

ANZCA BULLETIN

NZ fellow a driving force for rally safety



Airway leads:
New Australian
network

ASM:
Reflecting on
#ASM19KL

Indigenous health

ANZCA is using its Essential Pain Management program for a Specialist Training Program initiative to improve pain management resources for Indigenous practitioners and patients and is taking a proactive approach to the mentoring and training of Indigenous and Māori students.



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New airways initiative

How to establish an airways lead in your hospital.

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Leadership changes

We welcome new ANZCA councillors and FPM Board members, farewell departing representatives and include a full list of new committee chairs.

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Reflecting on the 2019 ASM

The Kuala Lumpur meeting attracted 2037 delegates including 215 doctors from Malaysia who heard 400 speakers and attended 133 workshops, small group discussions and masterclasses.



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EMAC comes of age

ANZCA fellow Dr Stuart Marshall writes about the evolution of EMAC, the benchmark for excellence in healthcare simulation education, and what lies ahead.

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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.

Cover photo: Dr Clare Fisher (right) is in the hot seat as the medical delegate for the World Rally Championship.

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President's message



As the Australian and New Zealand College of Anaesthetists we are clearly the bi-national college charged with defining and supporting the standards in education, training and professional practice for the specialty of anaesthesia. I do wonder if the name of our college belies the diversity and complexity of the clinical competencies that constitute the broad practice of our specialty, which, on a good day, extend to rescuing trapped school-aged boys from an underwater labyrinthine Thai cave complex.

What's in a name?

I am NOT suggesting that we change the name of our college – unless anyone has an appetite for the Australian and New Zealand College of Anaesthesia, Pain Medicine and Perioperative Medicine, (ANZCAPMPOM), and that's before we consider the fact that we are also actively involved in intensive care, pre-hospital and retrieval medicine, and diving and hyperbaric medicine, and that we maintain a significant and important membership presence in south-east Asia.

I acknowledge that for most of us the focus of our anaesthesia practice is within the more traditional scope of practice. The point I would make is that while as a college the diversity of professional practice and the diversity of our membership is tremendously enriching, to maintain this diversity is also tremendously challenging, to the extent that it requires significant ongoing attention, commitment and resources. For example, we are now involved with developing and/or maintaining six different formal qualifications.

The bi-specialty nature of our college is seemingly easy to overlook. It is highly significant that we are the designated specialist medical college not just for the specialty of anaesthesia, but also for the specialty of pain medicine, particularly as the importance of managing both acute and chronic pain states is increasingly recognised by the community and by government.

ANZCA's Faculty of Pain Medicine comprises a relatively small number (560) within the context of our college (more than 9000 fellows and trainees), and so does not enjoy the same economies of scale.

The reality is that a relatively small band of highly committed and capable pain fellows is clearly making a significant contribution to our college, and we need to continue to ensure that we appropriately and actively support, acknowledge and promote this contribution.

“In many ways we are more than simply 'a bi-national college of anaesthesia'. We are a college with recognised expertise in anaesthesia, pain medicine, perioperative medicine, intensive care medicine, pre-hospital and retrieval medicine, and diving and hyperbaric medicine.”

We are now re-examining our branding, including the use of our coat of arms, to ensure the faculty is recognised as acting under the aegis and imprimatur of our college, and to receive the due prominence it deserves.

Perioperative medicine is evolving at a steady pace, both locally and internationally, and a number of hospital departments are now identifying themselves as departments of “anaesthesia (ology) and perioperative medicine”. ANZCA has committed to providing leadership (not ownership) in perioperative medicine, including the development of a post-fellowship qualification, continuing medical education (CME) and research. It remains to be determined how, and to what degree, we wish to promote and formally convey this subspecialty as being synonymous with our profession and our college.

Professional identity

We (not you and I, but those anaesthesia colleagues who ventured before us) played pivotal roles in establishing the disciplines of pre-hospital and retrieval medicine, and of diving and hyperbaric medicine. These remain relatively niche but are keenly supported core components of our professional identity, which warrant the necessary ongoing resource allocation.

Our college was one of the founders of intensive care medicine, and for a long time this discipline was an inextricable part of our “DNA”. This identity has dissipated over more recent years, though the contribution of FANZCAs to the delivery of intensive care medicine remains significant, particularly in rural areas. To what extent are we prepared to commit to preserve this professional capacity? Should we take the necessary action to encourage dual fellowship of ANZCA and the College of Intensive Care Medicine (CICM) of Australia and New Zealand once relatively common but now seemingly on the wane?

In relation to reflecting the diversity of our membership, we are of course first and foremost bi-national. The “Australian and New Zealand College of Anaesthetists” states this very clearly, though it is noticeable how readily people from overseas refer to “in Australia”. I must admit I am somewhat at a loss as to how to address this frequent overlooking of our honest neighbours across the ditch, short of doggedly referring to “New Zealand and Australia”.

The New Zealand National Committee has recently made representation to the ANZCA Council highlighting the significant and dynamic contribution that Māori culture plays in the day to day life and work of their nation. They would like our college to consider more actively promoting that the New Zealand partner in our bi-national college is itself an actively bi-cultural nation. This would be in line with recent acknowledgements of the same by the Royal Australasian College of Surgeons and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, who each incorporate a motif acknowledging their active Māori culture for use in their New Zealand activities.

Our “Australian and New Zealand” college enjoys significant membership throughout south-east Asia, with almost 400 fellows in Hong Kong, Singapore and Malaysia. Some organisations with a similar breadth of membership use the term “Australasian”, (I do wonder if this smacks of saying “Australia, plus some other lesser countries in the region, whose individual names we don’t really need to bother about”). I strongly believe that we would do well to keep our south-east Asian colleagues actively engaged in the work and identity of our college.

So, in many ways we are more than simply “a bi-national college of anaesthesia”. We are a college with recognised expertise in anaesthesia, pain medicine, perioperative medicine, intensive care medicine, pre-hospital and retrieval medicine, and diving and hyperbaric medicine. We are a college with significant membership across two nations, one of which formally proclaims its bi-cultural heritage, and more broadly across the region of south-east Asia, which in itself reflects our place in the world. As a specialist medical college, I believe we need to ensure we make the necessary investment of resources to ensure that we continue to preserve, grow and promote this diversity of practice and of membership.

Getting back to the Thai caves, it is notable that Richard “Harry” Harris demonstrated the attributes of anaesthesia, perioperative medicine, diving and hyperbaric medicine, retrieval medicine, and, to boot, did it all in south-east Asia, and did it all with such understated humility.

Maybe this demonstration of what a FANZCA can do is the reason that he is such an outstanding and popular ambassador for our profession.

Dr Rod Mitchell
ANZCA President

Letter

Some thoughts on voluntary assisted dying

How many anaesthetists, supportive of voluntary assisted dying (VAD), would feel that the administration of medication for the purpose of ending life should be by the oral route? This would surely not be an intuitive response. Yet, this has been the preference of the Victorian government, and the recommendation of the WA Parliamentary Joint Select Committee on End-of-life Choices.

It is pertinent to examine the reason for this preference. In essence, it is based on the assertion that the best template for end-of-life laws with respect to assisted dying is to be found in the US state of Oregon, where a Death with Dignity Act was passed in 1997. That act was based on the notion of physician assisted suicide. Emphasis was deliberately placed on this being an autonomous decision, with full responsibility for it being demonstrated by the subject, through the act of swallowing the prescribed medication. A deliberate corollary of this was that the process would distance the physician from the decision to end a life – psychologically, ethically and perhaps in law.

The philosophical point that the dying patient seeking assistance with dying should be called on to demonstrate a different level of responsibility is deeply troubling. In almost all facets of medicine patients regularly accept responsibility for decisions they are called upon to make. In the case of procedures they sign a consent form. In no case are they called upon to physically "demonstrate responsibility". To make that extra demand of dying patients is judgmental, discriminatory and non-accepting of the individual.

Where given a choice between oral and intravenous administration (Holland, Belgium and Canada), patients overwhelmingly choose the intravenous route. Furthermore, some jurisdictions that have set a preference for oral administration may provide an escape clause to allow for intravenous administration where the patient cannot, for medical reasons, take the medication orally.

It is only the well-known barbiturates pentobarbitone (Nembutal) and secobarbitone (Seconal) that have a track record of suitability and reliability needed for the purpose of oral administration.

With parenteral administration, drugs commonly used for intravenous general anaesthesia are quite suitable. This usually includes a muscle relaxant. There is a real and valid belief that the intravenous route is more reliable.

If VAD is to be a matter of choice it seems only logical that the route of administration should also be a matter of choice. An intravenous injection can be given by a physician. Alternatively, a system for self-activated intravenous administration would be welcomed by some patients, and some doctors. It would release the doctor from the physical act of giving the injection, and it would give the patient the feeling of being fully in control.

If oral medication is used, support should be given for the well-established drug pentobarbitone, in well-established dosage.

However, there should be an escape clause that would allow the physician to use an intravenous injection if the process following ingestion is prolonged or complicated, in any way.

Dr Peter G Beahan, FANZCA
Western Australia

Awards

ANZCA Staff Recognition Awards



College staff have been recognised for achievements in 2018 in the annual staff awards presented by CEO John Illott and President Dr Rod Mitchell at ANZCA House on Friday April 5.

The aim of the Staff Recognition Awards program is to recognise excellence in service delivery and to acknowledge those who have achieved outstanding results

that have contributed to ANZCA's priorities and objectives and/or had a significant impact on work colleagues and others in the college community.

The 2018 Staff Excellence Award for Customer Service was presented to Nadja Kaye in recognition of her roles as CPD Administrator and CPD Co-ordinator for the emergency response initiative and Kym Pearce, Finance Business Partner for her customer service to the college business units and finance team. Library Manager John Prentice was presented with the Staff Excellence Award for Innovation or Process Improvement for using his expertise and knowledge to improve efficiencies and productivity for library staff, fellows and trainees.

The Staff Excellence Team Award was presented to the Project 110 (Training Program Project) Team for their outstanding achievements in 2018. The team members included Olly Jones, Kathryn Cooper, Eric Kuang, Rima Wassef, Trang Huynh, Saloni Sood, Deepti Hedge, Anitha Joseph, Dinesh Ariyawansa, Shana Tan, Teri Snowdon, Tamara Rowan, Nicole Pulitano, Regan Marshall, Colin Lynas, Lily Lian, Maurice Hennessy, Bernadette Peace, Christina Yee, Renee McNamara, Shilpa Walia and Helen Ho as well as fellows Dr Vaughan Laurenson, Dr Leona Wilson and Dr Ian Graham. ANZCA Councillor Dr Rowan Thomas was also acknowledged for his valuable contribution to the project.

ANZCA's Facilities Manager Cherie Wilkinson (above, with ANZCA President Dr Rod Mitchell) was recognised for achieving the significant milestone of 25 years at the college and Annette Strauss of the NSW Regional Office has achieved 15 years of service.

Queen's birthday honours list

Congratulations to former president Dr Lindy Roberts, AM, one of many ANZCA and FPM fellows recognised in this year's Queen's birthday honours list.

Recognised are:

- **Emeritus Professor Maree Therese Smith, AC**, (Queensland) for eminent service to science through pioneering research and innovation in the treatment of neuropathic pain, to gender equity, and as a role model.
- **Dr Christine Mary Ball, AM**, (Victoria) for significant service to anaesthesiology, and to medical education.
- **Dr Richard Priestley Lee, AM**, (New South Wales) for significant service to intensive care medicine.
- **Dr Peter Edgeworth Lillie, AM**, (South Australia) for significant service to medicine in the field of anaesthesia.
- **Dr Colin George Merridew, AM**, (Tasmania) for significant service to surgical and obstetric anaesthesia.
- **Brigadier Michael Charles Reade, AM**, (Queensland) for exceptional performance of duty as the Director of Clinical Services of the 2nd General Health Battalion and Professor for Military Medicine and Surgery.
- **Dr Lindy Jane Roberts, AM**, (Western Australia) for significant service to medicine, and to professional organisations.
- **Dr Gregory Francis O'Sullivan, OAM**, (New South Wales) for service to medicine in the field of anaesthesiology.
- **Dr Penelope Clare Stewart, OAM**, (Northern Territory) for service to medicine in the field of emergency and intensive care.
- **Dr Vida Viliunas, OAM**, (Australian Capital Territory) for service to medicine in the field of anaesthesiology.

Also recognised was **Dr David Richard Smart, AM**, (Tasmania) a DHM Diploma holder for significant service to hyperbaric medicine, and to professional organisations.

Chief executive officer's message



Successful annual scientific meeting

It seems a long time ago, but it was only in early May that our 2019 ANZCA Annual Scientific Meeting (ASM) in Kuala Lumpur finished. I congratulate the committee from Tasmania who took on the responsibility for organising the conference. The Regional Organising Committee did a truly outstanding job with the scientific program, the variety and quality of speakers and of course the all-important social program.

I also congratulate the ANZCA Events and Communications teams as well as the many staff who worked tirelessly behind the scenes to create such a successful event. The attendance of more than 2000 delegates and guests created a vibrant atmosphere wherever delegates were assembled. The 2020 ASM will be in Perth from May 1-5 so it's worth organising conference leave early, especially if you were unable to attend in KL.

Given that the ASM was held in Kuala Lumpur, it had a slightly more international flavour. We co-badged the conference with the Royal College of Anaesthetists (RCoA) and the College of Anaesthesiologists of Ireland. We also welcomed guests from the colleges of Hong Kong, Malaysia and Singapore as long-standing colleagues. The Chinese Society of Anesthesiology was also present with four representatives.

ASMs provide opportunities to hold business meetings with our international colleagues. The agendas allow us to explore issues where important work is being progressed elsewhere in the world, to share ideas and consider where we can make faster progress by working together.

As an example, the RCoA has recently established the multidisciplinary Centre for Perioperative Care and have now appointed its inaugural director. The RCoA has been given the responsibility and budget by the Ministry of Health to develop perioperative care, so it is likely to move more quickly in development of concepts and strategies than will be possible in New Zealand or Australia. Through maintaining close ties with the RCoA we will benefit from the important work that they are doing in this important field.

Our relationships with Hong Kong, Singapore and Malaysia extend over 40 years. Although we have now ceased training in those countries (and in Hong Kong's case a Special Administrative Region of China), we support several hundred FANZCAs and we continue to build a new relationship with each.

Faculty of Pain Medicine

FPM has an ambitious strategic plan including the roll-out of new clinical standards for procedures in pain. This will be followed closely by a curriculum in procedures for both trainees and as a post-fellowship qualification.

We continue to work with governments in both countries to expand the number of multi-disciplinary clinics and hence the pain medicine workforce. Interest in pain medicine is also increasing from fellows from other specialties.

The Australian government has sponsored the development of a new national pain strategy and with the reappointment of Greg Hunt as Health Minister, we expect to see the release of this document for public comment soon. We will continue to work closely with our colleagues at the Australian Pain Society and PainAustralia to ensure that the strategy is supported by a growing workforce.

Equity in global health

Our president, Dr Rod Mitchell has spoken many times about the limited access to medical services experienced by our near northern neighbours in the Pacific, Papua New Guinea and Asia. We will shortly be advertising to fellows the opportunity to provide additional medical education services in these countries.

For 2019 and 2020 we have budgeted an increase in funding for aid projects and we are looking for ideas from fellows to boost our services within the region. As always with overseas aid, we continue to work closely with the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists to ensure that there is no duplication in our efforts.

John Illott

Chief Executive Officer, ANZCA

Opioids, anaesthesia research and chronic pain hot topics for media

Coverage of the ANZCA Annual Scientific Meeting (ASM) dominated our media coverage since the last *ANZCA Bulletin* (see page 58 for full report) with more than 530 online, print and broadcast reports in Australian and New Zealand media outlets.

In addition to the ASM reports, ANZCA and FPM fellows featured in a range of articles and broadcasts including coverage on the release of a special edition of *The Lancet* on post-surgery chronic pain. Professor Paul Myles, as lead author of *The Lancet* series, was interviewed by ABC Radio Sydney and Melbourne. Print and online articles also featured in News Limited mastheads including the *Herald Sun*, *The Courier Mail* and *The Daily Telegraph* reaching an audience of over 800,000 people.

Professor Myles was also interviewed by *The Age* for a story about his ANZCA-funded research study that is examining the impact of nitrous oxide on depression. The April 11 article featured a photograph of Professor Myles and his co-researchers Carolyn Deng and Professor Jayashri Kulkarni at The Alfred hospital in Melbourne and was also run in the *Sydney Morning Herald* and *nine.com.au* reaching an audience of 600,000 people.

The release of the FPM-commissioned Sapere report into the cost of chronic pain in New Zealand was well covered in the New Zealand media in March and April. The FPM media release revealed chronic pain is costing the country more than diabetes and dementia and called for more multidisciplinary pain clinics and a national strategy. The story led National Radio's *Morning Report* program and news feeds with interviews with Professor Ted Shipton and featured in the *Dominion Post* and on *stuff.co.nz*. Chronic pain was also the subject of an opinion editorial "Shortage of pain specialists a pain the neck" in *The New Zealand Herald* on March 16. FPM fellow Dr Tipu Aamir was featured in an article about the Sapere report's findings in the *Listener*,

New Zealand's bestselling current affairs magazine in a lead story in the April 20-26 edition. The total NZ coverage of the Sapere report release reached more than two million people.

ABC online ran a 900-word opinion piece "I'm a doctor who specialises in treating pain. This is how we can stop the opioid epidemic" by NSW ANZCA and FPM fellow Dr Jenny Stevens on April 10. She wrote that while reversing doctors' prescribing habits will take time there are a number of encouraging programs in Australia which focus on real-time monitoring of prescriptions.

FPM New Zealand National Committee member Dr Paul Vroegop was interviewed as part of a New Zealand *stuff.co.nz* series on opioid abuse. The March 28 article "Giving opioids to children is setting them up to fail" explored how pain medications can do more damage than good especially for children. Dr Vroegop explained that when physicians don't have access to multi-disciplinary teams, including psychologists and physiotherapists, they may feel they have no option but to prescribe opioids.

Auckland paediatric anaesthetist Dr Niall Wilton was quoted in the *New Zealand Herald* on March 5 speaking about the landmark international research into the effect of anaesthesia on young children.

The results of the General Anaesthesia compared to Spinal anaesthesia (GAS) trial published in *The Lancet* in February concluded that one brief general anaesthetic in early childhood is unlikely to be harmful to long-term neurodevelopment but the safety of longer exposures remains unclear. Dr Wilton was involved with the GAS trial which was partly funded by ANZCA.

Carolyn Jones
Media Manager, ANZCA

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

- 65 print reports.
- 250 radio reports.
- 420 online reports.

Media releases since the previous *Bulletin*:

Friday May 3:

Clearer drug labels needed to avoid medication mix-ups, conference hears

Thursday May 2:

Two-minute air test could replace chest x-rays, key scientific conference hears

Wednesday May 1:

90 per cent of hip or knee replacement patients are pre-obese or obese, says new research

Tuesday April 30:

108 year old woman is Australia's oldest hip replacement patient

Monday April 29:

The hidden cost of our digital lives revealed at key scientific conference

Light therapy reduces 'jet lag' and shortens hospital stays

Sunday April 28:

Implantable medical devices – the way of the future?

Saturday April 27:

Chronic pain treatments and spinal cord stimulation key topics for international pain meeting

Friday April 12:

More action needed to limit opioid use after surgery: *The Lancet*

Friday March 8:

Burden of chronic pain in NZ worse than diabetes and dementia, says new report

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

Building relationships

Australia

Tasmanian pain services – continuing the discussion

Following a meeting with the Department of Health and Human Services secretary Mr Michael Pervan and his principal medical advisor in September last year, the Tasmanian Regional Committee and ANZCA staff met with a number of stakeholders in April. The purpose of these meetings was to progress the development of sustainable pain services in Tasmania, particularly in the north and north-west of the state. Committee Chair Dr Lia Freestone and Faculty of Pain Medicine Dean Dr Meredith Craigie co-chaired a pain advocacy meeting with attendees from the department, the Tasmanian Health Service, the Tasmanian Regional Training Hub and health services.

Coinciding with this meeting was the release of the Deloitte Access Economics report *The cost of pain in Australia*, commissioned by PainAustralia. The report states:

- Around 14.2 per cent of the Tasmanian population live with chronic pain, significantly higher than the Australian national average of 13 per cent.
- Direct health system costs of chronic pain in Tasmania of over \$270 million and productivity costs of over \$1 billion.
- Total costs to the community of chronic pain in Tasmania of over \$3.1 billion.

In addition, data from other reports such as the *Australian Atlas of Healthcare Variation* shows that Tasmania has amongst the highest use of opioids in Australia, in part a reflection of the inadequacy of pain services throughout the state. Evidence demonstrates that effective delivery of pain services can be associated with considerable savings – the cost of pain in Australia report details a benefit to cost ratio of greater access to multidisciplinary pain management of approximately 5 to 1.

Separate meetings to discuss pain services and broader health workforce issues in Tasmania were also held in April with the Director and Principal Medical Advisor of the Department of Health and Human Services, Professor Tony Lawler, staff from the department's newly-created Health Workforce Planning Unit, and the former Tasmanian premier and health minister, and now CEO of the Australian Medical Association in Tasmania, Lara Giddings. Further meetings and consultation are planned throughout 2019.

My Health Record – laying the foundation for Australia's digital health future

In collaboration with the Australian Society of Anaesthetists, ANZCA meets regularly with the Australian Digital Health Agency as it implements Australia's digital health strategy. Following the January 31, 2019 conclusion of the opt-out period, over 90 per cent of Australians now have a My Health Record. However, until a My Health Record is activated by its owner or their clinician, it will contain little or no information.

