ANZCA
FPM

Bulletin

Australian and New Zealand
College of Anaesthetists
& Faculty of Pain Medicine

WINTER 2026

Reflections on the 2026 ANZCA Auckland ASM

Your leaders
Welcomes, departures and committee updates

Label confusion
We highlight safety risks

ANZCA
FPM

Celebrate National Anaesthesia Day on 16 October!

- **Mark Friday 16 October in your diaries.**
- **Book your hospital foyer space.**

National Anaesthesia Day is held each year to raise awareness of the crucial role anaesthetists play in healthcare. An ANZCA initiative, National Anaesthesia Day marks 16 October, the anniversary of the day in 1846 that ether anaesthesia was first publicly demonstrated.

This year we'll be including the latest fasting advice for patients. ANZCA will send posters and other material to hospitals in September.

Please contact communications@anzca.edu.au for more information.

RIGHT

Rockhampton Hospital celebrated National Anaesthesia Day last year with a cake.

ON THE COVER

A dazzling display of the 2026 ANZCA ASM branding was illuminated on the iconic Auckland Sky Tower on Saturday 2 May during the College Ceremony welcome reception, celebrating our 265 new fellows and the efforts and contribution of the National Organising Committee to the meeting.

ANZCA Bulletin
The Australian and New Zealand College of Anaesthetists (ANZCA) is the professional medical body in Australia and New Zealand that conducts education, training and continuing professional development of anaesthetists and specialist pain medicine physicians. ANZCA and FPM comprise about 8900 fellows and 1950 trainees. mainly in Australia and New Zealand. It serves the community by upholding the highest standards of patient safety.

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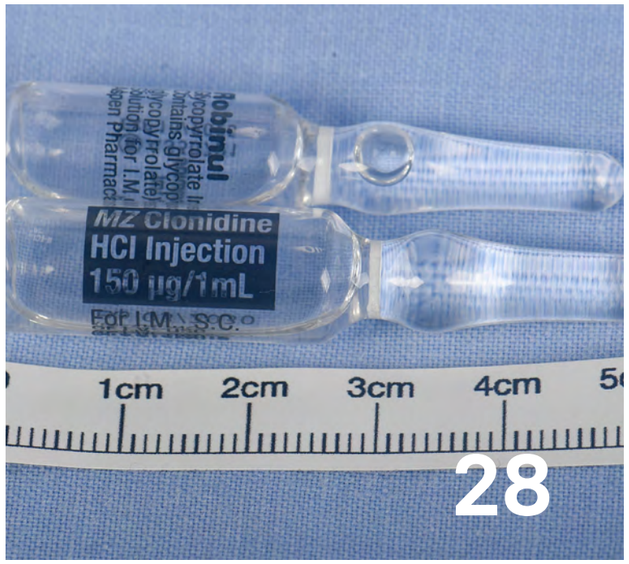
In this edition



It takes a village

In May, at the ANZCA Annual Scientific Meeting (ASM) in Auckland, I had the extraordinary privilege of becoming president of ANZCA. It is an honour that has prompted me to reflect on our professions, the college and the people who make up our community.

The occasion itself was personally moving. I was shocked when my children unexpectedly appeared on stage, and honoured to be introduced by Professor Warwick Bagg, Dean of the Faculty of Medical and Health Sciences at my alma mater, the University of Auckland. Having family and friends present to support me was so special. As I began my address, I looked up to see my father in the front row, so proud with a tear in his eye. That was the final straw after an emotional week – it was hard to maintain my composure and deliver my inaugural message after that.

The ASM theme, *Herenga Waka, Herenga Tāngata* – from home to home – invites us to reflect on the full patient journey. Patients come to us from their homes, whānau, families, and communities, placing extraordinary trust in our care. We support them through some of the most vulnerable moments of their lives, with the shared purpose of helping them return safely home again.

The theme also resonated with me personally. I left Auckland years ago as a registrar and was returning as incoming president.

My own family story begins in a small Croatian village. My family arrived in New Zealand with limited English, little money, and no certainty about what lay ahead. Like many migrant communities, they worked hard, supported each other and believed that a better life was possible. It took a village.

That lesson has stayed with me throughout my life and career. People thrive when they are supported by a community that they truly belong to, through all the ups and downs. For me, this is how I think about medicine, leadership and our college. Belonging is essential.

Healthcare has changed enormously since I started. Our patients are older with more serious comorbidities. Procedures that would once have been considered too risky are now undertaken routinely and safely. People now live when they would have died at the beginning of my career.

These advances have not occurred by chance. They have been built on generations of investment in education, training, research and quality improvement with a commitment to patient safety and clinical excellence.

But there are significant challenges ahead.

Escalating workforce shortages are affecting health systems across Australia and New Zealand where demand for healthcare services is growing. Models of care are evolving rapidly to meet need.

There are significant inequities for people living in rural and regional areas and for Aboriginal, Torres Strait Islander and Māori communities.

Health departments and ministers in both our countries are questioning healthcare practitioner scope of practice and value and are embarking on workforce redesign.

There are also broader questions being asked about the role of specialist medical colleges in modern healthcare.

There is pressure everywhere.

I offer a simple perspective.

ANZCA matters.

It matters because when difficult decisions need to be made, people turn to the college. Regulators, health administrators, coroners and courts seek ANZCA's expertise because it is trusted, evidence-informed and practical. Our advice is valued not because we are loud, but because we are credible. We bring clinical expertise, professional standards and a commitment to improving patient outcomes.

In an increasingly complex healthcare environment, our trusted voice is more important than ever.

ANZCA is a remarkably diverse community. We span anaesthesia, pain medicine and perioperative medicine. We work in major metropolitan hospitals, regional centres and remote communities. We practise across Australia, New Zealand and in other parts of the world. Our experiences may differ, but we are linked by a shared commitment to our patients and a belief in the value of high standards, lifelong learning and professional excellence.

Every day I see extraordinary contributions from fellows, trainees and specialist international medical graduates across our community. I see supervisors of training investing in the next generation. I see examiners, committee members and faculty volunteers contributing countless hours. I see heads of departments balancing local leadership with broader professional responsibilities. I see mentors providing guidance and encouragement. And I see countless acts of generosity, professionalism and service that often go unnoticed.

For me, ANZCA is a village. And we are strong together.

Over the next two years, I will work with our teams to advocate strongly for our patients, our profession, and our college. We will continue to support the workforce that underpins safe patient care. We will engage constructively with discussions about scope of practice, workforce pressures and healthcare reform. We will do so from a position of trusted expertise, collaboration and a relentless focus on safety and quality for our patients.

ANZCA's strength lies with all of us, working together.

It takes a village.

Dr Tanya Selak
ANZCA President

ANZCA's 10,000th fellow an epic achievement

A significant milestone in ANZCA's history was celebrated recently when Melbourne anaesthetist Dr Mena Vasu Dewan was awarded fellowship diploma number 10,000.

Dr Dewan visited ANZCA House where she was welcomed and presented with her certificate by ANZCA President Dr Tanya Selak and CEO Lance Emerson. Dr Dewan then cut into a specially baked cake decorated to resemble her newly earned certificate.

The achievement represents the culmination of an international professional journey that began in Malaysia. Dr Dewan attended the 2019 ANZCA Annual Scientific Meeting in Kuala Lumpur as a trainee in the College of Anaesthesiologists (Academy of Medicine of Malaysia) program before gaining her specialist qualification later that year. She subsequently worked in Borneo throughout the COVID-19 pandemic before deciding to pursue ANZCA fellowship through the specialist international medical graduate (SIMG) pathway.

Arriving in Melbourne in early 2024, Dr Dewan was assessed by ANZCA as partially comparable and soon accepted a position at Austin Health. She recently completed the final stage of her fellowship requirements, successfully passing the ANZCA Final Examination viva component on her first attempt.

Reflecting on the transition to Australian practice, Dr Dewan said adapting to a new healthcare system, different patient demographics and work practices took time.

"The challenging cases that I did at Austin Health, were monumental in helping me jumpstart the preparation for the final viva," she explained.

Dr Dewan credited the support of colleagues, supervisors and fellow trainees as crucial to her success and helping prepare for the exams.

Standards, safety and sustainability key areas for the college

Across ANZCA, we are making deliberate improvements to strengthen the value of your college – whether through training, CPD, advocacy, or how you experience our systems day to day. I wanted to highlight just a few areas of my focus over the past six months since starting with the college.

HIGH-QUALITY TRAINING AND CPD

I continue to be impressed by the people who make ANZCA what it is – the volunteer fellows, trainees and specialist international medical graduates (SIMGs) and their commitment to patients, and by our staff supporting them.

We have a deliberate focus on supporting you across your full professional journey, whether that be improving the feedback we receive during training and from exams, or strengthening continuing professional development (CPD) so it continues to be relevant.

We are continuing to provide support and resources to make it simple and practical for CPD program participants to meet their CAPE obligations (cultural safety, addressing health inequity, professionalism and ethical practice). Work is now under way to improve the usability of the CPD platform and app. These will be progressed over the next 12 months.

Maintaining the quality of our training remains non-negotiable – it is central to why we exist. For example, we plan to improve an online learning course for supervisors of training (WBAs) and various emergency response activities.

ADVOCACY THAT PROTECTS STANDARDS AND SHAPES SOLUTIONS

We are also actively engaging with governments in Australia and New Zealand where proposals risk diluting training standards, such as initiatives to streamline training pathways or expedite specialist international graduate (SIMG) entry. Importantly, our role is also to help design workable solutions.

For example, we know that doctors who train in rural and regional areas are more likely to remain there, so the college has been working hard to develop pathways that enable trainees to undertake about 80 per cent of their training in regional and rural settings. These trainees rotate through metropolitan hospitals so they are exposed to core elements of our training programs not available in regional areas.

This year we have employed a NSW-based rural training pathways coordinator to look at replicating the highly successful program in Victoria to other states including NSW and Queensland.

I am also directly contributing to national workforce planning through the Medical Workforce Advisory Collaboration (MWAC), advising governments on sustainable workforce solutions.

Alongside this, we are engaging in regulatory reform discussions, about specialist affordability and high-fee outliers for example, and contributing to tools such as Medical Costs Finder.

In June, I was in Canberra with FPM Dean Professor Michael Veltman for the launch of the "Australian Standards for Health Practitioner Pain Management Education" developed by the faculty.

The standards are the first nationally consistent, evidence-based framework for pain management education across all health disciplines and levels of training.

While in Canberra, we took the opportunity to meet with senior staff from Health Minister Mark Butler's office.

Scope of practice reform is a central issue in Australia and New Zealand, and we are leaning in strongly. We are engaging directly with health departments, ministers' offices and national bodies more than ever.

We are also well advanced in developing a professional document on scope of practice for non-medical health professionals, such as nurse practitioners. In it, we maintain that medical leadership in our specialties is essential for patient safety.

Our position is clear: any scope expansion must be evidence-based, properly governed, and anchored in training and patient safety. We are soon to commence targeted consultation, with wider consultation planned for later this year.

ANZCA VOLUNTEER IMPACT

The scale of volunteer contribution across ANZCA is extraordinary and underpins everything we do. The incredible expertise and volunteer hours that go into developing training and other college work, such as prof docs, cannot be underestimated.

For example, we have just completed the final 2026.1 vivas in Melbourne where 72 examiners examined 257 candidates.

In any given year, the college examines about 550-580 primary candidates and 500-525 final candidates. We have 80 primary examiners and 98 final examiners who volunteer, along with seven diving and hyperbaric medicine examiners and 38 rural generalist anaesthesia examiners.

This is an extraordinary commitment.

We are soon to distribute a survey to understand the depth of volunteering at ANZCA and how we can support those that freely contribute so much of their time to our professions.

We are also moving away from simply reporting activity, and towards demonstrating what has actually changed, for example, for patient outcomes, for services, and for professional practice.

This is increasingly how government and the broader system judge influence, and it is how we should judge ourselves.

The environment is changing rapidly – but ANZCA is not a passive participant. We are actively shaping the issues that matter to your practice and your patients, with a clear focus on standards, safety and sustainability across anaesthesia, pain medicine and perioperative medicine.

Lance Emerson
ANZCA Chief Executive Officer

King's Birthday honours

Congratulations to New Zealand fellow **Dr Paul Baker**, named a Knight Companion of the New Zealand Order of Merit in the King's Birthday Honours, for services to health.

Sir Paul was a foundation consultant anaesthetist at Starship Children's Hospital in Auckland, and has worked for more than 40 years as a paediatric anaesthetist and airway management specialist.

He is considered New Zealand's leading authority on airway management, and in 1996 created AirwaySkills, the first training program in the southern hemisphere teaching the management of difficult airways. He has since personally trained more than 5000 anaesthetists, emergency physicians and intensive care doctors using the program.

He also led the invention of ORSIM, a virtual reality bronchoscopy training simulator, now used in more than 40 countries and at Harvard, Oxford and Yale universities.

Sir Paul was chair of the international committee of the World Airway Management Meeting, and president of the Society for Airway Management US.

Congratulations to the following FANZCAs for being awarded a Member of the Order of Australia (AM):

Dr Andrew James Mulcahy, FANZCA, Tasmania. For significant service to medical administration, and to anaesthetics. Dr Mulcahy is a past president of the Australian Society of Anaesthetists.

Associate Professor Michael Paul Steyn, FANZCA Queensland. For significant service to anaesthesiology and perioperative medicine, and to health leadership. A/Prof Steyn was awarded the ANZCA Medal in 2023. He is a former chair of the Specialist International Medical Graduate Committee, and founder and chair of the Overseas Trained Specialist Anaesthetists' Network (OTSAN).

Associate Professor David Austin, FANZCA, FCICM, New Zealand. For significant service to intensive care medicine, to sport, and to education. A/Prof Austin is a former director of intensive care services in Rockhampton and a past ANZCA examiner.

A Medal of the Order of Australia (OAM) in the General Division was awarded to:

Dr Ross Duncan MacPherson, FANZCA, NSW. For service to medicine as an anaesthetist. Dr MacPherson is a former ANZCA examiner and Chair of the Primary Exam Committee.

Letters to the editor

GLP-1 RECEPTOR AGONISTS IN THE PERIOPERATIVE SETTING

The increasing use of glucagonlike peptide1 receptor agonists (GLP1RAs) for diabetes and weightloss management has sharpened focus on perioperative issues, particularly delayed gastric emptying and pulmonary aspiration risk.

In this context, our group's recently published work in the *British Journal of Anaesthesia* titled "Perioperative management of glucagonlike peptide1 receptor agonists: international guidance and variability in recommendations", examines contemporary international approaches to peri-procedural management of these agents.

Our analysis demonstrates substantial variation across existing guidance, reflecting differing approaches to aspiration-risk mitigation. At one end of the spectrum, several societies recommend continuation of GLP1RAs with dietary modification, most commonly a mandatory 24hour clear fluid diet followed by standard fasting.

At the other end, some guidance supports routine preprocedural cessation of GLP1RAs for several days or multiple half-lives before elective procedures. These contrasting strategies reflect an evolving evidence base and differing perspectives on balancing aspiration risk against the metabolic consequences of withholding therapy.

Over a relatively short time this has developed into an important and dynamic area of perioperative medicine. ANZCA has played a constructive and proactive role in keeping fellows informed of emerging evidence and international developments through timely updates and educational communications. In parallel, ANZCA has developed clear, locally relevant recommendations, providing welcome consistency for clinicians navigating changing guidance, with aspiration-risk mitigation remaining central.

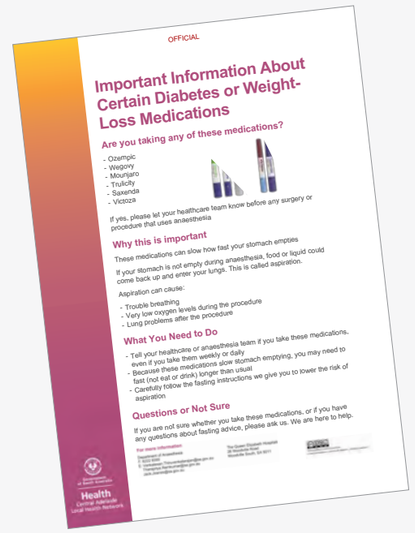
Our work shows strong alignment between ANZCA guidance and a pragmatic, risk-stratified approach. By emphasising individual patient assessment, including gastrointestinal symptoms, relevant comorbidities, and the nature and urgency of the planned procedure, ANZCA guidance supports targeted risk reduction while avoiding unnecessary interruption of effective metabolic therapy. This approach is supported by the growing evidence base and is readily applicable to everyday clinical practice.

Alongside this academic work, our department at The Queen Elizabeth Hospital, South Australia, has introduced a simple patient information poster outlining GLP1RAs currently available in Australia, including commonly prescribed brand names. The poster explains why patients should inform their anaesthesia team if they are taking these medications and highlights their relevance to fasting instructions and aspiration risk. It is displayed here (see below) and can also be accessed via the accompanying QR code.This initiative has been especially helpful for patients who receive GLP-1RAs for weight management, since they might not realise these medications are important for perioperative care or could leave them out due to social stigma, fear of being judged, or concerns about how they obtained the medication. By improving patient awareness and disclosure, the resource provides a practical, lowcost complement to ANZCA-aligned guidance.

Dr Venkatesan Thiruvenkatarajan, FANZCA
Dr Tharapriya Ramkumar, FANZCA
Dr Nagesh Nanjappa, FANZCA
Dr Jack Jeanes, Resident Medical Officer
Adelaide

Reference

Lam C, Thiruvenkatarajan V, Nanjappa N, Endlich Y, Lin DY. Perioperative management of glucagon-like peptide-1 receptor agonists: international guidance and variability in recommendations. *Br J Anaesth.* Feb 24 2026;doi:10.1016/j.bja.2026.01.028


OFFICIAL

Important Information About Certain Diabetes or Weight-Loss Medications

Are you taking any of these medications?

- Ozempic
- Wegovy
- Mounjaro
- Trulicity
- Saxenda
- Victoza

If yes, please let your healthcare team know before any surgery or procedure that uses anaesthesia

Why this is important

These medications can slow how fast your stomach empties

If your stomach is not empty during anaesthesia, food or liquid could come back up and enter your lungs. This is called aspiration.

Aspiration can cause:

- Trouble breathing
- Very low oxygen levels during the procedure
- Lung problems after the procedure

What You Need to Do

- Tell your healthcare or anaesthesia team if you take these medications, even if you take them weekly or daily
- Because these medications slow stomach emptying, you may need to fast (not eat or drink) longer than usual
- Carefully follow the fasting instructions we give you to lower the risk of aspiration

Questions or Not Sure

If you are not sure whether you take these medications, or if you have any questions about fasting advice, please ask us. We are here to help.

Health

Scan QR for digital version of poster.

FENTANYL REFUSAL QUERY

I recently encountered a patient who "did not want fentanyl for religious reasons".

The patient, a 20-year-old male, was booked for elective removal of metalware from the forearm. The patient and his mother would not permit any discussion on the topic including what religion they were a member of.

From my point of view, the anaesthetic assessment was less than ideal. I believe that a "smoother" general anaesthetic could have been administered with the addition of alfentanil or remifentanil. I was unable to have this conversation with them.

I am writing to ask my fellow college members if anyone has encountered this before and to alert others so they can consider in advance how to approach this situation.

Dr Dick Ongley, FANZCA
Christchurch

The views expressed by letter writers do not necessarily reflect those of ANZCA.

ANZCA and government

Specialist access and reforms remain government priority

AUSTRALIA

2026-27 Australian government budget released

The 2026-27 Australian government budget was handed down on 12 May by Treasurer Jim Chalmers. The budget delivers record hospital funding and expands Medicare, however, is largely focused on sustaining existing services rather than structural reform. Some of the key investments relevant to the college include:

- $220 billion over five years in Commonwealth funding under the previously announced new National Health Reform Agreement (NHRA) Addendum. This comprises $221 million in 2026-27 for smaller jurisdictions to reflect additional cost challenges.
- As part of the NHRA, $79.2 million funding over three years will be provided to states and territories to prioritise adoption of national digital health capabilities that improve health information sharing and progress alignment of state digital infrastructure with national infrastructure. This includes adoption of national healthcare identifiers and improved timeliness of digital discharge summaries when patients transition to other parts of Australia's health system.
- $2.8 million over two years to continue support for endometriosis and pelvic pain clinics to provide specialist care for women experiencing endometriosis, pelvic pain, perimenopause and menopause.
- $2.1 million to commission specialist advice to inform the development of future specialist affordability reforms. We believe this relates to redesign work associated with the government's Specialist Training Program (STP) where the program is expected to undergo significant change.
- Funding to states and territories for a range of community health, hospitals and infrastructure projects.
- $508.5 million over four years to increase disbursements from the Medical Research Future Fund, from $650 million in 2025-26 increasing to $1 billion annually from 2030-31, with funding to be held in the Contingency Reserve pending finalisation of the *National Health and Medical Research Strategy*.
- $20.4 million over five years to increase the number and value of clinical trials to deliver health benefits, provide jobs and improve the nation's innovative capacity.
- An increase in public service staff so that Medicare fraud could be better detected and controlled.

As part of the budget, the government announced they will extend the current STP grant agreements with specialist medical colleges by one year from February 2027. Reforms to the STP are expected to work hand in hand with government's broader agenda to improve affordable access to specialist care.

Expedited specialist pathway evaluation

In March 2026, the college participated in a consultation relating to the evaluation of the expedited specialist pPathway, commissioned by Australian Health Practitioner Regulation Agency (Ahpra). Our general feedback was:

- Uptake for the pathway in general has been low and static over time (except for general practice).
- The college's involvement in the process has included advising regulators on suitable qualifications, operating established specialist international medical graduate (SIMG) and fellowship pathways, supporting assessment and supervision processes, and engaging in multiple national consultations and reviews relating to SIMG regulation, accreditation, and workforce reform.
- ANZCA has met or exceeded all Medical Board of Australia (MBA) key performance indicators for the timeframes to process SIMG applications, with visa processes known to be a key source of delay.
- We are sceptical that the pathway meaningfully addresses workforce or distribution objectives, particularly outside general practice. There is no available data demonstrating that the expedited pathway has improved rural or remote workforce distribution for specialists, as only aggregate approval numbers are reported, with no visibility of destination, retention, or long-term outcomes. In the same period that under 20 specialists were approved via the expedited pathway, established SIMG pathways had produced over 100 specialists, with known rural and regional destination data.
- The college is aware that applicants are finding that there is increasing complexity, duplication, and fragmentation across regulatory, accreditation, and policy processes. Characterised by inconsistent advice, limited transparency, and lack of reciprocal data sharing.
- The absence of structured mechanisms for colleges to be notified of expedited pathway approvals limits opportunities to support fellowship pathways and long-term professional integration.

- Some suggested improvements we advised included:
    - Clearer evaluation points and evidence-based review prior to further expansion. There is a need to pause expansion until outcomes are demonstrated.
    - Enhanced data reporting including rurality, jurisdiction, specialty, and long-term retention.
    - Greater alignment with established SIMG and fellowship pathways to reduce duplication.
    - Inclusion of interviews and external assessors as part of final assessment is essential, as the absence of external assessment represents a genuine concern.
    - Stronger orientation, supervision, and cultural safety supports (including unconscious bias training).
    - Improved communication consistency from the regulator.

Senior medical roundtable on strengthening medical speak-up culture

ANZCA Immediate Past President, Professor Dave Story, the Royal Australian and the New Zealand College of Obstetricians and Gynaecologists (RANZCOG) president and a Council of Presidents of Medical Colleges (CPMC) representative joined a senior medical roundtable, convened by Safer Care Victoria in late March 2026 to address speak-up culture across Victorian health services.

The session focused on identifying system issues and driving practical solutions to improve safety, transparency, and accountability. The key issues discussed included clinicians practising outside peer-accepted standards, conduct not adequately captured by current regulatory frameworks and barriers to raising and acting on concerns.

Late career doctors update

In October 2024, the college provided a consultation response to the MBA's "Health checks for late career doctors" consultation. The college's general position was that option two (detailed health assessment of the "fitness to practise") was unnecessary and option three (general health checks) was preferred, with the purpose to help the doctor reflect on their physical and cognitive ability to practice.

In the MBA's monthly newsletter in early 2026 an update on the consultation outcomes was provided – trialling profession-led support over regulatory rules. This work would progress via the establishment of an associated advisory group to advise on strategies to keep late career doctors in safe practice.

As a result of our collective, ongoing advocacy, the college has a seat on this advisory group – via the ANZCA Immediate Past President, Professor Dave Story.

The first meeting of this advisory group occurred in mid-May 2026. ANZCA will continue to provide input and advocacy to this ongoing dialogue.

Specialist professional fees

In March 2026, ANZCA contributed to the *Health Legislation Amendment (Improving Choice and Transparency for Private Health Consumers) Bill 2026* conducted by the Australian Parliament Community Affairs Legislation Committee. Consultation on the bill has centred on a major reform to transparency and consumer protection in the private health system.

While ANZCA has traditionally deferred media commentary on fees to the Australian Society of Anaesthetists (ASA), issues of patient safety, patient experience, equitable access to specialist care and workforce wellbeing and sustainability remain central college concerns. ANZCA continues to engage with the ASA in relation to this topic.

The college's general view is that the college supports fee transparency where it improves informed financial consent and patient experience, consistent with ethical billing frameworks. However, any published fee data must include clear methodology and clinical context, and provide a robust and timely mechanism for practitioners to review and correct inaccuracies.

Following this consultation, ANZCA attended a consultation forum on the next phase of the Medical Costs Finder reforms held by the Commonwealth Health Department, which sees the work progressing. The department confirmed the platform will publish indicative fees with ranges, peer comparisons, out-of-pocket cost information (including known gap and nogap arrangements), and allow contextual information via a text field. The platform is expected to launch late 2026/early 2027, initially covering existing specialties and procedures on the site, with others to follow.

The college is also intending to make a submission to the broader inquiry into specialist access and affordability to the House Standing Committee on Health, Aged Care and Disability (closing 16 October 2026).

NSW working group on streamlining trainee selection

ANZCA, NSW Health, NSW Health Education and Training Institute (HETI) and the NSW health service representatives have participated in three working group meetings regarding streamlining NSW trainee selection, maximise training via formal training network arrangements across the state as well as helping to address the growing number of independent trainees in the state.

This working group, as a result of continued ANZCA advocacy, is expected to operate for 12 months. With any agreed changes to be potentially implemented from the 2028 hospital employment year.

NEW ZEALAND

Budget 2026

Health was heralded as the big winner of the coalition government's budget delivered by by Minister of Finance Nicola Willis in May. It cornered the largest increase ($5.8 billion over four years) and almost met the estimated minimum increases needed to maintain existing services presented in Kaitiaki Hauora's prebudget report: *How much funding is needed for Health in the 2026 budget?* $1.37 billion was just $300 million short needed for estimated operating costs of $1.4 billion, while $680 million for capital spending on infrastructure slightly exceeded the estimated $600 million required.

Both amounts, however, fall well short of the additional $7.898 million needed to fill "major service gaps in population health, primary care, hauora Māori, workforce, electives/planned services and dental health" according to the authors.

New funded initiatives include expanding bowel screening from 58 to 56 years, establishing a specialist paediatric palliative care service, and establishing a digital patient notes system and two new Auckland hubs for the road ambulance service. Lessons from previous technical failures were clearly reflected in Vote Health's funding decisions, with $153.6 million allocated to strengthen national cyber security and a further $300 million committed to delivering the first three years of the Health Digital Investment Plan.

New and upgraded hospitals in Whangarei, Drury, Tauranga, Hawke's Bay, Palmerston North, and Dunedin, along with almost $1 billion nationwide for new clinical equipment, and hospital and technology upgrades in the coming year underline the continued focus on specialist and tertiary services.

The budget also saw a $54 million funding increase for Pharmac over four years, primarily designed to help the agency absorb surging global freight costs and manage supply chain bottlenecks triggered by a conflict in the Middle East.

Overall, despite the ongoing disparity in health outcomes between Māori and non-Māori, funding targeted to hauora Māori has decreased by $11.5 million.

Government

The coalition government's clearly articulated expectation "that public services should be prioritised on the basis of need, not race" (Cabinet Office Circular 13 September 2024) is being given effect, with initiatives specifically aimed at bridging the equity gap between outcomes for Māori and non-Māori being replaced by "universal" initiatives that exclude ethnicity as a criterion. Pharmac removed differential access to the influenza vaccine based on ethnicity earlier this year, for example, and its proposal to do the same with diabetes type 2 medicines, prompted widespread concern. including from ANZCA.

In a related move, consistent with several contentious pieces of legislation aimed at marginalising Te Tiriti o Waitangi that established New Zealand's bicultural constitution, Cabinet approved changes to treaty clauses in 19 pieces of legislation, removing them altogether from five acts and amending them in another 14 others "to make them consistent". ANZCA was one of several organisations to oppose cabinet's decision.

ANZCA's concerns were acknowledged by the Minister for Justice Paul Goldsmith, who also noted that the UN Committee on the Elimination of Racial Discrimination's critical review of New Zealand was also under consideration. However, he confirmed that "Where cabinet considers the treaty provisions are not required, or are duplicative, it has decided to repeal the provisions."

ACC

Minister Scott Simpson has appointed new members to the Accident Compensation Corporation (ACC) Board to support delivery of the Turnaround Plan designed to reverse a precipitous decline in performance and improve profitability. Legislation *(Social Security Amendment (Accident Compensation and Calculation of Weekly Income) Bill)* requiring the Ministry of Social Development (MSD) to reduce a person's benefit upfront if that person or their partner receives weekly loss of earnings compensation ACC, was passed under urgency.

It has been widely criticised for treating individual injury compensation as a household income for welfare purposes when ACC is not a benefit but a levied replacement income.

Following discussions with FPMNZ about changes to contracted pain management services and the potential for specialist pain medicine physicians to reduce costs and improve outcomes, opportunities to pilot a specialist pain medicine physician-led pain management service are being explored.

Pharmac

FPMNZ chairs Dr Charlotte Hill and Dr Paul Vroegop met with Pharmac Therapeutic group managers to discuss the potential of special authority access to funded Naloxone and buprenorphine to treat long term pain in a particularly vulnerable patient group with multiple comorbidities. Another meeting is planned for late July.

Echo is assisting with information on the sublingual buprenorphine they supply. ANZCA responded to Pharmac's invitation to submit ideas for new and emerging medical device technologies to suggest purchasing mobile destruction units (MDUs) for the elimination of nitrous oxide in maternity units to protect the health and safety of staff and patients.

Health and medicines regulation

Proposed changes in the *Health Practitioners Competence Assurance Amendment Bill* include extending ministerial power to be able to direct regulatory authorities, and to review and overturn their decisions through a new Health Practitioner Review Committee. There is a stronger focus on professional conduct, with past disciplinary orders remaining relevant to fitness assessments for registration and practising certificates, and interim suspension without notice. Authorities will no longer be required to assure competence in "effective and respectful interaction with Māori".

New policy decisions on the *Medical Products and Natural Health Products Bill* have been signalled. Under the bill, all regulated practitioners will be able to supply pharmacy-only medicines as part of a health service. Nurses, for example, will be able to supply medicines as part of a home visit without needing a standing order from a medical prescriber; standing orders will be updated, and some organisations will be able to issue standing orders. The bill, which will replace the *Medicine Act 1981*, is expected to be introduced later this year and come into effect around 2030.

