

ANZCA BULLETIN



Never too young... Embracing National Anaesthesia Day

Research funding:
\$A1.5 million awarded
for 2019 projects

Indigenous health:
What we're doing

ANZCA National
Anaesthesia Day

48

Your PAEC

ANZCA's Professional Affairs Executive Committee Chair, Clinical Associate Professor Leonie Watterson, explains PAEC's role and how it benefits fellows.



16 National Anaesthesia Day

A record number of hospital and private practice "champions" in Australia and New Zealand helped promote our sixth successful campaign.



34 Research grants

The ANZCA Research Foundation has allocated \$A1.5 million to a diverse range of anaesthesia and pain medicine projects in Australia and New Zealand for 2019.



30 Extreme environments

Two fellows tell us what it's like to be thrown out of their comfort zones.



28 Indigenous health

A new "yarning circle" pain management program for First Nations people has been trialled in North Queensland.



Contents

4	President's message	50	Safety and quality news
5	Chief executive officer's message	53	Anaesthesia and cosmetic surgery
6	Letters to the editor	54	Discover the world with the library's new discovery service
7	President's portrait unveiled	58	ANZCA Clinical Trials Network: New multicentre studies in the pipeline
8	ANZCA and FPM in the news	59	Foundation update
10	Advocacy – a year in review	62	CPD news
14	ANZCA's professional documents: What would you do?	63	CPD: Lifelong learning
16	Hospitals and practices embrace ANZCA National Anaesthesia Day	64	Changes to the ANZCA Training Program
23	The 2018 Ray Hader Award for Pastoral Care	70	Faculty of Pain Medicine
24	ANZCA participates in Indigenous meetings	78	Successful candidates
28	Indigenous health: Spinning a healthy yarn	82	Tri-nation Alliance strengthened
30	Desert experience a preparation for life on Mars	83	ANZCA Anaesthesia and Pain Medicine History and Heritage Grant
32	Gaza medical mission a lesson in humanity and resilience	84	Special interest group events
34	Anaesthesia and pain medicine research boosted by \$1.5 million	88	New Zealand news
48	The ANZCA Professional Affairs Executive Committee: Advancing our fellows' interests	90	Australian news
		98	Obituaries

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 comprises about 6700 fellows and 1500 trainees mainly in Australia and New Zealand. It serves the community by upholding the highest standards of patient safety.

Cover photo: Jacob, 5, takes a keen interest in National Anaesthesia Day activities at Auckland's North Shore Hospital. Photo: Dr Ashwina Rao.

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President's message



benefit of anaesthesia and pain medicine working together under the banner of one college is clearly evident. The college is in a position to provide important logistical and collegial support and the work of the faculty contributes significantly to the safety and quality of the care that we all deliver. Once again though, the strength of this relationship should not be taken for granted, and requires attention, commitment and respectful acknowledgment of our differing circumstances and challenges.

The importance of partnerships extends into the world of research, where our Clinical Trials Network is internationally recognised as the exemplar of collaboration. The network conducts large, public-good, collaborative multi-centre trials which each offer the potential to guide changes to our management practices and lead to improved patient outcomes. Currently, trials are recruiting from more than 130 sites in Australasia and around the world and include PADDI (Perioperative Administration of Dexamethasone and Infection), ITACS (IV iron for Treatment of Anaemia before Cardiac Surgery), T-REX – (Neurodevelopmental outcome after standard dose sevoflurane versus low-dose sevoflurane/ dexmedetomidine/remifentanyl anaesthesia in young children), the ROCKET Study (Reduction Of Chronic Post-surgical Pain with Ketamine), the Balanced Anaesthesia Study – (the influence of anaesthetic depth on patient outcome after major surgery) and POISE-3 (tranexamic acid and hypotension avoidance to reduce the risk of cardiovascular complications after non-cardiac surgery).

I attended last month's Hong Kong College of Anaesthesiologists (HKCA) ASM where we discussed joint ventures in education, examinations and research. As two professional cohorts with many similar goals and challenges, ANZCA and HKCA can work closely together to leverage each other's expertise in these realms, and I look forward to strengthening and formalising this important collegiality.

Trust and respect seem to be critical cornerstones of successful partnerships, and if they are lost, it can be difficult to regain them. Invariably, any activity embarked upon with anything less than completely good faith is eventually revealed as such. We do enjoy a reputation not just for excellence, but for integrity, and it is crucial that we maintain this reputation. The willingness with which other Australasian colleges, other international colleges, our societies and government all engage with us is testimony to the reputation we enjoy.

I am becoming increasingly aware of the critical importance of both the internal and the external partnerships our college enjoys, and in recognising that their value and functionality should not be taken for granted.

Having had the privilege of attending the recent ANZCA and New Zealand Society of Anaesthetists (NZSA) Annual Scientific Meeting I have been reminded of the reality that Aussies and Kiwis have much in common, but equally, we need to recognise our own distinctly different characteristics. Leaving aside the usual jokes about underarm bowling, applying sand-paper to cricket balls, the capabilities of our respective rugby teams, and quirky accents (it did take me a long time to work out what "fush 'n' chups" were), our two countries do differ in terms of the private and public health frameworks, rural and urban divides, (particularly in relation to simple geographical practicalities), and the realities of different jurisdictions.

I don't pretend to call myself a sociologist, and neither am I an anthropologist (though who knows, one day I might be referred to as an anaesthesiologist), but travelling around New Zealand it is apparent the fabric of society differs to Australia in varying degrees of subtlety. Of particular note I am increasingly reminded of New Zealand's self-identity as a bilingual and bicultural nation, and the prominence of Māori culture in day-to-day life.

Of course our two countries have far more in common than we have in opposition, and clearly we each have much to gain by working together. The challenge seemingly is to maximise the opportunities presented by our commonalities while acknowledging and respecting each other's different environments.

The highly successful recent Faculty of Pain Medicine Spring Meeting in Cairns provided a model of the strengths of multi-disciplinary collaboration, and the mutual

Perioperative medicine is a prime current example that involves all these stakeholders working together in an atmosphere of mutual trust and respect, for which our profession is providing the leadership (not ownership, trust me) and co-ordination.

Finally, I recognise that if we are to address the inequities in healthcare delivery that exist in certain communities within our two countries, and that exist between us and our global neighbours, then we absolutely need to work in partnership with our colleagues in those communities. I use the term partnership pointedly, in that working as partners gives due recognition to the principle that we are working as equals, and that we all benefit from the interaction. I am acutely aware (and grateful) of how much I have learnt from my colleagues in Indigenous, migrant and rural communities, and in Papua New Guinea.

Our relationship with the community will be most constructive if our membership reflects that community and I remain convinced of the benefits of workforce diversity across all demographic and ethnographic domains. We compare favourably among the other colleges in terms of gender representation, and the benefits of this representation to our profession are obvious. We have recently undertaken a number of important steps to improving opportunities for Indigenous trainees, however there remains much work to be done, and I wonder how well we are doing in providing training opportunities to young doctors from recent migrant communities.

I am unclear as to why ANZCA should be in this position, though it gives me cause to think that we need to be more proactive in recognising the benefits of training a workforce whose heterogeneity reflects that of the population that we serve. I would urge all of us to encourage and support young doctors from these marginalised communities who are seeking to enter into FANZCA and/or FPM training, and to recognise how their inclusion enriches our profession.

In closing, consideration of partnerships obviously lends itself to a reminder about the importance of nurturing our relationships with those who are nearest and dearest to us. I hope we all find time for some sort of a break over the festive season, and to enjoy those relationships.

A heartfelt thank you to all of you who contribute so selflessly to our profession, and to our community.

Go well.

Dr Rod Mitchell
ANZCA President

Chief executive officer's message



ANZCA's workforce

ANZCA reviews the anaesthetist and pain medicine workforce numbers half-yearly along with the numbers of trainees in Australia and New Zealand.

In Australia, there are 4786 active anaesthetists and in New Zealand, 740 active anaesthetists, giving a total of 5526. There are a further 735 retired anaesthetists in both countries. The number of active anaesthetists represents an increase of 3.2 per cent in the 2017-18 year. The average growth in the active fellowship for ANZCA as a whole is 3.6 per cent per annum. Australia has grown at the rate of 3.4 per cent per annum and New Zealand at the rate of 4.5 per cent per annum.

In 2016 the National Medical Training Advisory Network, an agency of the Commonwealth Department of Health, forecast that the Australian anaesthetist workforce would grow at 4 per cent per annum and could trend towards over-supply. We can see from these figures that the five-year average (3.6 per cent) is below the forecast. ANZCA's fellowship survey also reported that fellows were working on average four hours per week longer than they were three years ago.

The workforce supply and data trends for anaesthetists suggest that the workforce is likely to remain in balance for the next five to seven years. This does not imply that the workforce in every location at every point in time will be in balance. We know there are some centres where there is over-supply from time to time. On the other hand, we remain concerned about the number of regional centres who continually struggle to recruit FANZCAs due to under-supply in those areas.

The Faculty of Pain Medicine's workforce has also grown to 362 active fellows (329 in Australia and 33 in New Zealand). This represents a growth of 3.4 per cent from 2017 to 2018. Over the last five years, the average growth in Australia has been 5 per cent per annum while only 3.5 per cent per annum in New Zealand.

Not surprisingly, 90 per cent of the pain medicine physician workforce is based in major cities. We continue with our efforts to locate more training positions in non-metropolitan centres and to establish sustainable pain clinics in those areas.

2018 in review

The development of perioperative medicine as an ANZCA-led initiative has been a positive start to a multi-year program. Other medical colleges and societies have accepted our invitation to join our steering committee and working parties, recognising that perioperative medicine will be implemented in different forms throughout New Zealand and Australia as well as between private and public settings.

As 2018 comes to an end, while we are in the early developmental stages, a direction has been set and working relationships with those outside ANZCA and who are interested in perioperative medicine are sound. The Perioperative Medicine Special Interest Group (SIG) meeting that was held in Melbourne in October attracted almost 500 delegates. We are quietly enthusiastic about the plan we have laid out for the next several years.

ANZCA continues to be active in the provision of overseas aid under the direction of the Overseas Aid Committee, led by Dr Michael Cooper. Our annual report will provide details of the various projects. In addition to the valuable annual projects and scholarships, we will be making additional funds available from the ANZCA Research Foundation in 2019 to fellows who have ideas for new projects. More details of the application process will be provided early in 2019.

Our fellowship survey that was completed in the first half of 2018 indicated that fellows wanted to see more college activity in advocating on behalf of anaesthetists and pain medicine specialists. Submissions to governments and other agencies have consumed significant resources in both Australia and New Zealand – and with a number of successes. Notably, the successful campaign to have codeine products moved from schedule 3 to schedule 4 was supported by many medical colleges, but the Faculty of Pain Medicine and ANZCA took a lead role in supporting the Australian Therapeutic Goods Association's recommendation to governments, despite ongoing opposition from vested interests.

Finally I would like to recognise the outstanding work throughout this year to enhance the training portfolio system. This was an ANZCA-wide project involving fellows and almost every department and is designed to provide a much better online experience for trainees and supervisors in tracking progress through the training program.

The project was completed in November, on time and on budget and has been rolled out in time for the commencement of the hospital employment year in New Zealand.

I take this opportunity to thank our hundreds of volunteers who have contributed to the college's achievements throughout the year. I would also like to recognise the work of our staff who support every college committee and bring invaluable expertise to ANZCA's operations.

John Illott
Chief Executive Officer, ANZCA

Letters to the editor



Anaesthesiologist or Anaesthetist: What's in a name...?

I have been an anaesthesiologist in the USA for many years and still regularly encounter members of the general public who are surprised to learn I am a medical doctor who performs such an important and comprehensive role in perioperative medicine.

Changing the title will alone not erase this ignorance and elevate our public professional standing – even if you retain the additional “A”.

Dr Philip Brown, FANZCA
California, US

2019 ANZCA Council elections

Fellows are invited to nominate for six vacancies to the ANZCA Council. Prior to submission, each nomination form must be signed by two fellows of the college, as well as by the nominee and submitted to the Chief Executive Officer before 5pm AEDT on Friday, January 11, 2019.

If more than six nominations are received an electronic ballot will take place from March 8-22, 2019.

If you intend to vote, please ensure your preferred email address is up to date via www.anzca.edu.au/membership/login or by contacting ceo@anzca.edu.au. To avoid your voting keys going to spam folders, please add noreply@electionrunner.com to your safe sender list.

Results of the ballot will be announced at the ANZCA Annual General Meeting which will be held on Thursday, May 2, during the 2019 ANZCA Annual Scientific Meeting in Kuala Lumpur.

For more information visit www.anzca.edu.au/front-page-news/2019-anzca-council-elections.

Guidelines on Monitoring During Anaesthesia

The 2017 revised *PS18 ANZCA Guidelines on Monitoring During Anaesthesia* include recommendations on the use of neuromuscular function monitoring.

PS18 cites a single reference paper, this reference was authored by Dr Sorin Brull et al and was published in *Anaesthesiology* in 2017². PS18 also lists some background reading including similar guidelines from overseas.

The background paper to PS18 (PS18BP) quotes Dr Brull's article: “Objective measurement ... is the only method to determine appropriate timing of tracheal extubation”. Based on this the PS18BP concludes that “quantitative monitoring is recommended to assess depth of blockade prior to reversal and assessment of adequacy of reversal”.

However, not mentioned in PS18BP is that the Brull reference continues that there is a “lack of availability of an easy-to-use, accurate, and reliable monitor ... this technology is not yet commercially available”³.

So PS18 recommends use of a product whilst the article it has based this recommendation on states that the monitor we should use is not yet commercially available.

The Brull reference article continues that a “monitor is currently under development” by Senzime⁴. Dr Brull is a board member of Senzime and owns over 4 million shares in the company and 10 per cent of its capital value^{3,4}. Dr Brull's article is perhaps aptly named “Current Status of Neuromuscular Reversal and Monitoring, Challenges and Opportunities”.

PS18BP acknowledges that there is debate over this issue and does fall short of mandating the use of neuromuscular monitors at this time⁵.

Dr Anna Pedersen, FANZCA
Nothorn Beaches Hospital, NSW

References:

1. PS18 2017 version. From (ANZCA website): www.anzca.edu.au/documents/ps18-guidelines-on-monitoring-during-anaesthesia.pdf accessed May 14, 2018
2. Brull, SJ and Kopman, AF Current Status of Neuromuscular Reversal and Monitoring, Challenges and Opportunities. *Anesthesiology*. 2017; 126:00–00
3. <https://www.senzime.com> (accessed August 2017)
4. [https://www.senzime.com/investor-relations/share/The available literature relating to PS18 Guidelines on Monitoring During Anaesthesia](https://www.senzime.com/investor-relations/share/The%20available%20literature%20relating%20to%20PS18%20Guidelines%20on%20Monitoring%20During%20Anaesthesia)
5. PS18 BP 2017 version (ANZCA website): www.anzca.edu.au/documents/ps18bp-2017.pdf accessed May 14, 2018

Response

The available literature relating to PS18, including Dr Brull's reference, generated robust discussion at recent ANZCA Safety and Quality Committee meetings, and serious consideration was given to if and how the recommendation to encourage neuromuscular function monitoring should be made. There is evidence that inadequate reversal or use of inappropriate doses of reversal agents can contribute to morbidity. A subsequent article, albeit with Dr Brull as co-author (and conflicts declared), and the AAGBI guidelines www.aagbi.org/sites/default/files/Standards_of_monitoring_2015_o.pdf also support the college's position.

The authors believe the principle of encouraging such monitoring is appropriate, despite concerns regarding the limited availability of “accurate” monitors. This advocacy has driven improvements in monitors over time including pulse oximetry which has advanced in reliability and accuracy. There are many other such instances including measurement of blood pressure, temperature, end-tidal carbon dioxide, and processed EEG. As the clinical need is demonstrated, these monitors improve and become more accessible.

Finally, there is more than one accelerometer-based NMB monitor available in Australia and New Zealand.

Dr Peter Roessler and Professor David A Scott
PS18 Document Development Group



President's portrait unveiled

A photographic portrait of ANZCA's immediate Past President Professor David A Scott by Chris Budgeon was unveiled at the college's Melbourne office in November. The portrait was taken in September at Professor Scott's hospital, St Vincent's in Melbourne and will be hung in the college's council room in Melbourne. The portrait of Professor Scott wearing scrubs in theatre was captured over several hours at the hospital.

Budgeon, a Melbourne-based photographer whose work is included in the collection of the National Portrait Gallery in Canberra, also created the portrait of Professor Scott's predecessor Dr Genevieve Goulding.

Professor Scott's wife Dr Liz Wilson, their son Chris and daughter-in-law Michelle were special guests for the unveiling of the portrait at the ANZCA CEO and President's end-of-year drinks event. ANZCA President Dr Rod Mitchell told the gathering that the college was very fortunate to have benefitted from Professor Scott's leadership as he is widely recognised for his expertise in research, safety and quality, pain medicine and cardio-thoracic anaesthesia.

“David is a deeply thoughtful and considerate person of true integrity who is always prepared to listen,” Dr Mitchell said.



NAD 18, opioids and anaphylaxis hot topics for media coverage



National Anaesthesia Day attracted media interest in Australia and New Zealand with news stories across radio, print and online outlets including the *Herald Sun*, Channel Nine news, Radio New Zealand and Fairfax New Zealand. In Australia, ANZCA distributed three media releases for National Anaesthesia Day: one on a trial of chocolate-flavoured tramadol, one on anaesthesia and cosmetic surgery and another release on delirium and anaesthesia. A media release on research into life-saving stroke treatment was distributed in New Zealand. In total, the National Anaesthesia Day coverage attracted an audience of nearly three million people. For more details on coverage see the feature on page 16.

Channel Nine news broadcast a two-minute story on October 2 about ANZCA's ongoing concerns with pholcodine in cough medicines because of its link to anaphylaxis. Channel Nine in Sydney expressed interest in the issue in May during the ASM in Sydney and with fellow Dr Paul McAleer there as chair of the Australian and New Zealand Anaesthetic Allergy Group it was a great opportunity for us. The interview was done on the forecourt of the Sydney convention centre and the story finally made it to air as an "exclusive." It was broadcast nationally across 59 Nine network news stations and reached an audience of over 800,000 people.

The West Australian ran a page 1 story on October 5 about three WA anaesthetists Dr Bruce Powell, Dr Andrew Heard and Dr John Thompson who were seriously injured in three separate cycling accidents. Perth anaesthetists ANZCA councillor Dr Chris Cokis and fellow Dr Andrew Miller were interviewed for the story by medical editor Cathy O'Leary.

Anaesthetist and intensivist, fellow Dr Peter Saul was profiled in a *Newcastle Herald* story "Caring for life, talking about death" on September 15. Dr Saul believes dying is a subject most of us try not to think about, let alone discuss. The story reached 35,000 readers.

Fellow Dr Ian McKenzie, the Director of Anaesthesia and Pain Management at Melbourne's Royal Children's Hospital was one of the hospital's key spokespeople for the planned surgery to separate Bhutanese conjoined twins Nima and Dawa Pelden. The twins' story has attracted local and international media coverage.

The Sydney Morning Herald interviewed fellow Dr Rob Hackett about a campaign to standardise Australian hospital emergency numbers. The move to have a uniform number is supported by ANZCA, the Australian Resuscitation Council and the NSW Health Minister Brad Hazzard. The August 22 story attracted 90,000 readers.

The Faculty of Pain Medicine has featured in several news articles and radio interviews on a range of issues since the last *ANZCA Bulletin*.

A joint FPM, PainAustralia and Australian Pain Society media release welcoming private health insurance reforms which are due to start from April 2019 was covered by *The Australian* newspaper's health editor Sean Parnell in his Health Matters column on October 26 reaching an audience of 95,000 people. Fellow Dr Marc Russo was also interviewed for ABC online, *The World Today* and ABC radio news about the proposed changes to private health insurance cover.

FPM Dean Dr Meredith Craigie and Vice-Dean Clinical Associate Professor Mick Vagg were interviewed live in the studio by the ABC's Far North radio morning host Kier Shorey in Cairns on Friday October 19 ahead of the start of the Spring Meeting that afternoon. Dr Craigie and Clinical Associate Professor Vagg were interviewed for 20 minutes on a range of topics including opioids, medicinal cannabis and private health insurance reforms.

Clinical Associate Professor Vagg was also interviewed by the *Cairns Post* before the Spring Meeting about why consistent access to good quality, co-ordinated pain medication is a better option for patients than medicinal cannabis. The September 23 story referred to the faculty's position that the only responsible way to use cannabis-related products in a pain setting is in a properly conducted clinical trial. The story was syndicated to nine other News Limited online sites including the *Herald Sun*, *The Daily Telegraph*, the *Geelong Advertiser* and the *Courier-Mail* reaching a readership of 100,000 people.

Dr Craigie was interviewed by ABC online for a report which ran on International Overdose Awareness Day on August 31 to raise awareness of accidental overdoses of combining prescription drugs. The article followed a joint FPM ScriptWise media release warning of the dangers of combining prescription drugs. The 800-word ABC article reached an audience of 232,000 people. Dr Craigie was also interviewed for ABC Radio National's Breakfast program on August 28 about real time prescription monitoring and this reached an audience of 138,000 people.

Above: Fellow Professor Britta Regli-Von Ungern-Sternberg featured in a Nine News report about her ANZCA Research Foundation-funded study into chocolate-flavoured tramadol for children at the Perth Children's Hospital.

FPM's joint media release with Scriptwise warning against combining opioids and sleeping tablets was also included in the Health Matters column in *The Australian* by health editor Sean Parnell on September 20. Dr Craigie was quoted in "The dope on pharmaceuticals" article which reached an audience of 95,000 people.

Fellow Dr Jennifer Stevens was quoted in a *Daily Telegraph* article "Taking a united stand on scourge" about Australia's opioid epidemic on September 21. Dr Stevens said people were not aware of how dangerous strong opioids can be. The article reached 233,000 readers. The story was then followed up by the Ten Network's *The Project* on September 28 for a five-minute segment about opioid use, "Most overdose deaths now due to prescription drugs" which reached an audience of 580,000 people.

Specialist pain medicine physician Dr Harry Eeman was interviewed by ABC Radio Melbourne morning host Jon Faine on October 30 about the organisation Doctors with Disabilities Australia. The four-minute segment reached an audience of 108,000 people.

Carolyn Jones
Media Manager, ANZCA

New Facebook group for new fellows

Are you looking for a forum to share information with other new fellows, and discuss the unique challenges in navigating a new specialist medical career? Or perhaps you're looking for some peer support or to build networks with others in a similar situation as yourself?

Following the phenomenal success of similar groups for ANZCA trainees, we've set up a closed Facebook group for ANZCA and FPM fellows in the first three years of fellowship. It's facilitated by the New Fellow Councillor Dr Christine Vien, along with fellow representatives in each Australian region and New Zealand. It's a great way to connect and collaborate with other new fellows.

Visit the ANZCA Facebook page for more information.
[Facebook.com/ANZCA1992](https://www.facebook.com/ANZCA1992)

Since the September 2018 edition of the *ANZCA Bulletin*, ANZCA and FPM have featured in:

- Three TV reports (with extensive syndication).
- 10 print reports.
- 40 online reports.
- 90 radio reports.

Media releases since the previous *Bulletin*:

Friday October 26:

ANU's Dean of Medicine calls for more women specialists

Friday October 19:

Australian researchers search for 'holy grail' of pain relief

Wednesday October 17:

Pain experts call on Minister Hunt to review \$20 million pharmacy pain trial

Tuesday October 16:

Life-saving stroke treatment focus of new research

Anaesthetists push for targeted delirium and memory loss research

Botched cosmetic surgeries prompt new patient safety information

Thursday October 11:

Chocolate-flavoured painkiller a breakthrough for children

Wednesday September 12:

Pain groups note passing of PHI reform legislation with some concern

A full list of media releases can be found at www.anzca.edu.au/communications/media

Advocacy – a year in review

Australia

2018 advocacy in review

Throughout 2018 ANZCA has worked to engage with government and other stakeholders to ensure the college's views are acknowledged and considered. A particular highlight has been the college's work on advocating for safe sedation to apply to all practitioners administering sedation. During the year ANZCA hosted safe sedation "roundtables" in both Australia and New Zealand. Representatives from a range of medical, nursing and dental practitioner groups engaged in the workshops, with the primary aim of developing an agreed set of overarching safe sedation competencies that could be incorporated into their curricula. The ANZCA Safe Sedation Project Group is now consolidating the feedback from the workshops to finalise a set of competencies, which will then be sent to relevant colleges and organisations for their approval and use.

In other advocacy work, the college continues its representation on a number of steering committees and working groups with various government departments and agencies. These include the Ministerial Working Group on Out of pocket expenses, the Medical Benefits Schedule Review, the Rural Locum Assistance Program, the Victorian Medical Workforce Planning Advisory Group and the Queensland Medical Practitioner Workforce Plan.

During the year ANZCA's Safety and Advocacy staff met with over 50 government and non-government stakeholders in Australia including:

- Australian Department of Health (Health Workforce Branch, Postgraduate Training Section, Health Workforce Reform Branch).
- Victorian Department of Health and Human Services.
- Tasmanian Department of Health and Human Services.
- Queensland Health.
- Australian Indigenous Doctors' Association.
- National Aboriginal Community Controlled Health Organisation.
- Regional Training Hubs.

The college also made more than 45 written submissions in response to a range of policy initiatives and inquiries. Some examples of the range of topics include:

- Sexual boundaries in the doctor-patient relationship (Medical Board of Australia).
- Misuse of drugs (medicinal cannabis and other matters) amendment bill (New Zealand Health Select Committee).

- Health practitioners competence assurance amendment bill (New Zealand Health Select Committee).
- Regulation of Australia's health professions: keeping the National Law up to date and fit for purpose (COAG Health Council).

We know from the ANZCA fellowship survey that members value the submissions and advocacy work of the college. As illustrated above, advocacy can take a number of forms and in 2018 the college has worked hard to engage with government and other stakeholders about issues that matter to our members. We look forward to continuing to represent your views in 2019.

Government programs

ANZCA staff have recently attended regional committee meetings in New South Wales, Victoria, Queensland and Tasmania to discuss Specialist Training Program (STP) priorities and the progress of the implementation of the revised distribution model following the 2017 program review. In addition, visits have also been made to training sites in Darwin, Perth, Albury, Lismore and Adelaide, as well as a number of regional training hubs.

ANZCA continues to engage with external stakeholders, including jurisdictional health departments, as part of ongoing management of the STP, including the related Integrated Rural Training Pipeline and Training More Specialist Doctors in Tasmania programs.

ANZCA meets with the Tasmanian Health Service

On September 13 ANZCA CEO John Ilott, Director, Safety and Advocacy Clea Hincks and Tasmanian Regional Committee Chair Lia Freestone met with Tasmanian Department of Human and Health Services secretary Mr Michael Pervan and his Chief Medical Officer Professor Tony Lawler to discuss the Training More Specialist Doctors in Tasmania (TMSDT) program, which is part of the Specialist Training Program. The lack of pain services in the north and northwest of the state, and how the program might be utilised to address this issue was also a key topic.

ANZCA welcomes the opportunity to work with the Tasmanian department and the Tasmanian Health Service in exploring new models of service delivery to allow better access to healthcare. ANZCA strongly supports the Tasmanian department's approach to assess and plan the clinical workforce in Tasmania with a view to long-term success.

New Zealand

Advocacy and communications for chronic pain services

An in-depth research document on the costs and burden of chronic pain in New Zealand has highlighted a need for more pain medicine specialists.

The "The Problem of Chronic Pain and Scope for Improvements in Patient Outcomes" report by the Sapere research group was commissioned by the Faculty of Pain Medicine (FPM), shows more than one in five adults in New Zealand (around 770,000) experience chronic pain and that the numbers will increase as the population ages (to around 1.26 million by 2048).

The Sapere report says that without additional investment, pressure on current services will continue to increase, ability to respond to patients' needs will decline, wider health system costs may increase, and patients' quality of life will likely deteriorate.

Although the report confirms much of what the faculty has known for some time, it adds weight to painting the picture of the problem that is not widely understood in New Zealand. It highlights the paucity of the pain medicine workforce and pain management services in New Zealand and provides more evidence to work towards a service where people have access to appropriate specialist chronic pain services. The New Zealand National Office has started to work on an advocacy and communications plan with the FPM New Zealand National Committee to ensure the information is used effectively. This will include engaging with government agencies and other key stakeholders.

Some of the initiatives discussed at the meeting which will be further explored in coming months included:

- Actively pre-selecting trainees with a rural background to enter the Tasmanian Anaesthesia Training Program.
- Rotating trainees in the south (Hobart), the north (Launceston) and the northwest (Burnie) as part of their training.
- Developing post-fellowship pathways where newly qualified anaesthetists can begin work in the rural northwest of Tasmania with options of short-term rotations to Hobart for skills maintenance.
- Developing a rural provisional fellowship, incorporating exposure to relevant elements of professional rural practice such as leadership, retrieval medicine, intensive care, and Indigenous health.
- Exploring "virtual training sites" where trainees experience broad, quality training at more than one private hospital.

Australian submissions:

- Australian Society of Plastic Surgeons – Plastic and reconstructive surgery draft curriculum.
- Council of Australian Governments Health Council – Regulation of Australia's health professions: keeping the National Law up to date and fit for purpose.

Strengthening recertification of vocationally-registered doctors

Members of ANZCA's New Zealand National Committee and staff from the New Zealand office attended the annual meeting of vocational education advisory bodies of the Medical Council of New Zealand (MCNZ) on September 11, 2018. Strengthening recertification of vocationally-registered doctors was the main item on this MCNZ agenda.

There are some important differences in the MCNZ's proposed approach to the risk-based approach the Medical Board in Australia (MBA) is considering. The MBA is looking to mandate requirements for ageing doctors, isolated doctors, and where there have been multiple notifications. This is not part of the proposed New Zealand approach. ANZCA is generally supportive of the MCNZ's proposed recertification approach, which is considered a "therapeutic" approach (for the doctor), not a "diagnostic" approach for the regulator.

Supporting ANZCA's representative on the Te ORA advisory group

Dr Courtney Thomas is ANZCA's representative on the Māori Medical Practitioners Association (Te ORA) advisory group. The group is scheduled to have its first meeting in late November 2018. Being part of the advisory group supports our Indigenous health strategy, particularly in terms of partnership with Māori. It also enables ANZCA, along with other colleges, to develop a closer working relationship with Te ORA.

Pain services feature in Tasmania and New Zealand advocacy (continued)

New Zealand

Establishing a PHARMAC advisory group

ANZCA is establishing an advisory group to give expert advice to inform submissions to PHARMAC's consultations on national contracting for anaesthesia small equipment and consumable devices from. Expressions of interest from suitable people have been sought and the group proposes to have its first meeting before the end of the year.

Patient Safety Movement

Following the Patient Safety Movement's 2018 Midyear Planning Meeting in September, co-convened by UCI Health, ANZCA Immediate Past President Professor David Scott has joined a group of multi-disciplinary patient safety experts to focus on Delirium, in collaboration with the American Society of Anesthesiology Brain Health Initiative.

Delirium is an emerging topic in patient safety. An estimated 2.6 million patients affected by delirium in the United States alone and between 30 to 40 per cent of delirium is estimated to be preventable. Failure to acknowledge the presence of delirium in a patient can lead to an inappropriate discharge, extended hospital stays, increased readmission rates, and increased mortality rates.

Convened by Dr Lee Fleisher, Professor, and Chair of Anesthesiology and Critical Care, Perelman School of Medicine of the University of Pennsylvania and Dr Carol Peden, Professor of Anesthesiology, Keck School of Medicine, University of Southern California, the group will develop Actionable Patient Safety Solutions (APSS) which will be released at the upcoming 7th Annual World Patient Safety, Science & Technology Summit in California on January 18, 2019.

In May 2018 ANZCA became the first organisation from Australasia to become a Committed Partner and the first specialist training college to join. To find out more visit <http://patientsafetymovement.org/>.

New Zealand submissions:

- Medical Sciences Council – Draft policy and guidelines for locum practice.
- Medical Council of New Zealand – Sexual and professional boundaries in the doctor-patient relationship.
- Ministry of Health – National Ethical Standards for Health and Disability Research.
- Medical Council of New Zealand – Recertification of vocationally-registered doctors.

Contributing to Papua New Guinea

ANZCA sponsored prizes for excellence in anaesthesia for 2017 in PNG

The ANZCA sponsored prizes for excellence in anaesthesia for 2017 in PNG were presented by Dr Michael Cooper, Chair of the Overseas Aid Committee, on November 2 at the weekly department of anaesthesia meeting at Port Moresby General Hospital.