The Australian Digital Health Agency has a range of resources explaining how to register, set-up and access My Health Record for healthcare practitioners and these are available at www.myhealthrecord.gov.au/for-healthcare-professionals. Over the next 12 months we will be working with the agency to develop resources tailored for our members. Anaesthetists can request a digital health education session by contacting the college or the agency at clinicalpartnerships@digitalhealth.gov.au. You can also request assistance for practice managers to set up My Health Record for your organisation.

As illustrated in the diagram below, My Health Record is only one element of the digital health strategy. These seven priority outcomes were derived from an extensive consultation process involving over 100 public forums held around Australia and over 1000 submissions and survey responses.

COAG Health Council supports new national medical workforce strategy for Australia

The Commonwealth Department of Health has started a scoping exercise to develop a framework for a new national medical workforce strategy. ANZCA staff recently attended one of several forums being held to help define the principles, case for change and priority issues that will be included in the scoping framework and underpin the strategy. The strategy is being developed over an 18 month period with the initial scoping targeting a wide range of stakeholders including medical associations, public and private hospitals, medical schools and specialist colleges, regulators, Aboriginal medical services, Commonwealth, state and territory departments of health, primary health networks, prison health services and rural regional and remote clinicians.

Further information is available on the department's website at www.health.gov.au.





SafeScript rolls out across Victoria

SafeScript is being rolled out across Victoria following a successful trial in the state's west. Prescription medicines causing greatest harm to the community will be monitored through SafeScript. This includes all Schedule 8 medicines and other high risk medicines such as benzodiazepines, zolpidem or zopiclone, quetiapine and codeine. From April 2020 it will be mandatory for prescribers to check SafeScript when writing a script for these medicines.

There are now more than 7500 health professionals registered and using the system which is recording one new prescription every five seconds.

Victoria is the second Australian state to roll out comprehensive real-time prescription monitoring, with Tasmania gradually expanding its Drugs and Poisons Information System Online Remote Access (DORA) across practices and pharmacies since 2012.

The ACT also established its own real-time prescription monitoring system last month, while NSW is exploring SafeScript as an alternative. Visit the SafeScript website at www2.health.vic.gov.au/safescript for more information.

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.

New Zealand

Choosing Wisely New Zealand Forum 2019: Continuing the Conversation

Choosing Wisely is a global initiative that has been implemented in a number of countries, including the US, Canada, the UK, parts of Europe, Australia and New Zealand.

Since its inception in 2016, Choosing Wisely in New Zealand now has over 39 sector supporters and has completed or commenced over 100 projects with more than 150 recommendations.

The recent Choosing Wisely New Zealand 2019 forum provided an opportunity for health professionals to learn more about how to develop and extend their Choosing Wisely work. The three main session themes of this year's forum in Wellington were:

- Shared decision-making.
- Evaluating and implementing Choosing Wisely.
- Equity and Choosing Wisely.

Choosing Wisely aims to promote an environment where low value care is avoided. Speakers explained the value of shared decision making to reduce low value care and ensure that the full picture of a patient is taken into consideration.

Australia

- Everymind: Tackling mental ill-health in doctors and medical students: a national framework for action.
- Council of Australian Governments Health Council: Consultation on Australia's health workforce: strengthening the education foundation.
- Australian Health Practitioner Regulation Agency: Consultation on the definition of 'cultural safety'.
- Victorian Department of Health and Human Services: Strengthening rural generalist training plan.

New Zealand

- Ministry of Health: Therapeutic products bill exposure draft.

Anaesthetist Dr Paul Dalley presented a case study on the development of an interdisciplinary nurse-led Comprehensive High-Risk Surgical Patient (CHRSP) pathway.

Several project evaluations were presented including establishing an antibiotic de-labelling algorithm and optimising the use of lumbar punctures with suspected subarachnoid haemorrhage. Student evaluations on the implementation of Choosing Wisely in hospitals found that posters in hospitals as a promotional tool may be of limited value.

Presenters encouraged training colleges to explicitly embed equity into their Choosing Wisely recommendations; to promote high value care options to groups that are currently under represented; to consider that low value tests may be high value for Māori; and to "call out racism" in the interest of providing culturally safe healthcare environments.

For more information please visit choosingwisely.org.nz.

Advocacy for pain services in New Zealand

Advocacy meetings to seek greater recognition of the problem of chronic pain in New Zealand have continued with key stakeholders. The FPM New Zealand National Committee, supported by ANZCA New Zealand National Committee and the New Zealand office, has met separately with district health board chief medical officers and general managers, funding and planning. The key message at both meetings has been that chronic pain services are under-resourced and that investment in an integrated multidisciplinary model of care across the country is needed. A meeting with the new clinical director at the Accident Compensation Corporation has also been confirmed.

What would you do?

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



How important is image?

Interesting question isn't it?

Your college actively engages in means designed to reflect its integrity and credibility as well as that of its fellows, which it represents. ANZCA communicates with stakeholders and the community through publications, media, and representations regarding its core roles in education, research, and standards in the fields of anaesthesia, pain medicine and perioperative medicine.

For individuals however, most of our opportunity to create an image is through our interaction with our patients as well as the multidisciplinary teams within which we work.

Why is image so important? Is it because generating trust, respect, and credibility is determined by the way we are perceived by others, and therefore, impacts on our ability to influence them? What about our self-image? The "anaesthetist/anaesthesiologist" debate is about the way we believe we may/should be perceived by others.

One of the critical elements affecting perceptions, far more important than appearance, is behaviour. Our interactions with the community and our patients when caring and respectful, is pivotal. The adage "people don't care how much you know until they know how much you care" is a good guiding concept.

The intensity of emotions emanating from patient complaints about behaviour is considerably greater than those associated with concerns about competence. Indeed, many complaints about competence in fact are sparked by patient perceptions that their anaesthetist is not there for them and appears to lack regard or concern, or respect.

The other area that determines our image and the way we are perceived is by the interactions with our "teams".

In my director of professional affairs role I am the recipient (not always the subject) of various complaints and inquiries that come to the college from patients, colleagues, nursing staff, and hospital administrators. Not only is the intensity of emotions associated with competence concerns less, but also the proportion when compared with perceived behaviour.

This is where the ANZCA "prof docs" may be of assistance. By setting standards of clinical practice and behaviour they identify factors that impact on performance and make recommendations to address any deficits, as well as encourage improvements.

Prescription of medications such as hypnotics for travel or other restricted medications to family and friends may not be uncommon, but even a seemingly simple task such as this raises the question as to judgement and therefore, our image. Prescription of restricted medications, especially in this environment of the opioid crisis is very likely to harm our image. Such actions could readily be misconstrued by the media and the public.

An example that springs to mind, of potentially undermining our well-intentioned efforts, is depicted in the following hypothetical.

A colleague has suffered recent onset of severe back pain for which they attended a specialist. After three days off work they return to work, however, their mobility is still obviously limited, and they complain of pain. They struggle to continue to finish their day at work and have an appointment with their specialist the following day. Having exhausted their supply of analgesics they request a prescription from you "to tide them over to the time of their appointment".

What would you do?

Refuse and you are considered heartless. Accede and you may be perceived by those around you as acting inappropriately.

ANZCA has developed resources intended to assist fellows/trainees/specialist international medical graduates achieve and maintain the highest of standards in professionalism and performance. Adherence to these

standards is what generates a positive perception of anaesthesia, both organisational and individual. Some of the relevant resources available include:

- *Supporting Anaesthetists' Professionalism and Performance: A guide for clinicians* (www.anzca.edu.au/documents/supporting-anaesthetists-professionalism-and-perfo.pdf)

Examples of good behaviour under the section "Professional":

Dot point 2 on ethics and probity (p18).

Health and wellbeing section (p19):
Regulatory framework.

Dot point 4.

- *PS49 Guidelines on the Health of Specialists and Trainees* (www.anzca.edu.au/documents/ps49-2010-guidelines-on-the-health-of-specialists.pdf) stresses the importance of not self-prescribing or treating themselves or their families, nor act in a therapeutic role in relation to health issues affecting colleagues.

Items 2.1 to 2.4 provide further specific advice with regard to the importance of having personal general practitioners

Items 3 under the heading Professional include the duty to refer colleagues to available resources such as the "welfare advocate" at the hospital, and/or the Doctor's Support Program on the ANZCA website (www.anzca.edu.au/resources/doctors-welfare/anzca-doctors-support-program).

- *PS43 Statement on Fatigue and the Anaesthetist* (www.anzca.edu.au/documents/ps43-2007-statement-on-fatigue-and-the-anaesthetis.pdf) is now under review. However, it highlights the issues associated with fatigue, and in situations as depicted above the potential existence and impact of fatigue should always be considered.

Looking in the mirror provides an image of our exterior while self-reflection is what builds our self-image. The initial thing that our patients see is our exterior, however, over time they can see deeper, which is the image with which they are left.

Dr Peter Roessler
Director of Professional Affairs, Policy

Professional documents – update

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

ANZCA professional documents are available on the ANZCA website (www.anzca.edu.au/resources/professional-documents). Faculty of Pain Medicine professional documents can be accessed on the FPM website (www.fpm.anzca.edu.au/resources/professional-documents).

Recent update

- Work has commenced on the review of *PS56 Guidelines on Equipment to Manage a Difficult Airway During Anaesthesia* (previously To4).

In pilot

- *A01 Policy for the Development and Review of Professional Documents* (until July 2019).
- *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).
- *PS65 Guidelines for the Performance Assessment of a Peer* (until September 2019).

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



ANZCA Council farewells

Dr Genevieve Goulding, Queensland



Dr Goulding, ANZCA's fourth successive female president (2014-2016), was elected to council in 2007. She used her term as president to focus on professionalism, workforce, advocacy and strengthening college and Faculty of Pain Medicine services for fellows and trainees.

Dr Goulding is a founding member and former chair of the Welfare of Anaesthetists Special Interest Group (SIG) and a member of the executive of the Obstetric Anaesthesia SIG. The Welfare of Anaesthetists SIG was formed in 1997 to raise awareness of the many personal and professional issues that can adversely affect the physical and emotional wellbeing of anaesthetists at all stages of their careers. The group has developed significant resources and provides a "live" network of support. It is a highly valued and respected source of education for anaesthetists across Australia and New Zealand.

Dr Goulding's commitment to welfare issues was recognised through her involvement as a member of the 2014 National Australian Medical Association/beyondblue Roundtable Advisory Group on junior doctor and medical student mental health.

She is a former deputy director in quality and safety for the Department of Anaesthesia at the Royal Brisbane and Women's Hospital. Her anaesthesia interests include obstetric anaesthesia, medical education, welfare issues and patient safety.

She has held numerous positions for the Australian Society of Anaesthetists including state committee chair, member of the NSW Continuing Medical Education Committee, executive councillor and education officer.

As an anaesthetist with a strong social conscience and a passion for doctors' mental health and welfare Dr Goulding was named as the Australian Medical Association's Woman in Medicine in 2017 for her contribution to the medical profession.

The Woman in Medicine Award is presented to a woman who has "made a major contribution to the medical profession by showing ongoing commitment to quality care, or through her contribution to medical research, public health projects or improving the availability and accessibility of medical education and medical training for women."

The then AMA President Dr Michael Gannon said Dr Goulding had "made an impressive contribution to the medical profession throughout her career, including during her term as President of the Australian and New Zealand College of Anaesthetists."

"Her colleagues describe her as determined, respected, and trusted – a listener, a confidante, and an innovator – and a quiet achiever," Dr Gannon said.

"She has raised the profile and practice of safe and quality anaesthesia, she is committed to ensuring patients – no matter their background or position – can rely on and benefit from our health system, and she has created for her peers a continually improving and safe environment where their mental health and welfare is recognised as a priority.

"With her hard work and diligence, she is a role model for all in the medical profession."

Drawing on her expertise and collaborations forged during her ANZCA presidency Dr Goulding played a key role developing the college's international strategy. This involved her working closely with the colleges in Singapore, Hong Kong and Malaysia as well as forging greater ties and collaboration with the Royal College of Anaesthetists and the College of Anaesthetists of Ireland, which bestowed honorary fellowship on Dr Goulding in 2015.

ANZCA Council welcomes

Dr Richard Waldron, Tasmania



Dr Waldron was elected to the ANZCA Council in 2014 for the second time and served as honorary treasurer for three years from 2016-2019. He has been involved with both ANZCA and the Australian Society of Anaesthetists (ASA) at regional and federal levels. He has been Tasmanian state chair of both organisations and held roles including scientific convenor ASA NSC in 1996, convenor ANZCA ASM 2003, ANZCA examiner, chair of the combined ANZCA/ASA healthcare industry liaison committee and been a member of the Federal ASA Executive. A recipient of the ASA Gilbert Troup Prize Dr Waldron works in full-time private practice in Tasmania as part of the Hobart Anaesthetic Group. As well as an interest in paediatrics, Dr Waldron has an interest in airways and is co-editor of the book *Airway Management*, published in 1996.

Dr Patrick Farrell, NSW



Dr Farrell was elected to the ANZCA Council in 2010 and resigned in May having served a nine-year term. Based in Newcastle, his clinical interests include paediatric and neonatal anaesthesia and he has contributed a chapter on paediatric thoracic anaesthesia to *Hatch and Sumner's Textbook of Paediatric Anaesthesia*. He was an ANZCA final examiner for 12 years and a member of the Final Exam Committee. He is a past president of the Society for Paediatric Anaesthesia in New Zealand and Australia.

ANZCA thanks Dr Goulding, Dr Waldron and Dr Farrell for their years of service and commitment to the college.

Associate Professor Leonie Watterson, NSW



Associate Professor Watterson is a Sydney-based anaesthetist with interests in obstetric, ENT and neuroanaesthesia and acute pain medicine. She has postgraduate qualifications in education, organisational leadership and coaching which reflect her long-standing commitment to education and professional development. As an early developer of simulation, she co-developed the EMAC course and maintains ongoing research interests in simulation, human factors and airway management.

She has served on numerous ANZCA committees focussed on policy, professional standards and CPD and chairs the ANZCA Professional Affairs Executive Committee and the Gender Equity Working Group. She has extensive leadership experience through management roles and committee work for government and non-government organisations. She wants to be an innovative councillor focussed on patient safety, community engagement and environmental sustainability within anaesthesia and pain medicine.

Associate Professor Deborah Wilson, Tasmania



Associate Professor Wilson is a consultant anaesthetist providing anaesthetic services in both public and private practice in north-west Tasmania. She is the Co-Director of the Anaesthetic Department at the North West Regional Hospital, Tasmania. Dr Wilson trained in Western Australia and completed a fellowship in obstetric anaesthesia in Vancouver before commencing as a VMO anaesthetist in North West Tasmania in 1999.

Outside anaesthesia her interests include medical workforce maldistribution; rural workforce – training, recruitment and retention; health governance and medical education. She has worked for the University of Tasmania for more than 10 years and was the Co-Director of the Rural Clinical School for four years. She is the Director of the University of Tasmania's Rural and Regional Training Hub. The role of the hub is to increase specialist training pathways and positions in rural areas.

(continued next page)

ANZCA Council welcomes (continued)

Dr Scott Ma, SA



Dr Ma is consultant paediatric anaesthetist at the Women's and Children's Hospital, Adelaide. He has been a staff specialist at the Flinders Medical Centre where he was the Paediatric Anaesthesia Specialised Study Unit Supervisor. His clinical interests include acute pain medicine, thoracic anaesthesia and neuroanaesthesia.

Since obtaining his FANZCA in 2013, he has been a member of the SA/NT Regional Committee. He was a co-convenor for the 2015 New Fellows Conference (now known as the Emerging Leaders Conference) and a member of the 2015 ASM Regional Organising Committee. He was co-opted to council as the New Fellow Councillor in 2015 and elected into the role in 2016. He has led the development of the professional document *PS64 Statement on Environmental Sustainability in Anaesthesia and Pain Medicine Practice*, as well as leading the review of *PS43 Statement on Fatigue and the Anaesthetist*. He is the convenor for the 2019 Combined Special Interest Meeting.

New office bearers

(May 2019-May 2021)

Office bearers

President (re-elected president February 2019 ANZCA Council meeting)

Dr Rod Mitchell

Vice-President (re-elected vice-president April 2019 ANZCA Council meeting)

Dr Vanessa Beavis

Committee chairs and other roles

Honorary treasurer

Dr Sean McManus

Chair, Executive Committee (president, ex-officio)

Dr Rod Mitchell

Chair of Examinations

Dr Michael Jones

Chair, Research Foundation Committee

Dr Genevieve Goulding

Chair, Education Executive Management Committee

Dr Chris Cokis

Chair, Education Development and Evaluation Committee (membership appointed by EEMC from May to May)

Dr Damian Castanelli

Chair, Educators Sub-Committee

(membership appointed by EEMC from May to May)

Associate Professor Kersi Taraporewella

Chair, Effective Management of Anaesthetic Crises (EMAC) Course Sub-Committee (membership appointed by EEMC from May to May)

Dr Cate McIntosh

Chair, Final Examination Sub-Committee (membership appointed by EEMC for the 2019 calendar year)

Dr Sharon Tivey

Chair, Primary Examination Sub-Committee (membership appointed by EEMC for the 2019 calendar year)

Dr Emma Giles

Chair, Provisional Fellowship Program Sub-Committee (membership appointed by EEMC from May to May)

Dr Scott Ma

Chair, Scholar Role Sub-Committee (membership appointed by EDEC from May to May)

Dr Irene Ng

Chair, Trainee Performance Review (TPR) Sub-Committee (membership appointed by EEMC from May to May)

Dr Leona Wilson

Chair, Specialist Medical Graduate Specialist Committee (membership appointed by EEMC from May to May)

Associate Professor Michael Steyn

Chair, Trainee Bursary Evaluation Sub-Committee (honorary treasurer, ex officio, approved by EEMC from May to May)

Dr Sean McManus

Chair, Training Accreditation Committee

Dr Vanessa Beavis

Deputy Chair, Training Accreditation Committee

Dr Greg O'Sullivan

Chair, Finance, Audit and Risk Management Committee

Mr Richard Garvey

Chair, Investment Sub-Committee (honorary treasurer, ex-officio)

Dr Sean McManus

Chair, Professional Affairs Executive Committee

Associate Professor Leonie Watterson

Chair, ANZCA and FPM Continuing Professional Development Committee (membership appointed by PAEC from May to May)

Dr Deb Devonshire

Chair, Indigenous Health Committee (membership appointed by PAEC from May to May)

Dr Sean McManus

Chair, Overseas Aid Committee (membership appointed by PAEC from May to May)

Dr Michael Cooper

Chair, Safety and Quality Committee

Dr Nigel Robertson

Chair, Anaesthetic Allergy Sub-Committee (membership appointed by S&Q from May to May)

Dr Paul McAleer

Chair, Mortality Sub-Committee (membership appointed by S&Q from May to May)

Dr Simon Jenkins

Chair, ANZCA Research Committee

Professor David A Scott

Chair, ANZCA Clinical Trials Network Executive (membership appointed by the Research Committee from May to May)

Professor Philip Peyton

Chair, Anaesthesia Research Coordinators Network (ARCN) Sub-Committee (membership appointed by the ANZCA Clinical Trials Network Executive from May to May)

Ms Lauren Bulfin

Chair, Information and Communications Technology (ICT) Governance Committee (membership appointed by the Executive Committee from May to May)

Dr Rowan Thomas

Chair, Diving and Hyperbaric Medicine Sub-Committee (membership appointed by EEMC from May to May)

Professor Michael Bennett

Chair, Emerging Investigators Sub-Committee (membership appointed by the Research Committee from May to May)

Professor David A Scott

Chair, ANZCA Perioperative Medicine Steering Committee

Dr Vanessa Beavis

Co-chairs, ANZCA Trainee Committee (members are approved by EEMC. The co-chairs are nominated by ATC at the first meeting of the year for the 2019 calendar year)

Dr Kanan Shah

Dr Archana Shrivathsa

Chair, International Liaison Group (reports to ANZCA Executive Committee)

Professor David A Scott

Chair, New Zealand Panel for Vocational Registration

Dr Chris Harrison

Chair, Joint Consultative Committee on Anaesthesia

Dr Phillip Gribble

Chair, Australia and New Zealand Tripartite Anaesthesia Data Committee (ANZTADC)

Dr Pieter Peach

Chair, Anaesthesia Continuing Education Committee

Dr David Elliott

Medical editor, *ANZCA Bulletin*

Dr Nigel Robertson

Geoffrey Kaye Museum of Anaesthetic History

– Honorary curator

Dr Christine Ball

– Honorary historian

Professor Barry Baker

Gilbert Brown Prize chair of adjudicators (ex-officio chair, Research Committee)

Professor David A Scott

The Trainee Academic Prize chair of adjudicators

(ex-officio chair, Scholar Role Sub-Committee or nominee)

Dr Irene Ng

Council representative on FPM Board

Dr Vanessa Beavis

ANZCA representative to the ASA Professional Issues Advisory Committee

Associate Professor Leonie Watterson

ANZCA representative to the Council of Presidents of Medical Colleges (CPMC) (president, ex-officio)

Dr Rod Mitchell

For more information visit our website www.anzca.edu.au/about-anzca/council,-committees-and-representatives



Introducing airway leads in Australia

Despite geographical diversity and the challenges of our decentralised healthcare system, Australia is ready to follow the UK and New Zealand in introducing airway leads into the majority of our hospitals.

Since the publication of the first American Society of Anesthesiologists difficult airway management guidelines in 1993, there has been a significant fall in airway-related adverse events in many countries.