SUBMISSIONS AND CORRESPONDENCE

The college prepares submissions and makes representations to government and other stakeholders on a range of policy initiatives and inquiries. Our submissions to public inquiries are available on the college website following the closing date unless they are confidential. For a listing of recent submissions visit www.anzca.edu.au/safety-advocacy/advocacy.

Australia

- Australian Medical Council (AMC) – New Specialist Program Assessment (Rural Generalism) of Royal Australian College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACCRM)
- Department of Health, Disability and Ageing (DoHDA) – Modernising referral pathways
- DoHDA – Post-listing review of spinal cord stimulators
- Royal Australian and New Zealand College of Psychiatrists (RANZCP) – New Fellowship Program
- AMC – National Health Practitioner Ombudsman (NHPO): Structured learning
- Senate Community Affairs Legislation Committee – Health Legislation Amendment (Improving Choice and Transparency for Private Health Consumers) Bill 2026
- Victorian Department of Health – Drugs, Poisons and Controlled Substances Regulations 2017
- AMC – Accreditation Standards for Specialist Medical Programs – detailed proposals for change
- Australian Commission on Safety and Quality in Health Care (ACSQHC) – Sip Til Send fact sheet
- Health Workforce Taskforce (HWT) – Project Selection into Training Questionnaire
- ACSQHC – Endorsement of the revised Australian Open Disclosure Framework
- Medical Workforce Advisory Collaboration (MWAC) – Clinical Supervision Working Group (CSWG) Outputs
- Council of Presidents of Medical Colleges (CPMC) – Rural Selection Implementation Information
- AMC – Complaints Checklist
- CPMC – Out-of-Pocket Costs Transparency (Medical Costs Finder) Consultation Forum
- DoHDA – Future legislative reforms relating to Medicare integrity
- NSW Ministry of Health and Agency for Clinical Innovation (ACI) – NSW emergency surgery guidelines
- Association of Anaesthetists – Adrenaline dosing in cardiac arrest associated with Local Anaesthetic Systemic Toxicity (LAST) in the AA Quick Reference Handbook (QRH)
- Northern Territory Coroner – Guyula Coronial Inquest

New Zealand

- Medical Council of New Zealand (MCNZ) | Te kaunihera o Rata o Aotearoa – Draft statements on cultural competence, cultural safety, and hauora Māori
- Medical Sciences Council of New Zealand | Te kaunihera Pūtaiao Haorua – Accreditation Standards: Anaesthetic Technicians
- MCNZ | Te kaunihera o Rata o Aotearoa – Proposed Fees and Disciplinary levies
- MCNZ | Te kaunihera o Rata o Aotearoa – Memorandum of Understanding between MCNZ and colleges
- Health Quality & Safety Commission (HQSC) – System Safety Strategy: Phase 3 engagement survey
- Ministry of Health | Manatū Hauora – Draft Mental Health and Wellbeing Strategy
- Pharmac – Possible changes to brand names through the annual tender
- Pharmac – Proposal to amend Special Authority (SA) access to Type 2 Diabetes medicines

TASETN wraps up with lasting impact across Tasmania

Access to simulation-based education across Tasmania has been transformed, creating a connected statewide network that is strengthening workforce capability and supporting safer patient care.

The Tasmanian Anaesthetic Simulation Education and Training Network (TASETN) project, established in 2023, was funded under the Australian government's Flexible Approach to Training in Expanded Settings (FATES) program. The Commonwealth-funded phase of the project concluded on 30 April.

Over the past three years, the network has delivered more than 100 simulation education and training activities for more than 1100 healthcare professionals across Royal Hobart Hospital, Launceston General Hospital, North West Regional Hospital and Mersey Community Hospital. By bringing high-quality simulation training closer to where clinicians work, TASETN has significantly expanded opportunities for healthcare professionals across the state to develop and maintain critical clinical skills in safe and supported environments.

The impact has been substantial. Simulation activity at the Royal Hobart Hospital increased by more than 450 per cent during the project period, while participation at Launceston General Hospital grew by 306 per cent. Participant feedback consistently demonstrated the value of the program, with more than 95 per cent of attendees reporting that the education was worthwhile and directly relevant to their clinical practice.

A key contributor to the project's success has been the introduction of dedicated clinical nurse educator (CNE) positions at participating sites. These roles supported the design, coordination and delivery of multidisciplinary simulation activities while helping to embed simulation into everyday clinical practice. The CNEs worked closely with simulation leads to expand training opportunities, support quality improvement initiatives and foster a culture of continuous learning across the network.

The project also invested heavily in capability building and infrastructure. More than $250,000 of simulation equipment was distributed across participating sites, and 74 staff completed coursework including faculty development, train-the-trainer, debriefing, and post-graduate simulation coursework. This investment has created a skilled statewide cohort of simulation educators and improved equity of access to simulation resources and expertise, regardless of geographical location.

Importantly, the benefits of the TASETN have extended beyond education and training. Simulation activities provided opportunities to identify system-level challenges and inform practical improvements in patient safety and clinical readiness. Outcomes included the standardisation of emergency equipment, updates to clinical resources, enhancements to emergency response processes and strengthened multidisciplinary teamwork. These improvements support clinicians to respond more effectively in high-pressure situations and contribute to safer, more consistent patient care.

TASETN has demonstrated the value of simulation as a tool for strengthening healthcare systems and building workforce capability. The project has also contributed to a positive learning culture, improving staff confidence, morale, recruitment and retention.

While Commonwealth funding has now concluded, the Tasmanian Health Service has committed to continuing support for the network. Evaluation findings indicate that TASETN has established a sustainable foundation for simulation-based education in Tasmania, ensuring ongoing benefits for healthcare professionals, patients and communities across the state.

The TASETN Evaluation Report and project videos will be available on the ANZCA website following Commonwealth approval.

Rebecca Harding
TASETN FATES Project Officer

ABOVE

From left: Cardiac simulation training at Launceston General Hospital; Perioperative team training at Royal Hobart Hospital.

Council changes

So long, Dave (and thanks for all the fish)

Professor Dave Story's presidency has been marked by wisdom, steadiness, intellectual rigour and a remarkable ability to unify people around what matters. But for those fortunate enough to work closely with him, it will also be remembered through a series of small, unmistakably "Dave" moments.

There was the little red notebook – always nearby, filled with hurried observations and strategic thoughts in illegible doctor handwriting. And if a meeting drifted off course, you could rely on another familiar phrase: "On a related topic..." – used as a cunning circuit breaker whenever discussions were veering away from where he wanted to go.

His presidency also coincided with an extraordinarily demanding time for specialist medical colleges. The post-COVID years have brought a tsunami of government consultations, workforce pressures, regulatory reform and health system redesign. ANZCA needed a leader who could navigate complexity calmly, advocate credibly and keep people together during uncertainty. Dave was exactly the leader we needed for these times.

Like many, I brought assumptions with me when I first met Dave. A professor of a certain generation from a certain city; I thought I knew the type. I was wrong. What I discovered instead was someone deeply curious, kind, generous and refreshingly free of ego. A true ally. Someone who stands firmly beside people when it counts.

To be "Dave Story adjacent" – as I have been in the role of vice-president – is to see close-up a leadership style defined by loyalty, decency and a fierce sense of right and wrong. Dave never sought attention for himself, but he never stepped away from difficult conversations when the college or the profession needed leadership. Much of what a president manages occurs quietly behind the scenes and, for reasons of privacy and political sensitivity, most will never fully know the extent of it.

Like the wise Jedi masters, Dave's leadership style was never loud or theatrical; it was calm, principled and quietly powerful. Also, unlike most Jedi, he genuinely enjoys discussing acid-base physiology.

Dave has been a magnificent ambassador for our three areas of practice – anaesthesia, pain medicine and perioperative medicine (POM). Venn diagram anyone? Few people could speak about POM with the enthusiasm Dave brings to it, except perhaps when discussing his one true intellectual love: acid-base physiology. Somewhere between Stewart approaches, base excess and a mischievous grin, Dave could still convince a room full of anaesthetists that this was genuinely thrilling material. The fundamental sciences are where the most fun is according to Dave.

Dave takes the work seriously without taking himself too seriously. He can take me teasing him openly and mercilessly and he will laugh first and loudest. During his presidency, ANZCA has remained financially strong, culturally healthy and unified – no small feat in these challenging times.

Fortunately for all of us, Dave is going nowhere. As immediate past president, the college will continue to benefit from his counsel, perspective and probably the occasional cryptic note from the red notebook.

Dave represents the very best of our profession: thoughtful, principled, generous and deeply human. The best of us. Thank you, Dave, for all you have taught me. And as my son was thrilled to hear you say in your final address as president: "So long, and thanks for all the fish."

Dr Tanya Selak
ANZCA President

OPPOSITE PAGE

New President Dr Tanya Selak with Immediate Past President Professor Dave Story immediately after the presidential handover at the ANZCA ASM in Auckland.

ABOVE

"DaVenn" diagram clockwise from top left (with the clock!): Sorting out timing in the ANZCA Council Room; A thumbs up for perioperative medicine; ANZCA CEO Lance Emerson with Dr Selak and Professor Story after the College Ceremony this year; discussing his one true intellectual love – acid-base physiology; "Dave-ersity" at the Cairns ASM last year – Associate Professor David Highton, Professor David Sturgess, Professor David Scott, and Professor Dave Story; Professor Story recognised as a graduate of the Chapter of Perioperative Medicine. Centre: One of many Professor Story Venn diagrams.

Introducing our new councillors

There are three new members of ANZCA Council following an election earlier this year.

DR JACOB KOSHY (CO-OPTED)

Dr Koshy is a graduate of the M.S Ramaiah Medical College in Bangalore, India. He completed his vocational training in anaesthesia at the Christian Medical College and Hospital in Vellore, India before migrating to Australia as a specialist international medical graduate in 2005. His move took him to central Australia, where he took on a role as a senior registrar at the Alice Springs Hospital. He obtained his FANZCA in 2007 and remained in Alice Springs Hospital as a staff specialist, progressing to the director of anaesthetics and pain medicine, a role that he still holds today.

For the past 20 years, he has been a consistent source of wisdom and support to those he works with in Alice Springs. He has led by example, fostering a culture of excellence in a service challenged by its geographical isolation and high burden of complex health burden. Over his career, he recognised the need to deliver culturally safe care to the local First Nations people and continues to advocate for the needs of one of the most marginalised communities in Australia.

He has supported Alice Springs Hospital to become a training site suitable for ANZCA training for up to 104 weeks and rural generalist anaesthesia training. He also recognised the importance of providing a pain service to the community.

Through his collaborative and compassionate leadership, there has been a chronic pain service in Alice Springs for the past 17 years. This service has been supported by specialist pain medicine physicians from Adelaide, but the continuity of care has been delivered by Dr Koshy between the specialist visits.

DR JENNA DONALDSON (NEW FELLOW COUNCILLOR)

Dr Donaldson is a New Zealand fellow who completed training through the South Island Anaesthesia Training Scheme in early 2025, before moving to Melbourne for fellowship in cardiac and hepatobiliary/liver transplant anaesthesia at Austin Health. As of 2026, she is completing a further fellowship at Auckland City Hospital in cardiothoracic anaesthesia.

Dr Donaldson was co-chair of the ANZCA Trainee Committee in 2024, where she worked alongside many ANZCA committees to make meaningful improvements to training, education and wellbeing for trainees. In this role she found inspiration to learn more about governance, completing the New Zealand Institute of Directors Governance Essentials Course in 2025.

She is committed to advocating for:

- Opportunities for new fellows as they transition into specialist positions.
- Support for new fellows as they navigate the constantly and rapidly changing landscape of health system challenges across Australia and New Zealand.
- Securing the futures of new fellows through a strong active position on workforce pipeline planning.
- Working to achieve health equity and the continued development of a workforce that represents its communities and meets their needs.

PROFESSOR MICHAEL VELTMAN (FPM DEAN)

Professor Veltman was elected FPM dean in 2026. He joined the FPM Board in May 2022 and served as FPM vice-dean from January to May 2026.

A procedural pain medicine specialist, Professor Veltman brings extensive experience across perioperative medicine, acute pain services, and echocardiography. He is committed to strengthening pain medicine as a recognised and influential specialty, and to elevating the faculty's role in shaping high-quality, safe, patient-centred care.

He works as a consultant pain physician at Sir Charles Gairdner Hospital and Joondalup Health Campus, where he also serves as deputy director of Medical Services. He has played a significant role in establishing and leading training units across public and private healthcare settings, contributing to the development of future specialist pain medicine physicians.

Professor Veltman holds fellowship with the American Society of Echocardiography and is a graduate of the Chapter of Perioperative Medicine. He has also worked extensively with CareFlight Western Australia and has undertaken numerous international medical retrievals. He is endorsed to perform interventional pain procedures across all levels of complexity and is an accredited procedural supervisor with FPM. He has also chaired and contributed to several document development groups.

Departing councillors

ANZCA fellows look to their council for guidance, knowledge and advice on key issues and practices in anaesthesia. Here, we farewell three councillors and acknowledge their significant contribution.

DR SCOTT MA

Dr Scott Ma is a senior consultant paediatric anaesthetist who is the clinical lead for the Comfy Kids Team in the Department of Children's Anaesthesia at the Women's and Children's Hospital, Adelaide. A former deputy director of the department of children's anaesthesia he is a fellow of the Australian Institute of Company Directors.

As a former chair of ANZCA's Specialist International Medical Graduate (SIMG) committee he worked to introduce a more supportive college approach for SIMGs through improving resources and offering mentorship.

He has been involved with several other key ANZCA committees as either chair or member since 2015 including the Training Accreditation Committee and the Education Executive Management Committee.

During his years on ANZCA Council he spearheaded key college initiatives including driving the college's environmental sustainability practices, the development of *PS64 Environmental sustainability* and establishing the Environmental Sustainability Network.

Other highlights include formulating the college's fellowship pledge which is now used at all college ceremonies, supporting doctors' health and wellbeing and leading the revision of *PG43 Guideline on fatigue risk management in anaesthesia and perioperative medicine practice* and advocating for wellbeing to be an integral part of continuing professional development.

He also led the revision of ANZCA's *Supporting Professionalism and Performance in Practice: A guide for anaesthetists and pain medicine physicians*, and advocated for improved anaesthesia and pain medicine services and training accreditation opportunities in the Northern Territory.

DR DILIP KAPUR (FPM DEAN)

Dr Kapur is a specialist anaesthetist and pain medicine physician based in Adelaide and Port Lincoln. Following his tenure as dean from May 2024 to May 2026, Dr Kapur was appointed director of professional affairs, FPM Professional Affairs in June 2026.

He first joined the FPM Board in 2013 and was the FPM assessor from 2013 to 2018. He rejoined the FPM Board in 2022 and was subsequently elected vice-dean before being appointed dean.

A former senior lecturer in pain medicine at Flinders University and director of the Pain Management Unit at Flinders Medical Centre, he has published original research and review articles on the pharmacology and physiology of pain, interventional procedures, and occupational injury management.

Throughout his long career, Dr Kapur has developed a comprehensive understanding of the challenges facing both the faculty and the college, informed by his significant contributions to FPM and ANZCA over many years. He is particularly committed to advancing pain medicine and improving access to care in rural, regional and Indigenous communities.

DR ADAM LEVIN, (NEW FELLOW COUNCILLOR)

Dr Levin was appointed new fellow councillor in May 2024.

He is an anaesthetist in Geelong, Victoria. He has a commitment to good governance and membership representation evidenced by involvement in college and non-anaesthesia committees.

As new fellow councillor Dr Levin was committed to advocating for equity in opportunity for ANZCA members, upholding the college's high standards in education and quality assurance and improving environmental sustainability in anaesthesia practice.

ANZCA Council appointments

Following is a list of individual appointments and chairs of committees reporting to ANZCA Council. For a full list of committees visit our website.

President	Dr Tanya Selak
Vice president	Dr Debra Devonshire
Honorary treasurer	Associate Professor Deborah Wilson
Councillor on FPM Board	Dr Debra Devonshire
Chair of examinations	Dr Michael Jones
Medical editor	Dr Kate McCrossin
Honorary curator	Dr Christine Ball
Honorary historian	Dr Michael Cooper
Information and Communications Technology Governance Committee chair	Associate Professor Stuart Marshall
ANZCA Foundation Committee chair	Dr Chris Cokis
ANZCA Research Committee chair	Associate Professor Stuart Marshall
Education Executive Management Committee chair	Professor David Sturgess
Financial, Audit and Risk Management Committee chair	Mr Richard Garvey
Board of the Chapter of Perioperative Medicine chair	Dr Chris Cokis
Professional Affairs Executive Committee chair	Dr Sarah Nicolson
Safety and Quality Committee chair	Dr Brien Hennessy
Training and Accreditation Committee chair	Dr Mark Young
Awards Advisory Panel chair	Professor Dave Story
Indigenous Health Committee chair	Dr Amanda Gimblett

Australian regional and New Zealand committees

Elected national and regional committees act as a conduit between fellows and trainees in the regions and the ANZCA Council to which they report. The committees assist with:

- Implementing college policy in their regions.
- Advising ANZCA Council on issues of interest to the college and its fellows and trainees in the regions.
- Representing the college and promoting the specialty in the regions.
- Developing and maintaining relationships with key regional stakeholders.
- Training, continuing medical education, and other professional activities at a regional level.

New Zealand National Committee chair	Dr Rachel Dempsey
ACT Regional Committee chair	Dr Martin Dempsey
NSW Regional Committee chair	Dr Frances Page and Dr Sharon Tivey
Queensland Regional Committee chair	Associate Professor David Highton
SA and NT Regional Committee chair	Dr Nick Harrington
Tasmania Regional Committee chair	Dr Bruce Newman
Victoria Regional Committee chair	Dr Lakmini De Silva
WA Regional Committee chair	Dr Bridget Hogan

Safety and quality

An updated SBYB visual aid

The Stop Before You Block (SBYB) campaign was initially introduced by the Safe Anaesthesia Liaison Group (SALG) in the UK in 2010, and more recently had an update of its materials in 2021[1].

There has been widespread endorsement of advice surrounding "block time out" and SBYB processes and this is incorporated into the current ANZCA *PG03(A) Major regional analgesia* 2014. Despite this, wrong-sided blocks continue to occur, as has been identified by Australian and New Zealand webAIRS reports, the Association of Anaesthetists in the UK, and other morbidity reporting bodies. Incidence in the UK ranges from 1 in 6250 to 1 in 7812[2].

Contributing factors to wrong sided blocks are many but include variable checking policies, time pressure, patient repositioning between multiple blocks, lack of two-factor confirmation of the side and site of the block and lack of visibility of the surgical marking on the skin just prior to preparing for the block. This has led to a review of the evidence and modification of the recommended processes[2,3].

Consequences of wrong-side block can be substantial. A second block carries repeat risk of bleeding, infection, nerve injury, and local anaesthetic toxicity. Proceeding without regional anaesthesia may cause increased intra-operative sympathetic response and poorly managed post-operative pain. Block error itself may lead to wrong-site surgery, reduced patient satisfaction, and generate direct and indirect cost to the patient and healthcare system[4].

CASE REPORT

An incident from a recent retrospective webAIRS analysis describes a potential circumstance surrounding wrong sided block. A patient received an interscalene block for analgesia following an elective total shoulder replacement. The surgical side was initially verbally confirmed with the patient, and then the patient received 2mg midazolam. The block was then performed.

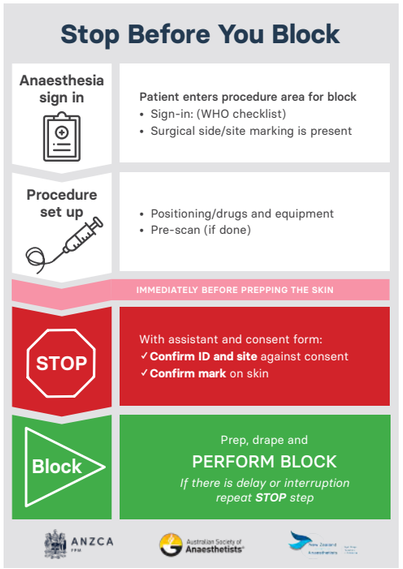
After finishing the patient commented "so this side is numb, what about the other side?" A wrong-side block was immediately recognised. A second block was subsequently performed on the correct side.

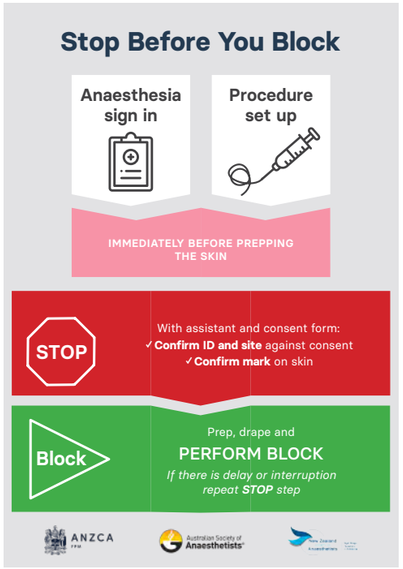
Unfortunately, this resulted in bilateral phrenic nerve paralysis, and the patient required an unplanned ICU admission. Multiple contributing factors were raised, including the absence of performing a "stop moment" immediately prior to needle insertion.

A NEW SBYB VISUAL AID

As a strategy to reduce the incidence of wrong sided blocks, updated ANZCA SBYB posters have been created.

In preparing these documents the recommendations of the SALG were considered in the context of Australian and New Zealand anaesthesia practice. Recent guidelines from Queensland Health were also considered[5] as was advice from Western Australia where the concept of making the "stop" point at the point of preparing to apply the skin prep solution was developed, following on human factors analysis work done by the "PrepCheck" project[6]. The updated posters





are cognitive aids designed to be displayed in locations where major regional anaesthesia is conducted. They are endorsed by ANZCA, the Australian Society of Anaesthetists (ASA) and the New Zealand Society of Anaesthetists (NZSA) and are supported by Australia and New Zealand Regional Anaesthesia (ANZRA).

In the new posters, simplicity and clarity were considered important for clear messaging. Colours alone are not a single solution for prioritising steps on purpose, as room lighting can vary, some staff have red/green colour blindness, and printing may be in greyscale rather than full colour. The SALG poster has steps of "PREP", "STOP" and "BLOCK", emphasising that the STOP was immediately before skin penetration and was to be repeated if this step was interrupted.

This timepoint is considered too late in the procedure because significant "momentum" will be present to check and proceed without delay. Hence, on advice, including from ANZRA, the point of skin *preparation* has been adopted as the final pre-block check step. The updated version emphasises the WHO Anaesthesia "Sign-in" pre-anaesthesia check, followed by a stopping and specific re-check at the time of skin prep solution application.

There are two versions of the poster, which allow choice for individual sites to reflect emphasis on the different steps. If alternative designs are used, retention of principles will ensure consistency across institutions and jurisdictions. The ANZCA SBYB posters will be supplemented with a background article detailing the four steps as follows:

Step 1 – Anaesthesia sign-in

Step 2 – Procedure set-up

Step 3 – Stop immediately before prepping skin

Step 4 – Perform block

We hope practitioners find them a useful addition and that they are integrated into routine major regional practice across Australia and New Zealand.

Professor David A Scott, DPA, Policy
Dr Tom Curtis, ANZTADC
Dr Katrina Webster, ANZ-RA

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2. Haslam, N., et al. (2022). "'Prep, stop, block': refreshing 'stop before you block' with new national guidance." Anaesthesia 77(4): 372-375.
3. Nottingham University Trust (2020) Stop Before You Block Campaign 2020 RCoA www.rcoa.ac.uk/sites/default/files/documents/2020-08/SBYB-Supporting-Info.pdf Accessed 25 April 2025
4. Pandit JJ, Cook TM. Wrong site nerve blocks: A systematic review and recommendations for prevention. *Anaesthesia*. 2021;76(3):400–11.
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6. *Wycherley A, Mitchell C and The Western Australia Society of Regional Anaesthesia* (WASORA) PrepCheck group 2025 (personal communication).

Minimum dantrolene stocks

PS55 UPDATED TO REFLECT INTERNATIONAL GUIDANCE

In April we published updated recommendations in Appendix 2 *Malignant hyperthermia* of PS55 *Minimum safe facilities* to strengthen guidance on the availability of dantrolene for the management of malignant hyperthermia (MH). The revisions were made in consultation with Malignant Hyperthermia Australia and New Zealand (MHANZ) and informed by recommendations from both MHANZ and the European Malignant Hyperthermia Group (EMHG).

The changes reflect updated international guidance, contemporary patient demographics, and the risks associated with underdosing during an MH crisis.

Updated EMHG guidance recommends that 720 mg of dantrolene be immediately available, with a further 480 mg accessible within 60 minutes. The guidance notes that 720 mg provides effective treatment for approximately 20-30 minutes in adults. Increasing average body weights mean earlier assumptions based on a 70-72 kg adult are no longer appropriate. In geographically remote facilities where timely resupply is not feasible, onsite stocks of up to 1200 mg may be required to ensure safe and effective management of an MH crisis.

The previous recommendation of 180 mg immediately available is insufficient to deliver the recommended initial dose of 2.5 mg/kg to many adult patients, nor to repeat dosing within 60 minutes. Current guidance recommends dosing based on actual body weight to reduce the risk of poor outcomes.

KEY CHANGES TO PS55 APPENDIX 2 – MALIGNANT HYPERTHERMIA

- The minimum amount of dantrolene required to be immediately available has increased from 180 mg to 720 mg.
- Dantrolene dosing should be based on actual body weight (2.5 mg/kg, maximum 300 mg per dose).
- A further 480 mg of dantrolene must be available within one hour.
- Where additional dantrolene cannot be obtained within 60 minutes, facilities should stock a minimum total of 1200 mg.

These updates reinforce the importance of preparedness and timely access to life-saving treatment in the management of malignant hyperthermia.

It is understood that the transition to meet the recommended stock levels will impact supply, with some centres prioritised over the next few months.

For further information, please refer to ANZCA professional document *PS55 Minimum safe facilities* and the accompanying background paper (*PS55BP*).

WebAIRS

Expect the unexpected: ETT equipment failure

Two recent webAIRS reports share a common thread: Unexpected ventilation difficulty with Medtronic NIM reinforced electromyography (EMG) endotracheal tubes.

In one, the anaesthetist encountered escalating airway pressures; in the other, bronchospasm and airway trauma requiring Optiflow and AIRVO rescue after extubation. In both, cuff over-inflation and possible structural tube defects were implicated.

AN ACTIVE INTERNATIONAL RECALL

These reports coincide with Food and Drug Administration (FDA) Class I recalls for Medtronic NIM Standard and NIM Contact EMG reinforced endotracheal tubes, with communications beginning in 2022 and a July 2024 notice instructing clinicians to remove all remaining stock matching published product codes and *not use* these devices.

Between March 2020 and May 2024, Medtronic had received 77 complaints of degraded or lost device functionality resulting in airway obstruction, cuff herniation and airway trauma. These episodes were consistent with cuff herniation, in some cases due to overinflation of the endotracheal tube cuff.[1,2,3] The product codes on the tubes in both webAIRS reports did not correspond to those included in the recall.

CUFF AND TUBE FAILURE: RARE, BUT IN THE LITERATURE

The broader literature on eendotracheal tube (ETT) equipment failure is worth keeping in mind. Reported mechanisms include:

- Cuff herniation occluding the tube lumen or distal tip, causing lobar atelectasis or complete obstruction.[4,5]
- Cuff over-inflation with intraluminal obstruction, including one report of intraoperative cardiac arrest.[6]
- Pilot inflation line herniation into the proximal lumen on cuff inflation.[7]
- Inner wall delamination and reinforcement wire exposure in armoured tubes.[8]

Given a component of this risk may be related to over-inflation, reducing the risk of cuff herniation or intraluminal obstruction by measuring cuff pressure with a manometer and maintaining cuff pressure between 20cm and 30cm H_20 is recommended by manufacturers.

Equipment problems, including ETT cuff rupture, featured in 18 per cent of difficult or failed intubation incidents in the first 4000 webAIRS reports.[9]

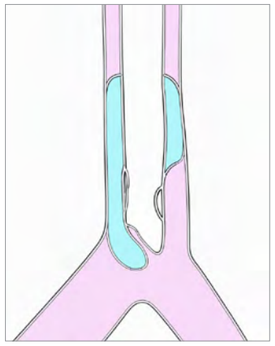

Figure 1. Schematic representations of ETT cuff herniation with distal tip obstruction.

KEEPING THE TUBE ON THE DIFFERENTIAL

Structural ETT failure tends to present late in the diagnostic sequence, after kinking, bronchospasm, and malposition have been excluded. A few steps can resolve or confirm it quickly and help prevent future similar issues:

- Pass a suction catheter: failure to advance suggests intraluminal obstruction.
- Deflate the cuff; this alone resolves many herniations.
- Hand-ventilate to feel compliance and bypass the circuit.
- Fibreoptic bronchoscopy if the diagnosis remains unclear.
- Change the tube and retain the suspect device.
- Report to webAIRS, the manufacturer, the Therapeutic Goods Administration in Australia and Medsafe in New Zealand.

THE VALUE OF A CENTRAL REPORTING SYSTEM

Individual practitioners who encounter an unusual equipment problem are unlikely to know whether similar events have been reported elsewhere. WebAIRS exists to aggregate that experience across Australia and New Zealand, allowing patterns to be identified that would otherwise remain invisible.

Equipment incidents lend themselves particularly well to this kind of signal detection: manufacturing defects and batch-specific failures are rare enough that no individual practitioner will see a pattern, but a central database can.

If you or your department are not already registered, visit https://www.anztadc.net or email anztadc@anzca.edu.au to register.

Dr Pieter Peach, FANZCA
and the ANZTADC Case Report Writing Group

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MEDSAFE NZ UPDATED THEIR NOTICE FOR THE TUBES ON 24 APRIL WITH THE FOLLOWING NOTICE:

(https://www.medsafe.govt.nz/hot/Recalls/RecallDetail.asp?ID=29343):

The manufacturer is issuing a follow up to the May 2022 customer letter regarding the use of the NIM™ Standard Reinforced EMG Endotracheal Tube and NIM CONTACT™ Reinforced EMG Endotracheal Tube since updates to the labelling were granted. It is important to carefully review and adhere to the instructions for use.

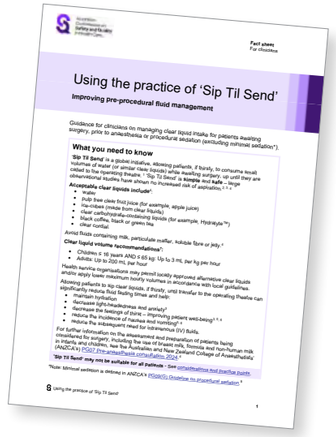
New Australian "Sip Til Send" resources

In May 2026, the Australian Commission for Safety and Quality in Health Care (ACSQHC) released national guidance on Sip Til Send to improve pre-procedural fluid management.

Preoperative fasting is a critical component of patient preparation for surgery, traditionally aimed at reducing the risk of pulmonary aspiration during anaesthesia. However, prolonged fasting can lead to patient distress, dehydration, and other complications. Serious complications associated with aspiration are predominantly due to solids, while clear fluid aspiration rarely results in significant consequences.

The "Sip Til Send" approach is part of the traditional preoperative fasting, but allows patients to continue drinking small volumes of water or other clear liquids, until they are called to theatre. This changes the liquid fasting paradigm by decreasing the "no oral liquid" period, and reducing the negative effects of prolonged fasting.

