Total number of national committee meetings for year:
Three meetings were held in 2015 – on March 6, June 26/27 and November 4.

Elected, ex officio and co-opted members

<table>
<thead>
<tr>
<th>Committee role</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>Dr Nigel Robertson (until June)</td>
</tr>
<tr>
<td></td>
<td>Dr Gary Hopgood (from June)</td>
</tr>
<tr>
<td>Deputy Chair</td>
<td>Dr Gary Hopgood (until June)</td>
</tr>
<tr>
<td></td>
<td>Dr Jennifer Woods (from June)</td>
</tr>
<tr>
<td>Formal Project Officer</td>
<td>Dr Jennifer Woods</td>
</tr>
<tr>
<td>Safety and Quality Officer</td>
<td>Dr Geoff Laney</td>
</tr>
<tr>
<td>Education Officer</td>
<td>Dr Indu Kapoor (until June)</td>
</tr>
<tr>
<td></td>
<td>Dr Brent Waldron (from June)</td>
</tr>
<tr>
<td>Deputy Education Officer(s)</td>
<td>Dr Sally Ure</td>
</tr>
<tr>
<td></td>
<td>Dr Brent Waldron (until June)</td>
</tr>
<tr>
<td>Accreditation Officer</td>
<td>Dr Geoff Long</td>
</tr>
<tr>
<td>Fellowship Affairs Officer</td>
<td>Dr Kerry Gunn</td>
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<tr>
<td>Other elected members</td>
<td>Dr Sabine Pecher</td>
</tr>
<tr>
<td>Appointed members</td>
<td>Dr Rob Fry (from September)</td>
</tr>
<tr>
<td></td>
<td>Dr Graham Roper (from September)</td>
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<tr>
<td>Councillors (ex officio)</td>
<td>Dr Vanessa Beavis</td>
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<tr>
<td></td>
<td>Professor Alan Merry</td>
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<tr>
<td>Co-opted New Fellows Representative</td>
<td>Dr Rachel Dempsey</td>
</tr>
<tr>
<td>Trainee Committee Chair (ex officio)</td>
<td>Dr Lizi Edmonds</td>
</tr>
<tr>
<td>Co-opted Faculty of Pain Medicine</td>
<td>Dr Kieran Davis (Chair)</td>
</tr>
<tr>
<td>representative</td>
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</tr>
<tr>
<td>Additional co-opted members</td>
<td>Nil</td>
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<tr>
<td>Co-opted NZSA representative (President)</td>
<td>Dr Ted Hughes (until September)</td>
</tr>
<tr>
<td></td>
<td>Dr David Kibblewhite (from September)</td>
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<tr>
<td>Co-opted CICM representative (Chair)</td>
<td>Dr Shawn Sturland (until June)</td>
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<td></td>
<td>Dr Jonathan Casement (from June)</td>
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</tbody>
</table>

Other national roles

| Chair, NZ Panel For Vocational Registration | Dr Geoff Long |

NZNC representatives to external committees and organisations

| NZ Anaesthetic Technicians’ Society (NZATS) | Dr Geoff Long |
| NZ Society of Anaesthetists (NZSA)          | Dr Nigel Robertson (until June) and Dr Gary Hopgood (from June) |
| Council of Medical Colleges (CMC)           | Dr Nigel Robertson (until June) and Dr Gary Hopgood (from June) |
| NZ Resuscitation Council                    | Dr Malcolm Stuart |
CHAIR’S REPORT – Dr Gary Hopgood

ANZCA NZNC meetings
The NZNC met on March 6, June 26-27 and November 4. The June meeting was preceded by the annual joint meeting with the executive committee of NZSA. ANZCA President Dr Genevieve Goulding attended both these June meetings. ANZCA vice-president Associate Professor David Scott, CEO Mr John Ilott and three general managers from the Melbourne office attended the November meeting.

The principal matters the NZNC handled in 2015 were:

The anaesthesia workforce
The joint NZNC and NZSA anaesthesia workforce working group developed a census that was sent to all clinical directors in April 2015. By August, 23 out of 28 clinical directors had responded (an 82% response rate) and the draft results were presented to the clinical directors September meeting. The results highlight supply and demand factors affecting the anaesthesia workforce, and demographic trends. Subsequently, three further responses were obtained and incorporated into the results, which will be presented to the ANZCA Council, with guidance sought on how best to conduct any future workforce surveys.

Assistants to the anaesthetist
The proposed reduction in training time for anaesthetic technicians from three years to two has yet to progress, with the current training programme being reviewed.
In 2015, the Auckland University of Technology ran a pilot course for Registered Nurse Assistant to the Anaesthetist, with eight students enrolled. The Perioperative Nurses College has established a knowledge and skills framework alongside this.

In October, ANZCA and NZSA representatives, along with those from several other organisations, attended a HWNZ-facilitated meeting to discuss anaesthetic assistant education. Both ANZCA and NZSA continue to stress the importance of anaesthetists being able to be confident that all assistants have the same levels of competence regardless of their training route.

