The graduate outcome statement (that is, the definition of what a perioperative specialist) is drafted, and the group is now finalising a draft curriculum framework with the aim of presenting this at the Perioperative Medicine Special Interest Group meeting in Brisbane in November.

The college is developing a survey, similar to the one undertaken by ANZCA to gauge the interest in a perioperative medicine qualification and practice, for use by the more closely aligned colleges – the College of Intensive Care Medicine, the Royal Australasian College of Surgeons, the Australian College of Rural and Remote Medicine, the Royal Australasian College of Physicians, the Royal Australian College of Surgeons, the Australian College of General Practice, and the Royal New Zealand College of General Practitioners. The results of these surveys will be published in due course.

The first Perioperative medicine communique was circulated in July following the meeting of the Perioperative Care Working Group. The perioperative patient journey has many components. To further describe its complexity a timeline has been developed that clearly maps the patient journey through the perioperative medical process.

This timeline is providing the framework to further define and allow a systematic approach to the development of perioperative medical services. The Perioperative Care Working Group (PCWG) is in the process of describing principles and giving general recommendations for those wanting to further develop perioperative medical services.

The results of this work will form the basis of a new resource that will play a core role in the establishment of the new perioperative medicine qualification being developed by ANZCA in collaboration with other key medical groups.

Dr Fernando, a Queensland anaesthetist and intensive care specialist who is the chair of the Perioperative Medicine Special Interest Group and the PCWG says: “Defining the POM timeline is important because there is a lot happening in the perioperative medical space and we need a framework in which we can understand how the components fit together.

“It will also help in the communication between those at various parts of the time, from primary care to rehabilitation. The document will serve as a reference for those wanting to understand what is happening in Australia and New Zealand in perioperative medicine.”

The PCWG is made up of a range of specialists who can bring important perspectives to the patient journey – anaesthetists, intensive care specialists, physicians, geriatricians, general practitioners and a surgeon.

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Perioperative medicine – work continues

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The members of the PCWG have been broken into groups tasked with analysing the seven components of the patient journey. These are: primary referrer and referral, surgical review and risk assessment, optimisation, intraoperative care, safe recovery, post-acute care and primary referrer/care and follow up. Each group will develop for their component:

- Principles.
- Recommended practices for each principle.
- Examples of recommended practices.
- References.

Eventually the components will form seven chapters and the principles will make up an executive summary of the resource, which is expected to be finalised in early 2020.

Dr Jeremy Fernando
Chair, Perioperative Care Working Group

**Perioperative Care Working Group**

- Dr Jeremy Fernando (Chair) – ANZCA/CICM, Qld
- Dr David Alcock – ANZCA, Tas
- Dr Su Jen Yap – ANZCA, NSW
- Associate Professor Arthas Flabouris – ANZCA/CICM, SA
- Professor Guy Ludbrook – ANZCA, SA
- Dr Simon Reilly – ANZCA/ASA, Vic
- Dr Eugene Wong – ACRRM, GPA, Qld
- Dr Aisling Fleury – RACP (geriatrician), Qld
- Professor Alison Mudge – RACP (general physician), Qld
- Dr Rachel Aitken – RACP (geriatrician), Vic
- Dr Margot Lodge – RACP (geriatrician), Vic
- Dr Kathy McDonald – RNZGP, NZ
- Professor Michael Cox – RACS, NSW