The recipients are:

Dr Raymond Kalai – best overall undergraduate performance in the anaesthesia module, School of Medicine & Health Sciences, University of PNG, 2017.

Dr Clementine Goimba – best overall performance in the Diploma of Medicine to go on to the Masters of Medicine training scheme in Anaesthesiology, School of Medicine & Health Sciences, University of PNG, 2017.

They each received a certificate from the college and a cash prize. The Garry Phillips Prize for the best performance in the final Masters of Medicine (Anaesthesiology) was not awarded in 2017.



Donation to PNG anaesthetists

The anaesthetists at Port Moresby General Hospital in Papua New Guinea recently received a cardiac ultrasound probe worth about \$A10,000 as a donation from Fujifilm SonoSite Australasia. The company has also agreed to update the software in PNG's SonoSite ultrasound machine which will give it enhanced cardiac imaging capability.

This will enable the PNG anaesthetists, especially Dr Arvin Karu, to perform trans-thoracic echocardiography (TTE) in the operating theatres at PNG's major referral hospital.

The chair of ANZCA's Overseas Aid Committee Dr Michael Cooper delivered the SonoSite gift to the hospital early last month.

Above: Dr Cooper (left) and Greg Luck, Country Manager-Managing Director Australia and New Zealand, Fujifilm SonoSite.



What would you do?

Dr Peter Roessler explains ANZCA's professional documents using practical examples.



Dealing with a dilemma

In an engaging morbidity and mortality meeting some firmly held beliefs are debated among the participants during discussions following morbidity associated with a subarachnoid block performed on a patient for their urological procedure.

Two themes emerge – one regarding the wearing of masks while performing the block, and the other relating to the type of needle and baricity of the local anaesthetic agent. Unable to come to a consensus the suggestion is raised that this query should be forwarded to the college.

After the meeting, one of your colleagues approaches you and asks your opinion on how to best resolve the argument.

Would you support the suggestion to seek college advice?

The college is a repository for many inquiries from fellows, jurisdictional and regional authorities, and the public, regarding a range of issues. Many are very specific in nature and seek answers that are not black and white. They are often related to appropriateness of techniques, selection of medications or very fine detail. The queries are presented either as a request for college guidelines or statements or alternatively if the college has a position on the matter.

The college acknowledges the importance of transparency and any statement or guideline relating to anaesthesia, the Faculty of Pain Medicine and perioperative medicine is available and accessible on the website. With the revision of the college website there will be enhanced search functions to assist with finding documents and publications.

With the above scenario the way the college can assist in each of these queries will differ. Regarding the wearing of masks for central neuraxial blocks this will be referred to the relevant guidelines covered in *PS28 Guidelines on Infection Control in Anaesthesia*. The guidelines provide guidance based on principles and best available evidence on a range of infection control issues. However, the document does not stipulate how the mask should be worn or tied. There are different types of masks with different means of affixing them, and they vary between facilities. Flexibility and pragmatism without compromising standards is essential to avoid restricting services and community access to services.

Flexibility also offers the opportunity to modify or adapt techniques to suit individual circumstances. The second issue relating to the type of needle and baricity of the solution is very much an individual preference and each practitioner will make decisions on the basis of evidence and personal experience. Consequently, the college will confirm that these sorts of issues are not the subject of professional documents or college endorsed clinical guidelines and may recommend referring to the literature or the college's excellent library facilities.

While anaesthesia is a science it is not yet an exact science and some aspects remain an art. Advances in anaesthesia are related to research where it is important to ask questions, explore ideas that may challenge the

boundaries of current thinking, and then administer appropriate research processes and procedures to test the hypotheses. At times, data and evidence may be conflicting and unresolved in which case our fellowship may approach management in different ways.

Another matter that has become evident is confusion between ANZCA professional documents and other statements or position statements emanating from the college. In that regard, the purpose of "prof docs" is stated at the beginning of the relevant section in the *ANZCA Bulletin* and *ANZCA E-Newsletter* in each edition. "The professional documents of ANZCA and FPM are an important resource for promoting the quality and safety of patient care. They provide guidance to trainees and fellows on standards of clinical care, define policies, and serve other purposes that the college deems appropriate. Government and other bodies refer to ANZCA's professional documents as an indicator of expected standards, including in regards to accreditation of healthcare facilities. Professional documents are subject to regular review and are amended in accordance with changes in knowledge, practice and technology."

Professional documents provide guidance on standards of clinical care as opposed to specific clinical management. Clinical guidelines are currently displayed on a webpage that is separate from professional documents. They include, for example, the *Perioperative Anaphylaxis Management Guidelines*, and other ANZCA-endorsed externally developed guidelines such as *Malignant Hyperthermia Resource Kit*.

The process for development or review of professional documents is rigorous and governed by *A01 Policy for the Development and Review of Professional Documents*, and may be recognised by the title which is preceded by the letters PS (professional standard) and followed

by two digits – for example PS28. Of course there are exceptions, and that applies to administrative professional documents that are policies and therefore preceded by the letter A (administrative) and followed by two digits such as A01. All ANZCA professional documents developed or reviewed since 2010 are accompanied by a background paper. Older ones will have background papers developed at the time of their review.

In professional documents parlance there are three categories – policy, statement, and guideline. These are defined in *A01* item 1.3. The term statement is used in other settings but in the case of professional documents the level of "strength" is intended to lie in between policy (mandated) and guideline (recommended). Professional document statements will always be preceded by *PSXX* and be accompanied by a background paper.

Externally developed guidelines for endorsement by ANZCA must be evaluated in accordance with *A02 Policy on Endorsement of Externally Developed Guidelines*. The process is different but fit for purpose.

All other college publications of statements, joint statements, and position statements that are not preceded by *PSXX* are not professional documents and consequently not subjected to the same processes.

I hope this clarifies the differences between professional documents and other documents or statements that the college may publish, and also identifies the types of queries with which you can be helped and where to look for answers. If all else fails the door is always open in the Safety and Advocacy Unit.

Dr Peter Roessler
Director of Professional Affairs, Policy



Professional documents – update

The professional documents of ANZCA and FPM guide trainees and fellows on standards of clinical care, define policies, and serve other purposes that the college deems appropriate. Government and other bodies refer to them as indicators of expected standards. In addition, the ANZCA Training Accreditation Committee (TAC) refers to the professional documents in regard to accreditation of training facilities. The professional documents are subject to regular review and are amended in accordance with changes in knowledge, practice and technology.

The complete range of ANZCA professional documents is available via the ANZCA website (www.anzca.edu.au/resources/professional-documents). Faculty of Pain Medicine professional documents can be accessed via the FPM website (www.fpm.anzca.edu.au/resources/professional-documents).

Recent updates

- *PS49 Guidelines on the Health of Specialists and Trainees* has been updated to include Welfare Advocates as a mandatory requirement for ANZCA accredited hospital departments.
- Work has commenced on the review of *PS43 Statement on Fatigue and the Anaesthetist*.

- A Document Development Group has been established to revise *PS06 The Anaesthesia Record. Recommendations on the Recording of an Episode of Anaesthesia Care*.

Currently in pilot

- *A01 Policy for the Development and Review of Professional Documents* (in pilot until July 2019).
- *PS63 Guidelines for Safe Care for Patients Sedated in Health Care Facilities for Acute Behavioural Disturbance* (in pilot until April 2019).
- *PS64 Statement on Environmental Sustainability in Anaesthesia and Pain Medicine Practice* (in pilot until February 2019).
- *PS65 Guidelines for the Performance Assessment of a Peer* (in pilot until September 2019).

Feedback is encouraged during the pilot phase for all professional documents. All comments and queries regarding professional documents can be sent to profdocs@anzca.edu.au.



ANZCA National Anaesthesia Day
October 16, 2018

Hospitals and practices embrace ANZCA National Anaesthesia Day

With the theme of “Anaesthesia isn’t sleep. It’s so much deeper” National Anaesthesia Day 2018 attracted record participation in Australia and New Zealand.

Increasing fellow engagement in public hospitals, private hospitals and anaesthesia practices has been a highlight of this year’s ANZCA National Anaesthesia Day (NAD). We had 50 NAD “champions” in Australia across the country from Hobart to Darwin, including 12 private practices and an impressive 34 in NZ. The Australian Anaesthesia Allied Health Practitioners also nominated as champions this year.

We launched the first patient information video “What is anaesthesia?” and used a new ANZCA fact sheet on questions to ask before undergoing cosmetic surgery as a “hook” for the media.

Now in its sixth year National Anaesthesia Day gives hospitals and anaesthesia practices the opportunity to

be creative and many took up the challenge with gusto on October 16 this year. Some hospitals and clinics set up comprehensive foyer displays and demonstrations while fellows and trainees embarked on baking drives and bake-offs. Several hospitals, such as Mater Hospital in Brisbane, nominated champions for the first time. NAD’s reputation also spread to Micronesia where the anaesthesia team at Chuuk State Hospital in Chuuk, Micronesia with fellow Dr Andrew Beck celebrated the day.

#NAD18 celebration cakes and cookies were popular throughout Australia and New Zealand with standouts the Dunedin Hospital’s minion-shaped cake inspired by the animated children’s film and cupcakes from the Anaesthetic Group Ballarat. Aspiring young anaesthetists, such as five year-old Jacob Griffiths who features on the cover of this edition of the *Bulletin* took a keen interest in the hospital activities at North Shore Hospital in Auckland.

The ANZCA communications team produced a poster, information sheets and the “What is anaesthesia” video (see page 19) to promote the NAD18 message to

fellows, hospitals and practices. Support and advice on the materials were provided by Dr Rowan Thomas, Dr Peter Roessler, Dr Nigel Robertson and Professor David A Scott. Professor Scott, ANZCA’s immediate past president, also featured in an anaesthesia video produced by St Vincent’s Hospital in Melbourne.

New Zealand hospitals were again very active and some hospitals in Australia nominated two champions. Hospitals in Western Australia were particularly supportive this year including King Edward Memorial Hospital led by Perth fellow Professor Nolan McDonnell (see page 18 for the story) and Fiona Stanley Hospital’s anaesthesia team’s display with its rockmelon epidural simulator. One WA champion was mystified as to why his delivery of NAD posters had failed to arrive for the second year in a row only to discover that his four-year-old daughter had been hiding them under her bed!

Media and social media

National Anaesthesia Day attracted media interest in Australia and New Zealand with news stories across radio, print and online outlets including the *Herald Sun*, Channel Nine news, Radio New Zealand and Fairfax New Zealand. In Australia, ANZCA distributed three media releases for National

Anaesthesia Day: one on a trial of chocolate flavoured tramadol, one on anaesthesia and cosmetic surgery and another release on delirium and anaesthesia. A media release on research into life-saving stroke treatment was distributed in New Zealand. In total, the National Anaesthesia Day coverage attracted an audience of more than three million people. For more details on coverage see the media news article on page 8.

In the lead-up to NAD, fellow Professor Britta Regli-Von Ungern-Sternberg was interviewed by Nine News at the Perth Children’s Hospital about her ANZCA Research Foundation-funded study into chocolate-flavoured tramadol for children. This was broadcast nationally to more than 30 metropolitan and regional television stations on October 10 reaching an audience of more than 1.5 million people.

The *Herald Sun*’s medical reporter Grant McArthur wrote a story on ANZCA’s new information sheet on anaesthesia and cosmetic surgery based on our media release and launch of a patient information sheet, reaching 500,000 readers in print and online and one million people through other syndicated News Ltd publications. College president Dr Rod Mitchell was interviewed about the issue in pre-recorded audio grabs for radio news broadcasts which aired on 70 regional radio stations across Australia including the Triple M regional network,



Fox-FM in Melbourne and 4BC in Brisbane. Dr Mitchell was also interviewed for a live 10-minute segment on anaesthesia and cosmetic surgery by Perth 6PR morning radio host Gareth Parker.

Dr Nigel Robertson’s 16-minute interview on Radio New Zealand was aired in the evening before National Anaesthesia Day. Healthcentral.nz ran a comprehensive online story on the anaesthesia isn’t sleep theme and the chocolate tramadol study.

Fairfax New Zealand ran a story on research into a multi-centre trial on optimum blood pressure during clot removal surgery, and the *Otago Daily Times* ran a story “You are getting drowsy” featuring an interview with Dunedin Hospital anaesthetist Dr Andrew Smith.

Twitter and Facebook were both extremely active on October 16. We shared a range of photos from champions and fellows to highlight their diverse range of activities and events. A total of 143 participants made 339 tweets using the event hashtag #NAD18. We also launched the first in a new suite of animated patient information videos. “What is anaesthesia?” was watched 18,000 times on Facebook, 300 times on Twitter and 1100 times on YouTube. The Facebook video post was engaged with 2187 times (this includes reactions, comments and shares). Other Facebook activity on the day included 692 engagements with our factoid posts and 200 “likes” of the photo album. Over the NAD period our page gained 200 new followers – a noticeable spike.

Carolyn Jones
Media Manager, ANZCA

Above: Images from ANZCA’s National Anaesthesia Day 2018.

NAD18 hospital champions Australia

Albert St Anaesthetic Group
Albury Hospital
Anaesthetic Group Ballarat
Armadale Kalamunda Group
Australian Anaesthesia Allied Health Practitioners
Bankstown-Lidcombe Hospital
Box Hill Hospital
Bundaberg Hospital
Caboolture Hospital
Casey Anaesthetic Services
Casey Hospital
Coast Anaesthetics and Medical
Dandenong Hospital
Dubbo Base Hospital
Fiona Stanley Hospital
Gabba Anaesthetic Services
Gosford Anaesthetics
Hollywood Private Hospital
King Edward Memorial Hospital
Latrobe Regional Hospital
Lismore Base Hospital
Lyll McEwin Hospital
Mater Hospital Brisbane
Modbury Anaesthesia
Mount Gambier Hospital
Nambour General Hospital
Nepean Public Hospital
Perth Children's Hospital

Pulse Anaesthetics
QEII Jubilee Hospital
Queen Elizabeth Hospital Adelaide
Redland Hospital
Riverina Anaesthetic Services
Rockingham Hospital
Royal Darwin Hospital
Royal Hobart Hospital
Royal Perth Hospital
Royal Prince Alfred Hospital
Sir Charles Gairdner Hospital
Specialist Anaesthetic Services
St Andrew's Anaesthesia
St John of God Ballarat Hospital
St John of God Midland
St Vincent's Hospital Melbourne
Sunshine Coast University Hospital
Tamworth Base Hospital
Tamworth Hospital
Tamworth Private Hospital
The Alfred
Wakefield Anaesthetic Group

NAD18 hospital champions New Zealand

Auckland City Hospital
Belverdale Hospital (private)
Bowen Hospital (private)
Chelsea Hospital (private)
Christchurch Hospital
Dunedin Hospital

Gillies Hospital (private)
Gisborne Hospital
Grace Hospital (private)
Grey Base Hospital
Hawkes Bay Hospital
Hutt Hospital
Nelson Hospital
North Shore Hospital
Manuka St Hospital
Manukau Super Clinic
Mercy Hospital
Middlemore Hospital
Ormiston Hospital (private)
Palmerston North Hospital
Rotorua Hospital
Mobile Health Surgical Bus (private)
Southland Hospital
Taranaki Base Hospital
Tauranga Hospital
Thames Hospital
Timaru Hospital
Waikato Hospital
Wairarapa Hospital
Wairau Hospital
Wellington Regional Hospital
Whakatane Hospital
Whanganui Hospital
Whangarei Hospital

Perth hospital runs busy schedule for National Anaesthesia Day

The anaesthesia team at Western Australia's largest maternity hospital used October 16 to highlight their specialty to patients, their families and staff with a series of activities and events.

The King Edward Memorial Hospital for Women in Perth took up the challenge of promoting National Anaesthesia Day with Professor Nolan McDonnell as #NAD18 champion.

Professor McDonnell and a team of clinicians and specialists made the most of the opportunity to promote anaesthesia by embedding their activities in the department of anaesthesia's daily schedule.

Professor McDonnell said the National Anaesthesia Day 2018 theme of "Anaesthesia isn't sleep, it's so much deeper" fitted "in nicely with a lot of what we do at King Edward Memorial Hospital" such as labour epidurals, awake caesareans, peri-operative medicine and pain management.

The anaesthesia team organised a display for the hospital's main corridor assisted by registrars. The display featured ANZCA's posters, balloons and flyers, an anaesthesia machine, a training mannequin and airway devices.

The NAD message was also promoted by key clinical staff to patients during the hospital's morning pain rounds with staff ready to answer questions about the specialty.



Professor McDonnell said the day gave the department "the ideal opportunity to advocate for our specialty and the high level of care and training that we provide."

An afternoon tea for the department in the theatre suite capped off the hospital's support of the day.

Carolyn Jones
Media Manager, ANZCA

Above right: Professor McDonnell's Facebook post on October 16.

The 2018 Ray Hader Award for Pastoral Care

ANZCA fellow Dr Jo Sinclair, a specialist anaesthetist at Auckland's Middlemore Hospital is the recipient of the 2018 Ray Hader Award for Pastoral Care.

She was presented with the award by ANZCA President Dr Rod Mitchell at the New Zealand Anaesthesia Annual Scientific Meeting on November 10.

Dr Sinclair's interest in welfare issues began as a trainee when she became aware of the poor statistics around anaesthetists and suicide. She says students leave medical school full of a kind of joy about being part of the healing profession and she wanted to know what could turn that to despair.

According to Dr Sinclair, doctors tend to believe they are the healers and are not allowed to be unwell so that gets in the way of physicians getting help. She says there has been a culture shift with medical schools now spending time on self-help.

There has also been a shift in the literature about burnout in recent years.

"It used to be about resilience and mindfulness training that the individual physician could do but now all the literature is more focused on addressing the issues in the system that the doctors are working in," Dr Sinclair said.

In nominating Dr Sinclair for the award her colleagues in the anaesthesia department at Middlemore Hospital said: "In the last couple of years she has established an intradepartmental welfare team which has won formal recognition from hospital management, and she is now working on creating a welfare infrastructure across all medical specialities in our hospital... Jo has instilled in us a recognition that welfare 'matters', that issues like burnout are real and measureable, and [that they] impact on our effectiveness in caring for our patients, for our families and ourselves".

The Dr Ray Hader Award for Pastoral Care is awarded to an ANZCA fellow or trainee who is recognised to have made a significant contribution to the welfare of one or more ANZCA trainees in the area of pastoral care. This may have been in the form of mentoring and influence, encouragement in education directly or indirectly, or in terms of overall welfare and leadership.

The award is named after Dr Ray Hader, a Victorian ANZCA trainee who died of an accidental drug overdose in 1998 after a long struggle with addiction.

Below: ANZCA President Dr Rod Mitchell congratulates 2018 Ray Hader Award recipient Dr Jo Sinclair in Auckland.



Established in memory of Dr Hader by his friend Dr Brandon Carp, this award promotes compassion and a focus on the welfare of anaesthetists, other colleagues, patients and the community. In 2012 Dr Carp agreed to continue sponsorship of the award and to expand the criteria to recognise the pastoral care element of trainee supervision.

The winner receives \$A2000 to be used for training or educational purposes and a certificate.

Adele Broadbent
Communications Manager NZ, ANZCA

ANZCA participates in Indigenous meetings



AIDA conference

ANZCA continued its support of the Australian Indigenous Doctors' Association (AIDA) with participation in this year's annual conference.

This important event continues to go from strength to strength and more than 400 attendees gathered in Perth from September 26-28. AIDA was established in 1997 as a professional association contributing to equitable health and life outcomes, and the cultural wellbeing of Aboriginal and Torres Strait Islander people.

The 2018 conference was the largest to date and included a diverse mix of Indigenous medical students, Indigenous doctors, associate AIDA members and other stakeholders from all over Australia.

Keynote speakers included Dr Chelsea Bond, Research Fellow at the Poche Centre for Indigenous Health, Dr Tony Bartone, President of the Australian Medical Association, and Laureate Professor Nicholas Talley, Pro-Vice Chancellor Global Research at the University of Newcastle.

This year's conference theme was "vision into action – translating the vision of innovation, leadership and cultural strength into measureable and significantly improved health outcomes for Indigenous communities. This goal aligns with ANZCA's new Indigenous health strategy, outlined in the September *Bulletin*, which challenges all of us to do more to lift Indigenous health outcomes.

In addition to presentations on a range of clinical and non-clinical topics including traumatic brain injury, rheumatic heart disease and cultural safety, 20 workshops were conducted over the duration of the conference. ANZCA was an active participant at the conference – in addition to being a bronze sponsor, the college hosted an exhibition booth where staff were on hand over the three days to answer queries from aspiring medical students and junior doctors. ANZCA and FPM also participated in three workshops:

- Dr Vincenzo Mondello, a specialist pain medicine physician and consultant psychiatrist from Perth and Dr Ivan Lin, a physiotherapist in Geraldton, ran a well-attended pre-conference workshop on managing persistent pain.
- ANZCA President Dr Rod Mitchell, past president Dr Lindy Roberts and anaesthetic registrar Dr Dash Newington ran one of the conference's most popular workshops on airway management and advanced life support. Targeting medical students, junior doctors and trainees, the ANZCA team was ably assisted by local resident medical officer Dr Dylan John.
- A highlight of every AIDA conference is the "Growing our fellows workshop" which provides an opportunity for members to have direct engagement with medical colleges to discuss pathways and career aspirations. Following a "speed dating" format, each of the 15 specialist medical colleges represented is allocated a table, with aspiring doctors invited to rotate tables every 10 minutes to interact with different colleges. Dr Mitchell, Dr Roberts and Dr Newington were kept busy over two hours talking to aspiring specialists about anaesthesia and pain medicine as a career, the life of an anaesthetist or specialist pain medicine physician and the training pathway to fellowship.

Above: ANZCA President Dr Rod Mitchell and past president Dr Lindy Roberts ran a popular workshop on airways management.

ANZCA INDIGENOUS HEALTH STRATEGY FRAMEWORK

Governance

ANZCA will ensure Aboriginal, Torres Strait Islander and Māori voices are represented at high levels across its governance structure.

Partnerships

ANZCA will develop relationships and work together with Indigenous community groups, consumers, academic groups, service providers, and health organisations.

Workforce

ANZCA will develop initiatives to support recruitment and retention of Indigenous doctors, undertake education through its training, curriculum and CPD program, and strengthen cultural safety training for all trainees, fellows and ANZCA staff.

Advocacy

ANZCA will advocate for health equity issues to be addressed across a wide range of spheres, including research, education, policy, and service provision.

It is well recognised that a key component of addressing inequities in Indigenous health is to develop a health workforce better able to meet the needs of Indigenous populations. Medical workforces that are more representative of Indigenous communities are more likely to understand and be responsive to the needs of these communities, and to deliver culturally appropriate care. Supporting, attending and participating in the annual AIDA conference is an important mechanism by which ANZCA can engage with students and junior doctors and promote anaesthesia and pain medicine as a career, in line with pillar three of the Indigenous health strategy framework (see above).

It was encouraging to see so many new Indigenous medical graduates at the conference receive their commemorative stethoscope. We will continue to demonstrate ANZCA's commitment to improving Indigenous health and promoting the college as a safe and supportive environment for these inspiring young doctors.

Anthony Wall

Operations Manager, Policy, Safety and Quality



NACCHO conference

In May last year, the Australian government, the National Aboriginal Community Controlled Health Organisation (NACCHO), the Australian Indigenous Doctors' Association and the Council of Presidents of Medical Colleges signed the "Partnering for good health and wellbeing for Aboriginal and Torres Strait Islander Peoples" agreement (see *ANZCA Bulletin* September 2017).

This collaboration commits to reducing the gap in health outcomes and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. This agreement was reaffirmed on September 12, 2018 at a special Parliament House forum.

This year, NACCHO invited medical colleges to attend their annual conference to provide delegates with an update on the work they are undertaking in recognition of this agreement. ANZCA Indigenous Health Committee Chair Dr Sean McManus and committee member Dr Dash Newington joined representatives of eight medical colleges at a special half-day session where Dr Newington talked about ANZCA's new Indigenous health strategy and her own journey through the anaesthesia training pathway (see *ANZCA Bulletin* September 2018).

It was encouraging to hear about the range of initiatives under way and while recognising there is a long way to go before all Australians enjoy similar health outcomes, a number of significant first steps have been taken. ANZCA hosted an exhibition stall during the two-day event and staff were kept busy with inquiries about anaesthesia, pain medicine and the college's new Indigenous health strategy.

Anthony Wall

Operations Manager
Policy, Safety and Quality

Above: ANZCA trainee and Indigenous Health Committee member Dr Dash Newington presents at the NACCHO conference.

ANZCA participates in Indigenous meetings (continued)



Improving pain management in Aboriginal community controlled health services

ANZCA receives Department of Health Specialist Training Program funding to develop and deliver educational projects which support the delivery of training in expanded health care settings. In 2018, the college successfully applied to the department to fund a pilot project to give anaesthesia and pain medicine trainees the opportunity to deliver pain management training in Aboriginal community-controlled health services. The first stage of this project involves running Essential Pain Management (EPM) workshops for interested trainees in a number of locations around Australia. In stage two, trainees complete cultural competency training and then deliver EPM workshops in an Aboriginal community controlled health service.

In addition to providing anaesthesia and pain medicine trainees with non-traditional training experiences in Aboriginal health services, project outcomes include:

- Increasing the number of health practitioners, including Aboriginal health workers, with the skills to assess and treat chronic pain and train other professionals.

- Fostering interest in pain medicine and anaesthesia careers in Aboriginal and Torres Strait Islander healthcare professionals.
- Creating stronger links between Aboriginal health services and local specialist healthcare providers.
- Improving the management of chronic pain conditions in Aboriginal and Torres Strait Islander patients and improving health outcomes.

ANZCA is grateful for NACCHO's assistance in the development and roll-out of this project. The pilot will be evaluated to assess the project's impact against the intended outcomes detailed above. If successful, it is hoped to offer the program across a larger number of training sites.

Above from left: ANZCA Operations Manager Policy, Safety and Quality, Anthony Wall, discusses how the college and faculty are working to close the gap with Minister for Indigenous Health Ken Wyatt at the NACCHO conference; ANZCA trainee Dr Dash Newington talks to Mr Oliver Tye, Policy Co-ordinator NACCHO.

Spinning a healthy yarn

An innovative new strategy to increase engagement between First Nations people and health professionals who treat persistent pain has begun in North Queensland.

A Yarning Circle is being trialled by the Townsville Hospital and Health Service (THHS) and North Queensland Persistent Pain Management Service (NQPPMS).

NQPPMS director fellow Dr Matthew Bryant said yarning circles were an important way to learn from a collective group, to build respectful relationships and to share cultural and other knowledge.

Dr Bryant said First Nations people were under-represented for pain management clinic referrals not just in North Queensland but throughout Australia and there was no clear, evidence-based understanding of why.

“There is still work to do to make pain services in Australia culturally safe for consumers,” he said.

“The sum of research literature focussing on Australia’s First Nations people and their acute pain experience consists of one study, interviewing five Aboriginal women who were inpatients in Alice Springs Hospital.

“Yarning Circles are a good first step in identifying where we can improve our systems and pathways.”

Earlier this year, the Townsville Hospital and Health Service held its first persistent pain yarning circle in Townsville which was attended by 21 First Nations consumers. It was convened by Aboriginal and Torres Strait Islander Wellbeing Assessment Engagement Service team leader Lyn Nichols and Dr Bryant.

Dr Bryant provided a brief medical presentation about why people develop persistent pain and models of care for consumers before opening the circle up for group discussion.

The main themes raised by consumers at the group were:

- Deep emotional pain takes precedence over physical pain.
- Pain is difficult to talk about and easier to “bottle up”.
- A lifetime of pain was described by one consumer who said pain had become “a daily battle with my body”.
- Perception that allied health services are difficult to access.
- Pain is common – “everyone I know has a crook back or leg”.
- Important protective factors include: family, love, support, culture, spiritual wellbeing, “an acceptance of what is”, and the important tie with country.



Ms Nichols said First Nations peoples may choose not to engage with health services for many reasons and this needed to be overcome.

“The great thing about a yarning circle is we can talk directly to consumers about how we can improve pain management services for our Aboriginal and Torres Strait Islander communities,” she said.

Suggestions included: ensuring Indigenous health staff had more of a role in supporting consumers to navigate complicated hospital and medical systems, improving GP education, developing research projects to improve the understanding of the cultural aspect “of our pain” and developing simple resources that are easy to understand.

Dr Bryant and Dr Nichols said they hoped more yarning circles would be supported throughout Australia to ensure the voices of First Nations consumers were heard.

“This is a culturally appropriate forum that I believe has the potential to give us a good insight into improving engagement with First Nations people and pain management services,” he said.

“No one wants to see our First Nations people living in pain when there are free, publicly available services to help manage these conditions.”

The Townsville yarning circle borrowed from a successful strategy led by the NSW Agency for Clinical Improvement.

Above: Lyn Nichols and Dr Matthew Bryant in Townsville.

Desert experience a preparation for life on Mars



Anaesthetist Dr Lorna Workman describes how she fulfilled her fascination with aerospace medicine by spending a week inside the Mars Desert Research Station in Utah.

In May 2018, I went to Mars. Well, kind of. As close as I will ever get anyway.

Hidden away in the rust-red landscape of the Utah desert there is a two-storey, eight metre wide cylindrical habitat (the Hab) that looks a lot like Matt Damon's "home" in the movie *The Martian*.

It is the Mars Desert Research Station, a private research facility established by the Mars Society in 2001 to educate academics, students and the public about how humans can survive on the second smallest planet in the solar system.

I was part of a group of eight consultant doctors and three instructors who lived inside the Hab to simulate the challenges of living in the most austere of environments, Mars. Guided by our expert instructors, including a NASA flight surgeon, we learned how to cope with an array of medical disasters that require some unique considerations when you are

34 million miles away from the nearest hospital and have limited resources.

I am a staff specialist anaesthetist at Westmead Hospital, Sydney, with a specialist interest in aerospace medicine. I have long been fascinated by the challenges of exploring our vast solar system and the way in which our body adapts to this most extreme of environments. Thanks to the Wilderness Medicine Society, the Mars Desert Research Station and the support of my department, I got the chance to live out this childhood dream in a realistic live-in simulation.

As we donned our orange flight suits and waved goodbye to the camera, we entered our Martian habitat and our simulation began. If we were to venture outdoors again, it would be with a full space suit and we would need to undergo a full three minutes of 100 per cent oxygen pre-breathe and depressurisation protocol.

Each day we would be given tasks by mission control back on Earth. These were usually a two-hour extravehicular activity, where we would get into our space suits, jump in our Martian rovers and repair a broken communication relay, find a crashed satellite or conduct



“Our diverse crew included two anaesthesiologists who also happened to be amateur rocket scientists so we got to launch a homemade rocket, 7000 feet into the air.”

geological surveys. A plentiful supply of duct tape came in handy for these repairs.

Given this was a medical course, inevitably disaster would befall some unfortunate crew member and we would need to solve various problems in the confines of a space suit, being far from home and even further from Earth. Even in the Hab we were not safe from disaster. For understandable reasons the simulation scenarios are reused each year so I shall spare you the details should you wish to experience the adventure for yourself!

When we weren't out exploring, doing household chores to maintain the Hab, unblocking the toilet or rehydrating dinner, we would be having lectures. We were fortunate to be taught by leaders in the field, hearing about the day-to-day tasks of a NASA flight surgeon or how uniquely space affects our physiology



in unpredictable ways. We learnt about the dangers we will face on Mars such as radiation, solar storms, finite resources and death from simple equipment failures.

Most interesting of all we learnt about the psychological factors such as adaptation to isolation and the importance of interpersonal dynamics. I was part of a fantastic crew, all of whom were American emergency medicine physicians or anaesthesiologists and, most importantly, one who was a fantastic chef. We learnt that an excellent cook is the most important crew member should you be stranded on Mars!

Our diverse crew included two anaesthesiologists who also happened to be amateur rocket scientists so we got to launch a homemade rocket, 2135 metres (7000 feet) into the air. As the propulsion engineer on the project I had the honour of carrying the rocket in the back of our Martian rover as we drove to our launch site. This rocket had eight kilograms of explosive and aluminium perchlorate – the same fuel that is in the shuttle engines.

We are still discovering the physical challenges of human adaptation to spaceflight and how best to counter them. Probably the most important of these is the ability of our bodies to re-adapt on our return after being weightless for so long.

We haven't yet found a good way to preserve bone mineral density which means we're putting astronauts at increased risk of fractures on Mars and their return to Earth. Astronauts' hearts also change shape and due to the nasal

congestion the taste buds begin to crave spicy food.

Long duration space flight is endlessly fascinating and is at the cutting edge of the medicine of the future. Living in this simulation gave me new insights into the challenges of living and practising medicine in one of the most austere environments. Interestingly, the same principles of our daily practice apply; being well prepared, having excellent teamwork and leadership, good communication and the principles of crisis management.