**Doctor competence**  
The ANZCA Council provisionally approved the CMC’s *Best Practice Guide for Continuous Practice Improvement* pending its final publication. This guide provides a framework to help ensure that different stakeholder processes do not duplicate activities, create unnecessarily high compliance costs for doctors and are not resource-intensive for colleges, associations and employers. It also aims to reduce proliferation of new programmes by allowing colleges and associations to build on what others are doing; and, where possible, to identify evidence-based ways of validating doctors’ performance.

**Publishing health outcome data**  
Throughout 2015, the Ministry of Health (MoH) investigated the value of publishing more detailed health data related to practitioners’ outcomes. This was the focus of various meetings providing the opportunity to discuss the issues with a wide range of health organisations. Commonly expressed themes included that any data being published needed to be meaningful and in context. Also, as medical interventions are delivered by teams rather than individuals, data related to individual practitioners should not be released publicly but rather used for peer review and quality improvement. NZNC recommendations in response to a Health Quality & Safety Commission (HQSC) draft position paper on transparency of medical outcome data were that: HQSC should discuss all health outcome data, (not just surgical); define its position more clearly; define the goals of transparency for different stakeholders; and acknowledge that individualised data release could negatively affect teamwork.

A joint paper outlining the ANZCA and FPM NZNCs views on publicly releasing health outcome data was provided to the Medical Council of New Zealand (MCNZ), the MoH and the HQSC.

The MCNZ also developed a consultation paper on the issue *Better Data – the benefits to the profession and the public* which addressed the issues of the role performance data can play in assuring competence; and the public release of outcome data. The MCNZ states there is widespread support for the views expressed in its consultation paper and has asked colleges, as part of their CPD programs, to identify data relevant to their scope(s) of practice, which would aid Fellows in understanding their performance and their patients’ health outcomes. The ANZCA and FPM NZNCs will wait for the MoH and HQSC to confirm their positions before responding to the MCNZ request.

**External meetings**  
Committee members and staff attend a wide range of external meetings. Principal ones attended in 2015 are noted below.

*Council of Medical Colleges in New Zealand (CMC)*  
ANZCA is a member of CMC and the NZNC chair attends the quarterly meetings together with the NZ general manager and senior policy adviser. These meetings provide a forum for regular updates from the Ministry of Health, the Minister of Health, HWNZ, MCNZ, HQSC, NZ Medical Association, NZ Medical Students Association, Health & Disability Commissioner (HDC), Accident Compensation Corporation (ACC) and other colleges. Topics in 2015 included: the NZ Health strategy; HWNZ workforce planning; end-of-life issues; bullying and sexual harassment: the need for culture change; Choosing Wisely Project; Best Practice Guidelines for Continuing Practice Improvement; Medical Board Australia report on evidence and options for medical revalidation in the Australian context; cultural competence; CMC Statement on Obesity; treatment injury – injury prevention and expert medical opinions for ACC;
publication of medical data. Dr Rawiri Jansen from Te ORA attended the December meeting and reported that Māori medical student numbers were increasing; this is an opportunity for colleges to be thinking about how they can recruit and support Māori registrars through training. MoH representatives discussed the Ministry’s work to develop a new Therapeutic Products Regulatory Regime to replace the Medicines Act 1981 and its regulations.

**Medical Council of New Zealand (MCNZ)**

ANZCA and FPM NZNCs work closely with MCNZ in their capacity as MCNZ Vocational Education and Advisory Bodies (VEABs). In 2015, the memorandums of understanding between these bodies were updated and signed. This agreement sets out the respective roles and responsibilities, including those relating to assessments of international medical graduates (IMG), accreditation of the College and Faculty, recertification programmes and CPD. Discussion at the annual MCNZ VEAB meeting in August covered cultural competence, recertification, the ageing doctor, better data, regular practice review evaluation and the CMC/MCNZ/MOH and DHB CMOs’ *Best practice guide for continuous practice improvement*.

**Treasury**

In March, Dr Nigel Robertson, as NZNC chair, met with staff from the Health Team at Treasury. They discussed that, following the global financial crisis, restraint in spending will remain necessary for some years to come; the challenges of making evidence-based decisions with new medical devices; end-of-life care; and the Minister of Health’s current priorities.

**Health Workforce New Zealand**

Also in March, Dr Nigel Robertson and ANZCA staff met with HWNZ representatives to discuss anaesthesia workforce trends in New Zealand and Australia, including the ANZCA NZNC/NZSA workforce census; HWNZ workforce data; ageing specialists; the assistant to the anaesthetist training programmes; and the development of the nurse endoscopist training programme. Two key outcomes from this meeting were that HWNZ confirmed it was not intending to withdraw funding for anaesthetic technician training and that it was intending to adhere to PS09 in terms of nurse endoscopist training. HWNZ also indicated that it would be useful to meet with ANZCA again to discuss the endoscopist training in more detail.

In September, ANZCA staff met HWNZ representatives to discuss a new workforce forecasting model that HWNZ has developed. The model looks at supply factors such as current headcount, FTE and age distribution of consultants, as well as number of specialists entering and exiting the workforce annually. The model does not look at demand factors, so would need to be interpreted with this limitation in mind. HWNZ has very little data for pain medicine. ANZCA will share relevant data for both anaesthesia and pain medicine.

