the 100:40 problem – the prediction that by 2020 demand for health services will double while the health budget will increase by no more than 40 per cent at the most. The NZNC contributed to the resulting NZSA-led anaesthesia workforce service review, which largely concluded that there was a maldistribution of anaesthetists, affecting some provincial centres, rather than an overall shortage. In meetings with HWNZ, the NZNC has conveyed that it is keen to be part of the solution, provided any measures adopted do not threaten the current high standards of safety and quality.

In October, the ANZCA New Zealand Anaesthesia Workforce Study was finalised and approved by the ANZCA Council for release – though that was delayed until after the General Election and the incoming government and cabinet had been decided. The Demand For and Supply of Anaesthesia Services in New Zealand 2010-2030 looks at demand and supply scenarios for New Zealand’s anaesthesia services for the next two decades, basing its supply projections on ANZCA’s 2009 New Zealand workforce survey and the demand picture on 2009 hospital usage data.

The study identified a short-term shortfall in the supply of anaesthesia services with that shortfall increasing until about 2015, after which it will gradually diminish until equilibrium between supply and demand is reached. The time taken to reach that equilibrium can be reduced significantly if more new specialists can be retained in New Zealand and current specialists can be encouraged to work for longer than the age at which they indicate they intend to retire.

The NZNC will use the study in discussions about the shape of New Zealand’s anaesthesia workforce in the future and how anaesthesia demand should be met.

Anaesthetic technicians
In 2011, the Government gave formal approval for anaesthetic technicians to become registered health professionals under the Health Practitioners Competence Assurance Act 2003, with registration administered by the Medical Sciences Council of New Zealand (formerly the Medical Sciences Laboratory Board). Registration opened on October 1, 2011 with the new system coming into full operation on April 1, 2012. This marks the culmination of a lengthy period of negotiation and preparation, and the NZNC thanks its representative Dr Malcolm Stuart and NZSA representative Dr Andrew Warmington for their huge contributions throughout the process. The NZNC endorsed the general thrust of the proposed registration process and scope of practice while emphasising its fundamental position that the prescribing and administering of anaesthetics must remain the preserve of fully trained and qualified anaesthetists.

Medical Council accreditation
With the MCNZ and AMC deciding to align their accreditation periods for trans-Tasman medical colleges, ANZCA now needs only one accreditation process to cover both countries. In New Zealand, ANZCA was not due to be re-accredited until 2014 but the change sees that brought forward to early 2012 to align it with ANZCA in Melbourne.

Trainee funding priorities
In mid-year, HWNZ released proposed prioritisation criteria for its investment plan, and said its interest was in funding the training component and not the service component of medical trainees, the latter being the responsibility of the employer. The NZNC expressed concern that the training/service ratio that HWNZ had adopted was unrealistic. ANZCA also queried the priority-setting methodology, especially that which gave anaesthesia a significantly lower priority than general surgery, despite the clear relationship between the two. Following this and other submissions, the HWNZ said it was reviewing its initial proposals. However, its general thrust is to identify and prioritise medical disciplines based on workforce vulnerability and the contribution each specialty makes to achieving selected health targets.
Single medical college/CMC
Chair of HWNZ Chair Professor Des Gorman, expressed antipathy towards trans-Tasman medical colleges and stated a preference for a single medical college in New Zealand with specialties catered for through faculties of that college. However, he has since indicated that an expanded role for the CMC could be an acceptable alternative to that proposition.

The NZNC believes that the New Zealand anaesthesia community gets huge value from being part of a trans-Tasman college, and that we would struggle to ‘go it alone’. It supports a strengthened CMC, which has, anyway, been reviewing its strategic direction and has proposed enhancing its operation by establishing a permanent secretariat so that it can better respond to issues.

Rural hospitals
Through its representative, Dr Vaughan Laurenson, the NZNC continues to work with the DHRMNZ Board of Studies over the curriculum for its core three-month period of training in anaesthesia and a more advanced 12-month programme. The aim of the three-month course is to equip the trainee to resuscitate a patient, intubate or put lines in, rather than administer anaesthesia. The one-year option is for a trainee interested in performing a very limited range of anaesthesia.

The NZNC is also keen to increase locally-accessible CPD opportunities for anaesthetists in rural and provincial hospitals – a need clearly identified during the roadshow as it is often difficult for senior staff to get time off to travel to seminars elsewhere. The committee’s Fellowship Affairs Officer, Dr Kerry Gunn, is a member of ANZCA’s CPD Committee and E-learning Working Group and is investigating how to provide more educational opportunities in provincial hospitals.