There are exciting developments being made in the world of commercial space travel, which means that in the next few years if you have a spare \$250,000 you can become an astronaut with Virgin Galactic. This will pose interesting dilemmas to the future of medicine, as these future astronauts are worlds apart from the highly fit and healthy astronaut cadre. SpaceX, Boeing and Blue Origin are also opening the door to space. Space exploration will continue to encourage unprecedented international co-operation, drive innovation in technology and encourage us to look after the only planet that we call home.

Despite the toll on the human body and the challenges that face the Mars explorers of the future, it is inevitable that we will one day set foot on Mars with predictions that this could be as early as the 2040s. I often get asked, if I was given the opportunity to go on a one-way mission to Mars would I go? My answer – try and stop me! Just don't forget the duct tape.



“We were fortunate to be taught by leaders in the field, hearing about the day-to-day tasks of a NASA flight surgeon or how uniquely space affects our physiology in unpredictable ways.”

From top left: On a mission at the Mars Desert Research Station; Dr Lorna Workman; A rocket test with the Hab at left; Dr Workman getting into gear.

Gaza medical mission a lesson in humanity and resilience



Christchurch specialist anaesthetist and development worker Dr Judy Forbes has travelled all over the world in her nearly 40 years of paid and unpaid humanitarian aid work, which has taken her to some of the world's most challenging countries including her first mission to Gaza in the Middle East.

"You are welcome in Gaza" greeted Dr Judy Forbes everywhere she walked during the month she recently spent working in the strip of land wedged between Israel and Egypt's Sinai Peninsula.

Dr Forbes' humanitarian aid work has taken her to some of the world's most challenging countries including Afghanistan, Pakistan, East Timor, Sri Lanka, Haiti, Bangladesh, South Africa, Ethiopia, Tanzania, Bhutan, Cambodia, Solomon Islands, Nigeria, South Sudan, Burundi and Papua New Guinea.

The *Bulletin* asked her to share her experiences in Gaza and explain why she continues going out into the world of conflict and deprivation.

Médecins Sans Frontières (MSF) is currently in Gaza providing reconstructive surgery for mostly young men with gunshot wounds to their lower extremities. These injuries result in terrible fractures and massive soft tissue trauma often requiring multiple complex procedures. The patient population is very reluctant to consider amputation which often would expedite mobility.

My job was primarily to oversee the national anaesthetic providers who are technically very competent. The equipment in the hospital was basic but adequate and in good repair. We used a simple flow over vaporiser with isoflurane and had excellent monitoring. The biggest challenge was frequent position changes and variable levels of surgical stimulation without any quick means to mitigate these. As I have worked in waterlogged tents with only ketamine and a finger on the pulse, the conditions in Gaza equated to a well-resourced situation.

I was in Gaza for a month and it was my first mission there. I had always wanted to experience life in one of the most densely populated places on earth where everyone is virtually locked in due to the land, sea and air blockade.



"It is a privilege to be immersed in another culture sharing with those who live in such different circumstances."

Currently there is also little fuel to provide more than a few hours of electricity per day, or functioning water and sanitation facilities. Seventy-five per cent of the population is under 25 and at least half are unemployed. Despite all of that, plus the dreadful press headlines, ongoing violence and temperatures of 35 degrees Celsius, a busy, vibrant life goes on.

Most nights are noisy with multiple wedding processions, which include a big band on the back of an open bed truck. Then, in the early hours of the morning when it is a bit cooler and quieter, you can hear the clip clop of the donkey carts bringing goods to the city.

Everyone in the streets greets the very few obvious foreigners with, "You are welcome in Gaza."

We were free to walk in specific areas, especially to the closest hospitals, so we could chat with shopkeepers, patrons of nearby cafes and curious bystanders who were comfortable speaking English.



Without exception, they were gracious, generous, friendly people. Despite more rockets and drones than stars in the sky some nights, they are obviously resilient and genuine.

I spent many long hours with the national operating theatre team who were such a pleasure to work with. They are almost all men as women there are mostly in traditional roles in the home. However, they were always respectful and considerate as well as boisterous and cheerful. They were competent and hard-working, uncomplaining colleagues. We shared so much about our lives. Sometimes it mirrored someone's quote: "When all is said and done, more is said than done". But you could enjoy every minute of it.

So, that is far too much in answer to why I keep going. It is a privilege to be immersed in another culture sharing with those who live in such different circumstances. I am grateful that I have a skill needed everywhere which doesn't even require in-depth faculty with another language. I have worked in most disaster and war zones over the years, seeing the worst of man's inhumanity to man and always come away thinking how all people everywhere just want a better life for their children.



Médecins Sans Frontières

MSF is an independent international medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, healthcare exclusion and natural or man-made disasters.

In the Palestinian territories MSF provides medical and psychological assistance to people affected by the ongoing conflict, including long-running mental health programs on the West Bank and support to victims of burns and trauma in the Gaza Strip.

For more information about MSF's work, or about working for MSF as an anaesthetist, visit www.msf.org.au.



Above from left: One of the hardest hit areas of the North East Gaza strip during the 2014 summer war. (Photographer: Susanne Doetting MSF); Dr Judy Forbes; Locator map Gaza Strip; MSF surgical teams operating in Al Hawdaa hospital, one of the five hospitals where MSF works. (Photographer: Laurie Bonnaud MSF); The leg of a patient needing reconstructive surgery. (Photographer: Alva Simpson White MSF).



Anaesthesia and pain medicine research boosted by \$1.5 million

The ANZCA Research Committee has awarded funding of \$A1.5 million through the ANZCA Research Foundation for research projects in 2019. The funding supports the 2019 Lennard Travers Professorship, 10 new project grants, 15 continuing project grants, the 2019 Simulation/Education Grant, three novice investigator grants, a scholarship stipend and the pilot grant scheme. A total of 31 investigators and their teams have been supported for 2019, in addition to the CTN Pilot grants. These grants support important research initiatives that will be carried out in leading hospitals and universities in Australia, New Zealand and Hong Kong and are a vital part of ANZCA's continuing contribution to improvement in the safety and quality of patient care in anaesthesia, intensive care, perioperative medicine and pain medicine through high quality medical research.

For the annual ANZCA Research Grant round, the foundation is very appreciative of all of its supporters and sponsors, especially those who provide the named research awards: the Cole Family, the estates of the late Dr Robin Smallwood, Dr John Boyd Craig, and Dr Lillian Elaine Kluver, as well as CSL Behring and Professor Barry Baker.



Lennard Travers Professorship – Dr Justin Skowno

This is a prestigious award which provides support for a fellow of the college to work in an area of their choosing towards the advancement of knowledge in a nominated area of anaesthesia in Australia, New Zealand, Hong Kong, Malaysia and Singapore.

ANZCA congratulates Dr Justin Skowno on being awarded the quadrennial Lennard Travers Professorship for 2019. The tenure of the professorship is one year and Dr Skowno will hold the courtesy title "Lennard Travers Professor of Anaesthesia".

Dr Skowno is a senior staff specialist in paediatric anaesthesia at the Children's Hospital at Westmead and is a Clinical Senior Lecturer in the Discipline of Child and Adolescent Health, at the University of Sydney. His PhD, from the University of Sydney, was on "Tissue perfusion monitoring in paediatric anaesthesia, intensive care and surgery utilizing near infrared spectroscopy".

Dr Skowno is on the editorial board of Paediatric Anaesthesia and a peer reviewer for several other journals. His primary research interests are using medical monitors to improve the understanding of cerebral perfusion and metabolism under anaesthesia, and the impacts of anaesthesia and surgery at a young age on neurodevelopment. He has a proven track record in research with many significant publications and is recognised internationally as an expert on neuromonitoring. He is a collaborator in many large multicentre trials of major significance to the future of paediatric anaesthesia. He has been an invited speaker at national and international conferences, including the World Congress of Anaesthesia and the International Assembly of Pediatric Anesthesiologists.

Dr Skowno will deliver the Australasian Visitor's Lecture at the ANZCA Annual Scientific Meeting in Perth in 2020 as part of the Lennard Travers Professorship.

The Lennard Travers Professorship stipend will assist Dr Skowno to pursue his study.

Changes in cerebral mitochondrial oxygenation during paediatric and adult cardiac surgery

Cardiac surgery, in both children and adults, has progressed substantially over the past several decades. The focus has moved from surviving surgery, to the post-operative quality of life of patients with improving neurocognitive outcomes as one of the central areas of investigation. However, neurocognitive deficits are still a common feature of cardiac surgery and there are substantial gaps in our knowledge. One of the main issues is the continued inability to directly monitor the brain's wellbeing during operations. Indirect measures of cerebral well-being, including cerebral tissue haemoglobin saturation and processed EEG values are in clinical use, but have thus far failed to clearly improve clinical outcomes, though research and development continues.

Mitochondrial oxygenation, at the level of cytochrome C oxidase, is a final common pathway for all cellular metabolism that can be monitored using broadband near infrared spectroscopic techniques in the brain. The investigators aim to use mini CYRIL, a broadband spectroscopy system developed by the Biomedical Optics Research Laboratory at the University College London, to monitor the mitochondria in brain tissue in addition to standard monitoring and cerebral oxygenation monitoring.

This work will advance our understanding of cerebral-level ischaemia during cardiopulmonary bypass, and increase our understanding of the relationships between blood pressure, cerebral tissue haemoglobin oxygenation and mitochondrial oxygenation in cerebral tissue which will improve the ability of anaesthetists and perfusionists to detect cerebral ischaemia during cardiac surgery, and allow individually tailored blood pressure management in children and adults.

The study will bring together Australian anaesthesia researchers in paediatrics and adults across two states and also foster collaboration with an internationally world-class biomedical engineering group. Its focus on common physiology that is crucial to safe anaesthesia and surgery further emphasises its potential to advance the specialty in this region.

Dr Justin Skowno, The Children's Hospital at Westmead, New South Wales.

\$A66,846

Named research awards



Harry Daly Research Award – Dr Andrew Toner

The Harry Daly Research Award was established by the Faculty of Anaesthetists, Royal Australasian College of Surgeons, in 1981. The Harry Daly Research Award may be made in any of the categories of research award made by the college provided the project is judged to be of sufficient merit. The award is made each year to the grant ranked most highly by the ANZCA Research Committee.

Lidocaine infusions to prevent chronic pain after breast cancer surgery

Chronic post-surgical pain (CPSP) occurs in 12 per cent of mixed surgical populations and affects up to 47 per cent of patients undergoing breast cancer surgery. In half of CPSP cases, pain is reported as moderate or severe in intensity and contributes to disability, low quality of life and mood disturbances. The scale of this problem continues to grow as over 300 million surgical procedures are performed worldwide each year, with an estimated 2.5 million occurring in Australia. This is reflected in the inclusion by the World Health Organization of “chronic postsurgical pain” in the upcoming 11th revision of the International Classification of Diseases. Strategies designed to reduce the human, public health and financial burden of CPSP are therefore a high priority for perioperative researchers and healthcare consumers alike.

CPSP is currently understood to occur when the nerves in the body that carry pain signals become permanently sensitised by repetitive activation, direct damage and inflammation around the time of surgery. This results in the perception of pain in response to mild, harmless sensory triggers, or pain at rest in the absence of any triggers. Lidocaine, a commonly used local anaesthetic agent, is known to have a number of biological actions that may prevent pain-nerve sensitisation. Preliminary evidence supports the use of perioperative lidocaine infusions to reduce the incidence of CPSP and the investigators now plan to test this hypothesis in a definitive, large-scale trial across Australia and New Zealand.

Before conducting a large clinical trial, it is necessary to first perform a pilot study that road tests a means of delivering lidocaine infusions in a manner that is safe, effective and feasible on a larger scale. This will be done in at least 150 patients over a 12-month period across three hospitals in Western Australia. Patients will be randomly allocated to receive lidocaine or placebo infusions, delivered intravenously during surgery and continued postoperatively for 12 hours via the subcutaneous route. Patient safety will be comprehensively evaluated using prospective surveillance strategies that detect local anaesthetic side-effects and toxicity. The effectiveness of the pragmatically designed delivery systems will be assessed by the quantification of plasma levels when surgery completes and when six postoperative hours have elapsed. Finally, the feasibility of the key trial processes and the recruitment rate will be assessed.

The research team will apply a tried and tested strategy, including the publication of a systematic review of the existing evidence, a survey of current practice, and the completion of their detailed pilot study, to ensure progression to a large definitive trial. This strategy will ultimately inform anaesthetists whether long-term pain outcomes are improved after breast cancer surgery when perioperative lidocaine infusions are used.

Dr Andrew Toner, Professor Tomas Corcoran, Professor Stephan Schug, Dr Martin Bailey, Royal Perth Hospital, Western Australia.
\$A69,605



John Boyd Craig Research Award – Professor Eric Visser

The John Boyd Craig Research Award was established following generous donations from Dr John Boyd Craig to the ANZCA Research Foundation to support pain related research by fellows, particularly in Western Australia.

Clarifying the role of alpha1-adrenoceptors in painful cutaneous scars following surgery and burns

Surgical incisions or burns may lead to the development of abnormally painful, itchy, thickened and raised cutaneous wounds known as hypertrophic scars and keloids. Chronic scar pain develops in 2-10 per cent of surgical patients, but this is significantly higher in burns patients, 25-68 per cent. These pathological scars develop as a result of abnormal wound healing and fibroblast dysfunction, and are characterised by chronic inflammation. This leads to an excessive accumulation of collagen and extracellular matrix in the dermis and a raised scar. While hypertrophic scars remain within the wound border, keloids extend beyond the borders and invade surrounding normal skin. In addition to aesthetic problems, these scars are often painful, pruritic and both physically and psychologically debilitating. Keloid and hypertrophic scars are not only a significant burden for patients but also a therapeutic challenge for clinicians, as treatment is difficult and in the case of keloids, they often recur.

Currently, surgical excision or intra-lesion injections of either corticosteroid, bleomycin or fat suspensions are used to treat keloid scars and sequelae such as pain or pruritus. However, scar injections are extremely painful and surgical excision results in recurrence rates between 45 and 100 per cent. Furthermore, people with keloids are at increased risk of developing keloid scars following subsequent cutaneous injuries. Therefore, better understanding of the mechanisms behind abnormal wound healing and formation of hypertrophic scars and keloids is imperative for more effective treatment and preventive approaches.

Preliminary work by our group suggests that the sympathetic nervous system (adrenaline system) is involved in keloid and burns scar development and pain. We detected increased expression of a key receptor protein, the alpha-1 adrenoceptor (α_1 -AR) (adrenaline receptor), in the skin cells and nerves of skin biopsies from patients with keloids and burns. This receptor influences cell growth and migration, nerve excitability and blood flow in the skin. We also demonstrated that α_1 -AR are involved in the pathophysiology of neuropathic pain and CRPS, and interact with inflammatory chemicals in tissues called cytokines.

The investigators therefore wish to expand their research to clarify the role of α_1 -AR in keloid scar formation, inflammation and nociception (pain) to determine if by targeting this receptor, they can prevent or reduce pain and abnormal tissue using complementary in vitro and in vivo approaches.

Understanding the role of α_1 -AR in wound healing, and its interaction with inflammatory mediators and role in painful scars, may lead to better treatment strategies. This could not only help to control pain but might also lead to developing a less invasive treatment to prevent occurrence of scars following an injury and recurrence of keloids following surgical excision.

Professor Eric John Visser, Churack Chair of Chronic Pain Education and Research, University of Notre Dame Australia (UNDA), Western Australia, Dr Natalie Morellini, Churack Chair post-doctoral research Fellow, UNDA and Murdoch University (MU), Western Australia, Professor Peter Drummond (MU), Professor Fiona Wood, Fiona Stanley Hospital, Western Australia and University of Western Australia (UWA), Associate Professor Mark Fear (UWA).

\$A45,498



The Russell Cole Memorial ANZCA Research Award – Professor Philip Siddall

The Russell Cole Memorial ANZCA Research Award was established following a generous ongoing commitment to the ANZCA Research Foundation from the family of the late Dr Russell Cole to support a highly ranked pain-related research grant.

Virtual reality as a treatment for pain in people with spinal cord injury

Spinal cord injury is a life-changing event that causes not only debilitating loss of physical function, but is also associated with severe and persistent pain in the area of sensory loss. In the majority of patients, even the most recent and effective medications show only limited benefit and usually have intolerable side effects.

Much of the difficulty in finding satisfactory pain relief is due to complex mechanisms that involve many levels of the brain and spinal cord. Our team has demonstrated that pain following spinal cord injury is associated with changes in brain rhythms and the pattern of activity in certain critical parts of the brain pain circuitry.

Virtual reality (VR) has been used successfully for many years in the treatment of acute pain following burns injuries, as it acts as an effective distraction technique that can shift the brain's attention away from pain. However, the evidence in the treatment of chronic pain is limited and no studies have examined the effectiveness of distraction-type VR in the treatment of pain following spinal cord injury.

To date, VR has required sophisticated computers to process the software used in these programs which has largely been limited to the laboratory or in-hospital setting. However, the rapid development of VR has changed this and it is now possible to download ready to use applications that can be used on a laptop connected to a headset. Therefore the ability for patients to individually reduce the intensity of their neuropathic pain using affordable VR software would be a major advance in the challenge of obtaining satisfactory relief of their debilitating pain.

The aim of this study therefore is to determine the effectiveness of VR in reducing pain in people with spinal cord injury. In addition, the investigators will examine whether the use of VR is associated with changes in brain activity that are associated with pain.

Persistent unrelieved pain is a major problem for a large proportion of people with spinal cord injury. The development of an accessible, inexpensive treatment with few side effects has the potential to benefit this large group of people who are impacted by pain.

Professor Philip Siddall, Greenwich Hospital, NSW, Professor James Middleton, Professor Ashley Craig, Associate Professor Paul Wrigley, Royal North Shore Hospital, NSW, Dr Yvonne Tran, Australian Institute of Health Innovation, NSW.

\$A68,327



Provisional/New Fellow (PNF) ANZCA Research Award – Dr Courtney Thomas

Professor Barry Baker, retired anaesthetist and ANZCA Director of Professional Affairs, and former Nuffield Professor of Anaesthetics, University of Sydney, made a generous donation to the foundation in 2014 to support its ability to provide novice investigator grants. This award is to support a highly ranked novice investigator, who is either a provisional year trainee or a new fellow within five years of first specialist qualification.

Māori experience with anaesthesia in the perioperative setting: A qualitative assessment

ANZCA is committed to improving cultural safety and advocating for Indigenous health. Their drive for safe and high-quality patient care in anaesthesia extends to opportunities for contributing to improved health outcomes for Indigenous people in both Australia and New Zealand. In New Zealand, the Treaty of Waitangi provides a basis from which government policy, and more recently ANZCA's Indigenous Health Strategy, can be founded. There lies a commitment to provide for "partnership, participation and protection" in policy making and in striving for equitable outcomes.

Māori are the Indigenous people of New Zealand and continue to experience disparities in access to care and poorer health outcomes. They continue to have a much lower life expectancy than non-Māori and experience higher rates of socioeconomic deprivation, disability and disease. Māori mortality rates are higher across nearly all age groups, and this has been most recently highlighted in the latest report from the Postoperative Mortality Review Committee (POMRC). The POMRC found that Māori living in the most deprived areas, who had an elective admission with general anaesthesia, had a much higher 30-day perioperative mortality rate than New Zealand Europeans. The Māori Caucus, convened by the New Zealand Health and Safety Quality Commission, included investigation of Māori patients' experiences of care in the pre-operative setting among its recommendations for future research. The role for both quantitative and qualitative research was proposed and these recommendations have been endorsed by the POMRC.

The chief investigator is both a Māori doctor and a recently qualified ANZCA fellow with an ongoing commitment to promoting and advocating for Māori health. In this research proposal the aim is to assess the perioperative experiences of Māori who require care from an anaesthetist and to identify potential facilitators of and barriers to their interactions with anaesthetists. With this understanding the investigator aims to produce recommendations for culturally competent anaesthetic care of Māori patients in the perioperative setting. It is hoped that this research will stimulate more widespread and ongoing review of engagement with Māori patients as part of quality assurance activities in promoting safe and high-quality anaesthetic care. A key motivation is in promoting equitable access to care and equitable outcomes for Māori. The chief investigator hopes to combine the findings with their postgraduate qualification in clinical education to design an educational resource to assist anaesthetists in this area.

Dr Courtney Thomas, Christchurch Hospital, New Zealand
\$A20,000



The Elaine Lillian Kluver ANZCA Research Award – Associate Professor Alicia Dennis

The Elaine Lillian Kluver ANZCA Research Award was established following a generous gift to the ANZCA Research Foundation from the estate of the late Dr Elaine Kluver to support a highly ranked anaesthesia, analgesia or pain-related research grant.

Assessment of exercise capacity and oxygen utilisation in women in early pregnancy

Preeclampsia is the most common cardiovascular complication of pregnancy, occurring in approximately 13 million women worldwide each year and contributing 20 per cent of maternal mortality in high income countries. It can lead to premature birth, maternal seizures and heart failure, increased risk of caesarean section and lifelong problems of high blood pressure, kidney and brain disease.

Our research group has been conducting clinical haemodynamic studies in women with preeclampsia and in healthy pregnant women using transthoracic echocardiography (TTE) and cardiac magnetic resonance to better understand cardiac function and structure in women with preeclampsia. From these studies we have found that women with preeclampsia have higher cardiac outputs than healthy pregnant women.

Maternal medical conditions including obesity, anaemia and respiratory disease are associated with preeclampsia, and reduced cardiovascular system fitness is likely to contribute to the development of preeclampsia. Objective, accurate and simple assessment of fitness is necessary in order to investigate the relationship between reduced fitness and preeclampsia. To test this, the investigators have been conducting exercise testing in pregnant women to understand the normal responses to exercise in pregnancy and to examine the association between the distance walked during an exercise test, the Six Minute Walk Test (6MWT) and the maximum oxygen utilisation capacity (VO₂Max) of a pregnant woman. Our results have shown that the 6MWT is not a good predictor of VO₂Max. This is most likely because the test allows women to walk at their own pace rather than pushing them to walk faster to a maximum speed.

In this study, the investigators will replace the 6MWT with the Incremental Shuttle Walk Test (ISWT). The ISWT is a test which is paced according to an incremental speed dictated by an audio recording. The test speed increases every minute and the test finishes when the participant can no longer maintain the desired speed. It is also planned to directly measure the VO₂Max with cardiopulmonary exercise testing (CPET), a test commonly used by professional athletes to measure their fitness, and this study will be the first to examine this relationship in pregnant women.

The investigators then hope to be able to develop an equation that relates the distance walked in the ISWT to VO₂Max measured by CPET. This may then allow VO₂Max to be calculated from the simple and applicable ISWT rather than using CPET as this requires significant expertise to conduct and is relatively expensive making it an impractical test for continuous widespread use. This will allow ISWT to be used in early pregnancy to investigate the relationship between VO₂Max and the development of preeclampsia.

If women at risk of preeclampsia can be identified, we will then be able to monitor them much more regularly, start treatments earlier and possibly prevent the condition through exercise programs. The impact of these interventions and having a greater understanding of the mechanisms behind the development of preeclampsia are likely to have very significant and beneficial effects on pregnant women and their babies.

Associate Professor Alicia Dennis, The Royal Women's Hospital, Melbourne.
\$A45,074

Simulation/Education Grant and Robin Smallwood Bequest



Associate Professor Stuart Marshall

The Robin Smallwood Bequest was established following a generous bequest from the late Dr Robin Smallwood to support a highly ranked grant in anaesthesia, intensive care or pain medicine.

Crisis management cognitive aid to improve team coordination: A multi-centre simulation study

Although rare, emergencies under anaesthesia can lead to significant morbidity and mortality. To help anaesthetic teams take the required action rapidly and appropriately, written "cognitive aids" such as flowcharts and checklists are available and immediately accessible in operating theatres. In many studies, these cognitive aids have been shown to improve the ability of teams to coordinate their efforts and provide comprehensive and rapid care. In a surgical setting, anaesthetic and other healthcare teams commonly have large numbers of team members who must coordinate their actions, and who often have very different training and knowledge. Furthermore, the number of tasks are also numerous and diverse in nature. A key function of the cognitive aid in this setting is to ensure coordination between the team members. Developing a shared understanding of the problem and having each team member know how their individual tasks fits within the whole is important for this coordination.

Some of the current cognitive aids endorsed by ANZCA consist of a number of cards, one given to each team member with tasks to accomplish relative to his or her role on the team. In contrast, other cognitive aids have a single card or booklet available for a team leader or dedicated reader of the cognitive aid to use. The leader or reader of the card calls out tasks to the other team members to coordinate their activity. A concern with the ANZCA task card system is that it may fragment the team and prevent the development of a shared mental model of the crisis. From preliminary data of observation of simulation training, the task cards may lead to problems of coordination among team members.

The aim of performing this research is to determine if teams perform more effectively and efficiently with a single integrated cognitive aid in comparison to the multiple, role-specific task cards. The study is a multi-centre simulation based trial with the participants being attendees at the ANZCA Effective Management of Anaesthetic Crises (EMAC) course across three sites.

Determining how design affects team functioning will be of substantial benefit to the anaesthetic community as it will guide the design of future cognitive aids, including electronic versions to track completed tasks. This will ultimately improve the effectiveness and efficiency of the team during clinical emergencies, and lead to better outcomes for patients experiencing rare but potentially fatal events.

Associate Professor Stuart Marshall, Alfred Health, Melbourne, Dr Barbara Burian, NASA Ames Research Center, US, Associate Professor Anna Clebone, University of Chicago, US.
\$A61,891

Novice investigator grants



Analgesic techniques and outcomes in major open and laparoscopic abdominal surgery: A feasibility study – Dr Katrina Pirie

Major abdominal surgery is a common procedure, associated with significant postoperative pain and morbidity. Effective postoperative analgesia is fundamental to recovery. Historically, epidural has been the analgesic modality of choice. However, major benefits of epidurals have not been clearly shown in large randomised controlled studies, they are a challenge to maintain and are not without risk. Their place is increasingly questioned in the setting of continuous improvement in surgical technique, including less invasive alternatives to open surgery. Early functional recovery is the aim of enhanced recovery after surgery (ERAS) protocols. They provide guidance on multimodal perioperative care including analgesia and are increasingly implemented worldwide. Compliance with ERAS protocols has been associated with a reduction in postoperative complications and length of stay in hospital, making their implementation an important value-based care.

A direct comparison of epidural, spinal morphine and intravenous lignocaine in open abdominal surgery, and spinal morphine and intravenous lignocaine in laparoscopic abdominal surgery has not been done in a large multicentre trial. The investigators therefore plan a multicentre, randomised control trial to investigate the clinical and economic implications of choosing alternative analgesic techniques to epidural in major open and laparoscopic abdominal surgery. In addition to this study, a survey among ANZCA fellows will be conducted to determine current anaesthetic practice for postoperative analgesia in open and laparoscopic major abdominal surgery.

The primary objectives of this feasibility study will be to measure the ability to recruit eligible patients into the study and successfully deliver each of the analgesic techniques according to the research protocol. Secondary aims involve optimisation of the protocol, as well as testing the feasibility of using routine administrative cost data for health economic evaluations, the randomisation process, the ability to capture data and identify the number of research nurse positions required for a multicentre study and finally, issues relating to implementation of the trial at multiple sites.

The results of this preliminary study will be used to design a large-scale multicentre trial with the objective of obtaining outcomes that will accurately inform clinical practice.

Dr Katrina Pirie, Royal North Shore Hospital, NSW.
\$A20,000



Palmitoylethanolamide (PEA) for the treatment of chronic pain – Dr Daniel Ellyard

Chronic low-level inflammation within the central nervous system (CNS) is increasingly being recognised as a potential contributor to many types of persistent pain. Through the activation of glia, especially microglia and astrocytes, it is thought that alterations in synaptic function lead to changes in the way that pain is processed within the CNS. It is believed that these changes play a significant part in the development of central sensitisation. There is also evidence that this glial activation may also account for many of the neuro-vegetative features common in persistent pain such as anxiety, depression, fatigue, poor sleep and cognitive problems. It is hoped that medicines that are able to suppress CNS inflammation might help relieve pain, improve function and associated psychiatric symptoms in patients with chronic pain.

Palmitoylethanolamide (PEA) is a naturally occurring fatty acid involved with known anti-inflammatory properties and has been suggested to be involved in the regulation and termination of inflammatory responses within the CNS. It is currently classed as a nutraceutical and available from compounding chemists without prescription. There is some evidence that administration of PEA has analgesic benefits in a variety of causes of persistent pain, although evidence is limited by significant industry support. It does have anecdotal evidence of positive effects and appears to be very well tolerated, with a low risk of serious adverse effects. Given the limitations in current pharmacologic options in the management of persistent pain, it represents a potential useful addition to the current therapeutic options.

The aim of this study is to assess the ability of daily oral administration of PEA to achieve long lasting improvements in pain and function in patients being treated in a tertiary hospital pain clinic. Patients will be selected based on evidence of neuro-vegetative features as assessed by the Symptom Severity Score (SSS) from the 2011 revised ACR Fibromyalgia Criteria regardless of primary pain diagnosis. The study aims to have high external validity. Patients will be randomised to PEA or placebo in addition to their current therapy for a period of six months.

Outcomes will be assessed via the electronic Persistent Pain Outcomes Collaborative (ePPOC) questionnaires, with a primary outcome of Pain Interference as assessed by the Brief Pain Inventory (BPI) at six months.

Dr Daniel Ellyard, Sir Charles Gairdner Hospital, Nedlands, Western Australia.
\$A11,786

Project grants



Speaking up in the operating room: A grounded theory study – Professor Jennifer Weller

Speaking up is a feature of effective teams, and is important for patient safety. Failure to speak up or unsuccessful attempts at speaking up limit the opportunity for teams to correct mistakes, or prevent flawed decisions or actions progressing to patient harm. In addition, unprofessional behaviour including bullying and discrimination have a negative impact on the team climate, and the latter has been linked to patient outcomes. Calling out these behaviours may limit harm to staff, and improve team climate. Clearly identifying and evaluating factors that predict speaking up will be vital for developing interventions to promote it.

Speaking up can be defined as explicitly communicating observations or concerns, requesting clarification or explanation, or explicitly challenging another's decision or action. Speaking up provides an opportunity to intervene before patient harm occurs, to mitigate actual harm, or discourage unprofessional behaviour.

The investigators aim to explore factors that promote or inhibit a climate conducive to speaking up, including differences between professional roles such as surgeon, anaesthetist, technician, and nurse.

Semi-structured interviews will be conducted and focus groups used to explore the experiences and perspectives of operating room staff on speaking up. Grounded theory analyses will be undertaken to develop a model to explain the psychosocial factors influencing speaking up in operating room teams which will then inform improvement interventions.

The results of this study will lay the foundations for a program of research on interventions to improve the climate of speaking up in hospitals in New Zealand and beyond. This will also inform development of role specific interventions contributing to further improvement of surgical safety, and communication between operation room staff.

The proposed project will advance our work on improvements of surgical safety focused on effective teamwork and communication using multidisciplinary simulation programs and studies on human factors associated with safe surgery.

Professor Jennifer Weller, Dr Tanisha Jowsey, University of Auckland, Professor Sandy Garden, Wellington Regional Hospital, New Zealand.
\$A68,635



**Trainees' abilities to judge the level of supervision they require in the workplace
– Dr Damian Castanelli**

In 2013, ANZCA introduced workplace-based assessments (WBAs) to the ANZCA training program. One of these, the mini-Clinical Evaluation Exercise (mini-CEX), is an observed assessment undertaken during normal anaesthesia encounters. Supervisors provide structured feedback to trainees and make judgements about the level of supervision the trainee requires to perform the task safely, referred to as the entrustability scale.

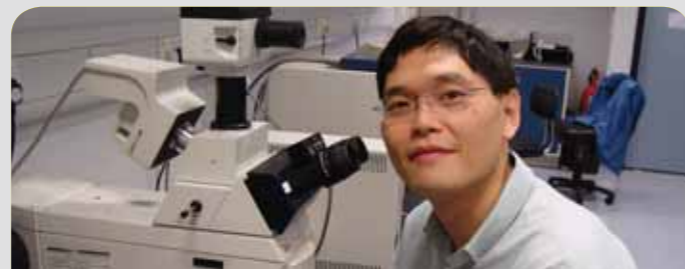
Earlier studies by members of the research team have demonstrated that these judgements are reliable measures of the level of supervision that trainees required for observed cases. Although the supervisors' scores have been examined, what is not known is how trainees judge the supervisory input they felt they needed for an observed case, and how this compares to the supervisors' judgements. Similarly, the factors that contribute to the scores given by trainees and supervisors are unknown in the setting of anaesthesia care in Australia and New Zealand.