**Sedation for endoscopy and sedation for dental procedures**

In September, ANZCA staff met HWNZ representatives to discuss a new workforce forecasting model that HWNZ has developed. The model looks at supply factors such as current headcount, FTE and age distribution of consultants, as well as number of specialists entering and exiting the workforce annually. The model does not look at demand factors, so would need to be interpreted with this limitation in mind. HWNZ has very little data for pain medicine. ANZCA will share relevant data for both anaesthesia and pain medicine.

In 2014, HWNZ established a working group to develop a training programme for nurse endoscopists, in anticipation of a national bowel screening programme. ANZCA expressed concern to HWNZ as to whether nurses would be administering conscious sedation in the nurse endoscopist model and whether that model would result in any improvements in cost and capacity, as nurses may have more limited scope for making decisions about treatment. An HWNZ-hosted meeting in June discussed nurse endoscopists and how conscious sedation will be provided. The meeting brought together representatives from ANZCA, NZSA, nursing groups, MoH (advisers from gastroenterology, cancer and the Chief Medical Officer) and HWNZ to discuss how conscious sedation will be managed when nurses give endoscopies. The topic was also discussed at the NZSA/NZNC joint meeting with the committees concurring that until there is a better idea of the volume of endoscopies being offered, it is difficult to anticipate resources and structures in which to operate. HWNZ has provided assurance that there is a commitment to comply with ANZCA’s professional standards and acknowledged that *PS09 Guidelines on*
Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures sets the current standard for conscious sedation delivery for procedures such as endoscopy. In October, a meeting between NZNC, NZSA and the NZ Society of Gastroenterology (NZSG) discussed the anticipated model of care for the screening program and the anticipated nurse endoscopy training programme beginning in 2016. The programme developer is keen to have anaesthesia input into the competencies for sedation and assessment, and possibly in a mentoring role for nurse endoscopist trainees also.

NZNC was also engaged in discussions around simple and advanced sedation techniques (TCI propofol and remifentanil) in dental practice and offered to provide a resource for the NZ Dental Association and NZ Dental Council.

Health Quality & Safety Commission – quality improvement framework
In October, NZNC Chair Dr Gary Hopgood and ANZCA staff met with the HQSC to discuss the framework it is developing for quality improvement and patient safety capability and leadership-building for the health system. It was emphasised that any framework will need to be user-friendly and clearly communicated to engage clinicians. The risk of medication-safety errors related to illegible packaging and labelling of drug ampoules was also discussed.

Ministry of Health information session – therapeutic products
In October, ANZCA staff attended a Ministry of Health information session about therapeutic products. The New Zealand Government is working on a new regulatory regime to regulate therapeutic products to replace the Medicines Act 1981 and its associated regulations. As well as medicines, the new regime will include medical devices and cell and tissue therapies. The bill is expected to be introduced to Parliament at the end of 2016.

Clinical directors’ (CD) meeting
On September 4, the NZNC hosted a meeting in Wellington for the clinical directors of New Zealand anaesthesia departments. ANZCA President Dr Genevieve Goulding spoke about workforce predictions and difficulties in forecasting for workforce planning. Other topics discussed included conscious sedation, welfare, appraisals and leadership. Positive feedback received following the meeting has reinforced the value of holding it annually.

National Anaesthesia Day – October 16
Over half of New Zealand’s anaesthesia departments took part in the promotion of National Anaesthesia Day on October 16. The theme was “obesity complicates anaesthesia”. Activities were wide ranging, from poster displays and providing patient information to mounting extensive interactive displays highlighting the issues and the importance of getting as fit as possible prior to anaesthesia and surgery. ANZCA appreciates the extent of the support for this initiative, which also drew wide media coverage.

2015 ANZCA NZ ASM
The annual scientific meeting held in Wellington on November 5-7 was hosted by the NZNC. Convenor Graham Sharpe and his team from the Wellington Hospital Department of Anaesthesia along with the ANZCA Events team and other ANZCA staff were congratulated for the excellent programme exploring various facets of trauma – both clinical and personal. Those on the organising committee were Dr Deborah Forsyth, Dr Kerry Gunn, Dr Sheila Hart, Dr Sarah Jackson, Dr Mohua Jain, Dr Laura Kelly, Fran Lalor (ANZCA PCO), Dr Douglas Mein, Dr David Pirotta, Dr Graham Sharpe and Dr Phil Thomas. The Associate Minister of Health Peter Dunne spoke at the opening of the ASM. The event concluded with a gala dinner timed to feature the Wellington City Council annual Guy Fawkes fireworks display.

Final delegate registrations reached 213 (break-even point was 139) but with staff, speakers and other compliments, the total attendance was 248, plus there were staff for 22 HCI booths. This resulted in $125,707 extra income to that budgeted with a corresponding increase in expenses for the additional attendees. The net surplus, once the staff PCO costs are reflected, will be approximately $100,000. Convenor Dr Graham Sharpe had high praise for the ANZCA Events team, saying the PCO Fran Lalor was
the best he had ever worked with. Where speakers agreed, their presentations have been made available on the NZ website.