HWNZ is developing regional training hubs, which we hope will overcome some of the barriers to providing CPD opportunities across district health board boundaries.

New Zealand Society of Anaesthetists (NZSA)
The NZNC continues to work closely with the NZSA. NZNC representatives took part in the committee the society put together to produce the anaesthesia workforce review report and they had representatives on our workforce study steering group. We hold an annual joint meeting in July, their president attends our NZNC meetings and our chair is invited to the NZSA Executive meetings. Where possible, we work together on issues of mutual concern, including nominating joint representatives for government appointments and making joint submissions. As well as the Part 3 Course mentioned above, we work jointly through the NZAEC to provide CPD opportunities for anaesthetists.

ANZCA library
The ANZCA library has operated a policy for about 10 years of not lending books out of Australia, due mainly to costs. However, this disadvantages Fellows and trainees in New Zealand, so the NZNC has been working with the library to address the inequity. A possible solution is to stock more books in the New Zealand office but the Australia-only lending policy has discouraged requests so it is difficult to assess demand for any particular text. In 2011, the library agreed to again lend books to New Zealand-based Fellows, trainees and others on the ANZCA CPD Program on a trial basis. That trial is continuing.

Training concern
The NZNC wrote to the Minister of Health about reports that there would be no role for trainees at a new elective surgery centre being built at North Shore Hospital to undertake about 6,000 operations a year. Chair Dr Geoff Long asked for clarification and said the NZNC would be concerned about the implications for anaesthesia training if trainees were to be excluded from this degree of potential experience. The Waitemata District Health Board has since contacted the NZNC to discuss how training can be incorporated into the centre’s work.
QUALITY AND SAFETY
The NZNC has a strong commitment to quality and safety – having it as a regular item on the agenda and featuring relevant items in Gasbag and other College publications. In 2011, this saw reports on:

- new resuscitation guidelines (Gasbag, February)
- a Health and Disability Commissioner report about an anaesthetist in breach of the Code of Health and Disability Services Consumer Rights (Gasbag and ANZCA E-Newsletter, June)
- the World Health Organization’s hand hygiene campaign (Gasbag, June)
- a change in BOC gas cylinder packaging (Gasbag, July)
- the fifth annual report of the Perinatal and Maternal Mortality Review Committee (E-News, August)
- the Accident Compensation Corporation’s treatment injury data report (Bulletin, September)
- seven various items (Gasbag, December)

ANZCA New Zealand is well represented in government-led quality and safety initiatives through its two councillors. Professor Alan Merry heads the HQSC and Dr Leona Wilson was deputy chair of the Perioperative Mortality Review Committee (POMRC) during 2011. The NZNC drew attention to the work of these two groups through items in Gasbag, the ANZCA E-Newsletter and the ANZCA Bulletin during the year. HQSC CEO Dr Janice Wilson was guest speaker at the NZNC’s November meeting.

In August, NZ General Manager Heather Ann Moodie represented ANZCA at a healthcare and quality forum.

As well as various submissions to the MCNZ, Pharmac and the Ministry of Health on matters that had a quality and safety element, the NZNC took up the ephedrine issue with the Ministry of Health and reported on this in Gasbag and E-News. The NZNC expressed its concern about ephedrine being reclassified as a Class 2B controlled drug under the Misuse of Drugs Act 1975, with consequent secure storage requirements that make it far less accessible when needed in an emergency. The NZNC asked the Ministry if it could be involved in the drafting of the associated regulations to make sure patient safety is not compromised by the new requirements.

Concern to maintain high standards of quality and safety underpins the NZNC position on workforce issues and the committee was very supportive of anaesthetic technicians gaining coverage under the Health Practitioners Competence Assurance Act.

The NZNC’s National Health & Quality Officer, Dr Joe Sherriff, wrote to introduce himself to quality and safety coordinators in New Zealand public hospitals. He also asked if their hospital was registered with ANZTADC and, if so, about the data submitted so far.

