

ANZCA BULLETIN

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goes global



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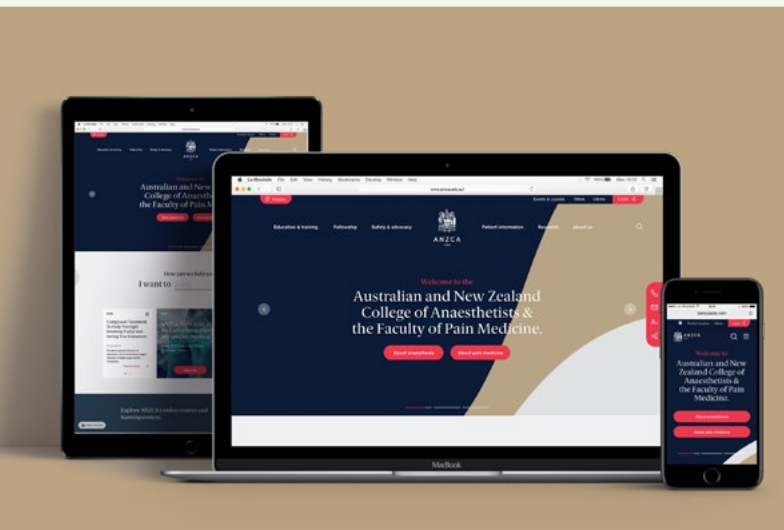
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ANZCA Bulletin

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 7500 fellows and 1700 trainees mainly in Australia and New Zealand. It serves the community by upholding the highest standards of patient safety.

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President's message



We are in the fortunate position of being able to determine how our profession is perceived, and we do so in our everyday interactions with our patients, our colleagues, and the wider community.

These interactions define us individually as professionals, and collectively as a profession. How you decide to present yourself affects how I will be perceived, and vice versa. A hospital intern recently effused that anaesthetists are “so cool”, and whenever we appear at a time of crisis a sense of order and calm is immediately bestowed. I can think of worse things than being perceived as “so cool”, but I feel we want to be more than that.

What do we wish to be seen to stand for? Professionalism, in its most inclusive sense, seems to me to be a good start.

Some years ago the Royal Australasian College of Surgeons conducted a large-scale community survey, seeking the most important qualities looked for in a surgeon. Interestingly, top of the list was “ethics”. No doubt clinical capability is critical, but evidence of an ethical character accords with my personal perception that most of all patients want to feel they can trust that their doctor has their interests foremost in our minds. Of course patients value clinical competence extremely highly, but seemingly often take it for granted, and therefore become particularly engaged with our capacity for compassion and communication. (Competence, compassion and communication. Are these the three “coms” we need to convey?)

To this end, there are seemingly a number of issues we need to consider and I am initially going to borrow from Dr Allan Cyna’s 2019 Kester Brown Lecture at this year’s Australian Society of Anaesthetists’ National Scientific Congress. If first impressions are important and enduring, Allan suggests that simple things like asking patients at the commencement of the consultation what they prefer to be called is a good start. Similarly, asking patients if they have particular concerns and/or questions is a very simple but powerful message that we are considering them as an individual with concomitant individual needs.

“So, while it’s good to be seen to be cool (or so I’m told), let’s continue to strive to be more.”

At times the first impression unwittingly occurs before our first direct interaction. I have been surprised at the number of complaints I have received from patients stating their dismay that their first contact with the anaesthesia service has been a text message, asking for payment before (the word “before” seems to usually be in upper case) a certain date. Surely that first interaction provides an opportunity to establish that our foremost concern confirms our professionalism, and relates to clinical and personal issues. Surely financial issues (including acknowledgement that any angst can be sensitively addressed) can still be alluded to as part of that initial contact, but not as our apparent first priority.

I remain convinced that we do well to promote the fact that while we obviously perceive ourselves as specialist medical practitioners with specific and important expertise, we also accept and embrace the broader responsibilities and privileges that doctors in general are accorded in our community. Furthermore I would argue

that our values and ethics are defined in the eyes of the community and our colleagues by our actions and words. This includes making public comment not only on issues directly related to our speciality of anaesthesia, pain medicine and perioperative medicine, but also to having the confidence to advocate on broader community health issues.

Our efforts to progress the subspecialty of perioperative medicine is driven by recognition that with intraoperative mortality being vanishingly rare, but 30-day mortality being 1000 times higher, we simply must foster a more holistic model of operative care if we are to improve patient outcomes. Our efforts as perioperative physicians also implicitly convey the message that we are more than doctors who simply “put people to sleep”. Rather, we are defining ourselves as specialist medical practitioners whose focus of attention and expertise extends well before and beyond the period of (unremembered) unconsciousness.

And of course we are the specialty that wishes to remain closely associated with pain medicine, retrieval medicine, diving and hyperbaric medicine, cave rescues (thanks Harry) and intensive care medicine.

Finally, I believe that the community perception of who we are benefits if we are seen to represent the diversity of the broader community.

To this end diversity remains important. Happily we have moved well past the days when our profession was predominantly Caucasian males, and today the popular image of an anaesthetist/specialist pain medicine physician is just as likely to be that of a woman. However there is still much to be done to improve representation of the broader community. Indigenous Australians represent 3 per cent of our population but 0.04 per cent of our workforce, and I have yet to personally meet a colleague wearing a hijab, or from Sub-Saharan Africa. I would argue that it is time to reconsider the concept of “merit” during our trainee selection processes, and to give greater recognition to how cultural diversity enriches our workforce. Other colleges are already doing so.

So, while it’s good to be seen to be cool (or so I’m told), let’s continue to strive to be more.

Go well. Enjoy your Christmas and New Year.

Dr Rod Mitchell
ANZCA President

Chief executive officer's message



It is now just over two months into my tenure as ANZCA chief executive officer and while I have been trying to meet as many fellows and trainees as possible, there are obviously many of you who don't know me, so I thought this was a good opportunity to tell you a bit about myself.

I have spent more than 18 years working in senior executive positions in Victoria, managing complex organisations across the public and private health sectors at both strategic and operational levels and in acute and non-acute settings.

Most recently I was chief executive officer of Merri Health, one of the largest independent registered community health services in Victoria that was awarded "Victoria's Primary Health Care Service" by the premier in 2018, and is a finalist again this year. I am on the board of the Australian Healthcare and Hospitals Association (AHHA) which is Australia's national peak body for public and not-for-profit hospitals and healthcare providers.

Advocacy through stakeholder engagement and government relations is a key focus area for me and I also enjoy working towards developing a strong staff culture in my organisations. I have a record of building strong organisational capacity through collaboration and partnerships and improving the financial and operational performance of organisations.

In 2000 I undertook executive leadership studies in the US, attending the Wharton School of Business at the University of Philadelphia, and in 2016 attended Harvard Business School in Boston having also previously attended the Beckwith Institute in Pittsburgh furthering my leadership experience. I have also undertaken several study tours of health systems across Europe, UK, China and the US to gain insight into different health systems and reform agendas to meet increasing demands on healthcare systems.

These have been life changing for me because the exposure to different health systems, combined with a more strategic leadership mindset has helped equip me with the skills and knowledge to further my career in leading organisations that have a key role in the delivery of high-quality healthcare to communities.

My passions are health equity, social justice causes, the impacts of the social determinants of health, the prevention of violence against women, and climate issues.

In my first two months I have had the pleasure of meeting fellows and ANZCA staff on visits to SA, the ACT, NSW, Queensland and New Zealand and of course Victoria and I have plans to visit WA, Tasmania and the NT soon.

The opportunity to attend the Spring Meeting in Byron Bay soon after I started and attend the FPM Board meeting was extremely useful, as was my first ANZCA Council meeting in November.

The amount of work being done by board members and councillors is staggering and I can see from very early on that the college and faculty are in very good hands.

Of course the council and board are just two of the many committees and other groups working on behalf of the specialties and I am impressed at just how much is being done.

It has been fascinating to hear about ANZCA's role in leading the development of a qualification in perioperative medicine. In November I attended the Perioperative Medicine Special Interest Group meeting in Brisbane where I could see first-hand the significant amount of work being done in this important area of medicine, a key element of ANZCA's strategic plan.

I have worked for many years in hospitals – the Royal Victorian Eye and Ear Hospital and Box Hill Hospital in Victoria, The Queen Elizabeth Hospital, Royal Adelaide Hospital, St Andrew's Hospital and Ashford Hospital in SA. In my early clinical days I worked closely with anaesthetists as an intensive care trained registered nurse in cardio thoracic and acute intensive care settings including trauma and acute recovery settings. Having also been the CEO of the Nurses Board of Victoria and the operations manager for the Australian Red Cross Blood Service, it is easy to see how strong perioperative care could benefit the healthcare system, and importantly, patients.

I am amazed at the strength of collegiality and pro bono commitment across the college that supports the important work the college does in ensuring high quality patient care in all aspects of anaesthesia and pain medicine.

I am also excited by the opportunity to continue to build on the excellent achievements made by the college and plan to continue building on this to further strengthen the organisation and the work it does across Australia and New Zealand.

I am grateful to ANZCA President Rod Mitchell and FPM Dean Meredith Craigie for their warm welcome and sage advice in my early days at ANZCA as well as the senior leaders who work at the college. I look forward to meeting more of you soon.

Nigel Fidgeon
ANZCA Chief Executive Officer

Letters

Another cancer patient experience

Dr Mark Awerbuch's account of his experiences seeking out expert opinion, and, ultimately, management of his acute T-cell lymphoblastic leukaemia, is at once both arresting and disconcerting. (September 2019 *ANZCA Bulletin*)

Like Dr Awerbuch, I have a rare T-cell cancer – Sézary Syndrome. Also, like Dr Awerbuch, after failed chemotherapy, I underwent a bone marrow transplant. It is there however, that similarities within our stories end.

It is not just that the transplant, in my case, was complicated by multiple organ failure, iatrogenic cardiac arrest, and, ultimately, failure of engraftment, but, significantly, these events all occurred within the framework of a patient-centred, comprehensive, locally-based program. Notwithstanding the need for me to travel interstate in order to be in a centre with extensive, multidisciplinary experience in the management of Sézary Syndrome – Melbourne's Peter Mac – the reality of receiving care from within a known system, and from known and trusted clinicians, stands in stark contrast to the Awerbuch story.

I believe that during the entire period of oversight of my care, and continuing to this day, I have experienced as close an approximation of "personalised medicine" as can be afforded by the healthcare services that we work within. Importantly, it has also come to be so for my wife – for seldom is this a road travelled alone.

While there have been times when it has been necessary to carefully negotiate the role of doctor-patient, my colleagues, junior and senior, with few exceptions, assisted in this challenge at every turn. Whether the empathy they showed was taught or, indeed, innate, is moot.

And so it is that I continue to be vitally engaged in my own care. From keeping up with the haematology literature, to contact with friends and colleagues within that discipline and outside it, in order to gauge contemporary thought and practice, it is a unique position that we, as specialist clinicians, occupy. One that affords insights that may dishearten and distress, just as they may inspire and encourage.

Mark Awerbuch's story is salutary. My own counter experiences serve however to indicate that there do exist systems that are inherently robust, outcome focused, and accessible. It is arguably the case that our college has a critical ongoing role in contributing to this paradigm.

Dr Ian McPhee
MB BS FANZCA

Blood transfusions for elective surgery

In America today, numerous surgical hospitals have all but eliminated homologous blood transfusions. Patients are seen well before surgery and pre-donated autologous blood collected. Patients are examined, laboratory tests conducted and patients are referred to physicians and anaesthetists where indicated. Iron and Folic Acid (a) medicines are started. Autologous blood is salvaged in theatre and in recovery rooms by trained technicians. Patients, including Jehovah's Witnesses, undergoing surgery, fare better than patients received homologous blood. Homologous blood depresses the recipients' immune systems which results in more post-operative infections and poor cancer surgery results.

In 1975, the respected German scientist Professor Konrad Messmer, shared that the optimal haemoglobin level for oxygenation of the microcirculation, under stable haemodynamic conditions was 10gms/1600mls. Today, the American Association of Blood Bankers recommends 7gms.100mls be the cut off level for homologous blood transfusions. Many, probably most, homologous blood transfusions used in elective surgery in Australia are unnecessary.

Dr Richard Davis
MBBS FFARACS FANZCA CF



Principles statement

ANZCA is regularly asked to make statements or support causes not directly related to anaesthesia or pain medicine. Requests come from government departments, other medical colleges, health or educational organisations, and the media.

In an effort to guide the college's responses, the following statement – with input from key ANZCA committees and the FPM Board – was approved at ANZCA Council's November meeting.

Statement on the role of ANZCA in advocating for the health and wellbeing of all people

Doctors enjoy a privileged position of trust in society, and with this comes the responsibility to advocate on behalf of the healthcare needs of that society in general. Accordingly, the Australian and New Zealand College of Anaesthetists, as a specialist medical college, will make statements when deemed appropriate, on issues that impact the health and wellbeing of particular individuals, groups of individuals or the population at large.

The mission statement of ANZCA and its Faculty of Pain Medicine is:

To serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine.

Further to this mission, ANZCA:

1. Supports access to healthcare as a basic human right.
2. Opposes all forms of discrimination, given the potential for this to negatively impact on the health and wellbeing of our trainees, fellows, staff, patients and the wider community.
3. Endorses the principles that (a) health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity; and (b) the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. (From the World Health Organization's constitution preamble – www.who.int/about/who-weare/constitution).

This statement can be found on the ANZCA website: www.anzca.edu.au/documents/statement-on-the-role-advocating-for-health-and-we.pdf

Awards

ANZCA fellow Dr Sue Nicoll, a specialist anaesthetist at Christchurch Hospital, is the recipient of the 2019 Ray Hader Award for Pastoral Care.

She was presented with the award by ANZCA President Dr Rod Mitchell at a function at ANZCA House in Melbourne on November 22. Dr Nicoll has been closely involved in the welfare of trainees at Christchurch Hospital's Department of Anaesthesia through a particularly challenging year in which the whole department was faced with extraordinary incidents including the mosque attacks on March 15 that killed 51 people and left 49 injured. Forty-seven of those injured were treated at the hospital.

In the letter of recommendation from members of her department, colleagues outlined Dr Nicoll's tireless efforts in the welfare of all staff: "Through all of these events, our department welfare advocate, Dr Nicoll, has provided strong, confidential support, guidance, and leadership in welfare. She has continually displayed genuine concern for the wellbeing of trainees, specialists and other staff. Although 2019 has delivered new and significant challenges, Dr Nicoll has made caring for our trainees and colleagues a priority, both for herself, and for the department."

Dr Nicoll has introduced a successful mentoring program in the department and

has used ANZCA's mentoring resources to promote good mentoring practice. She has also been instrumental in the formation of a national Welfare Advocates Network that is facilitated by ANZCA and meets annually.

Dr Nicoll says it is poignant that her welfare work is being recognised with this award. She recounts how in 2006, following the death of a trainee, she made the commitment to train for a welfare role. "Modelling on the supervision used by social workers to deal with work and life issues, I began to use knowledge from the training to guide my role as a mentor to medical students and trainees. I became a welfare advocate in the department six years later."

She believes welfare is about functionality.

"High quality patient care can only be given by those who are functional and able to do their job well and who are able to add kindness to the mix. If they are in distress, this is just not possible."

And where there is distress? "I believe it takes a particular set of collegial skills to provide support to a colleague, in order to achieve functional wellbeing. It needs to occur within the context of the workplace – and there's the challenge," she says. "In moments of vulnerability, attending to our own wellbeing might need some external support."

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. 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.

Adele Broadbent
Communications Manager NZ, ANZCA

Above: Dr Brandon Carp with Ray Hader Award recipient Dr Sue Nicoll.

Prestigious academy elects Professor Paul Myles

Professor Paul Myles, ANZCA Clinical Trials Network Executive member and head of Alfred Health's and Monash University's Department of Anaesthesia and Perioperative Medicine has been elected to the US National Academy of Medicine for his contributions to research, outstanding professional achievement and commitment to service.

The academy is a private, not-for-profit institution, providing objective advice on matters of science, technology, and health. Being elected to the academy is considered a highly esteemed – and rare – honour, with only eight Australians recognised out of more than 2200 members. Professor Myles is the first anaesthetist elected outside North America. The college congratulates Professor Myles on this exceptional achievement.



NAD 19, Medevac legislation and pain medicine focus of media coverage

National Anaesthesia Day on October 16 attracted media interest in Australia and New Zealand with news stories and interviews across radio, print and online outlets including the *Herald Sun*, Radio New Zealand, the ABC Radio network and the *New Zealand Herald*.

In Australia, ANZCA distributed two media releases for National Anaesthesia Day; one warning people with type 2 diabetes that a particular type of medication may affect their recovery after an operation, and one highlighting the message to “prepare for your anaesthesia”.

In New Zealand two media releases were distributed; one on the surgical risk calculator nzRISK.com and one on how New Zealand hospitals are participating in an international trial on chewing gum and post operative nausea. In total the National Anaesthesia Day coverage attracted a combined audience in the two countries of nearly three million people. For more details on the coverage see the feature on page 62.

President Dr Rod Mitchell was interviewed by Channel 7 news, ABC Radio and sbs.com.au on October 13 following the release of the joint save Medevac legislation statement by medical college presidents. The college presidents' statement was reported as a page one “exclusive” in Melbourne's *The Sunday Age* and was also reported in Sydney's *The Sun Herald*. Dr Mitchell was interviewed by ABC Radio Sydney for radio news bulletins and these were syndicated nationally. The Channel 7 footage was shared with ABC TV News and this was also syndicated nationally for 50 state and regional news bulletins. The coverage reached more than one million people.

The FPM Spring Meeting attracted strong Australian media coverage in the lead up to and during the event with FPM Dean Dr Meredith Craigie being interviewed by ABC Radio Brisbane morning host Rebecca Livingstone on October 15 and ABC Radio South East NSW breakfast host Simon Lauder on October 16 after an FPM media release “Specialists call for better recognition of cancer pain” had been distributed.

An FPM media release on fellow Associate Professor Steven Faux's presentation on exercise and cancer pain “Call for exercise to be embedded into Australian cancer rehabilitation programs” was also followed up by ABC Radio news outlets across Australia and

on ABC Radio National's *Life Matters* program on October 16. Associate Professor Faux was interviewed in Byron Bay on October 18 by ABC Radio Melbourne for news bulletin audio “grabs” and these were broadcast on Saturday morning news bulletins in Melbourne, Sydney, Adelaide, Darwin, Alice Springs, Canberra, Brisbane and another 40 ABC regional stations nationally. The total media coverage for the FPM Spring Meeting reached nearly 800,000 people.

Dr Craigie was also interviewed by SBS News for a news radio broadcast on November 19 about a new opioid patient guide released by Choosing Wisely Australia with the support of the faculty.

In Melbourne, ANZCA past president Professor Kate Leslie was interviewed by ABC Radio Melbourne's afternoon host Richelle Hunt for a 20-minute segment on anaesthesia research including the Balanced Study and the Chewy Trial on November 18. Professor Leslie also took calls from listeners. The segment attracted an audience of 40,000 people.

The chair of ANZCA's Safety and Quality Committee, Dr Nigel Robertson, issued a statement to the *Sunday Telegraph* newspaper in Sydney for two articles about the use of sugammadex in NSW hospitals. The October 27 and November 3 print and online articles referred to the drug following the death of a Sydney man in a NSW hospital earlier this year. Dr Robertson said ANZCA “takes reports of adverse outcomes...very seriously...and reviews the evidence...as to whether advice or guidance to anaesthetists is required regarding the use of particular drugs in anaesthesia practice”.

Professor Paul Myles was named in *The Australian* newspaper's *Research* magazine as “top of the world” in the field of anaesthesiology research and he also appeared as a guest on Melbourne radio 3RRR's weekly program “Radiotherapy” for a segment on how anaesthesia works.

Melbourne anaesthetist Dr Georgina Imberger featured in an article in *The Age* newspaper profiling her passion for classical music, the charity she helped found, the Piano Project, to provide free piano lessons for refugee and migrant children and the classical music Brunswick bar Tempo Rubato she has opened.

Carolyn Jones
Media Manager, ANZCA



ABC radio Melbourne afternoon host Richelle Hunt (left) with Professor Kate Leslie.

Since the September 2019 edition of the *ANZCA Bulletin*, ANZCA and FPM have featured in:

- 50 TV reports.
- 30 online reports
- 120 radio reports
- 8 print reports

Media releases since the September *Bulletin*:

Sunday October 13:

People with type 2 diabetes urged to check medications before their operation

Wednesday October 16

Anaesthetists warn of medication reactions during operations

New Zealand gets its own surgical risk calculator

Chewing gum could be answer to debilitating post op nausea

Friday October 18

Specialists call for better recognition of cancer pain

Saturday October 19

Call for exercise to be embedded into Australian cancer rehabilitation programs

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

Building relationships

2019 advocacy in review

Throughout 2019 ANZCA continued to engage with government and other stakeholders to ensure the college's views are acknowledged and considered. A focus for our advocacy work this year was around pain management services following the release of the Deloitte Access Economics report "The cost of pain in Australia" and the launch of the Australian government Department of Health's "National strategic action plan for pain management".

College President Dr Rod Mitchell and FPM Dean Dr Meredith Craigie met with jurisdictional health ministers and their representatives in NSW, Victoria, SA, Tasmania and the NT to encourage them to support the action plan and discuss related issues, particularly the challenges of providing pain medicine services in regional and rural areas and training the next generation of specialist pain medicine physicians.

Pain medicine advocacy was also a central focus in New Zealand, following the release of an analysis by Sapere on the economic and other costs to society of chronic pain in New Zealand. The report was followed up with extensive meetings with decision makers across the health sector. Members of the ANZCA and FPM New Zealand National Committees met with the Minister of Health, the Minister for the Accident Compensation Corporation and officials from the Ministry of Health, Treasury, Pharmac, and the Health Quality and Safety Commission. Representatives also met with the Chief Medical Officers Group, and District Health Board Planning and Funding Managers. The meetings highlighted the need for chronic pain to be recognised as a disease in its own right, and urged for more resources to be directed to pain medicine services across the country.

A number of safety and quality issues arose during the year which required significant advocacy and engagement with fellows, trainees, regulatory authorities and manufacturers, including:

- The potential risks to optimal patient care posed by the introduction of new compliant **neural device connectors** in Australia and New Zealand developed in accordance with new ISO standards for Small Bore Connectors.



Above: Dr Meredith Craigie, SA health minister Stephen Wade and Dr Rod Mitchell in October.

- The need to obtain authorised prescriber status for our fellows to continue using unapproved **oxygen delivery devices** (oxygen hoods) for the delivery of oxygen to patients undergoing treatment in a hyperbaric medicine facility while the manufacturers sought to have the products listed on the Australian Register of Therapeutic Goods (ARTG).
- Clarification with the Therapeutic Goods Administration around the labelling, use and supply of **chlorhexidine containing products** that meant that no pourable solutions were registered on the ARTG for skin preparation.
- A joint advisory statement on the safe storage of propofol in clinical settings was developed that was supported by the New Zealand Ministry of Health and the Health Quality and Safety Commission New Zealand and circulated nationwide.
- The establishment of an **Airway Leads Network** in Australian hospitals following the inaugural meeting of New Zealand Airway Leads Network in 2018.

In addition to these issues, the college advocated on behalf of members through representation on steering committees and working groups with numerous government departments, agencies and non-government organisations. These include the Ministerial Working Group on Out of Pocket Expenses, 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 participated in more than 90 meetings with government and non-government stakeholders across Australia and New Zealand including:

- Australian Department of Health (Health Workforce Branch, Postgraduate Training Section, Health Workforce Reform Branch).
- New Zealand Ministry of Health.
- Department of Foreign Affairs and Trade.
- Interplast Australia and New Zealand.
- Therapeutic Goods Administration.
- Medsafe.
- Pharmac.
- Australian Indigenous Doctors' Association.
- Te Ohu Rata o Aotearoa.
- Leaders in Indigenous Medical Education.
- Federation of Rural Australian Medical Educators.
- Medical Council of New Zealand.
- Health Quality and Safety Commission New Zealand.
- The Te Iti Me Te Rahi Interagency Health Equity Hub.
- Accident Compensation Corporation.

Other highlights from 2019 include:

National Medical Workforce Strategy

College staff participated in a number of Australian government Department of Health workshops and forums to define the scope of a new National Medical Workforce Strategy. The strategy is being developed in collaboration with the Medical Workforce Reform Advisory Council and is due to be finalised in late 2020.

Australian Digital Health Agency

The college and the Australian Society of Anaesthetists entered into an agreement with the Australian Digital Health Agency to support communications around the rollout of My Health Record to ensure their relevance and accessibility for anaesthetists. Regular engagement with the agency has provided clinical input into fact sheets and e-learning modules as well as ensuring the agency is cognisant of My Health Record issues particular to anaesthesia.

Regional training hubs

During the year the college engaged with regional training hubs around Australia. Funded by the Australian government Department of Health, the 26 hubs in regional and rural Australia are key stakeholders in the development

of rural training pathways. In addition to meetings with more than 10 hubs, college staff participated in a meeting of all hubs at the University of Newcastle (Tamworth campus) in May and in September the college hosted a meeting of the Southern Regional Training Hub Alliance stakeholder working group.

National Rural Health Alliance

The college joined the National Rural Health Alliance – an incorporated association of more than 40 member bodies including consumer groups, the Aboriginal and Torres Strait Islander health sector, health professional organisations and service providers. The alliance receives core funding from the Australian government Department of Health to act as a national advocate for change and innovation in rural and remote health and wellbeing.

Indigenous health

A number of partnership initiatives took place throughout the year as the college develops stronger relationships with Indigenous stakeholders as part of our commitment to address the significant inequities in health outcomes between Indigenous and non-Indigenous people in Australia and New Zealand. These included sponsorship of both the Australian Indigenous Doctors' Association conference and the Te Ohu Rata o Aotearoa hui, participation in the specialist medical colleges stream of the annual Leaders in Indigenous Medical Education meeting and a pilot project whereby college trainees facilitated Essential Pain Management workshops in a number of Aboriginal community-controlled health organisations.

Review of the New Zealand Health and Disability System

College staff met with the Ministry of Health to discuss the future of the Health and Disability System, during a comprehensive government-led review of the system. Staff highlighted the importance of multidisciplinary care for optimum patient outcomes, particularly in the fields of pain medicine and perioperative medicine. This was followed up with a written submission from the New Zealand National Committee.

Advisory group on medical device purchasing

The New Zealand office established an advisory group of anaesthetists with experience and expertise in purchasing and use of anaesthesia devices, to assist the New Zealand National Committee provide clinical feedback to Pharmac as it establishes national contracts for medical devices. The college will continue to emphasise to Pharmac that sound clinical advice is essential, as it takes on purchasing and management of hospital medical devices.

In 2019 the college also made more than 40 written submissions in response to a range of policy initiatives and inquiries. Some examples of the range of topics include:

- Health and disability system review (New Zealand Ministry of Health).
- Good practice guidelines for the specialist international medical graduate assessment process (Medical Board of Australia).
- Accreditation systems review final report (Council of Australian Governments Health Council).

Submissions

ANZCA prepares submissions and makes representations to government and other stakeholders on a range of policy initiatives and inquiries, many of these in response to requests for college feedback and input. ANZCA's submissions to public inquiries are available on the ANZCA website following the inquiry closing date. Note that some inquiries and requests for college input are confidential. For a listing of recent submissions visit www.anzca.edu.au/communications/advocacy/submissions.

Australia

- Australian Government Department of Health: Evaluation of the Rural Health Multidisciplinary Training program.
- Australian Government Department of Health: How accreditation practices impact building a specialist medical workforce.
- Western Australia Department of Health: Climate Health WA inquiry.
- Australian Commission on Safety and Quality in Health Care: Peripheral venous access clinical care standard public consultation.
- Australian Government Department of Health: MBS Review Taskforce: report from the paediatric surgery advisory group.

New Zealand

- Ministry of Health: Māori Health Action Plan to implement He Korowai Oranga 2020-2025.
- New Zealand Parliament Māori Affairs Committee: Inquiry into health inequities for Māori.
- Ministry of Health: New Zealand cancer action plan.
- Coronial Service of New Zealand: Advice on health and wellbeing issues.

What would you do?

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



A toast to anaesthesia

I am often asked whether the scenarios posed in these articles are real-life situations. The frequency of incidents forming the basis of complaints or queries to the college is not high, and they are generally grouped in bands with common themes. Rather than select any one incident the content of this "column" is based on identifiable patterns as the existence of patterns reveals incidents that are not solitary or isolated.

Consequently, they are based on actual events but by the time they are consolidated they bear little resemblance to any individual case – fiction based on fact.

As we approach the festive season and in keeping with the Christmas spirit and good cheer, I have taken the opportunity to explore a positive scenario and link it to our prof docs to demonstrate that they can be used for good and not just evil. In this instance, I have modified the question from the usual WWYD to "What Did You Do (WDYD)" and then conclude with WWYD.

In the following scenario, stop to think how you might feel as it unfolds.

You are called by your head of department (HOD) into their office! After the usual inquiry as to your wellbeing you are informed that they have received a letter from a patient. Your heart sinks, but you can't really understand why you should feel that way other than for reasons of being summoned into the office (old memories flooding back of being called into the headmaster's office at school – for some of us). The monologue then continues to advise you that one of your patients has written to the hospital

... to thank them for their service and in particular the care provided by the anaesthetist. The letter identifies you specifically and goes on to say that the patient appreciated the time spent preoperatively with the anaesthetist who was engaging and respectful, listened to their concerns regarding previous poor experiences with anaesthesia, and demonstrated awareness of the patient's cultural beliefs. All this despite the proposed procedure being very short. Recovery was smooth, rapid, and uneventful, unlike previous experiences.

This sort of feedback from patients is unfortunately all too rare but it does happen.

Your HOD's curiosity led them to review the anaesthesia record and they were impressed with the quality of the record, which was informative, legible, and well-documented. Subsequent review of a sample of your other records confirmed consistency, and multisource feedback from staff culminated in glowing comments. These findings were then able to be submitted as Practice Evaluation CPD credits and everyone lived happily ever after.

It does sound a bit like a fairy tale. However, such standards of practice are the norm rather than the exception. Unfortunately, patient feedback to support this impression is uncommon. Why is that? What impressions are we making on our patients? In today's era of accessibility to various forms of communication with email, texting and so on there are few barriers to patient feedback. This is certainly obvious when it comes to criticism.

Returning to the scenario, and the question WDYD, the answer is that you demonstrated that you were practising at the highest level of clinical and professional practice. Many of the good behaviours identified in the ANZCA publication *Supporting Anaesthetists' Professionalism and Performance: A guide for clinicians* were evident from your actions.

With regard to the relevant ANZCA professional documents it is apparent that your pre-anaesthesia consultation was exemplary on many levels. Perceived time pressure on a rapid turnover day

procedure list did not interfere with the ability to engage the patient, and allowed the patient to feel respected, comfortable, and valued. *PS07 Guideline on Pre-anaesthesia Consultation and Patient Preparation* identifies the expected standards for the conduct of the pre-anaesthesia consultation, to which you measured up against very well.

Within the spectrum of perioperative medicine, the pre-anaesthesia consultation adopts a key role in planning and managing intraoperative and postoperative phases. In addition, the consultation includes the critical aspect of patient consent as set out in *PS26 Guideline on Consent for Anaesthesia or Sedation*.

The initial engagement preoperatively also sets the scene for subsequent communication in the context of cultural awareness. Patients' experiences of feeling respected and being cared for are very much dependent on our understanding of their circumstances. *PS62 Statement on Cultural Competence* serves as a resource, which is valuable when caring for patients from different cultural backgrounds.

It is no surprise then, that the patient felt sufficiently valued that they were motivated to express their gratitude and appreciation.

Your clinical expertise added further to the patient's journey of care and their outcome, and this was reflected in your anaesthesia record. Intraoperative management and documentation are essential features of clinical practice. *PS06 Guideline on the Anaesthesia Record* aims to encourage best practice in the management and care of patients and provide guidance to practitioners in documenting and recording the episode of care. Content and legibility are critical factors. Your record was exemplary in this regard as well.

To conclude, it is appropriate to now ask the question WWYD from here on. The simple answer to this is to continue to maintain your high standard of practice, but not become complacent. *PS57 Statement on Duties of Specialist Anaesthetists* refers to providing high quality and safe care, which is

aligned with the ANZCA mission. The section on clinical support duties includes reference to participation in professional development, peer review, and quality improvement activities so as to ensure that our knowledge remains contemporary and that our skills are maintained or better still, continue to improve.

Participation and contribution to education of our perioperative teams is also encouraged in *PS57*. Everyone has gaps or weaknesses, and one of the managerial skills includes the ability to identify and rectify them. While this is an important task, I recall a business mentor pointing out that serving as a good role model is what earns others' respect and appreciation, which then fosters their willingness and acceptance to change.

There needs to be a balance between being critical in identifying weaknesses and recognising good behaviours/actions and encouraging them. He said, "Catch people doing good things". His message was that we have far more strengths than we have weaknesses, and it is important to acknowledge that this is the denominator that puts matters into perspective.

The above scenario captures the all too often situation where high standards are achieved but with rare exceptions, fail to be recognised for various reasons.

It is no surprise that Australian and New Zealand anaesthetists have the reputation of being world leaders and of practising to the highest standards. The collective contribution of our fellowship is the rising tide that lifts all ships and serves to motivate and inspire each of us individually to greater heights.

I make no apologies for any clichés and unashamed promotion of our specialty and of FANZCAs who serve our communities so well.

I would like to take this opportunity to thank you all for your readership and support, and kind feedback over the years. I would also like to wish you and your families the very best over the festive season and a safe and happy 2020.

Dr Peter Roesler
Director of Professional Affairs, Policy

Professional documents – update



The complete range of ANZCA professional documents is available via the ANZCA website.

FPM professional documents can be accessed via the FPM website.

Recent updates

- The review of *PS09 Guideline on sedation and/or analgesia for diagnostic and interventional medical, dental or surgical procedures* and development of *PS67 Professional document on end-of-life care for patients scheduled for surgery* are scheduled to commence in early 2020. The respective working groups are currently being formed.
- Work has progressed on the development of a new professional document *PS66 Guideline on the role of the anaesthetist in commissioning medical gas pipelines* with the draft document pending consideration for the next stage of initial post-draft consultation.