**ANZCA NZNC stakeholder function**

NZNC held its biennial stakeholder function on November 4. The event was an outstanding success and a great opportunity for NZNC members and ANZCA staff to meet with representatives from other medical colleges and government and non-government organisations within the health sector.

**Policy work and submissions**

Submissions and responses were made to:

- CMC on the future of the medical workforce.
- Health Select Committee on the Health Practitioners (Replacement of Statutory References to Medical Practitioners) Bill.
- HQSC on its review of the New Zealand Tall-man lettering list; position paper on transparency of information; draft framework for quality improvement and patient safety capability and leadership-building for the New Zealand health system.
- HWNZ on its anaesthesia and pain medicine career facts sheets; Health of Health Workforce 2014-15 report.
- MCNZ in response to its “Better Data” paper on transparency of information; review of *good prescribing practice* and *prescribing drugs of abuse*; Vision and principles for Recertification for doctors in New Zealand.
- Ministry of Health about NZ and the Protocol to Eliminate Illicit Trade in Tobacco Products; the strategic refresh of Health Research Council; the draft Diabetes Mellitus Elective Perioperative Pathway for Adults; the update of the New Zealand Health Strategy.
- National Ethics Advisory Committee on the cross-sectorial ethics arrangements for health and disability research.
- National Health Committee on its strategic and business plans; the use of intraoperative radiotherapy for early breast cancer; Draft Recommendations to improve the Model of Care for Severe Aortic Stenosis;
- Nursing Council of New Zealand on the scope of practice and qualifications for nurse practitioners; education programme standards and competencies for nurse practitioner scope of practice; the registered nurse prescribing (ophthalmology) schedule.
- Pharmac in response to specific questions about EPO alpha; on its 2014/15 Invitation to Tender, with feedback on propofol and ropivacaine; about IV nicardipine for paediatric patient; the establishment of labelling preferences; its proposed approach to market share procurement for hospital medical devices; a proposal for glycopyrrolate bromide, dexamethasone phosphate and neostigmine metilsulfate with glycopyrrolate bromide; Invitation to Tender 2015/16.
- Pharmacy Council of New Zealand on its proposed supplementary wording to clause 6.9 of the Code of Ethics 2011.
- The Protected Quality Assurance Activities (PQAA) interim reports for ANZTADC and CPD were submitted to the Minister’s PQAA Responsible Person, Dr David Sage, in October and November respectively. The TPS PQAA annual report was submitted to the Ministry of Health in November.

**Education**

The last Foundation Teacher Course under the current branding was held in October 7 in Auckland with good feedback from the 18 participants.

**Accreditation**

Dr Geoff Long represents New Zealand on ANZCA’s Training & Accreditation Committee and was instrumental in co-ordinating accreditation visits to eight hospitals during October and November – Waikato, Southland, Taranaki Base, Burwood, Christchurch, Christchurch Women’s, Timaru and Dunedin.
Communications and media work

Media work during 2015 included:

- Comment by Dr Nigel Robertson on a Maori alternative to dental sedation featured in TV3’s Story programme on September 30.
- Comment by Dr Gary Hopgood in *The Dominion Post* in October on a case involving theft of anaesthetic drugs.
- A series of media releases from the FPM Spring Meeting held in Queenstown October 2-4, including FPM welcoming the plan in Australia to make codeine prescription-only, and releases arising out of presentations at the meeting.
- Media alerts about National Anaesthesia Day on October 16 with very satisfying and widespread coverage both before the day alerting the public to displays at hospitals, on the day and afterwards. This included the front page of *The Dominion Post* and national television coverage on TV One’s 6pm news hour, and coverage in other daily and community newspapers around the country.
- Two media releases issued during the ANZCA NZ ASM in Wellington in November: one based on the presentations of Dr Rhys Thomas (“Medicine the only winner in warfare”) and one on the presentation of Dr Robin Youngson (“Compassion in healthcare improves patient outcomes”).

The NZNC e-newsletter *Gasbag* was published in February, April, June, August, October and December with all issues easily exceeding the benchmarks for being delivered, opened and having links clicked. No one unsubscribed. Most recipients open *Gasbag* on their mobile phones. This newsletter provides comprehensive coverage of ANZCA and FPM NZNC activities, and other relevant news and information.

New Zealand also contributes regular news and features to ANZCA’s monthly *E-Newsletter*, the quarterly *ANZCA Bulletin, Synapse* and other College publications as appropriate, and maintains an ANZCA NZNC website – [www.anzca.org.nz](http://www.anzca.org.nz).

**INTERNATIONAL MEDICAL GRADUATES (IMGs)**

The NZ Panel for Vocational Registration assesses international medical graduates, through interview, on behalf of MCNZ as part of the council’s registration processes. The panel also assesses IMGs as part of the ANZCA process for FANZCA.

Dr Geoff Long has been chair of the panel, with the following Fellows serving on panels during the year: Dr Leona Wilson, Dr Vaughan Laurenson, Dr Sabine Pecher and Dr Sally Ure.

In the reporting period, 12 interviews were held at the request of MCNZ. Six IMGs had done their specialist training in the UK, four in the USA, one in South Africa and one in Germany. Eight of these were assessed as substantially comparable and four as partially comparable. In addition, one IMG was assessed solely for FANZCA purposes, and was deemed substantially comparable.