The aim of this study is to facilitate the development of reflective, self-regulated anaesthesia trainees. Self-regulated learning is fundamental to professional development and ongoing learning. However, the skills and knowledge involved with self-regulated learning must be learnt and developed over time. The extent to which ANZCA trainees have developed these skills and are therefore able to make accurate judgements about the level of supervision they require for an anaesthesia encounter is unknown. From December 2018 when modified WBA forms are introduced, trainees will be required to make those judgements by completing a "self-assessment score" using the same entrustability scale as their supervisors. However the way in which this new self-assessment measure works is yet to be tested.

Therefore this research will compare trainee self-assessments to the judgements made by the supervisors in voluntary mini-CEX assessments, to remove the potential influence of formal reporting requirements. It will also explore the factors that influence trainees' and supervisors' ratings through a series of interviews with paired trainees and supervisors involved in the same mini-CEX. These interviews will investigate ANZCA trainees' insight into their own progression towards unsupervised practice.

This research will provide insights into trainees' abilities to make self-judgements about how much supervisory input they required for a case, and how these judgements are made. This information may be used to inform future improvements in ANZCA training, such as the WBAs, or identify areas for further trainee and supervisor/fellow education and development. In particular, the process of discussion and reconciliation of scores for supervision may prove to be a useful aid to the development of skills in self-reflection and capturing this process through interviews may assist with the design of interventions to improve feedback that promotes reflection and self-regulated learning.

Dr Damian Castanelli, Monash Medical Centre, Melbourne, Dr Jennifer Woods, Christchurch Hospital, New Zealand, Professor Jennifer Weller, University of Auckland, New Zealand. \$A30,001



**Experimental therapy for the prevention of chronic pain after surgery
– Professor Matthew Chan**

Chronic postsurgical pain (CPSP) is a common complication of surgery, affecting greater than 10 per cent of patients and adversely affecting their quality of life. Despite the magnitude of this problem, there is a lack of effective strategies that reliably prevent CPSP.

Professor Chan and his team of basic science researchers are working on an ion channel in the nervous system, known as the transient receptor potential canonical type 3 channel (TRPC3). In preliminary research, the investigators observed an increased interaction of TRPC3 in the central terminals of nociceptors during the development of chronic inflammatory pain. The release of Substance P, a neuropeptide related to the transmission of pain, was reduced with the administration of selective TRPC3 inhibitors. Therefore, these data suggest TRPC3 is a potential drug target for CPSP.

In a series of experiments, the team will determine the effects of TRPC3 inhibition using TRPC3 transgenic mouse models and pharmacological inhibitors (Pyr3 and Pyr10) on validated pain behavioural outcomes and pain signal transmission. They will also conduct a genetic association study to determine the relationship between targeted genetic variants in TRPC3 gene and chronic postsurgical pain in 2000 patients enrolled in their Persistent Pain after Surgery Study.

Ultimately, it is hoped that the results will establish potential drug targets for the development of preventive and therapeutic strategies, and enhance our ability to identify patients at risk for CPSP. The impact on patients, their families, and the society as a whole, in terms of decreasing the number of patients who are disabled by chronic pain after surgery, will be socially and economically significant.

Professor Matthew Chan, The Chinese University of Hong Kong, China. \$A46,900



**A pilot study evaluating the efficacy of continuous erector spinae block
– Dr Yoshiaki Uda**

Interfascial plane blocks refer to the injection of local anaesthetic into a tissue plane, often between two muscles to facilitate loco-regional anaesthesia over a specific region of the body. Typically, these procedures are performed in the preoperative period to reduce postoperative pain, improve patient recovery and reduce opioid-related side-effects (sedation, reduced respiratory drive, nausea and vomiting). One example is the transversus abdominis plane block for abdominal surgery, which evolved as an alternative to techniques such as epidural analgesia. Several factors have contributed to the development and increased use of interfascial plane block techniques. These include a shift from perioperative epidural analgesia to peripheral techniques, practitioner sonographic expertise, enhanced recovery after surgery strategies including the need for earlier patient ambulation, minimally invasive surgery, the opioid crisis (prescription opioid-related morbidity), and an increased use of perioperative anticoagulation.

Erector spinae block (ESB) is an ultrasound-guided interfascial plane block first described in 2016 to successfully treat severe thoracic neuropathic pain. ESB has been described in a relatively large number of case reports in a brief period of time including management of acute postoperative pain patients following elective laparoscopic ventral hernia repair, thoracic surgery, breast surgery with reconstruction and bariatric surgery. However, its efficacy is yet to undergo vigorous scientific evaluation.

The investigators aim to perform a pilot, multicentre, prospective, triple-masked, randomised, placebo-controlled trial to investigate the efficacy of continuous ESB. To achieve triple blinding and minimise the risk of bias, the patient is randomised to receive continuous ESB with either local anaesthesia or with normal saline (placebo). The primary outcome is the pain score as rated by Brief Pain Inventory at 24 hours. The novelty of study lies in that we use patient rated outcomes including Brief Pain Inventory, Quality of Recovery and patient satisfaction.

With a number of emerging novel blocks, there is a need to establish multi-centre trial networks in regional anaesthesia to assess their efficacy. This is a pilot trial to assess feasibility of a larger multi-centre trial. Therefore, we will record other variables such as recruitment and retention rates, problems with randomisation, blinding, loss to follow-up of primary outcome and protocol violations, and further information needed for sample size calculation.

Dr Yoshiaki Uda, Associate Professor Michael Barrington, Dr Anjalee Brahmhatt, Dr Robert Gotmaker, St Vincent's Hospital, Melbourne, Dr Craig Daniel, The Gold Coast Hospital, Queensland, Dr Kelly Byrne, Waikato Hospital, New Zealand. \$A24,898



**Impact of hormonal cycle on postoperative quality of recovery in premenopausal women
– Dr Nicole Tan**

A "good recovery" after anaesthesia and surgery is a key objective for patients and their perioperative clinicians. It is not simply avoidance of complications, but also freedom from discomfort, nausea, and a rapid return to preoperative levels of function and psychological wellbeing. Delayed or incomplete recovery can have wide-ranging effects for an individual and those around them.

A previous study has shown that women generally have a poorer quality of postoperative recovery than men, due in part to higher pain scores and increased postoperative nausea and vomiting. This finding persists for three days postoperatively, and is more pronounced in premenopausal compared with postmenopausal women. Differences in sex steroid levels of progesterone may be responsible. Progesterone metabolites have anaesthetic and sedative-hypnotic effects via their action on GABA_A receptors, the site of action of general anaesthetic agents. In pregnancy, increased endogenous progesterone production is believed to be the underlying mechanism by which there are reduced requirements for inhalational anaesthetic agents. Similarly, increased progesterone levels in the luteal phase of the menstrual cycle are associated with a lower dose of propofol to achieve loss of consciousness and lower anaesthetic volatile concentrations to maintain anaesthesia.

Clinical studies have tried to determine whether complications such as postoperative nausea and vomiting are more common during a particular stage of the menstrual cycle. These studies have had conflicting results, due to a limited number of participants, measuring stage of cycle solely by asking women the date of their last period, or assuming that cycle duration was identical for each participant.

Therefore, the aim of this study is to determine whether stage of hormonal cycle affects quality of recovery after surgery in premenopausal women. Cycle stage will be measured by questionnaires, urine pregnandiol and serum progesterone and luteinising hormone levels. Quality of recovery will be assessed on the day after surgery by a questionnaire which assesses pain, physical comfort (including nausea and vomiting), physical independence, emotions and psychological support. The concept of a good recovery is patient-centred, thus it is the patient's assessment of their recovery that is important.

If an association between stage of hormonal cycle and quality of postoperative recovery is found, women will have the option to choose the best time for elective surgery in order to improve recovery, reduce pain and postoperative nausea and vomiting, as well as limit the side-effects of treatment of these conditions. This may also encourage research into quality of recovery in peri- and postmenopausal women receiving hormone replacement therapy, a group who typically undergo more extensive surgery with a prolonged recovery. Additionally, if a link is found, stage of hormonal cycle should be assessed in all future studies involving women and recovery after surgery.

Dr Nicole Tan, Epworth HealthCare, Melbourne; Professor Helena Teede, Monash University, Melbourne. \$A7570

Project grants (continued)



Improving opioid handling after surgery – Dr Megan Allen

Opioid handling after hospital discharge following surgery has been demonstrated to be suboptimal both internationally and locally. Our team has designed a multidimensional opioid stewardship intervention aimed at improving opioid management post-discharge in surgical patients.

The intervention will involve carefully considering discharge opioid therapy in view of recent inpatient use through guidelines and junior doctor education, strict guidance for slow release opioid therapy initiated after surgical care, communication with general practitioners to support limited opioid resupply and educating patients at the time of discharge opioid dispensing with personalised counselling on safe medication storage and disposal. This study will investigate the feasibility of introducing such an intervention, and to a limited extent the efficacy of the intervention bundle. This study will be conducted at University of Melbourne affiliated public teaching hospitals (The Royal Melbourne Hospital, Peter MacCallum Cancer Centre and The Royal Women's Hospital).

Patients will be recruited during their hospital admission and followed up post discharge until three months post-surgery to assess medication handling and their acute pain experience. The investigators hope to demonstrate improved opioid handling in the sites where an opioid stewardship intervention is introduced. Therefore, there is potential to improve the safety of surgical patients and the wider community.

**Dr Megan Allen, Dr Charles Kim, Dr Karin Jones,
The Royal Melbourne Hospital, Melbourne.
\$A41,655**



Does Transfusion Related Immune Modulation occur following Intraoperative Cell Salvage: A pilot study – Dr Michelle Roets

Intraoperative cell salvage is a process where blood lost during surgery is collected, processed and returned to the patient. Use of intraoperative cell salvage may provide a cost-effective and safer alternative to allogeneic blood transfusion. In particular, because patients are not exposed to blood from another person, it seems likely that the impairment of immune responses that occurs following allogeneic blood transfusion will be prevented. An evaluation of Transfusion Related Immune Modulation (TRIM) associated markers in intraoperative cell salvage blood has never been done in Australia. As more than 2.4 million surgical admissions occur in Australia yearly, the potential impact is significant.

The aim of the study is to therefore confirm that by receiving intraoperative cell salvage instead of allogeneic blood transfusions, patients will have an altered plasma level of inflammatory markers that identify a lower associated risk of TRIM, than when receiving allogeneic blood transfusion.

This study was submitted in 2017 for peer review and awarded funding in 2018. In August 2017, Dr Roets enrolled to undertake a PhD with the University of Queensland, studying the cost and benefit profiles of intraoperative cell salvage (including a potential to reduce TRIM through intraoperative cell salvage) and applied to ANZCA for scholarship support.

The Australian Red Cross Blood Service has established models to assess TRIM using a combination of ex vivo and in vitro assays. Recruitment of patients from orthopaedic outpatient clinics is continuing with the collection of samples during the standard cell salvage process within theatre at the Royal Brisbane and Women's Hospital. Assays are conducted by laboratory personnel within the Australian Red Cross Blood Service in Kelvin Grove, Brisbane.

The debate about TRIM has been ongoing in research literature. If a test or assay can be found to specifically identify TRIM it may become possible to translate this large volume of evidence and potentially use these markers as a predictive tool for the presence of TRIM after surgical procedures for many specialties, thus advocating for intraoperative cell salvage as a safer alternative and provide better patient care.

**Dr Michelle Roets, Royal Brisbane Women's Hospital
and the University of Queensland.
\$A20,000 scholarship**

Grant review process

On behalf of the college, the ANZCA Research Committee thanks all reviewers listed below who reviewed one, or often more, grant applications for your invaluable contribution to the award process.

Much effort goes into ensuring that the process is as fair and rigorous as possible. It starts each year with ANZCA Research Committee members reading the grant applications. Three reviewers for each grant are then selected for their expertise around the project. One reviewer is the spokesperson and a member of the research committee, while the other two are usually from outside the committee. These reviewers include expert researchers from anaesthetics as well as other relevant specialties. The reviewer comments are sent back to the researcher applicant for response, and the spokesperson then collates all this information (including the reviewer scores and the applicant's response – which is very important) into a synopsis with a score. Each grant is then discussed by the whole ANZCA Research Committee during a day-long face-to-face meeting, with their final scores determined by the averages of secret ballot scores (out of seven) from each committee member.

Conflicts of interest are declared and recorded and members of the committee are excluded from consideration of any grants for which they have a conflict. The presence of Dr Angela Watt, our community representative adds an extra safeguard in this regard as does committee member, Dr Jane Baker and our external member, Dr Andrew Klein (editor-in-chief of Anaesthesia). None of these three members actively compete for grants, and two are not eligible to do so.

Finally, funding is allocated to the grants in descending order of the final averaged committee member scores, within the limits of the funds available. Inevitably, in any competitive process some applicants are unsuccessful. As with most grant programs, detailed feedback is not provided to applicants after the committee has finalised its grant decisions, with the exception of novice investigators. However, detailed feedback on grant applications is provided during the review process through reviewers' comments to applicants, which reflect most of the factors that will influence committee decisions. Most of the senior members of the committee have experienced many unsuccessful grant applications through ANZCA and other granting agencies such as the National Health and Medical Research Council and Health Research Council, NZ. This is usually considered an essential part of the development of grant writing skills for future success, and perhaps it is this persistent pursuit of continual improvement that most characterises all ANZCA grant applicants. The committee recognises the very significant time and effort involved in writing research grants, and extends its thanks and encouragement to all applicants.

The committee considered and approved some changes to the grant eligibility rules, including limiting the maximum number of years' funding that can be applied for in a single application. These changes are designed to improve the opportunity for funding to as many applicants as possible. An overview of these changes are in the foundation update on page 59. Full details of the changes will be included in the December ANZCA E-Newsletter and on the ANZCA website.

ANZCA Research Committee members:

Professor David A Scott, Chair (Vic)
Professor David Story, Deputy Chair (Vic)
Dr Jane Baker (NSW)
Professor Matthew Chan (HK)
Associate Professor Alicia Dennis (Vic)
Dr Matthew Doane (NSW)
Associate Professor Lis Evered (Vic)
Dr Andrew Klein (UK)
Professor Alan Merry ONZM (NZ)
Professor Simon Mitchell (NZ)
Professor Philip Peyton (Vic)
Professor Tony Quail (NSW)
Professor Britta Regli-Von Ungern-Sternberg (WA)
Professor Stephan Schug (WA)
Associate Professor Tim Short (NZ)
Professor Andrew Somogyi (SA)
Professor André van Zundert (Qld)
Dr Angela Watt, (Vic) Community representative
Professor Jennifer Weller (NZ)

Every year committee members and reviewers put a great deal of work into maintaining our high quality research grant process, often in their own time. We would like to express our very sincere thanks to all of them, and to the CEO and ANZCA Council for their ongoing commitment to research – as a vital contribution to continuous improvement in quality, safety and patient outcomes.

In conclusion, and importantly, I would like to express my sincere thanks and deep appreciation to Professor Alan Merry who has stepped down this year as chair of the committee after 10 years. Alan has contributed significantly to the development of the research strengths within and supported by the college. I am grateful that he is continuing on the committee to support our work. I would also like to congratulate Professor David Story who has been selected by the committee as the new deputy chair. His support is likewise greatly appreciated.

Professor David A Scott, Chair
ANZCA Research Committee

Reviewers for the 2019 grant round:

Dr Kara Allen (Vic)	Dr James Griffiths (Vic)
Dr Megan Allen* (Vic)	Dr Kerry Gunn (NZ)
Dr Sara Allen (NZ)	Dr Richard Halliwell* (NSW)
Professor Brian Anderson* (NZ)	Professor Jonathan Hardman (UK)
Associate Professor Carolyn Arnold (Vic)	Dr William Harrop-Griffiths (UK)
Associate Professor Michael Barrington (Vic)	Dr Christopher Hayes (NSW)
Dr Martin Besser (UK)	Dr Elizabeth Hessian (Vic)
Dr Vaughan Bertram (UK)	Clinical Associate Professor Kwok-ming Ho (WA)
Dr Robyn Billing (NZ)	Professor Charles Hogue (US)
Professor Duncan Blake (Vic)	Professor Nick Holford (NZ)
Associate Professor Robert Boots (Qld)	Dr Richard Horton (Vic)
Associate Professor Charles Brooker (NSW)	Associate Professor Ruth Hubbard (Qld)
Dr David Buckley (NZ)	Dr Susan Humphreys (Qld)
Dr Douglas Campbell (NZ)	Dr Brian Jenkins (UK)
Professor Matthew Chan* (HK)	Dr Simon Jenkins (SA)
Dr Michael Charlesworth (UK)	Associate Professor Max Kelz (US)
Dr Michael Clifford (Vic)	Associate Professor Ross Kerridge* (NSW)
Professor Mark Connor (NSW)	Dr Fiona Kiernan (IRE)
Professor Tomas Corcoran (WA)	Dr Charles Kim (Vic)
Dr John Cormack (Vic)	Dr Andrew Klein* (UK)
Associate Professor David Cottee (NSW)	Dr James Koziol (Vic)
Dr David Cumin (NZ)	Dr Cornelia Landersdorfer (Vic)
Dr Dale Currigan (WA)	Professor Anna Lee (HK)
Dr Allan Cyna (SA)	Professor Kate Leslie* (Vic)
Professor Andrew Davidson* (Vic)	Dr Denny Levett (UK)
Dr Kieran Davis (NZ)	Dr Scott Ma (SA)
Associate Professor Alicia Dennis* (Vic)	Professor Pam Macintyre (SA)
Dr Matthew Doane* (NSW)	Dr Surbhi Malhotra (NSW)
Dr Kariem El-Boghdadly (UK)	Dr Peter McCall (Vic)
Associate Professor Victoria Eley (Qld)	Dr David McIlroy (Vic)
Dr David Elliott (NSW)	Professor Alan Merry* (NZ)
Dr Yasmin Endlich (SA)	Dr Lachlan Miles (Vic)
Associate Professor Lisbeth Evered* (Vic)	Professor Simon Mitchell* (NZ)
Dr Philip Finch (WA)	Dr John Moore (UK)
Dr Brendan Flanagan (Vic)	Professor Peter Morley (Vic)
Dr Julia Fleming (Qld)	Dr Richard Morris* (NSW)
Dr Nick Fletcher (UK)	Professor John Murkin (Canada)
Professor Kirsty Forrest (Qld)	Professor Paul Myles (Vic)
Associate Professor David Foster (SA)	Dr Gladness Nethathe (Qld)
Associate Professor Craig French (Vic)	Associate Professor Toby Newton-John (NSW)
Professor Sandy Garden* (NZ)	Dr Anne O'Callaghan (NZ)
Associate Professor Stephen Gatt (NSW)	Dr Fergal O'Donoghue (Vic)
Dr Laura Green (UK)	Dr Kenji Okuse (UK)
Professor Keith Greenland (Qld)	Dr David Olive (Vic)

Professor Michael Paech (WA)
Professor Jaideep Pandit (UK)
Dr Jaimin Patel (UK)
Professor Rupert Pearse (UK)
Professor Philip Peyton* (Vic)
Dr Tuong Phan (Vic)
Professor Tony Quail* (NSW)
Professor Britta Regli-von Ungern Sternberg* (WA)
Associate Professor Richard Riley (WA)
Professor Paul Rolan (SA)
Professor Colin Royse (Vic)
Dr Simon Scharf (Vic)
Professor Stephan Schug* (WA)
Professor David A Scott* (Vic)
Associate Professor Ian Seppelt (NSW)
Professor Nick Sevdalis (UK)
Professor Yahya Shehabi (NSW)
Associate Professor Tim Short* (NZ)
Professor Philip Siddall (NSW)
Associate Professor Brendan Silbert* (Vic)
Dr Ben Slater* (Vic)
Professor Jamie Sleigh (NZ)
Dr Natalie Smith (NSW)
Dr Barry Snow (NZ)
Professor Andrew Somogyi* (SA)
Professor David Story* (Vic)
Dr Nicolaas Terblanche (Tas)
Clinical Associate Professor Michael Vagg (Vic)
Associate Professor Roelof Van Wijk (SA)
Professor André van Zundert* (Qld)
Associate Professor Irina Vetter (Qld)
Dr Stuart Walker (NZ)
Dr Stephen Warrillow (Vic)
Associate Professor Jennifer Watts (Vic)
Associate Professor Laurence Weinberg (Vic)
Professor Jennifer Weller* (NZ)
Associate Professor Duminda Wijesundera (Canada)
Dr Matthew Wiles (UK)
Professor Daryl Williams (Vic)
Dr Leona Wilson (NZ)
Dr Niall Wilton (NZ)

*Reviewed two or more grants.

Research grants for 2020



ANZCA and ANZCA Research Foundation Grants Program

Applications are invited from fellows and registered trainees of ANZCA and FPM for research grants and awards for projects related to anaesthesia, resuscitation, perioperative medicine, intensive care medicine or pain medicine. In general, the work must be carried out in Australia, New Zealand, Hong Kong, Malaysia or Singapore; however ANZCA fellows or trainees who are temporarily working in other countries for research experience may be considered for research support under special conditions, as per the grant guidelines.

The ANZCA research policy, and the full details of the ANZCA grants program, are available on the college website, and should be considered in detail by all applicants. The Research Committee has approved changes to the grant eligibility rules, including limiting the maximum number of years of funding that can be applied for in a single application to two years. These changes are designed to improve the opportunity for funding to as many applicants as possible. All changes will be highlighted on the research pages on the website and will be included in the prescribed forms.

The application forms and guides to applicants are available on the college website at www.anzca.edu.au/research/research-grant-application-forms-and-guides.

The closing date for all grant applications is 5pm April 1, 2019.

Further information contact:
Ms Susan Collins
Research Administration Coordinator
ANZCA Research Foundation
+61 3 9510 6299
research@anzca.edu.au

ANZCA Research Foundation Grants

Research Project Grants

Projects that will be considered may be in the fields of basic scientific research, clinical investigation or epidemiological research. The maximum amount available for a project grant is \$A70,000 with grants being awarded for projects to be completed within two calendar years following the year of the grant decision. Grant funding is usually for one year; however consideration may be given to the provision of second year funding for a highly ranked grant.

Research Scholarships

Scholarship grants are made within the project grant scheme and are awarded to fellows or registered trainees enrolled as research higher degree students to support full-time or part-time research in a recognised university or research institute in Australia, New Zealand, Hong Kong, Malaysia or Singapore. They are available for one or two years, subject to category of award made and subject to satisfactory reports. The stipend and allowances are similar to those provided by the NHMRC. Half-time research may be negotiated on a pro-rata basis upon application.

Novice Investigator Grant

A major goal of the college and the foundation is to encourage and foster novice investigators. The ANZCA Research Committee invites early application by novice investigators to apply for mentoring during the application process. Applications must be received by January 14 each year.

A mentor, who is an experienced investigator, will be appointed by the Research Committee. The mentor will assess the application and provide prompt feedback. The applicant must then resubmit his or her application to the College by the usual deadline. Late applications for either deadline will not be accepted. All mentoring provided to the applicant will be confidential and not available to the Research Committee.

For the purposes of this process, a novice is an investigator who: 1) has not been awarded a peer-reviewed research grant in the past, 2) has not published more than five research papers in the five years prior to the year of application, 3) does not have an experienced investigator as a co-investigator on the proposed grant. The maximum amount available for a novice investigator grant is \$A20,000.

Other ANZCA grants

Academic Enhancement Grant

ANZCA provides an academic enhancement grant which aims to foster the advancement of the academic disciplines of anaesthesia and/or pain medicine.

Support is provided for proposals encompassing broad areas of research; details of initial area(s) of investigation need to be outlined. Thus the grant aims to enhance foci of research activity.

Applicants must have university status at the level of Professor/Clinical Professor or Associate Professor/Clinical Associate Professor, but are not required to have administrative responsibility for a clinical department.

Research foci eligible for support include: a new chair; an existing chair with new incumbent; an existing chair pursuing a new research direction; a second chair in an existing department; a professor/associate professor (or clinical professor/associate professor) who heads a research group. Reapplication by a previously successful applicant within five years will receive a lower priority unless exceptional circumstances exist for the reapplication. The maximum amount available for an academic enhancement grant is \$A100,000.

Simulation/education grant

Applications are invited from fellows and registered trainees for the 2020 Simulation/Education Grant, for projects in the field of medical simulation and education of relevance to anaesthesia and/or pain medicine. Applications should be made using the project grant application form with Simulation/Education Grant selected in the appropriate box. These applications will be considered as project grants and therefore several projects may be supported; however the highest ranked fundable Simulation/Education Grant will be designated the Simulation/Education Grant for 2020. The maximum amount available for a Simulation/Education Grant is \$A70,000.

The ANZCA Professional Affairs Executive Committee: Advancing our fellows' interests

It doesn't take more than a quick glance at the ANZCA website or any issue of the *ANZCA Bulletin* to appreciate the breadth and extent of activity generated by the ANZCA community. ANZCA is a large binational organisation serving 1650 trainees, and 6500 fellows and 160 specialist international medical graduates (SIMGs) of anaesthesia and pain medicine residing in Australia, New Zealand and further abroad. All these people, supported by ANZCA professional staff, make up the ANZCA community.

While the end products of their activity are usually evident, it may not be so clear what goes on behind the scenes to generate and co-ordinate this activity. That's understandable. In addition to council, the Faculty of Pain Medicine (FPM) Board and the regional committees, ANZCA is supported by trainees, SIMGs, fellows, ANZCA staff and community members who contribute to 34 committees and or working groups¹.

This article focuses on the work of the ANZCA Professional Affairs Executive Committee (PAEC), one of nine committees reporting directly to council. PAEC's purpose is to engage with and advocate for fellows and to advise and make recommendations on matters pertaining to fellows of the college.

PAEC is substantially a rank and file committee comprising mostly fellows of ANZCA or FPM. We strive to achieve broad fellowship representation. As such, the committee includes fellows from a range of geographic settings who collectively have experience in public and private practice, urban and rural/remote practice, and anaesthesia and pain medicine practices. We also strive to achieve gender equity and to include both younger and more senior fellows within our group. Fellow representatives are co-opted to the committee through an open expression of interest process².

One of PAEC's key roles is to be a sounding board for committees that report through it to council: the ANZCA and FPM Continuing Professional Development Committee (CPD), the ANZCA Indigenous Health Committee and the ANZCA Overseas Aid Committee. These committees work largely independently however PAEC provides a forum for peer review of their recommendations. Discussions within PAEC consider the broad impact of the work of these committees and specifically appraise issues through the lens of fellows where questions such as "How would this affect people in private or rural practice?" and "How would a new fellow view this?" are frequently asked. Other work considered and vetted by PAEC include newly created and or recently updated ANZCA professional documents, overseen by the Director of Professional Affairs, Policy and work generated by ANZCA's Safety and Advocacy unit which includes policy and communications.

PAEC's second key role is to address issues that are relevant to fellowship and which do not fall within the remit of other committees and groups. Some of these issues are identified and delegated to PAEC by council or the ANZCA Executive while fellows directly raise others. The following paragraphs highlight several of the initiatives overseen by PAEC.

Graduate outcomes and fellowships surveys

The Graduate Outcomes Survey and Fellowship Survey is used to gauge our fellows' attitudes and perceptions of a broad range of college matters. This includes overall attitudes to the training program and experience, and satisfaction with college services (such as the CPD program and continuing medical education events).

PAEC members

Associate Professor Leonie Watterson, Chair PAEC (NSW)

Dr Simon Jenkins, Deputy Chair PAEC, Councillor (SA)

Dr Christine Vien, New-Fellow Councillor (Vic)

Dr Rodney Mitchell, ANZCA President (SA)

Dr Nigel Robertson, Chair, ANZCA and FPM CPD Committee (NZ)

Dr Phillipa Hore, Chair, Safety and Quality Committee (Vic)

Dr Peter Roessler, ANZCA Director of Professional Affairs - Policy (Vic)

Dr Michael Vagg, Faculty Pain Medicine representative (Vic)

Dr Marty Minehan, Fellow (NZ)

Associate Professor Marcus Skinner, Fellow (Tas)

Dr Bridget Effeney, Fellow (Qld)

Ms Dorothy McLaren, Community representative (Vic)

Ms Clea Hincks, Director, Safety and Advocacy (ANZCA)

Ms Jan Sharrock, Director, Fellowship affairs (ANZCA)

These surveys provide data that enables the college to monitor workforce trends and to inform the college of where it should direct its attention, such as education, online technology, college communications and advocacy work, and membership fees and services. For example, the CPD committee has committed to providing additional guidance on completing the practice evaluation requirements of the ANZCA and FPM CPD Program in the setting of private practice as some survey respondents reported difficulties associated with this³. Recently, a section on bullying, discrimination and sexual harassment has been added the results of which have informed the college's health and wellbeing strategy.

Workforce strategy

Workforce modelling is an inexact science and while the college has no direct control over workforce numbers there is an appreciation that the specialist workforce substantially impacts upon patient safety, fellow wellbeing and career opportunities and satisfaction.

The graduate outcomes and fellowship surveys provide invaluable information on workforce issues for anaesthetists and pain medicine specialists. For example, despite recent concerns that increasing numbers of medical graduates will lead to an oversupply of anaesthetists, results of the 2016 Graduate Outcomes Survey showed that over their first three years of practice, 100 per cent of ANZCA fellows successfully entered the workforce and that satisfaction and optimism has increased compared with previous surveys⁴.

Broader projections through to 2030 suggest an anaesthesia workforce that is in balance, with the potential to shift into oversupply however an imbalance currently persists between regional and urban distribution of specialist anaesthetists.



Supporting the sustainable growth of a diverse, high quality and healthy anaesthesia and pain medicine workforce is a core goal of ANZCA's 2018-2022 Strategic Plan. To achieve this goal PAEC sponsors the Workforce Strategy Reference Group whose terms of reference address planning and supply, training and education, health and well-being, diversity and innovation in urban regional, rural and remote settings.

Doctors health and wellbeing

The most recent graduate outcomes and fellowship surveys also reveals unacceptably high rates of reported bullying, discrimination and sexual harassment. It was also clear that working hours for fellows have significantly increased since 2014 (from 35.1 to 40.7). This places fellows at greater risk of illness and burn out. Consequently, the college has identified health and wellbeing as one of its four strategic goals for the 2018-2022 period. The Doctors' Health and Wellbeing Framework launched in 2018 scaffolds the program which includes a range of services and initiatives including as examples, the Free Doctors' Support Program, the directory of health services and a series of resources to support supervisors and managers dealing with performance or professionalism issues among trainees and/or specialist colleagues⁵. The Welfare of Anaesthetists Special Interest Group also provides substantial resources supporting this goal.

Gender Equity

It is well established that gender equity has substantial ethical, social, and economic benefits to individuals and society⁶. Gender equity is strongly associated with success outcomes in organisations where it is achieved⁷. In 2017, the college made a commitment to advocate for gender equity through the establishment of the Gender Equity Working Group. Work began with an evaluation of gender equity within anaesthesia and pain medicine across Australia and New Zealand. Numerous reasons to celebrate were identified, however there were also several areas of apparent inequity. Women are underrepresented in leadership roles, while men utilise family and carer leave considerably less than women. Bullying, discrimination and sexual harassment are experienced by men and women in anaesthesia and pain medicine, but are more commonly experienced by women⁸. The bottom line is that anaesthetists and pain medicine trainees, SIMGs and fellows are not immune to the serious negative consequences of gender inequity,

despite their relatively high levels of education and income. As increasing numbers of women are entering the specialties of anaesthesia and pain medicine, inequity will become more pronounced unless action is taken to correct it.

ANZCA's Gender Equity Position Statement represents the next stage of this work. It is due to be launched in early 2019.

Patient information resources

Each year, specific resources are directed toward patient information campaigns and materials to improve patients' experiences of anaesthesia and pain medicine and their general awareness of the credentials and roles of specialists working in these fields. National Anaesthesia Day is a focus of this work, marked each year on October 16 with a media campaign and promotional materials. This year, the video – "What is anaesthesia?" was launched as the first in a series of patient information videos to educate patients preparing for surgery⁹.

We welcome expressions of interest from fellows who may like to be involved in the work of our committee in the future.