ANZCA's professional document *PG07 Guideline on pre-anaesthesia consultation and patient preparation (2024)* recognises that the "Sip Til Send" practice has increasingly gained acceptance but also cautions that multifactorial risk factors may contribute to delayed gastric emptying. The new guidance is developed to assist clinicians in managing fasting times for clear liquids for patients who are undergoing general anaesthesia and/or procedural sedation. It is informed by a review of evidence and developed


Using the practice of 'Sip Til Send'
Improving pre-procedural fluid management
What you need to know
Acceptable clear liquids include*
Clear liquid volume recommendations†

with expert clinical oversight and stakeholder input. Several implementation resources have been developed as companion documents to the guidance, including:

- fact sheets for clinicians and patients
- an implementation guide for health service organisations
- supporting education and information materials for local adaptation.

The resources are available at www.safetyandquality.gov.au/news-and-media/latest-news/new-national-sip-til-send-guidance-available-now

Reports of susceptibility to general anaesthesia in certain patients of Venezuelan origin

The World Federation of Societies of Anaesthesiologists (WFSA) have recently released a statement on an emerging phenomenon of severe neurological injury following general anaesthesia, in particular affecting young patients with Venezuelan family heritage.

Since July 2025, statements from the Societies of Anesthesiologists of Chile, Colombia, Venezuela, Spain and the United States of America respectively, have described anecdotal case reports of paediatric patients with Venezuelan ancestry having severe neurological compromise or not waking after general anaesthesia. The maternal lineage of five of the reported cases could be traced back to the state of Carabobo in Venezuela.

Volatile anaesthetics are known to depress cellular activity by interfering with mitochondrial energy production. When abnormal mitochondria are exposed to volatile anaesthetics, it can create instability within the mitochondria leading to disruption of intracellular energy production. Clinically, this can result in the brain and possibly other energy dependent organs being impacted and may initially present as failure to wake after a general anaesthetic.

The WFSA statement makes recommendations for both well-resourced and resource-constrained settings.

A joint statement published by ANZCA and the Society for Paediatric Anaesthesia of New Zealand and Australia (SPANZA) provides current advice on the classification of patients who are identified as having maternal lineage from Venezuela, as theoretical mitochondrial risk and management under regional anaesthesia or a TIVA protocol to avoid exposure to inhalational anaesthetics.

Information provided by ANZCA will be updated as further information on this phenomenon is released.

For more information, see the ANZCA-SPANZA statement (June 2026) www.anzca.edu.au/news-and-safety-alerts/reports-of-susceptibility-to-general-anaesthetics-in-certain-patients-of-venezuelan-origin.

WFSA statement (May 2026): https://wfsahq.org/news/adverse-neurological-outcomes-in-paediatric-and-young-adult-patients-undergoing-general-anaesthesia.

Look-alike sound-alike substitution errors

Alexandra Ryan, PhD candidate at James Cook University, and a medication safety pharmacist from Townsville University Hospital is exploring look-alike sound-alike medication issues across the medication management cycle, with the support of frontline anaesthetists and perioperative nurses

Look-alike sound-alike (LASA) medications pose a significant threat to medication safety, especially for high-risk patients receiving high-risk medications in the perioperative setting[1].

Substitution errors, which occur where an incorrect medication is given instead of the intended one, are recognised as a preventable cause of patient harm in the perioperative care setting[2]. These substitution errors are among the leading cause of severe patient harm reported in the ANZCA webAIRS incident reporting system[3], where LASA medications were identified as a major contributing factor.

LASA medication errors caused by similar labelling and packaging, or the similar appearance or pronunciation of medication names, are increasing due to drug shortages requiring the need to source different brands based on availability. The resulting unexpected changes in medication presentation, including labelling and packaging, are a well-recognised concern for anaesthetists globally due to presenting an increased risk of substitution errors[2].

A common goal of anaesthetists, nurses and pharmacists is to understand how LASA medication risks can be mitigated through meaningful multidisciplinary collaboration.

Substitution errors that involve high risk medications, such as antibiotics, anticoagulants, opioids, neuromuscular blocking agents, etc or specific routes of administration, such as the intrathecal route further heighten risks of patient harm[3]. A near miss with a neuromuscular blocker at our facility prompted collaborative discussions between anaesthetists and pharmacists. These discussions lead to the implementation of proactive communication strategies for any medication changes that would affect theatres and anaesthetics departments.

Early feedback from anaesthetists indicated that improved communication between departments in the workplace was a positive risk mitigation strategy. ANZCA and other international best practice guidelines for safe medication management, recognise that multidisciplinary collaboration between clinicians is important to strengthening communication to reduce medication errors and prevent patient harm[4,5].

THE CONTEXT

The patient safety risks associated with LASA medications has been highlighted in the mainstream media by leading Australian anaesthetists to raise public awareness.

ANZCA members highlighted that although adverse outcomes are rare, the consequences could be "catastrophic" if an anaesthetist accidently selects the wrong drug and administers it to their patient[6]. Earlier lobbying by ANZCA members had prompted the Therapeutic Goods Administration (TGA) to mandate labelling of neuromuscular blockers to include red warning labels on top of the vial to reduce the risk pf substitution errors.

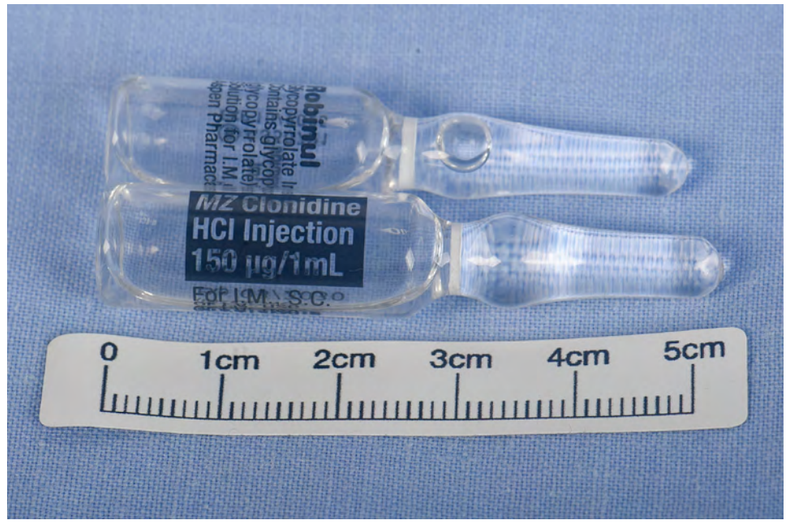
At our hospital, key stakeholders recognised the need to increase awareness of the risks experienced with LASA medications within the perioperative care setting. A limitation of existing medication safety tools is that they did not specifically address the unique risks associated with LASA medications. Development of a perioperative specific LASA survey tool was therefore deemed necessary to meet our needs and identify strategies extending beyond improved communication between the anaesthetics and pharmacy departments.

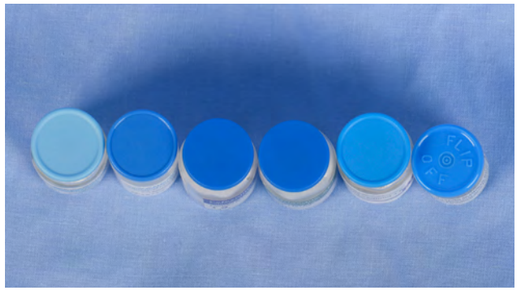
THE APPROACH

The purpose of this study is to explore LASA medication management in the perioperative care setting from the perspective of key frontline clinicians at the Townsville University Hospital (TUH), an 800-bed regional Australian hospital comprising 14 operating theatres and an 18 bed Post Anaesthetic Care Unit.

A LASA survey tool was developed from existing medication safety tools, including adapting the Institute for Safe Medication Practices (ISMP) Medication Safety Self-Assessment (MSSA) Perioperative tool[8-10].

Anaesthetists and perioperative nurses at our hospital were invited to complete an online survey, with 53 structured questions themed around six key domains related to medication safety systems and processes (Table 1). The tool incorporated user-friendly responses of yes, no, unsure to encourage completion[11].





LEFT

Clockwise from top: Look-alike ampoules of clonidine and glycopyrrolate; Look-alike sound-alike vials of antibiotics and magnesium sulfate (photographed as would be views if stored in a 'cap up' position); Look-alike sound-alike vials of antibiotics and magnesium sulfate.

Table 1. Medication safety themes incorporated into the LASA survey tool

Medication safety theme	Number of questions n / percentage of survey (%)
Communication of medication orders and other medication information	3 (6)
Medication labelling, packaging and nomenclature	20 (38)
Medication standardisation, storage and distribution	16 (30)
Environmental factors, workflow and staffing	6 (11)
Staff competency and education	3 (6)
Quality processes and risk management	5 (9)
Total number of questions (%)	53 (100)

THE PARTICIPANTS

Thirteen anaesthetists (11 consultants, 2 registrars) and nine perioperative (three clinical, six registered or enrolled) nurses participated in the study that was disseminated via email using Qualtrics® software. Data were analysed descriptively, and associations were examined using Fisher's exact test and Cramer's V as appropriate, with a p-value of ≤ .05 considered statistically significant. Findings highlighted the following issues that were important to our clinicians; altered labelling and packaging due to drug shortages, storage location, training, incident reporting and lessons learnt (Table 2).

Table 2. Sample survey responses from both anaesthetists and nurses

Medication labelling, packaging and nomenclature To identify the strategies that minimise the possibility of errors with medications with similar labelling/packaging and/or medication names that look and/or sound alike.				
Question #	Question	Yes n (%)	Unsure n (%)	No n (%)
9	Has a change in the appearance of a medicines labelling or packaging caused you to select the wrong medicine?	9 (40.9)	2 (9.1)	11 (50.0)
10	Prior to introduction into the perioperative setting, would it be beneficial if the labelling and packaging of any new medicines was reviewed by an interdisciplinary group (e.g. anaesthetist, nurse and pharmacist) to identify any potential LASA issues?	20 (90.9)	2 (9.1)	0
Medication standardisation, storage and distribution To determine how different medications are arranged, stored and distributed within the health service. Processes associated with the availability, storage and distribution of medications should ideally be standardised to improve safety.				
Question #	Question	Yes n (%)	Unsure n (%)	No n (%)
24	Have you ever found a medication stored in an incorrect location within a storage area, anaesthetic tray or trolley?	18 (81.8)	1 (4.6)	3 (13.6)
30	Do anaesthesia medication trays, kits, and/or trolleys have medications are stored in separate compartments?	16 (72.7)	4 (18.2)	2 (9.1)
Environmental factors, workflow and staffing To ensure that medication management consists of efficient and safe workflows, with the physical environment offering adequate space and lighting that allows staff to remain focused on medication use without distractions.				
Question #	Question	Yes n (%)	Unsure n (%)	No n (%)
43	During orientation, do all perioperative clinicians receive education about known perioperative medication safety risks (i.e. LASA issues)?	4 (18.2)	12 (54.5)	6 (27.3)
Staff competency and education To determine whether staff receive orientation and information related to medication management with the purpose of this information being to build knowledge and skills related to safe medication practices.				
Question #	Question	Yes n (%)	Unsure n (%)	No n (%)
46	Do you believe LASA medication training would be helpful in preventing medication incidents?	16 (72.7)	5 (22.7)	1 (4.6)
Quality processes and risk management To determine if the culture of the hospital is focused on safety and shares accountability for safe system design and clinical processes. Additionally, this commitment to a 'just safety culture' is supported at all levels of management and the Executive.				
Question #	Question	Yes n (%)	Unsure n (%)	No n (%)
50	Are the reported medication incidents discussed in departmental emails or meetings so the lessons learned can be passed on?	18 (81.8)	3 (13.6)	1 (4.6)

Over 90 per cent of anaesthetists and perioperative nurses highlighted the importance of reviewing the labelling and packaging of any new medications prior to procurement and purchasing, by a multidisciplinary team to identify any concerns.

Recently our hospital funded a dedicated perioperative pharmacist and there is scope to further optimise our proactive reviews of medications by the multidisciplinary team. LASA issues are an ongoing issue experienced by our clinicians, where 80 per cent indicated that they had found a medication incorrectly stored in an anaesthetic tray.

Encouragingly, across the perioperative setting, participants believed that medication incident analysis focused on system improvement, rather than individual staff member performance. This aligns with the intent of developing a "just culture" for patient safety and reinforces the effectiveness of the management and learnings from clinical incidents within this setting. The survey data also indicated that further training would be beneficial.

The reported need for LASA training showed a borderline association with clinician role in the perioperative setting (Fisher's exact test, p=0.046, Cramér's V=.51), with nurses more frequently reporting a need for training than anaesthetists.

FUTURE TRANSLATION INTO PRACTICE

The study has provided key clinician perspectives of LASA medication issues within the perioperative setting. Future research is recommended to identify LASA issues and risk mitigation strategies for the pharmacy department and clinical pharmacy service provision at our facility.

Gaining an understanding of the LASA issues in both the pharmacy department and perioperative clinical settings will allow the development of tangible, multifaceted action plans to inform quality improvement.

Mrs Alexandra Ryan
Dr Bhuwan Sareen, FANZCA
Dr Martina Mylrea
Associate Professor Kelvin Robertson
Emeritus Professor Beverley Glass
Townsville University Hospital, Queensland

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Safety alerts

Safety alerts appear in the "Safety and quality news" section of the *ANZCA E-newsletter* each month. A full list is available on the ANZCA website: www.anzca.edu.au/news-and-safety-alerts

Recent alert:

- Reports of susceptibility to GA in certain patients of Venezuelan origin (4 June 2026)
- Medsafe NZ follow up notice to previous recall of NIM™ Standard Reinforced EMG ETTs (15 May 2026)
- Recall of extension sets (7 May 2026)

Faculty of Pain Medicine

Carrying the work forward

Stepping into the role of FPM dean is both an incredible honour and, truthfully, a slightly formidable experience. Regardless, I feel deeply privileged to have been entrusted with representing the Faculty of Pain Medicine and the many pain specialists who make up our specialty across Australia, New Zealand, Singapore and Hong Kong.

More than anything, I am incredibly grateful to the people who make up this faculty. From the staff working tirelessly behind the scenes, to our fellows, trainees, committee members, volunteers, board members and wider multidisciplinary pain community, there is an enormous amount of passion, intelligence, expertise and goodwill within FPM. It is something I have always valued deeply and certainly do not take for granted.

Joining me in faculty leadership is our newly appointed Vice-Dean, Dr Irina Hollington. Irina brings intelligence, drive, compassion and an unwavering commitment to pain medicine, and I genuinely look forward to working alongside her over the coming years.

Strong partnerships will continue to be critical to our success. We are fortunate to be linked with ANZCA and to have the support of the ANZCA Council, while also fostering relationships across specialties and the broader health sector. I am looking forward to working closely with ANZCA President, Dr Tanya Selak, and Vice-President, Dr Debra Devonshire, both of whom will also sit on the FPM Board. Tanya brings professionalism, leadership, warmth and energy, and I am confident it will make for a very collaborative and enjoyable few years ahead.

The recent 2026 FPM Symposium in Auckland, followed by the ANZCA Annual Scientific Meeting, was a fantastic reminder of the strength of our specialty and its people. The program was outstanding, showcasing the breadth of pain medicine, from innovation and research, to advocacy, education and multidisciplinary care. It was also incredibly rewarding to see so many meaningful conversations centred around person-centred care and the importance of lived experience in pain medicine.

I think it is important we continue to remember why pain medicine exists in the first place; one in five people live with chronic pain. Pain is the central reason that people present to hospitals and healthcare practitioners, yet it is still underestimated in many areas of society. So many people living with pain learn to mask it. In many ways, pain remains hidden in plain sight.

As pain specialists, we have a great deal to offer, not only clinically, but through advocacy, education, research and collaboration. I would very much like to continue strengthening the faculty's work in these areas and continue building on the significant momentum established over recent years. I will continue supporting evidence-based pain research and the important work of the FPM Research Network.

Further opportunities exist to strengthen the Procedures Endorsement Program and advance the Pain Device Implant Registry (PDIR). Maintaining a strong and sustainable training program is equally important. This includes working with health authorities, the Australian Medical Council and the Medical Council of New Zealand to align accreditation standards and practices, while building on opportunities created through the specialist training program, particularly in regional and expanded training settings.

Advocacy will also remain a strong focus for FPM. Through projects such as the world-first Australian Standards for Health Practitioner Pain Management Education, the faculty has built significant relationships with government, educators, specialist medical colleges and stakeholders across the healthcare system. I think there is a real opportunity to continue that work, not only to strengthen pain medicine as a specialty, but ultimately to improve outcomes for the people we care for.

One of the things I remain most proud of is that FPM continues to lead internationally as a multidisciplinary specialty. Twenty-eight years on, we continue to demonstrate the importance of collaboration across specialties and the wider health community involved in pain medicine. Other organisations continue to model aspects of what we do, and that is something of which we should be enormously proud.

I am conscious that I step into this role following outstanding leadership from Dr Dilip Kapur. I will do my very best to continue carrying that work forward, alongside Irina, college and faculty leadership, faculty staff and the many people who contribute so much to this specialty every day. I look forward to seeing many of you at the 2026 FPM Spring Meeting in October and continuing to strengthen the voice, impact and future of pain medicine.

Professor Michael Veltman
Dean, Faculty of Pain Medicine

ABOVE

Professor Michael Veltman and Dr Dilip Kapur (Immediate Past FPM Dean)

Two years of leadership and impact from Dr Dilip Kapur

It is a significant responsibility to follow someone who has contributed so much to the faculty and who wears many hats – a friend, a colleague, a valued mentor, a passionate pain specialist, a well-seasoned anaesthetist and perhaps his most obvious hat, the FPM dean.

Dr Dilip Kapur has a long and distinguished career. From his first appointment to the FPM Board in 2013, where he held several key leadership positions including FPM assessor, deputy assessor for specialist international medical graduates, and member of the FPM Training and Assessment Executive Committee; to his reappointment in 2022, where he was subsequently elected vice-dean before embracing the role of dean in 2024.

Dilip's commencement as dean also came with a stark reminder of where pain medicine began. Just two weeks prior, FPM founder Professor Michael Cousins had passed away – I think that instilled in Dilip a sense of humility and responsibility about the role he was stepping into. Despite admitting to me recently that he initially found the role "intimidating", you would never have known it.

Over the past two years, Dilip has led with remarkable professionalism and compassion. While Dilip has many accolades under his cap, alongside extensive clinical experience and expertise, what has always stood out most to me is his deep commitment to advancing pain medicine. He has done so much for all of us across the faculty.

Alongside the faculty team, Dilip strengthened the voice of pain medicine with government and key stakeholders, while continuing to elevate the role of pain medicine across the broader health system. He worked incredibly hard to strengthen collaboration across medical colleges, from the Hong Kong College of Anaesthetists to Australian specialties engaged through the work of the national strategy and the subsequent world-first Australian Standards for Health Practitioner Pain Management Education.

Setting standards for pain management education across all health practitioners is not something that should be taken lightly. It is a massive undertaking, and his work has set the stage for implementation and promotion of these standards that the faculty will continue to drive forward. Dilip has also worked tirelessly to reinforce the faculty's leadership in advocacy, research and education.

One of the things I admire most about Dilip is his passion for regional and rural healthcare and ultimately improving access to pain medicine. For many years, Dilip has worked with the Port Lincoln Aboriginal Health Service. He does not just talk the talk, he walks the walk. He has dedicated significant time to caring for Indigenous Australians living with pain, and that contribution deserves recognition.

That same passion for improving regional and rural healthcare has also been reflected through his leadership of the faculty's major government-funded project, developing flexible accreditation pathways for pain medicine training in rural settings, which resulted in the accreditation of two new regionally based pain medicine training units.

On behalf of the faculty, I want to sincerely thank Dilip for his leadership, guidance and friendship over the last two years as dean. It has been a privilege to work alongside him and learn from him.

While Dilip has handed over the deanship to myself and new vice-dean, Dr Irina Hollington, I am very pleased that this is not the end of his journey with the faculty.

I look forward to continuing to work closely with him in his new role as Director of Professional Affairs, FPM, and I have no doubt the faculty will continue to benefit from his passion, wisdom and unwavering commitment to pain medicine.

Professor Michael Veltman
Dean, Faculty of Pain Medicine

ABOVE

From left: Immediate Past FPM Dean, Dr Dilip Kapur; FPM Board members (from left) Dr Tipu Aamir, Dr Tania Morris, Dr Debra Devonshire, Dr Noam Winter, Professor David Story, Dr Leinani Aiono-Le-Tagaloa, Dr Murray Taverner, Dr Dilip Kapur, Professor Michael Veltman, Dr Jonathan Ramachenderan, Associate Professor Susie Lord, Dr Irina Hollington and Ms Martina Otten (Executive Director, FPM).

Recognition of Associate Professor Mick Vagg

After four-and-a-half years as Director of Professional Affairs (DPA), Associate Professor Michael Vagg has decided to step aside from the role. Mick's contribution to FPM has been profound, sustained, and highly influential, leaving a lasting legacy across advocacy, policy, education, research, professional standards, and public engagement.

Mick's contribution to the faculty spans nearly two decades, beginning with his appointment to the FPM Continuing Professional Development Committee in 2008. Since that time, he has contributed to numerous FPM and ANZCA committees and working groups, including serving as faculty dean from 2020 to 2022, bringing a valued combination of clinical credibility, policy insight and strategic thinking to each role. Mick was the first dean with a background in rehabilitation medicine and his appointment further helped elevate the faculty's profile as a truly multidisciplinary college.

Mick also played a pivotal role in shaping the faculty's approach to procedural pain medicine. From 2018, he was a driving force behind the development of the FPM Clinical Care Standard for Procedures in Pain Medicine, which was endorsed and released in 2020 as the first detailed standard of its kind developed by a specialist medical college. He also helped lead the development of the faculty's Procedures Endorsement Program, including the Practice Assessment Pathway (PAP) and Supervised Clinical Experience Pathway (SCEP), which began pilot implementation in 2021.

In 2022, Mick stepped into the role of DPA following the retirement of Professor Milton Cohen, at a time of unprecedented complexity and external scrutiny for the specialist medical workforce. Mick's tenure as DPA coincided with a significant escalation in government reform activity, marked by a sharp increase in submissions sought from the faculty.

Under Mick's leadership, FPM played a pivotal role in major submissions to the Therapeutic Goods Administration, the Department of Health and Aged Care, the Medical Board of Australia, and other government bodies. He was also instrumental in guiding the faculty's response to major reform initiatives, including the Victorian Department of Health's Inquiry into Women's Pain. Through this work, Mick ensured that the voice of pain medicine was authoritative, evidence-informed, and clearly articulated at the highest policy levels.

Recognising the need for strengthened professional guidance during this period of reform, the FPM Board supported a major expansion of the faculty's suite of professional documents. Working collaboratively with fellows through document development groups, Mick led the ambitious creation of five new professional documents and the review of two existing statements. Among these was *PS15(PM): Statement on the clinical approach to persistent pelvic pain, including endometriosis-associated pain*, released in 2024, which generated substantial national interest, public feedback, and professional discussion. This body of work has significantly strengthened the faculty's professional authority and continues to guide best practice across the specialty.

Beyond formal policy and documentation, Mick made important contributions to community-facing resources and collaborative initiatives. These included work on the articulation of off-label prescribing in pain medicine practice, collaboration with WorkSafe Victoria on ketamine infusion guidance, board membership of the Australian Pain Solutions Research Alliance (APSRA), and participation in an international, multispecialty working group that developed the *Consensus Practice Guidelines on Sacroiliac Joint Complex Pain*. Together, these contributions reflect Mick's commitment to advancing pain medicine practice both nationally and internationally.

A highly effective communicator and a passionate advocate for pain medicine, Mick has been a trusted and visible spokesperson for the faculty, regularly representing FPM in the media and with key stakeholders in the pain sector. His frequent engagement in Canberra was central to strengthening the faculty's advocacy profile and relationships. Mick also understood the importance of celebrating success and community, playing a leading role in the faculty's 25year anniversary celebrations in 2023.

The role of DPA Professional Affairs is critical to the functioning of the faculty, serving as a key sounding board for the dean and a trusted source of guidance for fellows and staff. Throughout his tenure, Mick brought innovation and forward thinking to the role, including his leadership in developing the Better Pain Management Program and the Procedures Endorsement Program. In recent years, he continued this momentum by guiding the development of the FPM webinar series *Beyond the Clinic*, extending the faculty's educational reach and creating opportunities for fellows to remain engaged with the faculty.

Alongside his DPA responsibilities, Mick continued to serve the faculty in multiple volunteer roles, including Chair of the Procedures in Pain Medicine Committee, examiner duties, accreditation visits, and specialist international medical graduate (SIMG) workplace-based assessments. This extraordinary level of contribution speaks to his deep commitment to the faculty and to the future of the specialty.

On behalf of the FPM Board and senior leadership, we extend our sincere thanks to Mick for his outstanding service, leadership, and advocacy. Mick's impact on the faculty, the profession, and the broader pain community will be felt for many years to come.

Dr Dilip Kapur on behalf of the FPM Board

Board news and committee updates

WELCOME NEW FPM BOARD MEMBER DR GLEN SHEH

Dr Sheh was elected to the FPM Board in May 2026 and is based in NSW. She works in private practice and previously spent 14 years at Concord Repatriation General Hospital. Glen has expertise in multidisciplinary and holistic pain management, opioid de-prescribing, rehabilitation, geriatrics, and medico-legal pain management.

She is an FPM examiner, Multiple Choice Question Working Group member, and SIMG workplace based assessments assessor. Glen also co-facilitated the establishment of the multidisciplinary pain program at Mt Wilga Private Rehabilitation Hospital and has more than 10 years' experience supervising and examining trainees in the public system.

Dr Glen Sheh

Dr Murray Taverner

FAREWELL FPM BOARD MEMBER DR MURRAY TAVERNER

Dr Taverner has served on the FPM Board since 2020. Murray has been the board sponsor for the Better Pain Management program and led a content review of the program. He was also the board sponsor for the opioid calculator overseeing the update to include take home naloxone. As a passionate supporter for procedures in pain medicine, Murray is a member of the Procedures in Pain Medicine Committee and has taken an active role in advocating for the faculty in this area.

Thank you, Murray, for your valued contribution and service to the FPM Board over the past six years.

NEW FELLOWS

We congratulate the following doctors on their admission to fellowship following the successful completion of the training program:

Dr Goran Medvedovic, FRACGP, FFPMANZCA (Vic).
Dr Susheela Permal, FAFRM (RACP), FFPMANZCA (NZ).
Dr Matthew Quo, FACEM, FFPMANZCA (WA).
Dr Daniel Lui, FANZCA, FFPMANZCA (Hong Kong).
Dr Andrew McMahon, FRACGP, FFPMANZCA (ACT).
Dr Joshua Sandy, FRACP, FFPMANZCA (NSW).

We congratulate the following doctor on their admission to FPM fellowship through completion of the pain medicine specialist international medical graduate pathway:

Dr Roshan Thawale, FRCA, FFPMANZCA (Vic).

REACHING 700 PAIN MEDICINE FELLOWS

We are proud to mark another significant milestone with the admission of our 700th fellow in April this year.

This milestone reflects the continued growth of a diverse and highly skilled community of clinicians dedicated to improving patient outcomes and reducing the burden of pain through education, advocacy, training and research.

FPM BOARD AND COMMITTEE APPOINTMENTS

At the FPM New Board held on 6 May 2026, members warmly welcomed:

FPM Dean, Professor Michael Veltman (WA).
FPM Vice-Dean, Dr Irina Hollington (SA).
Re-elected board member, Dr Dilip Kapur (SA)*.
Newly elected board member, Dr Glen Sheh (NSW).

The following key changes in appointments were made:

Chair, FPM Executive Committee – Professor Michael Veltman.

Chair, Training and Assessment Executive Committee – Dr Irina Hollington.

Chair, Training Unit Accreditation Committee – Dr Tania Morris.

Chair, FPM Professional Affairs Executive Committe – Dr Noam Winter.

Chair, Scientific Meetings Committee – Dr Zoe Vella.

FPM CPD Officer – Dr Maleeka Khullar.

FPM ASM Officer – Dr Zoe Vella.

FPM representative, ANZCA Professional Affairs Executive Committee – Dr Noam Winter.

FPM representative, Chapter of Perioperative Medicine, Education and Assessment Committee – Dr Amutha Samuel.

FPM Board representative, the rural and regional specialist pain capability project – Dr Susie Lord.

FPM representative, Australian Pain Society Pain in Childhood Special Interest Group – Dr Hannah Bennett.

** Subsequent to the new board meeting, Dr Kapur resigned from the board following his appointment as Director of Professional Affairs FPM Professional Affairs.*

OPPORTUNITIES TO ENGAGE WITH FPM

The faculty is shaped by the generosity of our fellows and trainees. As we continue to advance pain medicine across Australia, New Zealand and internationally, we invite members to play an active role in shaping the future of the specialty.

There are a range of opportunities to contribute across education and training, research, advocacy, standards development and strategic initiatives, all providing meaningful ways to share your expertise, strengthen the profession and support better outcomes for people living with pain.

Current roles we are seeking expressions of interest for are:

- Member – Strengthening workforce sustainability and wellbeing working group.
- Accreditation reviewer.
- Document Development Group member – PG03 Major regional analgesia.
- CPD Emergency response activity development.
- SIMG assessor.

Interested in one of these roles? Head to our website to find out more and apply.

PROCEDURES ENDORSEMENT PROGRAM – PRACTICE ASSESSMENT PATHWAY CLOSING

The Practice Assessment Pathway (PAP) closes at the end of 2026. All FPM fellows seeking procedural endorsement via the PAP must submit a complete application by 31 December 2026. Applications received after this date will not be accepted.

The practice assessment pathway is open to practising FPM fellows with established experience in pain medicine procedures who seek endorsement in at least one recognised pain medicine procedure. Given the volume of applications, the review process takes several months and applicants may be asked for additional written information, to undertake an interview or onsite review to assist the assessment process.

Those undertaking the pain medicine training program in 2026 will need to complete the supervised clinical experience pathway.

The application form and further information can be found on the website through this QR code.

JOURNEY OF PAIN CARE IN AUCKLAND

I was thrilled to serve as scientific convenor for the 2026 FPM Symposium, "Kotahi Tātou Te Waka: United in the journey of pain care".

Held at the JW Marriott in the heart of Auckland, the symposium welcomed more than 230 delegates from across Australia, New Zealand and beyond. Across four sessions, the program explored evidence-based pain management, local and international research, the intersection of the biopsychosocial model, and the importance of networking and collaboration; all interwoven with a meaningful immersion in, and respect for, Māori culture, alongside recognition of the importance of lived experience in both research and clinical care.

We were privileged to welcome three outstanding international keynote speakers; Associate Professor Jelena Janjic (US), Professor Lesley Colvin (UK) and Dr Irene Tracey (UK). Their diverse research and clinical expertise, alongside contributions from our many speakers, chairs and facilitators, made for a fantastic and thought-provoking meeting.

Beyond the symposium, we also delivered a robust FPM pain stream within the ANZCA Annual Scientific Meeting (ASM), featuring six highly engaging and diverse sessions that reflected the breadth and relevance of contemporary pain medicine.

Having attended many conferences throughout my career, it was incredibly rewarding to help shape a meeting that brought together so many of the elements colleagues value most: connection, curiosity, collaboration and learning. Pain medicine is a field that constantly reminds us how much there is still to learn from one another.

Meetings like this highlight the extraordinary clinicians, researchers and educators contributing to that growing body of knowledge every day. Ultimately, I am a very small wheel in a very large clock, and this meeting was only possible because of the dedication and generosity of so many people.