Six preliminary assessments of IMGs were completed by Dr Leona Wilson and Dr Vaughan Laurenson.

There were seven successful workplace-based assessments for FANZCA purposes at seven different hospitals. Assessors were Dr Vaughan Laurenson, Dr Leona Wilson, Dr Geoff Long, Dr Jennifer Woods, Dr Vanessa Beavis, Dr Nigel Robertson and Dr Paul Templer.

**EDUCATION OFFICER NEW ZEALAND REPORT – Dr Brent Waldron**

Dr Brent Waldron succeeded Dr Indu Kapoor as Education Officer in June. Dr Sally Ure remained the Deputy Education Officer.
Training Program
Trainees and supervisors of training (SOTs) are now familiar with the 2013 curriculum. Generally SOTs and trainees are pleased that concerns and issues regarding the new curriculum have been heard by the College and that the review process is likely to address these issues.

The workplace-based assessment process concerns have not changed. SOTs’ main issue is getting Fellows to perform them. Although trainees are meeting required rates, they find a great variation in quality. Both groups are keen to see the outcomes of the curriculum review, especially SMO engagement strategies.

The TPS enhancements have been well received by trainees and SOTs. TPS access is generally good within most hospitals. Where access is poor, departments and trainees have strategies to ensure records are entered. The main improvement wanted is the ability to search the TPS as a log book. Trainees were pleased to hear that the ability to download their cases in spreadsheet format is coming.

Volume of practice for procedures not performed in most New Zealand hospitals has always been a concern. The SOTs were pleased to hear that their concerns are expected to be addressed by the VOP working groups. Despite this concern, few trainees have had need to apply individually for dispensation from the DPA Assessor.

Only three examination remediation interviews have been required this year. The SOTs report they have been useful for the trainees. There was only one feedback interview. Organising remediation and feedback interviews has been straightforward for the part one candidates.

Education Sub-Committee meetings and SOT workshop
The Education Sub-Committee met by teleconference on May 11 and in person on October 27. The October meeting and workshop covered: update on support projects by Mr Oliver Jones; TDP Early Indicators project by Dr Sarah Nicolson; training assessment update by Ms Paula Stephenson; and Training Program 2013 Release 2 Project update by Dr Ian Graham. SOTs were very keen to change the mid-year teleconference to a second face-to-face meeting. The New Zealand office is looking at options to achieve this in 2017.

Intensive care training
Auckland City Hospital and Dunedin Hospital intensive care units remain unaccredited by the College of Intensive Care Medicine (CICM). No ANZCA trainees have been affected. The regional schemes have been able to ensure ICU time through placements at other units in their rotations. Auckland is hoping to be reaccredited in time for the 2016 appointment round. The EO and DPA Assessor are monitoring the situation.

Supervisors of training

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<thead>
<tr>
<th>Hospital</th>
<th>Supervisor</th>
<th>Dates</th>
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<tbody>
<tr>
<td>Whangarei Hospital</td>
<td>Dr Susan Gathercole (to March)</td>
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<td></td>
<td>Dr Andrew Childs</td>
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<td>North Shore Hospital</td>
<td>Dr Clare Fisher</td>
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<td></td>
<td>Dr Marlin De Silva (from August)</td>
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<tr>
<td>Auckland City Hospital, L4</td>
<td>Dr Sara Allen</td>
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<tr>
<td>Auckland City Hospital, L8</td>
<td>Dr Colin King</td>
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<td>Dr Nadia Forbes</td>
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<td>Dr Ivan Bergman</td>
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<td>Dr Amber Chisholm</td>
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<td>Hospital</td>
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<tr>
<td>Auckland City Hospital, L9</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 Matthew McGill</td>
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<td>Dr Jennifer Taylor</td>
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<td>Dr Alison Kirkman</td>
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<td>Dr Damian Simpson</td>
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<td>Dr Alastair Ineson</td>
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<td>Waikato Hospital</td>
<td>Dr Alan Crowther</td>
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<td></td>
<td>Dr Kelly Byrne <em>(to September)</em></td>
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<td></td>
<td>Dr Nicola Whittle</td>
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<td></td>
<td>Dr Tim Starkie <em>(from September)</em></td>
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<td>Rotorua Hospital</td>
<td>Dr Shane McQuoid</td>
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<td>Tauranga Hospital</td>
<td>Dr Caroline Zhou</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></td>
<td>Dr Allanah Scott <em>(from December)</em></td>
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<tr>
<td>Palmerston North Hospital</td>
<td>Dr Vikram Singh</td>
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<td>Dr Maria Au-Young</td>
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<td>Hutt Hospital</td>
<td>Dr Neroli Chadderton</td>
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<td>Dr Philip Eames</td>
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<td>Wellington Regional Hospital</td>
<td>Dr Kirsten Cunningham</td>
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<td>Dr Nicola Moore</td>
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<td>Nelson Hospital</td>
<td>Dr Gareth Harris</td>
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<td>Christchurch Hospital</td>
<td>Dr Ashley Padayachee</td>
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<td>Dr Ben van der Griend <em>(deputy)</em></td>
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<tr>
<td>Timaru Hospital</td>
<td>Dr Peter Doran</td>
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<td>Dunedin Hospital</td>
<td>Dr Jason Henwood</td>
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<td>Dr Matthew Jenks <em>(deputy)</em></td>
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<td>Southland Hospital</td>
<td>Dr Roger Wandless</td>
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<td></td>
<td>Dr Richard More <em>(from December)</em></td>
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</tbody>
</table>