ADMISSION TO FELLOWSHIP
The following New Zealand-based anaesthetists were admitted to ANZCA fellowship in 2011, either through examination or through the IMGS pathway:

- Dr Engin Ahmed (Middlemore)
- Dr Tania Marie Bailey (Waikato)
- Dr Estibaliz Arantzazu Blazquez Basarrate (Wellington)
- Dr Sarah Blair (Wellington)
- Dr Terasa Frances Bulger (Palmerston North)
- Dr David James Burton (North Shore)
- Dr Stacey Byers (Middlemore)
- Dr Douglas Campbell (Auckland City)
- Dr Tarragon Macleod Chisholm (Dunedin)
- Dr Nina Civil (Waikato)
- Dr Paul Norman Currant (Christchurch)
- Dr Julian Dimech (Middlemore)
- Dr James Du Preez Drew (Auckland City)
- Dr Thomas Fernandez (Auckland City)
Dr Jeremy Ranil Fernando (Wellington)
Dr Angela Gouldson (Tauranga)
Dr Sheila Hart (Wellington)
Dr Timothy Holmes Hall (Middlemore)
Dr Miles Holt (Whangarei)
Dr Claire Jane Ireland (Tauranga)
Dr Hasher Pallathu Kadavil (Wellington)
Dr Sarah Megan Kennedy (Middlemore)
Dr Graham Dallas Knottenbelt (Starship)
Dr Shane Irwin Mcquoid (Middlemore)
Dr Nicola Moore (Wellington)
Dr Graham Morton (Middlemore)
Dr Aidan O’Donnell (Waikato)
Dr Russell Rarity (Timaru)
Dr Erandhi Nirupama Samaraweera (Auckland City)
Dr Jeanette Mary Scott (Middlemore)
Dr Jo Anna Sinclair (Middlemore)
Dr Vikramjit Singh (Palmerston North)
Dr Jeremy Stevens (Wairau)
Dr Katherine Townend (Whangarei)
Dr Maartje Tulp (Wellington)
Dr William Van Breda (Hutt)
Dr Joreline Van Der Westhuizen (Middlemore)
Dr Abigail Walker (Christchurch)
Dr Dean Patrick Walsh (Wellington)
Dr Nigel Waters (Palmerston North)
Dr James Wong (Auckland City)

INTERNATIONAL MEDICAL GRADUATES (IMGs)

ANZCA assesses international medical graduates, through interview, on behalf of the MCNZ as part of the council’s registration processes.

Dr Vaughan Laurenson chairs the New Zealand Panel for Vocational Registration, which is responsible for this process. Other NZNC members who served on interviewing panels in 2011 were Dr Leona Wilson, Dr Nigel Robertson, Dr Gary Hopgood and Dr Indu Kapoor. ANZCA Director of Professional Affairs, Dr Dick Willis, was a member of two interviewing panels. Lorna Berwick attended as the community representative and an MCNZ observer attended all interviews.

In the reporting period, 19 interviews were held and nine preliminary assessments were completed. The IMGs interviewed had trained in the UK, Canada, South Africa, Ireland, Netherlands, Denmark, Austria, Sweden and Germany.

ANZCA’s new IMGS process and the revised assessment form were used at interviews from the beginning of 2011 and appeared to give a more systematic, better documented assessment. Applicants assessed as having “substantial comparability” can proceed to fellowship without sitting an examination, instead undertaking a period of clinical practice assessment and a comprehensive workplace-based assessment (WBA). There were 16 WBAs in 2011, with all successfully proceeding to fellowship.

Dr Laurenson has worked hard with MCNZ to see if its assessment requirements for IMG vocational registration can be aligned more closely to ANZCA’s requirements for fellowship, as the differences have caused confusion for applicants and difficulties for those making the assessments. The MCNZ process is now very similar to the ANZCA process except that the MCNZ does not believe any overseas trained-specialist should be required to sit an examination, unless there are exceptional circumstances.
When the MCNZ decides an exam is not necessary, it will usually ask the IMG to undertake a vocational practice assessment (VPA) and the panel has advised the MCNZ how to fine-tune the VPA to better meet the needs for assessing an anaesthetist. Fellows supported by ANZCA but assessing on behalf of the MCNZ are now using a VPA system that is close to that of ANZCA’s WBA system. There are still problems with what is an appropriate standard, especially for applicants whose basic training is significantly different from that of local graduates. The committee is working to reduce problems caused by this.

NATIONAL EDUCATION OFFICER’S (NEO) REPORT – Dr Indu Kapoor
This is my first report after taking over the post from Dr Geoff Long in July. I thank Geoff for his hard work, the hard work and time he put in as the NEO, and for the support and advice he has given to me as I come to grips with the role.