Clinical Associate Professor Leonie Watterson Chair PAEC, ANZCA

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2. Professional Affairs Executive Committee ANZCA [Internet] Melbourne [Cited date 24/10/2018] Available at www.anzca.edu.au/about-anzca/council,-committees-and-representatives/committees/professional-affairs-executive-committee
3. Scott, D.A. Workforce: ANZCA on track. ANZCA Bulletin September 2016 pp24-6. [Cited date 24/10/2018] Available at www.anzca.edu.au/documents/anzca-bulletin-september-2016-spreads.pdf
4. CPD: How some of our private practitioners are completing practice evaluation activities ANZCA Bulletin September 2016 p66. [Cited date 24/10/2018] Available at www.anzca.edu.au/documents/bulletin-sep-18-final-spreads.pdf
5. Doctors' health and wellbeing ANZCA [Internet] Melbourne [Cited date 24/10/2018] Available at www.anzca.edu.au/resources/doctors-welfare
6. Human Rights and Equal Opportunity Commission. Gender equality: What matters to Australian women and men: The Listening Tour Community Report. [Internet] Sydney : Human Rights and Equal Opportunity Commission; 2008 [Cited date 24/10/2018] Available from www.humanrights.gov.au/sites/default/files/content/sex_discrimination/listeningtour/ListeningTourCommunityReport.pdf
7. The Australian Commonwealth Government's Workplace Gender Equality Agency. Gender Strategy Toolkit: The business case for gender equality [Internet] Canberra (ACT): WGEA; 2016 pp 5-9; [Cited date 24/10/2018] Available from www.wgea.gov.au/sites/default/files/Gender_Strategy_Toolkit.pdf
8. Watterson, L. Endorsing gender equity ANZCA Bulletin March 2018 p66. [Cited date 24/10/2018] Available at www.anzca.edu.au/documents/anzca-bulletin-march-2018-web-version.pdf
9. Anaesthesia isn't sleep – it's so much deeper ANZCA [Internet] Melbourne [Cited date 24/10/2018] Available at www.anzca.edu.au/events/national-anaesthesia-day/national-anaesthesia-day-2018

Interested in volunteering? Please contact fellowship.affairs@anzca.edu.au

WebAIRS news

The recent Australian Society of Anaesthetists National Scientific Congress in October featured three presentations that were supported by data collected using the webAIRS server. The first was a first glimpse at the Triple A project (Airway Incidents in Anaesthesia Audit – Australia and NZ) by Dr Yasmin Endlich. The AAAP data (including denominator data) was collected from April to October 2018 with 12 participating hospitals from Australia and New Zealand. Closely following the methodology of the National Audit Projects of the Royal College of Anaesthetists (UK), the AAAP data is being analysed and a detailed presentation is planned for the 2019 Airway SIG meeting, which will be held immediately prior to the ANZCA Annual Scientific Meeting (ASM) in Kuala Lumpur at the end April 2019. An audit report will follow that summarises the information and some of the findings will be submitted for publication in a peer reviewed journal.

The session titled “We cannot fix what we do not know” included “What we have learnt from the webAIRS airway data” by Dr Endlich and “The bowtie diagram as a method for providing knowledge about critical incidents” by Dr Martin Culwick.

The Australian and New Zealand Tripartite Anaesthetic Data Committee (ANZTADC) met on October 6, 2018 in Adelaide. Strategic planning for ANZTADC is under way to review the current operations. More details will appear in the next issue of the *Bulletin* after the review has been completed.

For the ANZCA ASM 2019 the following submissions have been accepted into the program:

- Masterclass: Using webAIRS to run a personal audit, a departmental audit or a morbidity and mortality meeting (Monday April 29 1.30-3pm).
- Scientific session: Airway Management SIG: Difficult airway – expect the unexpected (Tuesday April 30 3.30-5pm).

ANZTADC looks forward to seeing you at these sessions in 2019.

Find out more about ANZTADC/WebAIRS

Are you contributing to quality improvement in anaesthesia? Register yourself on webAIRS: www.webairs.net

Approach to the use of CPAP in patients with OSA and monitoring considerations

The Medical Council of NSW (MCNSW) has sought guidance in relation to postoperative monitoring of patients with obstructive sleep apnoea (OSA) who use home continuous positive airway pressure (CPAP). It has become evident that there are variations in practices amongst anaesthetists, which has prompted a request for the college to develop a professional standard or consensus guideline on the topic.

In responding to this request ANZCA has directed the MCNSW to the publication by ANZCA and FPM *Acute Pain Management: Scientific Evidence (4th edition)*, http://fpm.anzca.edu.au/documents/apmse4_2015_final section 10.4 titled “The patient with sleep-disordered breathing including obstructive sleep apnoea” (p558). This section makes a clear statement supporting the use of CPAP in patients with OSA, and illustrates why there is diversity in practices.

The purpose of this communicate is to draw attention the recommended approach to the use of CPAP in patients with OSA and monitoring considerations.

Safety alerts

Safety alerts are distributed in the “Safety and quality” section of the monthly *ANZCA E-Newsletter*. A full list can be found on the ANZCA website: www.anzca.edu.au/fellows/safety-and-quality/safety-alerts.

Malignant hyperthermia resources

Malignant hyperthermia (MH) is a rare life-threatening condition usually triggered by exposure to certain drugs used for general anaesthesia – specifically the volatile anaesthetic agents and succinylcholine, a neuromuscular blocking agent.

Malignant Hyperthermia Australia and New Zealand (MHANZ) was formed in November 2004 to provide timely, current and consistent advice to health practitioners and consumers about MH treatment and testing.

Information about MH diagnosis and treatment was originally housed on the Royal Melbourne Hospital website. This year, MHANZ has created a new website www.malignanthyperthermia.org.au to reflect the increasing diagnostic complexity of MH.

An updated MH resource kit, which was endorsed by ANZCA Council in September 2018, is available on the site.

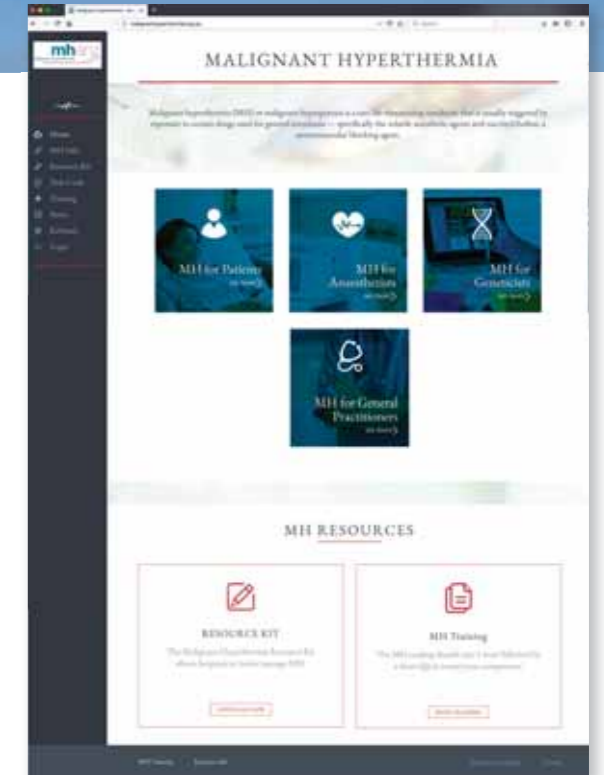
The website also includes packages of information relevant to the role of the user, including sections for consumers, general practitioners, anaesthetists and geneticists. A training section tests the comprehension of basic information about MH. Clinicians can register to receive updates about MH and the website via email.

The website provides information about the use of charcoal filters in preparing anaesthesia workstations and some information pertinent to those caring for MH susceptible persons in the community.

A referral form is downloadable from the website to ensure collection of consistent information about MH episodes and MH patients across Australia and New Zealand. The forms are encrypted and will be directed to the relevant MH specialist team.

The website content has been compiled by the MHANZ group and includes revisions as a result of yearly reflection at MHANZ meetings (held each year in October) with the following considerations:

- Case reports of MH from that period.
- Literature review.
- Updates from the European Malignant Hyperthermia Group (EMHG) – at least one member of MHANZ attends the annual EMHG meeting and delivers a report.
- New products and drugs.
- Genetics updates.



MHANZ membership is made up of specialists in anaesthesia, genetics, molecular biology and MH research working from one of the four testing units in Australia and New Zealand:

Victoria

Malignant Hyperthermia Diagnostic Unit – Royal Melbourne Hospital

NSW

Malignant Hyperthermia Unit – Westmead Children’s Hospital

Western Australia

Malignant Hyperthermia Investigation Unit – Royal Perth Hospital

New Zealand

Palmerston North Malignant Hyperthermia Unit – Palmerston North Hospital

MHANZ encourages ANZCA fellows to access the website and take an active role in preparing their workplace for an MH crisis.

Dr Robyn Gillies, FANZCA, on behalf of Malignant Hyperthermia Australia & New Zealand (MHANZ)

“The Malignant Hyperthermia Australia and New Zealand updated website and revised resource kit were endorsed by ANZCA Council in September 2018.”

Updating the difficult airway alert

Difficult airways, while rare, account for a significant proportion of morbidity and mortality relating to anaesthesia care. Recognising a difficult airway (DA) in a patient is not always reliable, even for experienced anaesthetists. Predictive bedside tests have low positive predictive values and ranking scores achieve little more. A documented previous difficult or failed tracheal intubation has been demonstrated to be a strong predictor of a subsequent difficult tracheal intubation. A DA notification process for airway events is recognised as an important aspect of safe patient care, minimising the risk of future airway difficulties in at risk patients. The UK Difficult Airway Society (DAS) endorses an airway alert template which was originally published in 2003, and this has been widely used.

Since 2003 there have been developments in airway management equipment and techniques. Additionally, many healthcare facilities are moving towards electronic medical records. In light of these issues, as a fellow in 2017 I sought to update our department's DA notification process. I conducted an audit of DA alerts in the department and a survey of anaesthetists, to highlight areas for improvement. I also reviewed relevant literature, looking through journals, hospital websites and twitter for examples of what other alert letters were available in the anaesthetic community. A new DA alert form and associated process for adding alerts to the electronic medical record was rolled out at the Royal Brisbane and Women's Hospital at the beginning of 2018.

Meanwhile, some adverse patient outcomes involving "out of theatre" difficult airways at another hospital, prompted Dr Jane Elms into thinking big picture about patient safety. Her proposal was to treat a known DA alert similarly to a known drug allergy. That is, document it as an alert, and have the alert visible to all health clinicians, using existing electronic health records. We took our combined forces to meet with the Queensland steering committee for the Statewide Anaesthesia and Perioperative Care Clinical Network (SWAPNet). SWAPNet embraced the proposal, and the SWAPNet Difficult Airway Alert Working Group was formed.

We are proud to say that considerable collaborative efforts from this group has resulted in the creation of an evidence-based and up-to-date DA alert form and notification process. This alert process is now being used throughout Queensland Health hospitals with the form available in both hard copy and electronic formats. In developing such a form, the need to balance adequate detail with simplicity had to be recognised. An explanatory support document, outlining definitions and suggested indications for use, was therefore also developed. The documents are now available for access online: (<https://clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/statewide-clinical-networks/anaesthesia-and-perioperative-1>).



Currently the DA alert form can be uploaded into the electronic medical records used throughout Queensland Health facilities. This generates an alert, which is visible in the alerts and allergies tab in the electronic record. When the alert is selected, the completed DA alert document with relevant clinical information is displayed. It is possible to store and view multiple completed forms, which display in chronological order. We are working hard to pursue methods to utilise this electronic alert across private facilities as well. Ultimately, we aim to implement this process on a national basis. My Health Record is one avenue that is currently being explored. A move towards a centralised national process and database for such alerts would improve patient safety and enable the capture of "big data" for research purposes. We addressed the need for standardised definitions, to allow for data assimilation and communication across different electronic platforms, by introducing a new DA alert into SNOMED-CT Australia, and defining this in the Alert Data Set Definitions in Queensland Health.

A great deal of thought, time and consultation has gone into the creation of the DA alert. Feedback was sought from the wider anaesthesia community in Queensland and utilised in creating documents which are robust and clinically useful. These documents will be regularly reviewed and updated.

We would like to acknowledge the following people for their efforts in the project:

Dr Nicole Fairweather, Karen Hamilton, Dr Linda Beckmann, Christina Hansson, Jenny Cooper, Dr Nicholas Heard, SWAPNet, Dr Pierre Bradley, Dr Keith Greenland and the ANZCA Airway Special Interest Group.

Dr Libby McLellan
Staff Specialist Anaesthetist, Royal Brisbane and Women's

Dr Jane Elms
VMO Anaesthetist, The Prince Charles Hospital
Co-Chairs, SWAPNET Difficult Airway Alert Working Group

Above from left: Dr Libby McLellan, Co-Chair, SWAPNet Difficult Airway Alert Working Group; Dr Jane Elms, Co-Chair, SWAPNet Difficult Airway Alert Working Group and Karen Hamilton, SWAPNet Coordinator.

Anaesthesia and cosmetic surgery

Recent deaths and other medical emergencies involving patients undergoing cosmetic surgery have prompted ANZCA to develop safety information on anaesthesia and sedation.

Recent fatal incidents and reports of botched cosmetic procedures has highlighted the importance of anyone considering a cosmetic procedure to seek specialist medical advice beforehand.

Australians now spend \$A1 billion a year on cosmetic procedures and treatments – more per capita than the US.

New patient safety information "Anaesthesia and cosmetic surgery" (www.anzca.edu.au/documents/cosmetic-surgery-factsheet.pdf) prepared by the college is aimed at helping consumers to learn and understand the important facts about anaesthesia for cosmetic procedures.

ANZCA President Dr Rodney Mitchell said the factsheet had been developed by accredited specialist anaesthetists for anyone planning to have cosmetic surgery in Australia or New Zealand. The factsheet details the questions people should ask before having a procedure.

"From breast augmentation to liposuction, thousands of cosmetic surgical procedures are carried out across Australia and New Zealand every year. Nearly all of them will require the use of anaesthetic drugs. This will range from a low-dose local anaesthetic to the use of sedation drugs, or a more complex general anaesthetic," Dr Mitchell explained.

"Australia and New Zealand are two of the safest places in the world to have a procedure involving anaesthesia, but all anaesthetics have risks so it is important that anyone considering cosmetic surgery or procedures talk to their doctor about their options."

Important information such as whether the practitioner is qualified to give an anaesthetic, the different types of anaesthesia, where the procedure is being performed and whether the facility is licensed are all covered in the factsheet.

Dr Mitchell said while cosmetic surgery is the only type of surgery that does not require a referral from a GP, ANZCA advises consumers to at least talk to their GP about what they would like to have done. The Royal Australasian College of Surgeons and the Australian Society of Plastic Surgeons are also available for advice.



Key points about anaesthesia and cosmetic procedures are:

- General anaesthesia must always be administered by a specialist anaesthetist or another medical practitioner who is specially trained to deliver general anaesthesia.
- Drugs for sedation may be given by a medical practitioner who is not an anaesthetist but that person must be skilled in resuscitation. All specialist anaesthetists have these skills.
- Low dose local anaesthetics can usually be safely administered, however, large doses need to be given by specialist anaesthetists as they carry significant risks of complications, including seizures and cardiac arrest.

Discover the world with the library's new discovery service

ANZCA LIBRARY Discover the world



On October 1, the ANZCA Library unveiled its new discovery service – so let's delve into the new service and what it means for you.

Over the years, the ANZCA Library has been steadily expanding its e-book and journal holdings to the point where users can now access more than 9000 e-books and more than 900 subscription journal titles.

NEW: Discover anything, anywhere, anytime: With the new service, users now have the ability to search across the entirety of ANZCA Library's books, e-books and journals using a single "Google-like" search interface, allowing them to access thousands of previously uncatalogued e-books and journals. This includes all the e-books (and journals) held in the ClinicalKey, Access Medicine and Springer Medicine collections – which previously had to be searched on a collection-by-collection basis.

UPD: E-books: With library staff having to manually add every single e-book and journal, the old library catalogue and journals/e-books pages only ever held a fraction of the available content. As an example, the old e-books page listed around 700 titles – which was a bit problematic given that there are nearly 900 e-books with anaesthesia content alone, and more than 1100 with something to say about pain!

As a result of the move to the new service, the old title listing on the e-books page has been retired to make way for a comprehensive new A-Z list.

For users looking to access the more popular e-book titles, there is also a link to a more manageable "popular" e-books listing on the Anaesthesia Essentials library guide.

Finally, it is now possible to perform a keyword search for any title or author and then link through to the full-text.

UPD: Borrowing: The way users request print books has also changed. The new process requires that users first activate their personal library account (see box out overleaf). Once activated, the user can then login and request print items, and view/renew their items on loan. The new service also allows users to see their place in the request (hold) queue, as well as reserve print items

for future use. So if you'd like to reserve a book for use during exam preparation, then this is the feature for you!

To assist users with the above changes, a new borrowing guide provides a complete overview on searching for and borrowing print items from the ANZCA library.

NEW: Article-level search and access: Looking for that article on sacroiliac joint pain from October's *Pain Medicine*? Or want to locate the 1923 article on bronchopulmonary complications that appeared in the very first issue of *BJA*? Users can now perform article-level searches for the content of any ANZCA subscription title, and then connect through to the corresponding full-text.

NEW: Personalise your access: Want to set up your own personal e-book library? Or bring together all the articles for your latest assignment? Users of the new service are able to set up their own personal library accounts (see box out overleaf), allowing them to save searches and create any number of article/book/journal libraries using the lists feature.

NEW: Library help: Search tips, video tutorials, a guide to setting up your personal account and instructions for all the new features. Access the Library Help page from the right sidebar on the library home page or the Library Links drop-down within the discovery service.

NEW: Library orientation: Summaries of the library resources available sorted by user type (fellow, trainee, etc). A good place to start for those unfamiliar with the services offered by the library.



UPD: Home page: A new layout and a new search box front and centre. Perform a keyword search for anything or search for just books, journals or articles.

UPD: Journals: Updated with popular journals now sorted by category, and with access to a complete A-Z list that includes thousands of open access medical journals.

UPD: Apps: Updated with a new streamlined A-Z listing.

Other new features include:

- Fully-optimised for mobile and hand-held devices.
- Create and email lists, send links and export citations for all library content.
- Māori language interface.

Future enhancements:

Going forward into 2019, fellows and trainees will also be able to:

- Connect to the ANZCA full-text when using Google Scholar.
- Create an article request using the discovery service citation.
- View/search content from AIRR (institutional repository) within the discovery service.
- Access their personalised library accounts using their ANZCA/Networks password.

We are also planning on creating a number of new library guides, as well as updating the content of our existing guides on a much more regular basis.

As always, we'd love to get your feedback on the new service and the updated pages, as well as any suggestions you may have for new content, resources you'd like to recommend or any issues you may be having: <http://anzca.libsurveys.com/feedback>.

Didn't find it? Try worldwide!

While the vast majority of ANZCA's library resources show as held, there are some articles that can only be accessed by expanding your search to Libraries Worldwide.

Simply click on the Libraries Worldwide facet in the left sidebar or select the Do you want to expand your search to libraries worldwide? link.

How to activate your personal library account

First time users of the new discovery service who would like to request items, view/renew items on loan, save searches or create permanent lists will need to create a password for their personalised library account.

>> Go to anzca.on.worldcat.org/discovery and select the sign in button in the top-right corner. Then simply click the set/reset password link and follow the onscreen instructions to generate a password reset email to your preferred ANZCA email account.

NOTE: This is not the same as your ANZCA/Networks password used to access full-text resources. Setting/resetting your library account password will not affect your ANZCA/Networks password.

Just the facts!

Think you know what the library has to offer?

Below are some "fun" facts about the resources and services provided by the library – all available free to fellows and trainees!

- The library subscribes to 9500+ medical e-books.
- The library subscribes to over 900 full-text medical journals.
- Most of the libraries e-books and e-journals also provide a PDF version which can be downloaded for offline use.
- You can access the entire e-collection from anywhere in the world 24/7.
- The library retains the print versions for some of its key journals all the way back to their first issue – this often includes additional content (such as supplements) that cannot be found online.
- The library has more than 2000 print books, with the majority available for loan.
- The library provides a free courier service to deliver/return its book loans.
- You can request any article not available via the library and have it sent direct to you free-of-cost.
- It's possible to set up a personalised alert service covering any ANZCA-subscribed journals using the Read by QxMD app.
- The library performs over 150 topic-specific literature searches each year for fellows and trainees.

Search tips

It's the bugbear of every anaesthetist's (or is that anesthesiologist's?) life, and that's the alternate spelling of anaesthesia/anesthesia. And it can make searching for and locating your book/journal/article a bit tricky.

But you don't need to perform your search twice over: just replace the "a" in "ae" with a "?" when searching on the new service and it will bring back either spelling.

It's even possible to truncate a word using "*" to cover all its variations!

For example: "an?esth*" will return results for anaesthesia, anesthetics, anaesthetist, anesthesiology, etc.

Other examples:

- p?ediatric*
- labo?r

What's new in the library

New eBooks

eBooks can be accessed via the ANZCA Library website: www.anzca.edu.au/resources/library/ebooks

A case-based guide to eye pain

Lee, MS, Digre, KB. – Springer, Cham, 2018.

Anaesthesia, intensive care and perioperative medicine A-Z

Yentis, SM; Hirsch, NP; Ip, JK. – 6th ed. – Elsevier Limited, [2019].

Anesthesia in high-risk patients

Fellahi, J; Leone, M. – Springer, Cham, 2018.

Analgesia in major abdominal surgery

Krige, A; Scott, MJP. – Springer, Cham, 2018.

Cardiac intensive care

Brown, D. – 3rd ed. – Elsevier, 2018.

Challenging neuropathic pain syndromes

Freedman, M; Gehret, J; Young, G; Kamen, L. – Elsevier, 2018.

Chronic pelvic pain

Ledger, W [ed]; Schlaff, WD [ed]; Vancaillie, TG [ed]. – Cambridge University Press, 2014.

Echocardiography in pediatric and congenital heart disease: from fetus to adult

Lai, WW [ed]; Mertens L [ed]; Cohen, M [ed]; Geva, T [ed]. – 2nd ed. – Chichester, West Sussex ; Hoboken, NJ: John Wiley & Sons Inc., 2016.

Essentials of cardiac anesthesia for noncardiac surgery

Kaplan, JA. – Saunders, 2018.

Essentials of interventional techniques in managing chronic pain

Manchikanti, L; Kaye, AD; Falco, FJE; Hirsch, JA. – Springer, Cham, 2018.

Obstetric anesthesia for co-morbid conditions

Berrin, G; Ismail, S. – Springer, Cham, 2018.

Oh's intensive care manual

Handy, AW; Bernsten, J. -- 8th ed. – Elsevier, 2018.

Perioperative pain management for general and plastic surgery

Narayan, D [ed]; Kaye, AD [ed]; Vadivelu, N [ed]. – New York, NY: Oxford University Press, [2019].

Preoperative assessment and management

Sweitzer, B. -- Philadelphia: Wolters Kluwer, 2019.



New books for loan

Books can be borrowed via the ANZCA Library catalogue: www.anzca.edu.au/resources/library/borrowing

9th international symposium on the history of anesthesia [program]: Boston ISHA-9 2017

Appraisal of current concepts in anesthesiology

Adriani, J. – Mosby; Kimpton, 1966.

Advanced trauma life support: student course manual

American College of Surgeons – 10th ed. – Chicago, IL: American College of Surgeons, 2018.

British academic anaesthetists, 1950-2000

Harrison, MJ. – Vol. 1 & 2 – Wellington, NZ: 2011, 2015.

Handbook of neuroanesthesia

Newfield, P [ed]; Cottrell, JE. [ed] – 4th ed. – Philadelphia: Lippincott Williams & Wilkins, 2007. Kindly donated by Dr Jocelyn Slimani.

Multiple choice questions in pain management

Gupta, R. -- Springer, Cham, 2018.

Oh's intensive care manual

Handy, AW; Bernsten, J. – 8th ed. – Elsevier, 2018.

Oxford handbook of anaesthesia

Allman, K; Wilson, I; O'Donnell, A. – 3rd ed. – Oxford; New York: Oxford University Press, 2011. Kindly donated by Dr Jocelyn Slimani.

Perioperative medicine for the junior clinician

Symons, Joel [ed]; Myles, Paul S [ed]; Mehra, Rishi [ed]; Ball, Christine [ed]. – Chichester, West Sussex, UK; Hoboken, NJ: John Wiley & Sons, 2015.

Persistence pays: The discovery of Dr William Russ Pugh's log and journal of his 1835 voyage from England to New Holland

Paull, J. – Lanena, Tas. Dr John Paull, 2017. Kindly donated by the author.

S.A.A.D: a history of the society for the advancement of anaesthesia in dentistry

Sykes, Peter. – London: Society for the Advancement of Anaesthesia in Dentistry, 2003. Kindly donated by Dr Tim Smith.

The anaesthesia science viva book

Bricker, Simon. – 3rd ed. – Cambridge: Cambridge University Press, 2017.

The A to Z of peripheral nerves

Neill, AL. – St. Leonards, NSW: Aspen Australia, 2013. Kindly donated by Associate Professor Michael Harrison.

The A to Z of skeletal muscles

Neill, AL. – St. Leonards, NSW: Aspen Australia, 2013. Kindly donated by Associate Professor Michael Harrison.

AIRR | ANZCA Institutional Research Repository



ANZCA

FPM

Calling all ANZCA and FPM researchers – promote your research and publications!

Want to expose your articles and research to a wider audience?

Add your publications to ANZCA's new institutional repository (AIRR), and it will also be discoverable on both Google and Trove.



<http://airr.anzca.edu.au>

To learn more about the ANZCA and FPM institutional repository and how you can contribute, check out the dedicated *AIRR Library guide*: <http://libguides.anzca.edu.au/research/airr>.

Recent contributions to AIRR:

- Dennis AT, Buckley A, Mahendrayogam T, Castro JM, Leeton L. Echocardiographic determination of resting haemodynamics and optimal positioning in term pregnant women. *Anaesthesia* 2018; 73(11): 1345-1352.
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New multicentre studies in the pipeline



2018 endorsed studies

The Clinical Trials Network (CTN) Executive congratulates the following investigators on their endorsed trials:

- CLIP-II: Cryopreserved versus liquid platelets trial (Professor Michael Reade).
- TRIGS: Tranexamic acid to reduce infection after gastrointestinal surgery trial (Professor Paul Myles).
- POISE – 3: Perioperative ischemic evaluation-3 trial (Dr Thomas Painter).
- NATO: Non-anaemic iron deficiency and transfusion outcomes after colorectal cancer surgery study (Dr Lachlan Miles).
- VAPOR-C: Volatile anaesthesia and perioperative outcomes related to cancer study (Professor Bernhard Riedel).
- LOLIPOP: Long-term outcomes after lidocaine infusions for postoperative pain study (Professor Tomas Corcoran).
- Intravenous amino acid therapy for kidney protection in cardiac surgery patients: a multicentre randomised controlled trial (Associate Professor Gordon Doig).
- MASTERSTROKE: Management of systolic blood pressure during thrombectomy by endovascular route for acute ischaemic stroke (Dr Doug Campbell).

2018 pilot grants

The CTN Executive congratulates the following emerging investigators on their pilot grants:

- COMPASS: Clinical outcomes measurement in perioperative medicine, anaesthesia and surgery study (Dr Jennifer Reilly).
- Defining “usual” target blood pressure after cardiac surgery: An essential step to inform the design of a large randomised trial (Dr David McIlroy).
- LIDO pilot study: The lignocaine infusion on donor site pain in patients with burns (Dr Kerry McLaughlin).
- HOT-ROX: The hospital operating theatre randomised oxygen study (Dr Daniel Frei).

Karen Goulding
CTN Manager



Save the date – Strategic Research Workshop

The 11th annual strategic research workshop will be held in Manly, NSW from August 9-11, 2019. Registrations and abstracts will open in early 2019. For up-to-date information, please visit www.anzca.edu.au/ctn.

Foundation update

During 2018 the foundation worked closely with the Research Committee to implement initiatives to further enhance the quality and accessibility of ANZCA research grants.

A particular focus has been achieving a balance between supporting important studies through multi-year funding grants, important for supporting investigators' pursuit of large competitive grants for follow up clinical trials, and maintaining strong support for first time grants and growth in the number of grants provided.

An initiative designed to improve this balance from 2019 onwards has been the decision to limit multi-year grants to a maximum of two rather than three years, with project grants now eligible for a maximum of \$A70,000 in the first year and \$A50,000 in the second and final year.

This complements the existing limit which allows researchers to be chief investigators on no more than two active ANZCA grants at any one time; designed to protect the accessibility of grants especially for investigators who have not previously been as successful as more experienced investigators.

At the same time we been mindful that for many well-established investigators, ANZCA grants are vital for their research programs, and that funding for exploratory and pilot projects is often difficult to secure. This is one of the reasons for introducing modifications to the two active grant rule. The prestigious Douglas Joseph and Lennard Travers professorships are now exempt from this requirement.

In another initiative, unsuccessful Academic Enhancement Grant (AEG) applications may now also be considered in the project grant round. Finally, certain externally funded grants may also be exempt from the two grant limit, such as the new regional anaesthesia grant funded by the Medibank Better Health Foundation (open for applications).

There has been emphasis this year on attempting to increase support for first-time applicants and emerging

investigators, whose career development is vital for the future of research in the specialties. This year saw a record number of first time applicants, as well as a record number of applications from female principal investigators.

It was also encouraging to see the first-ever grant awarded to a submission for a study involving indigenous Māori patients in New Zealand.

Council has now approved a proposal to bring grant decisions for Indigenous health and overseas aid special projects under the foundation committee, further integrating the governance of college grants in alignment line with the college's mission and strategic priorities. Recommendations for overseas aid and Indigenous health grants will come via the overseas aid and indigenous health committees respectively. The committee will monitor available funding, while the foundation will continue to encourage donations to support important work in these areas.

Urgently needed – funding sustainability for ANZCA supported research

The gradual long term growth in funding for ANZCA research funding support and the number of grants provided plateaued in 2018, and for the first time, has fallen slightly for 2019.

Despite the well-recognised success of the ANZCA research grants program and Clinical Trials Network, the sustainability of the funding that underpins the program, and which is critical for its future, is still highly uncertain.

This is why there is such an urgent need to increase the number of fellows and external donors committed to regularly supporting the research and education grants program, and our talented emerging investigators – particularly the many promising researchers yet to secure first grants needed to open the door to their future research careers.

In recent years, ANZCA-sponsored research and education has made an increasing impact on the evidence



base for improving clinical practice and patient outcomes. The foundation continues to receive reports from local and internationally-recognised experts, that the ANZCA and foundation supported grants program have played a major role in the development of the ANZCA Clinical Trials Network, and that the network is now recognised as the world's leading trials network in its field.

Please help secure the future of ANZCA's influential research program – donate, or pledge your annual support through the prestigious ARF Patrons program.

Member Advantage

The ANZCA Member Advantage member benefits program provides attractive lifestyle benefits for ANZCA members. More than 2800 members have now joined the program, which depending on participation may in the future provide support for ANZCA research grant funding. Members wanting to join should contact Anna Smeele at asmeele@anzca.edu.au to opt in. Anna will add your name to our monthly upload of new members to the service provider, Member Advantage.

Thank you foundation donors

The foundation warmly thanks all generous donors for your wonderful support and wishes you and all friends of the foundation a safe and happy Christmas.

Rob Packer
General Manager,
ANZCA Research Foundation

To donate, or for more information on supporting the foundation, please contact Rob Packer, General Manager, ANZCA Research Foundation on +61 3 8517 5306 or email rpacker@anzca.edu.au. Gifts can be made via www.anzca.edu.au/fellows/foundation.

CPD news

Qualified privilege – correction

It was incorrectly inferred in the June 2018 *ANZCA Bulletin* article “Can trainees’ (and fellows’ and other CPD participants’) personal reflections be used in court?” that qualified privilege (QP) protection is available in Australia under the ANZCA and FPM CPD Program to all practice evaluation activities (which includes the practice evaluation mandatory activities).

After further review and clarification, only the following activities are protected under qualified privilege:

- Patient experience survey.
- Multi-source feedback.
- Peer review of practice.
- Clinical audit of own practice or, significant input into group audit of practice.

All other practice evaluation activities are not protected under qualified privilege:

- Report of clinical audit findings.
- Case discussions/conferencing.
- Morbidity/mortality meetings.
- Incident reporting/monitoring.
- Review of patient care pathways.
- Hospital inspections/accreditation.
- Medico-legal reports/expert witness.
- Root cause analysis.
- Team training scenario within own work environment with usual work team.
- Assessor for specialist international medical graduates workplace-based assessment.
- Annual performance appraisal.

The change has been mandated by a tightening of reporting criteria under QP by the Australian Department of Health. Please also note that all other elements of the CPD program are also not covered by QP.

CPD Emergency Response Standards Review completed

The standards for the ANZCA and FPM CPD Program’s emergency response activities have undergone a review process, led by Dr Sarah Green, CPD committee deputy chair, to ensure currency and accuracy is maintained.