**Rotational supervisors**

**Northern Rotation**
- Dr Lance Nicholson *(to December)*
- Dr Sarah Nicolson
- Dr Kim Jamieson *(from December)*

**Midland Rotation**
- Dr David Williams

**Central Rotation**
- Professor Sandy Garden

**Southern Rotation**
- Dr David Bain
Exams
The first sitting of Part One exams saw 33 candidates sit in various regions: Auckland (16), Hamilton (7), Wellington (4), Christchurch (4) and Dunedin (2). The second sitting also had a total of 33 candidates spread between Auckland (14), Hamilton (10), Wellington (8) and Dunedin (1).

The final exams first sitting was held at North Shore Hospital with 17 candidates. The second sitting was held in Wellington with 30 sitting the written exams, and 32 for the medical/clinical sessions. The Final Examination Coordinators were Dr Ian Harrison, for North Shore and Dr Mohua Jain in Wellington.

Scholar role
There has been lots of discussion about Option B, especially as one rotation has developed a guideline for funding. The SOTs eagerly await the results of the review process.

Trainees
The New Zealand office facilitated the trainee placement teleconference in July for trainees starting training in New Zealand in the 2016 hospital employment year. All training positions were filled.

Courses
The last ANZCA-led Part 3 course was held in Wellington, in association with the ASM, on November 7. Although not quite fully subscribed, the course received excellent feedback from participants. From 2016 the New Zealand Society of Anaesthetists will run the Part 3 course, whilst ANZCA will deliver Part Zero.

The Part Zero course, run by NZSA, was held in Auckland over December 18 and 19.

FORMAL PROJECTS REPORT – Dr Jennifer Woods

All formal projects have now been completed and the formal project officer will be disestablished pending confirmation of the new scholar role positions.

Projects completed 2015

Dr Gareth Collins  Safety of fruit extract use in inhalational induction
Dr Roana Donohue  Online survey as a method for day surgery follow up
Dr Julia Foley  International Surgical Outcome Study: Counties-Manukau District Health Board’s involvement in an international observational cohort study of complications following elective surgery
Dr Marissa Henderson  Wound catheters in midline laparotomy: is there a reduction in post-operative respiratory complications?
Dr Kushlin Higgie  When complex pain gets a little more complicated ... pain during pregnancy and its management
Dr Alison Jackson  Contamination of ready-for-use airway equipment before and after workflow change: a cross-sectional study
Dr Kiew Chai Law  Dabigatran-related ICU admissions in New Zealand – a case series report
Dr Helen Lindsay  Audit of Oxytocin use at Middlemore Hospital
Dr Ravi Manda  Morphine vs Tramadol for analgesia in the post-operative period for patients who are in pain despite receiving morphine in post anaesthetic care unit (PACU)
Dr John Scarlett  A retrospective audit of caesarean sections under regional anaesthesia requiring conversion to general anaesthesia post-delivery: 15 years of experience at Christchurch Women’s Hospital
Dr Paul Young  Actual preoperative fasting times for elective oncology patients at Starship Hospital
2015 NZTC office bearers and members

Chair  
Dr Lizi Edmonds, Wellington

Deputy Chair  
Dr Nicholas Hingley, Wellington

Members  
Dr Charlotte Adamson, Christchurch
Dr Kiew Chai (KC) Law, Middlemore
Dr Thida Ching, Auckland
Dr Ravi Mistry, Hawkes Bay
Dr Stephen Roberts, Christchurch
Dr Jonathan Panckhurst, Middlemore
Dr David Silverman, Dunedin
Dr Helen Lindsay, Auckland
Dr Caroline Mann, Waikato (seconded onto committee as Midlands representative)
Dr Ghassan Talab, Auckland, NZSA representative

Ex-officio  
Dr Gary Hopgood, Chair, ANZCA NZNC
Dr Jennifer Woods, Deputy Chair, ANZCA NZNC
Dr Brent Waldron, Education Officer NZ
Dr Sally Ure, Deputy Education Officer NZ

Elections

An election was necessary to determine the 2015 committee, with 10 nominations received for nine places. No election was required for 2016 with five new applications matching the number of vacancies. The new committee consists of a good mix of basic and advanced trainees, with representation from all training rotations. Dr Lizi Edmonds from Wellington continues as chair with Dr Jonathan Panckhurst elected as deputy chair.

NZTC meetings

Three well-attended NZTC teleconferences were held in 2015 (March, June and September) with the annual face-to-face meeting held at the end of November. As well as the regular updates from around the country, the foremost topics of discussion at most of the meetings were ongoing curriculum and TPS changes, ICU training accreditation withdrawal in Dunedin and Auckland, rotational variation in teaching and the trainee handbook.