Education Sub-committee meetings
The Education Sub-committee met twice – in May via teleconference and a face-to-face meeting in November. The committee acts as a forum for the supervisors of training and rotational supervisors to discuss changes implemented by the ANZCA Council and provides an opportunity to cover local issues. The revised curriculum, its implementation and the unique implications for New Zealand (in particular, the Senior House Officer positions) were discussed at the November meeting.

### Supervisors of Training

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<thead>
<tr>
<th>Hospital</th>
<th>Supervisor</th>
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<tr>
<td>Whangarei Hospital</td>
<td>Dr Stephen Pearce</td>
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<td>North Shore Hospital</td>
<td>Dr Lance Nicholson</td>
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<tr>
<td>Auckland City Hospital, Level 4</td>
<td>Dr Amanda Dawson (to March)</td>
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<td>Dr Sally Barlow (from March)</td>
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<tr>
<td>Auckland City Hospital, Level 8</td>
<td>Dr Sarah Nicolson</td>
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<td></td>
<td>Dr Nadia Forbes (Deputy)</td>
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<tr>
<td>Auckland City Hospital, Level 9</td>
<td>Dr Tim Skinner</td>
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<td>Starship Children’s Health</td>
<td>Dr Peggy Yip</td>
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<td>Middlemore Hospital</td>
<td>Dr Craig Birch</td>
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<td>Dr Simeon Eaton (Deputy)</td>
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<td>Dr Matthew McGill (Deputy)</td>
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<td>Waikato Hospital</td>
<td>Dr Alan Crowther</td>
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<td></td>
<td>Dr Nicola Whittle (Deputy) (from July)</td>
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<td>Dr Kelly Byrne (Deputy) (from October)</td>
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<td>Dr Gavin Sullivan (Deputy) (to June)</td>
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<td>Rotorua Hospital</td>
<td>Dr Mandy Perrin</td>
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<td>Tauranga Hospital</td>
<td>Dr Pierre Botha (to August)</td>
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<td>Dr Matthew Jenks (from August)</td>
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<td>Taranaki Base Hospital</td>
<td>Dr Charlie Brown</td>
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<td>Hawke’s Bay Regional Hospital</td>
<td>Dr Tony Diprose</td>
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<td>Palmerston North Hospital</td>
<td>Dr Caroline Zhou</td>
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<td>Hutt Hospital</td>
<td>Dr Brent Waldron</td>
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<td>Wellington Hospital</td>
<td>Dr Sally Ure</td>
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<td></td>
<td>Associate Professor Sandy Garden (Deputy)</td>
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<tr>
<td>Nelson Hospital</td>
<td>Dr Gareth Harris</td>
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<tr>
<td>Christchurch Hospital</td>
<td>Dr Jennifer Woods (to July)</td>
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<td>Dr Ben van der Griend (from July)</td>
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<td></td>
<td>Dr Ashley Padayachee (Deputy)</td>
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<tr>
<td>Timaru Hospital</td>
<td>Dr Peter Doran</td>
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Supervisors of Training Workshop
The Supervisors of Training Workshop held in Wellington on November 14 was very well attended (27). ANZCA General Manager, Training and Assessments, Alan Penny facilitated the course. Dr Sarah Nicolson, a member of ANZCA’s Curriculum Redesign Steering Group, gave an overview of the revised curriculum. Most of the time was spent discussing aspects of the revised curriculum, SHO positions in New Zealand and their status in view of the revised curriculum, and trainee shortages in New Zealand for 2012.

ANZCA teacher courses
While no foundation level course was held in New Zealand in 2011, an advanced level course – “Assessing trainees in practice, are you effective?” – was held in November, with 18 Fellows attending. The workshop, facilitated by ANZCA Education Development and Training Manager, Maurice Hennessey, focused on the principles, techniques, tools and challenges faced in formative as well as summative assessment of trainees with the goal of promoting on-going reflective learning. Its other objective was to familiarise Fellows with the WBAs being proposed in the revised curriculum and to review issues associated with the revised curriculum’s implementation. The workshop generated some good discussion points, which Maurice Hennessey transmitted to the Workplace-Based Assessment Subcommittee of the Curriculum Review Steering Group.

Hospital inspections
Hospital inspections were undertaken at Dunedin Hospital in March and the Wellington Regional Centre for Simulation & Skills Education in November.