- Work continues to progress on the

review of *PS56 Guideline on equipment to manage a difficult airway during anaesthesia* (previously To4).

- Work has commenced on the review of *PS55 Recommendations on minimum facilities for safe administration of anaesthesia in operating suites and other anaesthetising locations* (previously To1).

- Post pilot review is being undertaken on *PS65 Guideline for the performance assessment of a peer*.
- Post consultation review is being undertaken on *PS26 Guideline on consent for anaesthesia or sedation*.

Currently in pilot

- *PS02 Statement on credentialling and defining the scope of clinical practice in anaesthesia* (until November 2019).
- *PS04 Statement on the post-anaesthesia care unit* (until November 2019).

- *PS06 Guideline on the anaesthesia record* (until August 2020).

- *PS29 Guideline for the provision of anaesthesia care to children* (until August 2020).

- *PS43 Guideline on fatigue risk management in anaesthesia practice* (until August 2020).

Recent release

- *PS63 Guideline for Safe Care for Patients Sedated in Health Care Facilities for Acute Behavioural Disturbance*.

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



BEYOND CITY LIMITS

Working where the grass is greener

ANZCA fellows and trainees are making the leap and finding that moving out of the big cities to take on roles in rural and regional cities and towns is worth it. In the first of a new series the *Bulletin* is seeking out those who are making the most of living and working away from the big smoke.

Shepparton

Dr Helen Roberts has lived in Shepparton, 180 kilometres north of Melbourne in central Victoria, for the last four and a half years. Eighteen months ago she was appointed Director of Anaesthetics at GV Health, the main health service in the Goulburn Valley region.

After her appointment had been confirmed the ANZCA fellow couldn't help but think back to a conversation she had several years earlier while working as a registrar in South Yorkshire in the UK where she did most of her anaesthesia training.

"My bosses at the time predicted that leading a department or running a registrar training scheme at a major regional hospital was where I would most likely end up. I didn't believe them but as it turned out, they were right."

Attracting and retaining medical specialists like Dr Roberts to work and live in Australian rural and regional areas is challenging. The federal health department recognises this and funds specialist

registrar positions through specialist medical colleges under its Specialist Training Program (STP). Additional training positions are now funded through a new STP Integrated Rural Training Pipeline (IRTP) initiative.

Dr Roberts, who is also an associate fellow of the Royal Australasian College of Medical Administrators, leads a team of nine full-time equivalent staff anaesthetists along with a small pool of visiting medical officers (VMOs). This year she also has five trainees on 12 month independent ANZCA training placements as registrars and another two trainees on rotation for four to six months through the Victorian Anaesthetic Training Scheme (VATS).

"My hope is that with the increased exposure to working and living in a regional town, they (trainees) see the opportunity and come back to work with us, or at another regional centre, as consultants," Dr Roberts said.

GV Health caters to a population of 120,000 people in greater Shepparton and southern

NSW. The health service says its community experiences high rates of chronic illness such as respiratory disease, cancers, cardiovascular disease and diabetes. Road accidents, farm injuries and work related injuries are also common and mental health services are increasingly in demand. Nearly 4 per cent of the population is Indigenous, a significantly higher level than the state average of 0.8 per cent.

Dr Roberts is hopeful the anaesthesia department will be considered for STP funding. She says the feedback from registrars who have lived and worked in Shepparton, a two-hour drive from Melbourne, has been positive and encouraging.

"Every one of the trainees who has been here in the last few years are now all pursuing their anaesthesia training. We're lucky here in that we have been supported by GV Health to expand our opportunities for trainees but it's true the jobs have to be attractive to encourage people to live and work here," she told the *ANZCA Bulletin* in Shepparton.

"There are different opportunities when you leave the city and the metropolitan hospitals but I would say to someone 'if you want to practise true 'general anaesthesia' you can do that here, you can also have interests and be a clinical lead for a variety of subspecialties.

"We are active in promoting research in the department and are involved in a number of current ANZCA trials and network studies (ROCKeT, POISE3 and the upcoming VAPOR-C)."

One ANZCA fellow who has embraced Shepparton with its mild climate and rural lifestyle is Dr John Hay. Dr Hay joined GV Health's anaesthesia department two years ago after moving his family – his wife Sarah, a radiographer and their three young sons – from Auckland.

"We've bought a house, settled in and the children are already booked into high school. We've really got the best of both worlds here. We're two hours from Melbourne and it takes me four minutes to get to work (once I've dealt with the chickens at home). We love living here and there's plenty of space for the children to run around."

Dr Hay is also a supervisor of training and part of the attraction of the role for him in Shepparton is the opportunity it provides to focus on medical education – an interest he also shares with Dr Roberts. He teaches small group tutorials once a month at the University of Melbourne's nearby Goulburn Valley regional training hub.

"This is my first consultant position having come from Auckland Hospital where I had a fellowship. Working in a regional hospital means that while you focus largely on general anaesthesia services you also get a broad mix of cases. We get a lot of bowel, skin and thyroid cancer cases, liver disease cases and elderly patients requiring full or partial hip replacements. We do limited paediatric cases and all cardiac, vascular and neurosurgery cases are sent to Melbourne."

One of Dr Hay's colleagues, fellow Dr Lekha Walallawita, moved to Shepparton nearly three years ago from Western Australia to take up a position at GV Health as an anaesthesia consultant.

The obstetric lead anaesthetist says she and her husband, a GP, have settled into the area and their daughter is in year 8 at school.

"We're very happy here after making the move from Perth. My youngest daughter has settled into school and my other daughter has just finished university in Melbourne."

Since taking over the director role Dr Roberts has, with the support of GV Health management, introduced a 24/7 anaesthesia service. Instead of an "on call" service an anaesthesia registrar or consultant is on site at the hospital every night.

Dr Roberts' department is just one of many at GV Health that will benefit from the \$170 million state government-funded redevelopment project now under way. The much needed building works will double operating theatre space by 2021 and increase the number of patient beds. A new day service dialysis unit has recently opened and radiology services will also be expanded.

"In the time I have been here I have noticed a lot of change," Dr Roberts said.

"The population is not only increasing but it is also getting younger. It's a very diverse community. There's a growing café culture, local breweries have opened and then there's also the region's agricultural heritage with its established orchards and fruit industry," she explained.

"It's a friendly place to live and you can establish a rewarding and interesting life here by tapping into the local community. GV Health understands the importance of providing services that the locals need and they are also focused on forging links with other hospitals, medical students and junior doctors."

"My hope is that with the increased exposure to working and living in a regional town, they see the opportunity and come back to work with us, or at another regional centre, as consultants."

Gippsland

Across the state in Gippsland, in eastern Victoria, fellow Dr Rob Dawson has also embraced regional living and working. The head of anaesthesia at Latrobe Regional Hospital in Traralgon has lived in Gippsland for the last 30 years and heads a team of 14 anaesthetists. Latrobe Regional Hospital is also now benefiting from STP funded training positions.

Like Dr Roberts he is keen to highlight regional workforce and training opportunities and supports the establishment of a structured Victorian rural training pathway from 2021.

Dr Dawson, a member of ANZCA's Victorian Regional Committee with a special interest in rural issues, knows the anaesthesia regional workforce challenges all too well. He initiated his own informal survey of anaesthesia departments in Victorian regional and rural hospitals earlier this year to gauge their feedback on a range of indicators including the number and age cohort of consultants, their use of GP anaesthetists and the number of trainees.

Recipients were asked what percentage of their workforce were aged 60 and over. One noted that two consultants were aged over 70 and five were aged between 60 and 70. Another reported that one VMO was aged over 60 and three VMOs were over 55.



Opposite from left: Dr Helen Roberts, Dr Nathaniel Hiscock, Dr David Chan and Dr Lekha Walallawita at Goulburn Valley Health in Shepparton. Right: Shepparton's thriving café culture. Photos: Penny Stephens

“The work/life balance is much better now than it used to be and they would now spend one night a fortnight on call whereas when I first started here you would be on call every second night.”

“It was worse than I expected in terms of the workforce. Many of those surveyed said they often have to rely on specialist international medical graduates (SIMGS) and GP anaesthetists and their work is of great value to us but we need to do more to ensure FANZCAs are trained for a regional workforce,” Dr Dawson said.

“The survey of six regional hospitals in Victoria demonstrated an unmet need for specialists, an ageing specialist workforce and a reliance on SIMGs and GP anaesthetists to meet the shortfall,” he told the *Bulletin*.

“I do think the worry about work for your spouse and lack of educational opportunities for your children is overstated. I have worked in the Latrobe Valley for 30 years and have not regretted my choice.”

While Dr Roberts has an even spread of age distribution among her team in Shepparton, Dr Dawson says this is not his experience in Traralgon, 150 kilometres east of Melbourne. The Latrobe Regional Hospital caters for a population of more than 260,000 people and is one of the region’s largest employers.

“Over the last 10 years we’ve had about two trainees a year but unfortunately none of them have chosen to return. It is very difficult to attract staff and I’ve noticed this is even more so over the last three years. The on-call commitment can turn people off and they are often at a stage of life where they have a long term partner who lives in Melbourne.

“The work/life balance is much better now than it used to be and they would now spend one night a fortnight on call whereas when I first started here you would be on call every second night.”

Dr Dawson understands there can be limited work opportunities for spouses or partners in regional areas but says the low cost of housing combined with a more relaxed lifestyle can be a drawcard for couples or families. Dr Dawson’s wife is a school teacher and their children attended local schools.



Above: Shepparton’s lake is a drawcard for locals and visitors.

Big tick for rural placements

According to a recent study by the University of NSW Australian junior doctors working in regional areas had a higher level of satisfaction than those in metropolitan centres.

Overall work satisfaction was 85 per cent for both rural and metropolitan junior doctors but individual external factors, including a better work-life balance, obtaining leave, support network and leisure interests in regional areas had a higher satisfaction rate.

The research concluded that regional towns needed to emphasise the benefits of working in regional areas, and perceived weaknesses needed to be mitigated in order to attract young doctors. The national study aimed to discover more about recruitment and retention of junior doctors, which ultimately underpins the future of regional healthcare.

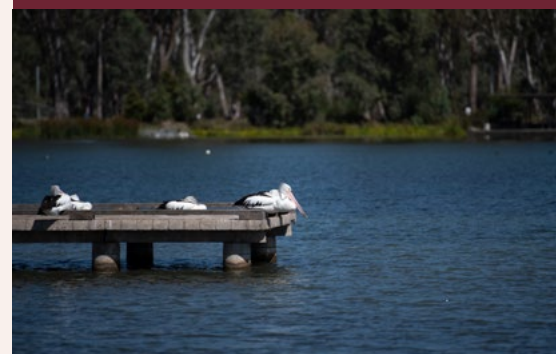
“There are a lot of pluses living in a regional community. Houses are a lot cheaper than in metropolitan areas, there’s no such thing as a commute, there’s a real sense of community and you can get to Melbourne by train in two hours – about the same time it takes to drive,” he explained.

“Here in Victoria we have a well-organised and managed training scheme that produces high quality anaesthetists. The problem is none of them go on to consider a career in regional Victoria. This is despite fears of oversupply in metropolitan Melbourne and an obvious demand in regional Victoria.”

Dr Dawson says he knows his views may be unpopular with some but he believes the solution for rural specialist trainee rotations is for all training with the exception of one year to be completed in regional or rural locations.

“I really don’t think money is the issue. You can earn a good living by working outside of the big cities and this way you would hope that trainees establish a connection with the region where they have done their training. The range of work you get to do is much broader in a regional setting.”

Carolyn Jones
Media Manager, ANZCA



Australia’s medical workforce

One of the key principles underlying Australia’s universal healthcare system is that no social, economic or cultural group should be disadvantaged when accessing healthcare services, so that everyone is able to achieve optimal health outcomes. However Australians living in rural and remote areas often experience challenges in accessing healthcare services, which is a leading cause of disparities in health outcomes.

Australia’s health workforce (similar to that of many countries) is geographically maldistributed, with access to specialist services significantly lower in rural and remote Australia – 80 to 90 per cent of specialists now work in metropolitan areas, with less than 5 per cent working in rural and remote Australia. Approximately 28 per cent of Australians live outside of major metropolitan areas.

To reduce medical workforce shortages and improve geographical distribution, governments and universities have opened six new medical schools since 2007, increasing the number of graduating doctors by 86 per cent. While the intent was that many of these new doctors would “trickle down” to rural and remote areas, the evidence suggests that this is not occurring at the hoped-for rates.

Addressing health workforce maldistribution is complex due to the myriad funders and stakeholders involved as well as the length of medical training.

For anaesthesia, data from the Department of Health’s National Health Workforce Dataset shows that in 2017:

- 84 per cent of anaesthetists in Australia were in major cities (compared with 72 per cent of the population).
- 90 per cent of anaesthetists in Victoria were in major cities (compared with 78 per cent of the population).

Above right: Dr Nathaniel Hiscock and Dr David Chan.



Working in the regions – the trainee experience

Registrar Dr David Shan has been living and working in Shepparton at GV Health since August and says a regional consultant position is something he would consider when he finishes his anaesthesia training.

Dr Shan, 32, is an anaesthesia registrar on rotation from The Alfred Hospital through the Victorian Anaesthetic Training Scheme (VATS). He and fellow registrar Dr Nathaniel Hiscock are making the most of their regional clinical experience in Shepparton working with GV Health’s Director of Anaesthetics Dr Helen Roberts.

Dr Hiscock, 28, received one of the three ANZCA Renton Prizes awarded this year to candidates who reached the highest marks in their primary ANZCA exam.

As he continues with his anaesthesia training Dr Hiscock told the *ANZCA Bulletin* that he was very relieved to have secured a position on the VATS’ Eastern Rotational Training Program. He will now be moving to Box Hill Hospital next year before completing his training at St Vincent’s Hospital.

“To be honest, the job (search) situation was far more stressful than the exam,” he explained to the *Bulletin*.

“Getting onto anaesthetic training is incredibly competitive. I missed out on a training scheme place last year, and am very grateful to have been given this opportunity at GV Health.

“The anaesthetic department is very supportive both from a training and teaching perspective,” he explained.

“While we do a fair amount of work at night and on weekends we do have a good work-life balance.”

Both Dr Shan’s wife and Dr Hiscock’s partner live in Melbourne so they’re used to making regular two-hour trips down the Hume Highway but there’s no shortage of social events and get togethers when the registrars are in Shepparton with their colleagues.

“The anaesthetic and theatre staff are very supportive here,” Dr Shan said.

“Helen (Robert’s, GVA Health HOD) really looks after her trainees, is very considerate about our welfare and she’s also very accommodating with our requests!”

Legacy lives on

The loss of a dear colleague has resulted in an ongoing commitment to the Fund-A-Fellow program in Latin America and a stronger focus on doctors' welfare.



The anaesthesia community at the Fiona Stanley Fremantle Hospitals Group was shocked and devastated when it lost Alistair Davies just over three years ago.

The gifted musician and lover of sport had been a popular and integral part of the Department of Anaesthesia, Pain and Perioperative Medicine where he was passionate about regional anaesthesia, enhanced recovery and education.

So there was universal disbelief when he took his own life at the age of 42.

"It was so out of the blue – we just didn't know," said Dr Alex Swann, head of the department. "It really rocked the whole place. It was a very challenging, emotional time."

Eventually the department started thinking about ways to remember a friend and colleague who had spent many hours exploring the development of novel regional techniques for a multitude of different specialities and operative procedures, and whose ultimate goal was opioid-free anaesthesia.

"We wanted to do something that would honour his memory, be relevant to him and keep his memory alive," Dr Swann said.

The simulation lab at Fiona Stanley was named the Al Davies Clinical Skills Lab and friend and colleague Dr Adam Crossley established the Alistair Davies Memorial Fund.

Dr Davies had always loved to travel, having spent time in South America. Well-known WA pain specialist and former FPM Dean, Dr Roger Goucke, suggested partnering with the World Federation of Societies of Anaesthesiologists (WFSA) and its Fund-A-Fellow program. The Fortaleza Regional Anaesthesia Fellowship seemed an ideal fit.

The fellowship allows young anaesthetists from low- and middle-income Latin American countries to undertake two months of training at the Regional Anaesthesia Training Centre in the Dr José Frota Institute in Fortaleza, Brazil.

A year after Dr Davies' death, enough money was raised through the memorial fund to allow Dr Katya Molina from El Salvador to undertake a two month fellowship in 2017. A year later, the fund covered the expenses of Dr Mayelin

"Al represented the very heartbeat of the community that is our department. His fun-loving, kind and inclusive nature was at the core of multiple groups of friends."

– Dr Adam Crossley and Dr Alex Swann, Fiona Stanley Hospital, WA (WFSA website)

Gonzalez Cáceres from Guatemala to do the same fellowship in 2018. This year Florencia Picaroni Sobrado from Uruguay went.

One other important outcome from Dr Davies' loss was a greater awareness of doctors' welfare at Fiona Stanley. His colleagues became closer and the hospital is now investing more in initiatives such as stress management and resilience training.

"It was a catalyst for us to have conversations about these things," Dr Swann said.

Added Dr Crossley: "What has come out of it is a bit more focus on welfare and making sure everything is OK. People look after each other a little bit more."

Originally from the UK, Dr Davies had moved to WA in 1999 where he trained in anaesthesia at Fremantle Hospital and qualified in 2007. When the new Fiona Stanley Hospital opened in 2015 he worked at both hospitals.

A talented songwriter, Dr Davies played guitar in his band New Mono, where four of the five members were doctors, including two anaesthetists. The band played for a few years around Perth and Fremantle and their songs were also played on radio in the UK and Australia.

A lifelong supporter of Burnley Football Club, Dr Davies coached and played for the Western Knights, then coached Western Knights Masters (over 40s).

So it seemed appropriate that an annual charity match be established to raise money for the memorial fund.

Initially funds were raised via an online giving page, then a bank account was established. Now the fund sits within the ANZCA Research Foundation as an independent fund and donations attract tax benefits.

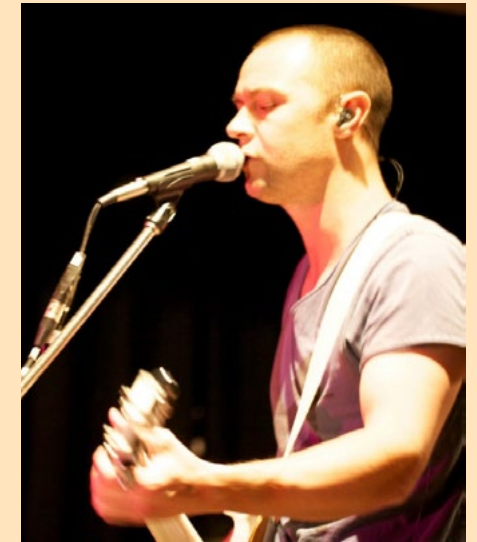
Dr Davies' family made a significant donation to the fund and his former colleagues also continue to contribute. Activities such as a bake sale have been held and this, says Dr Crossley, has the added bonus of bringing people together.

And meanwhile, more young anaesthetists in Latin America are able to enhance their regional anaesthesia skills where they may not previously have had the opportunity.

In a letter to Dr Crossley, the WFSA said: "We are immensely grateful for your support and dedication to the work of the WFSA and our mission to improve patient care, and access to safe anaesthesia worldwide."

"Our Fellowship Programme plays an essential role in meeting the shortfall in skilled anaesthesiologists in low- and middle-income countries, and thanks to these funds which have been raised in memory of Alistair Davies we will be able to support more fellows this year than ever before".

Clea Hincks
ANZCA Director, Safety and Advocacy



Clockwise from top: Teams line up for the Alistair Davies Memorial Fund match in 2016; Alistair Davies was a talented musician; Dr Alex Swann, head of the department of Anaesthesia, Pain and Perioperative Medicine at the Al Davies Clinical Skills Lab.

Giving to Fund-a-Fellow

The ANZCA Research Foundation has established easy ways to donate to help train anaesthetists in the developing world through the World Federation of Societies of Anaesthesiologists Fund-a-Fellow program (see www.wfsahq.org/).

Over a year, a donation of just \$A100 per month (\$A1200 a year) will support a fellow's education, travel and accommodation for a full month.

Single gifts can be made quickly via the foundation's donation webpage, at www.anzca.edu.au/research/foundation.

The donation page offers donors a general Fund-a-Fellow option, or they can dedicate a gift in memory of Perth anaesthetist Dr Alistair Davies through the Alistair Davies Memorial Fund.

Similar funds can also be established for any interested hospital.

To arrange regular automatic gifts to the fund from a credit card, interested donors can contact Anna Smeele of the foundation at asmeele@anzca.edu.au. Further information is available on the foundation website section.

Gifts are tax-deductible in Australia and eligible for tax credits in New Zealand.

Fund-A-Fellow recipients benefit from Alistair Davies Memorial Fund

Three anaesthetists from Latin America have directly benefited from the Alistair Davies Memorial Fund's contributions to the World Federation of Anaesthesiologists Fund-A-Fellow program via the ANZCA Research Foundation.

All have undertaken a two-month fellowship at the Fortaleza Regional Anaesthesia Fellowship at the Regional Anaesthesia Training Centre in the Dr José Frota Institute in Fortaleza, Brazil.

Below from left: Dr Katya Molina; Dr Mayelin Cáceres; Dr Cáceres teaching.



Dr Katya Molina, El Salvador

August-September 2017

Dr Katya Molina is an anaesthetist working at the San Salvador in the Rosales National Hospital in El Salvador, which has one of the lowest anaesthesia workforce capacities in Latin America with an anaesthesia density of 2.7 per 100,000 population.

During the fellowship, Dr Molina treated elective and emergency patients needing regional anaesthesia blocks and analgesics or anaesthetics, mainly upper limb fractures.

"Each week during the fellowship, I had the opportunity to perform stellate ganglion blockages guided by ultrasound, for the management of complex regional pain syndrome type II," she said.

"This helped to improve my visual skills by identifying areas by ultrasound image as well as improving my practical skills to be able to use the probe and coordinate the manual, visual and cognitive area of the procedure," she said.

Dr Mayelin Cáceres, Guatemala

August-October 2018

Dr Mayelin Cáceres is an anaesthetist working at the Regional Hospital of Escuintla, which has about 100 beds. Dr Cáceres wanted to deepen her knowledge in using ultrasound.

"From the beginning of the fellowship, I observed many procedures which then led to being guided by others to directly administer the anaesthetic technique that would be applied to the patient," she said. "This has allowed me to administer blocks that I have never had the opportunity to do before.

"Most cases were trauma patients, however I also got the opportunity to see erector spine blocks in patients undergoing thoracic surgery to control postoperative pain which is the first time I have seen this technique."

Earlier this year, Dr Cáceres presented at three workshops and an anaesthesia conference in Guatemala sharing what she had learned during the fellowship.

Dr Cáceres thanked the Alistair Davies Memorial Fund "who made the fellowship possible and the WFSA for awarding me this opportunity".

Dr Florencia Picaroni Sobrado, Uruguay

August-October 2019

Dr Florencia Sobrado said she had benefitted greatly from her fellowship and developing the technical regional anaesthesia skills obtained at the Dr José Frota Institute in Fortaleza Brazil.

"It was an excellent learning experience," she said, adding the centre was an ideal teaching venue for regional anaesthesia with excellent teachers.

She said the opportunity had not only helped improve her skills but also provided the tools to share knowledge on returning home.

"It is very useful to understand and incorporate different situations and then be able to take the good ideas and apply them in one's working environment," she said.



webAIRS
Anaesthetic Incident
Reporting System
from ANZTADC

Pulmonary aspiration

ANZTADC would like to highlight the online publication of the webAIRS data relating to 121 pulmonary aspiration cases within the first 4000 reports¹.

Since the original description of the effects of aspiration during anaesthesia by Mendelsohn in 1946², the mainstay of prevention of this complication has been fasting. Brian Sellick's article "Cricoid Pressure to control regurgitation of stomach contents during induction of anaesthesia" was published in 1961³. Following this publication, cricoid pressure (CP) was applied in cases with a high risk of regurgitation and became known as Sellick's manoeuvre.

The UK NAP4 Audit (2011) identified that aspiration events accounted for 50 per cent of all anaesthesia related deaths⁴. An ANZCA Mortality Sub-Committee report (2012-14), identified six patients who died of aspiration in association with an emergency induction of anaesthesia. In two of these cases, a rapid sequence induction (RSI) was not performed⁵. While RSI is considered important, there were other four more cases in which death from pulmonary aspiration occurred despite the application of an RSI. In the Victorian Consultative Council on Anaesthetic Mortality and Morbidity (VCCAMM) report (2015-17) there were five cases of aspiration including four deaths. Three events occurred during induction, one involved modified RSI and one was a standard RSI⁶.

In the recent webAIRS article over half of the 121 cases were emergencies, and there had been a period of fasting in 91 per cent of cases. However, in many cases there was reason to suspect delayed gastric emptying, and in about a quarter of cases the degree of fasting was not specifically mentioned. In 18 cases (15 per cent), aspiration occurred despite the application of RSI. Importantly, the results also showed that there was a risk during procedures receiving sedation (for example, upper and lower gastrointestinal endoscopy)⁷. The association between aspiration and sedation was also reported in the VCCAMM report⁸. Aspiration was associated with significant harm in over half of the patients reported to webAIRS and eight patients died (6.6 per cent of reported cases) during the seven-year period of data collection (2009-16).

Aspiration during anaesthesia continues to be a significant contributor to severe harm or death despite apparently adequate management in the majority of cases reported to webAIRS¹. Current recommendations regarding fasting, protection of the airway and RSI should be followed but it is clear that they are not always effective. Vigilance during anaesthesia to ensure early detection of aspiration is important in the management and mitigation of this important complication of anaesthesia. For more details on the analysis of the webAIRS cases and the conclusions of the authors please read the full article <https://doi.org/10.1177/0310057X19854456>. Access is also available via the ANZCA library resources.

Dr Martin Culwick, Dr Michal Kluger and the ANZTADC Case Report Writing Group

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Progress on the introduction of ISO 80369-6:2016 neural connector devices

The Australian Commission on Safety and Quality in Health Care and ANZCA have developed comprehensive guidelines for the introduction of globally standardised neural connector devices.

The guidelines for a safe transition and implementation, include a safety checklist and an indication of the range of devices that will be impacted in Australia and New Zealand.

The forthcoming introduction of the devices featured prominently in the September 2019 issue of the *ANZCA Bulletin*. This initiative has been part of a global push to improve patient safety outcomes and reduce misconnection errors.

As suppliers are bringing the new ISO compliant devices to the market in variable time frames there is no definitive date for implementation of the change. It is crucial that clinicians are able to establish that they have every component required for a particular neural or neuraxial procedure before proceeding.

Medical devices for neural procedures with Luer connectors will be withdrawn as ISO 80369-6 compliant devices are introduced. A trademark name associated with devices compliant with this standard is NRFit™.

The college is encouraging all fellows, including hospital department heads and anaesthesia craft group chairs to read and utilise the guidelines and make affected staff aware of their introduction.

See the guidelines at: www.anzca.edu.au/documents/sau_introduction-of-iso-80369-6-devices_20191212.pdf



New opioid guide addresses information gap for patients

As part of a national effort to help reduce the number of Australians experiencing harm from pharmaceutical opioids, a new patient guide to managing pain and opioid medicines was released in November by the NPS MedicineWise Choosing Wisely Australia initiative.

The guide has three key elements to support people who are prescribed opioids:

- Five questions people are encouraged to ask their health professional before leaving hospital with opioids.
- Tips for taking and storing opioids at home.
- A personal pain management plan that should be developed in conjunction with a health professional.

The release coincides with a new NPS MedicineWise national education program for health professionals, Opioids, chronic pain and the bigger picture, which includes a focus on Choosing Wisely Australia recommendations from the faculty.

Joint statement with diabetes societies on periprocedural diabetic ketoacidosis (DKA) with SGLT2 inhibitor use

Representatives from the Australian Diabetes Society (ADS), New Zealand Society for the Study of Diabetes (NZSSD) and ANZCA are in the process of finalising and publishing a joint statement regarding periprocedural DKA with SGLT2i use. The statement outlines a number of key considerations and suggested management strategies when seeing patients who are taking SGLT2i medication. The collaborative effort highlights ANZCA's, and all other parties involved, commitment to enhancing patient safety and outcomes.

The joint statement will be available via the ANZCA website at www.anzca.edu.au/resources/endorsed-guidelines.

Patient Safety Movement Foundation – mid-year meeting

Immediate Past President, Professor David A Scott attended the midyear planning meeting and workshop of the Patient Safety Movement Foundation at the University of California, Irvine in September. The meeting was a combination of workshops and presentations over one full day, with 110 attendees, predominantly from the United States and Canada.

The meeting had been timed to coincide with the first "World Patient Safety Day" since it was endorsed by the World Health Organization at the 72nd Assembly in May. The emphasis on global involvement is underpinned by an African Patient Safety summit to be held in October.

The Patient Safety Movement Foundation (PSMF) is an alignment of industry, healthcare organisations, and a small number of professional bodies with the specific goal of eliminating preventable deaths or harm related to hospitalisation.

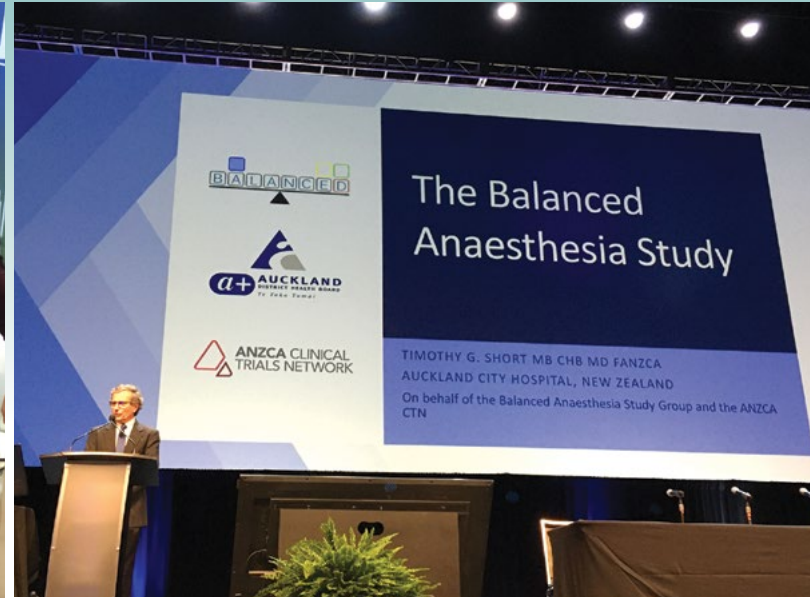
The mechanism to achieve this is goal involves healthcare organisation partners representing 4710 hospitals committing to specific structured "Actionable Patient Safety Solutions (APSS)". These are clinical care policies (for example, hand hygiene and preventing opioid-induced respiratory depression) and by healthcare industry partners (currently 89) committing to open clinical data sharing, transparency and intercommunication.

Anaesthetic depth and complications after major surgery: Publication of the Balanced Anaesthesia Study results



The much-anticipated results of the Balanced Anaesthesia Study have been published in the prestigious general medical journal *The Lancet*. This follows presentations by the study principal investigator, Professor Tim Short, at the ANZCA Annual Scientific Meeting in Kuala Lumpur, Malaysia, and the American Society of Anesthesiologists' Annual Meeting in Orlando, Florida, USA. This brings to fruition 10 years of intense effort by the study team and the ANZCA Clinical Trials Network (CTN), with funding from the ANZCA Research Foundation and national funding bodies in New Zealand, Australia and internationally. Anaesthetists worldwide now have definitive evidence to guide their administration of volatile-based general anaesthesia in elderly patients.

Observational studies conducted over a 15-year period suggested that deep anaesthesia was associated with worse outcomes than light general anaesthesia in elderly people having major surgery, however evidence from a large randomised controlled trial was lacking. The Balanced Anaesthesia Study randomised 6640 patients who were aged 60 years and over, with significant co-morbidity, to deep (bispectral index = 35) or light (bispectral index = 50) general anaesthesia. Anaesthetists nominated a mean arterial pressure target range to defend during surgery. The primary outcome was one-year mortality and secondary outcomes included major cardiovascular and infective complications. BIS values (38.8 and 47.2) and volatile anaesthetic concentrations (0.88 and 0.62 MAC) were significantly different between the deep and light groups, but mean arterial pressures were similar (81.0 and 84.5 mmHg respectively). There were no significant differences in mortality (7.2% versus 6.5%) or any of the secondary outcomes, and there was only one case of awareness (in the light group).



The Balanced Anaesthesia Study results are great news, because they define a broad range of anaesthetic depth over which anaesthetists can titrate anaesthesia to meet the individual needs of each patient. They are also another example of the power of the ANZCA Research Foundation and the ANZCA CTN to deliver evidence that guides care and helps in improves patients' lives.

The Balanced study has broken new ground as the first ANZCA CTN endorsed study to be led from New Zealand and the first to include all the major ANZCA training sites in that country. Balanced contributors also included dozens of sites in Australia, Hong Kong, China, the Netherlands, the United Kingdom, Ireland and the United States, proving once again that collaboration is the key to success!

We would like to offer special thanks to all the anaesthetists and especially the research nurses and coordinators that worked on the Balanced study. The protocol was very demanding, but we believe all the effort has been highly worthwhile in the end.

Professor Kate Leslie AO
Member, Balanced Anaesthesia Study Steering Committee

Above from left: Professor Tim Short being interviewed by Professor Monty Mythen and Desiree Chappell for TopMedTalk; Professor Tim Short presenting the results at the Anesthesiology sponsored Clinical Trials session at the American Society of Anaesthetists meeting in Orlando on October 20.

Funding success



The TRIGS Trial: Tranexamic acid to Reduce Infection after Gastrointestinal Surgery:

Professor Paul Myles was awarded a \$A5.2 million NHMRC grant in the 2019 Clinical Trials and Cohort Studies Grants scheme for the TRIGS Trial. This multicentre, pragmatic, double-blind, randomised clinical trial will compare the incidence of surgical site infection at 30 days and red cell transfusion requirements after IV tranexamic acid and placebo in patients undergoing gastrointestinal surgery. A bolus of study drug, 0.15 ml/kg (TxA) 15 mg/kg or matched placebo) before surgical incision, and then infusion at 0.05 ml/kg/h until the end of surgery. There is a per patient payment of \$A1000. We are currently looking for interested sites. Please contact Sophie Wallace at s.wallace@alfred.org.au for more information.