Despite these declining figures, problems with airway management in the perioperative period remain a major cause of adverse outcomes. These include patient mortality or catastrophic morbidity as well as long-term adverse effects on relatives and friends.

Often multiple airway management issues need to be identified, investigated and addressed including problems in training, supervision, equipment availability, staff fatigue and understaffing.

A senior staff member focused on airway management should investigate adverse outcomes and provide advice to a variety of groups such as administration, supervisors and equipment procurement committees. Importantly, they also need to support, empathise with and counsel staff members on a long-term basis to ensure “second victim” issues are appropriately addressed and managed.

The impact on healthcare practitioners involved in poor airway-related cases are frequently unappreciated, badly managed and a source of unfathomable adverse psychological effects. The “second victim” remains one of the worst kept secrets in adverse airway management outcomes.

I recently gave a lecture on the lessons learnt from coronial inquests that investigated airway-related mishaps in hospitals. The lecture was well received though with a predictable level of disquiet among a receptive audience.

Immediately following the Q&A session and as I was leaving the stage, I was approached by an anaesthetist who had recently been investigated in a coronial inquest. He thanked me for my thoughts on the “second victim” and started to break down as he related how he questioned his ability to continue in anaesthesia following the inquest.

Although his actions were only a small part of the coroner’s final report, this anaesthetist viewed his involvement in a disproportionate manner. I don’t believe he had any debriefing following the inquest and therefore was at risk of being lost in a system established on proportioning blame and rapid “justice”.

The benefits of many years of anaesthesia service are frequently forgotten after such an event. We are often judged not on the enormous quality of care we provide but frequently on the uncommon adverse outcomes.

We have a duty of care to our patients as well as to our colleagues and ourselves.

At the recent ANZCA Annual Scientific Meeting (ASM) in Kuala Lumpur, the executive of the Airway Management Special Interest Group unanimously accepted the proposal to encourage the introduction of the airway leads role in Australian hospitals.

Airway leads – nominating in Australia

The Airway Management SIG is aiming for one airway lead to be nominated at each Australian health facility that provides general anaesthesia or sedation.

Those interested in nominating an airway lead should seek the endorsement of a senior such as the director/head of department (public hospital), the chair of an anaesthesia craft group (private hospitals) or equivalent and fill in the form that can be found at www.anzca.edu.au/fellows/special-interest-groups/airway-management and send it to sq@anzca.edu.au.

For further information, contact the Chief Airway Lead, Professor Keith Greenland, via sq@anzca.edu.au.

New Zealand Airway Leads are managed through the New Zealand Society of Anaesthetists (www.anaesthesiasociety.org.nz/about/networks/airway-leads-network/).

The image shows a nomination form titled 'Airway leads network nomination form' from ANZCA/ASA/NZSA. It includes instructions for the nominator and the nominee, and sections for personal details and endorsement. The form is partially filled out with blue lines.

Airway leads were established in UK hospitals following the 4th National Audit Project (NAP4 – www.rcoa.ac.uk/nap4) which was published in 2011, and in New Zealand last year.

The role of the airway lead is a significant step in giving balance to our health systems. The job description is not meant to be prescriptive but allows each airway lead to find and play to their strengths. The end result will be a kaleidoscope of skills within a group of individuals with a common goal – safe airway management by all anaesthetists for all patients.

The role of the airway lead is not a formal requirement in the ANZCA accreditation process or part of the curriculum. It is simply an administrative process to assist various aspects of airway management within individual local departments.

Airway leads may look towards some or all of the following to fulfill their position:

- Overseeing and assisting local airway training.
- Ensuring local policies for predictable airway emergencies exist and are available.
- Ensuring appropriate difficult airway equipment is readily available.

- Liaising with the intensive care unit and emergency department.
- Actively engaging in airway device procurement.
- Ensuring consistency of airway assessment and planning.
- Overseeing audit of all aspects of airway management.

The foundation of the title “airway lead” is leadership. It is about supporting juniors in education, training and counselling while working collegially with their colleagues to ensure appropriate systems are in place. The airway lead needs to inspire and motivate all staff including medical and non-medical personnel involved in airway management.

We are looking for servant leaders, not managers. Devoid of personal agendas with genuine personal humility but strong professional will.

In Australia, we hope to establish a network of airway leads throughout both public and private sectors to assist each other and improve airway management in anaesthesia.

Should the airway lead require advice from the network, they should first contact the Airway Management Special Interest Group (SIG) executive

member of their state for assistance. Airway leads in Tasmania should contact the Victorian representative, NT should liaise with a SA committee member and ACT with NSW. Should any issue require a national perspective, this should be referred to the chief airway lead for Australia (this position is held by myself).

The table (and any updates) can be found at www.anzca.edu.au/fellows/special-interest-groups/airway-management).

We also plan to hold an airway leads session during the Airway Management SIG meetings that occur every two years. In addition, we encourage regional ANZCA and ASA committees to contact the SIG executive airway lead in their state or territory as a resource for advice and guidance in airway management-related issues.

Professor Keith B Greenland
Chief Airway Lead (Australia)
Past Chair, Airway Management
Special Interest Group

Who to contact about airway lead issues (Airway Management SIG executive)

Professor Keith Greenland (Qld)
– Chief Airway Lead

Dr Linda Beckmann (Qld)

Dr Pierre Bradley (Vic)

Dr Yasmin Endlich (SA)

Dr Richard Semenov (SA)

Dr Andy Heard (WA)

Dr Drew Heffernan (NSW)

Dr Tish Stefanutto (NSW)

Professor Andre Van Zundert (Qld)

Dr Chris Jephcott (NZ)

Dr Gordon Chapman (WA)

Dr Gerri Khong (NSW)

Dr Adam Rehak (NSW)

Note: Airway leads in Tasmania should contact the Victorian representative, those in the Northern Territory should liaise with a South Australian committee member, and ACT with NSW.

New Zealand sets up network

The Airway Leads Network in New Zealand began several years ago at the Auckland City Hospital where an Airway Committee was established at the request of the hospital executive. It included representatives from anaesthesia, emergency medicine, intensive care and anaesthetic technicians.

Based on the UK model and supported by the New Zealand Society of Anaesthetists (NZSA - www.anaesthesiasociety.org.nz/about/networks/airway-leads-network/), it expanded throughout New Zealand through the efforts of Dr Paul Baker, who was both chair of the Auckland City Hospital Airway Committee and also a member of the Difficult Airway Society (DAS).

Dr Baker describes an airway lead as an anaesthetist working at grass roots level who promotes safe airway management within their hospital.

"Airway management is constantly evolving," he said.

"New ideas and recommendations appear at regular intervals, along with new equipment designed to improve patient care.

"The benefits derived from this progress will inevitably fall short without associated training and promotion within each department."

The primary responsibilities for an airway lead in New Zealand are:

- **Education.** This involves encouraging and supporting education for airway management within the hospital, particularly for specialists. Teams undertaking in-situ learning are already functioning in many New Zealand hospitals. Airway skills courses that teach procedural skill, knowledge and behaviour as well as the CICO module are also available.
- **Standards.** Promoting appropriate ANZCA guidelines is another important role for the airway lead. For example, a campaign to encourage the use of capnography wherever airway management occurs is under way, including in the post-anaesthesia care unit (PACU), intensive care unit (ICU), and in transport and emergency medicine.

- **Equipment procurement.** The Airway Committee has adopted the standards defined in the DAS Airway Device Evaluation Project Team (ADEPT) study, which looks for a minimum level of evidence to support procurement of airway equipment. Clinical trials and evaluation of equipment is also undertaken by the airway lead prior to a decision to purchase. This helps to uphold the principles of standardisation, redundancy and a culture of safety defined in the ANZCA professional document *PS56 Guidelines on Equipment to Manage a Difficult Airway During Anaesthesia*.
- **Audit.** The network plans to encourage audit of airway management using a number of existing mechanisms, such as WebAIRS (www.anzca.edu.au/fellows/safety-and-quality/incident-reporting-webairs) and the Airway App (www.airwaycollaboration.org).

The UK Airway Leads Network was established after the Royal College of Anaesthetists (RCoA) published the results of the 4th National Audit Project (NAP4), a major UK study on anaesthesia complications, in 2011.

In setting up the New Zealand network, Dr Baker initially contacted Dr Alistair McNarry and Dr Adrian Pearce from the UK, and Professor Ellen O'Sullivan from Ireland, for advice.

Through the NZSA, Dr Baker then wrote to the 23 anaesthesia departments serving the 35 out of 39 hospitals providing anaesthesia services in New Zealand. All now have an airway lead.

On March 23, 2018 the newly appointed airway leads met to define their responsibilities, elect officers for the national Airway Leads Network and to establish communications mechanisms (email, WhatsApp, teleconferences and future face-to-face meetings).

A letter of endorsement was sent to each clinical director and anaesthesia department from the NZSA president and Dr Baker explaining the role, importance and benefits of an airway lead in their hospital.

Dr Baker said there was of overwhelming support and encouragement for the idea in New Zealand - in fact, many hospitals already had an airway lead by proxy, or at least an airway enthusiast who was promoting many of the defined objectives.

"An Airway Leads Network is a low cost solution to improve airway management safety in the workplace," he said. "It is an effective way of bridging the gap between guidelines, research and implementation."

Now the group is focusing on expanding its role in education and encouraging anaesthesia departments to set aside non-clinical time for airway leads to undertake their duties.



Where it all began: The UK experience

Airway management complications have always been a significant cause of morbidity and mortality in anaesthesia, emergency medicine and intensive care.

Numerous organisations have been created and guidelines written to address this important safety issue but the introduction of the Airway Leads Network in the UK following publication of the 4th National Audit Project (NAP4) in 2011 has arguably had the most significant impact.

NAP4 was conducted by the Royal College of Anaesthetists (RCoA) and the Difficult Airway Society (DAS), which can be credited with initially trying to establish a similar network in 1996 when it wrote to UK hospitals about each establishing an “airway representative” (although this role was not properly defined and the initiative failed to gain momentum).

NAP4 examined major complications of airway management in the UK over a year. It involved three million patients at 309 National Health Service (NHS) hospitals and revealed 185 cases of major patient harm resulting from airway management incidents in anaesthesia, emergency medicine and intensive care. Of these, 46 patients died or suffered brain damage.

The authors of NAP4 recommended that each department of anaesthesia have a “departmental Airway Lead” who would help implement many of the 166 recommendations arising from NAP4:

“The anaesthetic department should have an anaesthetist responsible for difficult airway management. The responsible person, along with departmental colleagues, should develop or adopt protocols for dealing with difficult airways in all areas of the organisation, ensure the purchase of suitable equipment to manage difficult airways and (ensure) that regular multidisciplinary training for difficult airway management takes place.”

With the support of DAS and the RCoA, there is now an airway lead or leads in virtually every NHS hospital in the UK. Every 18 months, the airway leads meet to discuss matters of mutual concern.

The RCoA has a database of airway leads whose key responsibilities are to promote safe airway management throughout the hospital.

In 2016, the *British Journal of Anaesthesia* published the results of a survey on the impacts of NAP4. Each question in the survey related to a specific recommendation made in the NAP4 report, inquiring about practice before and after the NAP4 report.

The survey found that NAP4 had led to major changes across the broad areas of anaesthesia, intensive care and emergency medicine, having reduced the “safety gap” between actual and ideal practice.

The survey indicated areas for further action, including the screening of morbidly obese patients before anaesthesia, the provision of capnography in anaesthetic recovery units and in those few intensive care units still not using it routinely, staff training in recovery and intensive care units, and routine use of an intubation checklist both in intensive care units and emergency departments.

Learning from poor outcomes

We have two choices when dealing with a bad experience; hide from the results or learn from them. All of us have made bad decisions that have resulted in poor outcomes. After all, experience comes from making mistakes. The outcome of this case report is catastrophic for the patient, relatives, friends and personnel involved. Despite the efforts coronial inquests, the health industry does tend to hide from the results rather than learning from them.

While the airway lead's day-to-day duties will include routine airway management supervision, the leadership qualities will be exemplified by teaching how to assess airway management options and decide what is best for the patient. Airway leads should therefore avail themselves of deidentified case reports such as the one here and use them as a learning tool for trainees and consultants. There are many key errors in this report and each should be examined closely while drawing possible parallels with local clinical practice.

"Those who cannot remember the past are condemned to repeat it"
– George Santayana

Professor Keith B Greenland
Chief Airway Lead (Australia)
Past Chair, Airway Management
Special Interest Group

Case study

5pm: Patient X underwent an L5-S1 disc replacement under general anaesthesia. Operative management was uneventful.

6.25pm: The PACU report indicates that the patient's SaO₂ on arrival was 64%. A Guedel airway was inserted and jaw support was performed. The anaesthetist was notified and attended the patient. SaO₂ at 6.35pm and 6.45pm were 82% and 87% respectively. The Guedel airway was removed at 6.55pm when the patient's SaO₂ was 99%. His morphine PCA was started at 6.55pm when the pain score was 4/10. A bolus dose of 2mg morphine was given at 6.57pm. The next two SaO₂ at 7.05pm and 7.15pm were 100% and 94%. The patient was discharged from PACU at 7.15pm, with a pain score of 3/10.

The Gemstar pump history indicates that two additional 2mg morphine boluses (total loading dose 6mg morphine) were given to the patient at approximately 7.15pm and 7.16pm. There does not appear to be any notation in the medical notes (including the PACU report) of these two additional morphine doses having been administered.

The patient's discharge score was 10, which indicated full recovery. However, the prolonged period of desaturation he experienced during the period from 6.25–6.45pm should have resulted in a longer stay in PACU. The 20 minutes of SaO₂ above 90% is insufficient for acceptable discharge. Further, the administration of additional morphine boluses for pain relief should have been followed by a longer observation time. The ongoing issues of respiratory compromise in the ward appeared to have started in the immediate postoperative period.

It is likely that the low SaO₂ in PACU and the ward may be due to one of two conditions. Firstly, it is likely that the patient had airway obstruction during his transfer from the operating theatre to PACU. The level of desaturation the patient experienced is likely to occur if he had pre-existing upper airway compromise from obstructive sleep apnoea, and if the transfer distance time was prolonged. Secondly, it is likely that regurgitation and pulmonary aspiration has occurred at this stage. Both the aspiration and the lack of recruitment of collapse alveoli are likely to have significantly contributed to the ongoing hypoxaemia suffered by the patient in the ward.

The first set of observations after the patient's arrival in the ward was recorded at 7.40pm. The SaO₂ at this time was 93% on 3 l/min oxygen. At this stage the morphine dose was noted at 11mg and the patient's pain score was 7/10. The following observations from 7.40pm to 9.40pm showed SaO₂ 93–94% and pain score 6–8/10 (mostly 7–8/10). The patient's oxygen therapy was changed from nasal prongs to a Hudson mask (indicating further increased requirements for oxygen) at 8.40pm. Notably, the patient was still showing signs of respiratory compromise with a significantly low SaO₂ while he was receiving supplementary oxygen.

The high pain scores and the frequent morphine demands (139 demands) shown in the PCA pump history indicated poor pain management during this time. The PCA history indicated that the last delivered morphine dose was given at approximately 10.30pm. There was no further patient demands after 10.30pm. Collateral history from the enrolled nurse indicated that she spoke to the patient at 10pm (SaO₂ was 89%) and then spoke to his wife on the telephone. She then went back to him and found him snoring with SaO₂ of 80%. This may have occurred after the final self-administered morphine bolus at 10.30pm.

The observations at 12.01am, 1am and 2am were difficult to read. However, the SaO₂ at 12.01am appeared to be 85%. The morphine dose at this time was 33 mg, which was unchanged from 10.30pm.

The next observations at 1am showed a SaO₂ of 60%. The patient's colour section of the circulation observations was changed from 2 (normal colour) to 0 (dusky). Supplementary oxygen flows were increased to 10 l/min (by a non-rebreathing oxygen mask ordered by the registered nurse). There was no mention of any further action taken by the staff. The SaO₂ at 2am was very difficult to read, but appeared to be in the 50s. At this time oxygen supplementation flows were increased, this time to 15 l/min. Further action only took place at 2.30am when naloxone was given, medical staff were notified, and the ambulance service was arranged to transfer the patient to the nearest public hospital. Unfortunately, the patient died soon after arrival at the public hospital.



Areas of concern in the perioperative management

Site	Area of concern	Possible solutions/considerations
Operating theatre	Uni/bimodal analgesia used	Multimodal analgesia should be considered as a standard.
Operating theatre/ transfer to PACU	?obstructed airway/?aspiration	
PACU	Poor SaO ₂ over 20 minutes	Anaesthetist to review with need for arterial blood gas analysis, ?CXR and consider admission to high dependency unit.
	Morphine boluses given	<ul style="list-style-type: none"> • Need to review implementation of policy to record all narcotic boluses given to patient. • Need to review policy, which requires minimum length of stay in PACU after narcotic administration. • Need to review policy, which requires minimum length of stay in PACU after prolonged period of desaturation.
Ward	Low SaO ₂ requiring escalating O ₂ therapy	<ul style="list-style-type: none"> • Need to review policy of notifying medical staff if saturations below critical level. • Need to review PCA order forms, which have no set notifications criteria. • Need to review appropriate nursing: patient ratios. • Need to review appropriateness of shift coordinator being in separate hospital and geographically isolating Pacific Private during emergencies. • Need to review lack to appropriate observations of patient with PCA pump. • Need to review competency of nursing staff who fail to understand fundamental signs of respiratory compromise. • Need to improved education of acute pain management.

Pain pilot for Indigenous health benefiting local communities



ANZCA and FPM fellows and trainees are trialling a new approach aimed at improving health outcomes for Indigenous patients experiencing chronic pain, using Australian health department funding provided through the 2019 Specialist Training Program.

Dr Matt Bryant was preparing for his first monthly session with patients at the Townsville Aboriginal and Islander Health Service (TAIHS) earlier this year when the town was deluged by one of its worst-ever floods. The town received more than a year's rain in 10 days and after the water had finally subsided more than 3000 homes had been affected.

As much as Dr Bryant and the TAIHS tried to stick to business as usual the reality for many of their patients who were caught up in the disaster was quite different. One of the patients Dr Bryant was due to see could not leave home because of the rising floodwaters and another was reluctant to travel for fear he would not be able to return.

As director of the North Queensland Persistent Pain Management Service (NQPPMS) at Townsville Hospital, Dr Bryant is aware of the challenges faced by many Indigenous patients. Many have complex health conditions such as diabetes or heart disease, along with psycho-social trauma related to the Stolen Generations and loss of language, culture and country. Chronic pain is often an underlying condition for these patients.

With federal health department funding provided through the 2019 Specialist Training Program (STP), Dr Bryant and the co-creator of the Essential Pain Management (EPM) program, Associate Professor Roger Goucke, have trialled a new approach in Townsville aimed at improving health outcomes for Indigenous patients experiencing chronic pain.

With the flood clean-up well under way in Townsville Professor Goucke joined Dr Bryant for the first of the EPM “train the trainer” and EPM-lite sessions in the North Queensland city earlier this year to support the development of pain medicine education programs for Indigenous health practitioners and allied staff. This is part of a broader initiative to pilot a training model for anaesthesia and pain medicine trainees in regional Australia.

The two-day program included participants from the TAIHS and several FPM trainees from the NQPPMS. The program aims to increase the number of health practitioners, including Aboriginal health workers, who have the skills to assess and treat chronic pain and train other professionals. It is hoped that better management of chronic pain conditions in Aboriginal and Torres Strait Islander patients will help improve health outcomes for First Peoples.

The Townsville sessions focused on developing expanded training opportunities in Indigenous health services with the support of the TAIHS. Several TAIHS staff, including health workers, GPs and registered nurses participated in the program and the feedback was extremely positive. ANZCA receives Department of Health funding from the Australian government to develop and deliver educational projects which support the delivery of training in expanded healthcare settings.

(continued next page)

Above: Dr Matt Bryant (top left) and Associate Professor Roger Goucke (bottom right) with Townsville Specialist Training Program (STP) participants.

Pain pilot for Indigenous health benefiting local communities (continued)



Dr Bryant hopes the Townsville sessions can be used as a model to roll out similar EPM training programs to other rural Aboriginal and Torres Strait Islander health services throughout Queensland and encourage EPM “trainers” to apply their skills to outreach in Indigenous communities. With 26 Aboriginal Community Controlled Health Organisations (ACCHOS) in Queensland, and a similar number of remote Indigenous community Queensland Health primary care facilities in north Queensland alone there is scope to expand the sessions under the initiative.

“The reality is that pain management is poorly taught to doctors, health practitioners and health workers,” Dr Bryant explained.

“Vet students learn more about the treatment and assessment of pain in animals than medical students learn about people. We know there are huge gaps and education is an important part of what we do with this program. We also know that Aboriginal and Torres Strait Islander consumers are significantly under-represented in pain clinics.”

Since the Townsville pilot, STP project sessions have also been rolled out in Darwin led by other ANZCA and FPM fellows.

FPM accredits NQPPMS to train pain medicine registrars and training posts are available to senior trainees from anaesthesia, surgery, medicine, psychiatry and general practice.

As an accredited Royal Australian College of General Practitioners training provider, NQPPMS provides teaching and support to public and private sector GPs and allied healthcare workers throughout north Queensland. In addition to Townsville it also provides patient outreach services to Cairns, Mackay and Mount Isa.

At the Townsville sessions Dr Bryant and Professor Goucke encouraged the participants to speak openly about their own experiences as medical practitioners and health workers as the first step to exploring chronic pain management for Indigenous and non-Indigenous patients.

Iranian-born pain medicine trainee Dr Mahboubeh Adinehzadeh, a GP, is one year into her fellowship training with the NQPPMS. Many of the patients she sees have back and abdominal pain, pelvic pain or chronic regional pain syndrome.