New Zealand courses
Courses held during 2011 were:
- Anaesthesia Primary Revision Course, Christchurch, 23-29 January
- FANZCA Primary Course, Hamilton, 23 May to 3 June
- FANZCA Final Course – Oral Examination, Wellington, 17-20 February and 21-24 July
- FANZCA Part II Course, Auckland, 20 June to 1 July

Annual Registrars’ Meeting
The Annual Registrars’ Meeting was held at Auckland City Hospital on December 2. The morning session topics included an introduction to private practice, career planning, getting into research, financial planning and experiences from the Christchurch earthquake. The scientific presentations in the afternoon covered a wide variety of projects of a very high standard. This session was videoconferenced to Wellington and Dunedin Hospitals. Prizes were awarded as follows:
- Steven Mitchell (Middlemore): the ANZCA prize for best scientific presentation (“Preventing and removing blood contamination from ultrasound probes – an evaluation of commonly-used techniques”).
- Sam Wong (Middlemore): the NZSA prize for best quality assurance project (“Evaluation of infrared tympanic thermometers in post-anaesthesia care and assessment of perioperative hypothermia”).
- Matthew Drake (Auckland): the University of Auckland Caduceus Award for originality and sole contribution by the trainee (“Audit of workload, patient satisfaction and efficacy of
epidural analgesia on the delivery unit at Great Western Hospital (Swindon) before and after changing from continuous infusions to patient controlled epidural analgesia (PCEA”).

New Zealand Anaesthesia Part 3 Course
The inaugural Part 3 Course for New Zealand trainees held at Middlemore Hospital on December 3 was hugely successful. The course was a joint venture between ANZCA and the NZSA, having been initiated by the NZTC. ANZCA is very grateful to the organising committee and to the considerable assistance from Middlemore’s Department of Anaesthesia. The course offered practical advice on CVs and interview skills, a discussion of medico-legal issues that can arise and information about life as a specialist anaesthetist, from various viewpoints. Its enthusiastic reception (it was booked out well in advance) demonstrated the need for such a course in New Zealand, and both ANZCA and the NZSA have committed funding for it to run again in 2012, with infrastructure support from Middlemore Hospital in Auckland. I congratulate and thank Dr Annick Depuydt and Dr Julian Dimech, course co-convenors, for their excellent work. Course content details are in the NZTC report.

Part 0 Course
This course was run by the NZSA, with ANZCA New Zealand participation (see NZTC report).

Curriculum revision implementation
Information about ANZCA’s revised curriculum implementation is being co-ordinated from Melbourne and disseminated to all Fellows and trainees as it comes to hand, including alerts about new information on the website.

Dr Jennifer Woods (Southern Rotation), Dr Jennifer Taylor (Northern Rotation), Dr Caroline Zhou (Central Rotation) and Dr Indu Kapoor (National Education Officer) attended the WBA Champions workshop (Melbourne, December 2-3) on principles of the WBA and the tools being developed for this form of assessment in the revised curriculum. These four champions will facilitate workshops throughout New Zealand in 2012 to familiarise all Fellows with these WBA tools.

The NZNC is grateful to all those who work hard to make the FANZCA Training Program a success. In particular, I acknowledge the work of supervisors of training, rotational supervisors, module supervisors, convenors of the exam courses, and the Part 3 and Part 0 Course convenors. Their dedication and commitment is very much appreciated.

I also acknowledge the NZTC’s hard work this year. A big thank you to outgoing committee members for their contributions and a very warm welcome to the committee’s new members; I look forward to working with you.

Thank you to my fellow members on NZNC, and to the staff in our Wellington office who provide invaluable assistance.

ANZCA NEW ZEALAND TRAINEE COMMITTEE (NZTC) REPORT – Dr Sheila Hart
Several ambitious goals set at the beginning of the year made 2011 a busy year for the NZTC. Having both outgoing and incoming members attending the face-to-face meeting in December 2010 allowed the committee to take advantage of the momentum gathered the previous year and make good progress early in the year on those goals.