Other meetings attended

By the chair, deputy chair and other members:

- ANZCA Trainee Committee teleconferences – February, June and November
- ANZCA Trainee Committee face-to-face – April and September
- ANZCA NZNC meetings – March, June and November
- Education Sub-Committee meeting – October

Activities

Trainee survey

An Australasian-wide trainee survey on behalf of ANZCA was undertaken by regional and New Zealand trainee committees in late 2015. This included core questions on workplace bullying and supervision. The NZTC asked some additional questions about teaching and WBAs. There was a 29 per cent response rate. Of trainees who responded, 44 per cent reported experiencing bullying and 64 per cent had witnessed bullying behaviour. These figures were not unexpected; however concern was raised about the troubling nature of some comments. Care will be taken to preserve anonymity when reporting the results.
Part 3 Course
The joint ANZCA/NZSA-hosted Part 3 Course was in Wellington in November 2015 timed with the ANZCA NZ ASM. Feedback was very positive from all attendees. NZTC thanks the convenors, Dr Rachel Dempsey, Dr Annick Depuydt, Dr Julian Dimech and Dr Elitza Sardareva for putting together another successful course and all their work on this course in recent years. The facilitation transfers fully to NZSA from 2016 but the format is expected to remain very similar as it is an excellent course that is well established.

Part Zero Course
This was the final NZSA-run course; ANZCA participates in the section on training. Dr Jonathan Panckhurst gave the NZTC presentation. From 2016, ANZCA and the NZTC take up this course to be held within each training rotation.

NZ trainee handbook
Work on the NZTC Anaesthesia Training in New Zealand Made Easy handbook was completed and it was published on the ANZCA NZ website in time for the Part Zero Course in December. The NZTC is very grateful to Dr Tom Burrows for his huge contribution to the handbook, even after leaving the committee.

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

Membership
NZAEC membership changed during 2015. Initially it comprised NZSA representatives Dr Graham Roper, Dr Rob Carpenter and Dr Ted Hughes (President); ANZCA NZNC representatives Dr Kerry Gunn, Dr Jennifer Woods and Dr Nigel Robertson (NZNC Chair). From September, the NZSA representatives were Dr Kathryn Hagen, Dr Ted Hughes and Dr David Kibblewhite (President) and the ANZCA NZNC representatives were Dr Graham Roper, Dr Kerry Gunn and Dr Gary Hopgood (NZNC Chair), with Dr Roper chairing the NZAEC all year. Dr Paul Hardy (FPM) and Janelle Cutting (NZATS) were given observer status on the committee.

NZ Anaesthesia ASMs
There was no NZ Anaesthesia ASM in 2015 as NZSA was committed to the ASA meeting in Darwin. Instead ANZCA NZNC hosted an ANZCA NZ ASM in November. There is no joint ASM in 2016 either as ANZCA is holding its main ASM in Auckland in May. The 2017 NZ Anaesthesia ASM is being organised by a Waikato Hospital committee and will be held in Rotorua, November 8-11 while the 2018 joint ASM is being organised by a Middlemore Hospital committee and will be held in Auckland.

NZA Anaesthesia Visiting Lectureships 2015
The NZ Anaesthesia Visiting Lectureships promote sharing of knowledge and experience by funding lecturers to present in anaesthesia departments in regional centres.

In 2015, the following programme of lectures was delivered:

- Dr James Cameron (Hutt Hospital), presented “Simpler Steps to a Safer Block” at Nelson and Hawke’s Bay.
- Dr Doug Campbell (Auckland City Hospital), presented “Changing Practice with Large Trials” at Hutt and Hawke’s Bay.
- Dr Jeanette Scott (Middlemore Hospital) presented “What is New in Difficult and Failed Airway Algorithms?” at Dunedin and Greymouth.
- Dr Emma Patrick (Taranaki Hospital), presented “Blood topics/transfusion update” at Timaru and Tauranga.
• Dr Ben Griffiths (Auckland City Hospital) presented “Emergency Laparotomy perioperative outcome and quality improvement pathways: A United Kingdom and NZ Perspective” at Whangarei and Tauranga.

The meetings at Hawke’s Bay and Tauranga were regional meetings to which anaesthetists from other nearby centres were invited.

Two Visiting Lectureships were awarded for 2016.

**BWT Ritchie Scholarships**

In 2015, the BWT Ritchie Scholarships was awarded to Dr Chang Kim, from Auckland City Hospital to support a full-time research fellowship at McMaster University in Canada. However, Dr Kim has been unable to pursue this opportunity and the NZAEC will reassess whether the scholarship should be awarded to other applicants.

ANZCA and the NZSA are grateful to the BWT Ritchie Scholarship trustees for providing the generous funding for this annual scholarship.

**FACULTY OF PAIN MEDICINE – Dr Kieran Davis**

The Faculty of Pain Medicine’s NZNC produces its own annual report for the FPM Board but, in brief, it met three times in 2015: in person on March 25 in association with the NZ Pain Society’s annual conference held in Auckland, by teleconference on June 29 and in person in Wellington on December 2.