“GPs do need to have a better understanding of pain management and this program will help,” she said.

“Vet students learn more about the treatment and assessment of pain in animals than medical students learn about people.”

Another participant, Dr Apurva Shanker, a GP and NQPPMS pain medicine registrar, said the “train the trainer” session was useful as it helped broaden his understanding of how patients discuss their pain with their doctors.

Dr Shanker, who was born in India, has been living in Townsville for the past seven years and makes between 15 to 20 trips a year throughout Queensland treating patients with the Queensland Health Service.

“I’m hoping this will enable me to train other healthcare practitioners especially those in rural communities. If I can share this knowledge with doctors, nurses and allied healthcare workers it is the patients who will benefit. It’s also important to have an awareness of inter-cultural differences and this program will help with that.”

Dr Shanker said while about one person in 10 in north Queensland identifies as Aboriginal or Torres Strait Islander, the number of Indigenous patients who are treated by pain clinics is much lower.

“Chronic pain is so prevalent in the community so it is important that we share our knowledge about chronic pain management at the grass roots level. In these sessions the concepts of chronic pain are introduced in familiar language. Patients’ pain is very real for them but I can see how patients are very frustrated if they are told the pain is in their head. Validating their pain is very important.”

According to Townsville Hospital emergency registrar Dr Anna Mouline, a “train the trainer” session participant, one in four of the patients she sees in the emergency department are there because of their back pain.

“Patients’ pain is very real for them but I can see how patients are very frustrated if they are told the pain is in their head. Validating their pain is very important.”

“This is so relevant for me here in Townsville as I deal a lot with patients with persistent pain. In the emergency department we are all about acute pain but as far as I’m aware no emergency physicians in Australia have specialist pain medicine training. The Australian College of Emergency Medicine though has recognised this and Matt is my supervisor this year (at the hospital) for my year of anaesthesia and pain medicine.”

For another Townsville Hospital registrar, Dr Hannah Bennett, the course gave her more of an insight into the cross and inter cultural complexities of pain medicine. Dr Bennett has worked with Indigenous communities in Thursday Island, Ingham, and Weipa on the Cape York Peninsula.

“It’s really important to learn more about pain medicine and how we can best prepare and work with patients to help them manage their pain,” she said.

“We need to make sure that it is culturally appropriate and it’s really important too for health workers and practitioners because the time you get with each patient can be quite limited.”

Dr Bryant said access to allied health services for patients requiring multi-disciplinary pain treatment was limited in many parts of Queensland.

“We know what best practice pain management is like in the city but there are issues around access outside of the cities in many parts of Queensland.”

Tricia Hunt, chronic care co-ordinator at the TAIHS, says the service sees about 7000 Indigenous and non-Indigenous patients, many of whom have diabetes or heart disease. Like Tricia and EPM course



participant, Aboriginal health practitioner Marie Simpson, most of the frontline TAIHS staff are Indigenous.

“I receive the patient referrals from doctors but many Indigenous patients are reluctant to come to the service for a range of reasons such as sorry business or because of trauma and the Stolen Generations. Our role is to look at the whole person when they do come in and encourage them to open up and talk to us.”

The participants in the Townsville sessions were first introduced to the RAT (recognise-assess-treat) method of pain management and then discussed the non-pharmacological treatments that can be used to treat pain.

For many TAIHS patients Marie Simpson is their first contact with the service. She screens patients when they arrive at the TAIHS and tries to find out as much information about the patient as she can before they are then seen by one of the service’s GPs.

Originally from Palm Island Ms Smith said the course was useful as it affirmed many of the skills she was already using when meeting patients for the first time.

“It’s helped to get me thinking outside the square a bit more. If I talk to a patient and find out they are stressed or depressed I know that information will help when they are seen by one of our GPs here.”

TAIHS GP Dr Yogakanthi Kathiresu said many of his patients were dealing with complex psychological trauma and chronic pain and it was important for him to spend time with them.

“Some patients do feel helpless and don’t believe they have a future when they come to see me,” he explained.

“But I always tell them they do have a future and that we are there to help.”

Carolyn Jones,
Media Manager, ANZCA

Opposite page: Associate Professor Roger Goucke with Dr Mahboubeh Adinehzadeh and Dr Aditi Chandak.

Above: The Townsville Aboriginal and Islander Health Service’s Marie Simpson, Dr Gandhi Kathiresu, Dr Theunis Kotzee and Dr Matt Bryant.

Mentoring

Dr Declan Scott writes how the mentorship and support of past ANZCA President Dr Lindy Roberts helped him navigate his way through the specialty of anaesthesia.



“After winning a medical school award in anaesthesia in 2016 I was profiled by the *ANZCA Bulletin* as a Wirlomin Noongar medical student with an interest in anaesthesia training. Despite this I was still unsure about how to gain the required skills and become a

trainee. In 2017 I contacted the college who suggested I meet with past ANZCA President Dr Lindy Roberts who was also a consultant anaesthetist at Sir Charles Gairdner Hospital (the hospital where I now work).

Since then I have been lucky enough to have her as a mentor and have always received excellent advice in an environment where I felt comfortable. Anaesthesia is a specialty where junior doctor exposure can be minimal and developing relationships without connections can be difficult.

The mentoring provided by Lindy has been of enormous value. Meeting with someone and being comfortable to ask questions regarding the college, work life and the path to training has been incredible for me as an aspiring trainee. As a Wirlomin Noongar I felt proud to spend time with Lindy at the 2018 Australian Indigenous Doctors’ Association (AIDA) annual conference.



Above: Dr Declan Scott, a Wirlomin Noongar man, has won the 2016 Gilbert Troup prize.

“The college aim of increasing the number of Indigenous trainees will only be achieved through this style of mentorship.”

While the conference was a highlight we’ve not only had numerous meetings but our countless emails reflect her patience and support. Her effort best embodies the college’s Indigenous Health Strategy of support and empowerment. The college aim of increasing the number of Indigenous trainees will only be achieved through this style of mentorship, support and guidance. Lindy’s willingness to spend time in a mentoring role is a perfect representation of this.

I applaud the college’s Indigenous Health Strategy with its aim to increase the number of Indigenous trainees to improve cultural awareness, community connection and access to healthcare. This is a cornerstone of improving Indigenous health outcomes and will have an impact across the entire specialty.”

**Dr Declan Scott is a resident medical officer at Sir Charles Gairdner Hospital in Perth. In 2016 he was awarded the Gilbert Troup Prize for Western Australia’s best performance during the anaesthesia rotation.*

ASM Indigenous scholarship recipients



Three Australian and New Zealand Indigenous prevocational junior doctors from Wollongong, Darwin and Canterbury in New Zealand attended the 2019 ANZCA Annual Scientific Meeting in Kuala Lumpur after being awarded ASM scholarships.

The complimentary registrations enabled Dr Kathryn Dalmer, Dr Matt Pipe and Dr Adele Macgregor to participate in the ASM sessions and workshops, attend the College Ceremony and meet senior college staff and Indigenous Health Committee members.

The Indigenous ASM sponsorship is designed to foster interest in anaesthesia and pain medicine among Australian and New Zealand Indigenous medical students and junior doctors.

For Dr Dalmer, an intern who is now working on a renal rotation at Wollongong Hospital, the scholarship gave her the opportunity to explore anaesthesia and pain medicine as she considers the next step in her medical career. Dr Dalmer, a Wiradjuri woman, first trained as a social worker when she left school and then worked in child protection before starting her medical school degree while breastfeeding her third child – 20 years after finishing her first university degree.

Dr Dalmer said as part of the University of Wollongong’s Doctor of Medicine degree she spent two days a week over 12 months attached to general practice. She had also organised her own anaesthesia placement at Grafton Hospital in northern NSW.

“I realised general practice wasn’t for me so I’m now considering anaesthesia and pain medicine. I suppose I fell in love with the science side of medicine but the holistic side of patient care is also very important for me.”

For Dr Macgregor, a Māori doctor with the Canterbury District Health Board in NZ, the opportunity to attend the Kuala Lumpur ASM exposed her to a variety of sessions and workshops. Dr Macgregor, who grew up in Christchurch and completed her medical degree at the University of Otago, started working as an intern in November. She worked with the St John Ambulance for four years while studying medicine.

“I enjoy the procedural side of anaesthetics and emergency medicine so I’m now trying to find a balance between the two,” she explained.

“We don’t get much exposure to anaesthesia during our medical degree so having the chance to attend the ASM workshops and sessions has been extremely useful.”

Dr Pipe, who recently started working as a junior doctor at Royal Darwin Hospital, grew up in Dubbo in western NSW and started studying medicine after finishing school in 2000.

“Back then I really wasn’t prepared for the workload so I ended up leaving medicine and studied for a radiography degree. I worked for 18 months and then moved to Newcastle where I worked with Aboriginal communities and adult literacy and numeracy programs. I then decided that I wanted to return to medicine so I finished my degree in Newcastle. The University of Newcastle has a good track record with Indigenous doctors and I got a feel for anaesthetics then.”

Having moved to Darwin last year he is now adjusting to life as an intern at the hospital where he recently completed his first surgery rotation.

Like Dr Macgregor, he agrees that his exposure to anaesthesia during his medical degree was limited “so that’s what interested me to apply for the ASM scholarship.” He is also interested in exploring the GP anaesthesia pathway.

While ANZCA hopes these talented doctors choose anaesthesia or pain medicine as their preferred specialty, we know they will go on to make a significant contribution to improving the healthcare of all their patients regardless of their chosen specialty.

Carolyn Jones
Media Manager, ANZCA

Above from left: Dr Matt Pipe, ANZCA Operations Manager Policy, Safety and Quality Anthony Wall, NZ fellow Dr Amanda Gimblett, ANZCA Indigenous Health Committee Chair Dr Sean McManus, Dr Kathryn Dalmer, Dr Adele Macgregor, FPM trainee Dr Jonathan Newchurch and ANZCA CEO John Iltott.

Acknowledging Aboriginal and Torres Strait Islander people of Australia and Māori of Aotearoa New Zealand

The ANZCA Indigenous Health Committee has developed a guide for staff and members on recognising the Aboriginal and Torres Strait Islander people as the traditional custodians of the land at official college meetings and events in Australia and the Māori as the Tangata Whenua of Aotearoa.

This is available on the ANZCA website – www.anzca.edu.au/documents/anzca_acknowledgement-guide_2019_p4.pdf.



What has the Gender Equity Working Group been up to lately?



2019 has been a busy year for ANZCA's Gender Equity Work Group (GEWG). Since the launch of the position statement on March 4 the United Nations Women's Empowerment Principles Statement has been signed, the inaugural Women in STEMM breakfast was held at the annual scientific meeting (ASM) and the panel pledge and action plan have been launched and delivered.

UN Women's Empowerment Principles

On March 22 at the International Medical Symposium in Auckland, the presidents and CEOs of the Tri-Nations Alliance united to sign the UN Women's Empowerment Principles Statement. This commitment aims to promote gender equality and women's empowerment in the workplace and community through seven principle areas. These principles are the result of collaboration between the UN Global Compact and UN Women and are adapted from the Calvert Women's Principles. The signing of the principles is one of the many steps the college has taken in support of gender equity.

2019 ASM

Families attending the College Ceremony and ASM were welcomed to listen to speakers presenting in the main plenary hall from the onsite family lounge where the sessions were being live streamed. Some families with young children chose to use the private family care rooms and others instead utilised the childcare facilities from their ASM preferred hotel. The ASM is looking forward to the crèche returning to Perth next year.

Celebrating women in STEMM

ANZCA's inaugural Women in STEMM breakfast was held on May 2 at the ASM which brought together delegates to hear from the celebrated Malaysian guest speaker, Professor Maude Phipps. More than 100 people attended the breakfast relishing the opportunity to discuss the importance of gender equity for the medical profession and the broader community.

ANZCA panel pledge

The ANZCA panel pledge was launched at the inaugural Women in STEMM breakfast at the ASM. The panel pledge is based on an initiative of Male Champions of Change and Chief Executive Women, national groups that work with influential leaders to redefine men's role in taking action on gender inequality. Its purpose is to encourage all of us to think about the composition of forums, panels and conferences. Often there is a gender imbalance at meetings and events which means audiences are getting a narrow perspective, and the quality of diversity of conversations and experiences are limited. By raising awareness of this issue we hope to encourage change.

Twenty-four leaders in anaesthesia and pain medicine signed the pledge. To support the cause and impact change please visit the ANZCA website to sign the pledge.

Action plan

To support our Gender Equity Position Statement we have developed a task-oriented action plan to be delivered over the next five years. The action plan aligns with the five key focus areas identified in the resource toolkit, and the ANZCA Strategic Plan 2018-2022.

To review the position statement, action plan, and to find out more about the GEWG updates, visit the gender equity webpage – anzca.edu.au/about-anzca/gender-equity.



Twenty-four Australian and NZ leaders in anaesthesia and pain medicine celebrate signing the panel pledge at the 2019 ASM in Kuala Lumpur.

NZ hospitals review mass casualty plans following mosque attacks



New Zealand public hospitals are reviewing their preparations for mass-casualty events following the mosque attacks in Christchurch, New Zealand on Friday March 15, Adele Broadbent reports.

In the space of a few hours on March 15, Christchurch Hospital had to deal with nearly three times as many gunshot survivors as Auckland's biggest hospital, Middlemore, sees on average in a year.

Forty-nine people were shot dead at two mosques, while another later died of gunshot wounds after being transported to Christchurch Hospital. Forty-eight survivors were treated at the hospital. Others were treated in community health facilities.

There was a massive outpouring of grief and offers of support from around New Zealand with multiple vigils held. Within a month, a new gun law banning all semi-automatic and military-style weapons that were used in the terrorist attack was in place.

During the parliamentary select committee hearing leading up to the passing of that gun law, a surgeon spoke of the injuries, the lifelong disabilities and the impacts on the shooting victims from the fragmenting bullets used by the gunman. Dr James McKay was quoted in the news site, Newsroom, telling MPs about the grossly contaminated wounds. "There were significant chest, lung and major blood vessel injuries, which required emergency, lifesaving surgeries, often multiple times in multiple patients," Dr McKay said.

The CEO of the Canterbury District Health Board David Meates reflected on the events of that Friday afternoon in his weekly update to staff and people interested in health. He said he is in awe of what staff achieved in the aftermath of the tragedy.

Above: Hamzah Noor Yahaya, a survivor of the shootings at Al Noor mosque, stands in front of Christchurch Hospital at the end of a lockdown and waits to be picked up by his wife on March 15, 2019 in Christchurch, New Zealand.

"A frequently asked question is 'where did we access all the trauma specialists?' While there were many kind and generous offers of assistance, our own teams needed to respond to the rapidly emerging impact of 48 people arriving with a range of gunshot injuries. Many have required multiple surgeries and spent a lot of time in intensive care.

"I still find it extraordinary that by 6pm on that same Friday, our Emergency Department was ready to accept more patients. This was only possible because of our whole-of-health-system response where primary care shared the acute load, and the rest of the hospital flexed and accommodated patients in need.

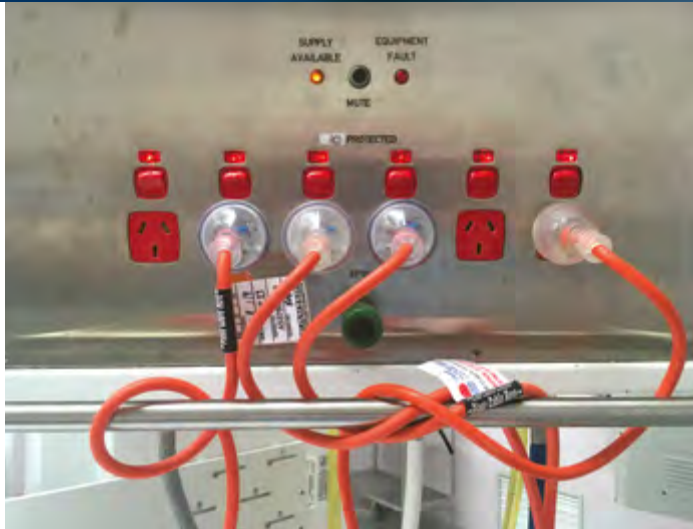
"The wider New Zealand health system provided assistance: Capital and Coast DHB cared for two existing stable Intensive Care Unit (ICU) patients who were transferred to Wellington. Counties Manukau DHB was able to accept complex spinal injuries from other DHB regions that would normally have come to Canterbury while we were at capacity. Auckland DHB has also been caring for two patients who were transferred to Auckland following initial life-saving interventions.

"How you respond when under pressure and intense stress reflects the culture of a health system. Calm, professional and focused spring to mind when talking about our response. I feel incredibly proud and so lucky to be part of an organisation and Canterbury Health System that is made up of so many amazing and talented people.

"The health response has been nothing short of extraordinary. No egos, no dramas, just teams of well-coordinated professionals and support staff each playing their part – and, in so many cases, pushing your skills and stamina to the limit to ensure people received the care they needed."

In the September ANZCA Bulletin we will hear reflections from Christchurch Hospital's Department of Anaesthesia.

Purple patch for a power problem



It is well known in the anaesthesia community that look-alike drug ampoules are a common contributor to medication errors¹.

But what about look-alike equipment?

There is no reason to suppose that the cognitive processes involved in errors with look-alike medications don't also apply to look-alike equipment. Indeed, a number of near-miss reports submitted to our Anaesthesia Safety Monitoring Project back up this suggestion.

For instance, we have had a number of cases where the anaesthesia machine has had its power cord unintentionally removed from the power point. This has occurred because, along with the increasing amount of electrical equipment in theatres, in our context the vast majority have near-identical orange power cords. This means it's very difficult to work out which piece of equipment you are actually unplugging.

While the anaesthesia machines continued to operate via backup battery as mandated by ANZCA PS54, the disconnections resulted in immediate loss of the patient monitoring system and its data. No patient harm arose from any of these mishaps, but it's not hard to imagine such an equipment failure contributing to a critical incident in the complex setting of an operating theatre.

Following these near-misses, the issue was discussed in both our Equipment and Human Factors committees, and we implemented a simple, low-cost intervention to reduce the risk of recurrence. Building on a suggestion by Dr Pysyk², we removed the generic orange power cords from our anaesthesia machines, and replaced them with a unique purple cord.

Feedback from nursing, medical and biomedical engineering staff has been overwhelmingly positive, and the combination of purple and orange power cords does not appear to present a significant issue for staff with colour vision deficiency.

While this has so far been effective in preventing unintentional disconnection of the anaesthetic machine, there is potential for further improvement such as using a patterned cord, or printing “anaesthesia machine” on the cord to further distinguish it from other power cords.

In terms of implementation costs, each cord cost \$A9.11 and replacement took approximately five minutes per machine. We think other hospitals would benefit from this simple, low-cost, low-risk improvement and that it should be considered for incorporation into ANZCA PS54 as one of the minimum safety requirements for anaesthetic machines. Furthermore, to the best of our knowledge there is now no official standard for colouring of the power supply to safety critical equipment in healthcare or any other industry. It could be worthwhile considering such a standard, in a similar vein to the standardised colour coding of syringe labels used in anaesthetics.

For further information on the details of this safety intervention, you can read the report published in the *Canadian Journal of Anesthesia*³, or contact me directly.

Dr Rhys Thomas
Anaesthesia Quality and Safety Fellow
Department of Anaesthesia
John Hunter Hospital

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2. Risk of look-a-like equipment in anesthesiology: it's not just medications. Pysyk CL. *Can J Anaesth*. 2017 Dec;64(12):1291-1292. doi: 10.1007/s12630-017-0967-0.
3. A purple patch for a power problem. Thomas R. *Can J Anaesth*. 2019 Mar;66(3):344-345. doi: 10.1007/s12630-018-01265-9.

Above: Before and after the installation of the purple power cord.

ANZCA ASM Kuala Lumpur 2019 presentations

There were three presentations and a masterclass at the recent ANZCA ASM and Airway SIG meeting in Kuala Lumpur that utilised webAIRS data.

Analysis of medication errors: webAIRS



Congratulations to Dr Jee-Young Kim (above right, with Dr Jennifer Woods), a provisional fellow from Auckland, who received the Trainee Academic Prize for her “Analysis of medication errors reported in the first 4000 incidents of WebAIRS”.

Airway SIG meeting presentation

Dr Yasmin Endlich presented the preliminary results of the Airway incidents in Anaesthesia Audit Project (AAAP), Australia and New Zealand. The theme of the presentation was “It will be alright on the night”. A number of issues were discussed including risk factors, assessment, planning, management and outcomes. The full results will be published later this year.

Airway incidents: webAIRS

The preliminary results of difficult intubation were presented by Dr Martin Culwick in the session “Difficult airway – expected and unexpected”. Dr Endlich and Dr Julie Lee co-authored the presentation. The final results will be submitted to *Anaesthesia and Intensive Care* for publication soon.

ACE NSW Winter meeting

Dr Martin Culwick will be presenting at the ACE NSW Winter meeting on June 15 in Sydney, “Australian Anaesthetic Safety – Are we getting better?”

The presentation will briefly cover anaesthetic safety from the 1800s to this millennium and examine the recent advances and how further improvements might be made to enhance patient care outcomes.

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

Safety alerts

Safety alerts are distributed in the “Safety and quality” section of the monthly *ANZCA E-Newsletter*.

A full list can be found on the ANZCA website: www.anzca.edu.au/fellows/safety-and-quality/safety-alerts.

EMAC comes of age



The Effective Management of Anaesthetic Crises (EMAC) has been revolutionary in changing how we consider safety of anaesthesia. Two decades ago the college commissioned a new course to address a substantial gap in the training of anaesthetists – that of how to manage emergencies.