The MASTERSTROKE study: Management of Systolic blood pressure during Thrombectomy by Endovascular Route for acute ischaemic STROKE

The MASTERSTROKE study, which was endorsed by ANZCA CTN, has received \$NZ490,000 of funding from the Auckland Medical Research Foundation, the Auckland Hospital Research Trust and the New Zealand Neurological Foundation. Masterstroke is a 550 patient study of patients undergoing endovascular thrombectomy for acute anterior large vessel ischaemic stroke. Endovascular thrombectomy is an exciting new therapy, but little is known about how these patients should be managed physiologically during the management of these patients. MASTERSTROKE looks at the role of induced hypertension during the ischaemic phase on functional recovery at three months. Recruitment has started in New Zealand and the trial will recruit at several centres in New Zealand, Australia and the Netherlands. For more information on how your site can be involved, contact Dr Doug Campbell at DCampbell@adhb.govt.nz

Research grant success rate jumps for 2020

There has been a big increase in the success rates for fellows and trainees applying for ANZCA research grants.

The ANZCA Research Committee was pleased that researchers applying for grants for new projects, first-time applicants, and women leading new studies, all experienced significantly higher success rates in the 2020 ANZCA grant round compared to 2019.

The increase in ANZCA funding available for new grants in 2020 was made possible by reducing multi-year commitments. In 2018, the committee decided to cap future multi-year grants to a maximum of \$A120,000 over two years, reducing second-year and removing third-year funding commitments. This will enable more future applicants to access research grants.

Of 55 new project grant applications received for 2020, 23 (42 per cent) were successful, compared to 16 (26 per cent) of 61 applications for 2019.

Of 17 applications from first time applicants, nine (53 per cent) succeeded, versus only five (20 per cent) of 25 such applications in 2019.

Female principal investigators submitted 23 (42 per cent) of the 55 applications received, with nine (39 per cent) succeeding, versus only seven of 26 (27 per cent) succeeding in 2019.

For 2020, the committee awarded funding of just over \$A1.66 million through the ANZCA Research Foundation for research grants, including the Academic Enhancement Grant and Simulation/Education Grant, 19 new project grants, six continuing project grants, three novice investigator grants, and an allocation of \$A30,000 for CTN pilot grants. The committee will continue to monitor and report on the outreach of our research grants program, including the diversity of researchers and the location of grant applicants.

Overall, 30 investigators and teams will be supported in 2020. Their important research will be carried out in leading hospitals and universities in Australia, New Zealand and Hong Kong, and are a vital part of ANZCA's continuous advancement of safe, high-quality patient care in anaesthesia, intensive care, perioperative medicine and pain medicine, through high quality medical research and translation to clinical practice.

The foundation is very appreciative of all of its supporters and sponsors, especially those who provide the named research awards: Mrs Ann Cole, the families of the late Dr Robin Smallwood, the late Dr John Boyd Craig, the estate of the late Dr Lillian Elaine Kluver, CSL Behring, the Medibank Better Health Foundation, and Waitemata District Health Board.

Above: Dr Angela Tognolini, Foundation grant recipient, Royal Brisbane and Women's Hospital

Named research awards

Harry Daly Research Award – Associate Professor Paul Soeding

The Harry Daly Research Award was established by the Faculty of Anaesthetists, Royal Australasian College of Surgeons, in 1981. The award may be made in any of the college's research grant categories 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.



Understanding MRGPRX2-dependant, life-threatening anaphylaxis during anaesthesia: Towards prediction and prevention

The risk of anaphylaxis during surgery continues to concern clinicians, particularly since this adverse reaction is often unpredictable and life threatening. Anaphylaxis, while rare, is an acute hypersensitivity response often occurring within minutes following exposure to a provoking agent. The clinical response is typically characterised by development of an erythematous rash and urticaria, airway swelling, bronchospasm and hypotension. In severe reactions, cardiovascular collapse can result in cerebral injury and death. Provoking agents during anaesthesia are most commonly neuromuscular blocking agents (NMBAs) such as rocuronium.

In anaphylactic reactions, the body generates an antibody, immunoglobulin E (IgE) that interacts with the allergic substance to stimulate special immune cells called mast cells. These mast cells then release chemicals such as histamine that produce the severe symptoms of anaphylaxis. While this IgE mechanism is important to some drug allergy it does not explain all the cases. New work has excitingly identified a mast cell receptor called MRGPRX2 than can be directly activated by common muscle relaxant agents (as well as other drugs that share related structures). These findings provide mechanistic support to a non-IgE-mediated, "anaphylactoid" or "pseudo-allergic" process being important in anaphylaxis triggered by muscle relaxants.

The investigators will build on their results from a prior ANZCA-supported grant and will test if natural polymorphisms in MRGPRX2, identified in drug-sensitive individuals, render the receptor a) more active or b) better at activating certain mast cell signalling pathways ("signalling bias"). They will also establish mast cell culture from peripheral blood progenitor cells to validate their findings in patient-derived mast cells.

Results from this study will establish the importance of MRGPRX2 polymorphisms and intracellular signalling to neuromuscular blocking drug (NMBD) anaphylaxis, particularly rocuronium, with a focus on answering the question "Why does this reaction only occur in a relative few"? In so doing, it is envisaged that the results might lead to the establishment of a predictive test or biomarker quantification to avoid occurrence of this potentially deadly adverse reaction. Support for the validation/predictive value of such a test would be sought from larger funding agencies.

Associate Professor Paul Soeding, Dr Jeremy McComish, The Royal Melbourne Hospital; Dr Graham Mackay, The University of Melbourne.
\$A69,115

Above: Associate Professor Paul Soeding, Dr Jeremy McComish and Dr Graham Mackay

John Boyd Craig Research Award – Dr Philip Finch

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 Western Australians.



Molecular evidence of chronic inflammation in complex regional pain syndrome

Complex regional pain syndrome (CRPS) is a chronically-painful condition that occasionally develops after tissue injury (for example, a fracture or sprain) or after injury to a peripheral nerve. Instead of healing normally, inflammation persists longer than necessary and pain sometimes spreads to involve the whole limb and other parts of the body. Unfortunately, medical treatments for CRPS are often unsuccessful because the mechanisms that underlie the pain are not well understood.

In this project, the investigators will examine the role of the alpha-1 adrenoceptor (α_1 -AR), a target of the sympathetic nervous system neurotransmitter noradrenaline, in the inflammation that appears to underpin CRPS. Among other sites, this molecule is present in skin cells, cells involved in scar tissue formation, in peripheral nerve fibres and in white blood cells. Preliminary findings by the investigators suggest that stimulating the α_1 -AR aggravates inflammation and pain by increasing the production of interleukin-6, a key inflammatory mediator. Conversely, substances manufactured during inflammation increase the production of α_1 -AR. Furthermore, their preliminary work suggests that this cycle is amplified in a subgroup of CRPS patients with high basal levels of the α_1 -AR. The investigators wish to verify these preliminary observations in a range of cells involved in inflammatory responses (skin cells, repair cells, nerve cells and white blood cells) obtained from people with CRPS and from a comparison group of pain-free people.

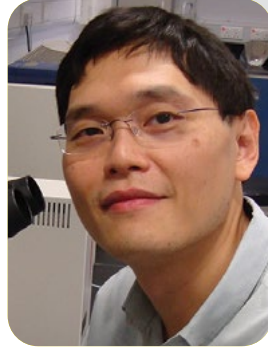
The investigators will also explore the consequences of this inflammation on the immune system. Their preliminary work indicates that white blood cells, and antibodies produced by these cells to destroy bacteria and viruses, are more abundant in people with CRPS than in pain-free controls. Unfortunately, over-production of antibodies sometimes results in autoimmune responses and chronic inflammation. The investigators hypothesise that over-stimulation of the α_1 -AR in CRPS triggers over-production of interleukin-6, ultimately resulting in chronic inflammation and autoimmune responses. To explore this, the investigators wish to determine whether interleukin-6 induces white blood cells to release an excessive quantity of antibodies in people with CRPS.

Options for treating CRPS are limited because mechanisms are not well understood. It is hoped that the studies conducted in this project will help to clarify the pathophysiology of CRPS, and that this will lead to new treatment approaches for patients with this intractable disease.

Dr Philip Finch, Professor Peter Drummond, Murdoch University, Western Australia.
\$A63,000

The Russell Cole Memorial ANZCA Research Award – Professor Matthew Chan

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



Butyrate for the prevention and treatment of chemotherapy-induced neuropathic pain

Chemotherapy-induced neuropathic pain adversely affects 10-30% of patients receiving anti-cancer therapy. It is a particularly notable clinical issue for those treated with platinum-based chemotherapeutics. While motor and autonomic nerves are generally unaffected, sensory neurons seem to be vulnerable. Patients suffering from chemotherapy-induced neuropathic pain often present with devastating and long-lasting symptoms, including numbness, tingling and pain during, and up to 18 months, after therapy. With an increasing number of patients receiving adjuvant chemotherapy associated with increasing incidence of cancer, chemotherapy-induced neuropathic pain represents a significant problem not only leading to a profound impact on patients' quality of life, but also adversely affecting the treatment outcomes due to dosage limitation and premature treatment discontinuation.

Oxaliplatin is one of the principal chemotherapeutic agents used for various types of cancer. It is also commonly administered in the palliative settings. However, oxaliplatin produces irreversible neurotoxicity in approximately 20-30% of patients, leaving persistent sensory neuropathy and neuropathic pain. Importantly, disabling neuropathy and neuropathic pain are treatment-limiting factors for oxaliplatin-based therapy. In this regard, pain as one of the most severe neuropathic syndromes, must be resolved to ensure adequate dosage of chemotherapy could be administered to improve survival and quality of life.

Butyrate is a commonly used dietary supplement with minimal side effects. It is also taken up into circulation by the host after natural production by specific bacteria in the colon. Butyrate is also one of the most studied histone deacetylase-1 (Hdac1) inhibitors. The investigators preliminary data suggest that butyrate potentially exerts analgesic effect in chemotherapy-induced neuropathic pain. Administration of butyrate or butyrate-producing probiotics will alleviate pain response in the mouse model of oxaliplatin-induced pain. Downregulation of pain-related potassium channels and the reduced potassium conductance by oxaliplatin in DRGs will be reversed by knockdown of Hdac1, butyrate or the butyrate-producing probiotics. These agents will also reduce the occupancy of Hdac1 on the promoters of genes encoding these potassium channels.

Recently, butyrate has attracted attention as a neuroprotective drug for brain injury. It has been shown to enhance memory, produce neuroprotection, and restore cognitive function in various neurological disease models. Human data has also shown that intraluminal administration of butyrate (in physiological relevant dose) into the distal colon of healthy subjects significantly decreases visceral pain, suggesting butyrate may also produce analgesia.

We envisage the findings will not only shed new insight on the mechanism through which Hdac1 mediates potassium channels repression in chemotherapy-induced pain, but also potentially open up novel prophylactic and therapeutic avenues. In long term, it can alleviate the treatment-limiting effect of chemotherapy and the quality of life of cancer patients.

Professor Matthew Chan, The Chinese University of Hong Kong. \$A55,960

Robin Smallwood Bequest – Dr Jennifer Reilly

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.



The Clinical Outcomes Measurement in Perioperative Medicine, Anaesthesia & Surgery Study (COMPASS): Development of a perioperative mortality risk prediction model for adults undergoing non-cardiac surgery in Australia

The aim of the Clinical Outcomes Measurement in Perioperative Medicine, Anaesthesia and Surgery Study (COMPASS) is to develop a generalisable perioperative mortality risk calculator for adults undergoing non-cardiac surgery in Australia.

The UK 2011 National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report Knowing the Risk observed that 80% of perioperative deaths occurred in 20% of patients. The report made key recommendations on the identification and care of high-risk surgical patients and have led to two major perioperative initiatives in the UK that are impacting clinical practice in Australia. These include the development of a perioperative mortality risk calculator for the UK, and the integration of perioperative risk prediction into routine clinical practice, as evidenced by replication of the National Emergency Laparotomy Audit (NELA) in Australia and New Zealand as the ANZELA-QI project.

COMPASS will be the first major Australian study of internationally used risk calculators for surgery. Evidence suggests that risk prediction models cannot be "exported" to other countries without being adjusted for local health systems and differences in ethnicity. The risk prediction models currently being used in Australia have not been validated here and are unlikely to be accurate without local adjustment. Recent external validation of the Surgical Outcome Risk Tool (SORT) in New Zealand by Associate Professor Doug Campbell and colleagues found that the model under-predicted mortality five-fold in New Zealand.

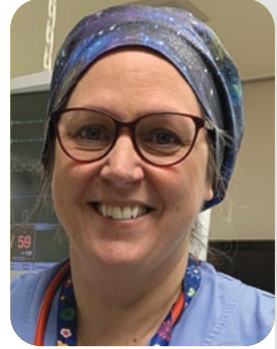
The investigators plan to externally validate SORT in Australia and update the predictive equation based on Australian data. They will undertake a prospective multi-centre observational study of adults undergoing inpatient noncardiac surgery and match baseline data with the national death index to determine mortality at 30 days, one year and two years.

The results have the potential to significantly impact surgery and anaesthesia in Australia by making risk calculators available for routine use; helping shared decision making between patients, families, general practitioners and specialists; and providing a foundation for larger clinical trials of perioperative care. Importantly, the calculator will include data from patients undergoing surgery in private hospitals, where over half of all surgery is performed in Australia.

Dr Jennifer Reilly, Professor Wendy Brown, Professor Belinda Gabbe, Professor Carol Hodgson, Professor Paul Myles, Dr Eldho Paul, Alfred Health and Monash University, Melbourne. \$A90,000 including scholarship

The Elaine Lillian Kløver ANZCA Research Award – Dr Terasa Bulger

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



Increasing the number of diagnostic variants for MH-susceptibility

Patients susceptible to Malignant Hyperthermia (MH) can suffer a life-threatening reaction when exposed to the inhalational anaesthetic drugs or muscle relaxants most commonly used in general anaesthesia.

However, MH reactions can be avoided if diagnosis of MH susceptibility takes place prior to general anaesthesia. For patients from MH susceptible families, it is critical that pre-symptomatic diagnosis of susceptibility is carried out. While the "gold-standard" diagnostic test is the in vitro contracture test (IVCT) using a large muscle biopsy, DNA testing can be used where familial variants have been demonstrated as pathogenic for MH.

The main hurdle for implementing DNA tests to replace the IVCT is the requirement that genetic variants be functionally characterised. Previous work carried out by this research team has enabled DNA-based diagnosis for almost half of the New Zealand families susceptible to this inherited disorder. As a result, many individuals can now avoid the invasive and morbid muscle biopsy test, but this is not the case for others where a causative genetic variant has not been identified. More recently, the team has identified novel genetic variants in many of the remaining families. Similar work by Australian colleagues has also identified a number of additional novel variants. But before DNA testing can be used with these new variants, the research team needs to show that each variant causes MH-susceptibility in an established experimental system. This research is designed to show experimentally that 38 new RYR1 genetic variants are actually responsible for MH. Therefore, it has the potential to almost double the number of genetic variants that can be used in DNA-based diagnostic tests for MH-susceptibility.

This will increase the number of DNA-based tests that can be offered to MH-susceptible families in New Zealand and Australia as well as worldwide. It will also shed new light on the molecular mechanisms underlying MH-susceptibility. This research project will have direct clinical outcomes and will also generate new skills and new knowledge, which will have wider implications in biomedical research. It will also provide safer alternatives for anaesthesia and ultimately patient outcomes.

Dr Terasa Bulger, Palmerston North Hospital, New Zealand; Professor Kathryn Stowell, Massey University, New Zealand. \$A58,312

CSL Behring ANZCA Research Award – Associate Professor Laurence Weinberg

The CSL Behring ANZCA Research Award is a biannual award made to a highly ranked grant in the areas of interest which include research on the current practice for the management of bleeding in patients who present with significant haemorrhage or urgent surgery while receiving direct oral anticoagulants and other examples of surgical areas of interest including liver, gastric and orthopaedic procedures.



A prospective randomised controlled pilot trial of preoperative microvascular protection in patients undergoing major abdominal surgery

All blood vessels in the body are coated with a thin and delicate layer of proteins called the endothelial glycocalyx layer (EGL). This protein layer plays an important role in modulating the functions of the blood vessel wall, such as permeability to fluid, blood vessel tone and clotting. During major surgery, the body experiences an inflammatory response that can damage this protein layer and in turn impair the function of the microvasculature (the smallest blood vessels in the body). To date little is known about the degradation of the EGL during surgery and whether any of the common therapies used during surgery have an impact on its function.

Albumin and dexamethasone are often administered to patients undergoing major surgery. Albumin is an intravenous fluid made up of a normal physiological protein (albumin) in a salt solution. Dexamethasone is a steroid medication, used in many types of surgery to reduce the risk of nausea and vomiting. Both medications are Therapeutic Goods Administration approved and readily available in Australia. These medications have been shown in smaller studies to reduce the inflammatory effect of surgery and its impact on the EGL.

This pilot study aims to examine if giving albumin and dexamethasone immediately prior to surgery can reduce the inflammatory response from surgery and the resulting damage to the EGL, thereby preserving the function of the microvasculature. Describing the rate and extent of change in biomarker levels will allow for quantification of EGL damage and identify if intervening with dexamethasone and albumin as a microvascular protective strategy reduces EGL breakdown. If this pilot study is successful in showing a reduction in glycocalyx breakdown with a simple perioperative intervention, this would justify a larger clinical trial to investigate potential clinical outcome benefits from such a treatment.

These exploratory findings will be critical in designing and powering a larger clinical outcome study that will evaluate if the same invention can minimise perioperative complications (acute kidney injury, major adverse cardiac events, postoperative respiratory complications, surgical site infection etc) and reduce length of hospital stay after major abdominal surgery.

Improved preservation of the EGL in the perioperative period may have a beneficial impact on endothelial function and in turn on end-organ perfusion and function. If shown to reduce EGL shedding, this would justify further larger trials to investigate if this translates to a difference in clinical outcomes or improvement in perioperative organ function.

Associate Professor Laurence Weinberg, Dr Shervin Tosif, Austin Health, Melbourne; Dr Ken Yee, Tauranga Hospital, New Zealand.
\$A50,253

Darcy Price ANZCA Regional Research Award – Dr Wais Sekandarzad

This ANZCA novice grant was made possible by a generous donation to the ANZCA Research Foundation from the Department of Anaesthesiology and Perioperative Medicine, Waitemata District Health Board, New Zealand in memory of Dr Darcy Price to support a project involving regional anaesthesia.



A novel regional anaesthetic technique for rib fracture pain

Rib fractures are common injuries and can result in significant morbidity and mortality. More than 40% of major blunt trauma patients will have rib fractures and up to a third of these patients will develop respiratory complications as a result. The impact of rib fractures on long term outcomes including chronic pain and chronic disability is significant, with some studies reporting up to 50% of patients at six months had chronic disability and 20% were complaining of chronic pain.

Among the common regional anaesthetic techniques to treat rib fracture and related acute pain are thoracic epidurals and paravertebral catheters. Each of these techniques has their advantages and disadvantages. Epidural analgesia poses its challenges and may be contraindicated in this group of patients, as they may suffer from low blood pressure and competing injuries, which can be exacerbated by epidural related sympathetic blockade. Both epidural and paravertebral blockade can be technically difficult to perform in the context of spine injuries and contraindicated when anticoagulants are administered to this patient cohort which is common, in order to prevent thromboembolism.

A novel regional anaesthetic technique, the erector spinae block (ESP) first described in patients with chronic chest wall pain, is an emerging low risk alternative to the above mentioned traditional blocks. The erector spinae block involves injecting local anaesthetic between the posterior surface of the erector spinae muscle and transverse process, both of which can be visualized by ultrasound imaging.

The aim of this study is to show whether continuous erector spinae catheter technique is effective in improving respiratory outcomes (spirometer volumes) at baseline before and after catheter placement for up to two days in patients with greater than three unilateral rib fractures compared to a placebo (normal saline) controlled continuous erector spinae catheter group. Secondary outcome measures are measurement of meaningful clinically important differences in verbal numeric rating scale (VNRS), opioid consumption, incidence of nausea and vomiting, hospital length of stay, quality of recovery scores, patient satisfaction and the incidence of persistent postsurgical pain and functional impairment at three months measured via the brief pain inventory short form (BPI).

The investigators hope to demonstrate that continuous erector spinae block is effective in improving pulmonary function, pain scores and other related outcomes in patients who have sustained more than three contiguous unilateral rib fractures.

Dr Mir Wais Sekandarzad, Alfred Health, Melbourne.
\$A20,000

Medibank Better Health Foundation Regional Anaesthesia Outcomes Grant – Professor Philip Peyton

This grant was made possible by a collaboration between the ANZCA Research Foundation and the Medibank Better Health Foundation related to major joint replacement, regional anaesthesia, and patient-centred outcomes.



Developing a predictive risk model of unplanned critical care utilisation following elective hip and knee arthroplasty

Total joint replacement is the definitive treatment for end-stage osteoarthritis, offering significant improvement in both physical function and quality of life in the majority of recipients. An ageing population is driving increasing demand for hip and knee arthroplasty. This is placing an increasing burden on healthcare systems, with lengthening waiting lists for surgery.

Despite improvements in orthopaedic surgery and anaesthesia, our ageing population has a greater incidence of comorbidities which present a risk for perioperative complications. These patients have longer hospital stays and are less likely to be discharged home, thus incurring higher costs. In addition, this can result in patients requiring postoperative critical care intervention, including critical care admission. Due to the much greater cost and more limited availability of critical care, anticipated need for critical care support in higher risk patients significantly adds to waiting list times and increases the proportion of burden of elective hip and knee arthroplasty placed on higher acuity centres.

Planned intensive care (ICU) or high-dependency unit (HDU) admission is a pre-emptive approach to reducing and managing postoperative complications. However, determining the rate of and reasons for unplanned ICU admission is vital in order to forecast for additional critical care resources required. Preoperative risk factors and perioperative complications that have been associated with intensive care unit admission must also be established. Identification of these variables by risk stratification models allows patients at higher risk to be triaged to higher acuity centres with intensive care facilities for their surgery, leading to a decreased rate of unplanned critical care admission or need for emergency transfer between lower and higher acuity hospitals.

The investigators will conduct a retrospective multicentre study, across three Melbourne public hospitals, in patients who have undergone elective hip and knee arthroplasty, of readily measurable preoperative patient factors, type of anaesthesia (regional versus general), type and site of surgery, and subsequent need for unplanned postoperative critical care utilization, including Medical Emergency Team attendance (MET Call and Code Blue equivalent), and admission to ICU, over a seven year period up to 2019. Data from approximately 4000 surgeries will allow powerful and reliable statistical analysis.

The results of this will inform clinical practice and resource allocation with an Australian urban context for one of the commonest major surgical groups, help reduce waiting list times for patients requiring hip and knee replacement, reduce avoidable healthcare costs and minimize patient risk. With a reliable predictive model that allows for improved allocation of perioperative resources and orthopaedic services, patient outcomes would be optimised and the financial burden of unplanned ICU admission would be reduced.

Professor Philip Peyton and Dr Dominique Grant, Austin Health, Melbourne.
\$A49,950

Optimising perioperative blood pressure measurement in obese patients – Associate Professor Victoria Eley



The Department of Anaesthesia and Perioperative Medicine, Royal Brisbane and Women's Hospital is an academic anaesthetic department affiliated with The University of Queensland (UQ) which provides adult anaesthesia services and anaesthesia care for maternity services. The department has strong streams of research, teaching and quality assurance and recruits for ANZCA CTN multicentre trials. Associate Professor Victoria Eley was awarded her PhD in February 2017 and the impact of her leadership as departmental research lead is reflected by five years of increasing research output. In 2018, the department produced a record number of publications; supervised nine post-graduate research students; participated in departmental-led research projects while also collaborating with universities and research institutions.

The Department of Anaesthesia and Perioperative Medicine has identified knowledge deficits in three particular aspects of the care of obese patients when they have surgery and have developed a program of research to improve the care of obese patients in our institution. These three aspects include: "Optimising pharmacokinetics in obese patients", "Optimising oxygenation in obese patients" and "Optimising blood pressure measurement in obese patients". The academic enhancement grant application is centred around the theme of "Optimising blood pressure measurement".

Anaesthetists are caring for more obese patients than before. As the size of our patients increase, the limitations of standard equipment have become apparent. Accurate blood pressure monitoring is essential throughout the perioperative period. When patients have very large or cone-shaped arms, blood pressure monitoring applying a standard rectangular cuff is known to provide inaccurate results, be difficult or impossible. Invasive monitoring can be used intraoperatively, however in most contexts of healthcare, including the preoperative clinic and postoperative ward, non-invasive blood pressure (NIBP) monitoring is the only option.

This program of research aims to optimise the perioperative measurement of blood pressure in obese patients. The investigators will assess the size and shape of the arms of our patient population (pregnant and non-pregnant) and identify anatomical features that may be used to predict arm conicity, and explore alternatives to standard oscillometric non-invasive blood pressure (NIBP) and determine if these are accurate in obese patients. They will determine if there is an accurate anatomical predictor (such as arm conicity, arm circumference or body mass index) which could alert clinicians to the fact that an upper arm rectangular NIBP cuff would result in an inaccurate blood pressure reading. This would be of use to anaesthetists in selecting perioperative monitoring techniques and would assist other clinicians in identifying patients in whom oscillometric NIBP monitoring is likely to be inaccurate.

This research is heavily patient-focused and the results will have implications for the quality of perioperative care provided to obese patients, by anaesthetists.

Associate Professor Victoria Eley, Royal Brisbane and Women's Hospital, Queensland; Associate Professor Ban Leong Sng, KK Women's and Children's Hospital, Singapore.
\$A100,000

Novice investigator grants

Comparison of the neuroprotective potential of xenon and sevoflurane anaesthesia and their effects on the processed electroencephalogram: A randomised trial – Dr Steven McGuigan



In recent decades there has been growing evidence that many of the volatile and intravenous anaesthetics currently in use may have neurotoxic effects. The ageing brain appears particularly vulnerable to these effects and cognitive dysfunction following anaesthesia and surgery is associated with greater morbidity and mortality. Half of all patients over the age of 65 will require surgery during their lifetime. Given the demographic changes in Australia and the devastating impact of cognitive dysfunction on the individual, identifying anaesthetic agents which are devoid of neurotoxicity, or indeed are neuroprotective, is a priority.

There is compelling preclinical evidence that xenon has less neurotoxic potential and has neuroprotective abilities beyond that of other general anaesthetic agents. This project will identify if xenon is superior to sevoflurane in reducing the neural injury associated with anaesthesia and surgery and if its use leads to less deterioration in cognitive function postoperatively.

For the study, patients undergoing a minor surgical procedure will have a general anaesthetic with either xenon or sevoflurane. Blood tests will measure proteins in patients' blood which indicate harm to brain cells to identify if one anaesthetic results in less damage than the other. The Montreal Cognitive Assessment, a screening test for mild cognitive impairment, will be performed before and after the procedure to assess the effect of both xenon and sevoflurane anaesthesia on brain function.

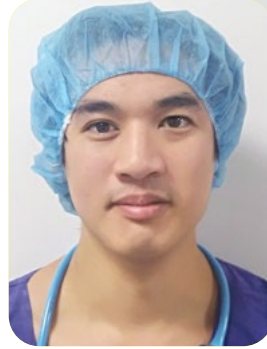
The investigators will also compare the ability of two different depth of anaesthesia monitors, the Bispectral Index (BIS) and the Brain Anaesthesia Response (BAR), to identify emergence from xenon and sevoflurane anaesthesia. Identifying a reliable method of monitoring is key to xenon's safe use as a sole anaesthetic.

This project will identify if there is evidence of a neuroprotective effect of xenon when used as the sole anaesthetic agent for surgery in the form of improved biomarkers and improved cognition postoperatively when compared to sevoflurane. The project will also contribute significantly to our understanding of depth of anaesthesia monitoring for xenon and inform its safe use as a general anaesthetic.

Dr Steven McGuigan, St Vincent's Hospital, Melbourne.

\$A18,818

Does intravenous fat emulsion adequately suppress 18-fluodeoxyglucose uptake in myocardium for glucose-loaded healthy volunteers undergoing cardiac positron emission tomography: A randomised crossover trial – Dr Michael Li



Myocardial infarctions (heart attacks) are common after operations, but it is difficult to identify one that requires invasive treatment with usual investigation methods. Cardiac complications (including heart attacks) occur in one-third of the post-operative populations. Cardiac ¹⁸F-fluodeoxyglucose (FDG) positron emission tomography (PET) is an emerging tool for the use of myocardial ischaemia. Current preparation methods for cardiac FDG PET remain lengthy, with variable physiological uptake of FDG by the myocardium. This study will investigate the feasibility of a novel intravenous fat emulsion, Intralipid, as a faster, more reliable alternative agent to the usual fasting and high fat diet protocol.

This study will be conducted as a pilot randomised crossover trial in healthy volunteers, who will receive two FDG PET scans each; one with Intralipid (intervention) and the other without Intralipid (control). Both groups will receive a glucose load before administration of the intervention/control and the scan to ensure that patients are unfasted. They will subsequently have the intervention or control followed by FDG injection and PET scan.

Faster and improved myocardial uptake may provide access to cardiac FDG PET for patients who are not able to fast, tolerate high fat diet, or who require cardiac FDG PET in a timely fashion (postoperative patients). The use of intravenous fat emulsion may widen applicability of cardiac FDG PET in detecting and stratifying myocardial ischaemia.

**Dr Michael Li, Peter MacCallum Cancer Centre, Melbourne.
\$A20,000**

Simulation/Education grant

Desire paths: Enhancing programmatic assessment in competency-based medical education from the bottom up – Professor Jennifer Weller



Much has been achieved in the move towards competency-based anaesthesia training, with the curriculum expressed in terms of the work that needs to be done, supported by a system of workplace based assessments (WBAs). However, the implementation of the formal curriculum does not always proceed as intended. Through their previous research, the investigators have identified that the use of WBAs for the purpose of making decisions on trainee progression is not entirely as intended, and informal parallel systems of assessment have emerged in many training departments. Variability in approaches to workplace-based assessment and decisions on progression lead to lack of standardisation, potential unfairness to trainees, sub-optimal feedback to trainees, and ongoing difficulties with identification and remediation of underperforming trainees.

Using the principle of co-design, the investigators aim to explore and build on existing local practices on gathering information about trainees' performance in the workplace in order to develop a pragmatic but robust system of assessment that fulfils the needs of supervisors of training and ANZCA.

While more can be done to educate our fellows and trainees on how to interpret and use the existing system of WBAs, sociological theory suggests that when the existing structures do not meet the needs of individuals or groups, "desire paths" emerge, and these common paths can provide an orienting frame to shape policy, programs and improvement. This could address some of the critical issues around implementation of competency-based medical education in ANZCA and more generally across postgraduate medical education.

Incorporating perspectives from international colleagues from Canada, Ireland, the UK and Europe would ensure the international relevance of this study beyond ANZCA's own training programme.

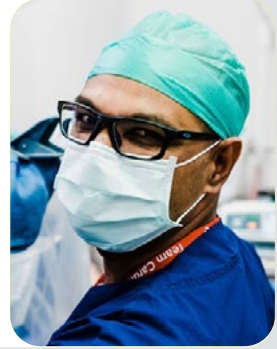
This project will add to the current international body of knowledge on implementation of competency-based medical education, build on the existing body of research exploring the function of our WBAs, and create new knowledge to inform the ongoing evolution of programmatic assessment in anaesthesia training with the purpose of improving the quality and experience of our graduates.

Professor Jennifer Weller, Dr Yan Chen, University of Auckland, New Zealand; Dr Damian Castanelli, Monash Medical Centre, Melbourne; Dr Jennifer Woods, Christchurch Hospital, New Zealand.

\$A69,767

Project grants

Preservation of hearts donated after circulatory death using gaseous persufflation – a rodent model – Dr Warren Pavey



Heart transplantation is the final treatment option for those patients with end stage heart disease. A shortage of donors coupled with the fact that not all donated hearts are suitable for transplant mean that many patients must wait for many months or years for a suitable organ and some may die waiting. Better methods of resuscitating hearts after removal from donors and preserving them while transported to a recipient would allow more hearts to be used and more lives saved.

Gas persufflation refers to the passage of gas rather than fluid or blood through the coronary vasculature. The experienced team will investigate the novel technique of using gas instead of blood to resuscitate and support donated organs before transplantation. Gas persufflation of organs may provide a more effective, simpler and cheaper method of resuscitation and storage than machines circulating fluid or blood through the heart while outside the body.

The investigators seek to develop gas persufflation towards a technique suitable for translation to human transplantation and explore the use of ultrasound technology, Shear Wave Elastography to predict functional recovery of rodent hearts subjected to a non-beating donor model. If Elasticity is shown to correlate with heart performance outcomes, it may allow assessment of organs prior to transplant, enabling consideration of marginal organs and better planning of perioperative care.

The investigators plan to use data from this project to inform a NHMRC grant application. This project is likely to allow progression to test gas persufflation in a large animal model and on unused donated DCD human hearts. The results of shear wave testing may be directly applied to human study. The ultimate aim is to translate this work into a simple, cheap and effective method of preserving human hearts donated after circulatory death.

Dr Warren Pavey, Fiona Stanley Hospital, Western Australia; Associate Professor Livia Hool, University of Western Australia; Associate Professor Kwok Ho, Royal Perth Hospital, Western Australia, Professor Luke Haseler, Curtin University, Western Australia.