I was incredibly proud of the final program and deeply grateful to the ASM's organising committee, ANZCA and FPM staff, delegates, speakers, chairs and facilitators. I would particularly like to thank my colleague, Dr Leinani Aiono-Le-Tagaloa, whose work and support were instrumental to the structure of the pain program.

I would also like to acknowledge our sponsors, Augustin, Index Medical Legal, Echo Therapeutics, Lifestyle Insurance Consultants and NZ Indemnity Insurance, for their valued support.

Dr Buzz Boothman-Burrell
2026 FPM ASM Scientific Convenor

FPM PRIZE WINNER

Congratulations to the 2026 FPM Best Free Paper award winner Dr Samhita Gutta for the research paper "Epidural analgesia for management for of acute postoperative pain following elective pelvic exenteration surgery."

ABOVE FROM LEFT

From left: Professor Irene Tracey, Professor Lesley Colvin, Associate Professor Jelena Jancic.

From left: Dr Dilip Kapur, Professor Irene Tracey, Martina Otten, Dr Irina Hollington, Dr Buzz Boothman-Burrell and Associate Professor Jelena Jancic.

New resources to guide "POST" and "POPE"

Pain Oriented Sensory Testing (POST) and Pain Oriented Physical Examination (POPE) are essential skills for assessing people with pain.

The need for sensory testing skills training was recognised at the first annual Advanced Clinical Skills Course (ACSC 2015), as there was no FPM or globally agreed approach. A specific session was introduced the following year and has been refined since. The training draws on the experience of local researchers (globally trained) and translates laboratory principles to the bedside.

FPM trainee surveys show increasing confidence in performing and interpreting POST (2019-2025: 26%-62%) with the refinement of ACSC skills training. In 2026, to assist the shift of "Advanced Examination" skills to the orientation course, online resources were developed.

A suite of videos is now available on Learn@ANZCA for both POST and POPE and in the ANZCA Library. An online learning resource is also being developed for POST and will be available soon. This resource outlines a logical, systematic approach for sensory testing, to assist patient engagement, assessment and monitoring over time.

Conjoint Associate Professor Paul Wrigley
Member, Learning and Development Committee

How platform trials can advance innovation in pain research

Platform trials are a relatively new addition to clinical trial methodology, representing an opportunity for innovation and improved connectivity in research across anaesthesia, pain medicine and perioperative medicine.

While conventional randomised controlled trials (RCTs) have long been the gold standard for evidence generation, they are increasingly limited by high costs, inefficiencies and lengthy timelines. Large multicentre trials, which are often powered to definitively answer only one clinical question, can take up to a decade to complete from concept development through to publication.

Platform trials are conducted under a single overarching master protocol, allowing multiple interventions to be evaluated within shared research infrastructure. Each intervention may be added as a domain within the platform, with its own research question, eligibility criteria and sub-protocol. Unlike conventional trials, platform trials can adapt over time by adding new interventions and stopping those shown to be ineffective or harmful. They gained widespread recognition during the COVID-19 pandemic through studies such as the RECOVERY Trial in the UK, which rapidly identified effective treatments, including dexamethasone, while stopping ineffective therapies.

At the recent ANZCA Annual Scientific Meeting in New Zealand, Dr Daniel Frei (NZ) presented an overview of platform trials and their role in perioperative medicine and pain research. He highlighted the first ANZCA Clinical Trials Network (CTN) adaptive platform trial, the Perioperative Medicine Platform Trial (PROMPT), including its first active domain, PROMPT-Oxygen, which is evaluating perioperative oxygen strategies to reduce surgical site infections.

Dr Frei outlined several advantages of this platform model, including adaptive randomisation, faster identification of ineffective therapies, and the ability to incorporate registry data and simplified consent processes. A major strength is the ability to study several interventions or "domains" simultaneously. In some cases, a single participant can contribute data to multiple research questions through one consent process and shared outcome measures, improving efficiency for participants, sites and funders.

Despite these advantages, platform trials also present significant challenges. Developing a master protocol is substantially more complex than designing a conventional RCT. Governance, ethics, statistical oversight and adaptive decision-making processes must all be carefully planned from the outset. Platform trials also require considerable upfront investment, specialised expertise, incredibly sophisticated computational ability and sustained operational funding.

Despite these challenges, platform trials are increasingly being explored across multiple specialties because of their potential to answer complex clinical questions more efficiently and accelerate the translation of evidence into practice.

A JOINT FPM–ANZCA CTN PAIN PLATFORM INITIATIVE

Many of the questions that matter most to patients are too complex to be addressed by individual researchers, centres or specialties working in isolation and require coordinated, multidisciplinary approaches.

The ANZCA CTN has identified the adoption of adaptive, registry-based and platform-ready trial designs as a strategic priority, reflecting the need for scalable and efficient research models to sustain global leadership in multicentre perioperative research.

This presents a valuable opportunity for the Faculty of Pain Medicine (FPM) research community to engage with a model that brings together pain medicine, anaesthesia and perioperative medicine.

The opportunity aligns strongly with work currently underway across the FPM research cohort, the FPM Research Committee and the FPM Research Network. Over the past 12 months, the faculty has been developing a three-year Research Strategic Plan focused on building research culture and capacity, strengthening collaboration, and creating opportunities for researchers to connect across disciplines, institutions and areas of expertise.

ABOVE LEFT

Research Planning Day.

Back row: Mr Rob Packer, Ms Kate May, Dr Luke Arthur, Prof Andrew Somogyi, Prof Paul Glare AM, Dr Tim Ho

Middle row: Ms Maral Richards, Ms Martina Otten, Dr Saad Anis, Dr Irina Hollington, Dr Cassandra Murray, Dr Martine O'Neill, Dr Chantelle Berenger, Dr Supriya Chowdhury, Dr Hema Rejappa

Front row: Associate Professor Susie Lord, Dr Dilip Kapur, Professor Michael Veltman, Professor Damien Finniss.

These opportunities formed an important part of the faculty's annual Research Planning Day in March 2026, where Professor Tomas Corcoran joined members of the FPM Research Committee and Research Network to explore the potential application of platform trials in pain research and consider how they could support the faculty's strategic priorities around collaboration, capability building and research engagement.

The discussion was particularly relevant because many of the most important unanswered questions in pain medicine sit at the intersection of specialties. Chronic postsurgical pain, perioperative pain transitions and persistent pain span the patient journey from surgery through to long-term recovery. Research has often examined these stages separately, yet many important questions sit between them. Why do some patients recover while others develop persistent pain? When is intervention most effective? Which outcomes best reflect meaningful recovery? These questions require expertise from all three specialties.

Pain medicine brings an important perspective to these discussions, not only from expertise in diagnosis and management of pain but the multifactorial nature of the pain experience and necessary ways of measuring meaningful outcomes. The ability for pain physicians to contribute to the identification of key research questions and to an efficient and adaptive process for answering them will strengthen the quality and relevance of research.

A joint pain platform trial between FPM and the ANZCA CTN could provide significant strategic, scientific and operational benefits, while creating long-term infrastructure for pain research across Australia and New Zealand.

NEW OPPORTUNITIES FOR PAIN RESEARCH

A pain platform trial is particularly valuable in pain medicine, where many clinically important questions remain unresolved and existing studies are often small or underpowered. Such a platform could help address major evidence gaps in chronic postsurgical pain, neuropathic pain, opioid stewardship, procedural pain interventions, multidisciplinary and non-pharmacological care, and perioperative pain transitions.

Chronic postsurgical pain is a particularly compelling example. Increasingly, pain is recognised as a continuum extending from the perioperative period through to early persistent and chronic pain states. Yet research, services and clinical pathways have often treated these phases as separate entities. Research models that bring these stages together create opportunities to better understand patient trajectories, identify meaningful intervention points and evaluate outcomes across the broader patient journey.

There are several synergies that make a joint CTN-FPM collaboration an ideal approach to developing platform trials in pain research. The CTN brings extensive expertise in multicentre trial delivery across established sites in Australia and New Zealand, as well as strengths in pragmatic trial methodology and adaptive trial design. The FPM contributes specialty-specific expertise, diagnostic and therapeutic insights, multidisciplinary pain networks, consumer engagement and advocacy influence within pain medicine. Together, these complementary strengths provide a strong foundation for a national pain research platform.

An FPM-CTN platform could also strengthen competitiveness for funding from organisations including the Medical Research Future Fund (MRFF), National Health and Medical Research Council (NHMRC), Health Research Council of New Zealand and philanthropic funders, which are increasingly prioritising research infrastructure and implementation-ready research.

Pain medicine is particularly suited to longitudinal outcomes, patient-reported measures, digital follow-up and registry linkage. A platform approach would integrate routine clinical and registry data while reducing the burden on participating sites and enabling broader involvement from regional and under-resourced centres.

It would also support the development of the next generation of pain researchers through trainee participation, mentorship, research coordination development and higher-degree research projects.

This initiative would position both FPM and the ANZCA CTN at the forefront of evidence-generating pain medicine, while strengthening the broader ANZCA research mission. It would also strengthen links between clinicians, researchers, consumers and health services across acute, chronic and perioperative pain care.

WHAT'S NEXT?

Researchers and consumers are currently being engaged during the concept development phase. Professor Tomas Corcoran will provide a further update at the upcoming CTN workshop on the Gold Coast in August.

The FPM research cohort have also established the Pain Research Network on LinkedIn. Open to ANZCA, FPM and chPOM fellows, trainees, researchers and those with an interest in pain-related research, the group aims to connect researchers across career stages, support networking and mentorship, and promote research and college opportunities.

Members are encouraged to use the network to promote projects, discuss research ideas and engage with emerging opportunities in pain-related research across Australia and New Zealand.

As these discussions continue, platform trials present an opportunity to strengthen collaboration, accelerate evidence generation and build the infrastructure needed to answer some of the most important unanswered questions in pain medicine.

Professor Tomas Corcoran
Chair, ANZCA Clinical Trials Network

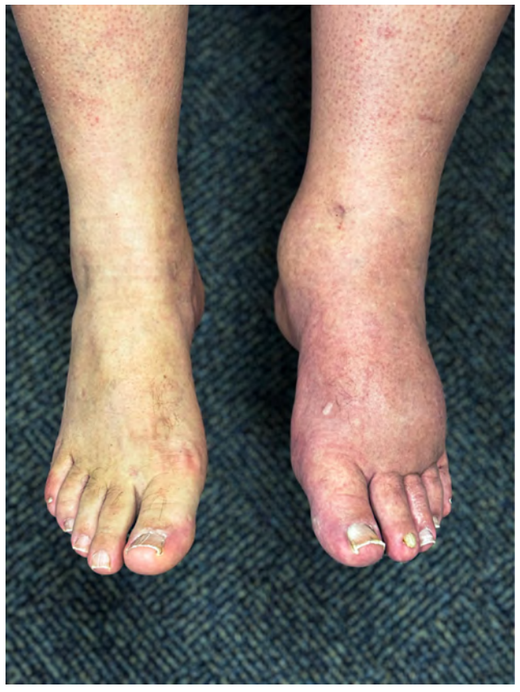
Professor Damien Finniss
Chair, FPM Research Committee

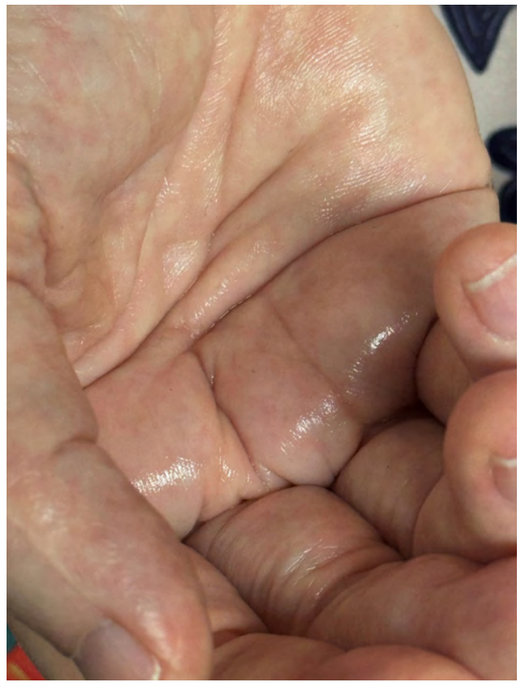
Join the conversation.
Connect with the Pain Research Network

Complex regional pain syndrome: a possible explanation for the spread of symptoms

Complex regional pain syndrome (CRPS) can start after a minor injury to a limb such as a fracture, a soft tissue injury and minor elective surgery including a peripheral nerve decompression.

Often, the pain spreads and until recently this was thought to be a psychiatric (or legal) problem. It is hard for patients and their treating professionals to deal with, as the condition has no clear background pathophysiology and consequently no clear treatment paradigm. CRPS symptoms usually include significant pain and skin sensory disturbances, initially confined to the affected limb. The condition can be associated with weakness, cramps, and tremor. Frequently, swelling and vascular disturbances are present such as discolouration and increased sweating.

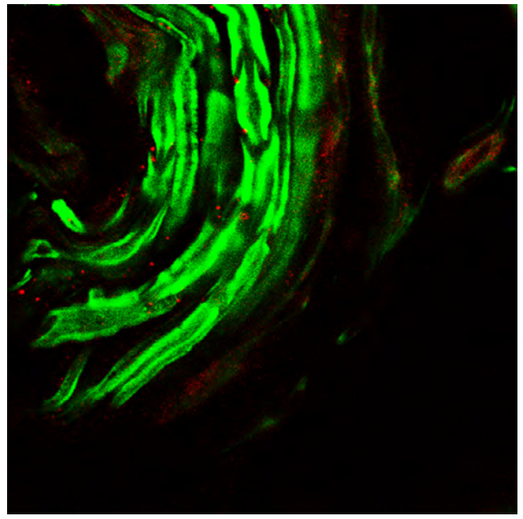




ABOVE

From left: Swollen discoloured foot; Profuse increased sweating in the hand of a patient with CRPS.

Increased expression of alpha-1 adrenoceptors on nociceptor nerves may be involved in the initial peripheral trigger for this condition.



LEFT

Immunohistological study of rat peripheral nerve. Alpha-1 adrenoceptors appear as red dots, and myelin sheaths are stained green. Alpha-1 adrenoceptors are expressed along the length of unmyelinated *nerves and are clustered around nodes of Ranvier in* myelinated *nerves.*

We have seen upregulation of alpha -1 adrenoceptors in skin samples taken from patients with CRPS. Pain often spreads away from the injured site, but what drives this is unclear.

About 20 years ago, Peter Drummond and I noted that CRPS patients often had hemisensory changes on careful physical examination. We also noted that they often had asymmetric cranial nerve function. We were aware that Rommel et al had reported this in 2001. Rommel concluded that hemisensory impairment in patients with CRPS is probably related to functional disturbances in processing of noxious events in the thalamus and may be a clinical correlate of subcortical brain plasticity in chronic pain[1].

With CRPS, the affected limb becomes extremely sensitive to light touch, to minor changes in the environment including temperature movement and even to loud noise. Sound sensitivity was described by Silas Wier Mitchel, a neurologist, in soldiers injured by musket balls who developed the condition during the American Civil War (1861-1865). We have found that sensitivity to noise and bright lights is greater on the side of the affected limb in CRPS patients. We have also found that there is heightened sensitivity to thermal and mechanical stimuli on the side of the body ipsilateral to the affected limb. Hemisensory changes suggest a failure to regulate sensations on the affected side.

We are currently studying the locus coeruleus (LC) with 3 Tesla MRI with a grant from ANZCA. The LC is a small bilateral cluster of noradrenergic neurons in the upper pons and lateral to the fourth ventricle. It is an adrenergic "waystation" in the brainstem. It may act as a "volume control" for ascending neuronal traffic. Recently, we studied the spread of CRPS symptoms away from the site of injury[2] using "heat maps" of patients with CRPS. Changes in the LC might explain sensory asymmetries and may develop over time, providing an explanation for the spatial progression of CRPS.

There are several possible causes for the spread of CRPS symptoms which may include the spread of pathology in the affected limb, intertwined nociceptor and adrenergic fibre types, a systemic disturbance due to the presence of autoantibodies such as alpha-1 adrenoceptor autoantibodies, altered spinal processing of nociceptor signals and lastly, functional changes in subcortical or cortical pain processing centres such as the LC.

We postulate that as the understanding of the function of the LC improves, so will the understanding of the pathophysiology of CRPS. We would argue that CRPS is a condition with a peripheral trigger causing an upregulation of alpha-1 adrenoreceptors. Coupled with this is an alteration of control of ascending and descending traffic in the dorsal horn of the spinal cord and the brainstem.

CRPS can be a devastating condition for patients with little current effective treatment. Hopefully, a better understanding of the neurophysiology of CRPS through research will lead to more effective forms of treatment.

KEY POINTS

- CRPS is often triggered by a trivial injury in a limb and is associated with painful skin sensory changes which can spread proximally.
- The pathophysiology of CRPS is unclear but may involve a peripheral trigger in a limb and aberrant central neuronal processing, possibly in brain stem nuclei.
- No clear treatment paradigm exists as the pathophysiology of CRPS is not well understood

Dr Philip Finch, FFPMANZCA
Perth, WA

Professor Peter Drummond
Murdoch University, WA

Dr Finch would like to acknowledge his co-researcher Professor Peter Drummond of Murdoch University, and many ANZCA study grants (10 up to now), without which they could not have done much of their research.

References

1. Rommel et al. Pain 93 (2001) 279-293
2. Drummond et al. Pain 166 (2025) 2342-2354

This article was first published in the WA periodical, *Medical Forum*, termed "Complex Regional Pain Syndrome-how symptoms spread" in February 2026 and is republished here with permission.

Landmark standards launched for pain management education

On 29 June, the faculty marked a major milestone for pain management education, hosting the national launch of the Australian Standards for Health Practitioner Pain Management Education at Parliament House, Canberra.

Assistant Minister for Health and Aged Care, Rebecca White MP, officially launched the standards, with the event facilitated by Adjunct Professor Sophie Scott OAM. Representatives from state and federal parliament, specialist medical colleges, education, health, consumer organisations and the broader pain sector came together in a strong show of national support. Senator Wendy Askew and Dr Mike Freelander MP were among those who attended and addressed the audience.

The event also featured a panel discussion with key contributors to the development of the standards, including Dr Noam Winter (FPM Board member and Head of Pain Services, Alfred Health), Dr Phoebe Holdenson Kimura (Medical Advisor, Australian Commission on Safety and Quality in Health Care, GP senior lecturer in the General Practice Clinical School, University of Sydney), Associate Professor Michael Reynolds (Wiradjuri man, physiotherapist and Deputy Head, School of Allied Health NSW, Australian Catholic University) and Ms Kate May (FPM consumer representative, person with lived experience of pain and Board Director, Chronic Pain Australia) who shared insights into the consultation, design and implementation of the framework.

With one in five Australians living with chronic pain, FPM Dean Professor Michael Veltman said the standards are "critical to reducing the burden of pain on individuals, families, communities and the health system" and will help equip health practitioners to deliver high-quality pain care across Australia.

The faculty now turns its focus to implementation, working with education providers, specialist medical colleges, regulators, accreditation bodies, health services, consumer organisations and governments to embed the standards into education, training and practice across Australia.

View the standards with this QR code

ABOVE

From left: Professor Michael Veltman, FPM Executive Director Martina Otten, Senator Wendy Askew, Rebecca White MP, ANZCA CEO Dr Lance Emerson.

Media coverage

SNAPP STUDY TRIAL RESULTS RELEASED

Professor Kate Leslie AO presented the results of the Sugammadex, neostigmine and postoperative pulmonary (SNaPP) study at the eighth Biennial Collaborative Clinical Trials in Anaesthesia Conference in Prato, Italy, coinciding with publication of the trial findings in *The Lancet Respiratory Medicine* on Wednesday 10 June.

Led by The University of Melbourne and the ANZCA Clinical Trials Network, the study is a large, multicentre, randomised, controlled phase 4 trial comparing sugammadex and neostigmine for reversal of rocuronium- or vecuronium-induced neuromuscular blockade in patients aged 40 years and over undergoing abdominal or thoracic surgery. The primary outcome was a composite of postoperative pulmonary complications or death up to hospital discharge, or postoperative day seven if still in hospital.

Radio New Zealand (RNZ) and *The Limbic* reported the findings. RNZ interviewed Melbourne trial investigator FANZCA Associate Professor Jai Darvall, for their report on 15 June. *The Limbic's* Geir O'Rourke reported the findings on 12 June.

CULTURAL SAFETY

ANZCA distributed a media release on 19 June "Cultural safety a critical part of patient care" in response to leadership changes at the Medical Council of New Zealand (MCNZ). The release was reported in *NZ Doctor* and the Scoop website on 19 June.

Dr Rachel Dempsey, chair of ANZCA's NZ National Committee was quoted in the media release saying cultural safety is a fundamental part of healthcare and is critical to equitable patient outcomes.

She described reported comments by the NZ Minister of Health describing cultural safety as an "ideological agenda" in the wake of leadership changes at the MCNZ as concerning.

"Cultural safety has been recognised both internationally and locally as a critical component of safe and effective patient care. It is simply good clinical practice, particularly here in Aotearoa New Zealand where all the data shows Māori and Pasifika patients experience poorer outcomes."

PAIN FELLOW'S SPINAL CORD INJURY JOURNEY

FFPMANZCA Dr Olivia Ong has written a book about her recovery from a debilitating accident after doctors feared she wouldn't walk again.

An extract from *Back on my feet* was featured in the *Weekend Australian* (paywalled) magazine on 28 February.

Dr Ong was profiled in the Summer 2021 edition of the *ANZCA Bulletin*.

What we're talking about online

Across our social media platforms, one of the most popular posts was ANZCA President Dr Tanya Selak's message to welcome our 10,000th FANZCA (3150 views and 96 interactions on Instagram).

Other popular posts included:

- Combined SIG meeting.
- A congratulatory post for recipients of King's Birthday honours.
- The Autumn 2026 *Bulletin* cover story.
- Adjunct Associate Professor Liz Crowe's "Masterclass in effective communication."

For ANZCA Annual Scientific Meeting media coverage go to page 54.

Perioperative medicine

POM continues to expand

ANZCA's work in perioperative medicine continues to mature, with growth now evident not only in participation but in the breadth of activity across education, policy and advocacy.

We have recently welcomed Rachel Portelli to the role of General Manager, Perioperative Medicine and she will continue the college's strong commitment to this important college priority.

We now have 803 Chapter of Perioperative Medicine graduates.

Of these, 34 have completed the course including 25 anaesthetists, seven physicians, one GP and a fellow of the Royal College of Physicians of Canada.

A key element of our course is the clinical immersion component, which makes it unique from other courses.

We have 38 sites across Australia and New Zealand, including our newest site, Bendigo Hospital in regional Victoria, with Sir Charles Gairdner (WA) and The Princes Charles (Qld) Hospitals in the final stages of onboarding. This is a significant increase from the 21 sites we had in December 2024.

Uptake of the ANZCA Course in Perioperative Medicine continues to grow with the number of enrolments for trimester 2 doubling the number for the same units last year.

Trimester 2 commenced on 1 June with 51 participants registered. There are 47 enrolled in unit 3 (optimisation) and 40 in unit 4 (intraoperative impacts on patient outcomes).

While participants continue to be predominantly FANZCAs, physicians and intensivists also make up the numbers in this cohort.

Trimester 3 enrolment opened on 29 June 2026. Interested applicants can find more information in the participant toolkit.

ENGAGEMENT WITH GPs AND OTHERS

College staff recently met with staff from the Royal Australian College of GPs where useful discussions took place.

The college has offered to present on POM at upcoming GP scientific meetings including GP26 (RACGP) in Adelaide in November and at the Royal New Zealand College of General Practitioners (RNZCGP) July meeting in Auckland following a meeting with staff in November 2025.

In early June, Professor Dave Story also had the opportunity of describing ANZCA's work in perioperative medicine at Euroanaesthesia 2026 in Rotterdam in the Netherlands where he presented "ANZCA and the introduction of a perioperative medicine chapter to promote research, enhance professional development and cross-specialty collaboration."

The London Declaration (see page 48) was also signed at this meeting.

A standalone Chapter of Perioperative Medicine booth was featured at the ANZCA Annual Scientific Meeting in Auckland from 1-5 May aimed at increasing awareness of and enrolment in the POM course among conference delegates.

Thanks to Dr Callum Robinson, Dr Maggie Wong, Dr Mohua Jain, Dr Louisa Lowes as well as POM Director of Professional Affairs, Dr Jill Van Acker and ANZCA staff who showcased the Learn@ANZCA platform and our latest advocacy resources including a short video "Perioperative medicine: The pathway to better surgical care" and an accompanying booklet *Perioperative medicine: A better experience for surgical patients*. Both the video and booklet can be located on the college's POM webpage.

The booklet has now also been circulated to key stakeholders for advocacy and promotion purposes (health ministers, POM sister colleges/peak bodies, health department heads and peak health bodies).

The booklets will also be used to promote POM at meetings, for example, with health ministers and/or senior advisors.

NEW PROFESSIONAL DOCUMENT

The chapter's Advocacy and Policy Committee is planning to develop our first professional document for perioperative medicine.

The document will address the multidisciplinary preoperative clinics by the Chapter of Perioperative Medicine.

The purpose of the document is to provide perioperative clinicians with a best practice guide to the multidisciplinary preoperative clinic and its operations and provide support to advocate for these at a local level.

A formal document development group will be established and will likely comprise three ANZCA directors of professional affairs, a physician (general medicine and/or geriatrician), a surgeon, an intensive care medicine representative, and a general practitioner.

The new document will be added to ANZCA's current suite of professional documents which have all been assessed for updating to include POM. Six existing professional documents were amended and approved this year. Further information on the college's professional documents is located here.

Dr Chris Cokis
Chair, Board of the Chapter of Perioperative Medicine

ANZCA signs POM declaration

ANZCA was one of eight organisations to sign the London Declaration, an international collaboration with a shared vision for the future of perioperative medicine (POM), at the Euroanaesthesia Conference in Rotterdam on 6 June 2026.

Initially developed at the 2025 Evidence Based Perioperative Medicine (EBPOM) World Congress, the London Declaration aims to highlight the value and impact of good perioperative care. It sets out a shared vision for how this can be achieved through collaboration across borders, empowering patients, investing in a skilled multi-professional workforce and building partnerships and pathways that improve outcomes for patients.

ABOVE

From left: Professor David Walker (EBPOM, UK)
Associate Professor Joel Symons (ANZCA)
Professor Wolfgang Buhre (ESAIC, Netherlands)
Professor Denny Levett (Director of CPOC, UK)
Associate Professor Anoushka Afonso (President of ASER PM, US)
Professor Idit Matot (President ESAIC, Israel)
Dr Patrick Giam (President ASA, US)
Professor David Story (ANZCA)
Professor Mike Grocott (President POQI, UK)
Dr Claire Shannon (President, RCOA)

The founding partners of the declaration are:

- Australian and New Zealand College of Anaesthetists (ANZCA)
- Centre for Perioperative Care (CPOC)
- Royal College of Anaesthetists (RCoA)
- European Society of Anaesthesiology and Intensive Care (ESAIC)
- American Society of Anesthesiologists - Center for Perioperative Medicine (ASA-CPMed)
- American Society for Enhanced Recovery and Perioperative Medicine (ASER-PM)
- Evidence Based Perioperative Medicine (EBPOM)
- Perioperative Quality Initiative (POQI)

ANZCA's Immediate Past President and Chapter of Perioperative Medicine Board member Professor Dave Story signed the declaration on behalf of ANZCA and also presented on POM at the meeting. Dr Joel Symons, chair of the ChPOM Education and Assessment Committee, also attended the signing of the declaration.

LONDON DECLARATION

High-quality perioperative care transforms lives.

Good perioperative care improves patient recovery, reduces the personal and societal burden of avoidable postoperative harm and delivers healthcare efficiency and productivity. Meeting this global challenge demands international collaboration – supporting and empowering patients, investing in a skilled multiprofessional healthcare workforce, and strengthening partnerships to drive better outcomes for all.

Building a multidisciplinary perioperative service

The delivery of safe, effective perioperative care is increasingly challenged by the complexity of modern surgical patients. Across both global and local contexts, rising rates of multi-morbidity and frailty are reshaping perioperative risk profiles.

At The Alfred hospital in Melbourne, these challenges are reflected in our high-acuity surgical population, with over half of our patients classified as ASA 3 or greater in both the elective and emergency surgical settings. A publication from the consultative general physician team analysing data from 2022 concluded that our traditional models of care for complex surgical patients provided fragmented, reactive, and siloed medical care that had no consistent platform for collaboration across specialities.[1]

In line with the ANZCA perioperative patient pathway, they advocated for a proactive model of care with integrated services. Consequently, an impetus for change emerged, with the recognition that better outcomes require not isolated excellence, but coordinated, multidisciplinary care.

THE EVOLUTION OF OUR PERIOPERATIVE SERVICE

The development of our current multidisciplinary perioperative model for surgical inpatients at The Alfred did not occur overnight but gradually evolved over more than a decade. Early efforts began on multiple platforms that included a multi-disciplinary postoperative review service, collaboration with geriatricians in elective preadmission clinics, the creation of a high-risk preoperative clinic, and multidisciplinary education meetings.

A review of the patients referred to the multidisciplinary review service found the cohort to be elderly (median age 74) and co-morbid (85 per cent with ASA ≥ 3) with the rate of major complication or death within 30 days at 44.2 per cent.[2] However, despite the dedicated efforts of many, the perioperative care was fragmented and inconsistent.

By 2023, the need for a formalised, integrated service had become clear and in March 2024, the Perioperative Medical Service (PoMS) was launched as a consultant-led, multidisciplinary team incorporating anaesthetists, general physicians, geriatricians, surgical nurse specialists and junior medical staff.

BUILDING BRIDGES BETWEEN SILOS

Historically, perioperative care has been delivered within distinct professional silos. Surgeons, anaesthetists, and physicians operating in separate workflows, shaped by training pathways, time pressures, and organisational structures. These models led to fragmented care, inconsistent communication, and missed opportunities for optimisation.

Our PoMS model is designed explicitly to address these limitations. Its core philosophy is to provide integrated, team-based care that enables better coordination, improved risk stratification, and meaningful patient engagement.

A NEW MODEL OF CARE

Central to the PoMS approach is a shift from reactive to proactive care. The service focuses on early identification of high-risk patients and anticipatory management.

Clear, criteria-led referral pathways underpin this model. Patients are identified based on ASA classification, frailty scores, risk calculations (NSQIP, SORT), and clinical complexity. This ensures that patients most likely to benefit from multidisciplinary input are consistently captured early in their admission before complications occur.

The model spans all phases of a surgical patient journey:

- **Preoperative phase:** Comprehensive risk assessment, optimisation of comorbidities, and shared decision-making aligned with patient goals.
- **Intraoperative phase:** Collaborative planning, including pre-procedure review and postoperative disposition.
- **Postoperative phase:** Early identification and management of complications, coordinated discharge planning, and transition to community care.
- **Non operative pathway:** Medical and symptom management of the complex non-operative surgical patients

Care delivery is supported by structured protocols and pathways, including enhanced recovery frameworks and

Figure 1 – The Alfred hospital Perioperative Care Model

disease-specific initiatives. The introduction of RAPID SMR (Resuscitation, Analgesia, Prevention, Identification, De-escalation, Stabilisation, Medication management, Rehabilitation) provides a systematic approach to early postoperative care. While figure 1 accurately summaries the breadth and structure of our service, it fails to capture the dynamic nature of the patient journey. Patient complexity means that our linear pathway needs to be malleable to adapt to the dynamic nature of illnesses and care requirements.