Anaesthetic Crisis Resource Management (ACRM) simulation training pioneered by Professor David Gaba at Stanford University had been developed a few years earlier. The Gainsford simulator from Florida had been shown at the world congress of anaesthesia in Sydney in 1996 and was used at the Medical Education SIG in 1997.

This confluence of many different strands (simulation, adult learning principles and understanding of teamwork and error) came together to create an opportunity for something remarkable.

The EMAC course first piloted in 2001 was revolutionary and remains unique. It is run in three countries (Australia, New Zealand and Hong Kong) to a standardised format. The standards governing the course centres, instructors' training and course delivery represent a benchmark for excellence in healthcare simulation education. It is also a compulsory part of anaesthetic training, with every new ANZCA fellow for the last decade having undertaken the course at least once.

EMAC is now in its third generation but maintains its initial structure of five half-day modules. The first and second generations were borne out of the ACRM key points of crisis management¹. The first revision of the course led to the embedding of more clinically relevant and practical theories that prospectively identified and addressed hazards. This almost exactly paralleled aviation's move a decade earlier to a "Threat and Error" model of safety and crisis management.

The latest edition of EMAC takes a very different approach. Rather than focusing on actions occurring only at the time of an incident, the emphasis is on practising techniques associated with safety in routine care². The manual, sent to participants at least six weeks in advance (and shortly available to all trainees and fellows via the ANZCA Networks site), provides practical strategies for communication, leadership and hazard prevention.

Participants develop the technical and non-technical skills before the course and reinforce them during the two-and-a-half days of intensive simulation.

Furthermore, the new EMAC aligns more closely than ever with both the ANZCA training curriculum and the Continuing Professional Development (CPD) program. It reinforces practical, management of High Acuity Low Occurrence (HALO) events that can't be assessed using workplace-based assessment for trainees, ensuring they are prepared for emergencies they might not have seen during their training. For fellows, it fulfils two out of the five mandatory emergency response activities required every triennium in addition to 20 hours of simulation-based knowledge and skills points.

The ultimate aim of the EMAC course is to improve the safety of anaesthesia. In this regard, it delivers the latest theories in safety science. However, safety from simulation has always emerged from a combination of education and organisational change. Monitors and alarms have improved in parallel with better education of trainees and specialists. Future development of the EMAC course must further attempt to integrate human factors, engineering and safety science principles with clinical practice.

Associate Professor Stuart Marshall

Senior Research Fellow and NHMRC ECR Practitioner Fellow
Monash University

Acknowledgement: Thank you to Associate Professor Leonie Watterson, Dr Leona Wilson and Brendan Flanagan for their comments and guidance in the preparation of this article.

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Clockwise from top: Dr Richard Morris, Director and Dr Stuart Montano, demonstrating the newly arrived Eagle simulator, Sydney Medical Simulation Centre, 1997; Clinical Associate Professor Leonie Watterson, Dr Drew Heffernan, Ms Sue MacDonald, EMAC scenario, Sydney Clinical Skills and Simulation Centre circa 2008; EMAC scenario, Sydney Clinical Skills and Simulation Centre circa 2010.



Life in the fast lane – world motor rally anoints Auckland anaesthetist as top medic



Pit stops and petrol are all in a day's work for fellow Dr Clare Fisher who has been promoted to one of the most senior medical roles in the international motor rally world, writes Adele Broadbent.

New Zealand anaesthetist Dr Clare Fisher has been shoulder-tapped to be the FIA (Federation Internationale de l'Automobile) Medical Delegate for the World Rally Championship (WRC) Asia and Pacific region from 2020.

The new position, which follows Dr Fisher's 20-year involvement in motor racing, is one of the federation's most senior medical roles, ensuring that all medical requirements for the championship in the Asia Pacific region are met prior to events.

Dr Fisher, who is based at North Shore Hospital in Auckland, says she's been chosen for the position because of her previous work as chief medical officer for the championship and many other motorsport events.

But she says she has an idea that there's more to the decision: "I would say part of the reason [for being chosen] is because I'm relatively young and female. We are talking about a very male-orientated world that is becoming more aware of gender equality."

Dr Fisher was a 27-year-old anaesthesia registrar in the UK when a colleague talked her into working as a track medic at Cadwell Park circuit in Lincolnshire.

"I was by no means a 'petrol head' but I turned up more than anyone else and ended up looking after the track there and recruiting the next generation of motorsport doctors," she said.

By the time she arrived in New Zealand in 2003 she was assigned to many events and soon enough, the chief medical officer position at the WRC and V8 Supercars was hers.

To be a WRC medical officer entails training and expertise. Every two years the doctors go to a series of seminars that are run by the FIA. They are also in touch with each other online when the curly questions arise.

"We have a network of chief medical officers that is now becoming more formalised," Dr Fisher explained.

According to Dr Fisher there is a high proportion of anaesthetists among the medical officers who meet up at the FIA seminars.

So, what attracts anaesthetists to these events?

"I think we have the trauma background first which covers the clinical side but then organisationally, logistics and systems-wise, we tend to be quite good at what we do. We also have translatable skills, maybe more so than other specialties."

Dr Fisher says that a track medical officer needs skills above and beyond those that are used in the operating theatre.

"There's situational awareness. It can be a rather austere environment with cars coming past you quickly, and then there's noise, dirt, weather."

Then there's diplomacy.

"The drivers get what they call the 'red mist' (a term that is used to describe the intense focus of the drivers) that comes down when they put their helmet on. They are professional sports people. They are getting paid (sometimes a lot) to do what they do and that can often create challenges especially if the team want to get them out racing again right away and they might not be fit to drive."

Dr Fisher says she has had situations where she has had to stand up to drivers' teams and refuse to let someone back on the track.

"They don't like you. That can be one of the most challenging things, dealing with the team/money machine around the drivers. Injured drivers will often realise their event is over before the teams do and it can be hard to explain it to them. This particularly is difficult in cases of concussion and head injuries that are not as obvious as a physical injury but equally as debilitating. It's a big call and one of the more difficult things that you do, especially in the higher stakes race meetings."

Then there's flexibility. "I now know how to summon a beekeeper (0800BEEKEEPER) after a swarm formed at the track and we had people with known anaphylaxis to bees!"

There is still sometimes severe trauma and death at the track and doctors are there to try and prevent that. Technology has changed over the years and now many drivers walk away from what would have been life threatening situations in the past. The deaths or serious injuries at the track are challenging medically but also for the whole team involved particularly other track workers who may not be as used to medical situations.



"Injured drivers will often realise their event is over before the teams do and it can be hard to explain it to them. This is difficult in cases of concussion and head injuries that are not as obvious as a physical injury but equally as debilitating."

Dr Fisher says debriefs are crucial after these incidents.

The word love comes up when talking racing with Dr Fisher and it is also where she fell in love, trackside, with her Kiwi husband who, for many years, was the fire officer on the medical helicopter at the rally. Now he gets left behind to look after their two children, nine-year-old Hamish and seven-year-old Charlotte, but he hasn't given up the track altogether. "He's now driving in amateur racing and competes in 24-hour racing fundraisers for prostate cancer with other firefighters."

Dr Fisher continues to hold the chief medical officer position for Kartsport New Zealand and V8 Supercars. She's also an ANZCA supervisor of training and deputy NZ education officer for ANZCA. While juggling a young family and her specialist anaesthetist position, she is also competing in triathlons to world class level.

She says the WRC medical delegate job is probably as high as she'll go in the motor racing world but it may be best to say – watch this space.

Opposite: Dr Clare Fisher at the track.
Above: Dr Fisher in the hot seat.

CPD program review due, new resources ready to use



2019 CPD program and standard review

The ANZCA and FPM Continuing Professional Development (CPD) Committee have continued discussions about the formal process to review the CPD program, following lengthy consultations on this topic at meetings in 2017 and 2018.

The CPD program and standard are due for review in 2019, five years after implementation. The intention of the review is to align with the Medical Board of Australia's (MBA) proposed Professional Performance Framework (PPF) produced in November 2017 and Medical Council New Zealand's (MCNZ) recertification document published in September 2018.

A CPD Program Review Project Group is planned for 2019, once ANZCA has received clarification from the MBA at the next stakeholders meeting (expected for mid-2019) about the PPF's proposal and date of expected implementation. Furthermore, the CPD Committee is considering the impact of MCNZ's *Draft model for recertification requirement for vocationally-registered doctors practising in New Zealand* released in April 2019.

It is important to note that while there are now no confirmed changes to the CPD requirements or standard, we ask that all CPD participants keep up to date with regular communications in college publications. If changes are required ANZCA will communicate this to all CPD participants.

That said, ANZCA is confident from the information provided thus far, that only minor adjustments will need to be made to align with the MBA and MCNZ proposals, and to ensure the continued success of the CPD portfolio platform.

Further information about the:

- Professional Performance Framework can be found on the Medical Board of Australia's website at www.medicalboard.gov.au/Registration/ProfessionalPerformance-Framework.aspx.
- MCNZ recertification discussion document can be found at www.mcnz.org.nz/assets/News-and-Publications/Consultations/2018-Discussion-document-strengthened-recertification-FINAL.pdf.

- MCNZ draft model for recertification requirement for vocationally-registered doctors practising in New Zealand can be found at www.mcnz.org.nz/news-and-publications/consultations/strengthening-recertification-for-vocationally-registered-doctors-in-new-zealand/.

Protected Quality Assurance Activity (PQAA) update for New Zealand CPD participants

Aspects of the ANZCA and FPM CPD Program are registered for Protected Quality Assurance Activities (PQAA) under section 54 of the Health Practitioner Competence Assurance Act 2003. The registered part of the program is held by the college on a confidential basis and cannot be disclosed to third parties.

The college's registration for the CPD program for New Zealand participants has recently expired with the college submitting its re-application to the Minister of Health in February 2019. Accordingly, until further notice, when confirmation of re-registration has been received, fellows may wish to avoid including additional information in the CPD portfolio system which they would wish to keep confidential. This principally relates to the aspects of the CPD Program which require reflection and personal review of performance. The college will advise when the PQAA registration has been confirmed.

New DHM appendices available for CPD program

In 2018, ANZCA led a Diving and Hyperbaric Medicine (DHM) Continuing Professional Development (CPD) Project Group that tailored nine CPD handbook appendices, specifically for DHM practitioners' use in the ANZCA and FPM CPD Program.

These tailored CPD handbook appendices are now available and support the patient experience survey, multi-source feedback (MsF) and peer review of practice CPD activities within the practice evaluation category.

- The tailored DHM appendices may be used as examples in completing either a patient experience survey, (MsF) or peer review of practice activity in the ANZCA and FPM CPD Program.
- These appendices are templates that may be used to complete the specific CPD activity. Alternatively surveys and forms may be used, provided they meet the ANZCA CPD standard.
- There are no changes to the ANZCA CPD standard or CPD requirements for the ANZCA and FPM CPD participants.
- These are additional resources that participants may use to meet their annual and/or triennial CPD requirements.

These appendices are now available via the CPD portfolio, CPD handbook or ANZCA website at (www.anzca.edu.au/fellows/continuing-professional-development/handbook-and-resources/cpd-handbook-and-appendices).

Please contact the CPD team at cpd@anzca.edu.au for further assistance or clarification.

Practice evaluation activities snapshot

During the calendar year of 2018:

- 1601 CPD participants completed 2228 peer review of practice activities.
- 587 CPD participants completed 617 patient experience surveys.
- 875 CPD participants completed 922 multi-source feedback activities.
- 871 CPD participants completed 1089 clinical audits.

Verification of CPD activities results

From the 2018 year 447 CPD participants were randomly selected to participate in the annual verification of CPD activities. The 2018 verification of CPD activities process is now complete with 98.8 per cent successfully verified.

Those who participated in the 2018 verification have been notified of their compliance status. Those who were not able to provide all of the required evidence will be automatically included in the 2019 verification of CPD activities process.

End of triennium results

The 2016-2018 triennium inclusive of 916 CPD participants resulted in 99.8 per cent successful completion.

The ANZCA and FPM CPD Program is approaching its largest cohort for the 2017-2019 triennium with 3217 participants. The CPD committee and team encourage participants within this triennium to promptly update their CPD portfolio and take steps to proactively ensure they will meet their CPD requirements.

CPD for attendance at 2019 ASM

Participants of the ANZCA and FPM CPD Program will automatically have their attendance for the 2019 Annual Scientific Meeting (ASM) in Kuala Lumpur credited to their CPD portfolio in late June. Other participants may request an electronic certificate of attendance by emailing asm@anzca.edu.au.

Think pink anaesthetist ties it on for breast cancer charities



A simple initiative developed by Gold Coast anaesthetist Dr Steve Gubanyi and his wife Kate three years ago to raise money for breast cancer charities is going from strength to strength having already raised tens of thousands of dollars.

Dr Gubanyi's candy pink "ettties" endotracheal tube ties were developed three years ago after his wife, Kate, underwent treatment for breast cancer.

Dr Gubanyi said the response to the etties initiative had largely been through word of mouth with anaesthesia nurses the most enthusiastic supporters.

"I am now getting calls from one or two new hospitals each month and nearly all those who order the etties are sending us repeat orders," he said.

The ties are now being used in operating theatres in more than 85 public and private hospitals across Australia.

Since the *ANZCA Bulletin* published an article about the etties in December 2016 support for the initiative has grown with organisations and groups including ANZCA and the Australian Society of Anaesthetists, the Australian College of Perioperative Nurses and the Australian College of Perianaesthesia Nurses helping to get the etties message out.

Nearly \$A30,000 has been donated to The McGrath Foundation and the National Breast Cancer Foundation through the sale of the etties.

"All profit made is donated and publicly visible on our gofundraise pages, so each hospital can see how much their orders have contributed to each charity," Dr Gubanyi said.



Left from top: Dr Gubanyi with anaesthetic nurse Sarah Brodie; Etties at the ready in theatre.

“The pink tie is pre-cut to the perfect length, rolled up and knotted, which frees nurses from spending valuable time making them and avoids wastage.”

Dr Gubanyi’s goal is to donate \$A50,000 every year to breast cancer charities, once 250 hospitals use his etties.

According to Dr Gubanyi, almost all public operating theatres in South Australia, and all in Tasmania are now supporting etties, including Royal Adelaide and Royal Hobart Hospitals.

Over half of Queensland Health’s theatres including Princess Alexandra Hospital and many in NSW including John Hunter and Royal North Shore Hospitals are on board.

“The Royal Melbourne Hospital is very supportive and Healthscope, Ramsay Health, Calvary Health, and Mater Health have all embraced the product throughout Australia,” Dr Gubanyi said.

Dr Gubanyi hopes more hospitals will consider ordering the product once they learn how it saves time and money and improves patient safety.

Dr Gubanyi said once the hospitals recognised the value of the etties they were very supportive.



The product is still very much a labour of love for the Gubanyi family.

With no sales reps or marketing teams, Dr Gubanyi distributes the orders and sends sample packs to anaesthetists and nursing staff on request.

“If you are interested in a free sample pack, please get in touch as every bit of effort really does make a difference,” Dr Gubanyi said.

For further information contact etties@gmail.com or Facebook: Etties or www.etties.wixsite.com/website.

Carolyn Jones
Media Manager, ANZCA

Faculty of Pain Medicine

Dean's message



The success of educational organisations like the Faculty of Pain Medicine depends on effective leadership and teamwork between fellows and staff. The challenge is to balance enthusiasm and ambition with availability and requisite skills.

There is great strength in the faculty being led by fellows passionate about advancing our discipline in the service of our communities hence the faculty's wide-ranging 2018-2022 strategic plan.

How well and how quickly this can be achieved is tempered by the fact that most of our workforce consists of volunteers drawn from the fellowship, people with busy lives often with the added complexity of working across two medical disciplines. The faculty has a staff of eight who support a wide range of activities including the faculty's educational offerings, fellowship affairs, project delivery and committees. The faculty is therefore very reliant on the dedication of the individual whether they are fellows or staff.

The 2019 annual Pain Medicine Symposium (APMS) and Annual Scientific Meeting (ASM) was a great success thanks to the dedication and tireless efforts of our Tasmanian organising committee, ably led by Dr Chris Orlikowski with Dr Nina Loughman and Dr Cameron Gourlay, and faculty staff, Eleni Koronakos and Penny McMorran for supporting him.

The off-shore location of Kuala Lumpur made arrangements more challenging than usual so their great success is applauded.

The international speakers, Associate Professor Chad Brummett and Dr Lawrence Poree, and our Malaysian speaker, Professor Marzida Mansour, shared many practical insights in their engaging presentations. High quality presentations by faculty fellows and colleagues from psychiatry, addiction medicine and psychology rounded out an excellent program. All are to be thanked for the time and effort they put in to making the meeting a success.

A parallel program runs each year during the ASM which is really important but may not be noticed by many attendees focused on the educational sessions and social activities. This program consists of a number of meetings essential to the running of the faculty's official business.

These meetings include the annual general meeting (AGM), the final board meeting for the previous year, the first meeting of the new board and other committee meetings. The AGM is particularly important because it is the meeting at which the board reports to the fellowship and is the opportunity for fellows to question the board about the activities, governance and finances of the faculty. The outcome of the annual board elections is also announced.

This year, Dr Geoff Speldewinde and Dr Harry Eeman were newly elected and Dr Newman Harris was re-elected for a three-year term. Dr Kylie Hall was elected as the new fellow to the board

“The success of the faculty in the future depends on the willingness and availability of more fellows to engage in faculty activities.”

for a two-year term. The board welcomes them and looks forward to their contributions to the faculty leadership team.

As the membership of the board changes for 2019-20, it is timely to reflect on the expectations of the faculty leadership group. The members of ANZCA Council including the FPM dean are the directors of ANZCA which is a not-for-profit corporate entity. Through the vehicle of ANZCA regulation 40, the council has devolved the responsibility for the organisational governance of the FPM to the faculty board.

Board members take this responsibility seriously and several have undertaken the Australian Institute of Company Directors' course or equivalent to gain the necessary skills. Board composition is critical to achieving optimal outcomes hence the conversation about board structure and fitness for purpose that has been going on over the past 12 months. Having board members from diverse backgrounds, genders and cultures, with knowledge of national and regional issues, the different regulatory environments of New Zealand and Australia, and occasionally bringing a specific skillset to the table, will best enable the faculty's goals to be achieved.

Board members also provide leadership as chairs and members of FPM and ANZCA committees, as representatives to external bodies and providing expert advice for a wide range of consultancies.

Last but not least, working collaboratively with the ANZCA Council is essential for the overall success of our college. This year, the board will join the July annual council retreat to strengthen relationships while focusing on developing directors' skills.

Engaging with FPM NZNC and Australian regional teams

To facilitate the discussion about board structure and gather broader input from the fellowship, FPM General Manager Ms Helen Morris and I had the pleasure of visiting the New Zealand National Committee (NZNC) in March and supporting Professor Ted Shipton and our NZ colleagues in their advocacy for better pain medicine services throughout New Zealand.

Since then, we have met with the faculty's Queensland and NSW regional committees and the ANZCA ACT and Tasmanian regional committees which support the local FPM fellows.

In Tasmania, they have been pressing the state government to establish a multidisciplinary pain service in the north-west of that state. I hope by sharing alternative models of care and contacts with interstate colleagues, and participating in a roundtable discussion with Tasmanian Department of Health staff that the pain management needs of Tasmanians in regional areas will be addressed soon.

The visits to our regional committees have been very helpful in informing the faculty leadership of a much wider range of issues and views than might be brought directly to the board. Likewise, I hope we have been able to share what is happening centrally.

It was heartening to see how many fellows are engaged at the regional level while noting the challenges of gaining regular engagement. In just 20 years, FPM has achieved much despite its quite small membership.

However, the success of the faculty in the future depends on the willingness and availability of more fellows to engage in faculty activities whether they be small, time-limited tasks like reviewing a module of the Better Pain Management program, something a little more, such as being the FPM representative on an ANZCA committee or a larger task such as a committee member or being

“Last but not least, working collaboratively with the ANZCA Council is essential for the overall success of our college.”

an examiner or even organising the APMS and ASM or the Spring Meeting. The participation of over 10 per cent of the fellowship in the April long case assessments facilitating the examination of the faculty’s largest-ever cohort of 43 candidates is an excellent example of what can be achieved by fellows dedicating a small amount of their time to an element of the faculty’s core business. The outstanding organisation skills of Ms Juliette Whittington, FPM Operations Manager, provided the other critical element coordinating the teamwork needed to run this examination in five locations around Australia and New Zealand.

On behalf of the faculty board, I would like to thank all fellows who have participated so far.

Personally, I would like to thank our NZNC and regional committees for their warm welcome and look forward to visiting the remaining committees later this year.

Dr Meredith Craigie
Dean, Faculty of Pain Medicine

New fellows

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

Dr Gayathri Aravinthan, FAFRM (RACP), FFPMANZCA (Victoria)

Dr Vishal Bhasin, FRNZCGP, FFPMANZCA (Victoria)

Dr Thor Timothy Anuntapon Chutatape, MMed(Sing), FFPMANZCA (Singapore).

Dr Karen Joseph, FRANZCOG, FFPMANZCA (New Zealand).

Dr Jer En Lee, MRCP, FRCP, FFPMANZCA (Singapore).

Dr Andrew Weiss, FRCPC (Anaesthesia), FFPMANZCA (NSW).

Prize winners

FPM fellow Dr Raj Anand from NSW is this year’s winner of the Dean’s Prize, awarded at the FPM’s annual general meeting in May.