The purpose of the emergency response activity CPD standard is to define the minimum standard for education sessions to achieve recognition as a valid activity for satisfying the CPD requirement for the relevant emergency response, and to assist hospital departments, private practice groups and continuing medical education providers to develop and/or conduct education sessions. The review is now complete and the proposed changes have been approved by ANZCA Council.

Confirmation of the revised standards was sent on October 1 to recognised course providers running emergency response education sessions (workshops/courses). These workshops/courses must meet the updated standards by December 31, 2018 and this work is progressing well.

CPD participants should continue to record recognised emergency response activities in their CPD portfolio as usual. For more information please visit the ANZCA website at www.anzca.edu.au/fellows/continuing-professional-development/emergency-response-activities or contact the CPD team via cpd@anzca.edu.au.

MBA’s Professional Performance Framework update

Following the Medical Board of Australia’s (MBA) Professional Performance Framework stakeholder’s workshop in February, the MBA have advised a second workshop is likely to be held in early 2019. This was postponed from the originally advised schedule of late 2018, to ensure the MBA had more concrete proposals to consult on and discuss. The MBA have established an implementation group to co-ordinate various elements of the MBA’s framework, along with a CPD advisory group chaired by Professor Kate Leslie, FANZCA.

The CPD committee will continue to discuss the framework, acknowledging a large portion of the work towards reaching the proposed framework had been achieved in previous years through launching the current 2014 ANZCA and FPM CPD program, and that the framework’s objectives align with the college’s 2018-2022 strategic plan.

Further information about the professional performance framework can be found on the Medical Board of Australia’s website at www.medicalboard.gov.au/Registration/ProfessionalPerformance-Framework.aspx.

MCMZ proposed approach to recertification

In September, 2018, the Medical Council of New Zealand (MCNZ) released a discussion document detailing a proposal to strengthen recertification for vocationally registered doctors. The discussion document describes the need for change, and details sector feedback on the proposed strengthened approach.

Following the document’s release, preliminary discussions were had at September’s CPD committee meeting, where it was identified the core component of interest to the college may include:

- Increased emphasis on evidence, value of activities and peer review.
- Use of a professional development plan (PDP) to guide learning.
- Specified CPD hours and type, using an evidence-based rather than a time-based approach.

The MCNZ recertification discussion document can be found at www.mcnz.org.nz/assets/News-and-Publications/Consultations/2018-Discussion-document-strengthened-recertification-FINAL.pdf

What does this mean for CPD participants?

There are no confirmed planned changes to the CPD standard or portfolio at this time. If changes are required to meet the MBA professional performance framework and the MCNZ strengthened recertification, ANZCA will communicate this to all CPD participants as needed. Regular communications will be provided as new information is available.

CPD: Lifelong learning



Continuing Professional Development (CPD) can be a tricky balance and contemplating the online purple dashboard when faced with the competing commitments of clinical work, family and maintaining friendships might be considered by some like the first steps in a journey of a thousand arduous miles. However, never despair, with a little bit of effort there are not only clinical benefits but also immense personal rewards to be found in completing a meaningful triennium.

Our national laws regulate that all medical practitioners must undertake CPD and this must include reflective elements, such as clinical audit, peer review or performance appraisal as well as activities to enhance knowledge such as courses, conferences and online learning (registration standard: CPD, Medical Board of Australia, 1 Oct 2016).

However, the aim of CPD is not merely to meet regulatory or community expectations. CPD is more part of a plan for a balanced professional life where the individual chooses areas of academic interest, which weave into work so that CPD becomes a seamless choice, not just a government or college mandate.

Time. In a time-poor environment there is a desire for efficiency. Every individual will have their comfort zone and place their own value on which aspects of CPD they consider time efficient. For example, the points gained for a half-day peer review while completing a regular list would be considered by most as a time efficient way of complying with the mandatory practice evaluation component of CPD.

Dr Rod Wilson in Bendigo, Victoria shared a story from the Base Hospital. He said the hospital had enlisted the “duty” or “in charge” anaesthetist to give their time to manage peer reviews for those performing a service list. This met both an education standard and provided dedicated clinical service commitments to the local community.

Outside a public hospital many enlist a trusted colleague to review their practice in a non-threatening environment. The pressure of practicing anaesthesia in the presence of a colleague when one may not have experienced appraisal for some time may feel daunting but the immense benefits of sharing clinical experience should be embraced. Often the teacher is taught and the examiner learns from the examined.

Private practice within a large group is ideally situated to assist members to meet CPD requirements in an environment where participants learn, air grievances and interact socially to build a supportive community. Dr Jenny Carden is a busy private practice anaesthetist who runs a regular journal club for her private group. Journal club allows exchange of ideas and in a trusted group of colleagues this may extend to practice review with morbidity and mortality meetings.

Public hospitals run journal review meetings however there are many like-minded anaesthetists who regularly meet as a group of private medicine practitioners to exchange peer review of complex clinical problems or complicated patients. If you aren’t in one yet, initiate and start one. Technology can be useful if remote practice is an issue and visual or just audio telephone conference calls are valuable.

Clinical audit can be immensely rewarding and Dr Jennifer Lucas who works as visiting medical officer (VMO) at a number of metropolitan hospitals has completed multiple audits of her clinical practice well before it became an option under mandatory practice review. During an interview she recommended a two- to three-yearly review of one’s regular clinical practice cases, for example, major colorectal anaesthesia, which fits within a triennium. The college provides templates to assist this process.

ANZCA provides an accessible online framework, which enables smooth participation in mandatory government requirements to allow continuing medical practice as a specialist anaesthetist.

The philosophy of CPD is greater than a reactionary tick box list and it extends us to participate as anaesthesia specialists with the freedom to engage in academic growth. With care, consideration and planning CPD will provide us as anaesthesia specialists with a meaningful framework to maintain and grow personally while providing excellence in medical care to the Australian community who deserve the benefits of our dedication and training. Embracing CPD should be a natural extension of lifelong learning.

Dr Debra Devonshire, FANZCA
CPD Committee

Above clockwise from left: Dr Debra Devonshire and Dr Daniel Stanzsus; Dr Debra Devonshire and Dr Paul McCallum; Dr Mark Fajman.

Dean's message



Besides having a wonderful time in Boston, attending the International Association for the Study of Pain (IASP) World Congress on Pain in September was an opportunity to recharge and reflect on the issues at the forefront of pain medicine. There were many excellent presentations, workshops and posters on a wide range of topics and it was great to see so many FPM fellows participating.

Professor Fiona Blyth's plenary lecture on the global burden of pain set the scene and Dr Dan Carr exhorted us to "flip the paradigm" in pain medicine education to the sociopsychobiomedical paradigm which underpins the FPM 2015 Curriculum.

Opioid medication was another strong theme not unexpectedly and the workshop on the addition of "nociceptive" pain to the IASP taxonomy was enthusiastically received.

As 2018 draws to a close it seemed timely to reflect on the faculty's vision, "to reduce the burden of pain on society through education, advocacy, training and research". Our challenges parallel those on the world stage, namely addressing the burden of pain in Australia and New Zealand, the safe and appropriate use of medicines,

particularly opioids and cannabinoids, and procedures and devices in pain medicine as well as progressing the faculty's suite of educational offerings. A new emergency response, "Acute Severe Behavioural Disturbance in the Adult Patient (ASBD)" has been developed for FPM fellows and will become available early in 2019.

There have been many opportunities for advocacy. The faculty commissioned a health economics report on the burden of pain in New Zealand which will enable more effective advocacy for pain medicine services and training opportunities in that jurisdiction. In Australia, the faculty has been working closely with PainAustralia on the National Strategic Plan for Pain Management and addressing concerns about the recent private health insurance reforms. The faculty is contributing to the Therapeutic Goods Administration's Opioid Regulatory Advisory Group determining regulatory responses to Australia's opioid problem. Helpful discussions continue with government around a Pain Device Implant Registry while the Procedures in Pain Medicine Working Group is making steady progress.

The Spring Meeting was an outstanding success providing educational opportunities across an eclectic program. A focus on Indigenous health was most fitting as we met in tropical Cairns. We were honoured to have elders from the Yirrganydji people welcome us to country and Indigenous speakers contributing to the program. The Indigenous art exhibition was a highlight. Opioids, cannabis and interventions in pain medicine were key topics and the international speaker, Dr Stephen Ward, eloquently demonstrated how tenuous the evidence base behind commonly accepted guidelines can be besides

sharing his extensive experience in pain interventions. It was a pleasure to have our Hong Kong colleagues as members of the organising committee and providing a range of presentations as well. Many thanks to convenor Associate Professor Brendan Moore, and the organising committee.

Community interest in pain is growing and faculty fellows are increasingly being asked to talk on local and national media and speak at educational events for our healthcare colleagues and the public. Pharmaceutical and other healthcare companies provide valuable support for many of these events, however these have the potential for conflicts of interest to arise. As ANZCA and the faculty responded to the Council of Australian Governments Health Council review of the Health Practitioner Regulation National Law in November, it was a timely reminder of our obligations regarding advertising of pharmaceutical medicines, therapeutic devices and medical services.

Finally, the faculty board should reflect the views of the fellowship and address the issues that are important to fellows and trainees. There are opportunities for early input from New Zealand and the regions into the faculty's decision-making through the New Zealand National Committee and the Australian regional committees as members of the Professional Standards Committee. Thank you to the many fellows, trainees and staff who have worked tirelessly throughout the year to progress the faculty's strategic plan.

I wish everyone a safe and enjoyable holiday season and look forward to meeting more of you next year as FPM General Manager Helen Morris and I visit each of the regions to hear your views.

Dr Meredith Craigie
Dean, Faculty of Pain Medicine

News

New fellows

We congratulate the following doctors on their admission to fellowship by completing the training program:

Dr Alix Dumitrescu, FRACP, FFPMANZCA (NSW).

Dr Kylie Hall, FANZCA, FFPMANZCA (Queensland).

Dr Charlotte Hill, FANZCA, FFPMANZCA (New Zealand).

Dr Gurbir Kaur, DNB Anaesthesia, FFPMANZCA (Tasmania).

This takes the number of fellows admitted to 484.

Training unit accreditation

The following hospitals have been accredited for pain medicine training:

Liverpool Hospital, NSW.

Northern Integrated Pain Management (Gosford), NSW.

Pain Specialists Australia, Vic.

Pamela Youde Nethersole Eastern Hospital, Hong Kong.

Royal Perth Hospital, WA.

United Christian Hospital, Hong Kong.

University Hospital Geelong, Vic.

New CPD emergency response standard

The faculty is pleased to advise that the first pain medicine specific emergency response standard on *Acute Severe Behavioural Disturbance (ASBD) in the Adult Patient* has been developed to ensure all fellows of the faculty can fully undertake the ANZCA and FPM CPD program, relevant to their scope of practice. Please keep a look out for workshops details at the upcoming ASM in Kuala Lumpur.

Pain medicine training program – considering the feedback

The revision of the curriculum and training program was the largest piece of work ever undertaken by the faculty. To maximise the benefits of the revised training program an ambitious evaluation strategy, with regular opportunities for all involved in the training program to provide formal and informal feedback, was overseen by the Learning and Development Committee.

The key changes introduced in 2015 were the revision of the curriculum with the development of a more structured first year of training and greater flexibility in the second year to allow trainees to pursue specific areas of personal interest. Feedback to trainees was enhanced with the introduction of workplace-based assessments and a revised in-training assessment process. Learning support resources for trainees were created with the development of the online essential topic areas learning modules, case studies, quizzes and a comprehensive reference list. Two clinical skills courses were delivered to support learning and online supervisor orientation and support resources developed.

Activities undertaken as part of the evaluation strategy have included surveys, structured phone interviews, workshops and individual feedback provided to the faculty.

Benefits identified by unit directors of the revised training program include:

- The curriculum is more defined, including learning outcomes and non-clinical areas of competence, which is also of paramount importance in clinical practice. It allows supervisors of training (SOTs) to assess progress and benchmark trainees.
- The sociopsychobiomedical approach means strong connection between the trainee and allied health/nursing staff.
- When there is a mixture of Practice Development Stage and Core Training Stage trainees, the more senior can be a good source of support and information for the more junior trainees.
- It has provided continuity of care for a cohort of patients presenting to our clinic, thereby leading to better patient satisfaction.
- The introduction of workplace-based assessment provided a good objective trainee feedback in various aspect of professional development. The identification of areas for improvement is beneficial and they facilitate the role of SoT if all consultants can contribute.
- The online Essential Topic Areas resources, clinical skills courses and regionally run tutorials have helped trainees identify the minimum standard with good trainees using the resources to pace their learning through the year.

With the additional structure and an increase in assessments, there has been an increased workload for SOTs, trainees and examiners. The role of long-case assessor was introduced in 2017 to build the pool of fellows who could examine and support the long-case assessment without having to commit to the full



workload of an examiner. Recognising the increased workload the Examination Committee has been actively seeking to grow the court of examiners and the pool of long case assessors. Fellows who are interested in learning more about these roles are encouraged to contact the faculty office.

Following changes to the timetable of the fellowship examination there was feedback from candidates that they would like to see a change in that only candidates who are successful at the written examination be invited to sit the oral section. This change has been implemented in 2018 following the reorganisation of the faculty calendar.

To encourage new trainees to make the most of their training time from day one, a Foundations of Pain Medicine entry examination was introduced in 2015 to ensure pre-reading had been undertaken. This has been seen as helpful in allowing new trainees to start training having given some consideration to the literature. Resource limitations have meant that the faculty has not been able to deliver this assessment more than twice annually. This has caused some frustration for new trainees who may have commenced a training position before sitting the examination and being able to accrue training time. It has therefore been decided not to continue with the Foundations of Pain Medicine Exam after January 2019.

To retain the intended philosophy that trainees commence their training time with a foundation of knowledge around pain medicine, new trainees will now complete the online Better Pain Management Program between the time of application and week 11 of training. SOTs will sign off completion at the first in-training assessment meeting along with signing off completion of the general physical examination assessment. It is hoped that this change will reduce the workload burden of examiners and staff regionally who have been supporting this examination for the past few years.

To emphasise that the workplace-based assessment tools are a formative learning tool to provide individual feedback to trainees and identify areas of practice for future focus, the tools were renamed workplace-based progressive feedback (WBPF) in 2018. The Learning and Development Committee have been discussing the role of the essential topic areas (ETA) in the curriculum structure, and how they might be utilised to focus learning within the WBPF and/or in-training assessment (ITA) process. Consideration around the integration of Essential Topic Areas into ITA process to enable a focus on competency-based progression will be an ongoing discussion for the committee.

Training units have highlighted challenges with recruitment of trainees and balancing offering second year trainees individualised learning programs in their service or by linking with other services, whilst also managing service delivery. The revised accreditation standard requiring accredited units to have two full-time equivalent of specialist medical officers has also created a challenge for some units.

During 2019 the Training and Assessment Executive Committee plans to explore how the faculty can support units with recruitment challenges by supporting a small working group to identify some potential strategies and resources.

Developing a more formalised structure to the practice development stage is another opportunity units have identified to further evolve the training program.

SOT training and support has been well received as has the development of online learning resources to support trainees. Delivery of clinical skills courses by Geelong and Royal North Shore based fellows have consistently been identified as adding significant value to the training experience.

Strong interest from some trainees in enhancing procedural pain training is being addressed by including this as a deliverable on the 2018-2022 FPM Strategic Plan. Working groups are being established at present to progress this initiative.

Feedback overall is that the revised curriculum is considered to be more organised, systematic and a positive change from the previous program. Areas for further refinement or extensions to what is now being delivered have been consistent which has allowed identification and prioritisation of upcoming work over the next few years. A 2018-2021 evaluation strategy has been developed by the Learning and Development Committee to continue to gather feedback and inform improvement pieces of work for the next few years.

Dr Aston Wan
Chair, Learning and Development Committee

Looking north in Cairns



A successful FPM Spring Meeting “Looking north, looking up at pain” was held from October 19-21 at the Pullman Cairns International with 129 delegates.

This year’s meeting is a collaboration with our Hong Kong colleagues with representation from the Board of Pain Medicine of the Hong Kong College of Anaesthetists on the Organising Committee. The result was a scientific program with a distinctly Asia-Pacific perspective. The meeting featured international speaker Dr Stephen Ward (UK) who presented a thought-provoking combination of talks on low back pain, sciatica and NICE guidelines.

Australian and Hong Kong speakers included Professor Chi Wai Cheung, Dr Steven Wong, Dr Chan Wing Sang, Dr Lim Huey Sing, Dr Raymond Blackman, Ms Lara Pullin Gundungurra, Mr Michael Eather and Dr Jason Lee who explored interventional pain, opioids and Indigenous health. In lieu of speaker gifts a donation was made to Yalari, educating Indigenous children. The cheque was presented to Mr Michael Eather at the conference dinner on Saturday at Salt House restaurant. More than 110 guests experienced the balmy night with excellent food and wine.

We look forward to seeing you next year at Byron at Byron in Byron Bay!

Clockwise above from top left: Organising committee Dr Steven Wong, Dr Tony Ng, Dr Matthew Bryant, Associate Professor Brendan Moore, Dr Clara Wong and Dr Timmy Chan; FPM Dean Dr Meredith Craigie thanking the 2019 Spring Meeting Convenor, Associate professor Brendan Moore for an eclectic program; Interventional pain session on Sunday morning, Dr Steven Wong, Dr Chan Wing Sang, Associate Professor Mick Vagg (Vice Dean), Associate Professor Brendan Moore (2018 Spring Meeting Convenor), Stephen Ward (international invited speaker); Indigenous health and wellbeing discussions with Dr Mark Wenitong, Rod Mitchell (ANZCA President), Uncle Peter Hyde, Dr Sean McManus, Lara Pullin Gundungurra, Dr Raymond Blackman and Dr Michael Eather.

OIVI – the need for a statement

Monitoring sedation to aid the identification of and prevention of opioid-induced ventilatory impairment (OIVI) in the acute pain setting – the need for a statement

Opioid administration in the acute pain setting continues to be associated with preventable harm, including death. In order to reduce the risks associated with opioid-induced ventilatory impairment (OIVI), patients must be monitored appropriately so that OIVI is identified at an early stage and appropriate interventions instigated as needed. Potential risk factors should also be avoided where possible.

To improve the safety around opioid prescribing in the acute pain setting, all patients given any opioid by any route should have regular assessments made of their level of sedation.

For some time now, the Anaesthesia Patient Safety Foundation (APSF) in the US has recommended that, in order to reduce the risk of postoperative OIVI, continuous pulse oximetry should be used to monitor patients not receiving supplemental oxygen and monitors of ventilation (for example, capnography) used in addition to oximetry for those patients who are administered supplemental oxygen (Weinger, 2006; Weinger & Lee, 2011; Gupta & Edwards, 2018). In 2006 the APSF advocated such use for “patients receiving PCA, neuraxial opioids, or serial doses of parenteral opioids” (Weinger, 2006). In 2011 (Weinger & Lee, 2011) and early 2018 (Gupta & Edwards, 2018) the recommendations were expanded to cover all patients given postoperative opioids. Later in 2018, another APSF newsletter article revised the recommendations, reverting to recommending monitoring only patients with “PCA or neuraxial opioids in the postoperative period” (Frederickson & Lambrecht, 2018).

See the statement at www.anzca.edu.au/resources/endorsed-guidelines/oivi-statement.

However, there are some concerns with these approaches.

1. Provision of continuous electronic monitoring for every patient given an opioid for management of acute pain (including but not limited to postoperative pain) in every Australian and New Zealand hospital, although highly desirable, is currently not possible. This is due to both financial considerations and a number of limitations presently associated with available monitors (Gupta & Edwards, 2018).
2. Limiting the need for monitoring to the postoperative period and/or to patients getting only PCA or epidural analgesia, leaves other patients at significant risk. Deaths due to OIVI have also resulted from opioids administered for non-surgical acute pain and from opioids delivered orally or by intermittent injection. In 1988, Ready et al were the first to recognise that sedation was an indicator of OIVI even in patients with respiratory rates that may be within a “normal” range and they developed the first sedation scoring system (Ready et al, 1988). Multiple publications since that time have emphasised the risks of relying on respiratory rate as an indicator of OIVI and that increasing sedation is a more reliable early clinical sign (Cullen, 2001; Vila et al, 2005; Macintyre et al, 2011; Lee et al, 2015; Schug et al, 2015).

The aim of this statement is therefore to recommend that in the absence of continuous electronic monitoring for every patient given an opioid in the acute pain setting, all patients given any opioid by any route for the management of acute pain should have, at a minimum, regular assessment of their level of sedation.

Professor Pamela Macintyre, Dr Kim Hattingh, Professor Stephan Schug, Professor David Scott, Dr Meredith Craigie and Dr Phillipa Hore

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2018 FPM fellowship examination



Twenty-two candidates successfully completed the fellowship examination in 2018. The written section was held in 13 venues on October 5 with the viva voce section held at the Australian Medical Council National Test Centre, Melbourne on November 24. Candidates who were successful at the written component of the examination were invited to sit for the viva voce component.

Merit awards were presented to Dr Desmond Ho (Singapore) and Dr Brian Lee (WA).

Above clockwise from top left: 2018 FPM Court of Examiners; Successful candidates at the 2018 FPM Fellowship Examination; Examination Chair Dr Eric Visser congratulates Dr Brian Lee, Merit Award winner; Dr Visser congratulates Dr Desmond Ho, Merit Award winner.

The candidates who successfully completed the examination are:

AUSTRALIA

Australian Capital Territory
Dr Jigna Hapani

New South Wales
Dr Ala Abualsamh
Dr Gretel Davidson
Dr Nikunj Parikh
Dr Andrew Weiss

Queensland
Dr Nick Chiang
Dr Stephen Gilbert
Dr James Forbes
Dr Belinda Oddy
Dr Konara Samarakoon

South Australia
Dr Say Yang Ong
Dr Vidya Shirumalla

Victoria

Dr Catherine Algie
Dr Kate Drummond

Western Australia

Dr Daniel Ellyard
Dr Brian Lee

HONG KONG

Dr Christina Cheng

NEW ZEALAND

Dr Saad Anis
Dr Jennifer Hudson
Dr Karen Joseph
Dr David Sainsbury

SINGAPORE

Dr Desmond Ho

Successful candidates



Primary fellowship examination

August/October 2018

One hundred and fifty-three candidates successfully completed the primary fellowship examination.

AUSTRALIA

Australian Capital Territory

Mark Christopher Giddings
Cameron Douglass Maxwell
Kathryn Louise Mence

New South Wales

Jack Bellamy
Alex Man Ho Chua
Simon Cole
Christopher John Dawson
Anne-Marie Winfield Dempster
Jason Paul Denmeade
Andrew Gerard Duckworth
Cameron James Dunn
Faith Fenella James Dyer
Jimmy Yen-Chun Fu
Ronald Kam Fai Fung
Jessica Lauren Gani
Neha Gosavi
Mary Kathleen Grealish
Sarah Jane Hayes
Paul Anthony Heatley
Mary Hoang
Andrew John Inglis
Sophie Shuang Liang
Amy Chur-Yee Liu
Holly Eliza Martin

Mark Edward McDonald
Eugene Joseph McKernan
Angus Stuart-Charles McNally
Suraj Sukumar Nair
Mylene Nassif
Mitchell Peter Nolan
Sarvpreet Pala
John Frederick Peniston-Bird
Bridget Marjorie Prior
Nicholas Edward Stewart
Yvonne Strohmeier
Benjamin Daniel Tassie
Victoria May Ward

Northern Territory

Robyn Julie Ison

Queensland

Joseph Michael Bauer
Arielle Christa Beech
Ruth Miriam Blank
Grant James Breadsell
Michael Gregory Brown
Thiruvashrin Chetty
William Brett Curtis
James Edward Nevin Gardiner
Maxim John Hatton
Alexandra Ellen Hickey
Anoop Jain
C'havala Ruth Jaramillo
Faisal Khan
Jennifer Lay
Joyce Hilda Leung
Danielle Louise McPherson
Louven Bing Menzies
Brendan Anthony Mitchell
Rhys William Morgan
Andrew James Polukoshko

Kellie Maree Rozdarz
Vaishnavi Vasanthi Sridhar
Benedict Francis Stephen
Dione Elizabeth Stuart
Stewart William Ure
Allister David Erskine Ware
Benjamin Peter Warlow

South Australia

Luke Neville Arthur
Thomas Ian Grosser-Kennedy
Christopher James Harry
Dana Louise Hartley
Mitchell Keith Petersen-Tym
Natalie Carole Thurston
Brianna Alysia White

Tasmania

Elaine Rea Chilcott
Lillian Sarah Coventry
Brigit Ann Ikin
Alistair James Park

Victoria

Diana Abu-Ssaydeh
Rawaf Ghali G Albarakati
Sarah Louise Allen
Benjamin David Allnutt
Claire Elizabeth Attwood
Daniel Brooks Reid
Katherine Amelia Carroll
James Alexander Cole
Rick Jonathon Davis
Jason Calder Denny
Harsh Deep Dubey
Rohan Hardikar
Charles Alexander James Harding
Grace Breanna Hollands
Sarah Ling-Yi Hong
Andrew Huang
Shaun Michael Hutchinson
Namrata Devi Jhummon-Mahadnac
Matthew John Kilpin
Geetanjali Pooja Lamba
Jonathan Lin
Tom Luo
Tess Alexandra Maplestone
Alice Louisa Moore
Adam Daniel Morrow
Kevin Jerome Murphy
Reubban Shivaprian Muthusamy
Benson James Nardino
Nicole Paterson
Lily Belle Poulier

Moon Hae Pyo
Sandeep Singh Rakhra
Michael John Remilton
Di Shan
Lauren Michelle Smith
Katherine Amanda Steinfort
Dominik Aleksander Teisseyre
Hon-Ming Tung
Genna Louise Verbeek
Timothy John Williams
Angela Lian Jeen Wong
Amr Mohamed Essam Hassan Mohamed Zahran

Western Australia

Samantha Charlene Bonnington
Yvette Claire Francoise Goodgame
Jonathan Richard Hills
Aria Bradford Lokon
Rosalind Elizabeth Oakes
Gabrielle Eve Sicari
Frederick James Achille Torlot
Matthew Colin Vandenberg
Hannah Lucy Wray

NEW ZEALAND

Charles Robert Wiremu Allen
Oliver Greg Ball
Matthew James Beard
Frances Helen Campbell
Kate Elizabeth Campbell
Crystal Mei Gan Chandler
Trent George Cutts
Ciaran Patrick Downey
Rachel Holly Edmond
Emma Elizabeth Foster
Rao Fu
Michelle Ann Gatter
Sophie Elizabeth Gormack
Jonathan George Guirguis
Qiao He
Melanie Gina Hwang
Rebecca Margaret Johansen
Huw David John
Zeyin Li
Ching Wern Ong
Kayleigh Anne Price
Sam Whitley Schriek
William Geoffrey Osborne Tomkins
Svetlana Alekseyevna Treshina
Michael Thomas Wadsworth
Abigail Frances Weston

Renton Prize

The Court of Examiners recommended that the Renton Prize for the half year ended December 31, 2018 be awarded to:

Dr Grace Hollands, Victoria

"I grew up in Bathurst, country NSW, and moved to the big smoke to start year 9. After finishing VCE at Sandringham College in Melbourne I studied undergraduate MBBS at Monash University, and a Masters of Public Health through James Cook University.

I'm thrilled to be a first year trainee in the Monash anaesthesia training scheme in Victoria. I work at Frankston Hospital, and am particularly enjoying my exposure to obstetric anaesthesia, and acute pain.

Keeping active with netball and yoga while studying kept me sane, and now with the primary behind me I've been training towards my first triathlon in January (hopefully). Most of all I'm excited about having time for longer hikes, and proper cooking."



The Court of Examiners recommended that the Renton Prize for the half year ended June 30, 2018 be awarded to:

Dr Brian Chee, Victoria

A graduate of the University of Melbourne Dr Chee was born in Sandakan in East Malaysia and moved to Australia 10 years ago for medical school. Now a second year anaesthesia registrar at the Western Hospital and the Royal Melbourne Hospital Dr Chee remembers "some very wise words" from a registrar when he was a resident: "It's not enough that you like a specialty, the specialty has to like you in return. It's like a relationship."

He considered various specialty choices after medical school but said he was very fortunate to have had the opportunity to complete a critical care residency year in his third postgraduate year where he was exposed to anaesthesia.

"I had the great privilege of meeting anaesthetists who I enjoyed working with and who were very supportive of my endeavours to pursue a career in the specialty. I feel honoured to have received the Renton Prize. It is something I would not have once dreamed possible, coming from a humble middle-class family in a lesser-known part of the world with relatively limited educational opportunities."

"I am grateful to my mom especially for emphasising to me the importance of education in life from a young age."

Dr Chee teaches and mentors primary exam candidates and is pursuing local research and audits at his health network.

His interests outside medicine include impressionist and post-impressionist art, classical music, opera and ballet. He is learning French as a post-exam project and enjoys hiking and kayaking.

"I enjoy baking, and would be very happy to bake for any department I work with!"



Merit certificates

The Court of Examiners recommended that merit certificate at this sitting of the primary examination be awarded to:

Dr Sarah Hayes, New South Wales

Dr Aria Lokon, Western Australia

Successful candidates (continued)

Final fellowship examination

August/October 2018

A total of ninety-six candidates successfully completed the final fellowship examination.

AUSTRALIA

Australian Capital Territory

Julia Elanor Hoy

New South Wales

Ian Bollam
David Eric Champion
Michelle Jane Castro
Angela Hui Lin Chang
Ronald Cheung
Oliver Frederick Clifford
Varun Himanshu Desai
Monica Joy Diczbalis
Martin Facini
Emily Louise Fokkes
Sameer Garg
Simon Gomes-Vieira
Jana Greenblo
Darcy Thomas Buchanan Hamilton
Adrian David Holmewood
Kanathiban Theepan Kathirgamanathan
Mehwish Khalil
Lyvia Chwee Ling Khong
Phillip Martin King
Avery Lou Lim
Ciaran McNamara
Gordon Edward Pirie
Baraniselvan Ramalingam
David Brian Reid
Victoria Sabbouh
Aylin Seven
Kanan Shah
Matthew James Spencer
Harshika Steele
Louise Marie Sweet
Michael Tran
Nikitha Vootakuru
Tony Vuong
Sarah Jane Wong
Daniel Zeloof

Queensland

Elayne Louise Anderson
Christopher David Arnott
Konika Chatterjee
Stephanie Ann Cruice
Diana Da Silva
Edmond Daher
Jonathan Andrew Francis
Rachel Erin Graham
Alison May Jones
Sebastian Paul Karalus
Michael David Kerr
Sarah Naomi Kilvert
Steven James Klupfel
Nihal Shekhar Kumta
Kian Loong Lim
Luke Patrick Matthews
Laura Fay McDermott
Kathryn Alice Loyna Meldon
Simon Timothy Porter
Matthew Hugh Routley
Robert Leslie Gordon Smith
Jessica Teresa Taylor
Colin Bruce Urquhart

South Australia

Brian Lindsay Ambrose
Miad Habibi
Nicholas Colin Harrington
Adelaide Denise Schumann
Steven Robert Wilson

Tasmania

Hamish Charles Bradley
Amit Ganguly

Victoria

Waltraud Maria Almhofer
Grant Ralston Crawford
Jane Jing Dang
Kathryn Marie Fitzsimons
Sophia Grobler
Michelle Andrea Haeusler
Nicola Terese Jarvis
Niketh Alex Kuruvilla
Michelle Nguyen

Western Australia

Jeremy Daniel Hickey
Yelena Gwendolyn Hoppe
Carl Lee
Catherine Frances McGregor
Hannah Perlman
Kahina Dianne Wotton-Hamrioui

NEW ZEALAND

Shardha Chandrasekharan
Melvin Mingwen Chong
William Ian Esson
Gihan Ganeshanatham
Julius William Eruera Glasson
Sanna Maria Aulikki Huhtamaki
Alisa Kim Ireland
Aoi Moniwa
John Anthony Newland
Ken Ka-Kin Nip
Benjamin John Simpson
Sarah Louise Katharine Thompson
Simon John Berndt Versteeg
Andrew Marshall Wilson
Andrew Stephen Keith Woodhead

SIMG examination

Five candidates successfully completed the Specialist International Medical Graduate Exam:

AUSTRALIA

Australian Capital Territory

Devanshi Mahesh Rajput

New South Wales

Rupali Rajesh Kini

Queensland

Mrinal Madireddi

South Australia

Fady Zakaria Israel Youssef

Victoria

Ali Sabri Faris

Cecil Gray Prize

The Court of Examiners recommended that the Cecil Gray Prize for the half year ended December 31, 2018 be awarded to:

Dr John Newland, New Zealand

Dr Newland studied medicine at the University of Auckland, graduating in 2012. He is working at Waikato Hospital, New Zealand, where he has undertaken the majority of his training.