MULTIDISCIPLINARY COLLABORATION IN PRACTICE

A defining feature of the PoMS model is its emphasis on collaboration. Daily multidisciplinary handovers ensure that all new patients are reviewed by specialists and allocated to an appropriate care stream. Multidisciplinary ward rounds facilitate shared decision-making and dynamic care planning.

Importantly, the service acts as a central point of coordination for complex patients. This reduces duplication, improves communication between teams, and provides clarity for both staff and patients. PoMS also focuses on building strong therapeutic relationships which allows meaningful conversations about goals, expectations, and treatment preferences.

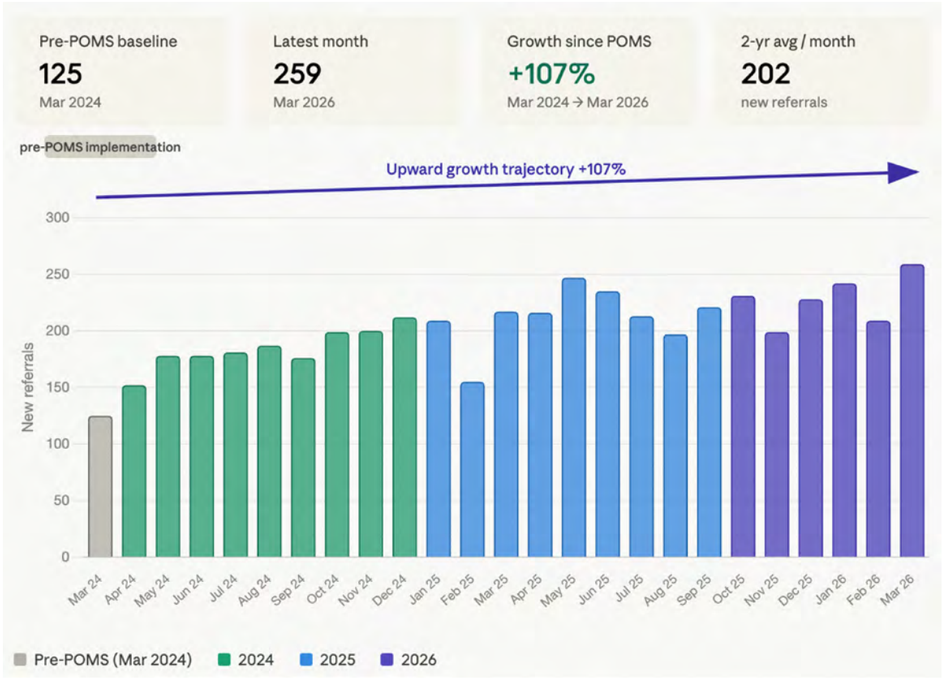
A staff perception and experience survey conducted in 2025, found 90 per cent of respondents reported that the service contributes to safer management of medically complex patients: “Patients are more appropriately prepared for surgery, reducing cancellations…and preventing post operative deterioration and reducing length of stay”.

Survey responses overwhelming focused on the positive impact POMS has on providing coordinated care, complex optimisation and surgical planning and goals of care discussions for the highest risk surgical patients.

ACTIVITY AND IMPACT

Since its launch, PoMS has demonstrated substantial growth. Referral activity has increased significantly with more than 100 per cent growth in service provision over two years compared to the pre-existing general physician consultative service. Over a two-year period, more than 3000 patients were reviewed of which 54 per cent of patients were ≥ 70 years old and 80 per cent patients were ASA ≥ 3 on admission. The service now reviews about 25 per cent of all surgical patients that require more than a one-night hospital stay.

PoMS growth



CHALLENGES AND FUTURE DIRECTION

The implementation of PoMS was not without challenges. Demand for the service exceeded initial expectations, placing pressure on staffing and resources.

Establishing credibility within the hospital took time and required sustained engagement, education, and demonstration of value.

Information technology also emerged as a critical factor. Early development of streamlined referral pathways and electronic systems would have facilitated a smoother rollout. Similarly, defining clear metrics for success proved complex, highlighting the need for robust evaluation frameworks from the outset.

As the service expands and we look to the future, to ensure unity across specialties, we aspire to have a single overarching governance model. Currently, negotiating between medical and surgical governance creates limitations and barriers to service expansion and patient care. Our vision for all teams to work under a single perioperative unit governance structure would improve efficiencies, allow for better training opportunities and merge expertise.

FINAL REFLECTIONS

The creation of a multidisciplinary perioperative service represents a significant shift in how surgical patients are managed. It challenges traditional boundaries and redefines the role of clinicians within the perioperative space.

In the future, as healthcare systems evolve and patients’ complexity increases, the principles underpinning our model (collaboration, proactivity, and integration) will become increasingly important. Our experience at The Alfred demonstrates that while change is challenging, it is both achievable and worthwhile.

Ultimately, the transition from concept to care is not just about creating a new service. It is about reshaping how we think, work, and collaborate to deliver better outcomes for our patients.

Dr Elizabeth Cawson, FANZCA
The Alfred hospital, Melbourne

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2. Nicolson J, Reilly J, Shulman M, Ferguson M, Burke J, Lehane D et al. Perioperative outcomes in intermediate and high risk patients after major surgery following introduction of a dedicated perioperative medicine team: A single centre cohort study. Anaesthesia and Intensive Care 2023; 51(2): 120-129.

THE WRAP UP

ABOVE

From left: Convenor Dr Kerry Benson-Cooper and Scientific Convenor Dr Marta Seretny.

OPPOSITE PAGE

New fellow Dr Alessandra Binagui Buitureira with son Roc, 2, at the College Ceremony.

It is really exciting to be able to say that after a lot of planning and preparation we were extremely proud to have delivered the ANZCA Annual Scientific Meeting (ASM) 2026 in Auckland on May 1-5.

We had an exceptional National Organising Committee (NOC) and of course the ANZCA events team who were critical in delivering a world-class scientific program. We would like to thank all the speakers and facilitators who travelled from across the motu and beyond to enable our ASM to be such a success. We were able to present the ASM alongside our Māori partners in a meaningful and unique way, which is a credit to all involved. We had 1873 in person delegates over the meeting and 257 onDemand registrations.

We opened on Saturday morning with the Pōwhiri which was deeply moving. We then followed with the gripping opening plenary and we continued with that level of class throughout the program. All the plenaries were riveting and we were fortunate to have international speakers travel so far to share their work and wisdom with us. The College Ceremony was a privilege to attend. Getting to share the night with new fellows and see our distinguished colleagues receive their appropriate recognition was such an honour.

"Herenga waka, Herenga tangata – from home to home", was our theme. This resonated throughout the ASM and strongly reflected our specialty as a place of safety, care and connection. This sense of belonging was palpable throughout the ASM and the New Zealand International Conference Centre. It was especially impactful to see our theme projected on the Sky Tower on the night of the College Ceremony.

The main focus for the ASM program was to focus on the science that underpins our specialty and we extended this by providing evidence-based updates across all program sessions. Our invited keynote speakers each have an outstanding track record in contributing to the science of anaesthesia, pain and critical care. Their contribution to the meeting was outstanding and well received. Each also commented how much they not only enjoyed attending the ASM but felt welcomed by everyone they interacted with.

Sessions focused on providing a broad choice of clinically-focused, evidence-based, updates relevant to general, as well as specialist anaesthetists.

In the spirit of celebrating the scientific nature of our specialty, alongside the usual ASM prizes on offer, we also introduced the inaugural Open Science Prize which broadened the eligibility criteria to fellows, trainees and scientists working in anaesthetic sciences.

We were extremely grateful that the weather was perfect during the week. Delegates and whānau were able to enjoy Tāmaki Makaurau (Auckland) in all her glory. Optional activities included running, mountain biking and kayaking. The Hākari at the Royal New Zealand Yacht Squadron was enjoyed by many with dancing into the small hours. It was a beautiful historic venue with much to see.

Finally, we wish the South Australian team all the best in their plans for ASM 2027. We look forward to seeing their exciting program for Adelaide.

Dr Kerry Benson-Cooper
Convenor

Dr Marta Seretny
Scientific Convenor

2026 ANZCA ASM

MEDIA COVERAGE

The college's media team issued eight media releases on a range of topics including allergies and anaesthesia, childhood pain, bringing your kids to work, the appointment of new leaders for ANZCA and FPM and new theories about the circadian clock.

- Wollongong-based ANZCA President-elect Dr Tanya Selak was interviewed on ABC Radio Illawarra's Breakfast program with Melinda James on 30 April.
- The ASM's scientific convenor Dr Marta Seretny was a guest on Radio New Zealand's Nights program with Emile Donovan on 30 April where she discussed the meeting and the specialty in a 15- minute live segment in the RNZ studio.

ABOVE

ANZCA ASM scientific convenor Dr Marta Seretny was a guest on Radio New Zealand's Nights program with Emile Donovan.

OPPOSITE PAGE FROM TOP

Our 265 new fellows presenting at the College Ceremony and reciting our fellowship pledge.

ASM delegates finding out about our next meeting – Adelaide here we come!

ANZCA President Professor Dave Story listens at the Yarning Circle/Whakawhanaungatanga within the healthcare industry exhibition. Aboriginal and Torres Strait Islander peoples traditionally use yarning circles for dialogue. For Māori, whakawhanaungatanga is a process of establishing, building and maintaining relationships.

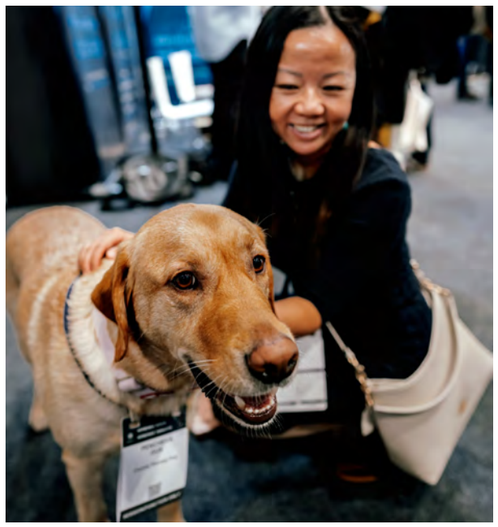
CONNECTING ONLINE

It was great to see delegates enjoying the ASM and connecting with one another not only at the convention centre, but also online. During the ASM our Instagram content received more than 64,000 views, including our popular post about the ANZCA-designed ASM logo artwork being beamed onto the Auckland Sky Tower, and nearly 1000 interactions (likes, shares, comments, saves) across posts and stories, and the ANZCA and FPM LinkedIn pages received more than 23,000 post impressions.

Our Facebook page content had nearly 90,000 views and more than 800 interactions. The College Ceremony livestream had more than 7000 views on Facebook and our YouTube channel clocked up more than 2800 views.

BRING YOUR KIDS TO WORK DAY

Children got a rare behind-the-scenes look at the world of anaesthesia at the clinical skills centre at Te Toka Tumai Auckland City Hospital at one of the ASM's program workshops. The "bring your kids to work" session involved 30 children aged 4 to 14 for an immersive experience designed to educate and inspire.



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Dr Kerry Benson-Cooper, 2026 ASM Convenor, delivering the Karakia Whakatuwhera at the start of the College Ceremony.

TopMedTalk hosts Professor Kate Leslie and Dr Andy Cumpstey interview Dr Doug Campbell (NZ).

Pet therapy dog Gus (with his own lanyard) visited the healthcare industry exhibition.

ASM delegates took the opportunity to meet with ANZCA CEO Lance Emerson at the college lounge.

A Saturday simulation workshop.

OPPOSITE PAGE CLOCKWISE FROM TOP

College staff were at the ASM to answer delegates' questions about the ANZCA Library, our CPD program, perioperative medicine, training and education, FPM, policy, the museum and more.

The Bootleggers take to the stage.

Professor Dave Story is joined by National Organising Committee members Tui Blair, Dr Kerry Benson-Cooper, Dr Marta Seretny, Dr David Sidebotham, Dr Sarah Goodwin, Dr Vikrant Singh, Dr Saana Taylor, Dr Amy Gaskell, Dr David Boothman-Burrell, Associate Professor Nicole Phillips and Dr Noam Winter.

Students from Ngā Puna o Waiōrea perform a haka.

HĀKARI

The ANZCA ASM held its first Hākari on Monday 4 May at the Royal New Zealand Yacht Squadron in Auckland.

In Te Reo Māori, Hākari means a feast or celebration, and that's exactly what was in store for delegates. Instead of a sit-down dinner, the National Organising Committee hosted a stand-up gathering, which meant the night was all about good food, great vibes, and mingling with new people. With a live band to keep the dance floor buzzing and a traditional welcome, it was the perfect way to celebrate the last night of the ASM.

GLOBAL HEALTH A FOCUS AT ASM

FROM LEFT

PNG anaesthetist Dr Lisa Akelisi Yockopua.

From left: Dr Twila Okaipa, Dr Fernanda Da Silva, Dr Masina Masin.

At the recent ANZCA Annual Scientific Meeting in Auckland, two anaesthetists from Papua New Guinea highlighted the progress and the ongoing challenges facing the specialty in their country.

Dr Lisa Akelisi Yockopua and Dr Masina Masin were among a delegation of four anaesthetists and trainees from PNG attending the meeting with support from ANZCA. They were joined by Dr Twila Okaipa, a senior registrar from PNG who was supported by the medical technology company STORZ.

Dr Akelisi, who is based in Port Moresby, is the vice-president of the PNG Society of Anaesthetists and Intensivists. In an interview with the *ANZCA Bulletin* in Auckland she explains how the country now has 39 practising anaesthetists.

In 2012, when she attended the ANZCA ASM in Perth as a junior specialist supported by ANZCA, there were just 18 anaesthetists practising in PNG.

Dr Akelisi says the growing interest among medical graduates in anaesthesia and intensive care in PNG has been encouraging.

“More students are now aware of what they can do when they pursue anaesthesia as a specialty and that has helped increase our numbers.”

Dr Akelisi says PNG government support for specialist training positions has improved, with about 10 funded anaesthesia trainee positions now allocated nationally. However, workforce shortages remain significant in a country with an estimated population of 12 million people spread across vast areas of remote regions.

A major focus of Dr Akelisi’s presentation at the ASM was sustainability in anaesthesia practice. She described efforts to reduce waste, increase awareness of climate impacts and limit the routine use of nitrous oxide where possible.

She also highlighted the growing role of regional anaesthesia and ultrasound-guided techniques, supported through long-standing support with ANZCA volunteer fellows who regularly visit PNG for simulation and education workshops.

Despite the increase in the number of specialist anaesthetists, Dr Akelisi says anaesthetic scientific officers remain essential to delivering care across PNG, particularly in regional and rural hospitals, as “our hands and our eyes.”

For Dr Masin, attending the ASM marked another important step in a rapid professional journey that has seen her move from being a trainee at the Port Moresby General Hospital to lecturer in anaesthesia and intensive care at the University of Papua New Guinea.

Having recently completed her Masters training, Dr Masin is now focused on teaching undergraduate and postgraduate students while learning how to transition from trainee to mentor.

“During your medical training you don’t learn how to teach or mentor,” she said. “Now I’m learning how to create a safe environment where students can ask questions and be themselves.”

Dr Masin says she draws inspiration from senior PNG anaesthetists at the university such as Dr Michelle Masta and Dr Pauline Wake who are helping guide the next generation of PNG anaesthetists.

“I am still crawling, not running, in the specialty but the support from my established colleagues has been invaluable.,” she reflects.

Dr Masin says attending international meetings such as the ASM and the World Congress of Anaesthesiologists in Singapore in 2024 has broadened her understanding of global anaesthesia practice and reinforced her interest in research and pain medicine.

“My passion is in pain medicine and research,” she said. “Medicine is always progressive. It does not stay the same.”

Dr Fernanda Da Silva, an anaesthetist from the Timor Leste Ministry of Health in Dili, also attended the ASM with support from ANZCA.

All agree that the opportunity to attend the ASM provided valuable exposure to new ideas, collaboration and professional networks.

Carolyn Jones
Media Manager, ANZCA

COLLEGE HOSTS INDIGENOUS DOCTORS IN AUCKLAND

LEFT

ANZCA’s fellows with Indigenous Health Committee delegates (from left) Dr Sharon McGregor, Dr Catherine Garnsey, Dr Amanda Gimblett, Dr Ella Ceolin, Dr Georgia Love, Professor Dave Story, Dr Georgia Ward, Dr Noah Hemi, Dr Aislind Bell, Dr Emily Thomson.

Ten Aboriginal and Torres Strait Islander and Māori pre-vocational doctors and medical students attended this year’s annual scientific meeting (ASM) with financial support from ANZCA.

Chair of ANZCA’s Indigenous Health Committee, Christchurch-based specialist anaesthetist Dr Amanda Gimblett says the initiative, which is approaching a 10-year milestone, has evolved significantly over the past decade.

“At first we were getting one, two, and then three and four applicants,” she says.

“This year we had 12 applicants and we were able to offer support to 10 of those.”

Speaking to the *ANZCA Bulletin* at the ASM in Auckland Dr Gimblett says the increasing interest in the program reflects what she describes as “increasing popularity … year on year,” driven by a combination of factors including more Indigenous medical graduates and sustained outreach by ANZCA fellows and organisations such as the Australian Indigenous Doctors’ Association, and Te ORA, (the Māori Medical Practitioners Association).

Significantly, this year’s cohort represents the largest number of pre-vocational doctor participants so far – a trend Dr Gimblett believes will continue in future years.

“There’s so much interest now,” she says. “Many participants are in postgraduate years two or three (PGY2, PGY3), often undertaking critical care rotations that serve as a pathway into anaesthesia.”

Each year ANZCA invites Aboriginal and Torres Strait Islander and Māori medical students and pre-vocational doctors with an interest in anaesthesia or pain medicine to apply for financially-supported places at the ASM.

While the initiative is not unique among medical colleges, ANZCA emphasises connection and mentorship for the participants. Dr Gimblett prefers to frame it less as a scholarship and more as a relationship-building initiative.

“It’s an introduction of people interested or aspiring anaesthetists to their future peers,” she explains. Drawing on the Māori concept of tuakana–teina – a mentoring model based on older and younger sibling relationships – she says the aim is to “bring them into the fold, make connections for them and then open those connections.”

“It’s a huge step in terms of not just showing them the path but showing that there’s safety around that step into … a five, or even longer, year journey,” she says, referring to the anaesthesia training structure.

Workshops at this year’s ASM, including sessions led by Aboriginal and Torres Strait Islander and Māori clinicians, helped outline career pathways and provided practical advice for those considering anaesthesia.

Feedback from participants has been consistently positive. According to Dr Gimblett, attendees value the opportunity to engage directly with fellows and experience the breadth of the specialty.

“They find ANZCA very friendly,” she says, noting that hands-on exposure and improved access to workshops this year have enhanced the experience. “They can learn, they can participate, and again, observe the breadth of the specialty.”

The initiative is also helping to establish and nurture a pipeline into the specialty. Of those applicants eligible to progress, about half have gone on to anaesthesia training, with two having now completed fellowship.

Interest in pain medicine is also strong, particularly among those motivated to address unmet needs in their communities.

“Applicants often talk about pain medicine being of interest to them after seeing poorly controlled pain in their communities,” Dr Gimblett says.

Carolyn Jones
Media Manager, ANZCA

FUTURE LEADERS REFLECT

The 2026 Emerging Leaders Conference (ELC) was held at Rydges Formosa Auckland Golf Resort overlooking the Hauraki Gulf and Rangitoto Island. Guided by the theme "Te Herenga Matua – The Pursuit of Consciousness", the conference brought together early career anaesthetists and pain medicine specialists for a transformative three-day experience focused on leadership, reflection, wellbeing and connection.

The program encouraged delegates to explore conscious and values-driven leadership while strengthening professional relationships through whakawhanaungatanga and shared learning experiences.

The conference started with a mihi whakatau led by Dr "Matua" Jack Hill, welcoming delegates to the whenua and acknowledging the iwi and ancestors connected to the land. This opening set the tone for a conference grounded in manaakitanga, cultural respect and authentic connection. Professor Simon Mitchell opened the academic program with an engaging session on "Leadership outside the box", highlighting the importance of teamwork, shared mental models, flattened hierarchies and psychological safety within healthcare teams.

A strong focus throughout the conference was health equity and culturally safe leadership. Dr Jane Thomas and Dr Vik Singh led discussions on Māori and Pacific health inequities, exploring the impacts of colonisation, systemic barriers and the importance of co-designing healthcare services with communities. Delegates were encouraged to reflect on their responsibilities as future leaders and advocates for equity within healthcare systems.

The conference also featured the "Anaesthesia and pain medicine at home and abroad" panel, which brought together perspectives from Malaysia, Hong Kong, the Faculty of Pain Medicine and Aotearoa New Zealand. The panel encouraged delegates to think critically about healthcare challenges and innovative, practical solutions for improving health services.

Leadership development was a major focus of the second day. Associate Professor Nicole Phillips and Dr Vanessa Beavis discussed navigating hierarchy and embracing leadership opportunities, encouraging delegates to step outside their comfort zones and recognise the value of saying "yes" to unexpected experiences. Dr Nigel Robertson reflected on the personal costs and challenges of leadership, emphasising that meaningful leadership is driven by purpose rather than ambition.

One of the most impactful sessions was delivered by Dr Steven Hocken, who shared his journey from anaesthesia trainee to terminal cancer patient. His deeply personal reflections on illness, vulnerability and empathy resonated strongly with delegates and highlighted the profound importance of compassion and human connection in medicine.

Additional sessions explored work-life integration, professional longevity, social media and medical advocacy. Dr Amber Chisholm, Dr Nola Ng and Dr Tom Fernandez inspired delegates to prioritise sustainable careers and wellbeing, while Dr Morgan Edwards discussed balancing public engagement with professionalism and privacy in the digital age.

The conference concluded with Dr Liz Crowe's highly-praised interactive workshop on leadership styles, followed by Dr Tanya Selak's reflections on leadership and the importance of surrounding oneself with a strong and supportive "village". The final "You can't ask that" panel provided delegates with an opportunity for open and honest discussion with college leaders, fostering authentic kōrero and mentorship.

Overall, the 2026 ELC was a resounding success, creating a vibrant and supportive environment where delegates were encouraged to lead with integrity, empathy and consciousness. The conference reinforced the importance of connection, cultural humility, courageous leadership and collective growth as the next generation of healthcare leaders shape the future of medicine.

Dr Saana Taylor and **Dr Vik Singh**
2026 ELC Co-convenors

APPLICATIONS FOR THE 2027 ELC WILL OPEN IN EARLY SEPTEMBER

More information will be available online (https://www.anzca.edu.au/fellowship/information-for-new-fellows/emerging-leaders-conference) closer to the date.

FROM LEFT

ELC delegates, ANZCA and FPM college leaders, international sister college leaders and speakers.

Dr Tanya Selak facilitating the 'You can't ask that!' panel with ANZCA and FPM college leaders, Dr Sally Ure, Dr Irina Hollington, Dr Adam Levin, Dr Jonathan Ramachenderan, Dr Dilip Kapur and Professor Dave Story.

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College awards

Robert Orton Medal

The Robert Orton Medal is awarded at the discretion of ANZCA Council, the sole criterion being distinguished service to anaesthesia, perioperative medicine and/or pain medicine.

ADJUNCT CLINICAL ASSOCIATE PROFESSOR CHRISTINE BALL AM

Adjunct Clinical Associate Professor Ball AM is a specialist anaesthetist at The Alfred hospital and associate professor at Monash University, whose career has encompassed clinical practice, education, research and an exceptional contribution to the history and heritage of anaesthesia.

Across her career, Associate Professor Ball has established an internationally recognised body of work in the scholarly study and communication of anaesthesia history. For more than 30 years, her leadership in this field has elevated the discipline in Australia and globally, deepening understanding of the development of anaesthesia, resuscitation, intensive care and pain medicine, and reinforcing the relevance of historical perspective in contemporary practice.

A prolific and influential scholar, she has authored an extensive body of work, including numerous peer-reviewed publications and several major texts on the history of anaesthesia. Her Doctor of Medicine, awarded for her thesis "A History of Anaesthesia", represents a rare and significant academic achievement and has served as a benchmark for future generations of clinician-historians.

Her contributions to the literature, including more than 200 historical cover notes for *Anaesthesia and Intensive Care*, have become an enduring resource for the profession.

Associate Professor Ball has also played a central role in preserving and promoting the heritage of anaesthesia. As Honorary Curator of the Geoffrey Kaye Museum of Anaesthetic History, she has overseen the growth, visibility and international recognition of one of the world's most significant collections of anaesthetic equipment. Through exhibitions, digital initiatives and a major oral history program, she has ensured that the contributions of generations of anaesthetists are documented and accessible.

She has inspired colleagues and trainees to engage with the history of the specialty, fostering a new generation of scholars and contributors. Through national and international presentations, including invited lectures at major scientific meetings, she has brought historical insight to contemporary challenges in anaesthesia and broadened the reach of the discipline.

Associate Professor Ball is recognised internationally as a pre-eminent historian of anaesthesia, with honours including the Wood Library-Museum Laureate of the History of Anesthesia and fellowship of the Royal Historical Society.

Dr Michael Cooper
Professor Barry Baker AM
Dr Paul Myles

DR VANESSA BEAVIS CNZM

Dr Beavis CNZM is a specialist anaesthetist at Auckland City Hospital and Executive Director, Professional Affairs at ANZCA, whose career has encompassed clinical practice, college leadership and the advancement of perioperative medicine.

For more than three decades, she has made an exceptional and distinctive contribution to anaesthesia through her leadership in perioperative medicine and sustained service to the college. She has been a central figure in advancing anaesthesia-led, multidisciplinary models of care, shaping perioperative medicine as an integral component of contemporary practice across Australia and New Zealand.

Dr Beavis has provided distinguished leadership to ANZCA over many years. As president during the COVID-19 pandemic, she led the college through a period of significant disruption, ensuring the continuity of training, assessment and core operations across two countries while maintaining professional standards.

Her leadership was characterised by clarity, pragmatism and a strong focus on supporting fellows, trainees and staff. Her broader contribution to the college has been substantial and sustained.

In addition to her role as president, she has served as vice president, councillor and chair of key committees including the Training and Accreditation Committee and Continuing Professional Development Committee and has contributed extensively to examinations and international medical graduate assessment.

Through these roles, she has strengthened standards, governance and the delivery of training across the college.

Dr Beavis has been a driving force in the development of perioperative medicine within ANZCA. From early involvement in the Perioperative Medicine Taskforce to founding the Special Interest Group and leading the establishment of the Chapter of Perioperative Medicine, she has shaped a multidisciplinary model of care that has had a sustained impact on patient outcomes and the future direction of the specialty.

In clinical practice, Dr Beavis held the role of Director of Perioperative Services at Auckland City Hospital, where she led one of the largest perioperative services in New Zealand.

Dr Beavis's contribution extends beyond Australasia through her national and international leadership roles and she is recognised for her strategic leadership, diplomacy and ability to bring together diverse stakeholders to achieve meaningful outcomes for the profession and for patients.

Dr Melissa Viney
Dr Maggie Wong
Dr Leona Wilson ONZM

PROFESSOR ANDREW DAVIDSON

Professor Davidson is an internationally recognised paediatric anaesthetist whose research has transformed understanding of anaesthesia in early childhood.

His work has made a sustained and globally significant contribution to anaesthesia through leadership in paediatric anaesthesia research, clinical trials and evidence-based practice.

It has advanced understanding of the effects of anaesthesia on the developing brain and has directly influenced clinical care, policy and research priorities worldwide.

He is best known for leading major international, multi-centre randomised controlled trials examining neurodevelopmental outcomes following anaesthesia in infancy. These landmark studies, including the GAS trial, have provided the highest level of evidence in an area of global concern and uncertainty, shaping clinical decision-making and offering reassurance to clinicians and families regarding the safety of anaesthesia in early life

Professor Davidson has also demonstrated outstanding leadership in building research capability within paediatric anaesthesia. As Head of the Anaesthesia Research Group and Medical Director of the Melbourne Children's Trials Centre, he has established and led collaborative, multidisciplinary research programs that have attracted significant national and international funding and enabled high-quality clinical trials across Australia and internationally.

His contributions extend to editorial leadership roles, including Executive Editor of *Anesthesiology* and Editor-in-Chief of *Pediatric Anesthesia*, reflecting his standing as a global leader in the field.

His commitment to advancing research capability and fostering the next generation of leaders has had a lasting impact on the specialty. His contributions have been recognised through election as a fellow of the Australian Academy of Health and Medical Sciences and through multiple research and professional awards.

Professor Kate Leslie AO
Professor Dave Story
Associate Professor Paul Lee-Archer

ASSOCIATE PROFESSOR ROSS KENNEDY

Associate Professor Kennedy trained in New Zealand and has served as a specialist anaesthetist at Christchurch Hospital since 1992.

Alongside his clinical practice, he has held a long-standing academic appointment with the University of Otago in Christchurch, contributing to undergraduate and postgraduate education and advancing research in anaesthesia.

Over more than three decades, Associate Professor Kennedy has contributed extensively to anaesthesia through his work in pharmacokinetics, volatile anaesthesia, and computer-assisted drug delivery. He has been an early innovator in the application of pharmacological modelling to clinical practice, with his work underpinning the development of technologies that enable precise, efficient and environmentally sustainable anaesthesia.

His research has translated directly into clinical practice, driving sustained change in anaesthetic delivery in Christchurch and contributing to measurable improvements in safety, efficiency and environmental impact.

His collaboration with industry, including with GE Healthcare, has informed the development and implementation of end-tidal control systems and low fresh gas flow techniques, contributing to the widespread adoption of these approaches in contemporary anaesthesia practice.

Associate Professor Kennedy is widely respected as an educator and mentor. He has taught and supervised learners across all stages of training and has provided long-standing support to ANZCA trainees, including through his involvement in the Christchurch Part 1 Pre-examination Course.

Within his department, he has held several leadership roles, including Deputy Clinical Director and Clinical Lead for Facilities and Equipment. His stewardship has contributed to the standardisation of anaesthesia systems across hospital sites, strengthening safety, consistency and usability for clinicians.

Dr Veronica Gin
Dr Amanda Gimblett
Dr Richard French

ASSOCIATE PROFESSOR STUART MARSHALL

Associate Professor Marshall is a specialist anaesthetist whose work has reshaped how anaesthetists understand performance, decision-making and safety in clinical practice.

His work has advanced the application of human factors science in perioperative medicine, reshaping how clinicians understand decision-making, teamwork and performance in high-stakes environments.

His research has informed the design of cognitive aids, clinical systems and environments, with ongoing impact on patient safety and the delivery of anaesthesia. A prolific and influential clinician-scientist, he has authored more than 100 peer-reviewed publications and holds editorial roles across leading international journals.

Associate Professor Marshall has also made a defining contribution to education and training. He has led the development of human factors and crisis management curricula across all stages of training and has played a central role in advancing simulation-based education. His contributions to ANZCA's Effective Management of Anaesthetic Crises (EMAC) program have influenced how anaesthetists are trained to respond to critical events.

His leadership within the college has been equally significant. As an ANZCA councillor and chair of the Information Communication Technology Governance Committee, he has led the development of the college's first digital strategy and strengthened its approach to technology, cybersecurity and innovation. His broader contributions across professional standards, research governance and examination delivery have strengthened the college and the profession.