\$A81,161 including scholarship

Outcomes in males and females participating in large non-cardiac surgery studies: An exploratory post hoc analysis – Professor Kate Leslie



Sex and gender are important determinants of disease and injury. They may affect incidence and natural history, the utility of diagnostic tests and prognostic markers, the effectiveness and safety of prevention and treatment strategies, access to and use of healthcare, and the response of the healthcare system. Sex and gender also strongly interact with other social determinants of health, such as ethnicity, cultural identity, education, work and income. Humans experience the health-related effects of their sex and gender simultaneously, making it difficult to unravel the effects of sex and gender on the incidence of exposures and outcomes, and the incidence of outcomes given the exposures. Recently researchers and organisations that support research have become vitally interested in ensuring that research addresses the health needs of both women and men. Most research studies looking for new treatments are open to both women and men, yet women continue to be under-represented as participants in medical research.

The burden of disease is different in males and females, for example cardiovascular disease is less common in women, but women with cardiovascular disease continue to experience higher mortality than men. Women are more likely to suffer anaemia than men, usually due to iron deficiency. Sex and gender also affect all elements on the immune response pathway, through genetically-mediated responses and gender-based exposure to antigens, access to healthcare, and prioritisation of health needs. As a result women have more autoimmune disease than men but are less susceptible to sepsis, including in the perioperative period. There are also sex-based differences in the pharmacokinetics and dynamics of commonly used drugs and in the incidence of adverse drug reactions.

The Australian and New Zealand College of Anaesthetists (ANZCA) Clinical Trials Network (CTN) has led or participated in 11 large studies that have included nearly 55,000 patients presenting for major non-cardiac surgery. Information was collected about death and major complications within 30 days of the operation in each study. This unique collection of patients presents an outstanding opportunity to see whether women and men are participating equally, whether they are equally fit at baseline and whether outcomes are different. With several ANZCA CTN studies concluding soon and an explosion of interest in sex/gender issues in health and more generally, the time is right to undertake these exploratory analyses, generate new ideas and plan new studies.

Professor Kate Leslie, The Royal Melbourne Hospital, Melbourne; Dr Jessica Kasza, Monash University, Melbourne.
\$A65,281

Using biomarkers of neurological injury to predict cognitive decline after cardiac and non-cardiac anaesthesia and surgery – Associate Professor Brendan Silbert



Since the introduction of general anaesthesia, more than 170 years ago, it has generally been assumed that the effects of anaesthesia and surgery on the brain are fully reversible, transient and leave no lasting effects. However, this assumption has been somewhat at odds with reported deterioration in thinking and behaviour which have been observed for more than 100 years. During the early days of anaesthesia, all efforts were focused on decreasing mortality and improving safety. Anaesthesia has been remarkably successful in this endeavour and is now focusing on longer term adverse outcomes. One of the most frequent is the impaired cognitive ability that follows anaesthesia and surgery in many individuals over the age of 65.

As part of our previous study funded by an ANZCA grant “Cognitive Decline after Anaesthesia and Surgery – the Role of Inflammation” (ARCADIAN), published in JAMA neurology (2018) we demonstrated an increase in two biomarkers, Neurofilament light (NFL) and tau after anaesthesia and surgery. These biomarkers are released when nerves in the central nervous system are injured. In our pilot study we observed that individuals undergoing cardiac surgery demonstrated greater increases in plasma NFL and tau than those undergoing non-cardiac surgery. Cardiac surgery has been identified as a procedure which is associated with a high incidence of delayed neurocognitive recovery.

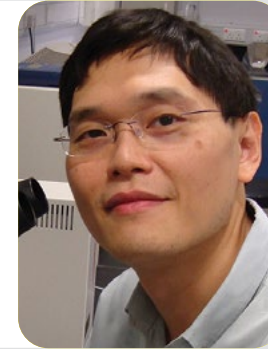
The aim of this new study is to more formally clarify the changes in brain biomarker proteins with anaesthesia and surgery in cardiac and non-cardiac surgery, and their relationship to neurocognitive outcomes. We propose to assay the plasma biomarkers NFL and tau in serial blood samples taken from individuals over the age of 65 years scheduled for elective cardiac and non-cardiac surgery.

An integral part of our research has been in collaboration with associate investigators, Professors Blennow and Zetterberg at the Neurochemistry Laboratory at Sahlgrenska University Hospital, Mölndal, Sweden. Using Single Molecule Analysis (Simoa), this laboratory has developed an accurate and sensitive method of measuring proteins in the blood, replacing the need for samples of cerebrospinal fluid. Patient samples will be sent to Sweden to be assayed for NFL and tau.

We will also administer a cognitive test battery at baseline and again at three months in order to identify neurocognitive disorder and assess daily for delirium during hospital admission. In this manner we will have the ability to link these neurological biomarkers with cognitive outcomes and compare the biomarker and clinical phenotype between those undergoing cardiac and non-cardiac procedures.

Associate Professor Brendan Silbert, Associate Professor Lisbeth Evered, Professor David A Scott, St Vincent’s Hospital, Melbourne.
\$A68,847

Postoperative vascular complications in unrecognised Obstructive Sleep Apnea (POSA) – II trial: Effect of nasal high-flow therapy in major noncardiac surgery – Professor Matthew Chan



Worldwide, more than 300 million patients undergo surgery each year, with 10 million having a major cardiac complication in the first 30 days after surgery. Obstructive sleep apnea results in repeated episodes of partial or complete upper airway collapse during sleep, causing a lack of oxygen, which affects 11% of the surgical patients. Unfortunately, a majority of patients are not aware of the disease at the time of surgery.

Surgical patients with untreated sleep apnea have an increased sensitivity to anaesthetics, aggravating the upper airway collapse, and are therefore at higher risk of cardiovascular complications after surgery.

The POSA-II trial is a culmination of our research to prevent postoperative adverse outcomes in surgical patients with untreated obstructive sleep apnea (OSA). In our POSA study, severe untreated OSA had a two-fold increase in the risk of cardiovascular events, and were associated with a longer duration of oxyhemoglobin desaturation at night. Nasal high-flow is a new form of respiratory support where oxygen is delivered at higher flow rate generating a positive end-expiratory pressure. The key question is whether nasal high-flow will be effective in patients with untreated severe OSA by alleviating both airway obstruction and severe oxyhemoglobin desaturation. The primary objective is to determine whether nasal high-flow is more effective than usual care in preventing the oxyhemoglobin desaturation in surgical patients with untreated severe OSA undergoing major noncardiac surgery.

Continuous positive airway pressure (CPAP) therapy is a contemporary treatment for OSA. Many patients however, cannot tolerate CPAP postoperatively. Thus, it is critical that an alternate treatment that is easy to use for both patient and provider be identified. The introduction of minimally intrusive nasal interface with nasal high-flow (NHF) therapy greatly improves patient adherence, respiratory exchange and oxygenation.

The investigators propose to carry out the Postoperative vascular complications in unrecognized OSA (POSA)-II trial – a proof of concept trial to evaluate whether NHF therapy would avert oxyhemoglobin desaturation, presumably the causal mechanism for postoperative OSA-related adverse events. POSA-II will also collect important feasibility data for a large-scale international multicentre trial with adequate power to detect effects of NHF therapy on clinical outcomes.

If successful, the POSA-II trial will provide feasibility data for the performance of a subsequent large randomised trial focusing on clinical outcomes and cost effectiveness of the NHF among patients with OSA to the healthcare system.

Professor Matthew Chan, The Chinese University of Hong Kong.
\$A69,968

Is PACU-delirium caused by uncoupling of brain regions? – Professor Jamie Sleigh



After surgery, many elderly patients experience delirium – a sudden disturbance in orientation and attention. Delirium incurs a high societal burden due to its association with many adverse outcomes, such as increased length of stay in the post-anaesthetic care unit (PACU), increased patient or staff injury, increased mortality, increased hospital stay, and functional and cognitive decline. Although there are known demographic correlations with delirium, the neural mechanisms remain poorly understood. Of particular importance to anaesthetists is delirium that presents within an hour or two after surgery in the PACU. PACU delirium is thought to be an early indicator of later onset postoperative delirium with similar longterm adverse outcomes; and there is evidence that the brain during anaesthesia contains clues to predicting and understanding the mechanisms of subsequent PACU delirium.

The actual causes and mechanisms for delirium(s) are poorly understood at present, but there is some evidence that delirium is associated with ineffective communication between different brain regions. In particular, the brain is unable to completely switch between attending to the outside environment, and its own internal “daydreaming” states. So the brain is unable to make sense of sights and sounds.

In this study, the investigators are particularly interested in the transition back to consciousness at the end of anaesthesia (the “emergence” phase), as there are obvious reconstructions that occur in healthy subjects. Is there a failure to reconnect long-range connections after anaesthesia in delirious patients? If so, how do we ensure that these connections re-establish correctly and thus reduce delirium? It is a common observation that many delirious patients go back to sleep in PACU for a short time and then re-awaken completely lucid. This would suggest that the sequence of activation of different brain regions emergence is critical to the construction of normal wakeful state.

To undertake this, the investigators will develop and validate various statistical measures of electroencephalogram (EEG) patterns during and after anaesthesia to explore the regional brain network-level mechanisms of PACU delirium. With a better understanding of the actual neural mechanisms that cause delirium would allow for the rational future development of monitoring that could accurately predict delirium in PACU for individual patients; and allow specific preventative or treatment strategies to be put in place. Therefore a reduction in PACU-delirium will result in less distress for patients and their relatives, shorter PACU staying times, less admission to high care postoperatively, and less perioperative mortality.

Professor Jamie Sleigh, Waikato Hospital, New Zealand.
\$A59,400

Biomarker determinants of ketamine response status in the ROCKet Trial – Professor Andrew Somogyi



Chronic postsurgical pain has a significant impact on the health of Australians. Post-surgery pain lasting for over a year can occur in 15-60% of patients which can severely impact a patient's quality of life. The drug ketamine is sometimes used to manage chronic pain that inadequately responds to opioids.

This project seeks to determine whether there are biological markers, which are associated with a patient responding to ketamine. These biomarkers include: a) blood levels: the body's exposure to the drug and its breakdown products which also have pain relieving properties; b) inflammation levels: ketamine reduces the levels of a key inflammation marker; c) genetics: a patient's genetic make-up can affect ketamine's blood levels, inflammation levels, and the activity of ketamine's target in the brain.

The NHMRC funded ROCKet (Reduction of Chronic post-surgical pain with Ketamine) trial is a double-blind, placebo-controlled, randomised Phase 3 trial assessing the effect of perioperative intravenous ketamine on the incidence and severity of acute and chronic post-surgical pain. The trial is led by CIB Peyton and aims to show if ketamine is effective and has an acceptable harm to benefit balance. Regulatory bodies such as the Food and Drug Administration (FDA) are strongly advocating complementary biomarker studies in clinical drug development to identify responders for drug efficacy and harm. This study will investigate biomarkers in a subgroup of the ROCKet trial participants that incorporate not only pharmacokinetic but also pharmacodynamic and -genomic factors in a comprehensive systems approach to allow for new regulatory-approved indications for ketamine.

Using the biomarkers, the investigators will determine whether a single marker or more likely a combination of markers have the potential to predict who will respond to ketamine in the acute phase (first 24 hours) and who will more likely not develop chronic post-surgical pain.

This research has the potential to develop precision medicine to improve targeted acute pain management and prevent chronic postsurgical pain. A presurgical blood sample may be all that is required. It will also have implications with respect to chronic pain per se including the increasingly recognised potential role of the innate immune system in the development of neuroinflammation.

Professor Andrew Somogyi, University of Adelaide; Professor Philip Peyton, Austin Health, Melbourne; Associate Professor David Foster, University of South Australia.

Top up funding for this grant received from The Russell Cole Memorial ANZCA Research Award.

\$A63,000

High-flow oxygen for children's airway surgery: A randomised controlled trial protocol (HAMSTER) – Dr Susan Humphreys



Upper airway surgery in children with abnormal airways is a very common procedure but associated with a great risk for adverse events, such as hypoxemia (fall in oxygen levels in the blood). Surgery may need to be interrupted to correct this, which can potentially compromise the safety of the patient, prolong the procedure, increase exposure to anaesthetic treatment and affect the success of the surgery. In a recent review of the anaesthetic care of children undergoing airway surgery at the Queensland Children's Hospital, the investigators found that 34% of children experienced low oxygen levels one or more times during the procedure. A further 23% of surgeries had to be interrupted to correct oxygen levels.

Our research team has pioneered and developed a new mode of oxygen delivery for children undergoing anaesthesia called "High-Flow Nasal Oxygen" (High-Flow) as an alternative to improve oxygenation during tubeless upper airway surgery. In High-Flow, warm and humidified oxygen is delivered to the airway via nasal cannulae, at a rate determined by the child's weight. Matching the flow to the patient's breathing allows the anaesthetist to deliver oxygen to the child at the required concentration. Our recent studies have demonstrated High-Flow is an effective alternative technique for oxygen delivery that can be safely used in infants and children with abnormal airways.

To date there have been no large-scale studies evaluating High-Flow in comparison to other oxygenation techniques during airway surgery in children. Therefore, the investigators aim to compare the two techniques using a randomised controlled trial in infants and children during airway surgery. If they can determine that High-Flow reduces the risk of low oxygen levels, this has the potential to both improve both the safety and the success of these surgeries for children.

This new approach will facilitate a more efficient surgical procedure with shorter time of anaesthesia. It is well anticipated that the new technique will impact other fields of paediatric anaesthesia for bronchoscopy and gastroscopy.

Dr Susan Humphreys, Associate Professor Andreas Schibler, Queensland Children's Hospital; Professor Andrew Davidson, Dr Ben Hallett, The Royal Children's Hospital, Melbourne; Associate Professor Justin Skowno, The Children's Hospital at Westmead, New South Wales; Associate Professor Kristen Gibbons, Centre for Child Health Research, Queensland.

\$A63,000

Computerised decision support to improve efficiency and outcomes of massive blood transfusion – Dr Brenton Sanderson



Management of patients with major haemorrhage is extremely challenging due to its often unpredictable occurrence, requirement for multiple tasks to be completed simultaneously by a multidisciplinary team at a moment's notice and an increasing risk of patient morbidity and mortality. Providing blood products to institutions across Australia to support the management of haemorrhage wherever and whenever it occurs also represents a significant financial cost to the community, but hospital costs of managing a massive transfusion (MT) are essentially unknown.

MT requires a time-critical coordinated effort between front-line clinicians (anaesthetists, emergency physicians, and nursing staff), haematologists, and hospital blood bank staff, working in separate physical environments to expedite complex transfusion support requirements. Most hospitals organise this process through a locally adapted MT Protocol (MTP) that directs staff roles and activities, specifies the type and quantity of blood products, and provides guidance for ongoing laboratory investigation, markers for success of resuscitation and continuing management specific to the cause of bleeding.

To improve patient care in complex settings, clinical decision support systems (CDSS) have been developed that involve computerised application of evidence-based rules or algorithms to patient-specific information. These systems have been shown in non-critical transfusion settings to reduce both the amount of blood transfused and patient complications. To-date however, no such studies have been conducted to evaluate their efficacy in critical bleeding requiring MT. Therefore, it is imperative that additional approaches be investigated to address these problems and improve the efficacy and efficiency of this process and therefore improve patient outcomes.

The aim of this study, which is part of Dr Sanderson's PhD, is to enhance decision-making processes during MT to improve efficiency and outcomes through the development of a CDSS for MT. Specifically, this research project will identify quality indicators and processes that represent optimised decision-making in MT and describe the barriers and risks of clinical decision-making processes in MT. To address these barriers and risks, the investigators will develop and evaluate a computerised CDSS to optimise clinical decision-making processes.

This project will support rational use of blood products during MT, help conserve this precious resource by establishing evidence-based quality indicators, and support institutions around the world to improve their own MTP quality processes. It will also describe anaesthetists' experiences in managing MT to ensure that proposed improvements to the process address the perceived barriers of its most common users. Finally, this project will establish the role of a CDSS for surgical MT and recommend whether such systems should be considered in clinical practice. Additionally, this project has the potential to help support clinicians in other life-threatening clinical contexts to provide evidence-based care via CDSS, improve outcomes, and reduce the cost of caring for vulnerable patient populations. Therefore a reduction in transfusion requirements should improve patient outcomes and reduce costs of healthcare.

Dr Brenton Sanderson, Westmead Hospital and Macquarie University, NSW; Professor Enrico Coiera, Macquarie University, NSW; Professor Erica Wood, Monash University, Melbourne; Dr Lise Estcourt, John Radcliffe Hospital, Oxford UK; Dr Jeremy Field, Westmead Hospital, NSW.

\$A74,660 including scholarship

Intraoperative lignocaine infusions: Development of an optimised infusion dosing regimen for obese patients – Dr Angela Tognolini



The specialty of anaesthesia is continuing to cope with the global obesity epidemic. As more obese patients present for surgery, we are seeing not only an increased risk of complications for the individual patient, but also significant strain placed on healthcare resources, with escalating costs and decreased efficiency. It is vitally important that we constantly strive to improve anaesthetic care to combat these issues.

Intraoperative lignocaine infusions have the potential to improve perioperative outcomes by decreasing pain and opioid requirements, improving recovery, and reducing hospital length of stay. Despite these advantages, limitations exist regarding the safety and efficacy of lignocaine infusions in those with a high body mass index. There are significant inconsistencies in the literature, and current pharmacokinetic models and dosing guidelines do not cater for the obese population.

Patients who are obese may manifest markedly different pharmacokinetic parameters, and without detailed knowledge of the pharmacokinetics of lignocaine dosing in obesity we risk underdosing, with inadequate clinical effect, or dose adjusting inaccurately and overdosing, with the risk of toxicity. Clearly, both scenarios have the potential for significant adverse patient outcome.

The investigators aim to develop an efficacious and safe dosing regimen and guidelines for intraoperative lignocaine infusions in obese patients undergoing laparoscopic abdominal surgery at the Royal Brisbane and Women's Hospital. Initial studies will describe the plasma concentrations and pharmacokinetics of lignocaine in the obese. Subsequent data analysis and computer modelling will be used to determine a safe and effective dosing regimen for this population. This data is intended to be used for future multi-centre intervention studies to evaluate intraoperative lignocaine infusions on patient outcomes, including pain scores, opioid use, recovery and length of stay, in obese patients undergoing bariatric and non-bariatric surgery. This research has the potential to change clinical practice and improve the care and outcomes for obese patients. The community as a whole may benefit, due to reduced healthcare costs.

Dr Angela Tognolini, Dr Dwane Jackson, Professor Jason Roberts, Associate Professor Victoria Eley, Royal Brisbane and Women's Hospital, Brisbane.

\$A22,500 scholarship

Diagnosing malignant hyperthermia from a needle muscle biopsy – Dr Robyn Gillies



Malignant hyperthermia (MH) is a potentially life-threatening event in response to anaesthetic triggering agents – volatile anaesthetics or depolarising muscle relaxants. It may be passed down through families from one generation to the next. Many people at risk of MH may be confirmed by a simple genetic test. However all other patients require a muscle biopsy, to have special functional testing to confirm they are at risk of MH, the in-vitro contracture test (IVCT). The muscle biopsy is taken from the leg, requiring a surgical operation and a general anaesthetic that is known to be safe with MH.

The aim of this study is to design a new, uncomplicated assay to diagnose MH susceptibility using isolated skeletal muscle fibres from a needle biopsy. Through this project, the investigators will show this simple less invasive technique is a reliable test to determine a patient's potential risk of MH.

Skeletal muscle fibres will be sectioned from the current skeletal muscle biopsies obtained from individuals presenting for the current diagnostic test (IVCT) at the Malignant Hyperthermia Units at The Royal Melbourne Hospital, Victoria and The Children's Hospital, Westmead, NSW. Muscle fibres from needle biopsies obtained under local anaesthesia will be assessed from patients with a previous IVCT MH diagnosis.

This study will have implications for contributing to phenotypic diagnosis of potential MH susceptible patients. By offering a simple investigation acceptable to the general population will encourage more potentially MH susceptible people to submit to testing to define their risk of MH. These studies will also allow the investigators to confirm pathogenicity of genetic variants, ultimately enhancing genetic diagnosis for MH family members, and will replace the invasive biopsy, general anaesthetic and IVCT that are currently in use. The new assay will be transferrable to local and international clinics responsible for diagnosing MH.

Therefore, confirmation of MH status will significantly contribute to the safety of anaesthesia in our community and provide an overall decrease in the cost to the healthcare system.

Dr Robyn Gillies, Associate Professor Andrew Bjorksten, The Royal Melbourne Hospital; Dr Margaret Perry, The Children's Hospital, Westmead, New South Wales; Associate Professor Bradley Launikonis, The University of Queensland.
\$A56,000

OASIS: Oscillation mechanics And Sustained Inflation Study using FOT measurements of children under general anaesthesia – Professor Britta Regli von Ungern-Sternberg



Atelectasis, the collapse or closure of a lung area, is promoted by general anaesthesia and results in blood not taking up sufficient oxygen as it returns through the lungs. Lying flat, anaesthetic agents, insertion and removal of an airway device, and the use of muscle relaxants all increase the risk for atelectasis formation. Depending on the amount of the lung involved and presence of underlying lung disease it can result in low blood oxygen levels in the patient. It can take a number of hours to days for this to resolve after a major operation and contributes significantly to subsequent respiratory morbidity. During an operation an anaesthetist will typically use recruitment manoeuvres to re-open collapsed and poorly ventilated lung areas. However, the best technique to reopen a child's lungs is unclear and may be affected by whether the lungs are healthy or diseased, what the surgery is and the type of airway device used.

The forced oscillation technique (FOT) is a non-invasive method for assessing lung mechanics. It works by applying pressure waves down the multiple branching airway tracts and detecting/measuring the reflected waves, much like an ultrasound. In the past, this required a static system and could not be done while on a ventilator without interruption of the anaesthesia circuit. At the Politecnico di Milano University, a new FOT system has been pioneered, that allows for the first time a continuous assessment of respiratory mechanics while the child is on a breathing machine under general anaesthesia.

The aims of this study are to compare the effectiveness of two different recruitment manoeuvres to reopen or recruit the collapsed lung in children undergoing general anaesthesia with different airway devices (laryngeal mask vs cuffed tracheal tube) as measured by changes in respiratory mechanics via the new FOT system.

The results of this study will help paediatric anaesthetists to optimise lung recruitment and the ventilation strategy in children undergoing general anaesthesia with different airway devices. Additionally, successful implementation of continuous FOT measurements (assessment of respiratory mechanics) in the setting of different airway devices has the potential to change routine clinical practice by allowing anaesthetists to adapt ventilation to rapid changes in mechanics during anaesthesia which are particularly pronounced in young children. The results can be used to formulate new evidence-based ventilatory guidelines both nationally and internationally.

Professor Britta Regli von Ungern-Sternberg, Perth Children's Hospital, Western Australia; Professor Graham Hall, Telethon Kids Institute, Western Australia.
\$A56,000

The CHEWY study: A randomised non-inferiority trial of chewing gum versus ondansetron to treat postoperative nausea and vomiting in female patients after breast and laparoscopic surgery – Dr Jai Darvall



Postoperative nausea and vomiting (PONV) is a significant complication of general anaesthesia, resulting in patient morbidity, delayed discharge, and cost burdens of anti-emetic rescue therapy and unanticipated hospital admission. Prophylaxis and treatment of PONV is effective, but is costly and has side effects. Pilot work by this team has confirmed the acceptability of chewing gum as treatment for PONV to patients and staff, and the feasibility of a large definitive trial. Chewing gum has merit as a first-line, drug-free treatment for established PONV, thus potentially introducing a cheap, novel and safe therapy applicable to high-, middle- and low-income countries.

The CHEWY trial is a large, multi-national randomised controlled trial to establish whether chewing gum is non-inferior to intravenous ondansetron for nausea and vomiting after general anaesthesia. In total 1185 women and girls having breast and laparoscopic surgery will be enrolled, to randomise 272 patients who experience PONV after surgery. Currently 51 patients have been randomised across eight sites in Australia and New Zealand, with this grant allowing the completion of the CHEWY trial in 2020.

If shown to be non-inferior to ondansetron in this definitive, multi-centre randomised controlled trial, chewing gum has the potential to revolutionise the treatment of PONV for millions of patients worldwide annually.

Dr Jai Darvall, Professor Kate Leslie, Dr Megan Allen, The Royal Melbourne Hospital, Vic; Professor Andrew Davidson, The Royal Children's Hospital, Melbourne.
\$A56,000

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)
- Professor Tim Short (NZ)
- Professor Andrew Somogyi (SA)
- Professor André van Zundert (Qld)
- Dr Angela Watt, (Vic) Community representative
- Professor Jennifer Weller (NZ)

On behalf of the college, the ANZCA Research Committee thanks all reviewers (listed on following page) who reviewed one, or often more, grant applications for their invaluable contributions 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 all 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, and may be from overseas. The reviewer comments are sent back to the researcher applicant for response, and the spokesperson then collates the information (including the reviewer scores, comments, and applicant's responses) into a synopsis with a score. Each grant is then discussed by the whole 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 the room during 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 (UK, 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, except to novice investigators. However, detailed feedback on grant applications is formally provided during the review process through reviewers' comments to applicants, which reflect most or all of the factors that will influence committee decisions. Most of the senior members of the committee have experienced many unsuccessful grant applications to ANZCA and other granting agencies such as NHMRC and HRC. 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 Research Committee recognises the very significant time and effort involved in writing research grants, and extends its thanks and encouragement to all applicants.

We are trialling an initiative this year of mentoring emerging researchers through examples of the research grant application process, so that they will have a better understanding of the way applications are considered and evaluated. Hopefully this will lead to more effective and successful grant applications with ANZCA and indeed other competitive grant applications.

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

Professor David A Scott, Chair
ANZCA Research Committee

ANZCA research helps guide patient clinical care

ANZCA Research Committee Deputy Chair Professor David Story examines ANZCA clinical trials and evidence.

How, as clinicians, do we implement evidence from clinical trials? And anyway, aren't most clinical trials in anaesthesia negative? To help answer these questions, I'll describe a "typical" older patient having major surgery and then look at how evidence specifically from clinical trials that have been supported by ANZCA can help you guide clinical care with the intention of enhancing safety and quality.

Consider a patient, Mrs Singh, who is 68 years old, has stable ischaemic heart disease, well controlled hypertension, and moderate chronic kidney disease: ASA III. Her only recent anaesthesia care was for her colonoscopy and that was uneventful. Now, Mrs Singh is booked for elective sigmoid resection for colon cancer on your regular list.

A key to deciding whether trial results may apply to a patient in your care is the research question which is often phrased as population, intervention, control and outcome (PICO).

Mrs Singh, who is older with important co-morbidity and undergoing a larger operation, is typical of the population in larger ANZCA trials. Interventions can range from drugs (new and old) to health service changes such as prehabilitation. Controls can range from placebo, to active drugs such as sevoflurane, to usual care. Pragmatic trials try to minimise the difference between trial and routine clinical practice. Outcomes are increasingly long term and aim to be important to end users including patients and clinicians such as disability free survival or days alive and out of hospital, also called days at home.

A finding of no important difference in the

outcome between the intervention and control arms in a large well conducted trial does not mean that the results are "negative" and of little value.

No difference indicates that any arm may be a reasonable choice for that group of patients. However, there can be important further considerations in the secondary outcomes. A good example is the RELIEF study. This study included adults undergoing major abdominal

surgery with the intervention of restrictive fluids or and control of liberal fluid regimen with an expected outcome of lower rate of complications and a higher rate of disability-free survival after surgery in the restrictive arm. At the end of the study, contrary to

the hypothesis (and ERAS teaching), there was no difference in disability free survival at 12 months, but the incidence of acute kidney injury was greater in the restrictive group (8.9 per cent versus 5.0 per cent). Acute kidney injury is a complication of underrecognised importance. For Mrs Singh a fluid regimen that is closer to the liberal arm of the RELIEF study might be your best plan if you are concerned about acute kidney injury.

Mrs Singh has a good GP and her ischaemic heart disease is appropriately managed with aspirin, statins, beta-blocker, and an ACE inhibitor. With these she has a heart rate of 55 beats/min and a blood pressure of 130/80 mm Hg. The POISE study PICO was: Does extended-release metoprolol succinate compared to placebo in patients with, or at risk of, atherosclerotic disease who were undergoing non-cardiac surgery reduce the risk of 30-day risk of major cardiovascular events?

Consistent with the underlying hypothesis fewer patients in the metoprolol arm had a myocardial infarction BUT this was overrun by the secondary finding of increased stroke and mortality in the metoprolol group. Other evidence supports continuing existing beta blockade, but the POISE investigators caution about hypotension with perioperative betablockers. This evidence further supports use of arterial cannulation and continuous direct blood pressure monitoring.

POISE investigators also found that significant perioperative bleeding was associated with a two-fold increase in myocardial infarctions. The subsequent POISE II study found that aspirin had no significant effect on the rate of death or nonfatal myocardial infarction but increased the risk of major bleeding. Again, bleeding was associated with increased risk of myocardial infarction. A further analysis found that bleeding and hypotension were associated with acute kidney injury. Based on this evidence I would suggest to the team that Mrs Singh cease her aspirin 72 hours before surgery and restart a week after surgery. The ongoing POISE-3 trial will help answer questions about Mrs Singh's antihypertensives.

The ENIGMA I and ENIGMA-II studies examined potential harm from using nitrous oxide. ENIGMA-II, contrary to a hypothesis generated from ENIGMA-I, found no evidence that nitrous oxide increases the risk of death and cardiovascular complications after major non-cardiac surgery: no harm but no clear benefit. Therefore, other factors affect choice and you might choose to avoid nitrous oxide simply because it is a greenhouse gas. The ongoing VAPOR-C trial will help with choice of anaesthetic agent for colorectal cancer surgery.

Further, like POISE-2 and other large clinical trials ENIGMA-II produced high quality observational data, relevant to perioperative medicine. A subsequent paper from the ENIGMA-II



study demonstrated the importance of measuring troponins in the first few days after surgery. Without a major complication Mrs Singh would have an expected one-year mortality risk of 5 per cent with an isolated troponin rise that increases to 10 per cent. With a major complication or adverse cardiac event, it increases to 18 per cent but a combination of a non-cardiac complication AND a troponin rise increases to 26 per cent. Therefore, you might strongly recommend that Mrs Singh has three days of postoperative troponins and that a troponin rise, or a major complication changes her long-term prognosis probably independent of her cancer. Such problems should involve escalating care.

Finally, if we wind back the clock almost 20 years the MASTER trial suggests that there is neither clear advantage, nor disadvantage, in choosing to use an epidural compared to using systemic opioids. However, there may be improved pain control early after surgery and possibly decreased respiratory complications. You might not routinely

"All ANZCA fellows and their patients can benefit from trials by implementing trial findings in everyday practice."

use an epidural but would consider it if Mrs Singh had a pre-existing pain syndrome and/or respiratory problems including obstructive sleep apnea.

All these trials also point to multidisciplinary optimisation and enhanced postoperative care. If possible, you would refer Mrs Singh to a perioperative medicine service to oversee managing her medications and surveillance for complications particularly cardiovascular complications.

All ANZCA fellows and their patients can benefit from trials by implementing trial findings in everyday practice, supporting having your patients enrolled in trials, becoming trial site investigators, or lead investigators.

Safe, high quality patient care through good evidence and strong research culture is the value proposition.

Professor David Story, FANZCA

Chair of Anaesthesia, and Deputy Director, Centre for Integrated Critical Care, University of Melbourne
Associate Director, Melbourne Academic Centre for Health

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CPD update

Entering data into the CPD portfolio

Collecting information about patients has important privacy implications, and it is the continuing professional development (CPD) participant's responsibility to ensure that all privacy obligations are met and any necessary consent obtained. Only de-identified information should be routinely stored on the CPD portfolio.

For example, patient experience surveys, multi-source feedback (MsF), and peer review of practice, the focus is on the educational outcomes of these activities and how participants review feedback to improve their practice. The following evidence is required by the college for verification:

- Providing the blank patient experience survey form, or MsF form, if the form used is not the ANZCA form, and/or,
- Providing the relevant CPD verification form.

If any identifying information is recorded in the CPD portfolio, please ensure that your hospital's privacy statement and patient consent policy is followed. Collecting information about patients has important privacy implications under relevant laws and recording personal information about activities may have medico-legal implications for participants.

If you have any queries or issues relating to the program or accessing your CPD portfolio, please contact the CPD team at cpd@anzca.edu.au.

Publication consultation – MBA draft revised registration standard: CPD

In August 2019, ANZCA were invited to provide preliminary feedback on the Medical Board of Australia's draft revised "Registration standard: CPD", which is now out for public consultation.

We encourage all CPD participants to provide feedback directly, with email submissions marked "Public consultation on the draft revised registration standard: Continuing professional development" to performanceframework@ahpra.gov.au. Feedback is due by February 14, 2020.

Consideration of allowing our program to continue with weighted credits as opposed to purely time based credits is an important focus for discussion. The CPD committee is drafting a considered and robust response to the MBA in efforts to uphold our innovative CPD program.

- The consultation paper is available on the board's website at: www.medicalboard.gov.au/News/Current-Consultations

Is your CPD triennium ending?

The ANZCA and FPM CPD Program is approaching its largest cohort for the 2017-2019 triennium with more than 3200 participants. The final submission date for this triennium is December 31, 2019.

Targeted emails outlining outstanding activities have been sent. If you have any questions, please contact the CPD team at cpd@anzca.edu.au before the December 31 due date.

Selected for the 2019 verification of CPD activities?

The verification of CPD activities is independent of the triennium process. The selection is complete and all randomly-selected participants have been notified. As this is a random selection, it is possible to be selected in consecutive years. We appreciate your participation and compliance with the verification process.

The reviewing of all portfolios/evidence is expected to take place between January and March 2020. Selected participants have until December 31, 2019 to enter their remaining activities and upload all required evidence to their CPD portfolio. For inquiries, please contact the CPD team at cpd@anzca.edu.au.

The ANZCA and FPM CPD Committee regularly assesses and evaluates the CPD program and professional practice review. Reports and recommendations are made to the FPM Board and ANZCA Council for changes to the CPD standard. In 2019, the following changes to the ANZCA CPD standard were approved. They will be implemented to the ANZCA and FPM CPD Program from January 1, 2020.

AMENDMENT

Cultural competency

The amendments to the current CPD activity include:

- Re-location from "Knowledge and skills" to the "Practice evaluation" category.
- Increased from one to two credits per hour.
- New annual credit cap of 10 credits.
- CPD handbook update – appendix 20 Cultural competency resources.