2011 NZTC office bearers and members
Chair Dr Sheila Hart, Wellington
Deputy Chair Dr Rachel Dempsey, Wellington
Members
Dr Sheila Barnett, Dunedin
Dr James Dalby-Ball, Christchurch
Dr Julia Foley, Auckland
Dr Kim Heus, Wellington (to June)
Dr Thimali Rajapaksa, Auckland (to September)
Dr Sarah Sew Hoy, Wellington
Dr Joe Taylor, Waikato
Dr Jonathan Taylor, Auckland  
Dr Katherine Wills, Invercargill  

Trainee Representative  
Dr Rob Bevan, College of Intensive Care Medicine  
Dr Tom Fernandez and Dr Nav Sidhu, NZSA  

Observers  
Dr Geoff Long, Chair, ANZCA NZNC  
Dr Indu Kapoor, National Education Officer  

The 2012 elections resulted in nine nominations so a ballot was not required. Following success in the final examination, two further trainees expressed an interest in being involved in the committee and were co-opted to various roles for 2012. Dr Sheila Barnett has taken on the role of chair and Dr Rachel Dempsey remains deputy chair.

Meetings

NZTC meetings
Four NZTC meetings were held in 2011: three teleconferences (February 8, May 10 and August 30) and a face-to-face meeting on December 4. Attendance was good at all meetings, easily reaching the quorum of six members. Both incoming and outgoing members attended the face-to-face meeting.

Other meetings attended

By the chair
- ANZCA Trainee Committee teleconferences – February, July and November  
- ANZCA Trainee Committee face-to-face – April  
- ANZCA NZ National Committee meetings – March, July and November  
- ANZCA Regional Education Officer/National Education Officer Meeting – April and November  
- NZMA Doctors-in-Training Council meeting – August  
- ANZCA NZ Education Sub-Committee Meeting – November

By the deputy chair
- NZMA Doctors-in-Training Council meeting – August

By other members
- E-learning Working Group meeting – November

Activities

New Zealand Anaesthesia Part 3 Course
The New Zealand Anaesthesia Part 3 Course was our main goal for 2011. The organising committee consisted of Dr Sheila Hart, Dr Thimali Rajapaksa (until her resignation) and Dr James Dalby-Ball from the NZTC, and Dr Nav Sidhu (until June when he ceased his involvement) and Dr Tom Fernandez from the NZSA. Early on, Dr Julian Dimech and Dr Annick Depuydt from Middlemore Hospital were identified as course co-convenors. The one-day course was held in December and was a resounding success, ensuring that it will run again in 2012, again at Middlemore’s Ko Awatea Centre. Once the course is well established, the aim is to move it around other major training centres in New Zealand.

Part 0 Course
Waikato consultant Dr David Rusk and NZSA trainee representative Dr Nav Sidhu organised this two-day course. The NZTC decided not to be involved formally in its organisation but ANZCA contributed to its programme. NZTC member Dr Julia Foley was involved as an independent trainee and Dr Rachel Dempsey gave a talk on ANZCA’s role and its trainee committees. Dr Sarah Nicholson, New Zealand representative on the ANZCA Curriculum Review Steering Group, presented an overview of the revised ANZCA curriculum.

Maintenance of the ‘Anaesthesia Training in New Zealand Made Easy’ handbook
Several changes have been made to keep this book up to date, and this will continue with the revised curriculum being implemented over the coming year.
Video-conferencing the Annual Registrar Meeting
We were able to have this videoconferenced to Wellington and Dunedin this year. The meeting format may alter as the curriculum changes but the plan is to videoconference it again this year, hopefully with improved quality.

NZTC newsletter
We have continued to produce a newsletter after each meeting, aiming to keep trainees up to date with our activities and inform them of upcoming meetings, courses and exam registration dates. We also use this medium to advise people of issues with formal projects, changes to the ANZCA Training Program and updates on the revision of the ANZCA curriculum.

Feedback to ANZCA Trainee Committee
NZTC members provided extensive feedback on learning outcomes and volume of practice for the revised ANZCA curriculum, along with suggestions and comments on several ANZCA professional documents updated over the year.

I thank ANZCA and its NZNC for making NZTC activities possible, in particular for the support of the New Zealand Anaesthesia Part 3 initiative in 2011. It has been an interesting and educational experience to be a part of this committee.

FORMAL PROJECT OFFICER’S REPORT – Dr Jennifer Woods
My thanks to Dr Hamish Gray, Assistant Formal Project Officer, for his help and unwavering enthusiasm, and Juliette Adlam in ANZCA’s New Zealand National Office for her efficient assistance and on-going support. Also thanks to the NZNC members and other Fellows who reviewed formal projects in 2011. We have tried to get formal project assessments completed in a timely manner, although some trainees have unrealistic expectations about how long the process takes.