Dr Newland was awarded the Renton Prize in 2016 and says he credits “the Waikato anaesthetic department’s teaching and support for my exam success.”

“I chose a career in anaesthesia as it appealed to my curiosity of science and desire to understand how things work. Next year, I begin a cardiac fellowship at Waikato Hospital with a focus on teaching, ultrasound and research.”

Dr Newland’s other interests include boatbuilding, water sports, cheesemaking and classic cars.



Merit certificates

Merit certificates were awarded to:

Dr Gordon Pirie, New South Wales

Dr Daniel Zeloof, New South Wales

Dr Nihal Kumta, Queensland

The Court of Examiners recommended that the Cecil Gray Prize for the half year ended June 30, 2018 be awarded to:

Dr Alice Gynther, Queensland

Dr Gynther studied medicine James Cook University in Far North Queensland and first became interested anaesthesia following a placement the Cairns Base Hospital anaesthesia department.

She undertook anaesthesia training at Nambour Hospital and the Royal Brisbane Hospital where she is completing her advanced training.

“During the stressful time leading up to the exam I relied on mountain biking, yoga and spending time with my husband Gordon and friends to keep things in perspective.

I’m moving to Victoria next year to start my provisional fellowship year which will be an exciting sea change. I have interests in obstetric and paediatric anaesthesia and in trainee education.”



Tri-Nation Alliance strengthened



A new memorandum of understanding (MOU) signed between medical colleges in Australia, New Zealand and Canada has formalised the vision, mission and objectives for future engagement.

Representatives from the Tri-Nation Alliance – which comprises the Royal Australasian College of Physicians (RACP), Royal College of Physicians and Surgeons of Canada (RCPC), Royal Australian and New Zealand College of Psychiatrists (RANZCP), Royal Australasian College of Surgeons (RACS) and Australian and New Zealand College of Anaesthetists (ANZCA) – signed the MOU in Halifax, Canada in October.

The MOU highlights the objective of sharing information, experience and expertise among the member colleges. It supports a vision to be globally collaborative in developing high-quality postgraduate medical education and lifelong learning opportunities.

Further information about the alliance

Examples of medical education topics that are the focus of Tri-Nation Alliance include:

- Medical education research.
- Indigenous health.
- Artificial intelligence (medical education and patient centred care in the age of technology).

The aim is to advance standards and programs in postgraduate medical education and in turn, improve global health.

The MOU also establishes three levels of membership in the alliance – partners, associates and affiliates. This will enable interested societies and associations to apply to be members of the alliance.

Under the new formal structure one college supports the Tri-Nation Alliance for three years before handing on to another partner college. This includes taking the role of chair of the executive committee, providing the secretariat team and providing a professional conference organising team to deliver the annual tri-nation March events.

The Royal Australasian College of Physicians is taking this role for three years from March 2018 to March 2021.

The MOU also helps the Tri-nation Alliance create a more formal structure to its operations including an executive committee that consists of the chief executive officers and presidents of the colleges.

The Tri-Nation Management Committee is a new structure that includes the college deans or equivalents from each college. This group meets more frequently and is focused on delivering business projects and annual collaborative events.

The MOU will be reviewed in three years.

ANZCA Anaesthesia and Pain Medicine History and Heritage Grant

In August this year, the Geoffrey Kaye Museum of Anaesthetic History announced the inaugural Anaesthesia and Pain Medicine History and Heritage Grant was open for applications. The purpose of the grant is to wholly or partly fund projects that will advance the knowledge and understanding of the history of anaesthesia and pain medicine.

The 2018 Anaesthesia and Pain Medicine History and Heritage Grant has been awarded to Dr Michael Toon, who will conduct research into the history of obstetric anaesthesia in Queensland.

The project will tell the story of the history and evolution of obstetric anaesthesia and labour analgesia at Brisbane's two tertiary obstetric hospitals, The Mater Mother's Hospital and the Royal Women's Hospital, through interviews with anaesthetists and obstetricians involved, and archival resources in addition to existing published accounts.

The grant will fund the first stage of the project which is the planning and capture of oral history interviews that will comprise the script of the completed documentary. The material will be archived at the Geoffrey Kaye Museum of Anaesthetic History as a valuable resource in and of itself.

The project will benefit the anaesthesia profession, the healthcare community and public through an education and appreciation for the evolution in quality and safety of anaesthetic care in the perinatal period. Dr Toon will engage with, and acknowledge, predecessor clinicians, which is also of potential benefit for those embarking on and in the midst of rewarding anaesthetic careers.



In outlining the progression of obstetric anaesthesia and labour analgesia between Brisbane major obstetric hospitals the understanding of the forces, reasons and rationale for the evolution of practice will be advanced as well as the differences in practice between centres. This will enable current clinicians to reflect on their practice and increase knowledge and insight into potential future directions and what forces may shape this.

An appreciation for the efforts and legacy of esteemed predecessors will also enhance the belief that current practitioners are custodians of the quality of care that has been established over generations.

Congratulations Dr Toon.

Photo courtesy of the Mater Hospital Brisbane.

Above: Signing the Tri-Nation Alliance MoU in Halifax, Nova Scotia: Dr Mark Lane, RACP President, Dr Margaret Aimer, RANZCP director, Dr Françoise Chagnon, RCPSC President, Dr Vanessa Beavis, ANZCA Vice-President and Mr John Batten, RACS President.

Special interest group events

New ACE
Twitter
account



You can now follow ACE on Twitter at @ACE_ACECC for updates on all the latest SIG and CME activities.

Echo feast enjoyed by all in Adelaide at CTVP SIG Satellite Meeting



prevalent in the South African cardio surgical population. Echo “gurus” from NZ, Dr David Sidebotham and Dr Sara Allen served up some very palatable talks, as did Dr David Cardone (Adelaide). Professor Joyce Wahr, Cardiac Anaesthetist, University of Minnesota, gave an insightful commentary on the importance of human factors in patient outcome in the cardiac operating room, which was a pleasant palate cleanse from all the rich echocardiography flavours. Up-and-coming cardiac anaesthetists from Perth, Dr Mark Johnson and Dr Neil Hauser, and Brisbane, Dr Cameron Collard, provided a great blend of stimulating cases and case discussions for the audience to digest.

Dessert

Professor Colin Royse, University of Melbourne, and Dr Mark Markou, Director of Cardiac Anaesthesia, Flinders Medical Centre, locked heads in a Master Chef pro/con debate to determine whether “diastology is dead”! Mark (pro) produced many laughs from the audience and put up some excellent arguments, but ultimately it was Colin (con), who narrowly won the debate. The sessions were geared towards delegate interaction using the ACE meeting app for polling, which was a real hit in the final session “Echo quiz”, where Tom, Dave and Justiaan tested the delegate’s knowledge with some weird and wonderful echo “vignettes”, matched perfectly to high quality wines from the Barossa region.

Second sitting

A great night out followed at Jolley’s Boathouse where a large turnout enjoyed another quality meal in the tranquil setting overlooking the Torrens River.

Recovery lunch

After a morning fast from the previous day’s delightful degustation, delegates returned the following afternoon for some hands-on training workshops. The selection included practical training on high-fidelity ultrasound simulators loaned from the University of Melbourne with 10 transthoracic and 10 transoesophageal pathology cases, working towards the annual requirement of 50 cases. The 3D echocardiography workshop was infused with new tastes of live hands-on 3D acquisition with both the iE33 and Epiq machines (Professor Colin Royse and Associate Professor David Canty) to a revamped QLAB training session (Dr Bruce Cartwright). Justiaan and Neil moderated and judged two echo case quality assurance sessions, providing delegates with the opportunity to serve up their own offerings, ticking the ANZCA CME criteria of quality audit review.

The feedback from the delegates, both informal and formal was exceptionally high and will need be considered for a repeat in 2020. On behalf of the CTVP executive committee we thank all those who contributed to such a successful meeting.

Associate Professor David Canty and Dr Thomas Painter
Co-convenors – 2019 CTVP SIG Meeting

Above left from top: Associate Professor David Canty and Dr Mark Johnson; Diastology debate results – Professor Colin Royse, Dr Mark Markou and Dr David Sidebotham.

Communication in Anaesthesia satellite workshop day a success

The inaugural Communication in Anaesthesia (CIA) Satellite Workshop Day was held at the Adelaide Convention Centre at the start of the ASA NSC. Over 30 registrants from across Australia and overseas met together in a lively, challenging and convivial meeting that explored some of the science and practical applications of communication in all its forms.

The meeting was opened by Professor Kirsty Forrest, Dean of Medicine at Bond University who talked about how we see ourselves and how we might be perceived by others. Her exploration of unconscious bias was particularly interesting and a reminder that bias is all around us.

Judy McKimm, Professor of Medical Education at Swansea University, UK was our invited overseas lecturer and provided an entertaining and thought-provoking exploration of transactional analysis as a model for communication in the second plenary presentation.

Following morning tea registrants divided up into a series of workshops covering a range of topics from placebo effects with Dr Andrew Watson to paediatric communication and the use of metaphor with Dr Rob Laing. Although three of the workshop presenters were unable to attend due to illness, Professor McKimm and Professor Forrest filled in the

gaps at short notice with interactive lively workshops expanding on the morning’s coverage of transactional analysis and unconscious bias.

Later on in the day Dr Buchanan and Dr Czuchwiki led workshops on communicating with pain patients and dealing with conflict respectively. Dr Mike Goldblatt, a self-confessed hypnosis sceptic and cardiac anaesthetist, provided a spellbinding session on establishing rapport with distressed patients and the use of self-hypnosis techniques.

The day ended with a delicious dinner at Georges on Waymouth restaurant. Registrants departed full of good food, new ideas and plenty of practical ideas to take into their daily practice.

I extend my thanks to Kirsty O’Connor and the ANZCA team who provided excellent administrative support, Dr Johanna Somfleth workshop organiser for the ASA NSC, Professor McKimm and Professor Forrest and all the presenters for their excellent contributions and to the registrants themselves for their enthusiastic participation.

I hope to welcome more participants to CIA events in 2019.

Dr Suyin Tan
Convenor – Communication in Anaesthesia Satellite Workshop Day



Above: Delegates in workshops.



Turning potential into performance



The 2018 Combined Special Interest Group (SIG) meeting was convened by the Medical Education SIG and held at the Byron at Byron Resort and Spa from September 21-23. The theme was “Turning potential into performance” and more than 120 people attended.

As with other years, the program of this year’s Combined SIG meeting reflected the diversity of the contributing special interest groups: Medical Education, Welfare of Anaesthetists, Leadership and Management, and Communication in Anaesthesia.

The opening plenary featured the keynote speakers, Professor Liz Molloy and emergency medicine physician Professor Victoria Brazil. Professor Molloy is an international expert on feedback and co-editor of the book *Feedback in higher and professional education*. She spoke about how feedback is a process, not a one-off event, and better thought of as a dialogue. She described how feedback discussions can be used to improve the practice of others and ourselves. This has particular relevance to many of us. Did you know that educators think their feedback is more useful than it is perceived to be by the learners? Fifty per cent of episodes of feedback include no useful suggestions for improvement. The educators who are best at giving feedback spend a substantial amount of time talking about expected performance before the activity.

Professor Brazil works at Gold Coast Hospital and has used multi-disciplinary simulation to improve patient outcome measures in a range of different areas including clot thrombolysis. She opened the meeting by speaking on the value of debriefing and how to apply lessons from simulation to the real world.

Other highlights of the program included human factors expert Associate Professor Stuart Marshall asking the audience to consider the similarities between the orchestra and the healthcare team. Debate continues as to whether the trombonist could take over when the first violinist collapses, and whether the anaesthetist could do the surgeon’s job! They’re a bunch of experts coming together to perform but how are they supported in their work?

Dr Alison Lilley spoke about the Bawa Garba case and asked the question “Could this happen here?” Although this had an Australian focus many of the lessons were equally applicable in

New Zealand. Dr Shahina Braganza spoke on team wellness and also spoke movingly about supporting colleagues through exam failure. Dr Tracey Tay presented the new wellness package for workplaces, “The long lives healthy workplace project” and spoke about its development. Dr Allan Cyan challenged us to think about consent and Professor Kirsty Forrest and Maurice Hennessey spoke about receiving feedback.

There were a range of stimulating workshops. Maurice Hennessey held a workshop on challenging conversations. Participants had an opportunity to consider some difficult conversations in their own lives, not just those presented in the clinical context, and to think about ways these conversations could be more effective. Professor Molloy also convened a workshop on “Feedback for learning: Doing it better”. Associate Professor Scott Simmons took participants through a workshop on “Using performance appraisal” to bring out the best in your team. There was also a workshop on dealing with the aftermath of a critical incident. In addition, there were emergency response workshops in anaphylaxis and CICO.

New this year was the introduction of some research topics to the Combined SIG program. Published researchers Professor Jenny Weller, Associate Professor Marshall, Professor Molloy and Professor Brazil took an interactive session and panel discussion on how to get started in research, particularly qualitative research. On Sunday morning a number of fellows and trainees presented their own qualitative research.

The 2019 Combined SIG meeting is being convened by the Leadership and Management SIG and will be held at the earlier date of July 26-28 in Manly, Sydney. It is sure to be another thought-provoking meeting – save the date.

I would like to thank all the speakers, the attendees for their enthusiastic participation, and ANZCA’s Kirsty O’Connor and Fran Lalor for their stellar work organising the meeting.

Dr Neroli Chadderton
Meeting convenor

Above from left: Delegates enjoying the welcome reception drinks on the deck; Professor Jenny Weller presenting; Professor Victoria Brazil presenting.

Measuring, managing and minimising risk



This year’s Perioperative Medicine SIG meeting was held at the Grand Hyatt, Melbourne. The meeting was preceded by the third strategic meeting with more than 50 invited stakeholders in perioperative medicine (PoM). After the development of a strategic plan for PoM at last year’s strategic meeting, the focus this year was on the “economics of perioperative medicine”.

As many of you know, in the spirit of encouraging networking, the convening committee chose once again not to have industry at our meeting. One of my great pleasures is to observe the dynamics, networking and animated conversations that take place during the breaks among: a true picture of interdisciplinary collegiality. This year did not disappoint. “Medicine is a team sport” was the topic of one of the plenary sessions. A reminder that success in medicine is not dependent on only one person; it is not a one-person show. On the contrary, a successful outcome in the perioperative period, especially when dealing with a high-risk surgical patient population, requires a well-functioning multidisciplinary team to ensure the patient journey is less risky, more informed and better overall.

This year we reached a milestone with 515 delegates attending, officially making our “humble” meeting, the largest perioperative meeting in the world. It is hard to believe that this meeting only started seven years ago with a modest group of around 50 early adopters! What an immense achievement from all involved, especially Professor Ross Kerridge, who has been a key driving force. It is also a sign of the exciting times we have the pleasure of working in as doctors. After decades of increased subspecialisation and progressively more fractionated care, we now increasingly appreciate the importance of teamwork in improving perioperative patient care and in doing so learn to rediscover the value of our colleagues from different craft groups, who all have significant expertise to add.

Continuing along the spirit of collaboration, we heard about the progress of the ANZELA-QI pilot project, the first binational intercollegiate quality improvement project of its kind. It has come along in leaps and bounds and hopefully next year we will be presented with the first official data on the perioperative care of patients undergoing emergency laparotomy in Australia and New Zealand.

Risk assessment and risk modification was, as the title of the meeting suggests, the common thread through all sessions. The line up of speakers, both national and international, was again exceptional. It was a pleasure to hear Professor Carol Peden, who played a pivotal role in instituting many quality improvement projects in the UK and around the world, not only showcase the improved perioperative outcomes that have been achieved through large scale quality improvement projects in the UK but also share ideas on how anyone can institute quality improvement in their own practice and institution. Professor BobbieJean Sweitzer had many clinical pearls of wisdom for the preoperative assessment and optimisation of the high-risk surgical patient population while Professor Sunil Sahai shared his expertise in the perioperative care of cancer patients. Professor Denny Levett and Dr Michael Swart delivered a bonus session on cardiopulmonary exercise testing for risk stratification, modification and the value of shared decision-making in complex non-cardiac surgery. Finally, our national speakers were brilliant. We really are fortunate to have so many talented, passionate clinicians and academics in Australia and New Zealand who truly care about improving care and outcomes for our patients.

The social activities included a successful welcome reception, early morning yoga, that was enjoyed by many, and a lovely conference dinner at the MCG. Professor Ross Kerridge had another great quiz up his sleeve, we had a fabulous performance by Dr Jeremy Fernando, the Chair of the Perioperative Medicine SIG, and his talented children, and many delegates enjoyed a dance to finish off a fun evening.

We can’t wait to see you next year at the Sofitel Hotel in Brisbane from November 7-9 for our eighth Perioperative Medicine SIG meeting.

Dr Jill van Acker
Main convenor
Perioperative Medicine SIG meeting

Above from left: Strategic day attendees; Professor Bernhard Riedel, Professor Toby Richards, Dr Catherine Gibbs, poster presentation winner Dr Saleimoa Bill Sami and Dr Dick Ongley; Professor Imogen Mitchell.



New Zealand Anaesthesia ASM

There were a record-breaking 450 attendees at the New Zealand Anaesthesia Annual Scientific Meeting (ASM) in Auckland on November 8-10 which was jointly hosted by the ANZCA New Zealand National Committee (NZNC) and the New Zealand Society of Anaesthetists.

There was major appetite for the theme “Face the future” as the enthusiastic delegates packed presentations, workshops and exhibitions over the three days in the centre of the City of Sails.

The program covered all areas of anaesthesia ranging from helping patients face the future, oxygen – a new look at an old therapy, global challenges, regional anaesthesia, trauma management, airways, research, training, obstetrics, sepsis and stress. But it also included stimulating presentations on issues outside the specialty.

A powhiri (Māori welcome) at the opening and a Pacific welcome the next day led by the Richmond Road Primary School Samoan unit set the flavour for a raft of presentations including from “Here to equality” which looked at outcomes for Māori and Pacific people in the New Zealand health system, climate change in the Pacific and Pacific anaesthesia in the Hawkes Bay.

The keynote speakers were Dr David Auyong, Medical Director, Lindeman Ambulatory Surgery Centre, Section Head Orthopaedic Anaesthesiology, Virginia Mason Medical Centre, Seattle, Washington, US; Associate Professor Laura Duggan Vancouver General Hospital, Clinical Associate Professor, The University of British Columbia, Vancouver, Canada; Dr Gary Minto, Associate Director of Research, Development and Innovation at University Hospitals Plymouth, consultant anaesthetist, Derriford Hospital, Plymouth, United Kingdom; Associate Professor Richard Beasley, Medical Research Institute New Zealand, University of Otago, and Wellington Regional Hospital.

In the opening plenary, Dr Minto talked about investigating the longer term outcomes for patients facing surgery. He believes improving pre-risk assessment will make all the difference to how patients are progressed and what the expectations are: “Changing the question from ‘Is the patient fit for surgery, could we operate?’ to ‘Is surgery right for the patient, do we operate?’”

Dr Minto is part of the Plymouth Coronary Anatomy and Dynamic Exercise Test (CADET) study investigating the effectiveness of different types of tests carried out before major surgery to assess patient fitness and the likelihood of a good post-surgery recovery. The project is a world-first due to its unique approach in combining assessments to give a fuller picture.

Dr Minto was followed by specialist anaesthetist Dr Andrew Martin and senior registrar palliative care Dr Lana Ferguson of Waikato Hospital for a joint presentation looking at how the pathways that acute patients follow sometimes fail the most vulnerable. Delegates were challenged about whether they regularly consulted palliative care specialists when looking at not heading down the path to surgery for frail patients.

ANZCA and NZSA hosted a health reporter from Fairfax and distributed four joint media releases during the NZA ASM. Two speakers featured on Radio New Zealand and three on Newstalk ZB with other associated print coverage.

The 2019 combined NZ Anaesthesia ASM and Annual Queenstown Update in Anaesthesia (AQUA) will be held in Queenstown on August 21-24. The theme is “Aspirations into action”. Professor Alan Merry will present at the opening session to introduce the 2020 inaugural New Zealand Anaesthesia Education Committee (NZAEC) Alan Merry Oration.

Opposite page clockwise from top:

The ANZCA New Zealand National Committee chair, Dr Jennifer Woods (left) and President of the New Zealand Society of Anaesthetists, Dr Kathryn Hagen, opening the NZ A ASM dinner in Auckland.

Dr Rod Mitchell, Dr Douglas Campbell, Dr Owen Sinclair and chair, Dr Jo Sinclair at a session entitled from here to equity that challenged the systemic racism in the health system that disadvantages Māori and what can be done.

Dr Andrew Martin and Dr Lana Ferguson from Waikato Hospital did a joint presentation about designing better pathways for frail patients who are declared not fit for surgery, and the need for more consultation with palliative care specialists.

Keynote Dr Gary Minto, Associate Director of Research, Development and Innovation at University Hospitals Plymouth, United Kingdom, who spoke at the opening session on perioperative planning and prehabilitation.

A Māori name for ANZCA

Māori fellows and a Māori trainee met at the NZ ASM in Auckland on November 8 to consider the possibility of a Māori name for ANZCA. ANZCA President Dr Rod Mitchell, Vice-President Dr Vanessa Beavis and the New Zealand National Committee Chair Dr Jennifer Woods joined the discussions.

Establishing a Māori name for the college, an action identified as part of ANZCA’s Indigenous Health Strategy, would demonstrate commitment to achieving equitable health outcomes for Māori and reflect that Te Reo Māori is an official language in New Zealand.

In New Zealand, government ministries and statutory organisations have both English and Māori names displayed together as part of the crown’s recognition of its commitments under the Treaty of Waitangi. Many non-government organisations in the health sector also have Māori names.

Meanwhile Dr Courtney Thomas has been appointed ANZCA’s representative on a Te ORA (Māori Medical Practitioners Association) and medical colleges’ advisory group that had its first meeting in November.

Dr Thomas joins Dr Amanda Gimblett and Dr Stuart Walker in representing ANZCA at the Te ORA Hui-a-Tau which is being held near Wellington in late January 2019. The Hui is a combined career expo and conference and there will be a booth staffed by the three fellows.

Australian news

Australian Capital Territory



Art of Anaesthesia

The Art of Anaesthesia meeting was held over the weekend of September 15-16. This year's venue, the iconic National Museum of Australia, provided a spectacular backdrop for the meeting themed "A game of risk?" Delegates were treated to a sunny (if a little windy!) spring day in the nation's capital, with delicious food, great company, and a fantastic line-up of speakers.

Dr Rodney Mitchell, ANZCA President, opened the meeting with a great presentation on risk in Indigenous communities, drawing on his personal experiences working in central Australia. Dr Mitchell was followed by our delightful international speaker, Professor Franco Carli, who delivered two very relevant presentations on prehabilitation and ERAS. Dr Lachlan Miles and Dr Jai Darvall entertained everyone with their exuberant presentations, and Dr Steve Bolsin gave a very poignant presentation on clinical governance and lessons learnt from Bristol 25 years on.

In the afternoon we concluded with a presentation from local speaker, Dr Holly Manley, on trainee welfare, and finally an update on the MBS review by outgoing ASA President, Associate Professor David M Scott. Each and every one of our presentations this year were exceptionally well received by the audience and feedback on the theme and line-up of speakers was excellent.

Above clockwise from left: ANZCA President Dr Rodney Mitchell opened the meeting; Dr Lachlan Miles, Professor Franco Carli, Dr Carmel McInerney, Dr Girish Palnitkar, Dr Jai Darvall; Associate Professor Steve Bolsin and Professor Franco Carli; Trade and delegates enjoying the delicious catering; Associate Professor David M Scott, Dr Carmel McInerney and Dr Girish Palnitkar.

The beautiful venue, together with the outstanding program of experienced presenters, saw a near record attendance of 125 delegates at the Saturday lecture series. Word must be getting out that Canberra is a pretty decent place to visit during spring! We had 15 healthcare industry exhibitors join us for the meeting, and we would like to especially thank our major sponsors Medtronic and Seqirus for their ongoing support of the meeting.

Three workshops were held on the Sunday morning – Can't Intubate Can't Oxygenate (CICO), Anaphylaxis Management, and Prehabilitation with Professor Franco Carli. The CICO workshop was held in the Calvary Hospital theatres and was convened by Dr David Dao with assistance from Dr Ed Coxon, Dr Carmel McInerney, Dr Derek Potgeiter and Dr Mitchell Blake. The anaphylaxis workshop was convened by Dr Melinda Ford with Dr Freya Aaskov, Dr Jennifer Myers, Dr Lanie Stephens, Dr Nathan Oates and Dr Elizabeth Merenda assisting with the facilitation. Both workshops were fully subscribed and provided an opportunity for delegates to refresh their knowledge on these important topics while also providing a means for completing their emergency response requirements under the ANZCA Continuing Professional Development (CPD) Program. The feedback provided on each of the workshops was excellent with delegates praising both the facilitators and the content covered in each workshop.

Thank you to the conference convenors Dr Girish Palnitkar and Dr Carmel McInerney for their tireless efforts in bringing together a wonderful meeting.

Queensland

CME evening meetings

The Queensland regional office held its last two CME evening meetings for 2018. On September 20 the Queensland ACE CME Committee welcomed Dr Jennifer Stevens from Sydney, who presented "Make it personal: how to change opioid prescribing in your hospital". The FPM Queensland Regional Committee hosted their last evening meeting on September 24 with guest speaker Dr Dinah Blunt, who presented "Hypnotherapy in chronic pain management". Both speakers gave insightful and interactive presentations, and were well received by all who attended. We look forward to another year of exciting CME evening meetings in 2019. Please refer to the ANZCA website for updates.

Save the date – Queensland ACE Regional CME

We are delighted to announce that the annual Queensland ACE Regional CME meeting will be held on the Gold Coast in 2019. The meeting will be held over from August 31 to September 1 at QT Gold Coast. Save the date now! More details to come.

Courses update

Our Primary Lecture Program series proves to be an ongoing success with 12 participants attending the lecture on Saturday October 13, with an additional 6 participants joining the lecture remotely. The final Saturday Lecture for the year on November 17 was well attended and was streamed remotely to six participants.

The ANZCA Queensland team is excited to reveal the new audio visual system in the regional office in 2019. The Riverview Room is now equipped with two new large fixed screens, voice-activated speakers and a fixed camera in the ceiling. The upgrade aims to provide a more interactive experience for both presenters and attendees across a range of events and courses.

Dates for the 2019 Queensland trainee courses are now available on the ANZCA Queensland web pages.

Primary Viva Weekend Course

The Primary Viva Weekend Course was held at the ANZCA Queensland regional office from September 29-30. Twelve trainees attended the weekend course for some intensive practice ahead of the primary viva examination in Melbourne. Many thanks to course convenor Dr Helen Davies, and to the fellows who volunteered their time to take part as mock examiners, and for making the weekend a success. Dates for the 2019 Primary Viva Weekend Courses are now available on the ANZCA Queensland web pages.

Other news

In August the Queensland team welcomed Iesha Iselin, the new Queensland Committee and QARTS Coordinator.

The Queensland Regional Committee held its last meeting and Christmas dinner on Thursday November 22 at Madame Wu in Brisbane's CBD.

The ANZCA Educators Program (below) was held in the ANZCA Queensland regional office from Wednesday October 17 to Monday October 22, 2018. Thank you to facilitators Maurice Hennessy and Associate Professor Kersi Taraporewalla for their efforts in organising the program, which attracted 23 participants.

In August the Queensland regional office welcomed Iesha Iselin, the new Queensland Committee and QARTS Coordinator. Greg Curran also joined the team in December as Queensland Regional Manager.



Western Australia



Conference in Bunker Bay a great success

The WA CME Committee held the Country Conference from October 26-28, 2018 at the Pullman Resort in Bunker Bay. About 100 delegates attended from around Australia and enjoyed the beautiful weather and scenery. We hoped the delegates enjoyed the academic program and its innovative delivery, as well as took some time out for themselves, focusing on family, friends and enjoying all the region has to offer.

The theme for 2018 was "Modernising crises: Battles shared, battles won". There was a divergence away from some of the more traditional topics presented at these conferences; it represented the importance of team work, and a nod towards our colleagues that take their practice to the coal face of critical care.

Day one comprised of lectures and panel discussions led by the keynote speakers, Dr Natalie May and Dr Simon Hendel, two highly-experienced critical care specialists with a wealth of experience and knowledge. They focused on the rural and metropolitan management of trauma, and airway

emergencies, and the innovative and interactive sessions offered unique insights and learning opportunities. The afternoon comprised the CPD-approved CICO and ALS workshops, and the inaugural trauma procedures workshop led by Dr A Challen which was well received.

On the Saturday evening, delegates had the opportunity to mingle and enjoy a delicious evening at Bunkers Beach House in Bunker Bay. A short beach walk from the resort, the delegates unwound and were lucky enough to spot dolphins and whales from the shore.

Day two provided updates in pain and organ transplantation, and ended with an interactive panel discussion regarding airway crises. This unique session was a multi-disciplinary educational opportunity combined with specialists from the fields of emergency medicine (Dr M Salib) and ENT (Dr T Leahy) and offered specialist insight.

In addition to the conference, the WA office has been busy organising local workshops in partnership to support the local anaesthetic community.

The Mentor Workshop was held on September 13 and was sponsored by

AVANT and presented by Dr Nicole Lieses, Dr Marion Funke and Dr Lisa Alarcon. It was a three-hour workshop with 18 anaesthetists in attendance and organised by Dr Simon Bradbeer and Dr Lisa Alarcon to discuss mentoring principles, tools for mentoring, case discussions and future mentoring directions.

The Neuroanaesthesia workshop was held on October 11 and was sponsored by Smiths Medical, organised by Dr Paul Kwei, and held at Kailis in Leederville. It was attended by 30 anaesthetists and focused on analgesic practice and evidence for PLIF and was very well received.

The Resilience workshop was held on October 15 at the Keil Centre and was sponsored by MDA National and organised by Dr Kevin Hartley. The workshop focused on developing personal resilience and maintaining good mental health in work and personal lives, it consisted of two 2.5 hour modules delivered by external facilitators and there were 12 anaesthetists in attendance.

ASIST is a two-day interactive workshop which was held on November 29-30 and presented by Ms Lorna Hirsch, it focused on suicide first-aid. ASIST teaches participants to recognise when someone may be at risk of suicide and work with them to create a plan that will support their immediate safety. Although ASIST is widely used by healthcare providers, participants don't need any formal training to attend the workshop – ASIST can be learned and used by anyone.

The WA office would like to thank all ANZCA members who have organised, facilitated and coordinated workshops and events throughout the year to educate and develop the local anaesthetic community. We look forward to working with you again in 2019. Recently the 2018 recipient of the ANZCA/ASA Gilbert Troup Prize in Anaesthetics at the University of Western Australia is Catherine Nguyen.

Above clockwise from left: Bunkers Beach House; Delegates enjoying the cocktail function; Trauma Procedures Workshop by Dr Andy Challen; panel discussion in the Windmills Room.

Victoria



Quality Assurance Meeting

The second Victorian Regional Committee Quality Assurance meeting for the year was held on Saturday October 20 and convened by Dr Dean Dimovski. The topics were "Blood pressure monitoring in paediatric anaesthesia" delivered by Dr Rob McDougall and "Emergence delirium" presented by Dr Ben Turner. This was followed by small group discussions of interesting cases and a summary session. The cases generated good discussions and these and the overall meeting received great feedback from the participating fellows. The Victorian Regional Committee will continue to deliver two Quality Assurance Meetings in 2019.



Victorian Registrars' Scientific Meeting

This year's Victorian Registrars' Scientific meeting on November 16 was a successful event with 76 attendees. The afternoon program had three sessions with six registrars giving presentations on either research or audit topics, along with presentations from fellows: Professor David Story on "Pilot and feasibility studies", Dr Andrew Marriott on "Research – the greatest team of all", Dr Praga Ajitsaria on "You've done your research, you know the answer... now what?", and also an update on scholarly roles activities was given by Education Officer, Dr Damian Castanelli. The sessions were chaired by Dr Tabara Dione, Dr Jason Denny, and Dr Diana Abu-Ssaydeh and there were four adjudicators: Professor Phil Peyton, Dr Craig Noonan, Dr Praga Ajitsaria, and Dr Andrew Marriott whom judged the trainees presentations in Audit and Research categories.

A big congratulations to the two winning trainees: Dr Jonathan Au (Audit category) and Dr Patrick Tan (Research category) and thank you to all the trainees, sessional chairs, presenters and judges for their contributions, along with the convenor Dr Shiva Malekzadeth for all her hard work bringing this event together and making it the success that it was and has been for several years.