Key issues discussed at these meetings and in meetings with external stakeholders included workforce planning and funding for training positions; the ACC’s review of pain management services, its clinical adviser processes and its review of medical assessment during rehabilitation processes; FPM’s referral to the National Health Committee for assessment of a national paediatric pain service; and the increasing use/abuse of opioids. FPM NZ is also represented on a Ministry of Health working group about endometriosis. The FPM NZNC developed a pain medicine advocacy strategy to guide its priorities in 2016.

**SAFETY AND QUALITY OFFICER’S REPORT – Dr Geoff Laney**

As well as featuring on each agenda of the ANZCA NZNC, there is a regular safety and quality section in each bi-monthly e-newsletter *Gasbag*, and items are contributed to the monthly *ANZCA E-News* and quarterly *ANZCA Bulletin*, with alerts on the website and via Twitter as required. In 2015, the main issues covered were:

- The work of the HQSC, led by FANZCA Professor Alan Merry, including its patient safety campaigns, high risk medicine resources, safe use of opioids collaborative with district health boards, opioid domain of the Atlas of Healthcare Variation, patient survey results, annual safety forum, improving operating theatre teamwork and communication, learning from adverse events, the surgical site infection improvement programme, and updates on the health quality and safety indictors.
- The work of the Perioperative Mortality Review Committee (POMRC), chaired by FANZCA Dr Leona Wilson, including publicising its annual workshop and report, the latter providing the basis of a feature in the September *ANZCA Bulletin*.
- The success of Auckland University’s Multidisciplinary Operating Room Simulation (MORSim) project aimed at improving communication among members of the operating team, including a feature in the March *ANZCA Bulletin*.
- Notification of the revised standard for reprocessing reusable medical devices and changes to the National Medical Chart.
• Advice in *Gasbag* and the *ANZCA E-News* plus detailed coverage in the *ANZCA Bulletin* of HDC cases relevant to the work of anaesthetists and pain medicine specialists, based on findings involving central venous access devices, inadequate analgesia, failures of communication where a patient had refused use of blood products, and inadequate anaesthetic services resulting in the death of a teenager following an appendicectomy.

• Publicising the recall of morphine syringes and the follow-up report.

Other work in the quality and safety area included:

• Attendance at the HQSC forum in May on teamwork and communication featuring leading American health communicator, surgeon and writer Dr Atul Gawande; the annual workshop of the Perioperative Mortality Review Committee in June; and an HDC forum in March entitled “20 Years Strong: the Commissioner, the Code, and Informed Consumers, Restorative Justice in Healthcare, and HDC Complaint Data: Patterns and Predictions”.

• Responding to the HQSC’s proposals about publishing health outcome data.

• Continuing work, including with the NZSA, on the issue of the use of sedation by non-anaesthetists. Immediate past ANZCA NZNC chair Dr Nigel Robertson is leading an ANZCA working group looking into this issue across New Zealand and Australia.

• Submissions on issues with a safety and quality focus are included in the submissions list on pages 6 and 7.

**NEW ZEALAND OFFICE REPORT**

**NZ staff**

The Finance, Events & Facilities Administrator Louise Soulsby left in July and was succeeded by Alka Rajpal in August.

NZAEC Committee Administrator and Assessment Coordinator Rose Chadwick was recognised for achieving 10 years of service with ANZCA in August and Communications Manager Susan Ewart for achieving five years of service in July.

**IT services**

Ultrafast broadband was installed in the New Zealand office, resulting in significantly faster internet speed at less cost.

**Budget**

The financial report for the year ending December 2015 shows that the New Zealand actuals against budget overall were positive. The full accounts for ANZCA in New Zealand are made available on the NZ Companies website at [https://www.business.govt.nz/companies/app/ui/pages/companies/1953052](https://www.business.govt.nz/companies/app/ui/pages/companies/1953052)

**ACKNOWLEDGEMENTS**

Congratulations go to:

• Dr Helen Lindsay (Auckland) for winning the ANZCA prize for the best scientific presentation at the Annual Registrar Meeting held in Auckland in December or her presentation *The breath alcohol of anaesthetists using the five moments of hand hygiene during routine anaesthetic practice: an observational study.*

• Dr Steuart Henderson for being awarded the ANZCA Medal (to be presented in May 2016) for his major contributions to anaesthesia and to the College. Dr Henderson has now fully retired from the College, having stepped down as the Director of Professional Affairs (Assessor) at the end of October and ANZCA’s NZNC thanks him for the huge amount of work he has done, both during his time on the NZNC and as a DPA, particularly with the changeover from the 2004 to the 2013 curriculum.
• Dr Dean Bunbury (Auckland) for winning the 2015 Gilbert Brown Prize.
• Dr Daniel Frei (Wellington) for winning the 2015 Renton Prize.
• Dr Henry Wallace (Auckland), and Dr Annelise Basevi and Dr Kyle Grabowski (both Christchurch) for winning ANZCA’s anaesthesia undergraduate prizes.

New Zealand-based Fellows who died in 2015 were:
• Dr John Sandilands Ogilvie of Auckland, on May 28, aged 87
• Dr William Cochrane of Tauranga, on August 16, aged 88