Through global collaborations and as founding president of the International Clinical Skills Foundation, he has advanced clinical education and patient safety in both high- and low-resource settings.

Dr Adam Rehak
Professor Leonie Watterson
Professor Dave Story

ANZCA Medal

The ANZCA Medal is awarded at the discretion of ANZCA Council in recognition of major contributions to the status of anaesthesia, pain medicine or related specialties.

DR ANNA HALLETT (2024 RECIPIENT)

Dr Hallett is recognised for her longstanding leadership in advancing the wellbeing of anaesthetists and for her sustained commitment to supporting trainees and colleagues across Queensland and the broader anaesthetic community.

Throughout her career as a specialist anaesthetist, Dr Hallett has consistently prioritised the human dimensions of clinical practice. She has been central to embedding wellbeing as a practical and visible component of departmental culture, introducing and strengthening wellbeing advocate roles across multiple institutions and promoting approaches that support safe, sustainable working environments.

Her contribution to the college has been both practical and influential. Through her longstanding involvement with the ANZCA Wellbeing Special Interest Group, she has contributed to the development of resources, initiatives and national conversations that have shaped how the profession understands and responds to clinician wellbeing.

She has also supported key work in trainee re-entry and flexible training pathways, improving access and continuity for trainees navigating complex circumstances. Dr Hallett's influence extends beyond Queensland. The models, networks and initiatives she has established have informed approaches to wellbeing across Australia and New Zealand, providing a foundation that others have built upon within their own departments and jurisdictions.

Dr Hallett's impact is particularly evident in her work as an educator and mentor.

In 2020, she co-founded the Sunshine State Wellbeing of Anaesthetists Network, creating a collegial forum for connection and peer support that has strengthened engagement across Queensland and informed similar initiatives elsewhere.

Her work has strengthened both the culture and capability of anaesthesia, ensuring that the wellbeing of clinicians is recognised as integral to high-quality patient care.

Dr Sarah Bowman
Dr Peta Lorraway
Dr Claire Maxwell

ASSOCIATE PROFESSOR CHARLES BROOKER

Associate Professor Brooker has made an outstanding and enduring contribution to pain medicine in Australia through clinical practice, education, research and sustained service to the Faculty of Pain Medicine.

Over several decades, he has been recognised as a skilled and compassionate pain medicine physician, respected for his sound clinical judgement and commitment to patient-centred, multidisciplinary care. He is widely regarded as a clinician of integrity who approaches complex and challenging pain conditions with professionalism, humility and care.

Education and mentorship have been central to his career. He has trained, supervised and supported generations of pain medicine physicians, many of whom now hold senior clinical, academic and leadership positions across Australia.

Associate Professor Brooker has provided extensive service to the Faculty of Pain Medicine. His long-standing involvement includes significant contributions to the Examinations Committee, including serving as chair during a period of substantial reform. In this role, he led important modernisation of assessment approaches while maintaining accessibility for candidates.

His broader faculty service has included roles as long case coordinator, pain convenor for the ANZCA Annual Scientific Meeting, procedural supervisor within the Procedures Endorsement Program, and leadership within the NSW Regional Committee.

He has also made a significant contribution to research and scholarship in pain medicine, contributing to investigator-initiated and industry-sponsored research, including early neuromodulation studies. He has published widely and currently serves as Editor-in-Chief of *Pain Management Today*.

Associate Professor Marc Russo
Dr Andrew Weiss
Dr Tejas Kanhere

DR ANNETTE TURLEY

Dr Turley has made a significant and sustained contribution to anaesthesia across Australia and New Zealand through 30 years of clinical practice, education, leadership and longstanding service to the profession. She has been recognised as a highly skilled and committed anaesthetist, with a strong focus on delivering safe, high-quality care in regional and rural settings. Her clinical practice has been characterised by sound judgement, adaptability and a commitment to improving systems of care for the communities she serves.

Dr Turley has trained, supervised and supported generations of trainees, junior doctors and general practitioner anaesthetists across both New Zealand and Australia. As a longstanding ANZCA Part 1 examiner and supervisor of training, she has contributed significantly to training and assessment and is widely recognised for her dedication to supporting trainees throughout their professional development.

Dr Turley has provided extensive leadership and service within anaesthesia and the broader health system. In New Zealand, she served as president of the New Zealand Society of Anaesthetists and held key roles in training, credentialing and professional advocacy. Following her move to central Queensland, she played a pivotal role in the development of anaesthesia services in Rockhampton, establishing systems aligned to ANZCA standards, supporting workforce development and achieving accreditation for training.

Her broader contributions include leadership roles in medical administration and clinical training, including as Director of Clinical Training for Central Queensland Hospital and Health Service, where she has overseen the development of junior doctors and supported international medical graduates entering the workforce.

She has also contributed to statewide initiatives through her involvement in the Statewide Anaesthesia and Perioperative Care Network, strengthening the delivery of anaesthesia services across regional Queensland.

Dr Genevieve Goulding AM
Dr Leona Wilson ONZM
Dr Miriam Tohill

DR KIERAN DAVIS

Dr Davis has made a substantial and sustained contribution to anaesthesia and pain medicine through clinical care, education, leadership and longstanding service to the Faculty of Pain Medicine.

With more than 20 years of experience across anaesthesia and pain medicine, Dr Davis is recognised as a respected clinician with a strong commitment to multidisciplinary care. His work within Auckland City Hospital and the Auckland Regional Pain Service has supported the delivery and ongoing development of comprehensive pain management services, and he is known for his considered clinical approach and focus on patient outcomes.

He has played an important role in the education and development of trainees and fellows across Australia and New Zealand. Through his work in teaching, supervision and assessment, he has contributed to the development of a capable and confident pain medicine workforce.

He has made a significant and sustained contribution to the governance and development of the Faculty of Pain Medicine. During his tenure on the board, he contributed to the redevelopment of key faculty regulations, the establishment of the specialist international medical graduate pathway and the design of the 2015 training program.

In leadership roles across accreditation, examinations and training, he strengthened assessment processes and helped embed standards that continue to underpin the faculty's work.

As faculty dean Dr Davis provided steady and effective leadership during a period of consolidation following the COVID-19 pandemic. He supported the realignment of faculty priorities, strengthened engagement with external stakeholders and ensured the continued delivery of training and assessment programs under challenging conditions.

His leadership of examinations during the pandemic was instrumental in maintaining progression for trainees.

Dr Davis has also contributed to shaping the culture of the faculty, advocating for equity, inclusion and the development of a diverse and supportive professional community.

Associate Professor Michael Vagg
Dr Leinani S Aiono-Tagaloa
Dr Dilip Kapur

DR JILL VAN ACKER

Dr Van Acker has made an outstanding contribution to anaesthesia through her leadership in perioperative medicine, clinical innovation and dedicated service to the college. She is a highly regarded clinician with a strong focus on perioperative medicine and patient safety.

Her work has been characterised by innovation and collaboration, including the establishment of a high-risk perioperative clinic in the ACT and contributions to enhanced recovery pathways that have strengthened patient outcomes. Through this work, she has advanced more coordinated and multidisciplinary approaches to perioperative care and improved the management of patients with complex needs.

Dr Van Acker has been a leading contributor to the development of perioperative medicine within ANZCA and more broadly across the specialty. Through her long-standing involvement in the Perioperative Medicine Special Interest Group, including as chair, she has helped shape the direction, profile and reach of this evolving field. She has also played a key role in convening and delivering national meetings and contributing to strategic discussions that have supported the growth of perioperative medicine across Australia and New Zealand.

Her work has contributed to the growing recognition of perioperative medicine, both nationally and internationally, and to the role of anaesthetists as perioperative physicians. Her service to the college has been extensive and influential. She has contributed across a range of committees and initiatives, including the Perioperative Medicine Steering Committee, the Advocacy and Policy Committee and the Perioperative Medicine Board.

Through this work, she has supported policy development, multidisciplinary collaboration and the continued advancement of perioperative care. She has also contributed to guideline development and quality improvement initiatives that have strengthened patient safety and supported consistent standards of care.

Dr Van Acker is recognised for her collaborative approach, clarity of purpose and commitment to improving patient care.

Dr Chris Cokis
Dr Sean McManus
Dr Vanessa Beavis CNZM

DR BRENDAN INGRAM

Dr Ingram has made an outstanding and enduring contribution to anaesthesia through clinical practice, education, leadership and sustained service to the profession.

Over more than three decades, he has been recognised as a highly skilled anaesthetist with a particular contribution to cardiothoracic anaesthesia and the development of complex perioperative services.

Dr Ingram's clinical work at Monash Health has been central to the establishment and growth of cardiothoracic anaesthesia services and has contributed to the development of major tertiary cardiac services, including the Victorian Heart Hospital.

He has trained, supervised and supported generations of anaesthetists through his long-standing involvement in the Monash Anaesthetic Training Scheme, coordinating training over many years and contributing to the development of a large and successful training network.

He is widely regarded as an exceptional teacher, known for his commitment to trainee development, his practical teaching approach and his ongoing support of colleagues at all stages of their careers.

Dr Ingram has held senior roles at Monash Health including Director and Deputy Director of Anaesthesia and Perioperative Services, contributing to the development, governance and delivery of high-quality anaesthesia services across a large health network.

Dr Ingram has contributed more broadly to professional standards through his involvement in ANZCA activities, including service as a specialist international medical graduate assessor and participation in college education and training programs.

Dr Belinda Phillips
Dr Robert Marr
Dr Richard Barnes

DR DAVID JONES

Dr Jones has made a significant and lasting contribution to anaesthesia and pain medicine in Aotearoa New Zealand through decades of clinical care, leadership, education and service to the Faculty of Pain Medicine. For more than 40 years, he has been a central figure in the delivery and development of pain medicine services, particularly in the South Island. His work at Dunedin Hospital, including his long tenure as Clinical Leader of the Multidisciplinary Pain Clinic, reflects a sustained commitment to collaborative, patient-centred care and the integration of anaesthesia and pain medicine in clinical practice.

A strong advocate for education, Dr Jones has influenced the development of many anaesthetists and pain medicine specialists across the region. His contribution as an ANZCA final fellowship examiner and later as an FPM examiner has supported the consistent application of high standards in training and assessment.

He is widely regarded for his considered approach, depth of knowledge and commitment to fairness in the education of trainees. He has played a prominent role in professional leadership throughout his career.

His involvement with both the New Zealand Society of Anaesthetists and the New Zealand Pain Society, including serving as president of each organisation, has contributed to the advancement of the profession and strengthened collaboration between anaesthesia and pain medicine.

His service to ANZCA, including membership of the New Zealand Committee and representation of the faculty, reflects a long-standing commitment to professional governance. His contribution to the faculty has been particularly significant. As a foundation board member and inaugural censor, he was instrumental in shaping the early academic and professional standards of the faculty.

He later served as vice-dean and dean, providing leadership during a period of growth and consolidation and contributing to the development of training and assessment frameworks that continue to support the specialty today. Dr Jones has also contributed to the recognition and advancement of pain medicine more broadly, including his work to achieve formal recognition of pain medicine as a vocational scope of practice in New Zealand.

His involvement in editorial, advisory and medico-legal roles has further supported professional standards and patient care.

Dr Leinani Aiono-Le-Tagaloa
Associate Professor Michael Vagg
Dr Dilip Kapur

ANZCA Council Citation

The ANZCA Council Citation is awarded at the discretion of ANZCA Council. The citation is awarded in recognition of significant contributions to particular activities of the college.

DR ANTHONY COOREY

Dr Coorey has played an important role in anaesthesia through clinical practice, education and dedicated service to the college. He is a trusted clinician recognised for his consistent professionalism and clear decision-making in complex clinical settings.

His approach to patient care is dependable and measured, and he is widely regarded as a reliable colleague in high-pressure environments where sound judgement is essential.

Dr Coorey has made an outstanding contribution to the fellowship examination and the college's assessment processes. For more than a decade he has served as an examiner and as a key member of the Final Examination Sub-committee, including as chair.

In this role, he provided leadership during periods of change and supported the delivery of fair and rigorous examinations, ensuring high standards for trainees progressing through the training program.

His broader contributions include involvement in education through the Australian Society of Anaesthetists and participation in national scientific meetings, supporting ongoing professional development within the specialty.

He has also contributed to organisational activities that strengthen engagement across the profession.

Dr Coorey is known for his practical insight and his willingness to support both trainees and colleagues.

Dr Sarah Bowman
Dr Graham Mapp
Dr Peta Lorraway

DR NATALIE MARSHALL

Dr Marshall has made a significant contribution to anaesthesia through her clinical work, education and sustained service to the college. She is a highly capable clinician with a broad and complex practice across tertiary and high-acuity settings. Her work spans a wide range of specialties, including obstetrics, trauma and airway management, and she is known for her ability to adapt to challenging clinical situations while maintaining a strong focus on safe, patient-centred care.

She is widely regarded for her professionalism, reliability and commitment to delivering high standards of care. Dr Marshall has made a substantial contribution to education and training. Fro more than a decade as supervisor of training at The Canberra Hospital, she has guided and supported a generation of trainees, including through periods of curriculum change and the introduction of new training frameworks. She is recognised as a thoughtful and approachable mentor who invests in the development of others and supports trainees to build confidence and capability.

Her service to the college has been extensive. She has held a number of key roles, including primary examiner, ACT education officer and chair of the ACT Regional Committee, and continues to contribute through her involvement in training, simulation and assessment activities.

Her longstanding and voluntary commitment reflects a strong dedication to the profession and to supporting the next generation of anaesthetists.

Dr Marshall is a respected and influential member of the ACT anaesthesia community and is known for her professionalism, leadership and willingness to contribute.

Dr Adam Eslick
Dr Martin Dempsey
Dr Jennifer Hartley

DR ADAM ESLICK

Dr Eslick has contributed across clinical care, education and college activities, supporting the ongoing development of anaesthesia and training within the profession. He is a skilled cardiac anaesthetist with expertise in complex perioperative care, including high-risk and multidisciplinary cases. He is known for his collaborative working style and his ability to engage effectively across teams to support high-quality clinical outcomes and service development.

Dr Eslick has made a strong contribution to education and training. As education officer for the ACT, he has supported trainees and supervisors across a range of processes, including performance management, remediation and curriculum development. He has also contributed as a primary examiner and plays an active role in formal teaching programs. He is widely recognised for his commitment to preparing trainees for examinations, including through the development and delivery of innovative virtual teaching initiatives that have improved access to training support.

His service to the college includes involvement in regional committees, national working groups and key initiatives such as the MyPortfolio project, where he has contributed to improving training systems and processes.

He has also played a role in the organisation of major educational meetings and forums, supporting professional engagement and knowledge sharing across the specialty.

Dr Eslick is known for his energy, initiative and commitment to continuous improvement. He is a supportive colleague who is generous with his time and contributes actively to the development of others. His work has strengthened training pathways and enhanced support for trainees across the college.

Dr Manasi Rai
Dr Jennifer Hartley
Dr Martin Dempsey

DR GEOFFREY LANEY

Dr Laney has provided longstanding service to anaesthesia through clinical practice, education and commitment to the college and wider profession. He is a valued member of the New Zealand anaesthesia community, with extensive experience across cardiothoracic, obstetric and general anaesthesia in a tertiary hospital setting. He is known for his calm and steady approach, bringing considered judgement to complex clinical situations and supporting safe, consistent patient care.

His reliability and professionalism have been a defining feature of his clinical work. Dr Laney has demonstrated a sustained commitment to teaching over many years. He has supported the development of trainees, junior doctors and medical students, maintaining a strong connection with the University of Otago. He is regarded as an accessible and dependable educator who contributes consistently to training and learning environments.

His service to the college has included 12 years on the New Zealand National Committee, along with ongoing contributions as an SIMG assessor. He has also been involved in hospital inspections and quality and safety initiatives, supporting the maintenance of professional standards across the specialty.

Dr Laney is held in high regard for his professionalism and his readiness to assist colleagues. His career reflects steady leadership and a longstanding commitment to anaesthesia and the college.

Dr Annu Priya Shanmuganathan
Dr Chris Walker
Dr Lisa Horrell

DR GAJINDER OBEROI

Dr Oberoi has made a distinguished contribution to pain medicine through clinical practice, education and the establishment of services that have shaped the specialty within Australia and beyond. He is a highly experienced clinician whose career has spanned multiple countries and healthcare systems. His work has been defined by a deep commitment to patients living with complex and persistent pain, and by an ability to bring together evolving clinical approaches within a multidisciplinary model of care.

He is recognised for his insight, compassion and dedication to improving patient outcomes. Dr Oberoi has played a pivotal role in the development of pain medicine services. Following his early work in India and Papua New Guinea – where he contributed to the establishment of clinical services and training programs – he went on to found the pain management unit at the Royal Hobart Hospital. Under his leadership, the service developed into a recognised centre for multidisciplinary care and specialist training, contributing to the growth and recognition of pain medicine in Tasmania.

His contribution to education has been far-reaching. He has trained and mentored clinicians across a range of settings and has supported the development of pain medicine as a recognised field of practice.

His involvement in teaching, guideline development and clinical leadership has influenced both the capability of the workforce and the evolution of the specialty.

Dr Nina Loughman
Dr Michael Thomas
Dr Cameron Gourlay

ANZCA Recognition

The ANZCA Recognition is made at the discretion of ANZCA Council in recognition of significant contributions at a state or regional level to the college in the fields of anaesthesia, perioperative medicine and/or pain medicine. Significant contributions are defined as distinguishing themselves conspicuously at a state or regional level.

DR JEREMY COOPER MNZM

For generations of anaesthetists in New Zealand, Dr Jeremy Cooper MNZM has been a longstanding and influential presence as a clinician, educator, mentor and advocate for high-quality, patient-centred care. Dr Cooper's formative consultant years at the University of Washington in Seattle shaped both his clinical practice and his enduring commitment to education.

He developed strong international relationships, which he later leveraged to establish cardiac anaesthesia fellowship opportunities for Auckland trainees, significantly strengthening local expertise, particularly in echocardiography. On returning to New Zealand, Dr Cooper became a cornerstone of the Greenlane Cardiothoracic and ORL Anaesthesia service, including five years as Clinical Director.

He made important contributions to tertiary ORL surgery, preoperative assessment and perioperative medicine, championing multidisciplinary models of care well before their formal recognition. Surgeons and physicians alike rely on his judgement in managing complex and high-risk patients.

For many years he has supported ANZCA trainees through formal and informal teaching, including his widely regarded viva preparation evenings for Part Two candidates. His contribution to education extends beyond clinical knowledge to include professionalism, wellbeing and career development, and is further reflected in the development of accessible teaching resources that extend beyond the clinical setting.

A strong advocate for safety, quality and fairness, Dr Cooper has influenced practice locally and nationally through audit, education and professional advocacy. Earlier in his career, he contributed to improvements in junior doctor working conditions, reflecting a longstanding commitment to supporting the profession and those within it.

His humility, kindness and generosity underpin all that he does.

Dr Timothy Holliday
Dr Sara Allen
Dr Jonathan Minton

These biographies are edited versions of what appeared in the College Ceremony handbook.

Steuart Henderson Award 2026

The Steuart Henderson Award is awarded to practitioners who have demonstrated a significant contribution to medical education (in anaesthesia or pain medicine), including, but not limited to, ANZCA and FPM fellows and academic experts.

DR LAHIRU AMARATUNGE

Dr Lahiru Amaratunge has made a significant and contemporary contribution to anaesthesia education through his innovative and learner-focused approach to teaching.

He has developed and delivered a wide range of educational initiatives that have reshaped how anaesthesia education is accessed and experienced. Through online platforms, courses, podcasts and digital resources, he has reached thousands of learners across Australia, New Zealand and internationally, including trainees, specialist international medical graduates and rural generalist clinicians.

A defining feature of his work is a strong focus on the learner experience. His programs are practical, engaging and designed to build confidence and clinical capability, recognising the important link between effective education, trainee development and patient care. His targeted work supporting specialist international medical graduates has contributed to improved outcomes for this cohort and strengthened pathways into the profession.

Dr Amaratunge has also demonstrated a strong commitment to equity and access, providing free and low-cost education to learners in low-resource settings and fostering a global community of shared learning. His work reflects a contemporary model of education that is collaborative, accessible and impactful.

His contribution continues to influence how education is delivered within anaesthesia and is supporting the development of the next generation of clinicians.

Professor Dave Story
Associate Professor Stuart Marshall

CONJOINT ASSOCIATE PROFESSOR PAUL WRIGLEY

Conjoint Associate Professor Paul Wrigley has made a sustained and highly regarded contribution to pain medicine education through long-standing leadership, mentorship and commitment to training.

For more than two decades, he has played a central role in the development and delivery of education within the Faculty of Pain Medicine. As supervisor of training, examiner and coordinator of key programs, he has supported the training and development of pain medicine specialists across Australia New Zealand and internationally.

Associate Professor Wrigley has been instrumental in shaping structured education programs that are accessible, relevant and responsive to the needs of trainees. His leadership in national and international teaching initiatives, including the transition to hybrid delivery models, has expanded access to high-quality education and strengthened engagement across jurisdictions.

He has mentored a generation of trainees and early career specialists, providing guidance, support and challenge in equal measure. His influence is reflected not only in the clinicians he has trained, but in the standards of care they deliver.

Through his combined contributions to education, research and service development, Associate Professor Wrigley has demonstrated a clear commitment to improving both learning and patient outcomes.

Dr Dilip Kapur
Dr Tipu Aamir

For more information, updated eligibility criteria and the nomination process please visit our website.

Nominations close on 15 November 2026.

Training and education

Warm culture at Western Health

Dr Gareth Symons has been a supervisor of training (SOT) for 10 years at Western Health, which has 35 trainees and seven supervisors.

HOW IS YOUR SOT ROLE UNIQUE?

The SOT role at Western Health extends across the breadth of training. We generally host a large group of introductory trainees and have a spread of more senior trainees up to provisional fellowship. The clinical work is also varied and includes the obstetric, paediatric and more generalist subspecialties. What sets aside the Western Health SOT role is probably the high-growth dynamic. We are expanding and adding sites at a rapid rate.

Between our consultant group and our trainees, I think there's a lot of enthusiasm and innovation, which is great to be around. At the same time, I think the pace of change brings some different challenges.

Over time, our department has cultivated a supportive environment for trainees. I think that small-hospital feel of warmth has largely survived the intense growth. The culture within the department, and the service more generally, is a big part of being an SOT at Western Health.

WHAT DO YOU LIKE ABOUT YOUR ROLE?

I like helping trainees through the challenges of specialist training. They are a very high performing group encountering a really significant set of life hurdles and it's nice to be in a position to assist. I really enjoy seeing the growth in trainees through their training journey.

It's also a pleasure to be able to work with other SOTs, in the Northwestern Rotational Anaesthesia Training Scheme and the Monash and Eastern training schemes. When we're able to ensure trainees get support that extends across hospitals and services this is a satisfying aspect of the role. Trainees that cross between schemes also bring a breadth of ideas and perspectives that I find refreshing.

WHAT ARE SOME OF THE CHALLENGES?

Challenges come in many guises from the individual to the systems level.

The most challenging experiences have related to trainees with welfare concerns. Although anaesthesia training is important, it's just one domain of a doctor's life. It can be personally challenging when you're involved as an SOT with a trainee in the midst of a crisis. The interactions I reflect on most are those where I question whether I could have done more to support a particular trainee.

Despite the high calibre of people we see, interpersonal interactions can be challenging in the stressful environment of patient care. By its nature, the SOT role requires engagement with these issues which are sometimes hard to resolve.

More fundamentally there can be tension between the educational goals of training and the role of anaesthesia trainees in the provision of care to patients. This is a juggle we definitely engage with as SOTs.

WHAT WOULD YOU SAY TO COLLEAGUES CONSIDERING BECOMING AN SOT?

I would encourage them to consider their interests and how these might align with training roles. There are so many ways to get involved whether through examiner roles, simulation and education roles, mentoring and welfare roles, or of course, SOT roles.

For those new to their consultant career, I would suggest dipping a toe in the water through one of the above roles, or engaging with pre-vocational junior medical officers. I'm also a big fan of seeking feedback from colleagues, senior or junior.

The SOT role is sometimes hard, but overall rewarding.

WHAT IS A RESOURCE THAT HAS HELPED YOU IN YOUR ROLE AS AN SOT?

I've been very fortunate to land in a department where support is always available. I benefitted from mentoring by Alex Henry, our Victorian education officer and I've always found a ready supply of wise colleagues within our department and in other Victorian departments.

In my role as SOT, I've had terrific support from ANZCA staff. Victorian Regional Coordinator Cathy O'Brien is an incredible asset, and, although retired, ANZCA can be proud of the work of educationist Maurice Hennessy.

WHAT'S YOUR BEST TIP FOR TRAINEES PREPARING FOR AN EXAM?

Engage with your study group! The people you study with can provide you with technical help explaining concepts or knowledge deficits that you struggle with and in turn you can help them. They're also people who really "get" what preparing for ANZCA exams is like. It's great to share a laugh when you feel like you'd be crying otherwise.

There are no easy answers, you need to work hard, remember the sacrifice is temporary and be honest with yourself about what you're learning versus what you're reading.

Practice communicating in writing or verbally. This synthesis and communication of knowledge is the acid test for understanding. Only effective study counts so remember to take breaks to do something you enjoy.

It's worth it in the end!

ANZCA primary fellowship examination

2026.1 Exam

The primary fellowship examination was successfully completed by 168 candidates.

AUSTRALIA

Australian Capital Territory

Duygu Durukan
Patrick John Feeney
Siwen Gao
Janice Michline Louis
Bronwen Ruth Marginson
Benjamin Andrew Mitchell
Andrew William Mowbray
Jonathan Shachar
Oliver Allan Siiteri

New South Wales

Inez Damita Astono
Oliver George Bennett
Michael Eric Russell Bishop
Allegra Eugenia Vittoria Luisa Boccabella
Joshua Mark Chambers
Daniel Chih Yung Cheng
Nathan Yongjie Chin
Phillip Steven Chrapko
Alix Clare Correia
Murray Peter Crowe
Timothy James Curtis
Tamblyn Jimeoin Devoy
Ivan Joshua Mari Crisologo Diamoy
Angus James Rutter Douglas
Ellen Anne Egan
Ghalia Feddah
Bradley James Fitzwater
Max Daniel Vaughan Frost
Hanyu Gao
Paul Habashy
Blake Anthony Hickey
Shashinda Neomal Jayalath Jayalath Mudiyanselage
Huiyi Jin
Rebekah Wai-Yan Kwa
Phoebe Jean Lewis
Samantha Jane Malcolm
Timothy Declan Mason
Angus Campbell McClelland
Sophie Anne Meyerson
Sophie Ann Newsome
Thomas Alexander Nicols
Luke David Petschack
Sidney John Pye
David Xin Hong Qiu
Andrew Charles Read
Elizabeth Jane Read
Charles Jacques Roth
Henry James Ruehland
Lala Sarkissian
Theodore Christian Morris Scordas
Joshua Mark Scott-King
Leo Eu-Hao Tan
Isabel Annie Temperley
Mohit Tugnait
Alexander Jarrad van Heyst
Pavani Harindee Wettasinghe
David Wicaksono
Katelyn Georgina Wilson
Pei Ru Yap
Jenny Zheng

Queensland

Gregory Barlow
Catherine Mary Bartlett
Fraser James Betley
Jack Tasman Boylan-Ascione
Aiden Mansfield Brumby
Ned Patrick Freeman
Sailesh Ganji
Carl Hector Gooch
Catherine Jane Hall
Robert William Hammond
Aimee Leigh Harbottle
Debbie Thao Thanh Ho
Samuel Lawerence Holt
Alain Pierre-Philippe Humblet
Simon Mathew Johnson
David Tadros Khalil
Harry Phillip LeMass
Angus Peter Low
Damian Henry Masters
Matthew John McMahon
Bryan Thomas Kelvin McManus
Benjamin Thomas McNamara
Caitlin Ulani Alana Milligan
Aaron James Murphy
Robert Nicolae
Christiaan Pieter Pretorius
Thilini Kawshalya Ranasinghe
Hayley Jane Scott
Jack Edward Sharples
Shervyn Kanishka Silvapulle
Lay Teng Tan
Stela Untoro
Blake James Vorias
Dennis Walzl
Calum John Watson
Michael James Man Fung Wong
Darcy James Wright

South Australia

Philip James Harford
Wade Rhys Oszczypok
Henry James Fergusson Shaw
Natasha Margaret Stolz
Andre Khuong Tran

Tasmania

Luke Taylor Dimsey
Hannah Marie Forde
Sarah Elizabeth Grace
Jarryd Herd
Harry Graham Narroway

Victoria

Ashraful Anuar
Angelica Armellini
Alexander Pierre Beech
Hayden James Burch
Thomas Michael Butler
Tarun Sai David Campion
Courtney Cini
Adam Thomas Cohen
Blake David Cooper
Georgina Anne Cuthbertson
Ruth Alice Davies
Supipi Devadittiya
Benjamin Mark Fleming
Sally Elizabeth Gilbert
Alexander Timothy Hugh Grogan
David Hamer
Travis Joel Holmes
Andrew Hunter Hurley
Grace Maree Kennedy
Kwan Yun Lee
Stephanie Ying Li
Shao Qin Lim
Rui Liu
Siu Cheung Lok
Jakob Sean Malouf
Paolo Miguel L Masangcay
Katherine Robyn Moore
Nicola Nguyen
Simran Rajpal
William Eric Slifirski
Claire Elsbeth Thomas
Alice Jane Thompson
Jameson Robert McQueen Trainor
Jack Darren Williams
Zheng Cheng Zhu

Western Australia

David Woodbridge Barrett
Stephanie Kathleen Gassner
Jessica Kate Ibbeson
Teresa Rose Joseph
Calvin Ka Wai Lo
Taigh Taylor Macdonald
Lauren Chanel Masi
Jemma Avril Montelle
Hamish James Newman
Emily Zhen

NEW ZEALAND

Annabel Grace Anderson
Stephanie Maree Barrell
William Wei-Yen Chen
Liam Danby Christopher
Liam Michael Davis
Jak Anthony Gilden
Pippa Kate Griffiths
Alexa Elise Kuffel
Catherine Sun Ho Kwak
Marcus Yee-Cheng Lau
Tamryn Maria Lindeboom
Olivia Denning Mackay
Hilary Laura Parsons
Jesse Lachlan Smith
Lorenz Hans Maximilian Steinkohl
William Kali Vailahi
David Edward Wilson

MERIT CERTIFICATES

Merit certificates were awarded to:

Phillip Steven Chrapko, NSW
Paul Habashy, NSW
Rebekah Wai-Yan Kwa, NSW
Timothy Declan Mason, NSW
Matthew John McMahon, Qld
Sophie Anne Meyerson, NSW
Zheng Cheng Zhu, Vic

RIGHT

Primary Exam Court of Examiners.

RENTON PRIZE

The Court of Examiners recommended that the Renton Prize for the half year ended 30 June 2026 be awarded to:

Darcy Wright, Queensland

"I'm a second year Queensland Anaesthetic Rotational Training Scheme trainee currently doing my rural rotation in Bundaberg, a charming place that reminds me of growing up in rural Queensland.

I studied in Brisbane and spent my first few years as a junior doctor at Ipswich Hospital. It was here I was introduced to anaesthetics and to an incredible department that fostered my love of the specialty.