It was a relatively quiet year for formal projects with fewer projects registered than in previous years. Several trainees have been granted exemptions because they have had work accepted for publication. However, I suspect a number of trainees are reluctant to commit to undertaking a formal project until they have seen the requirements of the Scholar Role in the revised ANZCA curriculum. Many are certainly aware that the formal project in its current form will be removed from the curriculum from the start of the 2013 training year.

In September, I participated in a teleconference with Dr Genevieve Goulding, Chair of ANZCA’s Education and Training Committee, and other formal project officers. At that time, the Curriculum Review Steering Group Committee had not finalised the assessment tools of the Scholar Role, which will replace the formal project, but there will be a transition period after 2012 to allow the current group of trainees to do a formal project if they desire. These transition arrangements were released in December and are available on the ANZCA website.

The Annual Registrars’ Meeting was held on December 2 in Auckland. Thank you to Dr Martin Misur for convening another successful meeting. Ten trainees gave presentations. This meeting is a great opportunity for trainees to present their formal projects and I encourage them to consider this forum in the future. The NZNC sponsors one of the registrar prizes awarded at this meeting and this year the ANZCA prize recipient was Dr Steven Mitchell. I look forward to reading his formal project.

Formal Projects for 2011
- Registered 29
- Approved by the Assessor 23
- Awaiting approval by the Assessor 1
- Projects requiring revision 5
- Projects rejected 1
Projects approved since November 2010

Tania Bailey
Positive end-expiratory pressure (PEEP) use in neuroanaesthesia: a review of the evidence

Rochelle Barron
Electrolyte disorders in the critically ill

Terasa Bulger
Follow-up of malignant hyperthermia normal (MHN) patients

Dr Chao-Yuan Chen
Post-operative analgesia for shoulder surgery: a critical appraisal and review of current techniques

Tarragon Chisholm
Paediatric fulminant liver failure: a case series

Tin Chui
Auditing for multi-centre REASON trial 2008

Conrad Engelbrecht
Lateral tilt during caesarean section: audit and literature review

Michael Dick
Perioperative management of anticipated major obstetric haemorrhage

James Drew
The management of a neck of femur fracture patient who presents to theatre with a previously undefined systolic murmur

Amy Gaskell
Management of acute minor surgical procedures at Waikato Hospital

Angela Gouldson
The use of levosimendan in a patient awaiting cardiac transplantation

Claire Ireland
An audit of the use of intrathecal morphine analgesia in major colorectal surgery in a tertiary referral hospital

Alastair Ineson
Evaluation of proposed carbon dioxide monitoring in rebreathing diving equipment

Phillip Kriel
Organ donation after cardiac death, the first case in a tertiary New Zealand hospital

Keng Lo
A clinician-based definition of intra-operative hypotension

Tuang Loy
Prevention and treatment of hypotension during spinal anaesthesia for elective caesarean section: a survey of current practice of members of the ANZCA Special Interest Group

Rachelle Mason
A study of the efficacy of passive pre-warming using a merino wool garment

Susan Pereira
The role of physician assistants in New Zealand: a survey of specialist anaesthetists

Erandhi Samaraweera
The ‘off-label’ use of recombinant activated factor VII in New Zealand

Elitza Sardareva
A retrospective study examining anaesthetic technique, postoperative analgesia requirements and development of chronic pain in breast surgery patients at Middlemore Hospital

Vikramjit Singh
A pedunculated vocal fold polyp causing intermittent upper airway obstruction in a morbidly obese patient

Joseph Taylor
Fascia iliaca blockade: a literature review

Katherine Townend
Mortality associated with unrestricted permissive hypercapnia for acute respiratory distress syndrome in the Christchurch Intensive Care Unit: a retrospective review

NEW ZEALAND ANAESTHESIA EDUCATION COMMITTEE (NZAEC) REPORT

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

Chair and committee members
Dr Ted Hughes completed his two-year term as chair in November, with Dr Kerry Gunn succeeding him. Other NZAEC members are: Dr Jennifer Woods, Dr Andrew Warmington, Dr Ted Hughes, Dr Geoff Long and Dr Rob Carpenter.
New Zealand Anaesthesia ASMs

2011: The North Shore organising committee delivered a very successful ASM in Auckland from November 2-5. The theme was “New Horizons”, with stimulating contributions from keynote speakers Professor John Myburgh, Dr Ken Whyte, Professor Guy Ludbrook, Dr David Bogod and Professor Alan Merry, and excellent presentations from many New Zealand anaesthetists. Dr Angela Enright, President of the World Federation of Societies of Anaesthesia, opened the conference and spoke about the work of the WFSA. The meeting was well supported by the health care industry, with 35 companies exhibiting, and was well attended, with 212 full registrations, 34 trainee registrations and 41 day registrations.