These changes support the importance of strengthening Indigenous health practices and cultural competency resources across Australia and New Zealand.

NEW

Practice evaluation, examiner for the final exams of the ANZCA Training Program

A new practice evaluation activity has been approved for participation as an examiner in the process of group viva discussion and examiner assessor activity during the final fellowship examination of ANZCA trainees.

Examiners for the final exams of the ANZCA Training Program

Participation as an examiner in the process of group viva discussion and examiner assessor activities during the final fellowship examination of ANZCA trainees, including both medical, clinical and anaesthesia vivas.

Credits: Two credit per hour, maximum of 10 credits per year.

Evidence: Written correspondence confirming participation (for example, roster, invitation).

Please note: Other assessment of trainees, including clinical placement and core unit reviews in the role of supervisor of training, education officer or specialist study unit supervisors may continue to be claimed under the "Knowledge and skills" category.

Emergency response, cardiac arrest for SPMP

A new standard for "Cardiac arrest – Special Pain Medicine Physicians (SPMP) requiring Advanced Life Support (ALS) training" will be introduced especially for faculty fellows as an emergency response activity. This may also be undertaken by the non-interventional practice participant, although this is not a mandatory requirement.

This is the second pain-medicine-specific emergency response standard, and has been developed by Dr Mark Alcock FANZCA, FFPANZCA, pictured, in liaison with the ANZCA and FPM CPD Committee and the FPM Professional Standards Committee.



The "Cardiac arrest for SPMP emergency response standard" is the sixth emergency response activity available to participants of the ANZCA and FPM CPD Program, and ensures all faculty fellows can fully undertake the CPD program relevant to their scope of practice.

Additional CPD plan question

CPD participants starting their triennium from 2020 will be asked to complete a specific question on activities supporting their own health and wellbeing.

New CPD plan wellbeing question

What activities will I undertake to develop a greater understanding of my own health and wellbeing over the next three years?

The ANZCA and FPM CPD Committee have been discussing the potential inclusion of doctors' wellbeing under the ANZCA and FPM CPD Program framework since 2018. This is aligned to the current development of the college's Doctors' Health and Wellbeing Framework and reflects Goal 4 of the ANZCA 2018-2022 Strategic Plan: "Supporting our workforce and wellbeing".

The inclusion of a prompt question specifically highlights the importance of doctors' wellbeing as part of a participant's professional development.

The CPD committee will continue to monitor and further discuss the inclusion of doctors' wellbeing as separate CPD activities.

What does this mean for participants of the ANZCA and FPM CPD Program?

The triennial and annual CPD requirements remains the same for all practice types. These changes are new offerings or amendments to current elements/activity. Participants of the ANZCA and FPM CPD Program may claim these activities in their CPD portfolio from January 1, 2020.

ASBD CPD emergency response standard

In 2019, a new emergency response standard on acute severe behavioural disturbance (ASBD) in the adult patient,

tailored for faculty fellows, was approved for implementation in the CPD program and introduced on January 1, 2019.

This emergency response standard has now completed the pilot period of 12 months, with no resultant changes to the emergency response standard. ASBD will continue to be recognised as one of emergency response standards and undergo the next review in 2022.

Applications to deliver an ASBD emergency response activity are through the existing recognition of suitability process. If you have any questions about this process please contact the CPD team at cpd@anzca.edu.au.

CPD program review update

Over the past few years the ANZCA and FPM CPD Committee and CPD team have provided updates on the impending formal process to review the CPD program and ANZCA CPD standard. These updates have appeared in the *ANZCA Bulletin* on June 2018 (page 21), December 2018 (page 62), June 2019 (page 44), September 2019 (page 48).

The review's timelines and scope have been largely governed by the Medical Board of Australia's (MBA) proposed professional performance framework and the Medical Council of New Zealand's (MCNZ) recertification document and draft model. Ministerial approval for both the MBA and MCNZ proposals is anticipated in 2020 with transition over the next two to three years. The ANZCA and FPM CPD Committee and team are actively engaging with both regulators, and are preparing to start the formal CPD program review project following ministerial approval.

The changes mentioned in the above article 2020 updates to the CPD program, reflect the ANZCA and FPM CPD Committee's ongoing work to update and improve the CPD program/portfolio. These changes are in addition to the MBA's and MCNZ developments, with ongoing consideration of any potential alterations in their proposals.

We ask that all CPD participants continue to update their CPD portfolio and regularly review communications in college publications. If changes are required ANZCA will communicate this in a timely manner to all CPD participants.

For more information, please consult:

- MBA proposed professional performance framework www.medicalboard.gov.au/Registration/Professional-Performance-Framework.aspx
- MCNZ recertification discussion document www.mcnz.org.nz/about-us/consultations/strengthening-recertification-for-vocationally-registered-doctors-in-new-zealand/

Environmental sustainability working group (ESWG)

In September 2016, ANZCA Council approved the development of the professional document *PS64 Statement of Environmental Sustainability in Anaesthesia and Pain Medicine Practice* (promulgated in July 2019 with endorsement by the Faculty of Pain Medicine) and recommended the consideration of an approach to sustainability as an organisation.

Sustainability initiatives already established at ANZCA include:

- \$A5000 invested annually in Australian Native Reforestation's "Yarra Yarra Biodiversity Project" and New Zealand Afforestation Project to offset emissions resulting from ANZCA-related airline travel.
- Annual subscriptions and ASM registrations conducted online to eliminate the impact of postage.
- ASM and events held at venues that have publicly available sustainability statements
- Retrofitting of LED lighting around ANZCA House.
- Plants installed to improve staff wellbeing and reduce "sick building syndrome".
- Replacement of taps to reduce water consumption.
- Recycling programs for fluorescent light bulbs, electronic devices, batteries, printer cartridges, pens, paper/cardboard, plastics (low and high grades) and glass.
- Composting of kitchen waste.

To progress this work, the Environmental Sustainability Working Group (ESWG) was established. Overseen by the Professional Affairs Executive Committee, the ESWG aims to promote more sustainable practices in ANZCA's operations and foster a bi-national approach to environmental sustainability in anaesthesia, perioperative medicine and pain medicine.

The ESWG has representation from around Australia and New Zealand, as well as FPM. The college can lead by example by building upon the strengths of current activities being undertaken by fellows and trainees. The ESWG will promote this good work with the aim of driving greater enthusiasm amongst the fellowship and advocating for sustainability practices in our health services. Alongside this, the ESWG will make recommendations to Council via the Professional Affairs Executive Committee on the next directions for the college as a whole.

Environmental Sustainability Working Group

- Dr Scott Ma FANZCA (SA, chair)
- Dr Adam Crossley FANZCA (WA)
- Dr Eugenie Kayak FANZCA (Vic)
- Dr Forbes McGain FANZCA (Vic)
- Dr Tegan Owen FANZCA (Qld)
- Associate Professor Nicole Phillips FANZCA (NSW)
- Dr Felicity Pugh FANZCA (NZ)
- Dr Winnie Yu FANZCA (Qld)
- Dr George Zhang (NSW)
- Dr Irina Baleanu-MacKinlay FFPMANZCA (Vic)
- Dr Tharindu Vithanage (Qld)
- Dr Jessica Hegedus (NSW)
- Jan Sharrock, ANZCA Director of Fellowship Affairs
- Gabby White, ANZCA Membership Services Administrator
- Mathew Griffin, ANZCA Membership Services Manager

Sunshine Coast University Hospital

The issue of Environmental Sustainability has really gained momentum at the Sunshine Coast University Hospital in 2019. The Sunshine Coast Hospital Health Service has recently established an Environmental Sustainability Committee and within the Surgical Services Stream we have a multidisciplinary working group tasked with reducing single use items, recycling paper and plastics and reviewing guidelines, such as ACORN Standards for surgical attire.

Within the Department of Anaesthesia and Perioperative Medicine we have a Special Interest Group called Anaesthetic Waste Warriors and Recycling Enthusiasts (AWARE) which spearheads environmental action in the Operating Theatre and our offices and inspires other departments to make eco-conscious changes to their working environment. AWARE provides education and action updates to the Surgical Services Stream via "Trash Talk", a monthly summary of developments and forthcoming changes.

Eco-steps taken in 2019:

- Establishment of regular meeting with Sunshine Coast Council to outline products they will accept in co-mingled recycling.
- Removal of all but a single bin from each shared office, and repurposing of these as recycling bins attached to each drug trolley in operating theatre.
- Education of staff and development of recycling guideline and poster.
- "Containers for Change" bottle collection hospital wide.
- "Lids for Kids" bottle-top collection in each tearoom in Operating Theatre complex.
- Colourful drug caps collected and donated to our local Indigenous Art Collective for upcycling.
- Food waste collection by individuals for at home composting.



- Single use coffee cups collected and delivered to 7-11 for recycling.
 - BIC Pen recycling box in administration office.
 - Departmental keep cups personalised and for sale at admin office.
 - Clean soft plastics collected and deposited at RedCycle collective bin at local supermarket.
- Short term plans for 2020:
- Expansion of "Lids for Kids" collection throughout hospital and health service.
 - Approach drug manufacturers to discuss downgrading glass drug bottles from "pyrex grade" (non-recyclable) to "jam jar grade".
 - Aim to start collecting single use metal instruments.
 - Consideration of benefits PVC recycling (only possible with hospital wide IVF brand change).

Dr Tegan Owen BMedSc MBBS FANZCA
Staff Specialist, Sunshine Coast University Hospital

Above from left: Bottle cap art by SCUH OT nurses; SCUH Dr Nicola Beauchamp FANZCA and Dr Tegan Owen with their departmental keep cup

South Metro Health Service Sustainability Committee

In Western Australia the Department of Anaesthesia within the Fiona Stanley Fremantle Hospitals Group has strived to promote environmental sustainability initiatives since 2015, on the opening of our flagship facility, the Fiona Stanley Hospital.

From the earliest stages actions and activity was driven by enthusiastic clinicians (consultant anaesthetists, Jenny Liddell and Adam Crossley) who formed the "Green Theatres Group" – the first of its kind in WA. Using the ANZCA PS64 document as our guide, this innovative multi-disciplinary group has implemented numerous initiatives and projects to reduce disposables, streamline purchasing, reuse equipment (where appropriate) and improve recycling, including new lines of recycling such as PVC IV fluid bags and oxygen masks, single-use metal instruments, and syringes.

Above all, we maintain a high commitment to education and

engagement of both clinicians and facilities management, leading to improved outcomes in sustainability in our institution through coordinated action at all levels.

Our work shows that even in the context of a new institution, with the added complexities of a Public Private Partnership arrangement for contracted facilities management services, it is still possible to implement and deliver environmentally sustainable practices.

Of course we are not alone in Anaesthesia in wanting to help the environment. More recently, some of our most exciting work has involved discovering and collaborating with other departments and hospitals on the same journey.

We have linked with other interested anaesthetists via a "Green Theatres Network" across WA. 2019 also saw the establishment

of the South Metropolitan Health Service (SMHS) Sustainability Framework which provides a guiding structure for all SMHS hospital sites to progress sustainability initiatives at a local level. SMHS is also now a proud member of Global Green and Healthy Hospitals network. In October 2019, a Sustainability Steering Committee was established comprising of key clinical and non-clinical representatives from across SMHS, including a commitment to employ a dedicated sustainability officer.

Our shared goals are to champion sustainability practices and drive engagement within the wider SMHS community. Work is ongoing, to ensure that we do the best we can for the future generations of Australia.

Dr Adam Crossley, FANZCA
Fiona Stanley Hospital



South Metro Health Service Sustainability Committee

Dean's message



It was a pleasure to welcome ANZCA's new CEO, Mr Nigel Fidgeon, at the 2019 Spring Meeting, just two weeks after he took up his new position. Mr Fidgeon joined the faculty board at its October board meeting and met many other fellows at our most successful Spring Meeting so far.

The Spring Meeting has traditionally been an opportunity to collaborate with colleagues from other disciplines around a single, common theme. This year, the meeting theme was Cancer Pain. It seemed to be a very popular topic because registrations were sold out by the end of September but perhaps it was the venue too. The return to the Byron at Byron Resort in Byron Bay proved to be very attractive. It was a great weekend of collaboration around team approaches to pain management for patients and their families as they traverse their individual journeys with cancer and, sometimes, palliative care. Faculty fellows were joined by our colleagues from oncology and palliative care who had come from far and wide. I would like to thank all of our speakers, especially our international speaker, Professor Amitabh Gulati, an anesthesiologist and pain physician coming all the way from New York, for their excellent presentations and our wonderful staff for all their work behind the scenes that enabled the meeting to be so successful. I look forward to seeing you all at the 2020 Spring Meeting which will be held in Queenstown, New Zealand, in collaboration with the Faculty of Pain Medicine of the Hong Kong College of Anaesthesiologists.

This year I have had many opportunities to meet and at times collaborate with colleagues from other medical colleges and societies. Following on from attending the New Zealand Pain Society conference and making several presentations in the pain section of the Royal Australasian College of Surgeons' Congress in Bangkok earlier in the year, I attended the European Federation of the International Association for the Study of Pain (IASP) Chapters (EFIC) conference held in Valencia, Spain, in September. I was warmly thanked on behalf of the faculty for sharing the 2015 curriculum. As many fellows may recall, EFIC considered the FPM 2015 curriculum the most advanced pain medicine curriculum available as it investigated options for developing its own programs. The FPM curriculum now underpins EFIC's suite of educational opportunities.

Although the 2015 curriculum was a significant advance on the faculty's original curriculum, the Learning and Development Committee has been making a range of enhancements throughout this year. The updated curriculum will be available in early 2020. The Examinations Committee has made changes to the Long Case

"The Spring Meeting was a great weekend of collaboration around team approaches to pain management for patients and their families as they traverse their individual journeys with cancer and, sometimes, palliative care."

assessment aiming to improve trainees' experiences and learning opportunities. In addition, the Procedures in Pain Medicine working groups have been progressing well. The working group developing the Procedures in Pain Medicine Clinical Care Standard has produced an outstanding document which will add to the faculty's reputation for producing high quality educational offerings. The standard was approved by the faculty board at its October meeting and is available on the FPM website for a six-month pilot period. The suite of continuing professional development (CPD) offerings for fellows has been enhanced by the new Emergency Response (ER) standard specifically for pain medicine, Acute Severe Behavioural Disturbance. Many thanks to Dr Stephanie Oak, FPM CPD Officer, for developing the ER standard, making a video and running workshops at the Annual Scientific Meeting and the Spring Meeting as well as regional meetings in Sydney, Canberra, Wellington and northern NSW. We are eagerly anticipating the launch of another ER standard, Cardiac arrest for specialist pain medicine physicians, developed by Dr Mark Alcock, FPM CPD committee member. The review of the Better Pain Management modules has been completed and they are being placed on the QxMD/WebMD platform ready for an international audience early in the new year. Finally, the updated Opioid Calculator is available on the FPM website and the app store.

In October, ANZCA President, Dr Rod Mitchell, FPM board member, Dr Susie Lord, and I attended the Australian Indigenous Doctors Association conference in Darwin. One session was devoted to speaking to medical students and junior doctors about pain medicine and anaesthesia as careers in the future. It was great fun and heartening to see the interest in pain medicine and be able to raise the faculty's profile among Indigenous doctors.

Other opportunities to collaborate have included an agreement with Dr Vijay Roach, President of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) to establish a joint working party on chronic pelvic pain and to attend the Society of Hospital Pharmacists of Australia's Medicines Leadership conference in August. An invitation to speak at their annual conference, Medicines Management 2019, on the Gold Coast was another great opportunity to promote partnerships, this time with hospital pharmacists to improve the safe use of medicines and especially opioid stewardship.

I hope these interactions are raising others' awareness of the FPM and enhancing its profile as a trusted partner and advisor on issues related to pain and its management. In addition to all of the activities noted above, it has been a very busy year within the faculty as well. There have been a number of strategic workshops to consider how best to support FPM fellows and trainees within the college as we move forward into the next decade.

My heartfelt thanks to everyone who has participated in faculty activities this year and my very best wishes for a well-earned break over the summer holiday season.

Dr Meredith Craigie
Dean, Faculty of Pain Medicine

Change to long case assessments

After considering feedback from trainees, supervisors and examiners, the structure of long case assessments within the pain medicine training program will change for 2020.

The requirement to pass two long case assessments will remain, but the first long case will be undertaken locally in the training unit when the trainee and their supervisor of training (SOT) believe they are ready to sit. The second long case will be undertaken externally on the organised days as is the current process. Eligibility to sit the external long case assessment will include a pass at the local long case assessment. Trainees who are unsuccessful at the external long case will be required to successfully complete a further local long case before being eligible to re-sit the external long case.

The local long case should be organised and assessed in the same way as the current external long case; the patient should be known to the assessors and invited as opposed to being a waiting list patient. The assessment form and marking are the same as the external long case and all attempts should be reported to the faculty office via the ITA process. The candidate will be assessed by two fellows of the faculty, with at least one of these fellows having previously assessed a long case assessment. The assessors may include the SOT/PDS supervisor and/or unit director. The standard will be: did this candidate perform to the standard required of a specialist pain medicine physician in their first year of practice?

A workshop has been arranged at the ASM next year to provide further details on delivering the internal long case assessment process.

Current trainees who have passed one long case assessment can elect to complete their second long case assessment via either the local or external long case assessment process. For more information relating to your specific situation, please contact the faculty office.

Dr Kieran Davis
Chair, FPM Examination Committee

2020 Faculty of Pain Medicine Board elections

Fellows are invited to nominate for two vacancies on the Faculty of Pain Medicine Board. In accordance with the By-laws 1.1.1 to 1.1.1.6, one vacancy must be filled by a Fellow of the Royal Australasian College of Surgeons (RACS) and the other vacancy may be filled by any Faculty fellow. Prior to submission, each nomination form must be signed by two fellows of the faculty, as well as by the nominee and submitted to the FPM General Manager before 5pm AEDT on **Friday January 31, 2020**.

If the number of nominations exceed the positions vacant, an electronic ballot will take place during March 2020.

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 fpm@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 Faculty of Pain Medicine Annual General Meeting held during the 2020 ANZCA Annual Scientific Meeting in Perth.

New fellows

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

Dr Catherine Algie, FANZCA, FFPMANZCA (Victoria)
Dr Nick Chiang, FAFRM (RACP), (Queensland)
Dr Nikunj Parikh, FRACGP, FFPMANZCA (NSW)

Training unit accreditation

The following hospital has been accredited for pain medicine training:

- Middlemore Hospital, New Zealand.

New professional document on procedures

The latest phase of the Procedures in Pain Medicine Project was unveiled at the FPM Spring Meeting. The Clinical Care Standard for Procedures in Pain Medicine (PM 11) provides detailed guidance to consumers, clinicians and health care services as to the standards expected from FPM fellows who provide procedures. It will also form the basis of the curriculum for training and CPD activities that are under development as part of the project.

PM 11 contains 10 quality statements which comprehensively cover aspects including patient selection, assessment, consent, equipment, facilities, record keeping, governance, ancillary services such as imaging and sedation, outcome measurement and provision for contingencies such as complications or emergencies. Taken as a whole, it moves the mission of the faculty a step forward by articulating in detail the governance and professionalism that should set our fellows apart from others who may provide similar procedures in differing settings. It provides long-needed guidance to health administrators



and hospital credentialing bodies as well as to consumers who may wish to satisfy themselves that their clinician is providing a safe and effective service. The details of PM 11 will form the basis of a training curriculum that is under development with a view to beginning implementation for the 2021 training year. It will also guide the development of CPD activities for fellows already trained who will need to demonstrate adherence to the

standard once the work of the project is completed at around this time.

PM 11 is now in pilot phase as a faculty document, and external stakeholder feedback will be gathered over the next 6 months. I would like to thank and congratulate Dr Susie Lord as chair of the working group responsible for this document, and also recognise the working group members who contributed expertise and attention to detail in the development phase:

- Dr Susie Lord (Chair)
- Dr Renata Bazina
- Dr Nicholas Christelis
- Dr Geoffrey Speldewinde
- Dr Keither Laubscher
- Dr Marc Russo

The document can be found at <http://fpm.anzca.edu.au/resources/professional-documents>.

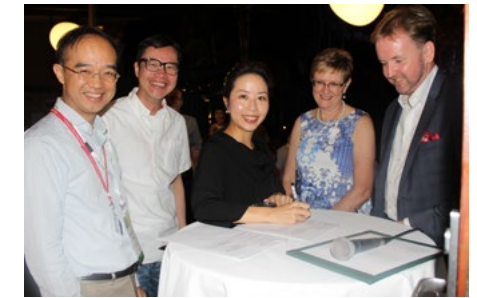
Associate Professor Mick Vagg
Vice Dean FPM
Chair, Procedures in Pain Medicine
Project Steering Group

Exploring different angles in Byron Bay



This year's FPM Spring Meeting "Cancer pain management: Exploring different angles" exemplified a popular and fascinating program. The meeting was held from October 18-20 at the tranquil The Byron at Byron resort. With a record number of attendees the meeting featured the sold out pain management sonography workshops, emergency response sessions and coeliac plexus blocks for pancreatic cancer.

Our international keynote speaker Dr Amitabh Gulati (New York, USA) presented a thought-provoking combination of talks on interventional cancer pain treatment. Dr Gulati's talks were complemented with local expertise from Professor Janet Hardy, Professor Paul Glare and Dr Adam Boyce. The program explored different angles of cancer pain management, in particular, paediatric cancer pain and palliative care.



More than 160 guests experienced the balmy nights of Byron Bay with drinks on the lawn during the welcome reception and excellent food and wine at the Lawn restaurant for the conference dinner. During the conference dinner, Dr Meredith Craigie, FPM Dean, Mr Nigel Fidgeon, ANZCA CEO and Dr Steven Wong Chairman of the Board of Pain Medicine, Hong Kong College of Anaesthesiologists (HKCA) and Professor Chi Wai Cheung, HKCA President signed the heads of agreement to work together to deliver next year's combined Spring Meeting. We are excited to work together to build on the meeting's theme "movement and pain". We look forward to seeing you next year in Queenstown!



Clockwise from top left: Organising committee – Dr Roopa Gawarikar, Dr Raj Anand, Dr Glen Sheh (convenor), Dr Jane Standen and Dr Chris Hayes; Dr Steven Wong, (Chairman Board of Pain Medicine HKCA), Professor Chi Wai Cheung (HKCA President), Ms Kristy Cheung (HKCA CEO) Dr Meredith Craigie (FPM Dean) and Mr Nigel Fidgeon (ANZCA CEO); Pain Management Sonography workshop; Professor Janet Hardy; Attendees at the welcome reception.

2019 FPM Fellowship Examination



Twenty-seven candidates successfully completed the fellowship examination in 2019. The written section was held regionally on October 3 with the viva voce section held at the Australian Medical Council National Test Centre in Melbourne on December 1. Candidates who were successful at the written component of the examination were invited to sit for the viva voce component.

The Barbara Walker Prize for excellence was awarded to Dr Dana Weber (WA).

Merit awards were presented to Dr Tze Chow Chow (VIC), Dr Ramsey Jabbour (NSW) and Dr Gloria Seah (VIC).

The candidates who successfully completed the examination are listed below:

AUSTRALIA
Australian Capital Territory
Dr Surabhi Gupta

New South Wales
Dr Ramsey Jabbour
Dr Ksenia Katyk
Dr Lauren Kite
Dr Antony Kodsi
Dr Yi-Ching Lee
Dr Benjamin Teo

Queensland
Dr Mahboubeh Adinehzadeh
Dr Navid Amirabadi
Dr Sami Ahmad
Dr Akhilesh Tiwari

Tasmania
Dr Marcus Mina Gurgius



Clockwise from top left: Successful candidates of the 2019 Fellowship Examination; Dr Dana Weber, Barbara Walker Prize winner; The Court of Examiners celebrating the conclusion of the examination.

Victoria
Dr Glareh Arfaei
Dr Irina Baleanu-Mackinlay
Dr Tze Chow Chow
Dr Jennifer Dawson
Dr Sarah Donovan
Dr Peter Keogh
Dr Harridharshan Sivakumar
Dr Gloria Seah

Western Australia
Dr Joel Champion
Dr David Hamilton
Dr Brian Hue
Dr Michael Miu
Dr Ganeshanathan Vyhunthan
Dr Dana Weber

NEW ZEALAND
Dr Karen Hye-Won Park

Updating the FPM Curriculum

The FPM Board's decision last year to retire the Foundations of Pain Medicine entry examination coincided with the fifth year of operation of the faculty's revised curriculum and training program. This timely opportunity for review of the curriculum is now in full swing. A partial update has been completed.

A major challenge has been to retain and integrate the learning outcomes (LOs) from the "old" Section 1, Foundations of Pain Medicine, while simultaneously reviewing those in Section 2, Pain Medicine Roles in Practice, and Section 3, Essential Topic Areas, with respect to their relevance, redundancy and assessability. The principle of "spiral learning" has been followed where possible.

Section 1 – "Conceptual basis of pain medicine"

This transmutation from "Foundations of Pain Medicine" has conserved its core concepts while transferring what was considered prerequisite knowledge to other sections of the curriculum, especially the Clinician and Scholar roles. The new section introduces the major philosophical and conceptual principles that inform the practice of pain medicine. It aims to encourage understanding of why the sociopsychobiomedical conceptual framework is preferred, and appreciation of the nuances of basic definitions and evolving taxonomy.

The number of LOs has been reduced from 38 to 10, reflecting a degree of redundancy. A preserved LO on placebo (1.9 and the new 2.1.37), together with those on uncertainty (1.10) and the evolution of the sociopsychobiomedical framework (1.2), will be addressed in a new resource to support section 1, to be developed in 2020.

Section 2 – "FPM Roles in Practice"

The Clinician role comprises the fundamental building blocks of the discipline of Pain Medicine – what it is that distinguishes this field from others – by articulating the knowledge and skills to be acquired during the course of pain medicine training. Innovations include:

- Emphasis on interdisciplinary versus multidisciplinary approaches to assessment and care.
- Specific LO to emphasise importance of adapting assessment techniques for Indigenous populations.
- In terms of the psychological dimension, new LOs addressing mental state examination and skills in cognitive and behavioural therapies, motivational interviewing and acceptance and commitment therapy.

- Rationalisation of LOs on pharmacological knowledge and pharmacotherapeutic skills, including:
 - The evidence base for all pain medicine drugs rather than a select few.
 - The evidence base for cannabinoids.
 - Withdrawal regimens for drugs used in pain medicine.

The Professional role identifies the unique set of attitudes for the specialist pain medicine physician arising out of advanced knowledge of the phenomenon of pain and its complex expression in people. The LOs on ethical practice and the legal and regulatory environment have been simplified, while there are new and modified LOs on health and sustainable practice of specialist pain medicine physicians, due to greater focus on trainee and doctor wellbeing.

The Scholar role has acquired the LOs from Foundations on research methodology. In the Communicator, Collaborator, Leader and Manager and Health Advocate roles, redundant LOs have been removed. However, increased focus on social factors in the sociopsychobiomedical framework is achieved by inclusion of an LO (2.7.1) on identification of social determinants that are impacting on a patient's pain experience.

Section 3 – Essential Topic Areas

The essential topic areas (ETAs), that are subsets of the Clinician role, identify where the expertise of the specialist pain medicine physician should be paramount. The resources that support these ETAs explicitly seek to integrate the content and skill aspects of the Clinician role with the skill and attitude aspects of the other roles in practice.

An interim revision of ETA 3.1, Neuropathic and related pain, includes four new LOs from the Foundations of Pain Medicine section. Work on reviewing the ETAs is well advanced: this process will be completed by the 2021 training year. The main effort here again will be to review the relevance, redundancy and assessability of LOs, as a prelude to the larger task of reviewing the support materials – module, case study, quiz and resources.

Graduate outcome statement

Together with updates to the learning outcomes, a new graduate outcome statement for the pain medicine training program has been included in the new iteration of the curriculum:

"A specialist pain medicine physician practises within a sociopsychobiomedical paradigm¹, to provide both direct care to patients whose main challenge is the management of pain, and leadership in, coordination of and advocacy for such care."

1. In this context, a paradigm is defined as a distinct set of concepts and practices that define a scientific discipline. (After Thomas Kuhn, The Structure of Scientific Revolutions, 1962)

The tasks ahead

The main task areas for the curriculum review process over the next 12 to 24 months include:

- Completion of review of LOs in ETAs 1 to 9.
- Review of support materials for all ETAs.
- Development of resource to support new section 1.
- New section on procedures training pathway learning outcomes.
- Review of WBPf philosophy and function, aligned to curricular changes.

Members of the FPM Learning & Development Committee who have contributed to this process

Dr Tim Brake
Dr Meredith Craigie
Professor Milton Cohen (chair from 2019)
Dr Kate Drummond
Dr Harry Eeman
Dr Andrew Huang
Mr Oliver Jones
Ms Margaret Kerr
Dr Joseph Kluver
Dr Olivia Ong
Dr Preshanthi Rajeepan
Ms Teri Snowden
Dr Cassandra Sparkes
Dr Paul Vroegop
Dr Aston Wan (chair until 2019)
Ms Juliette Whittington

Reference

The revised curriculum can be found at: <http://fpm.anzca.edu.au/training/2015-training-program>.

Professor Milton Cohen, FFPMANZCA
FPM Director of Professional Affairs
Chair, FPM Learning and Development Committee

Cassandra Sparkes
FPM Education and Research Development
Co-ordinator

ANZCA's Indigenous health strategy – update



ANZCA's Indigenous health strategy was released in September 2018 following 12 months of development and consultation with Indigenous health organisations, internal committees, Indigenous members and other relevant stakeholders. The health and wellbeing of Indigenous people in Australia and New Zealand is an urgent health priority due to significant disparities between the health and wellbeing of Indigenous and non-Indigenous people in both countries across a wide range of measures. Addressing this health inequity is at the core of the strategy along with the principles of Australia's commitment to Closing the Gap and New Zealand's Treaty of Waitangi. The college's Indigenous health strategy identifies four pillars that frame our work towards health equity for Aboriginal and Torres Strait Islander people in Australia, and Māori in New Zealand.

Since the launch of the strategy in September 2018, the college and the Indigenous health committee have worked to implement a number of initiatives and actions across all four pillars. These include:

Governance

- Māori representation on the ANZCA New Zealand National Committee (NZNC).
- The NZNC is exploring the appointment of a Kaumātua for the committee and New Zealand office.
- Exploring mechanisms to ensure Aboriginal, Torres Strait Islander, and Māori expertise is included on the ANZCA Council.

Partnerships

- Developing closer working relationships with the Australian Indigenous Doctors' Association and Te Ohu Rata o Aotearoa (Māori Medical Practitioners).
- Participation in the specialist medical colleges' stream of the annual Leaders in Indigenous Medical Education meeting.
- Participation in the National Aboriginal Community Controlled Health Organisation conference.
- Working with the Australian Indigenous Doctors' Association on the implementation of the Specialist Trainees in the Medical Workforce Project.
- Collaboration with the National Aboriginal Community Controlled Health Organisation to develop a pilot project to give college trainees experience in Aboriginal medical services.
- Ensuring college staff and fellows are able to provide appropriate acknowledgment to the Aboriginal and Torres Strait Islander people of Australia and Māori of Aotearoa New Zealand at key events and meetings.

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 programs, 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.



- Ensuring New Zealand college staff and fellows are comfortable to use Te Reo phrases and understand meeting tikanga.
- Supporting college staff to undertake professional development in cultural awareness, as a minimum, and competency.
- Introduction of events at ANZCA House to mark National Reconciliation Week in Australia.

Workforce

- Continuing to attend and sponsor the Australian Indigenous Doctors' Association annual conference and the Te Ohu Rata o Aotearoa hui to promote anaesthesia and pain medicine as a career.
- Continuing to provide scholarships to Indigenous medical students and junior doctors from Australia and New Zealand to attend the ANZCA Annual Scientific Meeting.
- Establishing a career and professional advice service for Indigenous medical students and prevocational doctors.
- Inviting an Aboriginal or Torres Strait Islander and Māori new fellow to attend the Emerging Leaders Conference.
- Providing financial support to Aboriginal, Torres Strait Islander and Māori trainees to attend regional trainee exam preparation courses.
- Establishing a Māori Anaesthetists' Network Aotearoa.
- Relocation of cultural competency under the Continuing Professional Development (CPD) program to the practice evaluation category.

Advocacy

- The establishment of a new Health Equity Projects Fund to support the activities of the Indigenous health and Overseas aid committees.
- Developing a pilot project whereby college trainees facilitated Essential Pain Management workshops in a number of Aboriginal community controlled health organisations to foster stronger links between primary health providers and specialist services.
- Regular features on Indigenous health issues in college publications.
- Developing a new exhibition on Indigenous medicine and medical practice for the Geoffrey Kaye Museum of Anaesthetic History.

For more information about these actions and initiatives please visit the Indigenous Health page on the ANZCA website.

Looking forward – what can you do

Want to get involved? Here are some things you can do to make a difference.

- Undertake cultural competency training – consider face to face training with an Indigenous organisation local to your health service. Even if you have previously completed similar training, make cultural competency training a regular part of your CPD plan each triennium.
- Register your interest with the college in being a point of contact to provide professional advice to local Indigenous medical students and doctors considering anaesthesia or pain medicine as a career (IndigenousHealth@anzca.edu.au).
- Undertake research investigating health inequities in anaesthesia, pain medicine and perioperative medicine in Indigenous populations.
- Consider developing a proposal for the Health Equity Projects Fund that supports the activities of the Indigenous health committee.
- Call out racism when you see it – in a recent survey of Aboriginal and Torres Strait Islander doctors, 48 per cent reported personally experiencing racist incidents in their workplace at least a few times per month (75 per cent reported witnessing racist incidents).

Dr Sean McManus
Chair, Indigenous Health Committee

Opposite page: Young patient Justine and her mother Alisha at the Gove District Hospital in Nhulunbuy, East Arnhem Land.

This page from left: Māori fellow, Dr Amanda Gimblett shows secondary student Isaiah Joseph and medical student Dr Jared Smiler some skills at the Te Ohu Rata o Aotearoa – Māori Medical Practitioners Association's (Te ORA) Hui-ā-Tau careers day; New mother Francis with baby Mary at the Gove District Hospital in Nhulunbuy, East Arnhem Land.