I am forever indebted to my current and former mentors, my study group, my family, friends and most importantly my partner Giulia.

Now that the exam is over I'm looking forward to pursuing my hobbies of cooking, fishing and training my Labrador puppy Bobbie."

Robert Nicolae, Queensland

"I am a Queensland trainee at Logan Hospital on the Gold Coast rotation.

Having grown up in Brisbane, I attended medical school at the University of Melbourne and undertook my internship and residency years at the Austin Hospital. I then returned to Brisbane for unaccredited registrar years at Royal Brisbane and Women's Hospital and The Prince Charles Hospital, and subsequently anaesthesia training.

It has been a privilege to pursue anaesthesia in such well-supported environments. The part of my training that stands out most to me is the innumerable incredible individuals who have helped me at each step - from internship, to getting onto training, and now to passing the primary.

I wouldn't be where I am without their kindness.

Most of all, I wish to thank my selfless partner, family, and friends for their undying support throughout the recent tenuous and uncertain years. I can't imagine life and this journey without their encouragement and belief in me, and truly every success and joy is magnitudes greater when shared with them.

I'm thrilled and still a little disbelieving to have passed the primary, and I'm looking forward to some long-overdue travel, live music, and getting back into the creative pursuits I've put on hold."

ANZCA final fellowship examination

2026.1 Exam

The final fellowship examination was successfully completed by 189 candidates.

AUSTRALIA

Australian Capital Territory

Tayla Grace Coles
Stephanie Rose Gederts
Jordan Mark Lavigne
Achini Kaumadi Weeraratne

New South Wales

Alasdair Paul Bezzina
Tanya Henrietta Alice Brooks
Hannah Mary Bruce
Brendan John Carney
Phoebe Annelise Court
Awaiss Nassir Ellahi
Rehmina Farha
Oliver Fio
James Laurence Garrard
Stacey Bella Gelgor
Margot Corbett Gemmell-Smith
Pierre Goorkiz
Adelaide Lily Irish
Leah Therese Jordan
Anup Manjunath Kaluve
Nikhil Nitin Kharwadkar
Rose Khosh
Audrey Kim
Andrew David Lange
Han Liu
Karmen Elizabeth Jacqueline Magi
Samuel Michael Mathias
Lakeisha Lynn McGuirk
Rahul Nair
Aakash Nanda
Luke William Phillips
Benjamin David Pons
Leanne Qian
Sujay Salagame
Alexandra May Robertson Sheather
William James Rupert Shirvington
Sherman Siu
Anthony Solomon
Alice Xinyue Sun
Alistair David Thomson
Joshua Wei Seong Tong
Carmen My-Nhi Tran
Martin Carl Wensing
Eric Yuk Ming Xu
Daniel Xue
William Yao Lin Yip
Joanna Yu
Angie Run-Zhi Zhang

Queensland

Jake Alexander Bennetto
Benjamin Gerhard Blodorn
Andrew Kennerley Clawson
Xavier Christopher Conner
Jackson James Cowan
Rachel Zie Ting Efendy
Brendan Christopher Fahey
Lachlan James Fairley
Melissa Shannon Fry
Frederick Hulme Gott
Samuel George Grace
Lewis Shane Ireland
Douglas Peter James
Katarina Michelle Japp
Jin Wook Kim
Sihui Liu
Heidi Hoi-Yee Lui
Linda Nhi Mai
Evan Oliver Matthews
Jillian Cornelia McCool
Clark Mei
Teri Ann Millane
Brydie Rosa Mockeridge
Gota Nakamura
Timothy Edmund Nolan
Rochelle Alfia Patane
Alanna Rachel Platz
Lachlan Ian Poiner
Amanda Maree Raty
Stefan Saric
Gino Luciano Sarri
Pablo Luan Scherl Dight
Adrian Din Sam Sia
Brandon John Spina
Mahmoud Ugool
Laura Myfanwy White
Emmie Caroline Millroy Willis

South Australia

Tess Madison Chee
Victoria Coulson
Emily Louise Gannon
Philip Michael Keane
Qasim Ali Khan
Annie Lin
Donald Dineish Shivakkumar

Tasmania

Helen Ann Harkness Browne
Daniel James Brownstein
Andrew Nathan Eckhardt
Matthew John Holmes
Elle Taraire Maulder
Georgia Ellen Mohler
William Eli Polglase

Victoria

Henry Thomas Beaumont-Kelly
Gaby Bolton
Carla Lenaire Borg Caruana
Maddison Kate Bullock
Nathan Jia-Xue Chua
Tessa Lee Clegg
Rebecca Karen Cogan
Chen Cui
Amanda Dao
Nicholas De Vincentis
Lisa Dunne
Alastair Duncan Eadie
Luke Robert Fletcher
Duncan Joseph Galloway
Andrew Girgis
Kate Maree Greentree
Andrew Stephen Hunter
Nanthanan Jeyakumaran
Erin Lai
Carena Euleen Lai
Sarah Laing
Wison Vien Khoi Le
Maleck Louis
Richard John Maguire
Utsav Malla
Saras Anil Mane
Eva Madeleine Matthews Staindl
Thomas Ross McFarlane
Liam Joseph O'Bryan
Emily Clare O'Grady
Bobby Ou Yang
Luke Alexander Parker
Ai Phuong Annalisa Phan
Cassandra Lee Roberts
Cameron Mitchell Rosengarten
Rebecca Catherine Rowland
Edward Christian Lloyd Seyfort
Karena Jie-Yu So
Julian Zi Hao Soh
Samuel Jesse Stephens
Rose Anna Stewart
Stephen Surace
Owen Nicholas Tomasek
Darcy Neil Tupper-Creed
Max-William Ubels
Isuru Viraja Bandara Vidana Arachchige Edirisinghe
Dominic James Walpole
Zidao Michael Wang
Vanessa Weerasinghe Mudiyansalage
Cliff Ngai Tin Wong
Luke Ling-Song Yang
Aun Chian Yeoh
Lauren Jia-Li Yip
Anna Anyun Zeng
Jessica Jing Zhang

Western Australia

Ashleigh Louise Cargill
Alice Jia Xuan Ho
Oliver James Johnston
Kennia Lotter
Georgina Clara Martin
Andrew James Nienaber
Michelle Anne Sherwood
Emma Rosalind Stuckey

NEW ZEALAND

Makere Jane Beale
William Beech
Alexandra Mary Beggs
Martin James Churcher
Darragh Connell
Bernard Nical de Witt
Jean-Prieur du Plessis
Jan Duleba
Terri Ann Follett
Irina Elizabeth Horvat
Sophie Claire Howell
Barnabas Ranen Hyland
Nicholas Robert James
Christopher Tong Mun Lewis
Adele Lennie MacGregor
Mohamad Atif Mohd Slim
Hannah Kate Newcombe
Jong Woo Shin
Dairshini Sithambaram
Arkar Ian Thein
Nicola Claire Wheeler
Thisura Chandula Wijeweera

SIMG EXAMINATION

Six candidates successfully completed the specialist international medical graduate examination:

Nitin Ahuja, WA
Davide Fernandez Morales, NSW
Ankur Gupta, WA
Masoumeh Minousepehr, Vic
Marie Shigematsu Locatelli, NSW
Jildou Marijke van der Kaaij, Qld

MERIT CERTIFICATES

Merit certificates were awarded to:

Xavier Christopher Conner, Qld
Luke Robert Fletcher, Vic
Gota Nakamura, Qld

ABOVE

Final Exam Court of Examiners.

CECIL GRAY PRIZE

The Court of Examiners recommended that the Cecil Gray Prize for the half year ended 30 June 2026 be awarded to:

Carmen My-Nhi Tran, NSW

"Born and raised in Sydney, I completed an honours year in science and briefly entertained the idea of a research career in chemistry before commencing medical training. I started as an intern at St George Hospital and have been fortunate to stay there as an anaesthesia trainee.

This achievement would have been impossible without the efforts and motivation from my study group, the camaraderie of fellow registrars, and the mentorship of senior colleagues in the St George anaesthesia department. I am also forever grateful for the unwavering support of my husband, family and friends through the marathon of anaesthesia training.

I am now looking forward to more quality time with loved ones, catching up with non-medical books, and spending more time in nature and birding (inspired by a post-exam holiday in New Zealand!).

For those still preparing for exams, I cannot understate the importance of your support network, and continuing your interests outside of work to stay grounded."

T CECIL GRAY MEDAL

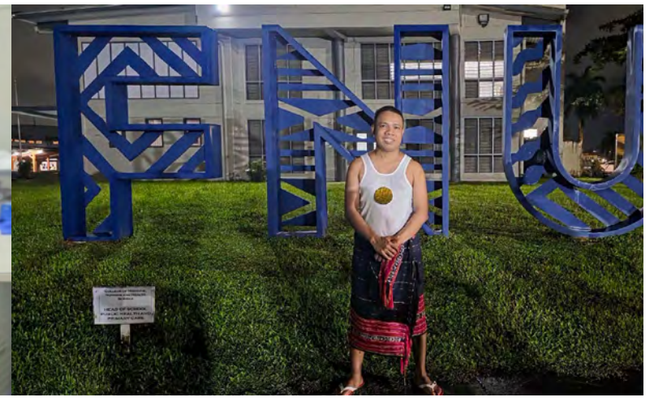
Associate Professor Lis Evered was recently invited to give the T Cecil Gray lecture by the Liverpool Society of Anaesthetists and was awarded the T Cecil Gray medal.

RIGHT

Associate Professor Lis Evered receiving the T Cecil Gray medal from Dr Raymond Ahearn, Liverpool Society of Anaesthetists Honorary Member (Life).

Anaesthesia in Timor-Leste

Timor Leste has a population of 1.3 million and has six consultant anaesthetists, all of whom are based in the capital Dili. The local consultant anaesthesia workforce is supplemented by Cuban and Chinese anaesthetists and by locally trained nurse anaesthetists. The workforce density is <1 anaesthetist per 100,000, which falls short of the World Federation of Societies of Anaesthesiologists (WSFA) recommended 5/100,000 and Australia's >20/100,000.



Since 2023 ANZCA and the Australian Society of Anaesthetists (ASA) have supported the training of Dr Mario Soares. Mario is a Masters of Medicine student at Fiji National University (FNU). When Mario graduates in 2027, he will be the first Timorese consultant anaesthetist to work outside of Dili.

ANZCA Global Development Committee member Dr Meg Walmsley recently spoke with Mario.

Can you describe your pathway to entering medicine in Timor Leste?

In Timor-Leste becoming a doctor after gaining independence from Indonesia in 2002 was very difficult. After independence, there were fewer than 20 doctors serving in the country. Medical support was provided by UN missions and other NGOs. There were no medical schools.

When I entered high school, I started dreaming of becoming a doctor. When medical students came to our school to conduct education about tuberculosis, a student promoted the medical program at the National University of East Timor (UNTL) with the program offering a subsidy of $US50 a month to selected students. As I come from a low-income family, I knew this was a golden opportunity. From there, my determination to become a doctor grew. After finishing senior high school, my family had other plans for me, wanting me to work to help support our family, as I am the eldest of five.

I decided to run away from home to Dili, where I stayed with my cousin. For several months, I went through difficult days, until the medical student registration began. Thanks to God and my ancestors, I passed the written test and interview and started my studies in 2007.

Is it possible to do any medical specialty training in Timor Leste?

There is no specialty training in Timor Leste. Registrars travel to Fiji, Cuba, China and Indonesia.

For how many years did you work in Timor Leste prior to starting training in Fiji?

I started anaesthesia training in Fiji 11 years after completing the MBBS. I completed my MBBS in 2012 and was placed at the remote Nunutana health post.

I worked at this health post for one year, where there was no electricity. I relied on solar panels that lasted until midnight during the dry season and until 10pm during the rainy season.

After one year of serving at the health post, I was transferred to the district hospital in Maliana and worked as an emergency department registrar for three years.

I took the test to commence the diploma training program in anaesthesia at Hospital Nacional Guido Valadares (HNGV) in Dili, which was sponsored by the Royal Australasian College of Surgeons. I chose anaesthesia because I saw that Maliana really needed an anaesthesiologist. Many cases had to be transferred to Dili because there was no anaesthesiologist. After the two-year training, I returned to Maliana.

During my time in Maliana, I applied to continue my studies at FNU in 2022 and received an offer to start a new chapter. However, I faced difficulties in obtaining sponsorship from my government. Social and political factors made it difficult for me to obtain support because I come from a non-influential family. By the grace of God, I received sponsorship from ANZCA and the ASA.

What is the training program like in Fiji?

The training program is very good. Fiji has experienced anaesthesiologists, some of whom have received additional training in Australia and New Zealand. We are taught to improvise with limited tools and resources, with a focus on patient safety in conditions with minimal facilities. This environment is advantageous, coming from a country with many resource limitations. We are required to provide the best care possible under these conditions.

Even though I had been providing anaesthesia for more than five years in Timor, many of the cases I had never been exposed to. This included difficult airways, cardiac patients for non-cardiac surgery, patients with neuromuscular disorders, and cases with ASA 3 or 4.

It sounds like you work full time clinically in Fiji. Are you paid for this work?

No, the Fijian Ministry of Health does not pay us for any work during training here, even if we work full-time, do night shifts, or work on weekends or public holidays. We also pay our post graduate university fees.

How many languages do you speak? What was it like starting anaesthesia training in English?

I speak seven languages: English, Portuguese, Spanish, Indonesian, Malay, Tetum, and Bunak, my parents' local language.

I was born and raised during the Indonesian occupation, so my schooling was in Indonesian. I speak Portuguese because the Portuguese colonised us and made Portuguese our official language. I speak Spanish because I attended medical school in Spanish for six years.

I learned English while at school. We lived near an Australian peacekeeping force camp. From 2002 to 2005, I sold traditional scarves (Tais) to Australian military personnel, so I learned basic English during that time. Starting anaesthesia training in Fiji was the first time I had to study in English.

Can you tell us about your family? Where are they while you are in Fiji for the five years of anaesthesia training?

I am the second of seven children. My oldest sibling died aged one, and my fourth younger sibling died at three. I am the breadwinner for my younger siblings. I have been married for 12 years and have been blessed with two children, a 12-year-old boy and a three-year-old girl.

Studying in Fiji marks my first experience travelling abroad, during which I've left my family behind. The feelings I've experienced throughout this journey are indescribable. I must fight for my dreams and be a father to my kids, even from afar, despite the many trials that haunt me. I have to be strong to face them because achieving success always requires sacrifice – of feelings, time and love. Now that I have been in Fiji for three years, I have become strong enough to face these challenges.

ABOVE FROM LEFT

Dr Mario Soares in theatre; Dr Soares at a Fiji National University cultural night; Dr Soares in a teaching session; Working in the emergency department of the district hospital in Maliana.

What are the operating theatres like in Maliana? What sorts of procedures do you do there?

Maliana Hospital has one operating room and there are plans for the construction of a second operating room.

Maliana's operating room provides general surgery, such as laparotomy, cholecystectomy, thyroidectomy and emergency polytrauma cases. It provides obstetric and gynaecology services, such as caesarean sections and ectopic surgery. Teams visit from Dili for eye and urology surgery.

What is the process if a patient needs to be transferred to Dili?

Maliana to HNGV by ambulance is four hours, and by plane, 45 minutes. Planes can only fly during the day. Ambulances often lack basic medical equipment, and the staff have little training. Staffing shortages mean that often critically ill patients are transferred without a doctor.

What is the population of Maliana? How many anaesthesia providers, surgeons and obstetricians are there?

Maliana Hospital serves a population of 106,000. It has one anaesthesia provider, one surgeon, one orthopaedic surgeon (all from Cuba), and two obstetricians (Timor and Cuba). There is one Timorese anaesthesia registrar.

Can you tell us about the resources you have in Maliana?

Maliana Hospital has significant limitations in equipment and human resources. I use an anaesthesia machine that is very old. There is no capnograph or gas analyser. The muscle relaxants are suxamethonium and vecuronium. We lack a video laryngoscope, bronchoscope, ultrasound and TIVA resources.

We have ephedrine and adrenaline for vasopressors. X-rays and electrocardiograms sometimes fail for six months. Now, we have echocardiography and a Cuban cardiologist. We don't have a complete laboratory, relying on basic lab tests like full blood count. We don't have arterial blood gas or electrolyte tests.

The blood bank is not functioning. If you want a blood transfusion, you must immediately notify the patient's family – the family then donate blood. Whole blood is the only product available.

Power supply issues have become part of our routine. Sometimes, during surgery, the power goes out. We rely on manual ventilation and turn on our phone flashlights to help the surgeon continue the operation while waiting for the power to come back on, sometimes for over 30 minutes.

What are some clinical challenges you face in Maliana?

I primarily face challenges related to major and paediatric cases. Many complications are preventable. For example, postpartum haemorrhage leading to severe haemorrhagic shock. We face difficulties in managing these cases due to problems with the blood bank.

Maternal complications, particularly haemorrhage, have significantly increased the number of deaths in our hospital. We face challenges in postoperative care due to the lack of an intensive care unit (ICU). Although we acquired a new ICU building during COVID-19, equipped with ventilators, there are no staff capable of handling ICU cases.

We use spinal cutting needles, so there are many cases of dural puncture headache. Sometimes, cases must be referred to HNGV because anesthetic drugs are out of stock.

What do you hope anaesthesia in Timor-Leste will look like in 10 years' time?

Hopefully, anaesthesia in Timor-Leste will be better in the next 10 years, with adequate facilities to ensure patient safety and better operational standards.

Hopefully, all five referral hospitals will be staffed with anaesthesia specialists to ensure safe anaesthesia and reduce referrals to Dili, reducing patient overload in Dili.

I hope for a leader with a strong sense of nationalism and new breakthroughs for the national health system.

Is there anything else you'd like to add?

I would like to take this opportunity to express my deepest gratitude to ANZCA and the ASA for sponsoring my PGD and master's training programs.

This achievement would not have been possible without the support of all of you, including and especially Dr Megan Walmsley, Dr Yasmin Endlich, Dr Christopher Bowden, and others. I have faced many challenges on my journey, and your presence has been invaluable throughout. Once again, thank you very much, from the bottom of my heart.

For those interested in becoming involved, the ASA Timor Leste Fellowship program supports a FANZCA to spend three months in Dili each year. For further information contact megan.walmsley@act.gov.au.

To donate, please use the subscriptions form, search 'GiftOptions – ANZCA' in your browser, or scan the QR code.

Self matters

Wellbeing and WELI: The importance of equity, leadership diversity and empowerment

Auckland anaesthetist Dr Jo Sinclair is the curator of the *ANZCA Bulletin's* Self matters column. Here, the topic of leadership, diversity and gender is explored by FANZCA Dr Maryann Turner.

Wellbeing is difficult to achieve in environments where there is an unequal distribution of opportunity, resources and power.

Women and gender diverse people continue to be underrepresented in almost all areas of anaesthesia including in paid leadership roles and academic medicine. Women face daily microagressions; ongoing pay disparity; discrimination; and barriers to career progression related to pregnancy, parenting, menopause and access to flexible work arrangements.

Women may be interrupted more frequently in meetings, overlooked for leadership opportunities and expected to perform a disproportionate amount of "invisible work" such as wellbeing advocate roles, emotional labour and unpaid committee involvement. These cumulative insults can affect career trajectory and can also have a major influence over psychological wellbeing and professional identity. When clinicians are excluded, undervalued or overtly discriminated against, fatigue and burnout are more likely. This is further exacerbated in minoritised groups including First Nations people, ethnic minority groups, the LGBTIQA+ community and doctors living with disabilities.

Improving the wellbeing of anaesthetists and pain medicine specialists involves changing culture and systems, not just individuals. Alexander Den Heijer stated: "when a flower doesn't bloom, you fix the environment in which it grows, not the flower". Collective action is required.

Enter the Women's Empowerment and Leadership Initiative (WELI), a tripartite initiative supported by the Australian Society of Anaesthetists (ASA), the Society for Paediatric Anaesthesia in Australia and New Zealand (SPANZA) and ANZCA, that is acting to change inequity, not just measure it.

Based on a program run by the Society of Pediatric Anesthesiology in the US, WELI's aim is to empower women and gender diverse anaesthetists and pain medicine specialists in Australia and New Zealand to achieve equity, promotion and leadership.

WELI offers a comprehensive program which consists of:

- One-on-one mentoring, coaching and sponsorship between advisors and protegees, who are meticulously matched with careful consideration of the areas of interest and leadership goals specified by the protegee.
- Face-to-face networking opportunities at the ASA National Scientific Meeting, the SPANZA Annual Scientific Meeting and the ANZCA Annual Scientific Meeting.
- Workshops.
- WELI Chat! – a WhatsApp group where opportunities and insights can be shared between our members.
- Regular online book clubs on topics ranging from "management versus leadership", "how to lead productive meetings" and "demonstrating leadership and establishing executive presence".

WELI isn't about fixing people; it's about enabling women and gender diverse people to thrive in a system that was never designed for them.

WHAT SPECIFIC IMPACT DOES WELI HAVE ON WELLBEING?

Investing in leadership diversity

There is powerful symbolic effect when organisations visibly invest in women's leadership. Hopefully this signals the beginning of a shift away from the current but outdated model where leaders are appointed in accordance with an established "meritocracy" that repeatedly chooses the same type of people.

Diversity in leadership can promote cultural shift and may cultivate psychological safety, mutual respect and improved collaboration. Organisational culture is set from the top and transformation at this level will have a trickle-down effect. It is likely that when our leadership teams more closely reflect our patient population this may also lead to better experiences and outcomes for our patients.

ABOVE

Article author Dr Maryann Turner (presenting above) is positive about bringing together future leaders and experienced leaders of all genders. She says these events such as the one above can provide a framework to connect.

Instilling skills and confidence

Mentoring, coaching and education are vital to the creation of a skilled workforce to lead our organisations into a more equitable future. Providing people with the tools needed for career progression engenders confidence and combats imposter syndrome, with higher job satisfaction and a stronger sense of purpose a likely consequence. But unfortunately (as so many highly qualified and talented women have experienced) capability alone is insufficient.

Creating belonging

Community is fundamental to wellbeing. Anaesthesia can be isolating and being a minority in anaesthesia even more so. WELI's face-to-face networking sessions receive glowing feedback and our most common request following book club is for more breakout rooms and small group discussions. Reducing professional isolation by connecting people bi-nationally from both regional and urban settings has led to shared experiences, practical guidance and emotional support. Fostering camaraderie and collegiality improves wellbeing and morale while collective solution generation can lead to grassroots system change.

Sponsorship and networking

Men are great at sponsoring each other, but women and gender diverse people are often excluded from the physical spaces where informal networks – and the opportunities that extend from these – are created. WELI provides networking opportunities outside these traditional spaces. Bringing together future leaders and experienced leaders of all genders and providing a framework within which to connect has already resulted in opportunity creation.

Empowerment

Having a seat at the table isn't enough. If a clinician doesn't feel psychologically safe, respected, heard and able to influence their work environment, this can result in stress, fatigue and burnout. It is only when people are empowered to speak up – in departmental meetings, on committees, in operating theatres – that culture and processes in healthcare can start to change for the better. WELI fosters an environment where speaking up is encouraged and respected.

Wellbeing must be understood as a collective and organisational responsibility that affects the sustainability of our entire workforce. WELI provides coaching, mentoring, sponsorship, networking opportunities and community to women and gender diverse people, with a view to improving leadership diversity. These offerings may also result in improved wellbeing, job satisfaction and morale, as well as a decrease in burnout. A narrow focus on resilience training and self-care strategies will always be insufficient as long as systemic inequities remain unaddressed. Initiatives such as WELI represent an important cultural shift within medicine – one that recognises that diversity, inclusion and leadership development are not separate from wellbeing, but fundamental to it.

Dr Maryann Turner, FANZCA
(with thanks to Dr Angela Marsiglio, Dr Tabara Dione and Dr Tanya Farrell; created with the assistance of generative AI)

WOMEN'S EMPOWERMENT & LEADERSHIP INITIATIVE WELI Australia and New Zealand

COME AND JOIN US!

Free ANZCA Doctors' Support Program

Converge international

How to make an appointment:

To speak with a counsellor over the phone or make an appointment to see a consultant for a face-to-face session:

- Telephone 1300 995 262 in Australia or 0800 459 020 in New Zealand.
- Email eap@convergeintl.com.au
- Identify yourself as an ANZCA/FPM fellow, trainee or SIMG (or a family member).
- Appointments are available from 8am to 6pm Monday-Friday (excluding public holidays).
- 24/7 emergency telephone counselling is available.
- Go to your app store to download the Converge International app or visit our website.

HELP IS ALSO AVAILABLE VIA THE

Doctors' Health Advisory Services:

NSW and ACT	02 9437 6552
NT and SA	08 8366 0250
Queensland	07 3833 4352
Tasmania and Victoria	03 9280 8712
WA	08 9321 3098
Aotearoa New Zealand	0800 471 2654
Lifeline	13 11 14
beyondblue	1300 224 636

WELLBEING HUBS

For Aboriginal and/or Torres Strait Islander Peoples

Australian Indigenous HealthInfoNet. Connection. Strength. Resilience. Social and Emotional Wellbeing Resources at healthinfonet.ecu.edu.au/

For Māori

Kaupapa Māori wellbeing services at https://www.wellbeingsupport.health.nz/available-wellbeing-support/kaupapa-maori-wellbeing-services/

From tachometers to hip flasks – an insight into recent museum acquisitions

The curator of ANZCA's Geoffrey Kaye Museum of Anaesthetic History, Veronica Dominiak, explores some of the recent additions to the museum's collection.

The Geoffrey Kaye Museum of Anaesthetic History collection began in the 1930s, when St Kilda-born anaesthetist Dr Geoffrey Kaye developed a knack for collecting anaesthetic equipment from the contacts he established locally and internationally. Since his death in 1986, the museum collection has continued to grow and is now recognised as being internationally significant with about 9500 objects.

While museum collections are still cabinets of curiosities, museum professionals are increasingly putting more thought and assessment towards the approval of new acquisitions.

As our museum is accredited, there are standards which we need to follow – that's where our museum collections policy comes into play. The policy incorporates a section about how the organisation will collect. The selection criteria include relevance, significance, provenance and documentation, condition (intactness and integrity), interpretive potential, rarity, representativeness, duplication and legal requirements. An established museum collecting policy in place means that when it comes to foretelling how many objects a museum will acquire by donation, you never know what each year has in store for you. As the museum curator of the Geoffrey Kaye Museum of Anaesthetic History, there's always a sense of anticipation around what donation offers could appear in the museum email inbox.

We've been surprised and pleased with the offers we have received so far this year.

When an email arrived from Dr Rod Westhorpe, who dedicated 26 years in a volunteer capacity as ANZCA's past honorary curator, offering to donate some artefacts to the museum, Dr Christine Ball (our current honorary curator) and I were excited to hear more.

Dr Westhorpe has generously donated several objects that have enriched our collection. Some of these were the personal belongings of Dr Geoffrey Kaye, such as a Starrett Co. speed indicator gauge tachometer (circa 1927), which would have measured rotations and was probably used with his lathe in his workshop. Another donation which made us smile and showcases Dr Kaye's human side is a hip flask with his name engraved on it.

ABOVE

From top: Geoffrey Kaye's 2nd Australian General hospital hip flask and case, circa 1940, VGKM7573; Geoffrey Kaye's tachometer, circa 1927, VGKM7575.

ABOVE

From left: Geoffrey Kaye's bicycle clips, date unknown, VGKM7574; Limoges cocaine jar, circa 1950, VGKM7572.

Receiving these objects for the collection gives us a glimpse into the life Dr Kaye perhaps led, and his personality. The bicycle clips, which he probably made himself in his workshop, leads us to think he cycled from his home in Toorak, whizzing to The Alfred hospital or University of Melbourne.

Always a man with a vision, by meticulously engraving each personal object with his initials or even a label of what the equipment is (see photos), it was as if Dr Kaye knew that it would be easier for a museum professional in the future to determine to whom the object belonged, or what the object is, for cataloguing purposes.

Receiving this paraphernalia is special. There are objects in the museum collection made by Dr Kaye, such as a spirometer, and now we have some of the tools that he might have used in his workshop to create these devices, giving the collection a feeling of completeness.

One of the other donations we have received this year is a Limoges porcelain apothecary jar (pot à pharmacie), labelled "Cocaïne" in gold Gothic lettering. The jar was generously gifted by Dr Rod Phillips. It belonged to his father Geoffry Oliver Phillips (1928–2006), who studied medicine after World War II at the University of Melbourne and briefly started anaesthesia training in 1950 at Fremantle Hospital before returning to Melbourne to work as a general practitioner.

These jars were produced in the 1950s both as functional pharmacy storage and, increasingly from the mid-century onwards, as decorative objects capitalising on the allure of old-fashioned pharmacy aesthetics.

We accepted the jar with a minor crack in the lid. Having established a good relationship with the Grimwade Centre at the University of Melbourne, I arranged for the object to receive some minor treatment conducted by a student completing her Masters of Cultural Material Conservation degree under direct supervision of a trained conservator.

Do you have an object of interest?
If you have an object which may be of interest to the collection, please send an email which includes photos to museum@anzca.edu.au. Also get in touch if you would like to find out more about other recent donations.

Research

Foundation update

FOUNDATION RECEPTION, ANZCA ASM, AUCKLAND

Thanks to our donors, 12 prestigious ANZCA Foundation Named Research Awards were presented by ANZCA Research Committee Chair, Associate Professor Stuart Marshall, at the ANZCA Foundation reception at the 2026 Annual Scientific Meeting, 10 of which are funded by our generous patron major donors.

We have again offered the new "Environment and Sustainability Research Grant" of $25,000 for 2027.

NEW WEBSITE PAGE ON FOUNDATION FINANCIALS

The foundation recently worked with the ANZCA Finance team to develop an easy-to-read summary of the foundation's structure and its financial situation, in an effort to increase transparency for the benefit of foundation patrons and donors, and anyone considering making a fully tax-deductible donation to support its work.

Located on anzca.edu.au under research and "About the foundation", the new page is called "Structure, governance and financials". It includes sections on legal structure and taxation, governance, annual reporting of income and expenditure, funding sources, how funds are used, programs that donors can support, and the foundation's investment fund.

The foundation gives special thanks to Professor Tim Short, University of Auckland, for his assistance with the development of the new page: www.anzca.edu.au/research/anzca-foundation/about-the-foundation/structure,-governance-and-financials.

HEALTH RESEARCH DEVELOPMENT PROGRAM WEBINAR SERIES

The first session in a new "Health Research Development Program" webinar series with Elsevier, titled "From research idea to a highimpact abstract and poster", is scheduled for Tuesday 28 July at 6pm AEST.

This free session will focus on the early but critical steps that often determine whether an abstract is accepted and noticed, including:

- What makes a strong research question and why many abstracts fail at this stage.
- Using frameworks to assess feasibility, novelty, and relevance.
- Translating a research idea into a clear, wellstructured abstract that meets reviewer expectations.
- Practical examples of strong versus weak research questions and abstracts (as seen in conference submissions).
- Key principles for turning an accepted abstract into an effective scientific poster (what to include, what to avoid, and how to communicate the main message clearly).

The session will be practical, exampledriven, and aimed at clinicians and researchers preparing conference abstracts and posters, building on the existing ANZCA resources.

The registration link will be on the ANZCA Events page on the website.

BECOMING AN ANZCA FOUNDATION PATRON

The ANZCA Foundation Patrons Program has long been a way of making significant, important contributions to the research and health equity work supported by the foundation. The new criteria for becoming a patron will be having donated $1000 or more in the last 12 months, meaning regular donors at this level will be continually renewed as patrons.