Dr Anand won the award for his paper titled “The impact of educational videos on pain assessment in people with dementia and behavioural changes using the Abbey Pain Scale”.

The Dean’s Prize is awarded to a fellow or trainee judged to have presented the most original pain medicine/pain research paper.

Dr Sau Ching Stanley Wong from Hong Kong won the Best Free Paper Award, which is for original work judged to be the best contribution to the free papers session of the FPM program. Dr Wong won the award for his paper “The effect of total intravenous anaesthesia with propofol on postoperative pain after third molar surgery”.

Training unit accreditation

The following hospitals have been accredited for pain medicine training:

- The Auckland Regional Pain Service, New Zealand.
- Melbourne Pain Group, Victoria.



FPM symposium

The FPM Annual Pain Medicine Symposium and annual scientific meeting (ASM) programs were a great success and a tribute to the hard work of the faculty’s scientific convenor, Dr Chris Orlikowski’s, FPM ASM Scientific Convenor. The symposium attracted more than 120 delegates and received strong support from the healthcare industry with our major sponsor Seqirus and four exhibitors present. The program, “Pain at the interface”, explored the interface between pain medicine and other specialities, the co-morbid nature of chronic pain and how we can combine our care to optimise outcomes. The keynote speakers Associate Professor Chad Brummett and Dr Lawrence Poree provided excellent, thought-provoking presentations that created much discussion. The academic sessions were followed by a dinner at the Lai Po Heen restaurant at Mandarin Oriental with seven courses of traditional Cantonese cuisine.

The faculty would like to congratulate the new fellows who were presented at the College Ceremony at the annual scientific meeting in Kuala Lumpur on Monday April 29.

Above from top: Dr Nina Loughman introducing speakers; (back row) Michelle O'Brien and Maartje Tulp, (front row) Charlotte Hill and Gurbir Kaur.

FPM Board changes

The FPM Board election closed on April 10 for three vacancies on the board. The successful candidates were Dr Newman Harris (re-elected unopposed), immediate past new fellow, Dr Harry Eeman and Dr Geoffrey Speldewinde. Dr Kylie Hall was elected as the new fellow to the FPM Board.

Farewell to FPM Board members



Dr Chris Hayes, NSW

Dr Hayes was elected to the FPM Board in 2007. He has been a FPM fellow since 1999.

As dean from 2016-2018 Dr Hayes helped strengthen the relationship with key strategic partners, the Australian Pain Society, New Zealand Pain Society and PainAustralia. He also facilitated the development of the strategic plan for 2018-2022. Dr Hayes also encouraged wide-ranging conversations on

controversial issues in contemporary pain medicine through a number of consultative forums held in 2017 and 2018 which helped inform the faculty's position on key topics including medicinal cannabis, procedures in pain medicine and opioid prescribing in chronic pain. He has been instrumental in the roll out of the electronic Persistent Pain Outcomes Collaboration (ePPOC) and continues to represent FPM on the Clinical Management Advisory Committee.

Dr Hayes continues to be Chair of the FPM Research and Innovation Committee.



Associate Professor Paul Gray, Qld

Associate Professor Gray was elected to the FPM Board in 2017. He served as Chair of the Queensland Regional Committee, Deputy Chair of the Training Unit Accreditation Committee and Deputy Assessor. Associate Professor Gray will continue his role as an FPM examiner and a Training Unit Accreditation Committee reviewer.

Introducing our new FPM Board members



Dr Harry Eeman, Vic

Dr Eeman was the previous new fellow for the FPM Board. He is a member of the Learning and Development Committee and worked on the Curriculum Redesign Project Steering Group. Dr Eeman is passionate about focusing on tools that can help prevent burnout.



Dr Kylie Hall, Qld

Dr Hall obtained FANZCA in 2006 and her FFPMANZCA in 2018. Dr Hall was motivated to obtain her FFPMANZCA fellowship after returning from military service in Afghanistan. She is passionate about the provision of analgesia at all levels of medical care including acute

prehospital and perioperative settings to caring for those with chronic pain. Dr Hall is the Chair of the Document Development Group for Ketamine in Chronic Pain.



Dr Geoffrey Speldewinde, ACT

Dr Speldewinde has been a fellow of the faculty since 2000. He was founder and director of Capital Pain and Rehabilitation Clinic (ACT). He is a current member of the Procedures Clinical Care Standard Working Group, and was previously a representative of the Continuing Education and Quality Assurance Committee and NSW Regional Committee. From 2001-2019, Dr Speldewinde was a board member for the Australian Pain Society in various roles including president, director and treasurer.

FPM gets chronic pain on the agenda

A successful round of advocacy meetings has followed on from the release of the FPM-commissioned *Sapere report* examining the cost of chronic pain in New Zealand. The advocacy reached both the office of the Minister for Health and the Minister for Accident Compensation Corporation (ACC). Find out more on the New Zealand pages of the *Bulletin*, page 80.

Right: FPM Dean Dr Meredith Craigie, NZ Minister for Health Dr David Clark and FPM NZNC Chair Professor Ted Shipton.



Another successful ASM

Snapshot

Delegates **2037**

Speakers and facilitators **400**

Plenary sessions **7**

Concurrent sessions **38**

Workshops, masterclasses
and small group
discussions **139**

e-posters **181**



Exploring New Worlds

The Kuala Lumpur Convention Centre (KLCC) flanked by the resplendent Petronas Twin Towers provided the perfect home for the 2019 ANZCA Annual Scientific Meeting (ASM) from April 29 to May 3 in Malaysia. This international meeting was co-badged with the Royal College of Anaesthetists (UK), College of Anaesthesiologists of Ireland and the College of Anaesthesiologists, Academy of Medicine Malaysia.

The ASM was preceded by the Emerging Leaders Conference, which was held at the Club Saujana, Kuala Lumpur. The meeting brought together selected delegates from nine countries to focus on leadership development, promote discussion and raise awareness of pertinent issues in our specialty and to foster collaboration across borders.

On the same weekend was the Airway Management Special Interest Group satellite meeting themed "When time is critical", which educated delegates on the latest developments in the management of difficult airways.

The FPM Annual Pain Medicine Symposium (formerly Refresher Course Day) also took place at KLCC with the theme "Pain at the interface", looking at the interaction of pain medicine with different specialities. This year's ASM uniquely presented three big pre-conference workshops on Sunday April 28. These were the CRASH course, emergency response – cardiac arrest, and all around the block and skills training in regional anaesthesia.

The scientific program opened with an array of masterclasses, workshops and small group discussions on Monday April 29. The mammoth task of delivering 136 workshops, masterclasses and small group discussions internationally was co-ordinated by the efficient ANZCA Events team and the workshop and masterclass convenors. Their organisational efforts are to be lauded for what was the seamless delivery of an exceptional program. In a truly collaborative spirit, the day also welcomed the participation of several Malaysian facilitators.

The College Ceremony was held in the evening and 195 new fellows were welcomed. The ceremony was broadcasted live via Facebook and was viewed by an impressive 13,000 people around the world and shared 6000 times! The college oration was delivered by the inspirational Professor Ravi Mahajan, President of the Royal College of Anaesthetists, UK. Professor Mahajan provided the audience with his insights into the top three challenges facing our profession – workforce, resources, and population dynamics, which will shape future healthcare delivery. As anaesthetists and perioperative clinicians, we are uniquely placed to impact patient outcomes via a multidisciplinary approach and shared decision making. He challenged the new fellows to consider their personal attributes and to develop a vision that would in turn influence and create meaningful outcomes.

From the planning stages, the Tasmanian Regional Organising Committee wanted to showcase a myriad of talks that centred around the theme of "new worlds". In that regard, a cohort of international and local speakers from various fields presented talks that ranged from the latest innovations in clinical anaesthesia to space and beyond! This ASM also launched the inaugural Women in STEMM breakfast, which declared ANZCA's responsibility to uphold and promote gender equity and provided members with the opportunity to sign the panel pledge.

In a continual acknowledgement of ANZCA's commitment to sustainability, initiatives taken this year included the reduction in amount of printed signage, use of recyclable paper, use of glasses and water jugs rather than plastic bottled water and prior notice to delegates to bring their reusable coffee cups and water bottles. In addition to the main scientific program, other organising committee initiatives were the presentation of lectures and workshops at two Malaysian teaching hospitals as well as a full ANZCA Educators Program.

These programs were warmly received by our Malaysian colleagues and we are indebted to all contributors who donated their time and effort to enable the successful delivery of these outreach initiatives. Additionally, in lieu of ASM speaker gifts, two international delegates from the Laos PDR were funded to attend the ASM in its entirety highlighting the ongoing commitment to the Laos Project by the anaesthesia community in Tasmania.

The ASM always features an excellent social program to foster new, and deepen existing, relationships among delegates. An inaugural GP Anaesthetists' Luncheon was held to welcome GP anaesthetists to the ASM. The ANZCA Events team spearheaded by the talented Dr Bridget Effenev, organised an exceptional welcome reception, which showcased Malaysian hawker food and traditional craft while accompanied by traditional Indian drummers. The Red Planet Gala Dinner was a perfect encore to the ASM with its fitting tribute to the space theme. Almost 1000 people enjoyed a Malaysian Chinese banquet while being entertained by fantastic live music, which saw crowds throng the dance floor.

When the committee was tasked with organising this ASM in KL, we realised that it would require a Herculean effort over a sustained period. As co-convenors, we have been privileged to work with the well-oiled and talented ANZCA Events and Communications teams who have supported us through this process. The ability to see our plans and dreams materialise through the hard work and determination of our committee has been a priceless experience.

We extend our deepest gratitude to all speakers and facilitators who kindly gave their time and effort to contribute to the ASM. We wish the 2020 organising committee our very best and look forward to Perth next year.

Dr Joanne Samuel and Dr Colin Chilvers
ASM 2019 Co-Convenors



Scientific program

The scientific program of the 2019 ASM aimed to be a bit different. The “New worlds – come explore” theme gave rise to the topics space medicine and anaesthesia in South East Asia.

Space was highlighted throughout the meeting – in the program, handbook graphics, and at the Red Planet Gala Dinner. Although subjects covered were not strictly related to anaesthesia practice, physiology in zero gravity and tales of exploration generated much food for thought and were a fitting tribute for 2019 – the 50th anniversary of the first moon landing.

“Mars should not be seen as a backup planet for humans if we destroy the Earth.”

The stellar lineup of space speakers including NASA astronaut Mike Barrett, NASA physician Heidi De Block and Australia’s popular astronomer-at-large Fred Watson, entertained us with the background to planned human spaceflight to Mars and reflected that Mars should not be seen as a backup planet for humans if we destroy the Earth. This reinforced the message of sustainability that was passionately supported by other speakers during the conference, including the charismatic ANZCA ASM Visitor Harriet Hopf from the US.

An insight into the strong progress of anaesthesia and pain medicine in South East Asia was provided by speakers from the region, a dozen of whom were our hosts from Malaysia. Two hundred Malaysian anaesthetists were able to attend the ASM and four outreach sessions were provided at local hospitals for those that couldn’t make it.

Four anaesthetists from low-income countries were sponsored to the ASM, two from Laos, and one each from Namibia and Papua New Guinea. They contributed to a double session on the challenges of providing safe anaesthesia in disadvantaged countries.

We were blessed with the largest ever number of international speakers at an ASM, particularly from the UK and Irish colleges who were co-badged supporters and provided an international flavor. One of these was Baroness Susan Greenfield who charmed the audience with her combined neurophysiological and behavioral theories on consciousness and separately on her fears regarding digital addiction. Our own Australasian keynote speakers held their own with ANZCA Australasian Visitor Phil Peyton leading many sessions on research, particularly large collaborative trials – which pleasingly some Malaysian researchers expressed an interest in joining. Likewise, the ANZCA Tasmanian Regional Visitor Marcus Skinner graphically described the dangers of two alien environments – Antarctica and the endoscopy suite!

“The largest proportion of entries for the research and e-poster prizes were on perioperative medicine.”

Other areas that were promoted in the scientific program were airway management, rural anaesthesia, human factors, new monitoring technology, pain medicine and perioperative medicine. The Airway Management SIG meeting, held immediately prior to the ASM, enhanced the subsequent first few days of the meeting through the addition of many prominent airway speakers and workshop facilitators.

Rural generalist anaesthetists were formally invited to the ASM for the first time and were involved in two sessions. Peter Wyllie of Alice Springs who undertakes praiseworthy work in anaesthesia, the Royal Flying Doctor Service, and as the GP for the Alice Springs Jail, gave a “terrifying” presentation about his BASE jumping career and how the pertinent subject of risk management also relates to anaesthesia.

Human factors were highlighted by sessions on human fallibility, ethical dilemmas, and Effective Management of Anaesthetic Crises (on its 18th birthday). New technology sessions focused on the upcoming generation of monitors for cerebral function and oxygenation, non-invasive cardiac output, and novel ways to process and prioritise all the digital information now available.

Perioperative medicine remains perennially popular and several sessions were devoted to it as well as a large number of masterclasses. Speakers and facilitators included good representation from other disciplines – physiotherapy, endocrinology, geriatrics, and surgery. The largest proportion of entries for the research and e-poster prizes were on perioperative medicine – a fruitful area for ongoing study.

Overall the 2019 ASM provided a great opportunity for inter-disciplinary and inter-country communication and cooperation. Hopefully it has provoked new and different ways of thinking about anaesthesia, pain medicine, life, the universe, and everything...

Dr Colin Chilvers
Scientific Convenor



Workshops, masterclasses and small group discussions

Masterclasses and small group discussions

There were 48 masterclasses (MCs) and small group discussions (SGDs) during the first day of the main conference with a total of 616 delegates attending these sessions – the foot traffic was extraordinary.

The many ANZCA and non-ANZCA fellow facilitators and presenters demonstrated incredible commitment and support for the day – a large proportion indicating they would assist more than 18 months ago!

The “New worlds” theme made its first appearance with headline acts under quantum obstetrics, perioperatively aligning the stars, the pain galaxy and paediatrics and small aliens. The MCs and SGDs were held, along with workshops, on Monday April 29 rounding out a fantastically full, engaging and busy day.

Packed attendance occurred for many sessions with particular interest in perioperative, paediatrics, obstetrics, pain and anaphylaxis. A number of lunchtime SGD sessions enabled delegates to fit a variety of topics and styles of learning into the one day. The first day, like the beginning of the universe, was the big bang for the remainder of the conference!

Workshops

If the workshop complement provided at ASMs over the past years can be defined by their use of equipment and physical environment resources (simulation and technology) and by their reliance on people (facilitators), this year’s ASM was a triumph of our people assets within the college.

For example, the “out of country” nature of the KL ASM meant we were limited in our capacity to access the usual resources – often borrowed from home institutions or sourced by local know how (how do we find sheep’s eyeballs in a country that doesn’t suit wool fleece?).

This, without even mentioning the purpose-built resources commonly available – such as simulation centres – that are increasingly incorporated into components of the workshop program.

For the ANZCA Events team this set of logistical problems left them unfazed. To help solve the puzzle many convenors and facilitators were relied upon to transport smaller equipment items. Heavy “sim” equipment was either collated in a major ANZCA shipment or supported locally, including through Laerdal Malaysia. The engagement and support of our sponsor Ramsay Sime Darby Healthcare allowed for workshop disposables to be collated and delivered as a one-truck shipment

on the day before workshops began (and subsequently furiously distributed among the 91 sessions by the Events and Regional Organising Committee teams before the sessions). We would also acknowledge the support of a significant number of our HCI sponsors who provided equipment, expertise and their time to further ensure our delegates received a high quality and professional workshop experience.

There were a few misses, but surprisingly few, thanks to the ANZCA Events team’s meticulous preparation and co-ordination.

However, the people most deserving of praise are the facilitators themselves. Drawn from the breadth of Australasia (many of whom arrived within hours of beginning their workshops), with patience and good nature they accepted the conditions imposed and rose to provide an ambitious and well received workshop series; 91 sessions and 766 attendees in total.

Thanks, you are all stars.

Dr Dane Blackford and Dr Pravin Dahal
Workshop Co-Convenors

Dr Bruce Newman
SGD and Masterclass Convenor



FPM wrap up

The Faculty of Pain Medicine contribution to the annual scientific meeting consisted of the FPM Symposium on Sunday April 28, prior to the ANZCA ASM and also six sessions across the broader ASM program. This new name replaced the previous title of Refresher Course Day.

The theme was "Pain at the interface" which allowed us to explore the interface between pain medicine and the specialities of rheumatology, psychiatry and drugs and alcohol. The last session of the day included case discussions and a panel that drew comments from doctors representing the above specialities. In the session on neuromodulation, Nick Christelis addressed the challenges of training future pain specialists in aspects of neuromodulation.

The after-dinner speaker for the FPM dinner was Dr Hilton Francis, a long-serving rheumatologist and pain specialist from Hobart who traced his career with various insights and anecdotes in his "Why me" talk.

Associate Professor Chad Brummett was the FPM ASM Visitor and spoke about how the score on the Fibromyalgia Scale predicted severity of pain and opioid consumption in patients who did not fulfil the criteria for fibromyalgia. His other talks included initiatives undertaken within his US state of Minnesota which limited the amount of discharge opioids post-surgery without increasing postoperative pain as well as novel sodium channel blockers.

Dr Lawrence Poree was the FPM Organising Committee Visitor whose contributions included an overview of neuromodulation. He also contributed to future directions in neuromodulation as well as tracing the history of illicit opioid consumption in the US.

Dr Mary Suma Cardosa was the FPM Malaysian Visitor and provided a very insightful view of pain education in Malaysia as well as initiatives in reducing pain in Malaysian hospitals.

Professor Emad El-Omar introduced us to the microbiome which many regard as the new frontier in medicine and shared some early insights as to the potential impact of the microbiome on pain and mood.

James Sleight from New Zealand presented the results of animal work involving ketamine with the addition of an ester ring. This new formulation results in the rapid breakdown of ketamine by esterases. We may hear more of this "new" ketamine in pain medicine and psychiatry.

Jenny Stevens presented about the impact, resultant change in practice and some early results about the controversial position statement concerning the use of long acting opioids in acute pain.

Andrew Ottaway spoke about various short medical courses in developing countries and emphasised the importance of measuring real outcomes, despite the challenges. This was very important to ensure that these well meaning initiatives achieve their aims.

Mr Peter Boyles taught us about a real time monitoring program in Tasmania and the impact of this on opioid prescribing in that state.

Finally, I need to thank Nina Loughman, (who incidentally had the pleasure of introducing her sister Amy in the microbiome session) and Cameron Gourlay for their considerable assistance in helping bringing this program together.

Dr Chris Orlikowski
FPM Scientific Convenor



Prizes

Gilbert Brown Prize

Dr Verna Aykanat for "An emerging deception: Limitations of non-invasive measurement and a reliable alternative for postoperative patient temperature assessment".

Trainee Academic Prize

Dr Jee-Young Kim for "Analysis of medication errors reported in the first 4,000 incidents of WebAIRS".

Open e-Poster Prize

Dr Jonathan Hiller for "Propranolol prior to breast cancer surgery: a randomised controlled trial exploring impact on metastatic pathway expression".

Trainee e-Poster Prize

Dr Andrew Souness for "Clinical audit of perioperative use of intravenous lignocaine infusions in non-obstetric patients undergoing intra-abdominal surgery at the Royal Brisbane and Women's Hospital".

FPM Dean's Prize

Dr Raj Anand for "The impact of educational videos on pain assessment in people with dementia and behavioural changes using the Abbey Pain Scale".

FPM Best Free Paper Award

Dr Sau Ching Stanley Wong for "The effect of total intravenous anaesthesia with propofol on postoperative pain after third molar surgery".

Keynote presentations

ANZCA ASM Visitor Ellis Gillespie Lecture

Professor Harriet Hopf, "Anaesthetists, the next generation".

ANZCA and Malaysian College of Anaesthetists ASM Visitor Malaysian Keynote Lecture

Dr Shahridan Fathil, "Expanding world of perioperative ultrasound".

FPM ASM Visitor Michael Cousins Lecture

Associate Professor Chad Brummett, "Impact of centralised pain on acute and chronic pain after surgery".

ANZCA Australasian Visitor Mary Burnell Lecture

Professor Philip Peyton, "The big trials in anaesthesia: What are they telling us?".

FPM Organising Committee Visitor Lecture

Dr Lawrence Poree, "Neuromodulation: False hope or unrealised potential".

ANZCA and The Royal College of Anaesthetists Visitor Lecture

Professor Ellen O'Sullivan, "Influencing or reflecting practice: The role of national audits and guidelines in airway management".

ANZCA and College of Anaesthetists of Ireland Visitor Lecture

Professor Donal Buggy, "Can anaesthetic-analgesic technique during cancer surgery influence recurrence or metastasis?".

ANZCA Tasmanian Regional Visitor Lecture

Clinical Associate Professor Marcus Skinner AM, "Safe endoscopy".

FPM Malaysian Visitor Lecture

Dr Mary Suma Cardosa, "Malaysian Pain Free Hospital initiative".



Raising our profile

Media

The Kuala Lumpur ASM attracted 531 online, print and broadcast reports in Australia and New Zealand and reached a combined audience of nearly 5.6 million people which would have cost \$A1.25 million if bought as paid advertising.

ANZCA hosted three journalists – Kate Aubusson, health editor of the *Sydney Morning Herald* whose articles are syndicated to *The Age* in Melbourne, Ruby Macandrew, health reporter for New Zealand's *The Dominion Post* and other Fairfax NZ titles and Grant McArthur, the medical editor of the *Herald Sun* whose articles are syndicated across News Limited titles. Ruby Macandrew attended the FPM pain medicine symposium on the Sunday and covered the neuromodulation presentation for stuff.co.nz.