ANZCA supports Indigenous doctors' conference



Opposite page from left: Dr Rod Mitchell with delegates at the airway management and advanced life support workshop; Dr Elizabeth Mowatt (Australasian College for Emergency Medicine), Dr Marie Gould and Dr Meredith Craigie; Dr Rod Mitchell and Faculty of Pain Medicine Dean Dr Meredith Craigie talk to medical students and junior doctors during the "Growing our fellows" workshop.



What is AIDA?

The Australian Indigenous Doctors' Association 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 organisation aims to do this through increasing the number of Indigenous medical students and doctors in the workforce and supporting a culturally safe healthcare system.

Aboriginal and Torres Strait Islanders comprise 3.3 per cent of Australia's population but less than 0.5 per cent of college fellows and trainees. In New Zealand 4 per cent of fellows and trainees identify as Māori compared with 14.9 per cent of the population. 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.

As part of our Indigenous health strategy, the college is committed to working towards significantly increasing the number of Indigenous fellows and trainees. Supporting, attending and participating in the annual AIDA conference is an important mechanism by which the college can engage with students and junior doctors and promote anaesthesia and pain medicine as a career.



AIDA conference

ANZCA was a silver sponsor of the 2019 Australian Indigenous Doctors' Association (AIDA) conference held in Darwin on the traditional lands and waters of the Larrakia nation over three days in October.

More than 400 attendees gathered to share knowledge around the conference theme of "disruptive innovations in healthcare" and explore new ideas to raise the standards of health care through the disruption of existing practice and policy.

Indigenous communities hold profound knowledge of health and wellbeing that have been developed over generations. These holistic understandings are increasingly being sought to improve equitable healthcare for all Australians.

The conference opened with a welcome from Larrakia elder Dr Aleeta Fejeto. Delegates then walked to the nearby marina waterfront for a saltwater cleansing ceremony, an ancient traditional practice of the Larrakia people.

Conference speakers included Ms Marion Scrymgour, CEO of the Northern Land Council, Ms Olga Havnen, CEO of Danila Dilba Health Service, Associate Professor Ray Lovett of the Australian National University and Dr Tony Bartone, Federal President of the Australian Medical Association.

More than 20 clinical and non-clinical workshops were held with two facilitated by ANZCA fellows and trainees:

- College President Dr Rod Mitchell, past president Dr Lindy Roberts, Faculty of Pain Medicine board member Dr Susie Lord and Dr Marie Gould from Flinders Medical Centre ran a workshop on airway management and advanced life support.
- Director of Anaesthesia at the Royal Darwin Hospital, Dr Brian Spain and college trainees Dr Jillian McCool and Dr Gemma Todd ran a workshop on managing pain based on the Essential Pain Management program.

Dr Mitchell and Faculty of Pain Medicine Dean Dr Meredith Craigie were also kept busy fielding enquiries from medical students and junior doctors during the "Growing our fellows" workshop. During this workshop each of the 15 specialist medical colleges is allocated a table, with aspiring doctors rotating around the tables every ten minutes to learn about each speciality and discuss career pathways.

The college considers addressing inequitable health outcomes as fundamental to achieving safe, high quality patient care in anaesthesia, perioperative medicine, and pain medicine. Our Indigenous health strategy, released in 2018, outlines the four pillars of governance, partnerships, workforce and advocacy which frame the actions the college is undertaking to work towards health equity for outcomes for Aboriginal and Torres Strait Islander people and Māori.

Anthony Wall
Operations Manager
Policy, Safety and Quality

Māori recognition and ANZCA

How should our bi-national college acknowledge the bi-lingual and bi-cultural status of one of our parent countries?

The governance structure of our bi-national college includes the New Zealand National Committee (NZNC) and seven Regional Committees, the latter each representing one state and/or territory of Australia (South Australia and the Northern Territory are served by the one Regional Committee). These committees all report directly to the ANZCA Council.

The benefits of colleagues working together across our two countries are obvious. However, alongside our many similar challenges, we are of course two different nations, with different cultural characteristics and working environments.

New Zealand declared itself as an officially bi-cultural and bi-lingual nation in 1983. The ongoing importance of this declaration by one of the parent countries of our bi-national college has been highlighted by the NZNC.

After much thought and discussion, they have requested that ANZCA Council considers how we can best acknowledge this clearly stated self-identity. It is becoming increasingly apparent that official bodies within New Zealand are expected to express due acknowledgement of Māori culture within their society. It is also apparent that such acknowledgement by our college would be genuinely and deeply appreciated.

Other colleges have also considered this issue, and various options by which ANZCA may respond are being canvassed. Such considerations will take some time, and will involve considerable further consultation and thought.

Dr Rod Mitchell
ANZCA President



ANZCA National Anaesthesia Day
October 16, 2019

How you celebrated ANZCA National Anaesthesia Day

The 2019 theme for this year's National Anaesthesia Day, "Preparing for your anaesthesia", was embraced by dozens of public and private hospitals and anaesthesia practices in Australia and New Zealand.

Fellow engagement was high for our seventh National Anaesthesia Day on October 16 with nearly 50 NAD "champions" in Australia including public and private hospitals, private practices and one GP anaesthetist, and 36 champions at public and private hospitals in New Zealand. Our activities were also noted off shore in Papua New Guinea, Timor Leste and at the American University Hospital in Beirut who requested permission to use some of our promotional materials for World Anaesthesia Day.

The ANZCA communications team this year produced a set of three posters for the "Preparing for your anaesthesia" theme along with information sheets and a new three minute video.

The second of our patient information videos "Preparing for your anaesthesia" was launched in time for National

Anaesthesia Day and made available for download for champions wanting to screen it as part of their displays. In Queensland, the Sunshine Coast Hospital and Health Service requested permission to share the video on their website and bedside patient entertainment system.

New Zealand hospitals were again very active and some hospitals in Australia nominated more than one champion.

The #NAD19 champions took up the challenge to celebrate with some planning their creative concepts months in advance. Not surprisingly #NAD19-themed baking was popular with cupcakes and celebration cakes and foyer displays included mannequins, anaesthetic machines and simulation exercises for interested onlookers.

At Tamworth Hospital in NSW, the anaesthetic department spent nearly two months collecting discarded clean plastic waste which they then used to create National Anaesthesia Day banners for their displays while in Melbourne the Peter MacCallum Cancer Centre's #NAD19 champion Dr Anna Waylen managed to persuade one of the hospital's patient therapy pooches to feature in one of her displays.

At the Sunshine Coast University Hospital provisional fellow Dr Anna Pietzsch was interviewed at their display by WIN News Sunshine Coast. The hospital had a popular interactive stand with many staff and patients stopping by.

In New Zealand there were staffed interactive displays in 12 of the 36 private and public hospitals participating in National Anaesthesia Day. These included simulation and intubation models, organ system displays and basic health checks. Anaesthetists and anaesthetic technicians were on hand to talk about anaesthesia and many sites included pre-assessment staff who talked with the public about perioperative medicine.

At Auckland Hospital the champions used the day to get Māori and Pasifika medical students to meet with Māori anaesthetists and learn more about the speciality. They also expanded out to Greenlane Hospital with a bunch of enthusiastic volunteers and engaging displays.

In the far south of New Zealand Southland Hospital in Invercargill proudly took its place as the most southern site to hold National Anaesthesia Day in the world. Their display included an airway model and anaesthetic equipment. They had a bunch of staff ready to help raise awareness about the role of anaesthetists in the perioperative team.

Wellington Hospital organised a hands on experience to encourage the public to try out their anaesthetic skills with different simulation models while Dunedin Hospital organised basic health checks as part of its extensive display.

Media and social media

The first of our stories and interviews for National Anaesthesia Day's "Preparing for your anaesthesia" theme rolled out on Sunday October 13 with ANZCA fellow and leading anaesthesia researcher Professor David Story being interviewed by the *Sunday Herald Sun* health editor Grant McArthur in Melbourne, ABC Radio, 3AW, 2GB, 6PR, 4BC, and other Australian radio stations about type 2 diabetes SGLT inhibitor drugs. The news item, which followed an ANZCA media release, featured in more than 40 radio news "grabs" nationally and was syndicated to News Limited print and online news reports.

Radio interviews with ANZCA President Dr Rod Mitchell were broadcast across Australia on October 16. The pre-recorded news broadcast interviews were distributed to metro, regional, community and rural radio stations throughout Australia. These were played on nearly 90 AM and FM stations in NSW, WA, Qld, ACT, Tasmania, SA and Victoria and were syndicated with the CBAA National Radio News network and the Macquarie and Super Radio networks

reaching an audience of nearly 400,000 people. These were broadcast in cities and towns including Sydney, Albany, Dubbo, Bellingen, Bundaberg, Ceduna, Dunedoo, Gilgandra, Katoomba, Lightning Ridge, Taree, Swan Hill, Victor Harbor and Albury Wodonga.

In New Zealand this year's media coverage kicked off with an extensive October 14 interview with the chair of ANZCA's Safety and Quality Committee Dr Nigel Robertson on Radio New Zealand's National Radio Nights program. The 26-minute interview included a wide-ranging discussion of how people can prepare for their operation and why a doctor might choose anaesthesia as their speciality to the launching of the nzRISK calculator developed by ANZCA fellow, Dr Douglas Campbell. New Zealand fellow Dr Marco Meijer's award-winning *Fit for Surgery*, *Fit for Life* program being run in Whanganui was the focus of two articles on National Anaesthesia Day. The day was highlighted

#NAD19 by Tweets



in a story about the program in the New Zealand Herald's *Whanganui Chronicle* and another in the Royal New Zealand College of General Practitioners' magazine, *NZ Doctor*.

The combined audiences who saw stories and hear broadcasts based on our #NAD19 media releases totalled nearly two million people in Australia and 500,000 people in New Zealand. Social media statistics include:

- On Twitter 155 tweets tagged #NAD19 (not including retweets).
- #NAD19 trended in Australia at around 2pm on October 16.
- There were tweets from every state and territory in Australia, from around NZ as well as PNG, and Timor Leste.
- Our most popular tweet, an ANZCA #NAD19 post, was engaged with 131 times.
- On Facebook the "Preparing for your anaesthesia" video has had nearly 4000 views and 220 reactions, comments and shares.
- A total of 78 photos were uploaded to the NAD19 album. There were 225 reactions, comments and shares. The most popular images were the Auckland DHB photo (1100 clicks), the Royal Perth Hospital photo (470 clicks) and the Sunshine Coast University Hospital (200 clicks).

Above: Images from ANZCA's National Anaesthesia Day 2019.

The champions' view:



Dr Alexandra Zanker, Flinders Medical Centre, Adelaide

"It was Flinders Medical Centre's first time being involved in ANZCA's annual celebration and there was an abundance of enthusiasm to make it great. Our wonderful technician provided all of the equipment including a monitor which played the college videos on loop, a complete simulation mannequin with monitoring and anaesthetic machine, and all of the toys we could ever wish to play with including all different types of (above) airways and video laryngoscopes. It was a fun day for the staff involved, which not only included consultant anaesthetists, but also anaesthetic trainees, medical students, anaesthetic nurses, other perioperative nurses, and not to mention the general public who were very keen to come up and see what it was all about. A lot of them tried their hand at intubating, and most were eager to talk about anaesthesia and their experiences with it. We promoted the day by posting photos to social media which also gained much response. Overall it was a successful day promoting the specialty of anaesthesia and showing the public, and other staff from the hospital, what we do and who we are!"



Dr Nicola McCarthy, Hutt Hospital, NZ

"It was such a lovely opportunity to empower patients to take control of their perioperative journey. Many patients were surprised to hear that they could reduce their risk by keeping fit and stopping smoking. The overwhelming feeling from patients we met was a genuine appreciation for our hard work keeping them safe and I felt very proud of our profession. We also really enjoyed talking to staff who were interested to play with our equipment and hear about all aspects preparing patients for theatre. I especially enjoyed talking to our paediatric play specialists who were keen to understand what goes on after the patient is wheeled down the corridor and why they get a drip in their hand because it interferes with playing afterwards!"



Dr Ronita Majumdar, Tamworth Hospital, NSW

"All our National Anaesthesia Day banners (above) were made out of clean plastic that are disposed of in theatre bins every day. We collected these for about five to six weeks and we still have plenty left over. Maybe all the artists among us should start using these to create more masterpieces! We've not only contributed to a reduction in landfill but at the same time created some beautiful works of art that will give joy to our community."

Carolyn Jones
Media Manager, ANZCA

Adele Broadbent
Communications Manager NZ, ANZCA

ANZCA's second animated patient information video "Preparing for your anaesthesia" was launched on National Anaesthesia Day. Watch it on ANZCA's YouTube channel: youtube.com/ANZCAeduAU.



NAD19 hospital and practice champions

Australia

Hollywood Private Hospital; Epworth Hospital; Coast Anaesthetics and Medical; Latrobe Regional Hospital; Royal Perth Hospital; Port Macquarie Base Hospital; Lismore Base Hospital; Nepean Hospital; Northeast Health Wangaratta; Royal Hobart Hospital; Tamworth Base Hospital; Tamworth Private Hospital; Sunshine Coast Hospital; Gold Coast Private Hospital; Wakefield Anaesthetic Group; Riverina Anaesthetic Services; Anaesthetic Group Ballarat; Burnie Anaesthesia; Albert St Anaesthetic Group; Royal Melbourne Hospital; Mater Hospitals; Perth Anaesthetic Group; Queen Elizabeth Hospital; St John of God Hospital; Anaesthetic Services; The Canberra Hospital; Peter MacCallum Hospital; Fiona Stanley and Fremantle Hospital; Goulburn Valley Health; Armadale Kalamunda Group; Western District Health Service; Royal Darwin Hospital; St John of God Midland Hospitals; Princess Alexandra Hospital; The Wollongong Hospital; St Vincent's Hospital Melbourne; Sir Charles Gairdner Hospital; Queen Elizabeth II Jubilee Hospital, QLD; Flinders Medical Centre; Box Hill Hospital; Calvary John James Hospital; The Alfred; St John of God Ballarat; Bendigo Health; Frankston Anaesthetic Services; Canterbury Hospital; Royal Brisbane and Women's Hospital; and one GP anaesthetist.

New Zealand

Auckland City Hospital; Christchurch Hospital; Counties Manukau Health; Dunedin Hospital; Gisborne Hospital; Grey Base Hospital; Hawke's Bay Regional Hospital; Hutt Hospital; Nelson Hospital; North Shore Hospital; Palmerston North Hospital; Rotorua Hospital; 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; Chelsea Hospital; Bowen Hospital; Anaesthetic Clinic, Monitech Ltd (Grace Hospital); Mercy Hospital; Ormiston Hospital; Gillies Hospital; Manuka St Hospital; Belverdale Hospital; St Georges Hospital; Bidwell Trust Hospital.

SIG meeting gives perioperative medicine work a boost



It was pleasing to see more than 100 non-anaesthetists at last month's Perioperative Medicine Special Interest Group (SIG) meeting, including physicians, in particular geriatricians, as well as intensivists and surgeons.

While ANZCA is leading the initiative to develop a qualification in perioperative medicine, we can't do this without multidisciplinary collaboration.

More than 500 attended the SIG meeting where two of the Perioperative Medicine Steering Committee's working groups took the opportunity to meet face-to-face and further their work.

The Perioperative Medicine Education Group is working on scoping a strawman perioperative medicine curriculum based on a multi-college developed curriculum framework.

Our plan is to develop a series of education modules that cover the perioperative period as a basis for engagement and improvement by the various medical specialties involved in perioperative care.



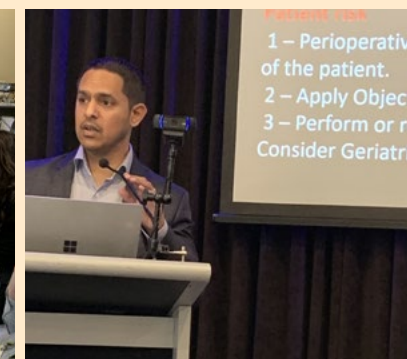
We anticipate having a draft of at least two (of six) modules in early 2020.

Also meeting at the SIG meeting was the Perioperative Care Working Group (PCWG), which continued its work in fine-tuning perioperative principles based on the perioperative medicine timeline (see www.anzca.edu.au/about-anzca/perioperative-medicine).

The timeline maps the patient journey – starting and ending with the primary referrer – and provides a framework to facilitate a systematic approach to the development of perioperative medical services.

PCWG members are now analysing the 12 components of the perioperative time line and once the principles have been developed, recommended practices will be established, examples of hospitals/health services that are providing a high level of this care will be provided, as well as a list references.

The ultimate goal is to produce a resource document for those wanting to develop their own perioperative medical service, with a view to finalising the document in early 2020.



We are also planning to survey other key groups in perioperative medicine using an adapted version of the survey used with our own fellows and trainees. We have had early discussions with the Australian and New Zealand Society of Geriatricians about surveying members and other groups will follow.

When we surveyed our fellows and trainees a year ago, there was broad support for the development of perioperative medicine education offerings. Almost two-thirds of respondents indicated an extra year of training to become a perioperative medicine specialist was reasonable, support being highest among trainees surveyed (74 per cent).

We will also be exploring the skills that a perioperative medicine practitioner should have and the value of perioperative medicine.

Dr Vanessa Beavis
Chair, Perioperative Medicine Steering Committee

What's new in the library?

ANZCA LIBRARY

Discover the world

2019 Library Guides update

2019 has been a bumper year for library guides, with many new and updated guides being released. The guides are a great place to start when searching for topic-specific resources, with a number of guides being developed to support key college initiatives and strategic objectives:

- Cancer pain.
- Drug information.
- Gender equity.
- Google Scholar full-text access.
- Literature searching.
- Ophthalmic anaesthesia.
- Pain medicine training.
- Wellbeing (doctor's health and wellbeing).



<https://libguides.anzca.edu.au/>

[NEW] Resource Support for Anaesthetists and Pain Specialists working in the Asia-Pacific

In conjunction with the Overseas Aid committee and doctors working in Papua New Guinea and Fiji, the library has developed a guide promoting resources available in low- and middle-income countries (LMIC).

These resources are primarily curated from Hinari which provides free access via login to thousands of medical journals and books to registered institutions in these countries. Due to licencing restrictions, the library is only able to offer services and resources to fellows and trainees of the college so this guide highlights the excellent array of key anaesthesia and pain medicine books and journals available online to local doctors in areas supported by the ANZCA Overseas Aid Committee.

Fellows and trainees visiting or working in these areas are encouraged to promote this great new resource to their colleagues.



<https://libguides.anzca.edu.au/lmicresources>

[IN PREP] Are you a new researcher? A new Research Toolkit is on its way

As part of the college's commitment to research support, a new Research Toolkit is being prepared and will bring together information related to the area of research, including all current college-related resources. The toolkit will offer a primer for emerging investigators and research co-ordinators who would like to know more about research at the college as well as support materials for both new and established researchers.



The toolkit is expected to be released in late 2019/early 2020.

Is there something you'd like to share?

The library is always on the lookout for new and interesting resources to add to our library guides. It could be a new app, an article of interest, a website or even a newly published book. Whatever the content, we'd love to know about it. You can submit new content via our library feedback form or email us direct. And if you're a specialist in a particular area, you might consider becoming a library liaison on a particular guide (for example: Acute Pain or Neuroanaesthesia).



Contact the library to learn more: library@anzca.edu.au.

New edition of Miller's Anesthesia

Covering everything from historical and international perspectives to basic science and current clinical practice, *Miller's Anesthesia, 9th Edition*, remains the preeminent reference in the field.

Dr Michael Gropper leads a team of global experts – including college past president Professor Kate Leslie* – who bring you the most up-to-date information available on the technical, scientific, and clinical issues you face each day – whether you're preparing for the boards, studying for recertification, or managing a challenging patient care situation in your practice.



2-Volume Set

Key features:

- Contains fully revised and updated content throughout, including numerous new videos online.
- Includes four new chapters: Clinical Care in Extreme Environments: High Pressure, Immersion, and Hypo- and Hyperthermia; Immediate and Long-Term Complications; Clinical Research; and Interpreting the Medical Literature.

**Professor Kate Leslie AO FAHMS joined the editorial board for the 9th edition. She was assisted in her editorial role by Professor Matthew Chan FANZCA, Hong Kong, and Dr Kathryn Hagan FANZCA, Auckland. Professor Leslie also authored a new chapter for the textbook on "Clinical Research".*



The new edition can be found online on the *Anesthesia Essentials* library guide: <https://libguides.anzca.edu.au/essentials/books>, as well via the library discovery service: <https://anzca.on.worldcat.org/discovery>.

Want to download a chapter PDF from a ClinicalKey ebook? Here's how!

1. Log into *ClinicalKey Australia* using the proxied ANZCA link on the E-books page: <https://libguides.anzca.edu.au/ebooks>
2. Select the **Register** link from the top-right of screen
3. Complete the registration form:
 - First name
 - Family name (surname)
 - Email
4. Click the **Register** > button when complete



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

AIRR | ANZCA Institutional Research Repository

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>

Recent contributions to AIRR:

- Bruggink L, Hayes C, Lawrence G, Brain K, Holliday S. Chronic pain: 'overlap and specificity in multimorbidity management'. *Aust J Gen Pract.* 2019 Oct;48(10):689-692. doi: 10.31128/AJGP-06-19-4966.
- Freckelton L, Lambert K, Smith NA, Westley-Wise V, Lago L, Mullan J. Impact of body mass index on utilization of selected hospital resources for four common surgical procedures. *ANZ J Surg.* 2019 Jul;89(7-8):842-847. doi: 10.1111/ans.15085.
- White R, Hayes C, Boyes AW, Fitzgerald S, Rajappa H, Paul CL. Training primary care providers in opioid deprescribing and chronic pain management based on local guidance: a pre-post study of attitude change. *Health education in practice: journal of research for professional learning.* 2019;2(1). doi:10.33966/hepi.2.1.13209.



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>.

Contact the ANZCA Library
www.anzca.edu.au/resources/library/contacts
 T: +61 3 9093 4967
 F: +61 3 8517 5381
 E: library@anzca.edu.au

What's new in the library



New books for loan

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

Ace your medical exams: even when everything is stacked against you
 Tremayne, P. - [Australia] : Patsy Tremayne, 2019.

Blood, sweat and fears II : medical practitioners of South Australia on active service after World War 2 to Vietnam 1945-1975

Summers A, Swain A, Jelly M, Verco C, Army Health Services Research Group (South Australia) -

[Keswick, South Australia] : Army Health Services Historical Research Group, Army Museum of South Australia Foundation, 2016.

Kindly donated by the author, Dr Tony Swain.

Blood, sweat and fears III : medical practitioners of South Australia who served in World War 2

Swain A, Jelly M., Verco C, Summers A., Army Health Services Research Group (South Australia)

[Keswick, South Australia] : Army Health Services Historical Research Group, Army Museum of South Australia Foundation, 2019.

Kindly donated by the author, Dr Tony Swain.

This is going to hurt : secret diaries of a junior doctor

Kay A. - London : Picador, an imprint of Pan Macmillan, 2018.

When breath becomes air

Kalanithi P. - London : Vintage, 2018.

New eBooks

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

Miller's Anesthesia 9e

Gropper MA (ed). Philadelphia, PA : Elsevier, [2020].

A practical approach to transesophageal echocardiography, 4e

Perrino AC, Reeves ST (eds.) - Philadelphia : Wolters Kluwer, [2020].

Anatomy for the FRCA

Bowness J, Taylor A - Cambridge, United Kingdom ; New York, NY : Cambridge University Press, 2019.

Paediatric Anaesthesia, 2e

Roberts S (ed.) - Oxford : Oxford University Press, 2019.

Caring for patients across the cancer care continuum : essentials for primary care

Nekhlyudov L, Goel MS, Lin JJ, Overholser L, Peairs KS (eds.) - Cham, Switzerland : Springer, 2019.

Cancer-Related Breakthrough Pain, 3e

Davies A (ed.) - Oxford : Oxford University Press, 2019.

Textbook of medical administration and leadership

Loh E, Long PW, Spurgeon P (eds.) - Springer, 2019.

MACPainP multiaxial classification of pain psychosocial dimension: Systematic approach to classify biopsychosocial aspects of pain disorders

Klinger R, Hasenbring M, Pfingsten M. - Cham, Switzerland : Springer, 2019.

Patient-centered primary care : getting from good to great

Blount A. - Cham, Switzerland : Springer, 2019.

Setting up community health programmes in low and middle income settings, 4e

Lankester T, Grills NJ (eds.) - Oxford : Oxford University Press, 2019.

The Massachusetts General Hospital textbook on diversity and cultural sensitivity in mental health, 2e

Parekh R, Trinh NH. - Cham, Switzerland : Humana Press, 2019.

Doctors' health and wellbeing and our trainees... where are we up to?

The Trainee Welfare Project Group

ANZCA's doctors' health and wellbeing (DHWB) program and its activities are focused on delivering positive outcomes inclusive of all fellows, trainees and specialist international medical graduates (SIMGs). All initiatives aim to provide tangible and practical outcomes that benefit all those associated with our college.

One important initiative under way primarily focuses on our trainees with the delivery of recommendations from the Trainee Welfare Working Group (TWWG). Small teams led by trainees working closely with college staff and including fellows are addressing five different recommendations for completion in 2020. The Trainee Welfare Project Group (TWPG) has prioritised all recommendations of the TWWG against ANZCA's doctors' health and wellbeing framework and then identified five recommendations with defined actions and timelines. It is expected that the work and the working groups will continue over the life of ANZCA's strategic plan 2018-2022 tackling groups of recommendations with continuing review and evaluation of the impact of initiatives being undertaken.

The five recommendations being worked on are improved communications with trainees, the development of a wellbeing resources hub that will benefit trainees and fellows, access to timely and relevant information for trainees through the Part Zero course and orientation resources, the introduction of welfare-based questions in the CPD program, and enhancements to the accreditation process inclusive of welfare advocates and working environments. These recommendations are aligned with the three integrated action areas (prevention, promotion, support) within the doctors' health and wellbeing framework. The college has already delivered and launched mentoring videos and the primary exam candidate support workshops.

A collaboration between the college, trainees and fellows, the work involves:

- Investigation of practice across accredited departments and considers how best to integrate the Part Zero course and the "Trainee orientation and support resources" on Networks into each training workplace at key points during introductory training (prevention).
- Review of college templates for trainee communication to ensure that they include acknowledgement of achievements, the stress associated with particular situations and appropriate references to support resources for trainees who may be stressed. Examination feedback letters should be more sensitive to trainees in distress, including acknowledgement that many successful specialist anaesthetists have also experienced exam failure, and emphasising the need for personal support and suggestions about relevant resources (support, prevention).
- Investigating mandating access to a welfare advocate in each ANZCA-accredited department, supported by a role description based on the relevant wellbeing of anaesthetists special interest group document (promotion, support).

- Development and promotion of education in self-care and healthy lifestyle practices, including strategies to prevent burnout, in the ANZCA curriculum and in the ANZCA and FPM continuing professional development (CPD) program for ANZCA provisional fellows, fellows and SIMGs involved in the supervision and teaching of trainees. This involves increased communications to trainees, fellows and SIMGs regarding mental illness, including efforts to reduce stigma and promotion of available mental health services and development of hub resources to support this (support, promotion, prevention).

We are also calling for expressions of interest for involvement in developing resources for individuals supporting trainees following critical incidents – so please get in touch if this is of interest to you.

The TWPG will promote their progress and successes via a number of college communications channels including social media and the website. If you'd like more information or would like to become an advocate, please get in touch with Mairead Jacques or Margaret Kerr via membership@anzca.edu.au.

Lindy Roberts AM
Chair TWPG

Members of the Trainee Welfare Project Group:

- | | |
|-------------------------|---------------------|
| • Dr Rachel Bell | • Dr Scott Ma |
| • Dr Suzanne Bertrand | • Dr Claire Maxwell |
| • Dr Jenny Bird | • Dr Stuart McKnown |
| • Dr Alison Corbett | • Dr Leesa Morton |
| • Dr Julia Cox | • Dr Emily Munday |
| • Dr Julius Dale-Gandar | • Dr Susan Nicoll |
| • Dr Harry Eeman | • Dr Lindy Roberts |
| • Dr Beth Hall | • Dr Amutha Samuel |
| • Dr Kushlin Higgie | • Dr Kanan Shah |
| • Dr Rebecca Lewis | • Dr Maryann Turner |

Foundation update

Overview

2019 has been an exciting year, delivering more new knowledge and evidence to support ANZCA fellows and trainees as they pursue excellence in safety and quality.

Increasing the foundation's capacity to support important research and education work led by fellows and trainees depends on all of our highly-valued donors. I'd like to encourage you to think about whether it might be possible to add a donation with your subscription this year, to help anaesthetists and pain medicine physicians deliver world-leading research, education, and clinical healthcare – saving and improving people's lives.



Dr Genevieve Goulding
Foundation Chair

"Balanced" trial published

The results of the ANZCA Clinical Trials Network-endorsed "Balanced" trial ("Anaesthetic depth and complications after major surgery: An international, randomised controlled trial"), led by Professor Tim Short (NZ), Professor Kate Leslie, and several other ANZCA fellow investigators, were published in The Lancet on October 20.

The trial, which compared all-cause one-year mortality in older patients having major surgery, randomly assigned 6644 patients to light versus deep general anaesthesia and found that deep general anaesthesia was not associated with higher one-year mortality than light general anaesthesia.

The trial defined a broad range of anaesthetic depth over which anaesthesia may be safely delivered, providing the world's first-ever adequately powered randomised comparison of light and deep anaesthesia with respect to postoperative survival.

The "Balanced" trial was based on a study funded by an ANZCA foundation pilot grant in 2011.

CSL Behring ANZCA Research Award for 2020

CSL Behring has approved the second of these valued awards for studies in coagulation, gastric, orthopaedic, transplantation or other areas of surgical interest going to Associate Professor Laurence Weinberg from the Austin Hospital in 2020, for his ANZCA Research Committee-approved study "A prospective randomised controlled pilot trial of preoperative microvascular protection in patients undergoing major abdominal surgery".

The foundation sincerely thanks CSL Behring, a gold Leadership Circle Program member, for its ongoing support.

New Medibank Better Health Foundation grant

The new collaborative Medibank Better Health Foundation \$A50,000 grant for an ANZCA investigator-led research study exploring regional anaesthesia for major joint replacement, has been awarded by the ANZCA Research Committee to Professor Philip Peyton of the Austin Hospital in Melbourne and his team for their study "Developing a predictive risk model of unplanned critical care utilisation following elective hip and knee arthroplasty".

The grant objective is to inform clinical practice, help reduce waiting list times and avoidable healthcare costs, and minimise patient risk.

New Darcy Price Regional ANZCA Research Award

This important new annual \$NZ10,000 award has been established in conjunction with Associate Professor Michal Kluger and the Department of Anaesthesiology and Perioperative Medicine, Waitemata District Health Board, in memory of Dr Darcy Price. The award will support emerging investigator studies in regional anaesthesia, education, or both, in recognition of Dr Price's significant contribution to this important area of anaesthetic knowledge and practice.

The research committee has conferred the inaugural award on Dr Mir Wais Sekandarzad, of The Alfred hospital, for "A dual centre double blinded randomised controlled trial to test the efficacy of ultrasound guided Erector Spinae Block on respiratory function for rib fracture related pain".

ANZCA Melbourne Emerging Researcher Scholarship and Award

The ANZCA Melbourne Emerging Researcher Scholarship of \$A20,000 and the ANZCA Melbourne Emerging Anaesthesia Researcher Award of \$A10,000 will once again be awarded in 2020, thanks to another generous donation recently provided by Dr Peter Lowe. The foundation sincerely thanks Dr Peter Lowe for his ongoing generosity and vision.

ANZCA research grants and funding for 2020

\$A1,664,685 has been allocated to research grants for 2020 by the ANZCA Research Committee, compared to \$A1,598,843 allocated (with \$A1,498,843 awarded) for 2019.

The grant success rate improved in 2020 compared to 2019. Of the 55 applications received, 23 were successful (42 per cent), compared to 16 of the 61 applications for 2019 (26 per cent).

This has resulted from the high quality of applications and the research committee's decision to cap new multi-year grants, releasing more funding for new single-year grants in 2020.

More success for new and female applicants

There were significant improvements in the success rates for first time applicants and female principal investigators.

Of the 55 applications, 17 were from first time applicants. Nine were successful (53 per cent), versus only five of 25 such applications succeeding in 2019 (20 per cent).

Female principal investigators submitted 23 of the 55 applications, of which nine succeeded (39 per cent), versus seven of 26 in 2019 (27 per cent).

Overseas aid

New ANZCA and foundation fund supports medical workforce in Papua New Guinea

Dr Yasmin Endlich led a multidisciplinary team of six healthcare professionals from the Royal Adelaide Hospital to Papua New Guinea in September, to assist local anaesthetist Dr Pauline Wake to deliver a series of basic and advanced life support, airway management, neonatal resuscitation and ultrasound technique simulation workshops.

(continued next page)

Foundation update (continued)

The group's travel was supported by ANZCA and the foundation's new Health Equity Projects Fund, launched in 2019 to support the college's Overseas Aid and Indigenous Health committees.

Supporting advancement through the foundation

Donations can be made to the foundation to help seed-fund vital research studies, or to support ANZCA overseas aid or Indigenous health programs.

Donations can be made on the website – anzca.edu.au/research/foundation – or with subscription payments.

As a result of experience in launching the ANZCA Member Advantage program, the foundation has committed to and has increased the stringency of procedures relating to the protection of the privacy of all ANZCA members, above and beyond the minimum requirements of existing policy and legislation.

ANZCA, the Research Foundation Committee, and the foundation team sincerely thank all donors for their vision and generous support in saving and improving lives, and wish you all the very best for the festive season.

Right: Final year medical students participating in one of the basic life support simulation workshops held in Port Moresby.



WBAs – common misconceptions

Primarily, the Workplace Based Assessment (WBA) is an important learning tool. By observing performance and providing actionable feedback, the consultant helps the trainee to reflect on advice and take the necessary steps for development to gain independent practice. It is not a pass or fail assessment; rather it is a diagnostic assessment.