Above: Convenor Dr Shiva Malekzadeth, adjudicators and presenters.

Primary Fulltime Course

We have had another large intake with 89 trainees attending our November Primary Fulltime Course at ANZCA House filling both levels of the auditorium. There were 28 presentations delivered throughout the two weeks and a practice VIVA afternoon session held on the last day of the course.

A big thank you to the course convenor, Dr Adam Skinner, our valued presenters, and the VIVA examiners for their help to deliver another successful course to Victorian trainees and other trainees that travelled from all over Australia and New Zealand to attend. Our courses reputation continues to grow with many trainees mentioning they registered to attend after hearing positive feedback from past attendees.

Supervisors of Training meeting

Our Supervisors of Training meetings are becoming increasingly popular. In 2018 we delivered three meetings throughout the year with our most recent being the first full day meeting held on Thursday November 15 at the college. There were two Educators modules – "Clinical supervision" delivered by Dr Ibrahim Yacoub and "Teaching a practical skill" by Dr Rob Marr, along with a presentation on "Helping trainees deal with exam failure" by Dr Antoinette Brennan, and updates from DPA Dr Vaughan Laurenson and the TPS unit. Each of these meetings have all been extremely well received and we will continue to run these again to provide the valuable information and support to our SOTs in 2019.

Thank you to Convenor /Deputy Education Officer Dr Alex Henry, along with all the presenters for their contributions in bringing these meetings together.

Victoria (continued)



FPM CME evening seminar

Hosted by Dr Clayton Thomas, the FPM VRC education officer, the “first of its kind” meeting held in November on “Emotional and sexual abuse in the genesis of chronic pain: clinical and medical aspects” was to encourage presentations and facilitate discussions from both professions, on this significant and often neglected topic.

In the first part of the evening, Dr Angela Chia, pain specialist and anaesthetist at the Royal Women’s Hospital, spoke on why childhood abuse patients are more prone to develop organic medical problems and Dr Susan Brann, psychiatrist, on how to explain why it leads to pain vulnerability and trauma throughout a person’s life cycle.

The second part heard Mr Ian Dallas, lawyer and Mr Raph Ajzensztat, barrister, speak about how litigation can help the patient to “recover”, and how compensation systems deal with these patients, especially when the initial injury can lead to major long-term repercussions.

Presentations were followed by a discussion panel. The meeting was attended by more than 45 delegates, and was very well received. Our warm thanks go to the FPM VRC education officer Dr Clayton Thomas, Dr Diarmuid McCoy, the presenters, our sponsor Seqirus, and all participants.

Above from top: Dr Clayton Thomas FPM VRC education officer, Dr Angela Chia, Dr Susan Brann, Mr Raph Ajzensztat and Mr Ian Dallas.

Tasmania

Upcoming CPD activities and courses

The Tasmanian ANZCA and ASA committees will host “CPD in a day – A one-stop shop for all your ANZCA emergency response workshops” in Hobart on Saturday March 2, 2019. This great CPD opportunity that presents all ANZCA CPD Emergency Response workshops in one place on one day, including Cardiac Arrest, CICO, Anaphylaxis and Major Haemorrhage. One venue, one day, all the workshops, and most importantly all your CPD Emergency Response points.

After the workshops we will hold the ANZCA and ASA AGMs for the Tasmanian committees. In the evening there will be a social function where people can share a laugh and a chat, and maybe a drop of Tasmanian gin to the backdrop of our wonderful city.

The program has been finalised and registrations are open! We look forward to seeing you there.

Dr Mike Challis
Convenor

Tasmanian Trainee Day 2019

Registrations are now open for the 2019 Tasmanian Trainee Day at Hadley’s Orient Hotel, Hobart on Friday March 1, 2019. Come and learn how to tackle some of the big challenges of the future anaesthetist. Topics include bariatric anaesthesia, perioperative medicine, diabetes management, the role of sustained release opioids and challenges associated with rural practise. A social event will follow to allow a relaxed opportunity to mingle with the speakers and your fellow trainees.

Dr Hamish Bradley and Dr Alistair Park
Co-Convenors

A variety of events on offer

The Part 3 course was hosted by the ASA and held at Frogmore Creek winery outside Hobart on Sunday November 25. Thanks to all speakers and attendees. A Foundation day and Part Zero course for trainees will be held on Friday February 16 and Saturday February 17, 2019 in Hobart.

The Tasmanian Winter Meeting is in the early stages of planning. It will be held at the Josef Chromy vineyard outside Launceston on Saturday August 24, 2019. If professional development in the company of colleagues at a beautiful vineyard is your thing, then this meeting could be for you. Watch out for the program and registration.



It’s been busy in Tasmania!

Tasmanian trainees continued their examination success with a 100 per cent pass rate in the recent sittings of the primary and final examination. This wonderful result is a credit to the trainees and their hard work, but also to the teaching program with great contributions from many teachers and examiners. Thanks to everyone who gave their time and expertise to support our trainees.

The Tasmanian Regional Committee acknowledges and thanks Dr Mark Reeves for his great work as primary examiner and chair of the primary examination committee. Dr Reeves’ expertise framed in a simple practical approach has guided, assessed and mentored many, many trainees through the challenges of the primary examination.

The Tasmanian Anaesthetic Training Program (TATP) held a successful and intensive trainee trauma teaching day in Launceston in October. Dr Deb Tooley convened the meeting which was facilitated by ANZCA. Junior doctors came from all three public hospitals as well intensive care unit registrars, resident medical officers and anaesthetic international medical graduates. The University of Tasmania Medical School (NICS Building) generously provided ample space all day for lectures and five group workshops.

The program featured excellent interstate and local speakers and relevant trauma simulation supported by a team of facilitators. Thanks to Dr Sandy Zalstein (Staff Anaesthetist RHH); Dr Andrew Hughes (Care Flight Queensland); Dr Edda Jessen (ICU LGH); Associate Professor Reny Segal (Staff Anaesthetist Royal Melbourne Hospital) who contributed their time and expertise to this successful day.

The Tasmanian Regional Committee recently held a professional development day in October for the Education Officer, all Supervisors of Training in Tasmania and the Tasmanian Welfare and Wellbeing representatives for our hospitals. Mr Olly Jones (Director, Education at ANZCA) attended and provided comprehensive updates on the new approach to WBAs, the ANZCA trainee survey and wellbeing initiatives. There was lots of interactive discussion and collaboration. Thank you all attendees and particularly to Mr Olly Jones for the ongoing support from the college.

Above left from top: Dr Andrew Huang, Dr Elaine Chilcott, Dr Brigid Ikin, Dr Mark Reeves, Dr Lillian Coventry and Dr Alistair Park; Dr Sandy Zalstein presenting at the Tasmanian Trainee Trauma Teaching Day; Dr Hamish Bradley and family, Clinical Associate Professor Marcus Skinner, Dr Colin Chilvers, Dr Amit Ganguly and family, and Dr Tom Mohler.

South Australia and
Northern Territory



Combined ANZCA/ASA SA
CME Meeting

Dr Stephen Lam presented “Severe sepsis: pathophysiology and clinical implications” at the August CME meeting, held at the historic Lion Hotel in North Adelaide in May.

Dr Lam’s presentation highlighted the new 2016 definition of sepsis, the surviving sepsis campaign and the sepsis guidelines.

The presentation was professionally recorded and distributed to remote South Australian and Northern Territory anaesthesia hospital departments for their training and CPD purposes and is available for viewing on ANZCA’s YouTube channel.



Above from top: Dr Stephen Lam presenting “Severe sepsis: pathophysiology and clinical implications”; Dr Tim Porter and Dr Divahar Kumar; Steve Tebbett and Dr Stephen Lam.



SA Pain Management Unit

SA regional office staff recently toured the new Central Adelaide Local Health Network Pain Management Unit, which has been relocated from the Royal Adelaide Hospital to a purpose fit facility at The Queen Elizabeth Hospital (TQEH).

Dr Meredith Craigie, Dean, Faculty of Pain Medicine and pain medicine specialist working at the unit said, “The move to the TQEH premises has been beneficial for both patients and staff. We have spacious consulting rooms and treatment areas and all rooms now have natural sunlight, which has proven to have numerous benefits to our bodies.”

Above from left: Michelle Gully, Jane Agalidis, Dr Meredith Craigie, Teresa Camerelli and Louise Garvin.

New South Wales



Dr Jenny Stevens
award

Fellow Dr Jenny Stevens was awarded “Collaborative Leader of the Year” at the 2018 NSW Health Awards on November 5.

The award was in recognition of the many projects that Dr Stevens has led at St Vincent’s Health Network involving multidisciplinary groups across the state to improve patient care. These projects arose from Dr Stevens’ desire to address issues that anaesthetists & pain specialists deal with every day. The work highlights the broad role and experience of anaesthetists and their impact on patients and clinical care.

Dr Stevens was recognised for projects including:

- Insertion of fascia iliaca blocks (FIBs) in the emergency department for patients with fractured neck of femur fractures (NOFs) by trained nursing staff to improve analgesia and minimise opiate use in the elderly.
- Working with pharmacy to reduce discharge scripts for opiates – targeting junior doctors, ward nurses and GPs.
- Working with pharmacists on a Pharmalytics program to allow departments to track their drug use data and manage their drug usage and budgets. It is hoped this will be extended to all NSW hospitals.

Part Zero Course

The Part Zero Course for new trainees was held at the ANZCA NSW Office at Crows Nest on November 3. There were 44 new trainees attended the day program which included sessions on training, navigating TPS, examination preparation, career options, welfare and ended with a session by partners of anaesthetists. Many thanks to those trainees, consultants and non-anaesthetists who volunteered their time to take part. Thanks to the NSW Trainee Committee for organising a great day, which provided an opportunity for new trainees to meet and mingle with other trainees and consultants.



Supervisors of training
update

Forty-five NSW SOTs gathered at the Sydney ANZCA Crows Nest office on Friday October 19 to be updated on the education development unit update, TPS demonstration, training and assessments and TDP updates, and participate in the ANZCA AEP module, planning effective teaching and learning, facilitated by Dr Anne Jaumees.

Above: Dr Sharon Tivey and Dr Sally Wharton enjoying a well earned break at the SOT meeting; NSW SOT meeting.

Dr Thomas Christopher Kenneth “Kester” Brown AM, FANZCA 1935 – 2018



Thomas Christopher Kenneth Brown, forever known as Kester, passed away on November 14, shortly before his 83rd birthday.

Kester was an extraordinary man, a paediatric anaesthetist by profession, but one with a worldly view and a passion for teaching.

He was born in Tumutumu, Kenya, in 1935, the third child and second son of Monteith and Judy Brown. His parents, both Scots, had met on the ship as Monteith travelled to be a mission doctor in central Kenya in 1925. Kester recalled the beautiful view of Mt Kenya from the house, where he was schooled by his mother until he was nine. His older siblings away at boarding school, Kester spent much of his early years on his own with his parents, undoubtedly absorbing the beauty of remote places, relishing the one-on-one education and gaining an appreciation of the value of compassion and medical care to less well-off communities.

He was then sent to boarding school in Nairobi, 140 kilometres away, returning home only during school holidays. On one of these visits, at age 14, he saw his first anaesthetic, ethyl chloride, followed by draw-over ether and trichloroethylene, administered by one of his father's trusted medical assistants. The patient was an infant with intussusception.

By all accounts, Kester's father was a remarkable man and skilled doctor, often the only one in a large district. He ran a 120-bed hospital, a 20-bed leper colony, performing many major surgeries and cataract operations among his daily routine.

“It was hardly surprising, after all this exposure, that I should think of nothing but medicine for my future career.”

After convincing his teachers that he was good enough to continue with science, Kester gained his Higher School Certificate, and in 1954, caught a ship to Scotland, to join the medical course at St Andrews University. He enjoyed the social life, the sport, and even the cold weather, while at times struggling with his studies. He learnt the value of practical application in the process of learning new subjects, a principle that he continued to apply for the rest of his life as a teacher. He took time during vacations to work at a tuberculosis sanatorium near Edinburgh, learning nursing and other skills, giving him a valuable insight into the roles of others in healthcare.

While holidaying with his grandmother in northern Scotland, Kester occasionally joined the local doctor while doing a list of anaesthesia, so he was well prepared when required to do 12 anaesthetics in fifth year. He did all 12 on one morning during a tonsillectomy list, using ethyl chloride and ether. Sharing lodgings with the son of an anaesthetist led him to read Macintosh's book on the subject, further steering his life towards a career and a passion.

Before entering his final year, Kester spent his vacation on the rugged north-eastern seaboard of Canada, working with the Grenfell Mission. As part of the TB screening program, he x-rayed everyone in northern Labrador, as well as assisting with anaesthesia.

After six years of medical school, Kester had amassed experience that few of us could imagine, and which shaped his entire life. He had already developed a worldly outlook, a gift for making acquaintances, a benevolence to others no matter what their circumstances, and a passion for medicine with anaesthesia figuring strongly.

Having passed his finals, he proceeded to internship in London, Ontario, with the idea of ultimately becoming a country general practitioner. Towards the end of the year, during which he was again exposed to anaesthesia, he decided to seek adventure and experience. Fascinated by the North West Territories, he applied to join the three-doctor practice in Yellowknife, a town of 3500 where the winter temperature could reach -40C.

A problem arose when he met a young Australian physiotherapist, named Janet Penfold. The solution was to ask her to accompany him to Yellowknife, and after travelling briefly to Melbourne to be married, they proceeded north in 1961. Their marriage was to last more than 58 years.

After 17 months in Yellowknife where he experienced the full breadth of remote medical practice, and where Kester and Janet's twin daughters were born, he sought some additional training in anaesthesia, still with a view to general practice. He took up a six-month post at Vancouver General Hospital.

Kester's interest in anaesthesia was noticed, and he was encouraged to join the training program. He stayed in Vancouver for two-and-a-half years, and with rotations to the Children's Hospital, his future was set. His time in Vancouver was very formative. He was stimulated by a range of enthusiastic consultants, undertook several research projects, and learned much about organisation in a large teaching hospital, as well as embracing innovative approaches to teaching.

In 1965, he spent six months at the Toronto Hospital for Sick Children, cementing his commitment to paediatric anaesthesia under the tutelage of Al Conn. Having decided to settle back in Australia, Kester applied to both the Royal Children's and the Royal Melbourne hospitals. He was offered jobs by both, but Al Conn recommended that he spend another year in adult anaesthesia before going to the Children's.

The family travelled to Melbourne via Kenya, with Kester also visiting Sweden on the way. After a year, he was encouraged to apply for a new position at the RCH, as medical officer to ICU. He was yet to sit the primary examination for the FFARACS, which he passed soon after, followed by success in the final exam just seven months later!

So began a 37-year career at the Children's hospital. He was appointed as a specialist anaesthetist in 1970, becoming director of the Department of Anaesthesia in 1974, a position he held for 26 years. Kester took on many roles within the hospital, including director of theatre services, and divisional director. He was a member of numerous committees, chairing many of them. In the process, given his nature, he came to know many of the hospital staff on a first name basis, irrespective of their place in the hierarchy. His calm manner and diplomacy meant that he was often called upon to resolve conflicts.

Kester made major contributions to the college, when it was still a faculty of the college of surgeons, serving as state education officer, chairman of the Victorian Regional Committee, teaching on faculty courses, and as an examiner. He chaired the joint faculty/ Australian society of anaesthetists (ASA) Continuing Education Committee, the forerunner of “ACE”. He was awarded the Robert Orton Medal, and the Gilbert Brown Prize.

From 1973 to 1995, Kester was chair of the Scientific Program Committee of the Australian Society of Anaesthetists, culminating in convening the scientific program for the World Congress of Anaesthesiology, held in Sydney in 1996. His often-innovative contribution in these roles is commemorated annually by the “Kester Brown Lecture” at the ASA National Scientific Congress.

Kester's passion for world anaesthesia, and the advancement of the specialty in less developed countries, led to his involvement in the World Federation of Societies of Anaesthesiology, and he served as president from 2000 to 2004. He was well-known to many anaesthetists around the world, having visited and lectured in some 70 countries. While director of anaesthesia at the Children's hospital, he arranged for around 100 anaesthetists from more than 40 countries to spend time in Melbourne for training in paediatric anaesthesia. All but two returned to their home countries to become teachers and leaders in the specialty.

He was the author or co-author of several books on paediatric anaesthesia, including *Anaesthesia For Children*, published in 1979, and 1992. He produced several films and videos for teaching of anaesthesia techniques and resuscitation.

Kester was very involved in research throughout his career, publishing over 160 papers, often jointly with authors from different specialties or departments. He was a great advocate of collaborative research, including such diverse institutions as the Monash University Department of Electrical Engineering, the pharmacy college, RMIT Applied Chemistry, and Melbourne University Anatomy School. He served on the Editorial Board of the journal, *Anaesthesia and Intensive Care* from 1972 to 1995, and was awarded the journal's Ben Barry Medal.

Kester was honoured by many organisations, local and international. He was made a life member of the ASA, as well as receiving the Gilbert Brown Award. He was awarded honorary membership of several International Societies of Anaesthesia, and the City of Paris Medal.

Kester had many interests outside medicine, however his family, Janet and their five children, was always utmost in his thoughts. With many journeys interstate and overseas, he was always keen to return home. In later years, as the family grew up, Janet often accompanied him.

Kester was an adventurer and took photographs wherever he went, and several of his published books contain large collections. Kester's father had been a keen photographer, even building his own camera, and he imparted his enthusiasm to his son. Kester was made a licentiate of the Victorian chapter of the Royal Photographic Society.

He always carried a watercolour painting kit with him, and was often to be seen making a quick sketch. He also painted in oils, and held several exhibitions of his work, as a member of the Victorian Artists Society. Many visitors or hosts were the grateful recipients of his framed paintings or photographs, now proudly hanging in offices and homes throughout the world.

Kester loved his sport, playing hockey and tennis with gusto. Colleagues will recall his regular early morning tennis matches at the Children's hospital, where he made up for any lack of speed with sheer cunning. He played hockey until the age of 54, and had captained the hockey team for St Andrews and the combined Scottish universities. He maintained his fitness, even climbing Mount Kilimanjaro for his 60th birthday.

He published eight books on non-medical subjects, including *Catalyst* a memoir of his medical career, and a children's book, *Doggy Friends* was inspired by his love for his dogs. Until recently, Kester could often be seen walking them near his home.

Kester's lust for life was increasingly curtailed in recent times, as he bravely withstood his steadily worsening Parkinson's disease. With increasing difficulty swallowing, he was happiest in the company of his family or reminiscing with friends. His amazing recall of people, places and events was lucid until the end, when he passed away at home in the company of his loving family.

Kester's legacy is the many people around the world who have benefited from his wisdom and teaching. Not just doctors and nurses, but patients, especially children, who will lead better and more fruitful lives.

I never heard Kester raise his voice in anger. He was always the “go-to” person to resolve a dispute. For him, every cloud had a silver lining.

Dr Rod Westhorpe OAM, FANZCA

Dr Richard Hugh Shephard Connock, FANZCA 1931-2017



as he graduated in medicine, married Val, and got a job as a JRMO at Sydney Hospital. Dick and Val moved to Hobart for two years so he could possibly pursue a surgical career. Fortunately for us in the anaesthetic community, training in anaesthesia beckoned instead, and he accepted a job at the Royal Women's Hospital in Melbourne in 1958. A 40 year association with The Alfred hospital commenced the following year.

Dick Connock soon became a byword for skill and sangfroid in the rapidly evolving cardiothoracic subspecialty arena, and among many others he administered the anaesthetic for Australasia's first heart transplant. With his customary dry wit he described the procedure as "a great technical success, on most levels." He also was part of the team that spent eight weeks in Singapore in 1967 setting up an open heart unit.

Dick and Val had three children; Linda in 1956, Richard in 1958, and Patricia (Trish) in 1960. The family settled in Canterbury and, in addition to being mum, Val processed and dealt with all of Dick's private accounts. Their children remember them as having the happiest of marriages with never a cross word. Dick was totally devastated by Val's premature death from ovarian cancer in 1986.

Dick was a tireless and diligent contributor to both the ASA and the Faculty of Anaesthetists RACS, continuing with ANZCA after 1990. One simply could not do justice to every aspect of his contribution, however three things stand out. His role as a fellowship examiner from 1978 to 1989, his achievements as safety officer on the Victorian Regional Committee of the faculty, and his appointment to the Consultative Council on Anaesthetic Mortality and Morbidity, occasional from 1984 and as a full member from 1990 until his retirement. Many of the early policy documents of the faculty (later adopted and updated for the college) were authored by Dick. These include hazards of electrosurgical units, protocol for checking an anaesthetic machine, the anaesthetic record, re-use of disposable equipment, and any number of hazard alerts.

All of this work was in addition to a busy and successful private and public practice including weekly on-call nights at both Box Hill Hospital and The Alfred, each for more than 30 years. Dick was an intensely private man who couldn't bear any fuss, especially if it was about him. It made him visibly uncomfortable.

He quietly went on long service leave from The Alfred in 1996 for two years and just never returned. If a function had been forced upon him he would have been an apology. He finally gave his last anaesthetic in early 1998 and escaped Melbourne to Humpty Doo (about 40 kilometres from Darwin) working on a mango farm as the main shed hand for about six months. He came back to Melbourne in late 1998 and a romance blossomed with Faye Kemp, a long standing and much loved staff member of our anaesthetic group. They married and moved to a five acre block on the outskirts of Drysdale on the Bellarine Peninsula where Dick threw himself into the local community. As fitting for the "can do" sort of man he was, he joined the State Emergency Service.

He received training in general rescue, road crash rescue, storm and flood rescue and Chainsaw use. He was soon elevated to training officer, and really enjoyed facilitating the training of others. He and Faye joined the Peninsula Players Drama group. Faye became one of their most versatile actors and Dick stage managed and built sets. He became a volunteer at Queenscliff's "Cottage by the Sea", a charity giving underprivileged children the chance to have a seaside holiday. He was nominated for the 2014 Pride of Australia awards in the category of care and compassion. Dick really enjoyed his years in Drysdale. He attended a function held at ANZCA House in July 2008 to celebrate 50 years of our anaesthetic group and looked like a man years younger. Although still retiring in manner he relished the opportunity to reconnect.

Dick Connock was a remarkable anaesthetist but moreover a remarkable man. He was not an angel and could be caustically sarcastic, especially to fools that he suffered poorly. He was however the sort of anaesthetist that you hope to become when you start training, and moreover the sort of man that most men want to be. Quiet, humble, self deprecating but with a noticeable physical presence and just so capable. Very definitely a man made of the right stuff. He was much loved by Faye, Linda, Richard and Trish. He is much missed by them and also by the greater anaesthetic community who owe him a debt of gratitude for his quiet but very substantial contribution to our specialty.

Dr Mark Langley
Chairman Victorian Anaesthetic Group

Dr Anna Lynda Illingsworth, FANZCA 1969-2018



It is with great sadness that we acknowledge our friend and colleague, Anna Lynda Illingsworth, who passed away on July 5, 2018 at her home in Nelson, New Zealand.

Anna was born in South Shields, County Durham, England on April 22, 1969. Her beloved grandmother helped care for her in her early years while Anna's mother, Lynda, worked. In 1970 Lynda met and married Jim Illingsworth and Jim adopted Anna. Anna's brother, Paul, was born in 1973.

In 1974 the family moved to South Africa where, other than a brief return to the UK in 1983, Anna spent her childhood. She attended Grosvenor Girls High School in Durban and was encouraged by the family GP, Dr Mima Verster, to follow her dream and apply for medical school.

Anna was just 17 when she travelled from Durban to Johannesburg by bus to start her studies at the University of the Witwatersrand. Anna graduated from Medical School in 1992 and left South Africa soon after that as the interest on her student loan was higher than the salary she received as a junior doctor.

It didn't take Anna long to figure out that anaesthesia was the specialty for her and that New Zealand was where she wanted to live. She started work as an anaesthesia registrar at Taranaki Base Hospital in New Plymouth and it was there that we first met when I moved to New Zealand in the mid-1990s. I was new to the hospital and new to the country and she went out of her way to make me feel welcome. Over the next two decades we shared a lot of laughs and adventures and helped each other through many challenging times as we worked as junior doctors, completed our anaesthesia training, started our families and watched our children growing up.

Anna worked as a specialist anaesthetist at North Shore Hospital in Auckland for 12 years. Her particular area of interest was obstetrics and gynaecology. She is remembered as a doctor who genuinely cared. She was always compassionate with patients. Her skill was in making distressed and fearful people who are in a vulnerable position feel safe and cared for. Anna also looked after the welfare of many others in the theatre suite. She would actively seek out and talk to expectant mothers. She will be remembered for ensuring that they had the support they needed and would help them with the sometimes difficult transition from full-time work to the stressors of being a mother and working as well.

Outside work the most important thing in Anna's life was her family. She met Dr John Foy in 1999 and they had two sons, Maxwell and Robert. She was immensely proud of Max and Bob and loved nothing more than spending time with them, supporting them through challenges and celebrating their achievements.

Besides being a mother and a doctor, Anna was also a talented photographer with a gift for matchmaking. She not only introduced a number of her friends to their future spouses but also took the photographs at the wedding that followed. She was an avid reader with a great interest in new ideas and the world around her. She loved cooking and entertaining and was a very talented knitter. Music was very important to her.

After Anna's death there was an outpouring of messages from the many people whose lives she had touched. There were some words that kept coming up to describe the Anna that they knew and loved. In no particular order these included – loving, friendly, caring, fun, supportive, brave, kind, compassionate, open, honest, happy, bright, concerned for others, great teacher, wicked sense of humour, mischievous grin. Many people told of how she supported and helped them when they were going through tough times. Almost all of the messages made mention of how much she loved her boys and how proud she was of them.

That is the Anna that I will remember.

Anna will be profoundly missed by her children, Max and Bob, her parents, Lynda and Jim, her brother, Paul, and her many friends and colleagues.

Dr Karen Pedersen MBBCh, FANZCA
Anaesthetist, Auckland Hospital,
New Zealand

Above: Dr Anna Illingsworth with her boys Max (left) and Bob.

Dr Graham Lindsey Dale, FANZCA 1950-2018



Graham was an intellectually gifted person and a gifted anaesthetist. He was always abreast of the medical literature and regularly introduced new systems into our hospitals. He was the person that less senior anaesthetists would approach for advice and assistance. He was cool under pressure and often the first choice anaesthetist for medical families in Bunbury. He was selfless in giving up his professional time and could always be relied upon to attend for emergencies, day or night, whether he was rostered on duty or not.

Graham also became involved with anaesthesia administration, hospital planning and teaching. He was the obvious choice for these roles. For 20 years, he served on the medical advisory committee of the hospital and concurrently acted as head of the anaesthetic department. At meetings, his opinion was always highly valued. He had such clarity of thought that after discussion on complex matters, the meeting would often turn to him for arbitration.

Graham and I commenced practice in Bunbury at the same time and for 32 years, he provided anaesthesia services for all my obstetrical and gynaecological operating lists, almost exclusively, in both the public and private hospitals. I wonder whether this timespan may be a Western Australian record for an anaesthetist/surgeon association.

Graham flourished in retirement. He was a humble man and loved the simple things of life, especially outdoor activities and the wonders of nature: camping, boating, fishing, scuba diving, swimming, cycling and travel.

Almost always he was accompanied by his wife, Lynne. They enjoyed 45 years of marriage and were very devoted to each other as well as to their three children, Greg, Kate and Caroline and five grandchildren.

In recent years, all of us who crossed his path noticed how cheerful and physically fit he was. It was an absolute tragedy that he died in a cycling accident on the morning of November 6, 2018.

He is sadly missed by his family and a wide circle of friends and colleagues. His entertaining conversation and extraordinary wit will live in our memories.

Dr Tom Cottee FRANZCOG

Graham was born in Perth and grew up in the Perth beachside suburb of Trigg.

He attended Scarborough High School and was a member of The Trigg Island Surf Club.

He studied medicine at The University of Western Australia and trained in anaesthesia at Royal Perth Hospital, Princess Margaret Hospital for Children and at King Edward Memorial Hospital for Women.

After four years of private anaesthetic practice in Perth, he relocated to Bunbury in 1984, where his wife, Lynne, had family. He was the first specialist anaesthetist to practice in Bunbury and was thought to be the first specialist anaesthetist in Western Australia to reside and practice outside the Perth Metropolitan Area. He served at both Bunbury Regional Hospital and SJOG Hospital, Bunbury, until retirement in March 2016.

Dr Darcy Price, FANZCA 1966-2018



Darcy Price, born in Hawera, New Zealand, was an accomplished sportsman, highly respected anaesthetist, family friend and family man.

Following a successful sporting and academic career at high school, where he was Head Boy, Darcy left Hawera to study at Auckland University. After completing a science degree, majoring in physiology and including an impressive dissertation on Cardiac Loops, he was accepted into Auckland Medical School. After graduation he chose to specialise in anaesthesia, training in Auckland and Sydney. In 2000 he took up a position as a specialist at North Shore Hospital, Auckland where he excelled clinically and academically.

Darcy was a very capable and talented sportsman. In his youth, he was a representative level football goalkeeper, cricketer and first XV rugby flanker, but his real talent was water sports, specifically open water kayaking.

He achieved significant personal success in kayaking, completing the prestigious Molokai Long Distance World Surf Ski Championship in Hawaii six times (more than any other New Zealander), with a best placing of eighth in the world.

Darcy also completed, and nearly won, the team event of the Coast to Coast challenge, an iconic multisport event based in the South Island of New Zealand. Of note was his extraordinary kayak on the Waimakariri river passing the entire

field of 1000 competitors to hand the final leg to his team mate in first place. This was a remarkable feat, given it was his first time in a river kayak.

Darcy used his considerable experience and influence in kayaking to develop the sport in New Zealand and contribute back to the kayaking community. He established the inaugural King of the Harbour surf ski race in Auckland in 2001 and was integral in giving the event a strong profile, attracting TV coverage and a number of sponsors. The King of the Harbour continues today as the main event on the New Zealand long distance surf ski calendar, attracting many international paddlers from around the world to compete with local athletes.

When unable to continue racing due to injury, Darcy gave his time as the race commentator, his quirky comical insights adding flavour to this gruelling event.

Not only did Darcy support the elite athlete, he recognised the importance of family events. In Auckland's North Shore, Darcy established the Takapuna Beach Series to enable amateur athletes, families and children to participate in fun and healthy competition over various events including ocean swimming, running and paddling. Now in its 12th year, the event attracts hundreds of competitors each week.

Off the water, Darcy was an exceptional anaesthetist. To many, he was a mentor and role model, well known both locally and internationally in regional anaesthesia circles. Darcy was instrumental in developing, researching and educating our specialty to the benefits of the combined suprascapular and axillary nerve block for shoulder surgery. He developed this as an alternative to avoid some of the complications of the interscalene block. As a regional enthusiast, he volunteered to have this technique performed on himself for his own shoulder surgery.

A pioneer, but also humble, he simply named this technique the Shoulder Block. Locally, we refer it more appropriately as the "Darcy Block". He lectured worldwide and freely offered his expertise in workshop sessions. He also gave his time to teach in developing countries, such as Nepal, where his relaxed, personable manner was invaluable in maintaining team composure in stressful environments.

An intellectual and well-read man, Darcy was always generous with his time and knowledge, educating and supporting all medical colleagues, including lecturing regularly on the anaesthesia Part One and Part Two courses. He was the first Supervisor of Training and went on to establish a fellowship position in regional anaesthesia at North Shore Hospital.

Darcy generated and enjoyed a relaxed atmosphere in the operating theatre where the music was always just right. "Reggae Friday" was a prerequisite to help ease into the weekend. This calm demeanour helped him expertly treat life-threatening emergencies including anaphylaxis and an episode of malignant hyperthermia, all with excellent outcomes for the patients.

Darcy recognised the best in all people. He established a scholarship supporting year 13 students at Hawera High School, his secondary school, to further their education. He was also active in promoting health and wellbeing in his local hospital, founding the successful dragon boating team.

First and foremost however, Darcy was a family man. He absolutely adored his partner, Jane and their two children Rita and Zella and was very proud of all that they did. Not surprisingly, they succeed in their chosen activities and he spoke often of his time on the sporting sidelines supporting them with pride. They have lost a selfless, generous and kind man who was the epitome of integrity.

Darcy died on September 29 and will be greatly missed. He was an inspiration to many and each of us has a special memory of him. He was an esteemed colleague and loyal friend; a kind, humble and considerate gentleman with an engaging sense of humour who achieved so much. His legacy will live on in the many contributions he has made to medicine and anaesthesia, kayaking and surf lifesaving and most of all, his family.

Dr Mark Chaddock
Dr Amitha Abeysekera
specialist anaesthetists,
North Shore Hospital