

### What is perioperative medicine?

Perioperative medicine (POM) is the multidisciplinary, integrated care of patients from the moment surgery is contemplated through to recovery. It involves:

- Preoperative evaluation.
- Risk assessment and preparation.
- Intraoperative care.
- Postoperative care (including monitoring, rehabilitation and post-discharge).
- Communication and handover to primary care or referrer.
- Co-ordination of personnel and systems.
- Shared decision making.

### Message from the chair

We all know that the journey through the hospital system for our surgical patients – particularly the most vulnerable – isn't always an optimum experience.

Yet with better co-ordination and communication between all the players in this process, from the contemplation of surgery through to recovery, outcomes are undeniably better.

Five years ago, ANZCA convened a working group to review the current state of perioperative medicine and in 2016, ANZCA Council decided to progress the development of a formal qualification in perioperative medicine. Perioperative medicine was introduced as a key pillar of ANZCA's 2018-2022 strategic plan. A good summary of where things are at can be found in this [ANZCA Bulletin article](#).

The college has since been working closely with the [Perioperative Medicine Special Interest Group \(SIG\)](#), and has established a [Perioperative Medicine Steering Committee](#) (see next page) that reports to ANZCA Council. This steering committee just welcomed Heather Gunter, a NZ registered nurse with [personal experience of the failings of an unintegrated system](#), and has representatives from several other aligned colleges.

Two working groups have also been established, the Perioperative Medicine Education Group, chaired by ANZCA councillor, Dr Sean McManus, which will make recommendations and develop the education package and the Perioperative Care Working Group, chaired by Perioperative Medicine SIG Chair, Dr Jeremy Fernando, which will recommend potential models for perioperative care services.

Networks of interested specialists are being formed in New Zealand and by state in Australia by those folk with an interest in this area of practice.

A definition of perioperative medicine has been developed by Jeremy's group (see above) and if you're still not sure about how perioperative medicine is explained, the [Royal College of Anaesthetists website](#) has a good overview.

[A survey of ANZCA fellows and trainees](#) has been undertaken (soon to be extended to other colleges) to test the level of interest and support for the development of an education qualification.

An initial literature search, looking for which type of models work, has been undertaken to inform the working groups, with a follow up in the planning stage. Eventually we will do an economic analysis of the benefits of enhanced perioperative care models which will be critical in our advocacy work with government that will commence later in the project.

This is a large undertaking and it can't all be done at once, but we are making steady progress.

We welcome any feedback via the steering committee listed below, and encourage you to visit the [website](#) for more information and in particular look at our [frequently asked questions](#) as we move forward during these exciting times.

#### Dr Vanessa Beavis

Chair, Perioperative Medicine Steering Committee



## Perioperative Medicine Education Group – update

The aim of Perioperative Medicine Education Group (PMEG) is to recommend, then develop a qualification in perioperative medicine. The group is now finalising a draft curriculum framework with the aim of presenting this at the [Perioperative Medicine Special Interest Group meeting](#) in November.

The definition of a perioperative specialist has already been developed and now a graduate outcome statement (that is, what a perioperative specialist will look like) is being developed. All education work will be aligned with the International Board of Perioperative Medicine syllabus.

Members of the PMEG include representatives from ANZCA, FPM, the Royal Australasian College of Surgeons, the Royal Australasian College of Physicians and the College of Intensive Care Medicine.

**Dr Sean McManus**

Chair, Perioperative Medicine Education Group

## Perioperative Care Working Group – update

The Perioperative Care Working Group has already developed a definition of perioperative medicine (see above) and is working on defining a perioperative medicine service.

A timeline of a patient “journey” is being developed to show what should occur at different stages within the perioperative medicine process. The post-discharge period is being refined and once the timeline is developed, it will be uploaded to the website.

The care working group will also recommend the scope of a perioperative medicine service, identify the types of services now available in Australia and New Zealand, and propose quality indicators for future services.

Members of this group include representatives from ANZCA, the Perioperative Medicine Special Interest Group, the Australian College of Rural and Remote Medicine, the College of Intensive Care Medicine, the Royal Australasian College of Physicians, the Australian Society of Anaesthetists, the Royal New Zealand College of General Practitioners and the Royal Australasian College of Surgeons.

**Dr Jeremy Fernando**

Chair, Perioperative Medicine Special Interest Group

## Literature review

The second stage of the perioperative medicine literature review is now under way. It will concentrate on post-operative complications, selecting the right patient for ICU, who and when to send to ICU and when to discharge, failure to recognise the deteriorating patient, failure to rescue the deteriorating patient, common post-op complications to look out for and futile care.

The [website has more information](#) on what has already been undertaken.

## Perioperative Medicine Steering Committee

The committee welcomes queries from all interested parties.

**Dr Vanessa Beavis (Chair, NZ)**

Australian and New Zealand College of Anaesthetists

**Dr Sean McManus (Deputy Chair, Queensland )**

Australian and New Zealand College of Anaesthetists

**Dr Jeremy Fernando (Qld)**

Chair, Perioperative Medicine Special Interest Group

**Professor Stephan Schug (WA)**

Specialist pain medicine physician, FPM board member

**Nicola Broadbent (NZ)**

New Zealand National Committee representative

**Associate Professor Arthas Flabouris (SA)**

College of Intensive Care Medicine

**Dr Ming Loh (NSW)**

Royal Australasian College of Physicians (geriatrician)

**Dr Rabin Bhandari (SA)**

Royal Australasian College of Physicians (rehabilitation physician)

**Dr Raffi Qasabian (NSW)**

Royal Australasian College of Surgeons

**Dr Eugene Wong (Qld)**

Australian College of Remote and Rural Medicine

**Associate Professor Richard Watts (SA)**

Royal Australian College of General Practitioners

**Dr Kathy McDonald (NZ)**

Royal New Zealand College of General Practitioners

**Ms Tamara Rowan (Vic)**

ANZCA Director, Education (Acting)

**Ms Clea Hincks (Vic)**

ANZCA Director Safety and Advocacy

**Ms Heather Gunter (NZ)**

Community representative

**Teri Snowdon (Vic)**

ANZCA Strategy and Quality Manager, Education (non-member)

**Ms Stacey Walker (Vic)**

Committee support (non-member)

See here for the committee's [terms of reference](#).

For more information please [email us](#).