ANZCA and FPM distributed 10 media releases in the lead up and during the ASM and most of these were used by the journalists in their reporting from the ASM.

Invited speaker Baroness Susan Greenfield's presentation on the impact of digital technology was a popular topic and led to a page one story in the *Sydney Morning Herald* and a page 3 "lead" story in the *Herald Sun* on Friday May 3. These stories were syndicated widely on websites and in print.



NASA astronaut Dr Michael Barratt's presentations also interested the journalists and the *Herald Sun* published a 1700-word feature "Deep space but can man survive?" and a 200-word news pointer article "Surviving travel to the stars" which ran on Saturday May 11.

The e-poster presentation on the general anaesthesia given to 108-year-old Wollongong woman Daphne Keith (pictured above), who is believed to be Australia's oldest partial hip replacement patient, attracted more than 100 online and print articles.

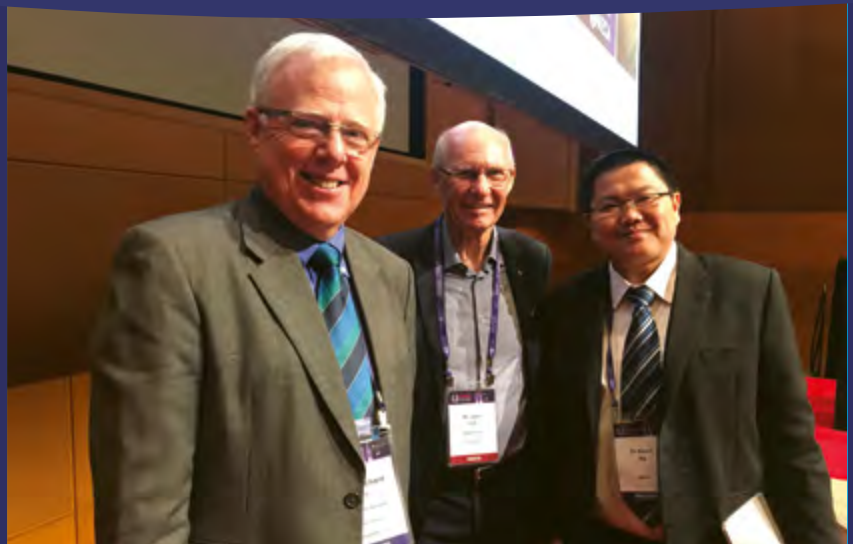
Poster co-author, Wollongong fellow Dr Natalie Smith was interviewed by ABC Radio Illawarra and the ABC South East breakfast morning presenter Simon Lauder. The story was picked up by Australian Associated Press in Sydney and their version of the story was syndicated to dozens of regional and rural online mastheads.

Other fellows were popular with media: Associate Professor Guy Warman's light therapy and anaesthesia research led to a five minute interview on the Magic Talk afternoon radio program in New Zealand, Dr Nick Chrimes' call for national regulation of drug labelling with ANZCA images and a media release was reported by the ASM journalists along with Associate Professor Steven Bolsin's presentation on the goal of having an error-free hospital.

An e-poster by Dr Vanessa Chen on obesity rates and hip and knee replacements was also covered by the journalists with interest sparked by an ANZCA media release.

Professor Paul Myles was also interviewed about the recent *The Lancet* series on opioids post surgery and this led to a story in the *Sydney Morning Herald*, *The Age*, brisbanetimes.com.au and *WA Today* by Kate Aubusson.

Carolyn Jones
ANZCA Media Manager



Social media

ANZCA again used Twitter (including video-streaming app Periscope), Facebook and YouTube to keep conversations going at the ASM.

More than a thousand people – delegates and non-attendees – used Twitter and the hashtag #ASM19KL.

Our broadcast of the College Ceremony via Facebook Live was seen by nearly 13,000 people around the world; more than three times as many as last year. The video was commented on, reacted to, or shared 6000 times, making it our most engaged with Facebook content to date. A likely reason for this increase was the quality of the broadcast, achieved by working with audio visual providers, KOJO, and directly linking into the AV feed. Increased awareness about this service is also likely to have contributed.

We streamed 13 sessions on Periscope with permission from the presenters and these are all now available on the ANZCA Periscope channel. The most popular Periscope session was Professor Andrew Klein discussing iron deficiency and anaemia in pregnancy, which has been watched more than 600 times.

We recorded almost 30 video interviews with keynote speakers and college leaders which were uploaded to YouTube and shared via social media and the daily ASM e-newsletter. These videos have been watched more than 5000 times in total. All videos have been added to a 2019 ASM YouTube playlist that we shared via Twitter and Facebook as part of our post-ASM wrap.

On the last day we distributed a compilation of delegates' views on perioperative medicine gathered throughout the meeting and this can be found on YouTube.

Clea Hincks, Director,
Safety and Advocacy



You can see all our photos, media coverage, video interviews and ASM e-newsletters on the ASM website: <https://asm.anzca.edu.au/2019-asm-photos-interviews-e-newsletters-media/>

The Numbers

24.750M Impressions

8,701 Tweets

1,055 Participants

33 Avg Tweets/hour

8 Avg Tweets/Participant

#ASM19KL



ANZCA Medal



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

Dr Richard Harris

In July 2018 Dr Richard “Harry” Harris played a significant role in the rescue of 12 children and their soccer coach from a flooded cave in Thailand where they had been trapped for more than two weeks. All were successfully brought to safety on July 10.

Harry, who has been described as the linchpin of the rescue with his unique combination of expertise in anaesthesia and in cave diving, showed incredible leadership and courage in assuming key responsibility for planning the rescue and in teaching other rescuers to administer life-saving sedation to the team.

He was the last person to leave the cave after the successful rescue of the team and was awarded the Australian Star of Courage Award (awarded for acts of conspicuous courage in circumstances of great peril) and a Medal of the Order of Australia. Earlier this year he was awarded the 2019 Australian of the Year with his friend and diving mate for the rescue Dr Craig Challen.

After graduating from Flinders University in 1988 Harry completed his anaesthesia training in the UK, Adelaide and New Zealand. He continues to enjoy a varied anaesthesia practice in South Australia with particular interest in anaesthesia for breast and endocrine surgery, ENT and acoustic neuroma surgery, upper GI surgery and endoscopy.

He combines his taste for adventure with his medical practice and a lifelong interest in the underwater world of diving and hyperbaric medicine. His work with South Australia’s emergency medical retrieval service (MedSTAR) as an aeromedical consultant continues to challenge him with the care of critically ill patients in remote and austere environments.

Harry is a worthy recipient of the ANZCA Medal having presented a wonderful example to the world of the professionalism of the specialty of anaesthesia.

From the citation by ANZCA President Dr Rod Mitchell at the College Ceremony during the 2019 Annual Scientific Meeting in Kuala Lumpur.

Robert Orton Medal



The Robert Orton Medal is awarded at the discretion of ANZCA Council, the sole criterion being distinguished service to anaesthesia, preoperative medicine and/or pain medicine. The award was established by the Faculty of Anaesthetists, Royal Australasian College of Surgeons, in 1967.

Associate Professor Charles Roger Goucke

Associate Professor Charles Roger Goucke AM was born and educated in the United Kingdom before moving to Australia where he trained in anaesthesia, achieving his FFARACS in 1986. Roger enjoyed a 30-year career at the Sir Charles Gairdner Hospital in Perth from 1989, initially in anaesthesia before moving full time into pain medicine. He was head of the Department of Pain Management for 20 years, a tireless advocate, respected clinician, teacher and mentor.

Roger has made major contributions to the emerging specialty of pain medicine since the 1990s. He was on the planning committee that led to the creation of the Faculty of Pain Medicine in 1998, a foundation fellow, and dean from 2006 until 2008. Roger was a member of the steering committee for the 2010 National Pain Summit that resulted in the National Pain Strategy. He is a longstanding member of the Australian Pain Society, president from 2000 to 2003 and, in 2018, editor of the Society's latest publication *Pain in Residential Aged Care*, second edition.

Roger was a foundation fellow of the Royal Australasian College of Physicians' Chapter of Palliative Medicine and instrumental in the Hong Kong College of Anaesthesiologists establishing their faculty of pain medicine. He has published widely in pain medicine and been a reviewer, editor and contributor to multiple medical journals.

A lifelong interest in developing world medicine is behind Roger's interests in pain management in low and middle-income countries. He played a pivotal role in the development of the FPM/ANZCA Essential Pain Management program, first run in Papua New Guinea in 2010 and subsequently in 53 other countries, training thousands of participants to delivery pain management to millions of patients. He was elected chair of the joint ANZCA-Essential Pain Management (EPM) World Federation of Societies of Anaesthesiologists (WFSA) Steering Committee in 2018. Most recently, Roger has developed a project to deliver EPM workshops in Aboriginal health services in Perth, Darwin and Townsville in 2019.

Associate Professor Roger Goucke is a worthy recipient of the Robert Orton Medal in recognition of his significant and lasting contributions to the Faculty of Pain Medicine, the college and pain medicine internationally.

From the citation by Dr Meredith Craigie, Dean of the Faculty of Pain Medicine, at the College Ceremony during the 2019 ANZCA Annual Scientific Meeting in Kuala Lumpur.

Steuart Henderson Award



The Steuart Henderson Award is awarded to a fellow who has demonstrated excellence and provided outstanding contribution, scholarship, and mentorship to medical education in the field of anaesthesia and/or pain medicine.

Associate Professor Kersi Jalejar Taraporewalla

Associate Professor Taraporewalla obtained his medical degree from the University of Sydney and gained his FFARACS in 1986. He achieved a masters in medical education in 2006, and is undertaking a PhD with a research focus on improved techniques for teaching technical skills.

Throughout his career, Associate Professor Taraporewalla has pursued his passion for teaching and medical education. Following his term as a final examiner, Associate Professor Taraporewalla introduced a series of tutorials to teach Queensland trainees as they prepared for the ANZCA final examinations. Embracing the emerging technology of teleconferencing, he extended the tutorials to allow Specialist International Medical Graduates in geographically isolated locations access to teaching. Associate Professor Taraporewalla was also a founding member of the Overseas Trained Specialist Network (OTSAN) in 2006 which provided support and advocacy for anaesthetists as they settled into their new country.

Associate Professor Taraporewalla has been at the forefront of simulation as a tool for medical education, and established the Queensland Skills Development Centre. Here, he deployed the first Effective Management

of Anaesthetic Crises course in Queensland. He has continued to foster innovation in simulation-based courses, integral in the design and delivery of programs and courses at the Centre for Excellence in Anaesthesia at the Royal Brisbane and Women's Hospital. He has been a pioneer in the integration of simulation to conferences and scientific meetings; particularly in facilitating workshops and training sessions.

Associate Professor Taraporewalla has been the Chair of the ANZCA Education Sub-Committee since 2016. He helped to found the Medical Education Special Interest Group, and organised the first combined SIG meeting in Queensland. He was a member of the ANZCA group that developed the Foundation Teachers Course. His continued input helped the course evolve into the ANZCA Educators Program, and subsequent creation of the ANZCA Facilitator Role, allowing training of facilitators to deliver the course across the region.

His generosity and commitment to lifelong learning continue to inspire new generations of Queensland anaesthetists.

From the citation by Dr Yasmin Whately at the College Ceremony during the 2019 ANZCA Annual Scientific Meeting in Kuala Lumpur.

Emerging Leaders Conference tackles key theme

Save the date!

2020 Emerging Leaders Conference
"Collaborate, involve, engage"
April 28-30
Sandalford, Swan Valley, WA

For further information contact Kate Galloway at events@anzca.edu.au.

Applications are opening soon.



What does "leadership" mean in 2019?

Is leadership the ability to influence those around you to strive towards a common goal? Is leadership the ability to put others first? Or does it come in various forms depending on the team and task at hand? What are the common barriers to effective leadership?

In keeping with our theme, "Leaders without borders", we welcomed 32 emerging leaders from nine countries (Australia, New Zealand, Malaysia, Singapore, Hong Kong, China, Laos, England and Ireland) and 17 established leaders from around the world to Kuala Lumpur for a three-day conference preceding the ANZCA Annual Scientific Meeting (ASM).

Treated to warm weather and a smorgasbord of Malaysian cuisine, the delegates enjoyed a unique and immersive weekend away from their normal daily lives to explore, among other things, the barriers to effective leadership. The college president from ANZCA and his counterparts in Malaysia, England, Ireland and a representative from China attended along with an exceptionally high-quality group of speakers from various fields.

On day one, a team building challenge was run by the effervescent Talitha Devadass (2019 Telstra Emerging Leader). This exercise immersed delegates, presidents and speakers in space-themed challenges, broke down social barriers and set the platform for a stimulating and thought-provoking conference. International collaboration between the Chinese

society representative and Irish college president to build a rocket from newspaper and chopsticks thankfully returned stranded astronauts to their station on the moon - a pivotal moment!

Day two began with an intensive workshop on leadership development from Mr Andrew Beveridge (Leadership Today), an organisational psychologist with more than 20 years of experience in leadership consulting. The afternoon kicked off with ASM keynote speaker Professor Harriet Hopf (University of Utah) who showed the delegates the power of a positive "no". This was followed by Associate Professor Nicole Phillips who delivered a brilliant summary of ANZCA's progress and plans regarding gender equity in anaesthesia.

The afternoon closed with human factors specialist, Associate Professor Stuart Marshall (Monash University). Associate Professor Marshall delivered a highly interactive session that prompted the delegates to consider different facets of anaesthetic leadership and reflect on contemporary styles of leadership that apply to the operating theatre environment. During his address on the second evening ANZCA President Dr Rod Mitchell highlighted that a common obstacle on the path to leadership is a lack of self-belief. Often referred to as "imposter syndrome", many delegates and speakers were able to relate to this phenomenon.

On day three, the delegates were shown the science behind mindfulness meditation by clinical psychologist, Dr Bruno Cayoun (MiCBT Institute). This led into some colourful panel discussions

about the future of anaesthesia involving our invited presidents and speakers. The president of the Malaysian College of Anaesthesiologists Dr Raveenthiran Rasiyah gave an enlightening perspective on the future challenges we face on a global scale. Irish college president Dr Brian Kinirons delved into the world of artificial intelligence and technological disruption to stir the minds of the emerging leaders, and Professor Ravi Mahajan (President, Royal College of Anaesthetists) weighed in on issues of technology and resource scarcity.

International Women of Courage Award recipient Dato Ambiga Sreenivasan delivered a powerful closing address. As a prominent lawyer and human rights advocate in Malaysia, Dato Sreenivasan overcame tremendous obstacles to galvanise the Malaysian people to fight for free and fair elections, resulting in the first successful opposition to government in more than 60 years.

As co-convenors of the Emerging Leaders Conference we were delighted with the final product.

We would like to acknowledge and congratulate the ANZCA Events team for co-ordinating a high quality and impactful conference and achieving gender equity among speakers and delegates.

Dr Jack Madden and Dr Joanne Samuel
2019 Emerging Leaders Conference
Co-Convenors

Above clockwise from left: 2019 ELC delegates and presenters; Enjoying the bus trip; ANZCA President Dr Rod Mitchell workshoping a scenario with delegates.

Successful candidates



Court of Examiners for 2019.1 Primary Exam.

Primary fellowship examination March/May 2019

One hundred and eleven candidates successfully completed the primary fellowship examination:

AUSTRALIA

Australian Capital Territory

Michael Yonghong Li
Sanjeev Prakash Naidu
Jason John Verden
Kurt Tadeusz Zapasnik

New South Wales

Lukman James Anderson
Patrick Marie Francois Bazin
Maximilian Geoffrey D'Bras Benness
Daniel Francis Broderick
Maryam Khalil Cassim
Imogen Annette Coppa
Gregory John Dale
Thomas David Darling
Ashley Claire Davis
Stephany Marie Game
Martha Ghaly
Stephanie Leanne Giandzi
Arghya Gupta
Melissa Ann Inglott
Riffat Jannat Islam
Andrea Kasthuri Jeyendra
Polwatte Rajapakse Wasala Mudiyansele
Manoj Shehan Karunathilake
Gaston Leroy Kohar
Oh Ryong Kwen
Jessica Ida Elizabeth Lack

Jason Lau
Natalie Marion Lukas
Qiushuang Susan Li
Samuel Michael McCormack
Malin Anna Mary O'Leary
Melissa Anne Oliver
Timothy Francis O'Loughlin
Samuel James O'Neill
Myfanwy Sarah Avis Painter
Braden Robert Lowry Rivers
Malik Salgado
David Michael Mark Saunders
Dheeraj Sharma
Simone Rebecca Young

Northern Territory

Tessa Louise Jessica Finney-Brown
Kobi Lee Haworth

Queensland

Keith Addy
Adam Frank Bartlett
Kristopher Michael Blucher
Julia Lee Carter
Andrew Chazan
Yuxuan Chew
David Emanuel Coe
Robert Lewis Crowley
Yevgen Demidenok
Priyanka Dhillon
Elliot David Field
Charles Greet
Ella Louise Houston
Annelise Kerr
Rebecca Susan King
Alyce Jane McKenzie
Charles Paul Noonan
Matthew Nikola Pavicic

Rachel Ilse Preisenberger
Emerald Aree Stewart
Justin Nicholas Swierczek
Victoria Man Ying Tsang

South Australia

Andrew Wesley Thomas Burch
Thomas Isaac Druery
Laura Fisher
Michaela Malek
Thomas David Maycock
Tu Nhat Nguyen
Aimee Som
Daniel James Stone
Joanne Ming Hui Tan

Tasmania

James Alexander Correy

Victoria

Marian Louise Biddle
Perdita Alexandra Gregory
Annabel Li Ming Lim
Amelia Rose Marshallsea
Clare Mary McCann
Andrei Melnik
Tim Nguyen
David Paul Phillips
Morgan Quinn
Danushka Tharindri Seneviratne
Stephanie Gee Theng Sim
Georgina Kate Thomas
Stuart Noel Watson

Western Australia

Paige Ashton Bavich
David Brooke
Angus Campbell Johnston
Heather Isabel Patterson
Stephanie Ann Samuelraj
Dorian Martin Wenzel

NEW ZEALAND

Oliver Bennett Ashby
Rachel Patrice Bell
Jonathan Paul Bennett
Thomas Benjamin Brown
Devin John De Groot
Georgina Rose Denning-Kemp
Paul Patrick Drury
Joseph Frederick Follows
Mikaela Louise Garland
Louis Edgar Wilkinson Glass
Jason Ming Hong Goh



Court of Examiners for 2019.1 Final Exam.