When WBAs are completed on a regular basis over time, a progress report for a trainee can be generated helping to inform the supervisor of training to make appropriate decisions and provide advice and guidance regarding trainee progression.

There are four types of WBA tools currently used at ANZCA:

- Mini-CEX – assesses clinical skills from a portion or entire patient encounter.
- DOPS – is the direct observation of a procedure, to improve technical proficiency.
- CbD – examines the reasoning, decision making, application and interpretation of evidence based on a case record.
- MSF – allows for a view of the trainee from the perspectives of various people affected by or interacting with the trainee.

Optimum utilisation of the WBAs includes regular activity (also suggested as the “run rate”), as well as regular discussion with the supervisor of training.

Trainees and consultants are encouraged to enter WBA data directly into the training portfolio system (TPS) to avoid duplication. A consultant can only view the WBA content entered for that specific WBA. Now, WBA assessors will be able to see trainees’ comments, reflections and action plans. This allows assessors to get feedback on what trainees are doing with

the information discussed during a WBA, and enables them to further develop their skills in providing actionable feedback.

The trainee, the rotational supervisor, the education officer and the supervisor of training can view all WBA data entered. WBA data entered into the TPS is governed by the ANZCA Privacy Policy and may only be used for its intended purpose; education and training. De-identified statistical WBA data from the TPS is collated and distributed to each hospital. The number of WBAs completed at each training site per FTE trainee over 12 months is counted and standardised to enable comparisons across training sites.

While the theory of the WBA appears reasonable and attractive, its deployment as a formal process of ANZCA across the highly varied sites of training, and individual interpretation by the various personnel involved has led to several misunderstandings. Some are discussed to provide clarity.

1. **“WBAs are an administrative/compliance hurdle. I can leave it till the end of training/exams to complete the necessary number”.** Training involves performance and feedback, which the WBAs provide opportunity for. It serves little purpose if done at the end after the exams. Further, learning from WBAs can assist in providing working knowledge useful in the exam.
2. **“I have to be ready to do a WBA. I cannot be ready if I have not learnt the necessary material, so that I can pass the WBA”.** It is important to realise that WBAs are a learning tool to help develop the actual practical anaesthesia performance. While you might want to be ready to be assessed, you are not being assessed on a pass/

fail basis. A similar misconception expressed is **“I only want to do a WBA if I can be marked for ‘independent practice’”.** This does not allow the best use of a WBA, and feedback may still be possible and beneficial even if marked as “independent practice”.

3. **“WBAs do not add to training or are not of as much value for the effort required”.** Formally documenting a WBA with actionable feedback, allows trainees to reflect and learn from the WBA rather than have the feedback lost, with no action taken. Making the effort to document a WBA requires conscious deliberation which may not occur in daily activity of the operating room. ANZCA is continuously working to minimise the workload in data entry. Further, only relevant fields need to be filled in rather than all of them reducing the workload.
4. **“WBAs have no teeth unless they are summative”.** It is important to realise that the primary purpose of the WBA is to help the learning process. It would be unfair to the trainee to be graded on a single episode. A collection of WBAs over time provides information to the supervisors of training to add to the evidence to inform their decisions on trainee progression.

A tool is only of value if utilised appropriately. The WBA is a useful tool, but it has led to misconceptions in its administration. Hopefully allaying them will improve acceptance and usefulness and enhance learning.

Associate Professor Kersi Taraporewalla
FANZCA
WBA Representative on the ANZCA Educators Sub-committee

The ANZCA Educators Program (AEP) is evolving

Background

The ANZCA Educators Program has been running since 2010. Over this time more than 1100 fellows and trainees have attended relevant modules to facilitate their own learning with the aim of becoming better teachers. On review of the program and listening to your feedback we are making some changes for 2020. The two modules “Technology in teaching and learning” and “The trainee experiencing difficulty” have been updated and will be available throughout the year at most courses. If you haven’t had an opportunity to undertake these modules, they have been scheduled together on the last day making it convenient to register for just that day.

We have also recognised some duplication in a couple of the units and thus combined “Teaching in the clinical setting” and “Teaching in multiple settings”. This will result in the new look “Teaching in the clinical setting”, incorporating material from both modules. The second change is to include the content of doctor as educator into existing modules, primarily “Planning effective teaching and learning”.

The end result is 11 modules that make up an interactive three-and-a-half-day program.

The program is structured to enable fellows, trainees and SIMGs to select those modules of most interest and benefit. Participants are able to receive a certificate of completion if they submit the post course activity which enables application of theory into practice.

As previously, attendees may choose to complete the full program or choose modules that align with their learning needs and areas of interest.

Overview

Elements of a learning and teaching experience:



The course focuses in an interactive format on the practical application of the six key elements for an effective learning and teaching experience.

The program provides an overview of adult learning principles and ways to incorporate these into practice. The benefits of a teaching plan and SMART learning objectives will be addressed. There will be an opportunity to explore the limitations and difficulties of teaching in a clinical environment and develop ways to address these. There will also be the prospect of exploring the challenges of effective clinical supervision through the use of frameworks as well as concepts of clinical teaching

and delving into the principles of teaching practical skills. In addition there will be focus on strategies to engage learners and establishing a learner centred approach to the feedback conversation. General principles of assessment will be defined, with a focus on workplace-based assessments, MCQs, vivas and SAQs. During the course there will be opportunity to work with a range of educational tools that can be used within and outside the clinical environment, including e-learning and virtual learning environments. Lastly the course will provide an approach to assist a trainee needing support and help improve performance.

Post course activity

To be eligible for a certificate of completion for the AEP participants need to attend eight modules, two of which are mandatory and any six from the remaining nine as well as complete the post course activity. Requirements for the post course activity:

- Develop and implement a learning plan including
- Relevant learning outcome from the curriculum
 - Needs assessment,
 - SMART Learning objectives,
 - Set, body and closure,
 - at least one interactive learning strategy
 - Implement the plan
 - Evaluate session and learning from participant perspective.
 - Reflect on the experience

2020 program

In 2020 we will be returning to running the program in larger cities to enable participants’ easy access. A shorter program will be delivered in Perth prior to the ASM. Other locations include Melbourne, Sydney, Brisbane and Christchurch. At each location you will experience a hands-on engaging program facilitated by members of the AEP Facilitator Network. All facilitators are passionate about education and want to make your learning opportunities as valuable as possible.

In an additional change for 2020, fees will be reduced for trainees. Trainees will pay \$A50 per module, while the fellows’ rate will remain at \$A100 per module. 2020 will see the AEP open to basic trainees for the first time. Modules will include a mix of trainees and fellows sharing experiences and learning from each other.

We encourage everyone to benefit from the ANZCA Educators Program and learn to teach for results.

CPD

A reminder CPD points are available for participating in the ANZCA Educators Program provides the opportunity for two credits per hour in the knowledge and skills category.

Margaret Kerr

Operations Manager, Learning and development unit, ANZCA

Maurice Hennessy

Learning and development facilitator, ANZCA

Fundamentals of mentoring

The Fundamentals of Mentoring video series available via ANZCA Networks has been designed to support anaesthetists and pain medicine specialists who are acting as mentors. They provide a foundation of principles to be applied during mentoring conversations and to help develop, maintain and nurture the relationship between a mentor and a mentee. The modules aim to assist mentors in becoming better prepared and supported by the skills required to engage with mentoring in a way that is meaningful and beneficial to both mentors and mentees.

The main aim of these modules is to support mentoring programs that already exist in departments of anaesthesia and pain medicine across Australia and New Zealand. The modules can help mentors and mentees both in newly implemented and established mentoring programs. They can also be used to help set up new mentoring programs.

One recurring theme at initial mentoring information and training sessions was: "What can each of us do to embed mentoring in our departments?" Here are some suggestions:

- Highlight the "Fundamentals of mentoring" video series to all members of your department and encourage watching them. They are eligible for CPD points!
- It's preferable to allow mentees to select their own mentors, rather than having a mentor allocated to them by somebody else. This enables mentees to pick somebody that they feel comfortable with and will connect well with.

- Have an initial workshop or training session with all the mentors. This helps to develop a community among those working together to maintain a well-functioning mentoring scheme and allows those involved to help and support each other when issues or challenges arise. After that, aim to have such meetings regularly, for example every 6-12 months.
- Mentors and mentees should aim to meet in person, at least initially when developing the relationship. Video and telephone calls can be used if locations pose a challenge, but meeting in person is preferable, when possible.
- Encourage mentees to watch Module 9 of the series: "How to get the most from mentoring". This will inform mentees regarding what to expect from mentoring and how best to engage with the mentoring process.

There's a feedback survey available on the home page. If you have any comments or suggestions for development, please get in touch, so that we can tailor them to as much of the anaesthesia and pain medicine community as possible!

Dr Tabara Dione
Chair, ANZCA Mentoring Working Group

Networks – Your digital learning hub

Learn at your own pace in your own time with online content.

Through a tech-led approach, ANZCA provides active, competency-based digital learning experiences tailored specific for the needs of its fellows, trainees and SIMGs. Networks is an interactive and engaging learning portal where members have access to an extensive range of online resources and courses. For examples, trainees can access a wide range of learning resources to support them throughout their training in areas of workplace-based assessments, scholar role activities, examination preparation and so on. Meanwhile, consultants have access to various specialised courses from perioperative anaphylaxis, mentoring and leadership to intercultural competencies and more.

The flexibility of online education provides members with full control and accountability for their ongoing learning and development. No longer confined to day-long courses in a centralised location that requires travel and impedes productivity, all members can learn anywhere and at any time so that they have extended opportunities to excel in the field.

The college will continue to expand and enrich our capability in digital education to deliver more flexible, engaging learning to support training, personal and professional development of our members.

Successful candidates



The court of examiners for the primary exam

Primary fellowship examination

August/October 2019

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

AUSTRALIA

Australian Capital Territory

Timothy Robert Charles
Lucy Sarah Davidson
Daniel Yung Jian Foong

New South Wales

Lucy Ellen Andersen
Lauren Appleton
Charles Peter Haggerston Cartwright
Kenneth Chiu Vin Cheung
Melissa Xiao Ling Chin
Jonathan Kok Kwan Chua
Alexandra Constantin
Timothy Loi Duong
Kaitlin Maree Faulkner
Angus Hume Fisher
Justin Gee-Yun Fong
Lachlan Christopher Frawley
Andrew John Gilmore
Emma Catherine Harknett
James Michael Harrison
Nathan Peter Harvey
Karolin Sophie Heck
Sam Lucas Jacobsen
Shaun Michael Jones
Eunmaro Ju
Nicole Loren Kalish

Natalie Bree Kent
Christopher Hoi Ching Kwong
Jacqueline Van Lai
Yan Lai
Sarah Leighton
Kevin Kun-Han Lin
YingRui Liu
Timothy James Marshall
Sam Alexander Phillips
Emma Elise Privett
Ganesh Prabu Ramanathan
Jonathan Michael Tobin
Andrew James Forte Turner
Nile Nesem Ulgen
Sheung Kai Benjamin Wan
Timothy James Webb
Chantelle Mary Leggett Willard
Hoi Sang Wong
Shaun Michael Young

Northern Territory

Gemma Caroline Todd

Queensland

Stuart Tremayne Andrews
David Michael Briggs
Dominic Jonathan Cauldwell
Hayley Elizabeth Collis
Sougata Das
Ashwini Dhanapathy
Robert Charles Eccleston
Thomas Charles English
Anita Maria Flynn
Brendan Edward Frederick Goodwin
Kelly Anne Jones
Mitchell James Hedley Kelly
Grace Elizabeth Kirkby-Strachan
Harsch Virendra Kothari

Siobhan Eileen Lane
Kathleen Dominique Lanigan
Hugh Speed Frank Mackenzie
Lois Clare Mackley
Amanda Jane Marshall
Catherine Elizabeth Mason
Andrew Duncan McGregor
Sean Elliott Morrow
Nathan Christopher Pratley
James Domenic Rigano
Hashan Dinuk Samarasinghe
Nicholas John Trott
Sophie Louise Turner
Jing Yuan Jessica Wu
Kewei Xu

South Australia

Sophie Margaret Boast
Munro Alexander Brett-Robertson
Thomas Peter Fox
Matthew David Higgins
Rebecca Elizabeth Madigan
Jennifer Ann Li Sim

Tasmania

Hayden Paul De Mouncey
Nicola Alison Fracalossi
Patrick Stewart Galloway
Sophie Maslen
Dylan Siejka

Victoria

Grace Andrews
Yi-Wei Baey
Bridget Frances Bishop
Alexander Gilbert Jacques Cochrane
-Davis
Patrick Anthony Dhar
Peter Robert Stanley Forrest
Luke Bryden Garbett
Lisa Gong Gu
Nathaniel John Hiscock
Nicole Hobday
Emily Louise Jenkins
Gemma Anne Johnston
Eugene Constatine Lai
Jana Alexandra Lau
Kent Edward Lavery
Qizhan Sherman Lee
Gregory David Leverett
Adam Brett Levin
Kirsten Sarah Long
Christopher William MacGregor
Max Elliott McCartney

James Meneguzzi
Alexander John Morris
Benjamin Charles O'Sullivan
James Edward Roth
Adam Gerald Scorer
Ashley Gordon St John
Lyndsay Erin Thompson
Rukman Vijayakumar
David Wang
Haipeng Wang
James Duncan Warner
Martin Harry Warren
Simon Matthew Yates
Yuan Yi

Western Australia

Keat Meng Chan
Lee Daniel Jervis
Siaavash Maghami
Fionn O'Laoire
Falk Reinholz
Michael James Edward Robbins

NEW ZEALAND

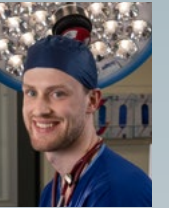
Thomas Patrick Adamson
Ciaran Mark Barr
Simon Ian Brown
Michael James Carpenter
Jacky Ka Chun Chan
Emily Jayne Craven
Midori Fujino
Jennifer Elaine Greenwell
Patrick Alan James Griffin
Elizabeth Rachel Hall
Joseph Thomas Bolwell Hayward
Carl Gordon Hume
Hannah Elizabeth Janssens
Lucy Kate Johnstone
Toby Francis Kane
Tony Joo Hyeon Lee
Walston Reginald Martis
Catherine Madge McGinnity
Harriet Elizabeth Pilkington Miller
Kathryne Balcom Roper
Jennifer Ross
Sarah-Jayne Anderson Stevenson
Atsuko Tarapore
Gregory Phillip Thomas
Kathryn Louise Travis
Qi Hong Wong

Renton Prize

The Court of Examiners recommended that the Renton Prize for the half year ended December 31, 2019 be awarded to:

Dr Nathaniel John Hiscock, Victoria

"I am very lucky to have grown up in Melbourne in a wonderful, somewhat medical, family where after finishing school I studied undergraduate medicine at Monash University. Trying not to follow in my father's footsteps I initially thought I'd pursue physician's training, before doing a BMedSci in orthopaedic surgery. However it was on an elective rotation as a medical student in Oxford that I came to accept that I too was far more interested in the other side of the drape.



I spent my internship and residency at St Vincent's Hospital in Melbourne where I was fortunate to get a wealth of anaesthetic and intensive care exposure, including at Werribee Mercy Hospital. Missing out on a training scheme position last year, I am incredibly grateful to Goulburn Valley Health for the opportunity and education they have provided, and I am very much looking forward to returning to Box Hill and St Vincent's next year.

I wish to thank my beautiful partner Samantha for putting up with a year of moderate distance, Facetime and always having to go study, and my Mum and Dad for being the most remarkable parents, role models and mentors.

Now that the exam is over hopefully I'll get fit again, play a bit more sax and piano and then adventure overseas."

The Court of Examiners recommended that the Renton Prize for the half year ended June 30, 2019 be awarded to:

Dr Andrew Burch, SA

"After completing medical school at the University of Adelaide, I have continued to be based in South Australia as a junior doctor. Initially undertaking a couple of years of physician training, I quickly realised that anaesthetic training was a much better fit for my personality. Since then I have had the opportunity to work in multiple public hospital placements within the state. These have included the Queen Elizabeth Hospital, Lyell McEwin Hospital and Flinders Medical Centre (where I am currently based).



During these placements and particularly around the time of the primary exam, I have been fortunate to work with a number of supportive registrars and consultants who have selflessly dedicated their time to education. Without their assistance, the primary exam would have represented a much greater challenge for myself and my colleagues.

Over the next few years I plan to complete basic and advanced training within Adelaide. After this I hope to undertake a fellowship year overseas. Ideally somewhere with easy access to the snowfields with North America at the top of my list."

Dr Stuart Watson, Victoria

Stuart completed his medical degree at the University of Melbourne in 2013. Following this he worked as a junior medical officer at St Vincent's Hospital Melbourne, where he is now based as a second-year anaesthesia trainee.

Stuart chose to pursue anaesthesia owing to his interest in the basic sciences and their direct clinical application. He enjoys passing on his knowledge to medical students, residents and primary exam candidates alike.

Outside work, Stuart enjoys spending time with his family and participating in classical music events and endurance sports, as time permits.



Merit certificate

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

Dr Alexander John Morris, Victoria

Successful candidates (continued)

Final fellowship examination August/October 2019

A total of eighty candidates successfully completed the final fellowship examination.

AUSTRALIA

Australian Capital Territory
John Vincent Robillard

New South Wales

Andrew Allan
Antony William Brown
Michael Allan Booker
Alexandra Sylvia Buchanan
Elise Victoria Butler
Parya Ehteshami
Kate Howson
Michael Iskander
Amy Julian
Richard Pearson Leaver
Robert Simmons Malcolm
Nadia Pervez Mian
David Aladar Milder
Yisha Minikus
William Coble Moor
Joel Robert Parrey
Jessica Monica Heather Paton
Georgina Natalie Prassas
Timothy Stegeman
Angeli Jayesh Thakkar
Linda Trang
Sophie Charlotte Unell
Karen Yee Ching Wong

Northern Territory

James William Hooper

Queensland

Hannah Rae Bellwood
Thomas Joel Chalk
Emma Elaine Comiskey
Keembiyage Chamath Disna De Silva
Emmanuel Dhoss
Jack Vincent Dixon
Etienne Anthony Du Toit
Steven Glen Durrant
Sam King
Victoria Elizabeth Lingard
Alvin Amit Obed



The court of examiners for the final exam

Sofia Padhy

Helen Maria Skerman
Mark Trembath
Ryan Peter Watts
Ryan Lee Wheatley
Leigh David White
Emma Kate Wilson

South Australia

David Scott Barlow
Jennifer Mary Bird
Paul Timothy MacLure
Alexandra Louise Nelson Reid
Doris Wai See Tang

Victoria

Sophie Jane Bradshaw
Jonathan Joseph Downes
Mohamed Elasyed Ahmed Elkashash
Jessica Christine Fusella
Andrew Bryan Gillard
Elizabeth Anne Judson
Lachlan James Kwa
Marilyn Paola Menezes
Chad William Oughton
Shi Hong Shen
Michael Peter Shun
Peter Andrew Stark
Kiara Maree Van Mourik
Adam Joel West

Western Australia

Shilpa Desai
Nikki Lee Harmey
Narguess Jahangiri
Jing Shen Ong
Brooke Louise Rule
Wuen Sze Tiong

NEW ZEALAND

Alexandra Rose Frankpitt
Matthew Hart
Rachel Louise Henke De Bastidas
Alexandra Katherine Hurrell
Calvin Fung Jin Lim
Calum John McHugo Donald
Manisha Mohanbhai Mistry
Michael Robert Nottingham
Thomas Gavin O'Sullivan
Estee Alexandra Parsons
Christopher Peter Burnett Shaw
Tobia Harry Babington Snook

SIMG examination

Five candidates successfully completed the specialist international medical graduate examination:

AUSTRALIA

New South Wales
Aradhana Behare

Queensland

Melanie Schulze

South Australia

Kshipra Kollegal Nandakumar

Western Australia

Padma Priya Bathumana Appan
Raphael Grossi Rocha

Cecil Gray Prize

The Court of Examiners recommended that the Cecil Gray Prize for the half year ended December 31, 2019 be awarded to:

Dr David Milder, NSW

"I graduated from the University of New South Wales in 2013. I first became interested in anaesthetics as a final year medical student due to its mix of perioperative medicine, procedural skills, physiology and pharmacology.

My internship and residency were completed at St George and Sutherland Hospitals. Subsequently, an anaesthetic senior residency was undertaken at Concord Repatriation General Hospital. I am currently in the third year of the Anaesthetic Training Program.

In my spare time I enjoy travelling."



Merit certificates

Merit certificates were awarded to:

Ryan Peter Watts, Queensland
Michael Robert Nottingham, New Zealand
Thomas Gavin O'Sullivan, New Zealand

The Court of Examiners recommended that the Cecil Gray Prize for the half year ended June 30, 2019 be awarded to:

Dr Craig Morrison, SA

Dr Morrison is a Flinders Medical School graduate. As a South Australian/Northern Territory training program registrar he has had the opportunity to rotate through all the teaching hospitals across Adelaide and Darwin with most of his training time spent at Flinders Medical Centre. He will be continuing there as a cardiothoracic then a liver transplant fellow in 2020.

Dr Morrison said he found the decision to pursue anaesthesia as an easy one as anaesthetists were some of the nicest people he met as a junior doctor: "Eventually they relented and allowed me into their training program."

Dr Morrison said being awarded the Cecil Gray Prize "was a huge surprise and honour" which he attributes to having an excellent study group, the support of his partner Jennifer and the sustained support of the Flinders anaesthetic department.

Being free from the burden of exams he looks forward to more time at home with his family and undertaking more activities that can be logged on Strava.



Anaesthesia and Pain Medicine History and Heritage Grant program

The Anaesthesia and Pain Medicine History and Heritage Grant program is an ANZCA initiative to assist with the research and interpretation of the history of anaesthesia and pain medicine. The program provides up to \$A5000 to fellows and trainees to undertake history and heritage projects.

In 2019, the grant was awarded to Associate Professor Terrence Loughnan, who will develop a history of anaesthesia training in Papua New Guinea.



The history of anaesthetic training in Papua New Guinea 1967-2019

Papua New Guinea is Australia's nearest neighbour but the development of anaesthesia in PNG has been vastly different than that in Australia and New Zealand. The first training of non-physician anaesthetic providers (anaesthesia technical officers) began in 1967 and has proceeded to the present day. The commencement of the training of physician anaesthetic providers began with the Diploma of Anaesthesia in the late 1980s and the introduction of a Masters of Medicine Course in Anaesthesia, at University of Papua New Guinea with the first graduate in 1992. This course proceeds to the present. However, there are more than 4-5 times as many non-physicians providing anaesthesia in current PNG facilities, today, than physicians.

ANZCA has been instrumental in assisting this development of education and continues to be with both teaching and examination support.

The purpose of this project is to document through interview of PNG nationals and others, this history while most of the main players are still able to give direct input.

Associate Professor T E Loughnan FANZCA,
Peninsula Health, Frankston, Victoria

Special interest group events

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

Big cases in the big country



Coming together in Ballarat this November provided a unique opportunity for delegates to collaborate and learn together as the Rural Special Interest Group joined colleagues in the Provincial Surgeons of Australia for an inaugural combined meeting. Specialist anaesthetists joined our GP anaesthetic colleagues and regional surgeons to see what can be achieved in rural and regional centres.

“Big cases in the big country” turned its focus to the ways that regional centres can and already are leading the way in enhancing outcomes from major surgery and trauma. Our invited keynote speaker, Professor Mark Fitzgerald, Director of the National Trauma Research Institute, and Director of Trauma Services at The Alfred, outlined the importance of regional hospitals in appropriate timely trauma care, and what trauma interventions really matter in the rural setting.

Mr Damien Ah-Yen of Waikato showed us the challenges of developing a Level 1 Trauma Centre outside the cities, and Mr Ian Campbell of Horsham described remote trauma care “Outside the helicopter zone”. The Provincial Surgeons invited speaker, former local, now leading Seattle surgeon, Dr Samantha Quade, discussed advances in trauma and perioperative care in the US context, and Christchurch surgeon, Dr Chris Wakeman gave a moving and inspirational talk on saving lives after the recent massacre.

Enhancing recovery and preventing postoperative disasters was discussed with Dr Jeyanthi Kunadhasan giving an enlightening presentation on the importance of iron while Associate Professor Laurence Weinberg gave us an insight into how fluid management might improve outcomes. Dr Angus Richardson, Professor David Story and Dr Tali Lior described “rescue” of the major surgical patient with complications, outlining improved recognition, and the concept of “Advanced recovery units” to save lives.

The experience of Ballarat was heightened with touring then dining among Australia’s largest regional art collection at the Art Gallery of Ballarat before another multidisciplinary day on Sunday.

Dr Vanessa Beavis presented best practice in perioperative care, with particular revenue to rural and regional practice, including what a further qualification in perioperative medicine might look like.

Managing abnormal placentas and obstetric haemorrhage in regional centres was covered by Dr Vangy Malkoutzis, with Ballarat obstetrician Dr Russell Dalton and local interventional radiologist Dr Rick Ussher lending their expertise. Day-case total joint arthroplasty in regional hospitals was described by orthopaedic surgeon, Mr David Mitchell, whilst pain physician Dr Suzanne Cartwright showed us the latest in techniques to prepare chronic pain patients for better outcomes

postoperatively. Dr Dharshi Karalapillai outlined the latest in ventilation strategies, while Dr Dan McIntyre and Dr Doug Paxton demonstrated the best techniques for the occasional thoracic anaesthetist.

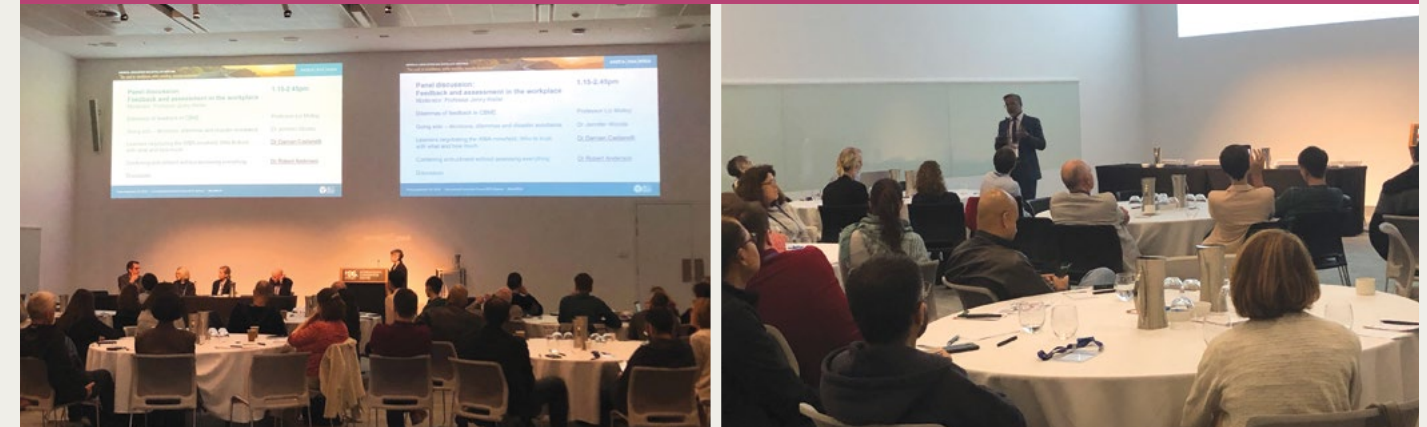
“Big cases in the big country” wound up with a series of practical masterclasses for delegates, including paediatric and thoracic anaesthesia, advanced airway techniques and blood management in critical bleeding.

A huge thanks to my co-convenors, Dr Greg Henderson and Mr Bruce Stewart for helping bring such a great event into being. The Rural SIG meeting was an ideal opportunity for rural anaesthetists to collaborate with other specialist colleagues, seeing what can be possible with modern perioperative care outside the metropolitan centres.

Dr Craig Mitchell
 Chair, Rural SIG

Above from left: Dr Doug Paxton, Professor Mark Fitzgerald, Dr Greg Henderson, Dr Russell Dalton and Dr Rob Gazzard; Dr Suzanne Cartwright, Dr Russell Dalton, Dr Vangy Malkoutzis and Dr Rick Ussher.

The road to excellence, while avoiding wayside landmines



On Friday September 20, I had the pleasure of chairing the Medical Education SIG one-day satellite meeting at the Sydney Convention Centre. The title of the meeting was “The road to excellence, while avoiding wayside landmines.” The theme of the meeting was developing expertise from undergraduate to end of career through effective feedback conversations. Participants developed practical strategies to engage in productive feedback processes, including seeking, receiving, and giving feedback, and tracking effects. More than 40 delegates attended from Australia, New Zealand and North America. With our Canadian and US colleagues we were able

Above from left: Professor Jenny Weller presenting; Professor Viren Naik.

to explore and compare experiences in workplace feedback, assessment and decisions on practice. We had excellent local and international speakers, lively discussions and great networking between ANZCA fellows and our North American colleagues. Our keynotes were Professor Viren Naik (Canada) and Professor Liz Molloy (Melbourne) with workshops and presentations from Drs Jen Woods, Damian Castanelli and Robert Anderson (Canada).

Professor Jennifer Weller
 Immediate Past Chair
 Medical Education SIG

Special interest group events

Anaesthetics in major incidents and big events



The 2019 Trauma and Anaesthesia and Critical Care in Unusual and Transport Environments (ACCUTE) SIG meeting was held at the International Convention Centre (ICC) Sydney in September. Nearly 80 delegates from across Australia and overseas attended the meeting, which was held as a satellite to the ASA National Scientific Congress. The meeting explored “The big picture: Anaesthetics in major incidents and big events”.

This year’s program comprised of two sessions, the first which focused on major events and big perspectives, while the second explored major events and individual skills. The meeting opened with an informative and engaging presentation by keynote speaker Dr Rosel Tallach, a consultant anaesthetist from the UK and a specialist in trauma and simulation training. Dr Tallach shared lessons learned from the spate of terror attacks in the UK during 2017. During her presentation, Dr Tallach focused on four key aspects: calling staff in out of hours; role allocation; acceptance of chaos; and anatomy of the response and the aftermath – a spectrum of psychological fall out. Next up was Dr Brian Spain, director of anaesthesia at the Royal Darwin Hospital. Dr Spain delivered a thought-provoking presentation on Australia’s medical response to natural disasters, which provided an overview of the many developments, review of the various Australian deployments and subsequent learnings from these. We then heard from Dr Ashley Padayachee, the clinical director of Christchurch Hospital who helped coordinate the anaesthetic response to the recent terror attack earlier this year. Dr Padayachee highlighted the events and response by the Christchurch Hospital teams, as well as the lessons learnt from that incident, as seen from an anaesthetic perspective.

Following morning tea, delegates explored business as usual versus emergency management plans from a NSW disaster planning perspective with current disaster manager for Western Sydney Local Health District, Ms Caren Friend. Ms Friend outlined state emergency management arrangements, the Command and Control structure followed during an incident. To conclude, Ms Friend shared a quote by Benjamin Franklin, “By failing to prepare, you are preparing to fail”, a very pointed reminder to all of the necessity to be prepared in today’s day and age. Keynote speaker Dr Tallach also shared her expertise on hospital wide simulation training. Dr Tallach detailed the

exercises undertaken at Royal London Hospital following the spate of London terror attacks in 2017. Dr Tallach covered why they undertook the simulation training, how this was undertaken, learnings from the exercise and improvements for next time.

Following lunch, delegates joined Dr Sam Bendall and the CareFlight Education team for major incidents: If it happens tomorrow, an interactive simulation session. The CareFlight team simulated a nightclub shooting scenario with the aid of actors, realistic sound effects and lighting. Once divided into two teams, delegates were required to think on their feet and use their knowledge and experience to help save victims lives. Although the scenario was confronting, delegates agreed it was an invaluable learning opportunity and were able to take away key strategies they could potentially use in similar situations.

After a quick bite to eat for afternoon tea, session two continued with presentations from emergency physician specialist, Dr Jimmy Bliss, and specialist forensic pathologist, Dr Lorraine du Toit-Prinsloo. Dr Bliss delivered a thought provoking presentation on Point of Care Ultrasound (POCUS), asking if every day ultrasound skills can assist prehospital providers with casualty triage in major incident response. Dr du Toit-Prinsloo then discussed commonly-encountered resuscitation injuries and provided case examples illustrating how these can potentially complicate the forensic pathologist’s interpretation of iatrogenic trauma versus inflicted or accidentally sustained trauma. Dr du Toit-Prinsloo also highlighted the important role of the clinician in assisting with the interpretation of post mortem findings and subsequent medico-legal proceedings following fatal outcomes in trauma patients.

The session concluded with a panel discussion on “What is a trauma anaesthetist” moderated by Dr Hayes-Bradley. Panellists Dr Lin Hu, Dr Simon Robertson, Dr Ken Harrison, Dr Lucy Barnett and Dr Bendall shared their thoughts and provided a range of different perspectives.

A cocktail reception overlooking Darling Harbour concluded the meeting, with delegates being treated to delicious canapés and drinks. A great networking opportunity for delegates to discuss the day’s sessions.

Feedback received from delegates has been very positive, with many agreeing the CareFlight “Major incidents: If it happens tomorrow” session was the highlight. We wish to extend our thanks to all attendees, as well as our speakers and facilitators who generously shared their time and expertise.

Dr Clare Hayes-Bradley and Dr Dan Holmes
Co-Convenors, 2019 Trauma and ACCUTE SIG meeting

Aloha – The basics are not necessarily simple



In contrast to the last CTVP SIG meeting that was nestled amongst the towering snow-covered peaks, spectacular lakes and forests of Queenstown, New Zealand, this time we held our meeting in Maui, Hawaii. Delegates were greeted with a spectacular backdrop of palm trees, calm azure waters and volcanic mountains.

A considerable amount work was undertaken behind the scenes to make the inaugural SIG meeting in Hawaii become a reality. The key was a new collaboration with the Society of Cardiovascular Anesthesiologists (our partner organisation from the US) fostered through our long-term friendship with SCA President, Professor Stanton Shernan, who has been a regular keynote speaker at CTVP SIG meetings. We are grateful for the help from the SCA, ACE committee and especially from our secretariat Sarah Chezan.