2012: The NZ A ASM joins the 13th International Congress of Cardiorthoracic and Vascular Anesthesia (ICCVA) for a combined meeting being held in Auckland, November 14-17. Its theme is “What becomes of the broken-hearted? Outcomes and how to change them”.

2013: This NZ A ASM will be held in Dunedin November 6-9 with the theme “Best Practice, Aiming for Excellence”. The organising committee comprises anaesthetists from Dunedin Hospital, with Dr Campion Read as convenor and Dr Andrew Smith as scientific convenor.

BWT Ritchie Scholarships
Reports were received from the 2010-2011 Scholarship winners, Dr Nina Civil and Dr John Smithells, who completed fellowship years at Derriford Hospital, Plymouth, UK.

Two BWT Ritchie Scholarships were awarded in 2011, to Dr Chris Walker and to Dr Thomas Fernandez. Dr Walker has been offered a fellowship position in the anaesthesia programme of the Winnipeg Regional Health Authority and the University of Manitoba, beginning in July 2012. In addition to full time cardiac surgical experience, this fellowship encompasses echocardiography training, cardiac intensive care experience, and integration with cardiology and clinical perfusion services. Dr Fernandez has secured a fellowship position at the University of California in San Francisco (UCSF) in 2012. Dr Fernandez intends gaining further experience and undertaking research at UCSF in his areas of interest, working with high risk co-morbid and critically unwell patients, and ultrasound-guided regional anaesthesia and applications of ultrasound perioperatively.

NZ Anaesthesia Visiting Lectureships
The NZ Anaesthesia Visiting Lectureships promote sharing of knowledge and experience through outstanding presentations to anaesthesia departments and practices.

2011 Visiting Lecturer Dr Chris Jephcott presented on “Novel strategies for ward-based procedural sedation” to Tauranga’s anaesthesia department. His second presentation, to Rotorua, was postponed until early 2012.

Visiting Lectureships for 2012 have been awarded to Associate Professor Simon Mitchell and to specialist and Honorary Associate Professor Timothy Short (both of Auckland). Each will deliver their talks to two regional centres. Dr Mitchell’s presentation is entitled “The WHO Surgical Safety Checklist: Potential and Pitfalls”. Dr Mitchell was part of the original WHO investigation and his presentation (made originally at Auckland City Hospital) highlights simple and easily-invoked strategies that help with effective use of the checklist. Dr Short’s talk addresses the question “Does Anaesthetic Depth Alter Outcome?”. Dr Short notes that the issue of depth monitors and their use is a vexed one with a very confused literature. The ANZCA Trials Group is planning a large scale multicentre study to try to answer fundamental questions raised by the ability to measure anaesthesia depth in real time.

2011 New Fellows Conference
Dr Indu Kapoor (Wellington) and Dr Duncan Wood (Auckland City) were the New Zealand representatives at the 2011 New Fellows Conference held in Hong Kong May 12-13, 2011, in conjunction with ANZCA’s 2011 Combined Scientific Meeting (CSM).
FACULTY OF PAIN MEDICINE (FPM)
In May, Dr David Jones of Dunedin was re-elected dean of ANZCA’s FPM for the 2011-12 year. Professor Ted Shipton of Christchurch was elected to the FPM Board and Dr Kieran Davis of Auckland was later co-opted onto the FPM Board to represent the North Island.
Stage 2 of the FPM’s application for recognition of pain medicine as a separate vocational specialty in New Zealand was submitted in June. The MCNZ is still working through its consideration process.
Dr Ross Drake, FRACP, Auckland, was elected to fellowship of the FPM.

COLLEGE OF INTENSIVE CARE MEDICINE (CICM)
The New Zealand arm of the CICM continued to be serviced through an arrangement with the ANZCA New Zealand secretariat, with ANZCA staff member Juliette Adlam being its administrator and the ANZCA NZ offices operating as its base. CICM’s NZNC Chair is a co-opted observer at ANZCA NZNC meetings and Dr Gerard McHugh represented the NZNC at the CICM NZNC meetings in 2011.