

Message from the chair

Mapping the patient journey – starting and ending with the primary referrer – has been a key focus of our work in recent months towards our goal of developing a viable model of perioperative care that can be adopted by health systems to improve patient outcomes.

The development of the perioperative timeline has involved much discussion by the Perioperative Care Working Group (PCWG) chaired by Dr Jeremy Fernando. It provides a framework to facilitate a systematic approach to the development of perioperative medical services.

Meanwhile, the Perioperative Medicine Education Group, co-chaired by ANZCA councillor, Dr Sean McManus and Dr Joel Symons, has finalised a broad curriculum framework for the qualification in perioperative medicine which has been approved by the multidisciplinary [Perioperative Medicine Steering Committee](#).

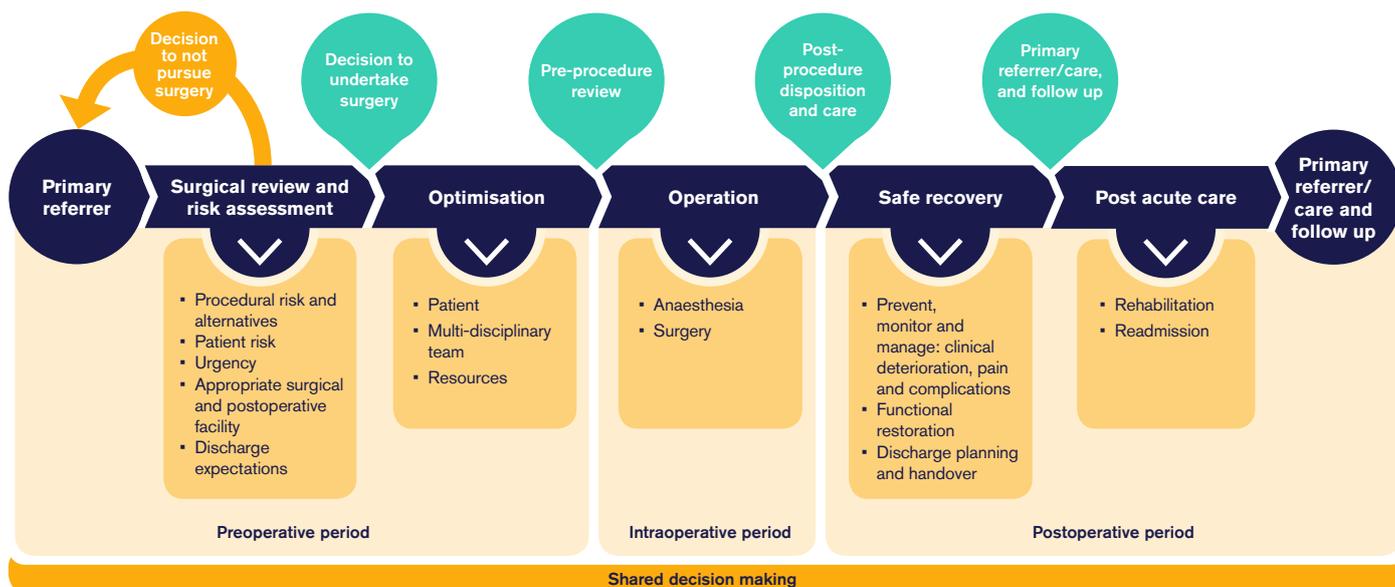
In other news, we have had the first meeting of the NZ Perioperative Network made up of district health board specialists who have an interest in perioperative medicine. It is similar to a group in WA that includes representatives from the major teaching hospitals and meets quarterly to discuss education and quality improvement. We are interested in hearing from other groups with a similar focus.

We are also finalising a survey, [similar to the survey](#) undertaken last year by ANZCA and FPM fellows and trainees, that we will provide to other colleges for them to roll out to their own fellows and trainees in coming months to test their level of interest in this area of practice, and the qualification.

Next month is the [Perioperative Medicine Special Interest Group meeting](#) in Brisbane – I hope to see many of you there!

Dr Vanessa Beavis

Chair, Perioperative Medicine Steering Committee



Perioperative Care Working Group – update

The Perioperative Care Working Group (PCWG) has members with a broad range of experience – anaesthetists, intensive care specialists, physicians, geriatricians, general practitioners and a surgeon.

This is invaluable in bringing important perspectives to the patient journey and has helped in the development of the perioperative medicine timeline.

PCWG members have been broken into groups tasked with analysing the 12 components of the perioperative time line (see diagram).

For each component we will develop a set of principles; recommended practices; examples of hospitals/health services who are providing a high level of care; and references. The goal is to produce a resource document for those wanting to develop their own perioperative medical service. We plan to finalise the document in early 2020.

More information about the timeline can be found in an article from the [September 2019 ANZCA Bulletin](#).

Perioperative Medicine Education Group – update

The draft curriculum framework has been finalised by the Perioperative Medicine Education Group and approved by the Perioperative Steering Committee. It takes account of the various existing curricula including Monash University and the International Board of Perioperative Medicine syllabus as well as the POM literature review and the views of POM E members. It will be presented at the [Perioperative Medicine Special Interest Group meeting in November](#).

The next step for the group is to develop the curriculum, using the approved curriculum framework, the [CanMEDS](#) framework, and the perioperative medicine timeline. A draft for broader consideration is being developed by a cross college expert group.

Can we present at your event?

We are keen to hear from any groups who would like us to present our work to interested medical and allied health groups. Please contact us via periop@anzca.edu.au.

Perioperative Medicine Steering Committee

Please contact the Perioperative Steering Committee with any queries via periop@anzca.edu.au.

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Dr Ming Loh (NSW)
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Dr Rabin Bhandari (SA)
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See here for the committee's [terms of reference](#).

What is perioperative medicine?

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

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

Frequently asked questions

More information