ACE also wanted a high-quality program, and we did not disappoint. The theme of the meeting was “The basics are not necessarily simple”, imparting essential practical knowledge and practical skills that we need for everyday to care for our patients blended with some exceptional gems of cutting-edge research. The three days were action-packed so as not to deter healthcare industry sponsors and located at the end of the school holidays to allow access to families.

Highlights of the program were too many to cover here but here are some of them. Our opening session dedicated to pressure and flow, where keynote speaker, Professor Charles Hogue explained the development of a clinical cerebral arterial autoregulation monitor that could provide an individual’s intraoperative blood pressure target. Professor Hogue put up a good fight but was out-pipped by former ANZCA-president Professor David A Scott in a riveting pro-con debate that Near-Infrared Spectroscopy (NIRS) should be used routinely in cardiac surgery.



We were dazzled with the future of echocardiography for the mitral valve. Good feedback was received for the Melbourne speakers with presentations on right heart and tricuspid valve, and key surgical topics. We were also impressed with a thought-provoking talk on with what sounds controversial but is an emerging area of popularity in regional anaesthesia for cardiac surgery.

The 3D-echo, point of care coagulation testing and echo-based problem discussion group workshops were popular and an extra 3D-echo workshop was held due to demand.

Another major highlight was the CTVP Audit, which compared the work and life practices of the US and Australia. The results will be published soon so I won’t steal their thunder.

Associate Professor David Canty stepped down as chair and handed over to Dr Warren Pavey with a new deputy chair position to be filled by Dr Martin Kim. David stated that he has relished his time as chair and was fortunate enough to help steer the SIG through two biennial meetings (Queenstown and Hawaii) as well as last year’s inaugural echo meeting in Adelaide.

“Mahalo” (farewell).

Associate Professor David Canty (immediate past chair)
Dr Martin Kim (scientific convenor and deputy chair)

Above left: SCA (USA) President Stanton Shernan, CTVP Scientific Convenor Martin Kim and CTVP Chair David Canty

Above right: The CTVP/SCA Audit team: Alex Mittnacht (SCA), David Canty, Chris Cokis, Peter Baird and Charlotte Heath



Above: Dr Nicola Broadbent.

Opposite: At the LIME conference from left: ANZCA senior policy advisor, Virginia Mills, New Zealand National Committee Chair, Dr Jennifer Woods and ANZCA NZ General Manager Kiri Rikihana. Photo courtesy of LIME – photographer: Struan Purdie.

A Perioperative Network for NZ

An initial meeting bringing together anaesthetists from around the country interested in perioperative medicine (POM) in Wellington in September left participants in no doubt that a network to share ideas will be a welcome addition in New Zealand.

A round table discussion about what is being done in different district health boards (DHBs) revealed there are multiple iterations of pre-assessment high risk/frailty clinics with different capabilities, using different criteria of assessment – NZRisk was mentioned frequently – and at different times in the patient’s journey.

As one participant mentioned, once the patient has been told they are having surgery “the patient is psyched and that ship has sailed”. One DHB got around this by having the clinic before patients made the waiting list, which meant they could remain off the waiting list for more than a month longer than otherwise.

Dr Nicola Broadbent, who organised the meeting, says there was an overwhelming hunger for more cooperation and sharing from the group which has led to the setting up of a Perioperative Network to meet once a year. “The network will promote collaboration and reduce the need for organisations to “reinvent the wheel” with regards to guidelines. As a group, attendees felt that an overarching aim should be to improve patient outcomes and continue the development of perioperative service delivery in this country. It will also provide a way to disseminate important information related to perioperative medicine.”

Participants also heard from the Vice President of ANZCA and Chair of the Perioperative Medicine Steering Committee, Dr Vanessa Beavis. Dr Beavis explained ANZCA’s intention of developing a viable model of perioperative care to improve patient experience and the health of the community. She outlined progress including a collaboration between multiple medical colleges in Australasia. The aim is to have a qualification developed by 2023. There will be five working groups to address different areas in the development. The Qualification Working Group and Perioperative Models of Care Working Group have been set up already, with three more working groups in the areas of Continuing Professional Development (CPD), Professional Standards and the Economic Case still to come.



The value of LIME – a personal reflection

“Anti-racism is a skill set not a value”.

This powerful statement from Luke Pearson of IndigenousX Ltd helped kick off day two of the eighth biennial Leaders in Indigenous Medical Education (LIME) conference that was held in Christchurch from November 5-8. To me it sent a clear signal that if we want our medical students, trainees and fellows to be culturally competent and safe we need to support them to acquire and practice this skill.

Indigenous peoples in Canada, Australia, the United States and Aotearoa/New Zealand all share a common colonial experience. As a result we feel a spiritual, physical and

historical connection to each other. That is why you will see us support each other at Standing Rock, Ihumatao, Uluru and Mauna Kea. LIME provides another forum to strengthen this international support.

Conferences such as LIME “fill my emotional cup” and enable me to strengthen my links to our network of indigenous health medical professionals and educators. It also offers me an insight into how ANZCA is tracking alongside other medical colleges.

I was constantly asking myself – can we do better in developing cultural competence and safety education for our fellows, and attracting and retaining indigenous trainees and fellows?

What was clear to me was, however we want to improve, we have a vanguard of colleges ready to support our efforts. I was pleased to see such a strong specialist medical college presence at LIME Connection VIII, and major sponsorship from the Royal Australasian College of Surgeons, the Australasian College of Emergency Medicine, the Royal Australasian college of Physicians, the Royal Australian and New Zealand College of Ophthalmologists and the Royal Australian College of General Practitioners. ANZCA was well represented by both fellows and staff and it was exciting to share this experience with my new colleagues.

If you get the chance to attend LIME Connection IX in Perth in 2021, I would encourage you to seize the opportunity.

Kiri Rikihana

ANZCA General Manger, New Zealand

Clinical directors share ideas and issues at forum

Clinical directors (CDs) from busy departments of anaesthesia at district health boards (DHBs) around New Zealand covered a wide range of topics from climate change to managing shortages of assistants to the anaesthetist when they had their annual meeting in Wellington in October.

ANZCA facilitates the forum for discussion and information sharing on common issues in anaesthesia practice and departmental management in New Zealand.

CDs heard more about PHARMAC’s moves to manage all DHB medical devices. Feedback that PHARMAC received in its consultation earlier this year was that it should seek advice from appropriate expertise in hospital medical devices including healthcare professionals. CDs wanted to make sure anaesthetists’ voices are heard.

Dr Matthew Drake, who is leading the neural device changeover at Auckland District Health Board (ADHB), spoke about what he has learnt about the process so far. Devices for neural procedures with internationally compliant connectors are being introduced in Australia and New Zealand and ADHB is one of the first to initiate the changeover. He told CDs he is travelling to Austria to see a hospital that has made the change and investigate their processes.

Climate change and the impact of anaesthesia was explored with Dr Rob Burrell who urged colleagues to lead the way as they are known as “high carbon doctors”. “Get a sustainability group going, measure your carbon footprint from volatiles, infiltrate every committee, advisory group and product assessment panel. Keep asking is there a cleaner way? Advocate that your DHB reduce their greenhouse gas emissions by participating in the CEMARS (certified emission measurement and reduction scheme) program if they haven’t already.” Dr Burrell encouraged these leaders in anaesthesia to get active, start as small as they need to be in order to start, then grow.

Dr Nicola Broadbent told the meeting about the formation of the Perioperative Network to link up all DHBs (see adjoining story).

The CDs heard from a representative of the Ministry of Business, Innovation and Employment about what was needed to employ anaesthetists from overseas and how this was changing.

Also the future of the training of anaesthetic technicians (ATs) and the ongoing shortage took a fair proportion of the afternoon. The Auckland University of Technology is closing the diploma course for the ATs and a degree program is being mooted while Southern Cross is running courses for registered nurses to become assistants to the anaesthetist.

Australian news

South Australia and Northern Territory



ANZCA Educators Program

Dr Agnieszka Szremska, Dr Rachelle Augustes and Dr Min-Qi Lee presented modules one and two and four of the ANZCA Educators Program in Adelaide during September. The program is designed to teach the practical application of educational theory to create positive learning experiences.



New CEO visit to Adelaide

ANZCA's new Chief Executive Officer, Mr Nigel Fidgeon visited Adelaide for the SA/NT Regional Committee Meeting on October 22, 2019. Regional Committee members were pleased to welcome Mr Fidgeon to his first meeting with a regional or national committee as CEO.

Above from left: Mr Nigel Fidgeon, Dr Scott Ma, Dr Praveen Mamillapalli, Dr Mahdi Panahkhahi, Dr Rachelle Augustus, Dr Sam Lumb, Dr Christine Hildyard, Dr Nagesh Nanjappa, Dr Bec John, Dr Brigid Brown, Dr Tim Semple, Dr Waleed Alkhazraj.



Careers expo

SA/NT Trainee and Trainee Committee member Joanne Tan, represented the anaesthesia speciality at the Flinders NT and Top End Health Services Career's Expo held at the Royal Darwin Hospital on September 30 and October 1, 2019. It was attended by medical students, interns, junior doctors and other interested parties. Jo gave an enlightening insight into training in the speciality and her fun, humorous and informative presentation reflected her favourite colour – orange.

SA Annual ACE Conference

The "Updates in massive transfusion" SA Annual ACE Conference was held at the Adelaide Wine Centre on Saturday October 19, 2019. Keynote speaker, Dr Kerry Gunn spoke on whole blood for transfusion and management of the new anticoagulants and the future of transfusion management.

After lunch, delegates were broken into smaller groups and participated in major haemorrhage emergency response workshops.

The SA/NT CME Committee would like to thank all of the speakers and workshop facilitators for sharing their expertise and committing their time and efforts to this conference.

*Above clockwise: Presenters, Dr Kerry Gunn, Dr Paul Richards and Dr David Roxby
Conference co-convenor, Dr Richard Walsh
Delegates: Dr Lisa Biggs, Dr Suzanne Szekeley, Dr Laura Willington, Dr Elise Kingston
Obstetric haemorrhage presenter Dr Laura Willington.*

Queensland



Anaesthesia through the looking glass

The Gold Coast played host to the 2019 Queensland ACE Regional Meeting, with a two-day meeting held at the vibrant QT Hotel over the glorious first weekend of spring. Our theme this year “Anaesthesia through the looking glass” was designed to challenge our traditional views; a chance to look at anaesthetic practice with a modern view and a multidisciplinary approach.

The meeting kicked off with a powerful opening plenary session with international speaker Dr Elsa Taylor, Staff Specialist at Starship Children’s Hospital in Auckland and past president of SPANZA, and local Wing Commander Alexandra Douglas MG, specialist intensivist, anaesthetist and retrievalist in the Australian Defence Force.

Dr Elsa Taylor gave us background and updates on the management of paediatrics in our facilities as well as practical tips and tricks for their management. Later in the day she again entertained and delivered a fantastic hands-on approach to management of paediatric cases for the occasional paediatric anaesthetist which sparked much enthusiasm and discussion from the delegates.

Dr Alex Douglas has been deployed to humanitarian crises and combat zones in Africa, East Timor and the Middle East in a military career spanning 28 years. She engaged the audience with her passion on trauma and healthcare with a twist on the parallels between trauma practices used in the military and her experiences working at the Gold Coast University Hospital. This was brilliantly followed by Dr Helmut Schoengen, who gave an excellent presentation on his experiences of working in Yemen as a Médecins Sans Frontières (MSF) ambassador.

Dr Philip Gribble, GP anaesthetist and newly appointed Chair of the Joint Consultative Committee of Anaesthesia shared his passion on rural healthcare and the wide range of specialities that a GP anaesthetist are required to know, treat and experience.

The 2019 meeting also provided ample opportunities to meet ANZCA CPD requirements, with more than 60 delegates attending the various emergency response workshops including CICO, anaphylaxis, and major haemorrhage, with regional workshops also on offer. Thank you to facilitators Dr Richard Scolaro, Dr Philip Lee, Dr Shaun Roberts, and Dr Raman Shah.

Dr Steven Cook and Dr Galina Gaidamaka also hosted an interactive and well-received morbidity and mortality session.

This year’s meeting provided the perfect platform to reinstate the Tess Cramond Prize. The prize session, in memory of Professor Tess Cramond OBE, provides Queensland trainees with the opportunity to showcase their continuing medical education research projects to a wider audience. Congratulations to the 2019 prize winner, Dr Joyce Leung. Thank you to Associate Professor Paul Gray, director of the Professor Tess Cramond Multidisciplinary Pain Centre (PTCMPC) for chairing the session, and for judging alongside Dr Dale Kerr and Dr Steven Cook. The Tess Cramond Prize session was very well received, and we were delighted to provide trainees with this opportunity.

Day two was an ethical and surgical delight. The day commenced with an enlightening open discussion with Susan Gardiner, lawyer, mediator and member of the Queensland Civil and Administrative Tribunal (QCAT), and Dr Melanie Jansen, paediatric intensivist and clinical ethicist at Westmead Hospital. This was a fantastic demonstration of the power of communication and the ethical demands and legal pitfalls of clinical conundrums.

We were privileged to also host local general and breast surgeon Dr Rhea Liang to discuss the challenges and results with instituting the “operating with respect” program at the Royal Australasian College of Surgeons.

The conference wrapped up with a multidisciplinary ethical debate moderated by Dr Kim Vidhani. The interactive discussion had many delegates talking about their own quandaries, and were able to receive advice from a multidisciplinary experienced panel of Dr Jansen, Dr Liang and Ms Gardiner, on practical management and solutions for difficult situations.

The meeting was attended by more than 95 delegates, and the feedback has been very positive. On behalf of the Queensland ACE CME Committee we would like to thank everyone involved for contributing to the success of this meeting.

Above from left: Dr Elsa Taylor; Tess Cramond Prize session. Judges Associate Professor Paul Gray, Dr Steven Cook, and Dr Dale Kerr; with presenters Dr Joyce Leung, Dr Thar Nyan Lwin, and Dr Sarah Bowma; CICO emergency response workshop.

Western Australia

Practice viva evenings

The Queensland Regional Office ran two successful primary and final practice viva evenings in September. Thank you to Dr Hannah Reynolds for convening the primary practice viva nights, and to Dr Jesse Gilson for the final viva nights. Thank you also to the more than 30 doctors who gave up their time to help the trainees prepare ahead of their viva examinations.

Looking ahead to 2020

The Resilience workshop was held on November 18 and organised by Dr Kevin Hartley and Dr Suze Bruins. The workshop focused on developing personal resilience and maintaining good mental health in work and personal lives.

A welcome evening was held on December 5 for those who were successful in obtaining a place on the 2020 Rotational Anaesthetics Training Program. Dr Jay Bruce, Dr Kevin Hartley and Dr Steven Myles led the session which was held at the WA Office.

An Introduction to Anaesthetics Training in WA evening will be held for interested junior doctors on March 11, 2020 led by Dr Jay Bruce and Dr Kevin Hartley.

Nominations for the West Australian Regional Committee will be sought in early 2020, if you are interested in joining the committee the invitations will be disseminated in early February.

The WA CME Committee will not convene the Autumn Scientific Meeting in 2020 due to the ANZCA 2020 Annual Scientific Meeting. The Perth Children’s Hospital will convene the Country Conference from October 18-20, 2020 at the Pullman Resort in Bunker Bay. The Nerida Dilworth Prize and the Bunny Wilson Lecture won’t be held until the 2021 Autumn Scientific Meeting.

The WA Office thanks all of the consultants and trainees who have volunteered their time in 2019 by supporting committee meetings, courses, workshops and improving the experience of trainees in Western Australia. We wish you a festive Christmas season and a Happy New Year.

Australian Capital Territory



Art of Anaesthesia

The Art of Anaesthesia meeting was held over the weekend of October 5-6. After the success of using the iconic National Museum of Australia for our venue in 2018 it once again provided a spectacular backdrop for this year's meeting themed "Research versus the Anti-Research". Delegates were treated to a beautiful spring day in the nation's capital, with delicious food, great company, and a fantastic line up of international and interstate speakers.

Our international keynote speaker this year was Professor Andrew (Andy) Klein from Papworth Hospital in the UK. Andy is a very distinguished clinician and researcher as well as an extremely engaging conference speaker. In his first presentation of the morning Andy spoke about journals – what a journal does, and whether journals will still exist in 10 years' time. The presentation was very enjoyable but also very eye-opening! Following Professor Klein's

presentation, Professor Jamie Sleigh from Waikato University, NZ spoke about the randomised controlled trial and whether it is answering the wrong question. Dr David Highton from Princess Alexandra Hospital followed up with a terrific presentation on how to get involved in anaesthetic research.

Throughout the morning we heard many great presentations from speakers from all parts of Australia. Dr Ianthe Boden, a physiotherapist from Launceston, gave a talk on the role of physiotherapists in reducing hospital stays and saving lives. Dr Dannielle Volling-Geoghegan, a new fellow from Cairns, also gave a terrific talk on TEG versus ROTEM in major haemorrhage and the world of research as a provisional fellow.

In the afternoon, we concluded with a second presentation from Professor Klein on research fraud and the murky world of data fabrication and falsification, and finished off with an excellent debate from two of our local fellows on whether anaesthetic research has lost the plot.

Thank you very much to Dr Mark Skacel and Dr Vida Viliunas for their efforts in putting together a great debate.

The beautiful venue, together with the outstanding program of experienced presenters, saw a near record attendance of 110 delegates at the Saturday lecture series. Word must be getting out that Canberra is a lovely place to visit during springtime. A big thank you to our 10 healthcare industry supporters for attending the meeting, and we would like to especially thank our major sponsor Medtronic for their ongoing support of the Art of Anaesthesia meeting.

Three workshops were held on the Sunday morning – Cardiac Arrest (ALS), Acute Severe Behavioural Disorder (ASBD), and a research workshop with Professor Andy Klein. This was the first time the ASBD workshop had been run in the ACT and we extend a warm thank you to Dr Stephanie Oak from Newcastle for traveling to Canberra to deliver this workshop as part of the national trial. The ALS workshop was attended by 20 delegates and we would like to thank our dedicated local convenors and instructors for their assistance in delivering an excellent workshop.

Finally, a big thank you to the conference convenors, Dr Girish Palnitkar and Dr Carmel McInerney for their tireless efforts in bringing together another wonderful meeting.

Above clockwise from left: Ms Ianthe Boden, Dr Carmel McInerney, Professor Andy Klein and Dr David Bramley; Trade and delegates enjoying the delicious catering; Dr Carmel McInerney, Professor Andy Klein, Dr Girish Palnitkar; Professor Jamie Sleigh, Waikato Hospital.

New South Wales



Supervisors of training meeting

A supervisors of training meeting was held on October 18 in the ANZCA Sydney office. Forty supervisors attended. Guest speakers were ANZCA Director of Professional Affairs Dr Maggie Wong and ANZCA Training Assessment Operations Manager, Tamara Rowan, who addressed ANZCA updates and took a Q & A session.

Above from top: Dr Maggie Wong and Tamara Rowan presenting at the NSW SOT meeting; Dr Maggie Wong, Dr Sharon Tivey and Tamara Rowan.

Chair update

The third education officer/supervisor of training meeting for the year was held on November 18 in Launceston. Dr Robert O'Brien, Director of Education at ANZCA provided a comprehensive update on the college's education activities including competency-based medical education, group decision making and current projects. There was extensive discussion and all attending found the session to be extremely worthwhile and very positive. Dr Greg Bulman, supervisor of training, north west region provided an update on the exam remediation workshop that he attended in Melbourne and updated everyone on the college's approach to supporting trainees in difficulty.

The Tasmanian Anaesthetic Training Program is proud of our ongoing record in examinations, including a merit by Dr James Correy. Congratulations and well done! We appreciate and value everyone's approach to teaching and supporting trainees in their exam preparation.

Dr Lia Freestone
Tasmanian Regional Committee Chair

Tasmanian combined annual scientific meeting 2020

It's time to LEAP into action! It's time to register!

Online registrations are now open.

The organising committee for the meeting welcomes fellows and trainees from near and far to register to attend the upcoming meeting.

Convenor Dr Christopher Wilde is excited with the high-quality presenters and workshop facilitators the organising committee have curated for delegates. The meeting's theme "LEAP – Learning and Excellence in Anaesthesia and Pain" is inspired by the conference opening on leap day February 29, and promotes delegates taking the leap to acquire new knowledge and practices from the diverse and stimulating sessions on offer.

In 2020 we are extremely fortunate to have some excellent international, interstate and local presenters including Mount Sinai's Professor Meg Rosenblatt (ambulatory total joint replacements, first use of lipid rescue); Professor Kirsty Forrest, Dean of Medicine at Bond University, leading sessions on the key skills of communication and feedback; and Dr Jennifer Stevens from St Vincent's in Sydney discussing the case for and against weaning opioids preoperatively. The Saturday program includes an open-mic panel considering what anaesthesia and pain medicine hold as we leap into the future.

Chair of the ANZCA Tasmanian Regional Committee, Dr Lia Freestone, says that Tasmania continues to grow its reputation in producing high quality meetings, with 2020 offering a diverse and highly-relevant program of presentations on the Saturday, while Sunday offers delegates a variety of workshops which includes emergency response activity CPD opportunities as well as hands-on regional workshops with our international speaker, Professor Meg Rosenblatt and workshopping feedback as a dialogue with Professor Kirsty Forrest from the Gold Coast. Delegates also have the opportunity to take a 90-minute medical history guided walk around Hobart on the Sunday morning.

The cocktail reception on Saturday night with drinks and canapes overlooking the sunset on the Hobart waterfront at The Lounge by Frogmore Creek provides delegates with an opportunity to mingle and enjoy the stunning scenery while enjoying Tasmania's award-winning wine and produce.

Dr Michael Challis, Chair of the Tasmanian ASA Committee of Management encourages delegates to act quickly to register as workshops typically sell out and accommodation in Hobart fills fast. He points out that late February is a wonderful time of year to visit Tasmania and the meeting offers delegates the opportunity to hear excellent speakers, participate in hands-on workshops, as well as an opportunity to enjoy all of what Hobart has to offer.

So LEAP into action and register now!

Tasmanian Annual Trainee Day – registrations open now!

This unique day is organised by trainees and hosted by trainees for trainees.

This meeting has built a great reputation over the years, and 2020 has some fantastic presenters who will maintain this high standard. The Trainee Day precedes the Tasmanian combined Annual Scientific Meeting (ASM) and is being held on Friday, February 28, 2020, at Hadley's Orient Hotel in Hobart and will feature some of the ASM's invited speakers from overseas, other states and locals on topics of particular interest to trainees.

Trainees from Tasmania and interstate are welcome to register and experience this Tasmanian tradition first hand.

A dynamic and varied program has been developed which includes:

- Professor Meg Rosenblatt from Mount Sinai in New York presenting on local anaesthetic systemic toxicity.
- Professor Kirsty Forrest from Bond Uni on how to get the feedback you want and need.
- Dr Jennifer Stevens from Sydney on keeping opioid prescribing as pain free as possible.
- Dr Shirin Jamshidi on making the most of your provisional fellowship.
- Dr Andrew Ottaway from Hobart speaking on global health and anaesthetic training.
- Dr Christopher Wilde exploring human factors in healthcare.
- Presentations on further training in Pain Medicine and Diving and Hyperbaric Medicine.
- ANZCA President on leadership tips.
- ASA President on the work of the ASA.

The program concludes with a panel discussion focusing on welfare and maintaining wellbeing throughout your careers.

This intimate meeting is held in a historic setting with opportunities throughout the day to mingle and network with the speakers and colleagues in a relaxed and friendly atmosphere. The day includes morning tea, lunch and afternoon tea, as well as the opportunity to join other delegates and speakers for drinks and canapes at the end of the day.

An experience not to be missed. You are encouraged to register as soon as possible. Visit the ANZCA website for details.

Australian news (continued)

Victoria



Victorian Registrars' Scientific Meeting

The meeting was held in the afternoon on Friday November 15 in the ANZCA House Auditorium. The afternoon program had three sessions with nine trainees/registrars giving presentations on either research or audit topics, along with presentations from fellows: Professor David Story on “Taking (ANZCA) evidence to the OR”, Dr Alex Konstantatos on “Ethnicity and postoperative pain”, Dr Debra Leung on “Healthcare communication: The hidden procedure”, Dr Zoe Keon Cohen on “What, why and when for advance care planning in periop care”, and also a talk on “Creating a trainee led platform for audit and research in sustainability in anaesthesia” was given by VTC member, Dr Sophia Grobler.

The sessions were chaired by Dr Jessica Davies (VTC chair), and last year’s VRSM winners, Dr Jonathan Au, and Dr Patrick Tan. There were also four adjudicators, Professor David Story, Dr Alex Konstantatos, Dr Debra Leung, and Dr Zoe Keon Cohen who judged the trainees presentations in audit and research categories.

A big congratulations to the two winning trainees: Dr Liz Judson and Dr Sandeep Rakhra.

Thank you to all the trainees, sessional chairs, presenters and judges for their contributions, along with the convenor Dr Lucky De Silva for her hard work bringing this event together and making it a success.

Primary Fulltime Course

Our most recent course was held at the college from November 18-29 with a huge 100 trainees registered. Our courses are increasingly popular with both local trainees, and trainees from interstate and NZ travelling to attend.

This two-week refresher course comprehensively covers physiology and pharmacology. The aim is to review the knowledge required to pass the primary examination and assist candidates in their preparation for written and oral examinations. Lectures were conducted in a variety of formats including lecture format and more interactive styles. Each session highlights important features of the topic and helps candidates to organise and present their knowledge clearly and with perspective. To that end, lecturers are encouraged to present their topic to include information on written and oral examinations including exam preparation, techniques, and previous MCQs, SAQs, and vivas. Along with 28 lectures, there was an informal practice viva session on the final day with a presentation on viva advice. Candidates were encouraged to take an active part in the sessions and participate in the discussions.

A special thanks to all the dedicated presenters and VIVA examiners for their time and commitment to this course.

The 2020 trainee course and event dates are online: anzca.edu.au/about-anzca/council,-committees-and-representatives/committees/vic-regional-committee/vic-training/victorian-trainee-courses.

The Noble Gas Party

The Victorian Trainee Committee hosted The Noble Gas Party at the fittingly named bar The Noble Experiment in Collingwood on June 1. DJ Perri Lee played great tunes while more than 80 anaesthetic registrars and provisional fellows snacked on delicious canapés and themed drinks. The cocktail list included specials such as “dental damage”, “xenon”, “the long tea break”, “the relaxant” and of course a mocktail called “the relief trial”. We look forward to continuing the event in the future as it was an excellent opportunity to socialise beyond exam or work events and allowed trainees from alternative schemes, hospitals and networks to come together under one roof! The night was a great success, and was possible due to the support of ANZCA and the ASA, as well as the extraordinary organisational skills of the VTC Social Secretary for 2019, Dr Sophia Grobler.

Dr Jessica Davies
VTC Chair

Obituary

Fiona Sharp, FANZCA 1964-2019



It is with deep sadness that ANZCA and the Diving and Hyperbaric Medicine (DHM) Sub-Committee learned recently of the tragic death of Dr Fiona Sharp in a diving accident in the Caribbean.

Fiona was a very active member of the Diving and Hyperbaric Medicine community, as well as an ANZCA fellow working at Fiona Stanley Hospital in Perth. Fiona was a highly respected authority in diving medicine having practiced for more than 20 years in the field, including a spell at the prestigious Diving Diseases Research Centre (DDRC) in Plymouth.

Fiona was a long-time member of the South Pacific Underwater Medical Society (SPUMS) and a regular at our meetings. She was a memorable character and contributed greatly to those meetings both with her ability to get straight to the point and her friendly determination to get everyone involved. She will be sadly missed indeed.

Fiona was also a fierce supporter of the recent moves within ANZCA to establish the Diploma of Advanced DHM and successfully sat the examination for this qualification. She had undertaken a blinded research project investigating the

ability of experienced divers to distinguish between an air dive and one using oxygen enriched air, but sadly she never found the time to write up the project that would have completed her requirements for the diploma.

She was determined to see DHM more fully recognised as a serious clinical and academic pursuit and was a great advocate for the integration of both diving and hyperbaric medicine into the mainstream of specialist medical practice both here and across the world.

Her tireless pursuit of all aspects of diving – from clinical practice, teaching and administration to the practical pursuit of her all-consuming hobby, diving was to a large extent, Fiona’s life. Perhaps it is possible to take some comfort from this tragedy in saying that Fiona perished doing what she loved.

Our thoughts go out to her family and loved ones and we join the global diving community in mourning her loss. We have lost a valued friend and colleague.

Professor Michael Bennett, FANZCA
Chair, Diving and Hyperbaric Medicine Sub-Committee

Piers William Robertson, FANZCA, DA (UK)

1961-2019



Piers Robertson was a highly respected senior anaesthetist at the Royal Adelaide Hospital (RAH) who sadly lost his struggle with cancer on March 30 aged 58 at home. He died peacefully surrounded by his family. He achieved more than most in a career brought to a premature end.

The Robertson family were pastoralists at Chowilla, a station on the Murray near the NSW border, and although Piers' life was in Adelaide, he retained close ties with the country, enjoying Chowilla and the Murray with friends and family. He graduated from St Peter's College in 1978 to embark upon a career in medicine at the University of Adelaide, graduating in 1986 with a Bachelor of Medical Science (Honours) in the Department of Clinical and Experimental Pharmacology.

Piers started his anaesthetic career as a Senior House Officer in 1989 at the Royal Hallamshire Hospital in Sheffield where he gained the Diploma of Anaesthesia from the College of Anaesthetists (UK). (The college was awarded its royal charter in 1992). He returned to Adelaide and gained a place in the South Australian Vocational Anaesthetic Training Scheme, being awarded his FANZCA in 1996.

He joined the Hyperbaric Medicine Unit at RAH for six months as a Provisional Fellow. Rather than make the smooth transition from junior to senior ranks in Adelaide, he showed his adventurous colours. Along with his wife Libby, a radiographer whom he married in 1988 and their three small children, he set off for Duke University Medical Center, Durham, North Carolina for a year to further his interest in Hyperbaric Medicine. He developed a keen interest in regional anaesthesia which remained with him until his retirement in 2018. Prior to

returning to Adelaide the family Robertson spent six months exploring America.

In 1998 they returned to Adelaide and Piers immersed himself in the activities of the department of anaesthesia at the RAH. He was deputy director of the department for two years from 2006-08.

Outside the operating theatre, he was the department's Liaison Officer for eye Surgery and Post Anaesthesia Care Unit (PACU) and a member of several committees and groups including the RAH Disaster Planning Committee; the Anaesthesia Management Group, the Clinical Pathways Taskforce for PACU and ICU and the Equipment Committee.

He was coordinator of the departmental Quality Assurance Program and Resident Medical Officer Supervisor for Anaesthesia, inspiring a succession of trainees. The current chair of the Trainee Members Group of the Australian Society of Anaesthetists (ASA) SA, Dr Richard Seglenieks, attributes his career in anaesthesia to Piers' inspiration, when he was a medical student attached to the department.

With the experience gained in America, Piers initially divided his full-time public practice between anaesthesia and the hyperbaric unit at RAH, providing telephone assistance for diving related medical emergencies throughout the South Pacific via DAN, the Divers Advisory Network. He worked tirelessly to develop regional anaesthesia as a consequence of the North American experience and was an early adopter and proponent of ultrasound guided regional anaesthesia. It is difficult to find a better example of the value of an overseas fellowship to enhance hometown practice.

He developed the Adelaide Regional Anaesthesia Workshop, which held its inaugural meeting in 2003 and became an annual fixture in the conference calendar until 2014. In conjunction with the Anatomy Department of Adelaide University, he developed a series of prosections to offer one of the earliest cadaver based regional anaesthesia workshops in Australia. The uni lab staff fondly remember him strolling down to the lab on a Friday afternoon (Friday was his non-clinical day) in his maroon cardigan, to check on the progress of "his" cadavers. This workshop continues today and is a testament to the infrastructure he established.

In 2001, he wrote and was chief (and sole) editor of "What a Gas", the department's weekly newsletter. A regular feature of the newsletter was the introduction and welcome to department of new members of staff – both junior and senior. (In that

first edition he welcomed a certain Dr Rod Mitchell, former GP and staunch advocate, even then, for Aboriginal healthcare, who had just passed the Primary FANZCA exam.) The newsletter appeared, without fail, on a Friday afternoon and it continues to this day.

Piers stood down from these positions when his health began to fail in 2017.

Piers had the gift of being a natural organiser and a great networker. This was nowhere more evident than in his involvement with the ASA. He was the Scientific Program Convenor for the ASA National Scientific Congress (NSC) in 2002 and 2006. Not many people are willing to act as Scientific Convenor on more than one occasion! He volunteered to be overall NSC Convenor for Darwin in 2015. Being overall convenor is a challenging task at the best of times and is even more so when convening from afar and in the months after major surgery!

His other roles included ASA Federal Scientific Programme Officer 2003-10 and acting chair of the NSC Federal Scientific Programme Sub-committee from 2003-08. He "morphed" into the ASA NSC Scientific Congress Officer from 2010-18 and chaired the ASA NSC Federal Committee from 2010-18.

He received the President's Medal in 2018 for service to the ASA. Libby and his children John, Alexa and Caroline deserve recognition for their support during these extra-curricular activities.

It would be inappropriate to describe Piers as simply a "medical" man. He loved swimming, cycling, the Australian outback and 4WD expeditions, the family station and the Murray River. Machines with motors gave him enormous pleasure and he owned a succession of Alfa Romeos. Pride of place went to his collector's item, a 1974 Montreal, extensively refurbished in 2008. He took it to an Alfa car club track day where the club president described him as having driven the car in the way it was meant to be driven - "He drove it like he stole it!"

As a brother, husband, father, friend, colleague, mentor, quiet voice of reason, authority and sound advice, Alfa enthusiast and committed ASA member, for whom life was meant to be lived and opportunities taken, he is sorely missed.

We should be grateful and consider it an honour and privilege to have spent a short time walking with him on his journey.

Piers William Robertson – Rest In Peace.

Dr Simon Macklin MBBS, FRCA
Senior Specialist in Anaesthesia,
Royal Adelaide Hospital