All donors reaching $5000 total giving will join the elite President's Patrons level, while those reaching $25,000 or $100,000 will receive highly prestigious Life Patron status or Governor Patron status respectively.

The foundation warmly welcomes all new supporters, and especially thanks all donors who qualify as patrons at these exclusive levels of contribution to help realise the foundation's mission.

THANK YOU TO RECENT DONORS

The foundation thanks all our very generous donors, especially those who have recently donated.

These regular gifts make it possible for us to continue our level of support for research and health equity projects led by our FANZCAs, FFPMANZCAs and trainees, and their strong contributions to an up-to-date medical science and evidence-based foundation for clinical practice in our specialties.

ABOVE

Dr Kate Goldstone from Waikato Hospital accepting the ANZCA Patrons Emerging Investigator Research Award for the study "Investigating the impact of the glucagon-like peptide-1 receptor agonist semaglutide on the gastric pacemaker".

ANZCA research – the outcomes

This is the fourth report in our series highlighting selected results from research projects funded by the ANZCA Foundation and led by ANZCA fellows, and their implications for best clinical practice.

The foundation allocates about $A1.5 million or more annually for grants for research in anaesthesia, pain medicine, and perioperative medicine. Continuing these grants is only possible thanks to the regular contributions from foundation donors, investment earnings, and college support. They are allocated by the ANZCA Research Committee each year through the foundation.

This new selection of reports on studies completed over the last three years again demonstrates new contributions to the science and practice of anaesthesia, pain medicine and perioperative medicine. Often including "world-firsts", foundation-funded studies continually increase knowledge, science and evidence supporting our fellows and other specialist healthcare professionals to deliver best patient outcomes across the diversity of medical scenarios and patient profiles in clinical practice.

While this summary format is different to that in the scientific literature, to minimise publication bias this series attempts to present negative as well as positive outcomes, both highly important for objective communication.

These studies have been published in leading peer-reviewed journals, presented at major scientific meetings, or in most cases, both.

NEW UNDERSTANDINGS OF NEURAL MECHANISMS IN PAIN RELIEF DURING SPINAL CORD STIMULATION (SCS)

Russell Cole Memorial ANZCA Research Award: Brain regions responsible for analgesic responses to spinal cord stimulation

Dr Alister Ramachandaran, Westmead Pain Management Centre, Westmead Hospital, Sydney, received the Russell Cole Memorial ANZCA Research Award in 2022 for this study, and reported the outcomes in 2024. His team included Professor Luke Henderson and Professor Chris Peck from the Brain and Mind Centre, University of Sydney.

***$A107,500** over two years.*

Chronic pain imposes an enormous economic and social burden, with many people suffering for years or decades. Several studies have shown that delivering small electrical pulses to part of the spinal cord with an implanted device can effect significant pain relief in some patients. Although SCS can be effective, our understanding of the precise neural mechanisms of its analgesic effects is incomplete. It is important to improve understandings of how we can alter brain function to treat chronic pain and potentially develop less invasive treatment options.

This project aimed to establish the brain changes responsible for SCS analgesia in chronic back pain patients, and determine whether resting brain activity patterns and individual pain stimuli responses can predict pain relief during SCS and therefore improve decisions on permanent implants. The goal was to better understand how the brain reduces pain, particularly chronic pain, to facilitate development of effective treatments without the need for invasive implants.

The hypotheses were that SCS analgesia is associated with different connectivity patterns in the midbrain periaqueductal grey matter, dorsolateral pons and rostral ventromedial medulla regions, that these regions are driven by higher brain centres such as the dorsolateral prefrontal and cingulate cortices, that they would display increased connectivity strengths during pain reductions, and that altered recruitment patterns and connectivity strengths in pain modulatory pathways would predict SCS analgesic responsivity.

Potentially important findings included that:

- About 50 per cent of individuals with failed back surgery syndrome responded with significant pain relief that often increased during SCS treatment.
- Pain relief was associated with normalisation of on-going activity in numerous emotional and analgesic brain regions.
- Endogenous analgesic ability, measured using conditioned pain modulation (CPM), was significantly reduced in persistent spinal pain syndrome (PSPS) patients compared with controls prior to SCS. CPM analgesic ability was significantly increased after SCS in individuals who displayed pain relief with SCS.
- PSPS is associated with an altered peripheral immune environment, which is largely normalised following SCS and associated pain relief.
- The team is conducting further data analysis to determine whether post-SCS restoration of CPM analgesic ability is associated with normalisation of activity changes in key brain regions previously shown to be critical for CPM expression.

These findings have improved understandings of neural mechanisms in pain relief in PSPS patients during SCS, the brain's regulation of ascending noxious information in chronic pain, and of why some analgesic treatments work in some chronic pain patients but not others with the same condition.

The team's ongoing data analysis aims to determine whether they could predict SCS treatment responsivity using baseline brain activity, connectivity and structural measures, to potentially prevent individuals from "trial and error" chronic pain treatment and effectively relieve pain and associated brain function alterations.

Increasing the ability to effectively treat chronic pain will have a significant positive impact on the lives of individuals with chronic pain and reduce the burden on the health care system.

VASODILATION, MYOCARDIAL DYSFUNCTION, AND RISK OF POSTOPERATIVE HYPOTENSION

Evaluating hypotension using limited echocardiography and microcirculation imaging in postoperative patients

Dr Ned Douglas from The Royal Melbourne Hospital received an ANZCA Foundation project grant for this study in 2023, and provided a final report to the ANZCA Foundation in 2026. His team included Associate Professor Jai Darvall, and Professor Kate Leslie of Royal Melbourne Hospital.

***$A146,076** over two years, including scholarship.*

Postoperative hypotension, seen in up to 10 per cent of patients in post-anaesthesia care units after major surgery, is life-threatening and poorly understood. Also common in ward settings, it is frequently unrecognised and has been associated with tissue hypoxia, increased risk of myocardial infarction, stroke, acute kidney injury, and mortality.

The problem is growing, as risk factors for postoperative hypotension and the size and age of the surgical population continue to increase. Common hypotheses as to the causes of postoperative hypotension include fasting or intraoperative bleeding causing hypovolaemia, and vasodilation from residual anaesthetic and analgesic drugs and the surgical inflammatory response, but there is little high-quality evidence. Anaesthetists and perioperative physicians must rely on assumptions for treatment decisions. There is an urgent need to identify the common causes of postoperative hypotension to inform the most appropriate treatment options.

The team hypothesised that vasodilation would be the most common cause, and conducted a single-centre prospective cohort study of male and female adult patients undergoing major vascular surgery. Point of care ultrasound and side-stream darkfield microscopy imaging were used to detect vasodilation, myocardial dysfunction, severe hypovolaemia and obstruction, with a primary outcome of hypotension (systolic blood pressure less than 90 mmHg or a vasopressor infusion) within 24 hours of surgery.

Using point of care ultrasound and sidestream darkfield microscopy to examine the heart and blood vessels of participants at high risk of postoperative hypotension, the team aimed to understand the most common causes of the condition to guide the development of effective new therapies in future trials.

They recruited 100 patients over 18 months, and had complete data for 89 participants. Vasodilation was present in the post-anaesthesia care unit (PACU) in 30 (34 per cent), and myocardial dysfunction in 11 (12 per cent). Hypotension on the ward occurred in 20 (23 per cent). Vasodilation and myocardial dysfunction were associated with an increased risk of developing postoperative hypotension, providing insight into its mechanistic development. Surprisingly, severe hypovolaemia was absent, as was obstruction.

The team concluded that clinicians should assess for vasodilation and myocardial dysfunction in the PACU when assessing the risk of postoperative hypotension. Having identified the most common change to the circulation associated with developing low blood pressure on the ward, the project team is now in a position to design further studies to prevent or treat this problem, with potential to reduce perioperative hypotension and the variety of associated complications and adverse events that can affect patients' recovery.

MRGPRX2 POLYMORPHISMS UNRELATED TO HEIGHTENED SENSITIVITY IN ANAPHYLAXIS

Understanding MRGPRX2-dependant, life-threatening anaphylaxis during anaesthesia: towards prediction and prevention.

In 2020, Associate Professor Paul Soeding from The University of Melbourne received an ANZCA Foundation Project grant for this study, providing a final report in 2025. His project team included Dr Graham Mackay, Pharmacology and Therapeutics, The University of Melbourne, and Dr Jeremy McComish, clinical immunologist, Royal Melbourne Hospital.

$A69,211

In the vast majority of individuals anaesthetic drugs are effective and safe, but in rare cases they can produce severe life-threatening reactions. It is well-known that this severe allergy-like reaction, anaphylaxis, can cause circulatory failure during surgery, with potentially fatal consequences. Also well-known is that in anaphylactic reactions, the body generates the IgE antibody that interacts with the allergic substance, to stimulate mast immune cells which then release chemicals such as histamine to produce the severe symptoms of anaphylaxis.

However, although this IgE mechanism is important to some drug allergies, it does not explain all cases. Excitingly, a new mechanism has been revealed whereby certain drugs, such as rocuronium, can directly stimulate a the MRGPRX2 receptor protein on the surface of mast cells, leading to their activation. Despite this advance, key questions remain: why are only some people affected? Could we identify individuals who are likely to suffer these reactions, and protect them from potentially devastating consequences?

Following the team's previous work identifying polymorphisms in MRGPRX2, this study aimed to:

- Determine if polymorphisms in the MRGPRX2 gene, as identified in an existing cohort, underlie heightened sensitivity to NMBAs such as rocuronium.
- In human mast cells, characterise the intracellular signalling pathways initiated by different MRGPRX2 agonists that either do or do not lead to mast cell degranulation.
- Grow mast cells from the peripheral blood of drug-sensitive MRGPRX2 polymorphic individuals to validate findings from the genetic and functional studies above.

The study was unable to demonstrate that the polymorphisms led to changes in MRGPRX2 function, in keeping with other studies that similarly failed to correlate MRGPRX2 polymorphisms to enhanced receptor activity. Thus, markers alternative to MRGPRX2 polymorphisms are needed to help predict susceptible individuals. These might include serum factors or the expression of other MRGPRX2 regulating proteins inhuman mast cells.

The team also discovered and characterised new endogenous and exogenous agonists of MRGPRX2; knowledge that will help better characterise the broader role of MRGPRX2 and potentially help identify biomarkers of MRGPRX2 activity, that could indeed be used to help identify patients with increased risk to perioperative drugs.

The study has led to three publications manuscripts that broaden understanding of MRGPRX2- induced mast cell activation; provide evidence for treatment options; and propose novel approaches to better define the factors contributing to rare but devastating drug -induced anaphylaxis. Many of the tools developed during the project will play important roles in ongoing future work.

For information on key publications, presentations, and implementation of ANZCA Foundation-funded study outcomes, please refer to 'Awarded grants and outcomes' on the 'Research grants' page of the ANZCA website.

CONTACT AND SUPPORT

To donate, please use the subscriptions form, search 'GiftOptions – ANZCA' in your browser, or scan the QR code.

For queries, contact:

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Research grants program:

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ANZCA Clinical Trials Network:

Karen Goulding, CTN Manager, karen.goulding@monash.edu

CTN program showcases practical research pathways

FROM LEFT

Professor Tomas Corcoran (WA), Professor Paul Myles (Vic), Professor Kate Leslie AO (Vic) and Dr Kate Drummond (SA) at the late breaking trials session.

Delegates networking at the CTN "Meet the editors and how to get published" workshop.

The ANZCA Clinical Trials Network hosted three interactive workshops and two plenary sessions on the latest trial results and research methodology at the 2026 ANZCA Annual Scientific Meeting in Auckland.

The sessions highlighted the many opportunities available for interested fellows and trainees to contribute to research, from early study development through to publication, observational research, consumer-informed design, patient-centred outcomes and advanced trial methodology.

Across the program, a strong theme was that high-quality research starts well before a definitive major randomised controlled trial examining that topic is performed. The small group workshops focused on the practical foundations that help researchers shape good ideas into scientific rigorous, feasible and clinically meaningful studies.

The workshop on pilot, feasibility and vanguard studies explored how smaller studies can test recruitment capacity, protocol acceptability, intervention adherence, data collection processes and outcome measurement before a larger trial is performed. Delegates were reminded that these studies are not designed to prove whether an intervention works, but to determine whether a definitive multicentre trial is practical, scalable, deliverable and worth pursuing.

Consumer engagement was highlighted as an important part of this early work, helping researchers understand whether study procedures, consent processes, interventions, follow-up requirements and outcome measures are acceptable and meaningful to patients and families.

In the "An introduction to observational research" workshop, participants explored how routinely collected health data, registries and administrative datasets can be used to answer clinically important questions and generate future trial ideas. The workshop highlighted the strengths of Australian and New Zealand datasets, whilst also emphasising the need for clear research questions, careful attention to data quality, appropriate governance and awareness of bias, confounding and missing data.

The "Meet the editors and how to get published" workshop provided expert advice from journal editors on developing manuscripts that are clear, coherent and publishable. Facilitators emphasised the importance of a strong research question, a clear "line of sight" from question to methods, results and conclusion, and early agreement on authorship guidelines and contributor recognition. The session also covered open access publishing, ANZCA Library support and

journal requirements for declaring the use of generative AI, followed by small-group mentoring where participants could discuss their own questions and manuscript ideas.

The CTN methodology session extended these themes by looking at how trial design and outcome selection are evolving. Dr Aislinn Brown (NZ) discussed the importance of patient-centred outcomes, encouraging researchers to measure outcomes that reflect patients' priorities, recovery and quality of life, rather than relying only on traditional clinical endpoints. This reinforced the importance of involving consumers early in study design, so that research questions and outcomes reflect what matters most to patients, not only what is easiest to measure.

Professor Brian Bateman, (US) introduced target trial emulation as a structured approach to improving observational research by applying principles of randomised trials to existing data. The session also included discussion of platform trials (see FPM article in this edition on page 40), simplified consent models and the future role of routinely collected data in clinical trials.

Together, the CTN sessions reinforced a central message: strong clinical research depends on clear questions, feasible study design, meaningful consumer engagement, relevant outcomes and rigorous methodology to build evidence that improves patient care.

Ms Karen Goulding
CTN manager

RIGHT, FROM TOP

Dr Matthew Moore (Ngāti Rangiwewehi), Senior Research Fellow at The University of Auckland, shared insights into Māori data sovereignty, New Zealand datasets, including the statistical considerations of data linkage, ethics and waiver of consent processes, as part of "An introduction to observational research workshop", co-facilitated with Dr Doug Campbell (NZ) and Dr Luke Boyle (NZ).

Associate Professor Michelle Roets (Qld), Professor Brian Bateman (US), Dr Aislinn Brown (NZ), Professor Andrew Davidson (Vic) and Dr Daniel Frei (NZ) at the CTN methodology session.

Gender Equity Sub-Committee (GESC) update

Dr Angela Marsiglio has been appointed as the new GESC Chair, the unconscious bias elearning module has been launched, and additional learning resources are available through a tailor-made Annual Scientific Meeting (ASM) onDemand watchlist.

APPOINTMENT OF NEW GESC CHAIR

Dr Marsiglio (FANZCA, Vic) was successful in her application to join and chair the Gender Equity SubCommittee. Dr Marsiglio has extensive experience in gender equity, diversity and inclusion, and works in Melbourne as a paediatric anaesthetist across both public and private sectors, with further details available on our website.

We thank Dr Claire Stewart for her dedicated leadership and significant contributions during her term as chair, which ended in late 2025. Dr Greta Pearce (FANZCA, NZ) will continue leading the committee over the coming months, supporting Dr Marsiglio as responsibilities transition ahead of the formal chair handover.

GESC TOOLKIT UPDATED INTO UNCONSCIOUS BIAS E-MODULE

A new eLearning module on "Understanding and addressing unconscious bias" was officially launched during the GESC concurrent session at the 2026 ANZCA ASM in May.

The module builds on the GESC's unconscious bias toolkit, released in 2023, and introduces the concept of unconscious bias. It explores how unconscious bias can influence both patient care and the professional activities of our members and provides practical strategies and resources to help identify and mitigate its effects.

Through interactive content, case studies, and reflective activities, the module examines the impact of bias on cultural safety and considers how it shapes patient outcomes as well as professional practice. This 60-minute eLearning module is available to members via ANZCA's Learning Management System, Learn@ANZCA.

Tanks to GESC members and all who contributed to the review and development of this emodule. We extend particular recognition to the co-authors of the 2023 GESC *Unconscious Bias Toolkit*, Dr Louisa Lowes (FANZCA) and Dr Adele MacMillan (FANZCA), with support from Nadja Kaye, Manager, Membership Services.

On completion, participants may claim CPD Category 1: Practice Evaluation – Reviewing Performance (Cultural Safety activity), with more information in our website news item.

To access: Members with access to Learn@ANZCA can log in to the learning management system and self-enrol in the course - Understanding and addressing unconscious bias – to add it to their homepage for future access.

KEEN TO LEARN MORE?

There is an array of resources available to support you.

GE inspired watch list of 2026 ASM onDemand content

- Saturday 2 May – CS05 Achieving equity in perioperative care: In partnership with Tāngata whenua.
- Monday 4 May – SA09 Equity in anaesthesia and pain medicine breakfast.

Note: Attendance and post-viewing can claim CPD Practical Evaluation – Cultural Safety

- Tuesday 5 May – CS31 Gender Equity Sub-Committee concurrent session.
- Monday 4 May – Plenary session four including Dr Alicia Dennis – Inequity, silence and truth; Dr Mary Ellen McCann – Work family balance – the accidental scholar; Professor Irene Tracey – My life as a pain neuroscientist and academic leader.
- Tuesday 5 May – CS33 – Medical Education Special Interest Group: Medical Education in journey of healthcare including Dr Mataroria Lyndon – Cultural safety in medical education – a pathway to health equity; Professor Jennifer Weller – Building connections between operating room tribes for better outcomes; Dr Sara Allen — Medical education: patients as partners.

An ASM onDemand package includes content from the scientific program (plenary and concurrent sessions). All registered delegates, including those who attended in-person, can access this content from 13 May for 12 months. Check out our ASM onDemand registration page for more information on ASM onDemand registration.

If you've watched the ASM onDemand content, or don't have access, these resources are useful:

- **Collated resource pack:** In celebration of International Women's Day on 8 March the college and the GESC designed a collated resource pack that showcases our women in medicine to help prompt personal reflections and discussions.
- **ANZCA Library Gender equity resources:** This guide has been designed for anaesthetists and specialist pain medicine physicians interested in locating resources relevant to gender equity, including those resources available through the ANZCA library.

For more information or to give us feedback on how we can help, please get in touch at ge@anzca.edu.au.

Environmental Sustainability Network (ESN) update

Recent work by the ESN Executive includes the new international consensus statement clarifying sterile gown use for single-shot spinal anaesthesia, final stages of the *PS64* review, new deputy chair for the ESN Executive, 2026 ANZCA Annual Scientific Meeting (ASM) ESN highlights and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) endorsement of the joint nitrous oxide statement.

JOINT CONSENSUS STATEMENT ON STERILE GOWN USE FOR SINGLE-SHOT SPINAL ANAESTHESIA

The new joint consensus statement on the "Use of sterile gowns for single-shot spinal anaesthesia" from the Association of Anaesthetists, Royal College of Anaesthetists (RCoA), Obstetric Anaesthetists' Association (OAA), Regional Anaesthesia UK (RA-UK), the College of Anaesthesiologists of Ireland (CAI) and ANZCA was formally released on 16 April during the World Congress of Anaesthesiologists (WCA) conference.

Throughout the international anaesthesia community there is wide variation in the use of sterile gowns when undertaking single-shot spinal anaesthesia. To provide clarity on their use, a working group was formed, with ANZCA well represented by ESN Executive Chair Dr Archana Shrivathsa. The recommendations outlined in the joint statement align with ANZCA's *PG28 Guideline on infection prevention and control in anaesthesia (2025)*. For more information visit the website.

REVIEW OF *PS64* IN FINAL STAGES

The document development group (DDG) overseeing the formal review of *PS64(G)* Position statement on environmental sustainability in anaesthesia and pain medicine practice along with its background paper has made substantial progress.

Led by ESN Executive Chair Dr Archana Shrivathsa, significant work has been completed to review, update and refine both documents with broader stakeholder consultation being sought to determine the final steps before publication, anticipated later in 2026. Thanks to all included in the *PS64* review for your dedication, expertise, and collaborative effort in advancing this important work.

NEW DEPUTY CHAIR – ESN EXECUTIVE

Dr Rebecca McIntyre (FANZCA, Vic) has been appointed as the new deputy chair of the ESN Executive Committee. Dr McIntyre is a consultant paediatric anaesthetist with cardiac expertise at the Royal Children's Hospital in Melbourne. She has a strong interest in sustainable healthcare, effective communication in paediatric anaesthesia, and quality improvement. Her expertise and passion have made her an invaluable member of the ESN Executive, most notably during the extensive review of *PS64*.

Dr McIntyre succeeds Professor Eugenie Kayak, who is stepping down from the deputy chair role while remaining a valued member of the Executive Committee. Professor Kayak's leadership, insight, and commitment have had a lasting impact on the ESN. Her contributions are reflected in many key achievements, including the 2025 ASM ANZCA Australasian invited visitor, plenary session and her leadership with the Detecting and reducing leaks from nitrous oxide in healthcare facilities – A practical guide.

We extend our sincere thanks to Professor Kayak for her outstanding contributions and are delighted that she will continue to support the executive as Dr McIntyre assumes her new role.

2026 ASM ESN HIGHLIGHTS

ESN had a strong and visible presence at the 2026 ANZCA ASM in Auckland, with a diverse program showcasing practical approaches to sustainable anaesthesia and perioperative care. A series of hands-on workshops equipped delegates with actionable strategies, including sessions on serious games for sustainability, nitrous oxide mitigation, and practical steps to green operating theatres and broader health systems. These workshops were designed to move beyond awareness, giving clinicians the tools and confidence to implement meaningful environmental improvements in their own workplaces. This year the new "Serious Games in Sustainability" workshop was also introduced, "gamifying" sustainability initiatives to embed knowledge through different routes.

Our dedicated concurrent session "Getting our own house in order – sustainable anaesthetics" on Tuesday 5 May attracted a full house. The session explored how clinicians and departments can lead change from within with four speakers:

- Dr Julia Singhal – Plastics in healthcare
- Dr Eoin Roche – Think before you test
- Dr Matthew Jenks – Nitrous oxide mitigation in New Zealand
- Dr Lisa Akelisi Yockopua – Sustainable anaesthesia: Progress in Papua New Guinea.

Together, these workshops and sessions highlight ESN's commitment to embedding sustainability into everyday practice, leadership, and system design.

RANZCOG ENDORSED JOINT NITROUS OXIDE STATEMENT

RANZCOG has formally endorsed the Joint statement on decommissioning nitrous oxide for medical gas pipeline systems. RANZCOG's endorsement follows the publication of the joint statement in December 2025 and reflects a shared commitment across colleges to environmentally sustainable healthcare practices while maintaining patient safety and quality of care.

This coordinated endorsement signals a unified position among professional bodies in Australia and New Zealand, reinforcing the healthcare sector's role in responding to climate change. It also provides a framework for health services to review existing infrastructure and to develop transition plans that balance environmental responsibility with patient-centred care.

KEEN ON MORE INFORMATION?

Please read our recent ESN Update April 2026 on the ANZCA website.

INTERESTED IN JOINING THE ESN?

Interested in advancing sustainable practice or keen on promoting sustainability research or supporting sustainability education? For more information, please visit the webpage or to register please click here.

ABOVE

From left: Attendees of 2026 ASM ESN concurrent session "Getting our own house in order – sustainable anaesthetics".

Front row, from left: Dr Maro Ju, Dr Justin Hii, Dr Archana Shrivathsa, Dr Rebecca McIntyre, Dr Emily Balmaks.
Back row, from left: Dr Matt Taylor, Dr Adele Macmillan, Dr Grace Hollands, Dr Dhivya Kailasapathy.

ANZCA Library 2026 webinar series

Throughout 2026, the Library and Research Consultation Service is partnering with a range of leading vendors to offer a series of free webinars aimed at encouraging effective use of ANZCA resources, facilitating open access publishing and supporting research projects. Each webinar is being recorded and then being made available for later viewing by fellows and trainees.

SESSIONS PRESENTED SO FAR

The 2026 webinar program began with a February session delivered in partnership with Wiley – publishers of MJA, EMA and a number of pain and anaesthesia titles – and introducing members to no-cost open access publishing opportunities available through ANZCA's read and publish agreements. View the recording here: https://libguides.anzca.edu.au/OA-publishing/wiley. In April, May and June, we joined forces with Covidence, an online tool that streamlines systematic and scoping review workflows, to deliver a three-part webinar series. Participants were guided through setting up a review, managing references and collaborators, refining screening approaches and using data extraction tools and templates. Two of the sessions featured contributions from ANZCA and FPM fellows, offering practical insights from their real-world use of Covidence in clinical research.

FPM Fellow Dr Tim Ho, who attended the May Covidence webinar, found it

"a genuinely useful session for anyone in the ANZCA/FPM research network working on systematic, scoping or narrative reviews." He also highlighted the practical value for time-poor clinicians, observing that "for busy clinicians and trainees trying to contribute to research, these are exactly the kinds of workflow improvements that can make a review feel achievable rather than overwhelming."

View the recordings here: https://libguides.anzca.edu.au/covidence. Most recently, the library's own *Introduction to ANZCA Library* webinar gave an overview of the full range of resources and services available to members, enabling confident and effective use of Library offerings. View the recording here: https://www.anzca.edu.au/anzca-library/about-the-anzca-library.

WHAT'S COMING UP

The program continues throughout the year, with a planned three-part webinar series delivered in collaboration with Elsevier. The senior clinical and research expert at Elsevier will deliver sessions on key aspects of research communication and publication. The first webinar in July will cover how to develop a research idea into a high impact abstract and poster, supporting effective dissemination at conferences, for research grants, and for publication. A second session later in the year will address writing a paper and navigating the publishing process, including journal selection, peer review and common challenges. A third webinar will explore research impact, providing guidance on how to measure, track and communicate the reach and influence of scholarly work. Together, these sessions will provide practical assistance across the later stages of the research lifecycle.

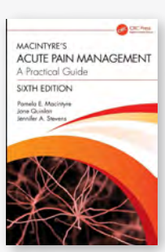
Additional planned events include a webinar with DynaMed, introducing this point-of-care clinical decision support tool and demonstrating how it can provide efficient access to evidence in practice. A webinar is also planned with Trip Pro, a clinical search engine designed to help users rapidly identify high quality evidence, including guidelines, systematic reviews and primary studies.

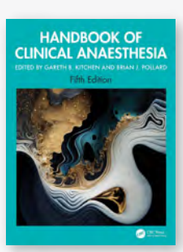
Fellows and trainees are encouraged to visit the ANZCA events webpage and filter by the category "Research" to explore upcoming webinars and register for sessions. The library will also be making the webinars available via our resource guides. The library looks forward to supporting your learning and research throughout the year.

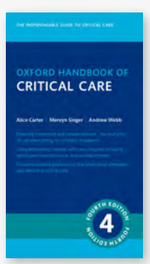
Note: CPD participants may claim these webinars under "Knowledge and skills" Learning sessions activity.

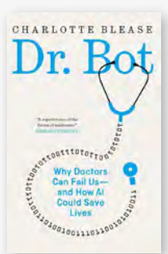
Latest books

For the latest updates and a complete list of new titles check out the library news page: libguides.anzca.edu.au/news









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Nicholas John "Nich" Coroneos

1938 – 2026

Dr Nicholas John "Nich" Coroneos, longtime Director of Intensive Care at Prince of Wales Hospital, died on 4 May 2026 aged 88.

Nich graduated MBBS from the University of Sydney in 1962 and belonged to the pioneering generation of Australian anaesthetists and intensivists who helped establish intensive care medicine as a specialty. His career spanned an era during which modern intensive care evolved from a fledgling discipline into an essential pillar of hospital medicine, and Nich played a significant role in that transformation at Prince of Wales Hospital in Sydney.

Many colleagues regarded him as one of the formative figures of anaesthesia and intensive care across the Prince of Wales, Prince Henry Hospital and eastern suburbs hospital network during the 1970s and beyond. As director of intensive care, he helped shape not only the standards of clinical care, but also the culture of the department itself.

He was deeply respected as a clinician, teacher and mentor, particularly by generations of junior doctors and nurses who trained under his guidance.

Nich contributed academically to both anaesthesia and intensive care medicine, with publications spanning neuroanaesthesia, cerebral physiology, intensive care infection surveillance and toxicology.

His work reflected the curiosity and intellectual breadth characteristic of the early intensivists, who often bridged multiple disciplines while helping define the future of critical care in Australia.

Yet for many staff Nich will be remembered just as much for his humour and humanity as for his professional accomplishments.

He was the creator and long-time author of *COMA*, the much-loved departmental magazine that captured the wit, eccentricities and camaraderie of hospital life. Through *COMA* Nich chronicled generations of colleagues, celebrations, mishaps and stories with warmth, irreverence and affection. In doing so, he helped create a sense of identity and belonging within the department that endured long after individual rotations and careers moved on.

Those who worked with Nich remember a man of intelligence, kindness and quiet wisdom, someone who understood that medicine was not only about technical excellence, but also about relationships, humour and community. He carried himself with dignity and gentleness, while never losing the ability to laugh at the absurdities of hospital life.

Beyond medicine, Nich was a devoted family man. He is survived by his wife Maureen, daughter Victoria, and grandchildren Kalli and Saskia. He was predeceased by his children Vanessa and Jonathan.

Nich leaves behind an enduring legacy within Prince of Wales Hospital and among the many clinicians whose professional and personal lives he influenced over decades of service.

He will be remembered with deep affection, gratitude and respect.

Compiled by department colleagues of Dr Coroneos from the Prince of Wales Hospital.

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*Effective haemostatic response defined as requiring no haemostatic interventions§ from 60 minutes to 24 hours after treatment;[1]

§Haemostatic interventions consisted of surgical reopening for bleeding, administration of a second dose of IMP (4F-PCC or FP), transfusion of any allogeneic blood products (excluding red blood cells), and administration of any coagulation factor concentrates.The 60-minute window was provided to allow for the full administration of the 4F-PCC or FP.[1]

FARES-II study design – An unblinded Phase 3 non-inferiority trial comparing 4F-PCC vs FP conducted in 420 adults who developed bleeding related to coagulation factor deficiency during cardiac surgery using non-CSL Behring branded 4F-PCC.The primary outcome was effective haemostatic response defined as requiring no haemostatic interventions§ from 60 minutes to 24 hours after treatment.[1]

Beriplex is indicated for the treatment and perioperative prophylaxis of bleedings in acquired deficiency of the prothrombin complex coagulation factors, when rapid correction of the deficiency is required.[3]

Abbreviations: 4F-PCC: 4-Factor Prothrombin Complex; CI: confidence interval; FFP:fresh frozen plasma; IMP: investigational medicinal product **References: 1.** Karkouti K, *et al.* JAMA. 2025;27;333(20):1781–1792. **2.** Smith MM, *et al. JAMA Surg.* 2022;157(9)757–764. **3.** BERIPLEX® Approved Product Information. **4.** CSL Data on File. Independent economic analysis of using 4-factor prothrombin complex concentrate (PCC) compared with fresh frozen plasma (FFP) in cardiac surgery.

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