Maureen Josie Veronica Indoe
 Rory Alexander Jago
 Max Malte Martensson
 Kate Ellen Rea
 Gwilym Alexander Rivett
 Dineth Nimantha Sumathipala
 Jessica Grace Taylor
 Saana Ann Rosie Taylor
 Grace Qing Zhang

Final fellowship examination March/May 2019

One hundred and fifty-eight candidates successfully completed the final fellowship examination at this presentation and are listed below:

Matthew John Overton
 Lauren Nicole Pilz
 Kajan Hajumeanun Pirapakaran
 Rebekah Susan Potter
 Matthew James Prowse
 Katherine Charlotte Richards
 Nathan So
 Amanda Jane Taylor
 Michael Tyrrell Taylor
 Sarah Jane Turner
 Roumel Jnr Valentin
 Satya Surya Shraavan Varanasi
 Aaron Dinesh Victor
 Allison Joyce Wong
 Tony Ka Kei Wong
 Solomon Chelvanishan Yogendran

Renton Prize

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

Andrew Wesley Thomas Burch, SA
Stuart Noel Watson, Vic

Merit certificate

The Court of Examiners recommended that merit certificates were awarded to:

Angus Campbell Johnston, WA
James Alexander Correy, Tas
Alyce Jane McKenzie, Qld

AUSTRALIA

Australian Capital Territory

Roy Robert Bartram
 Samuel Robert Lewis
 Holly Ann Manley
 Ryan Westwood McCann
 Stuart Gordon Keith McKnown

New South Wales

Matthew Baistow
 Ahmad Sabah Bakir
 Nicholas James Barton
 Francene Christie Woodsell Bond-Rhodes
 Oliver Thomas Newman Cook
 Benjamin Patrick Dal Cortivo
 Anushka Oshadhie De Alwis
 Prateek Dhingra
 Francis Markus Dunworth
 Damien Gary Finnis
 Tiffany Alexandra Fulde
 Katherine Jean Romney Gough
 Christopher Kay
 Kenrick King-Fai Ku
 Julian Laurence
 Jonathan Alexander Quy Ledang
 Gary Chee-Ho Leung
 Chak-Man Jane Li
 Dane Kenneth Lohan
 Biljana Mishevski
 Nicholas Mundell
 Justine Majella O'Shea

Queensland

Blagoja Alampieski
 Keil Auer
 Lucas Bailey
 Matthew Jacob Black
 Joseph Edward Comben
 Christopher Cummerford
 Anthony Thomas Hodge
 David John Howell
 Andrew Thomas Hughes
 David Te-Wei Hung
 Allan Hurley
 Joel Robert Matthews
 Fraser James Andrew Morton
 Katarzyna Nowak
 Tyrone Daniel Paikin
 Ashvin Paramanathan
 Caydee Pollock
 Courtney Maree Roche
 Robert David Russell
 Swaminath Sadam
 David Michael Samson
 Anna Catherine Imelda Shirley
 Joel Nimalan Thomas

(continued next page)

Successful candidates (continued)

Matthew Josiah Vandy
Dino Vekic
Tharindu Dinusha Vithanage
Matthew Kyle Wagner
David Warwick Wedgwood

South Australia

Lisa Biggs
Julia Jane Cox
Richella-Lea Falland
Nikolai Sinn Fraser
Rebecca Anne John
Elise Maree Kingston
Benjamin McDonald
Daniel Robert Andrew Morcombe
Craig Tristan Morrison
David Brian Reid
Mary-Claire Elizabeth Simmonds
Charlotte Louise Taylor

Tasmania

Emily Kate Munday
Bronwyn Rose Posselt

Victoria

Maysana Allaf
Jennifer Charlotte Alldis
Michael Angsuwat
Myat Thant Aung
Alexander Linden Clarke
Jessica Frances Davies
Megan Elizabeth Downing
Paul Vincent Emery
Nathan Lindsay Fifer
Patrick Joseph Hamilton
Emma Beth Hewitt
Victor Tsz Chung Hui
Akshay Hungenhally
Alexander Kugel
Daniel Ka Yue Lau
Olivia Rebecca Leahy
Sarah Ai Ern Lee
Harry Idris Marsh
Linda Mattheyse
Andrew Peter Melville
Haran Nath Nathan
Jinesh Patel
Aaron Anthony Paul
Joshua Lino Telles
Heath Alexander Tibballs
Yiyang Tsang
Irfan Ul Hassan
Eamonn Callaghan Upperton

Sam Zachary Walsh
John Paul Watters
Bernadette Mary Wilks
Kah Hong Yep

Western Australia

Marlena Krystyna Bartmanska
Laura Kate Bordoni
Adam Craig Cammerman
Jian Yang Chong
Chloe Lauren Heath
Justin Wei Swoon Hii
Mansi Khanna
Michael Lyons Nash
Artur Proniewicz
Erica Mavis Remedios
Mark David Sharples

NEW ZEALAND

Mohamed Alhomary
Swarna Lakshmi Baskar Sharma
Charlotte Sarah Brace
John Andrew Burnett
Seung Joon Chin
Nicholas John Cochand
Frances Anne Colquhoun
Katherine Cynthia
Julius Leslie Mansfield Dale-Gandar
Joel Stuart Daubney
Elizabeth Ashleigh Dickie
Lauren Elizabeth
Jennifer Yvonne Fife
Samuel Robert Fowler
Max Patrick Hattaway
Dana Rae Hirsch
Abraham Jacobson
Matthew John Anthony Jenkins
Gareth Jones
Marcus Wei-Lerk Lee
Duncan Neil Lawers Macrosson
Daire Allen McGee
Andrew Robert Nairn
Michael Hugh Ng
Samuel Paul Perrin
Vikrant Singh
Jared Michael Smith
Michael Patrick Kirk Webb
Chwee-Ling Yeat

HONG KONG

Wai-Tsan Ng

SIMG examination

Twelve candidates successfully completed the Specialist International Medical Graduate Exam at this presentation:

Pitipanage Kisholi Antoinette
Fernando, NSW
Pieter Jan Fred Huyghe, Qld
Cephas Satyanandan, SA
Vinodh Masilamani Parasuraman, Tas
Kalyana Chakravarthy Pothapragada, Tas
Amit Ramavat, Vic
Thiago Anderson Cabral Moreira, WA
Rohit Vijay Jain, WA
Kristin Helen Jensen, WA
Lisana Caroline Lins Rodrigues, WA
Marcelo Nardy De Avila, WA
Laura Prates Vitoria, WA

Cecil Gray Prize

The Court of Examiners recommended that the Cecil Gray Prize be awarded to:

Craig Tristan Morrison, SA

Merit certificates

Merit certificates were awarded to:

Ashvin Paramanathan, Qld
Olivia Rebecca Leahy, Vic
Sam Zachary Walsh, Vic

Fundamentals of Mentoring – eLearning resources available now

ANZCA's Fundamentals of Mentoring video series has now been launched. These e-learning resources are designed to support existing hospital mentoring schemes by providing a training framework for mentors and mentees in anaesthesia and pain medicine.

The nine modules provide guidance for experienced mentors, those wishing to become a mentor and mentees.

Mentoring in anaesthesia and pain medicine provides support on a range of topics including incidences and experiences in theatre and in the wider workplace. Mentoring is particularly relevant for trainees – especially when they can consider things that go beyond their clinical performance as a trainee.

Mentoring can be immensely powerful.

A mentor shares their experiences and makes suggestions. Together, the mentor and mentee think through the situation creatively and openly. Conversing in this way strengthens confidence, wellbeing and performance.



We reviewed best practices from within anaesthesia, from other medical disciplines and industries, and condensed the art of mentoring conversations into short, practical modules that include demonstrations with anaesthetists.

Each module lasts between six and 18 minutes and covers topics such as: what is mentoring, mentoring in the medical context and practical guidance on how to have effective mentoring conversations.

The resources are now available on Networks for all ANZCA and FPM fellows, trainees, SIMGs and CPD participants to access anywhere, anytime for mentoring guidance.

Dr Stefan Fothe
Leadership and workplace culture consultant

**Dr Fothe was involved in the development of the Fundamentals of Mentoring eLearning course with the ANZCA Mentoring Project Working group.*

A call to action – feedback for learning

Workplace-based assessments (WBAs) are important tools to facilitate trainees' learning ... if used as intended.

The focus of this article is on constructing actionable feedback. But what is actionable feedback? It is specific and measurable information that the learner can act on. The intention is the trainee will use this information to determine a plan for their ongoing development.

What do we know?

A review of Training Portfolio System (TPS) data showed that only one in 10 WBAs had actionable feedback and there were few trainee action plans. This is a missed opportunity for trainee learning and development.

When assessors engage positively with the WBA process trainees are more likely to use them as tools for learning. The benefits of WBAs are most valuable when collaboration between the assessor and the trainee leads to a feedback conversation – a dialogue of sharing ideas and perspectives. Here, the assessor shares their expert perspective, including actionable feedback, to guide the trainee's reflection and commitment to action that is then documented in the TPS.

Virtuous and vicious cycle of learning



Fig 1. "Virtuous vs vicious cycle", p.1353¹.

The concept of virtuous and vicious cycles to explain how WBAs are used has been well described¹: In the virtuous cycle, trainee learning is enhanced by the use of challenging cases and the subsequent feedback generated about the performance that informs the trainee's future practice; whereas the vicious cycle reduces these encounters to trivial tick-box exercises with limited dialogue and actionable feedback. In the ANZCA training program, the primary purpose of the WBAs is to promote this virtuous cycle and stimulate trainee learning through structured encounters and constructive feedback.

Useful phrases

"If you did this again tomorrow what might you do differently?"

"What action(s) will you take towards improvement?"

"I wonder if we can explore 'X'."

"Have you considered?"

WBAs and feedback

How might actionable feedback be generated during a normal, busy clinical day?

Let's imagine you are the assessor undertaking a mini clinical evaluation exercise – (mini-CEX) with a trainee. You have agreed that the trainee will lead the case and you will only step in for safety reasons, efficiency, or if asked by the trainee to take over the lead role.

Let's walk through the WBA process using the TPS.

The TPS supports the gathering of data in a structured manner.

Tip: If you are looking for more information you can roll over the **i**.

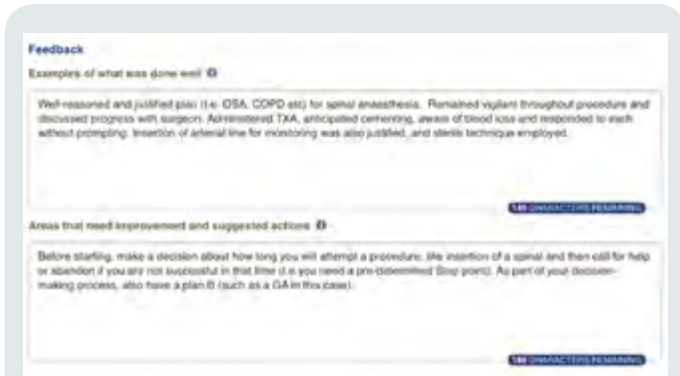
Complexity of the case

The case complexity is determined by the assessor and is based on the patient and/or the procedure. The complexity remains the same irrespective of the level of trainee or experience.

The complexity of the case provides context for the level of supervision needed e.g. a trainee in AT or PFT undertaking a complex procedure for the first time will require the assessor in the theatre suite.

Focus for learning

Begin by asking the trainee what their "focus for learning" is for this case. This will guide the feedback conversation.



During the case make notes regarding aspects of *what was done well* and potential *areas for improvement*.

Using the hypothetical case the items would be recorded on the TPS.

Actionable feedback

Actionable feedback should be recorded in the *Areas that need improvement and suggested actions*. This is a key feature of an effective WBA and the learning experience.

Writing actionable feedback is a skill and as such can be improved through practice, reflection and discussion with colleagues.

Converting observations into actionable feedback

It appears some assessors find sharing “negative” or constructive feedback tricky. Why is this so? It appears many are worried about the trainee’s response to information that suggests a less-than-perfect performance. However, the medical education literature has highlighted that the very things usually considered negative – such as identifying trainee’s blind spots, providing corrections, or articulating the gap between the trainee’s performance and the expected performance – are very valuable pieces of feedback that help trainees provide better care, and have a much greater impact on subsequent performance than simple praise².

The first step is a dialogue related to the focus of learning between the trainee and supervisor/assessor discussing the perspectives of each on *what worked well* and *potential areas for development*.

One way to do this may be to use a modified Advocacy and Inquiry approach where the assessor takes a curious stance and explores events with the trainee without making any assumptions³. In this WBA, the conversation might go as follows:

- (a) Share the first hand facts of your specific observation – “**I saw** you had multiple unsuccessful attempts at inserting the spinal anaesthetic without adjusting your technique and I stepped in.”
- (b) Share your conclusion (referred to as your frame) based on your observation – “**I thought** there should have been a point there where you would have asked me for assistance.”
- (c) Ask them how they see the events – “**I wondered** how long you would have continued?”

A reminder, actionable feedback is specific and measurable information that the learner can act on. The intention is the trainee will use this information to determine a plan for their ongoing development.

So, we encourage all trainees and assessors to respond to this call to action to make WBAs more meaningful learning experiences.

Dr Jennifer Woods, FANZCA
Deputy Chair, ANZCA Education Development & Evaluation Committee
Chair, New Zealand National Committee
WBA Lead

Mr Maurice Hennessy
Learning and development facilitator, ANZCA

References:

1. Castanelli DJ, Jowsey T, Chen Y, Weller JM. Perceptions of purpose, value and process of the mini-Clinical Evaluation Exercise in anesthesia training. *Can J Anesth* (2016) 63: 1345-1356.
2. Molloy E, van de Ridder. Reworking feedback to build better work. In Molloy E & Delany E (Eds) *Learning and Teaching in Clinical Contexts*. Elsevier. 2018. p305-320
3. Rudolph JW, Simon R, Rivard P, Dufresne RL, Raemer DB. Debriefing with good judgment: combining rigorous feedback with genuine inquiry. *Anesthesiology clinics*. 2007;25(2):361-76.

What's new in the library

[NEW] A quicker way to request journal articles

ANZCA LIBRARY
Discover the world

Searching for and requesting articles from the ANZCA Library has never been easier, with the introduction of document requesting via the library's new discovery service.

The ANZCA Library subscribes to a large number of Australian and international medical journals in the specialised areas of anaesthesia and pain medicine. These online journals can all be accessed via the library discovery service, the library Journals page, the complete A-Z list, and via the BrowZine and Read by QxMD apps.

However, it is also possible to submit a request for any journal article/book chapter/conference paper not held by the library, and have it supplied to you free-of-cost.

Fellows and trainees now have the following options when searching for – and requesting – articles:

Option 1: I already have the citation, but I'm not sure if the library holds this journal.

The library now has a Search for: Articles service, which allows the user to enter the full citation details and then search for the article.

If the article is available via the library, you then have the option of connecting through to the full-text. Where the article isn't available full-text, you can request the article using the new Request Article via Library link.

Option 2: I only have the article title or I'd like to search for articles on a given topic.

It is possible to submit a request for any article located while searching the library discovery service. You can perform a keyword, author, subject



or article title search and then either connect through to the full-text or expand the search to libraries worldwide and then request any article not held by the ANZCA Library.

Option 3: Take me direct to the submission form.

It is still possible to submit an article request by going direct to the form. The form is designed to allow the user to submit up to three article/chapter/conference paper requests at any one time.

Other ways to request articles:

- Ovid MEDLINE allows users to request an article from ANZCA Library using the Request the article link.
- Read by QxMD also allows users to submit an article request for any article not held full-text by the ANZCA library*.

*Users may have to complete a separate once-only copyright indemnification form when requesting articles using this method.

For further information on requesting articles via the library, including full instructions, see the Request an article page: www.anzca.edu.au/resources/library/request-an-article or click on the link on the library home page.

Calling all 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:

- Thiruvankatarajan V, Meyer EJ, Nanjappa N, Van Wijk RM, Jesudason D. Perioperative diabetic ketoacidosis associated with sodium-glucose co-transporter-2 inhibitors: a systematic review. *Br J Anaesth.* 2019 May 3. [Epub ahead of print] doi:10.1016/j.bja.2019.03.028.
- Glare P, Aubrey KR, Myles PS. Transition from acute to chronic pain after surgery. *The Lancet.* 2019;393(10180):1537-1546.
- Lord SM, Tardif HP, Kepreotes EA, Blanchard M, Eagar K. The paediatric electronic persistent pain outcomes collaboration (PAEDEPPOC): establishment of a binational system for benchmarking children's persistent pain services. *Pain.* 2019 Mar 01. [Epub ahead of print].



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>.

ANZCA Library at the 2019 ANZCA ASM

Back due to popular demand, the ANZCA Library Manager conducted two workshops at the 2019 ANZCA ASM in Kuala Lumpur – “Beyond Google: An introduction to the ANZCA Library” and “The undiscovered country: Advanced searching using MEDLINE”.

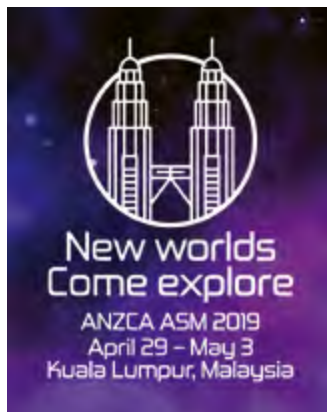
The first session provided attendees with an opportunity to meet directly with library staff and to learn more about the new library discovery service, as well as a number of other library services available to fellows and trainees. By the end of the second workshop, attendees who wanted to undertake their own literature searches learnt how to build better searches in Ovid Medline and PubMed.

Library staff were also on hand to meet with fellows and trainees at the FPM Annual Pain Symposium and the ANZCA Lounge. Some of the highlights included:

- Representatives from Elsevier discussing ClinicalKey and signing users up for the ClinicalKey app.
- Representatives from Ovid discussing Journals@Ovid (as well as participating in the library Medline workshop).
- Running a limited trial for the Primal Pictures 3D Anatomy tool.
- Signing users up to our ever-popular BrowZine and Read by QxMD apps.

Library staff will also be attending the 2019 New Zealand Anaesthesia ASM to be held in Queenstown on August 21-24:

- Learn more about the new discovery service.
- Sign up for the latest apps and tools.
- Discover how to keep up-to-date with your journal readings.
- Stock up your home office with cloth bags, re-usable water bottles, USB lanyards, blank notebooks, pens and much more!



[NEW] Shelf browse feature now available in Discovery

There is nothing like serendipitous browsing of the shelf of a library or bookshop to find the right book. Just because the ANZCA Library is predominantly online, doesn't mean you can't do the same. It is now possible to view similar items held by the library using the new “Browse the shelf” feature whenever viewing a print book record.

1. Navigate to the library discovery service: <https://anzca.on.worldcat.org/discovery>.
2. Search and locate a print book – for example: Essentials of anaesthetic equipment.
3. Select the book title to view the detailed record.
4. Toggle the Browse the shelf heading to populate the list.



Note: This feature is not currently available on e-book records.



For more information on borrowing print books from the library, see the Borrowing guide: www.anzca.edu.au/resources/library/borrowing.



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 (continued)

New books for loan

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

Cardiovascular physiology

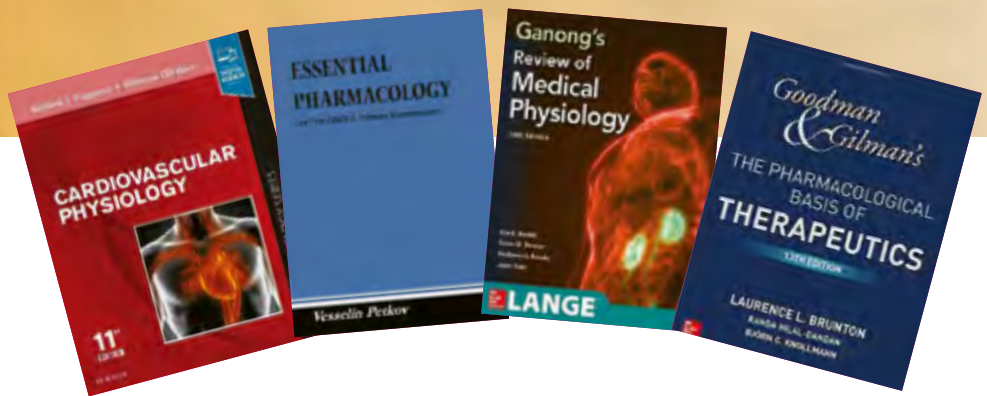
Pappano AJ, Wier WG. – 11th ed. – Philadelphia, PA: Elsevier, 2019.

Essential pharmacology for the ANZCA primary examination

Petkov V. – Cork: BookBaby, 2013.

Ganong's review of medical physiology

Barrett K, Barman S, Brooks H, Yuan J, Ganong W. – 26th ed. – [New York]: McGraw-Hill Education, [2019].



Goodman & Gilman's the pharmacological basis of therapeutics

Brunton L, Hilal-Dandan R, Knollmann B [eds]. – 13th ed. New York: McGraw-Hill Education, [2018].

Nunn's applied respiratory physiology

Lumb A. – 8th ed. – Edinburgh; New York: Elsevier, 2016.

Pharmacology and physiology for anesthesia: foundations and clinical application

Hemmings HC, Egan TD [eds]. – 2nd ed. – Philadelphia, PA: Elsevier, [2019].

Hyperbaric oxygen therapy indications : the hyperbaric oxygen therapy committee report

Undersea and Hyperbaric Medical Society. Hyperbaric Oxygen Committee, Weaver LK, [ed]. – 13th ed. – North Palm Beach, Florida: Best Publishing Company, 2014.

New eBooks

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

Clinical pediatric anesthesia: a case-based handbook

Williams E, Olutoye O, Seipel C, Aina T [eds]. – 2nd ed. – New York, NY: Oxford University Press, [2018].

Chestnut's obstetric anesthesia: principles and practice

Chestnut DH, Wong CA, Tsen LC, et al., – 6th ed. – Philadelphia, PA: Elsevier, 2019.

Core topics in anaesthesia and peri-operative care of the morbidly obese surgical patient

Bouch C, Cousins J [eds]. – Cambridge: Cambridge University Press, 2018.

Core topics in cardiac anesthesia

Mackay JH, Arrowsmith JE [eds]. – 2nd ed. – Cambridge: Cambridge University Press, 2012.



Ferri's clinical advisor 2019: 5 books in 1

Ferri FF. – Philadelphia, PA: Elsevier, [2019].

The final FRCA short answer questions : a practical study guide

Combeer E. – Boca Raton, FL: CRC Press, 2019.

Ganong's review of medical physiology

Barrett K, Barman S, Brooks H, Yuan J, Ganong W. – 26th ed. – [New York]: McGraw-Hill Education, [2019].

Katzung and Trevor's pharmacology: examination & board review

Katzung BG, Kruidering-Hall M, Trevor AJ. – 12th ed. – New York: McGraw-Hill Education, [2019].

Pathophysiology of disease: An introduction to clinical medicine

McPhee SJ, Hammer GD, Kwok Y. – 8th ed. – [New York]: McGraw-Hill Education, 2019.

Smith and Aitkenhead's textbook of anaesthesia

Thompson JP, Moppett IK, Wiles M [eds]. – 7th ed. – Edinburgh: Elsevier, 2019.

Foundation reception in Kuala Lumpur



The foundation held its annual reception on April 30 at the Australian High Commission in Kuala Lumpur during the annual scientific meeting (ASM). Over 160 attending donors, friends of the foundation and researchers along with some outstanding speakers including Deputy Australian Head of Mission, Malaysia, Mr Andrew Growder, created a wonderful atmosphere of support for fellows' and trainees' contributions to research, overseas aid and Indigenous health.

After Foundation Chair Dr Genevieve Goulding's opening, ANZCA Research Committee chair Professor David A Scott conferred the following prestigious college and foundation named research awards.

Dr Andrew Toner: The Harry Daly Award for highest-ranked grant

Dr Alicia Dennis: Elaine Lillian Kluver ANZCA Research Award

Dr Stuart Marshall: Robin Smallwood Bequest

Professor Eric Visser: John Boyd Craig ANZCA Research Award

Dr Justin Skowno: Lennard Travers Professorship

Professor Philip Siddall: Russell Cole Memorial ANZCA Research Award

Dr Courtney Thomas: Provisional/New Fellow ANZCA Research Award.

Opioids and pain management series in *The Lancet*



Another highlight of the function was the official launch of a new three-part series in world-leading peer-reviewed medical journal, *The Lancet*, on opioids and pain management. The launch was announced by the series editor, Professor Paul Myles, Director of Anaesthesiology and Perioperative Medicine at the Alfred Hospital and Monash University.

Keynote address: onco-anaesthesia research

Invited keynote speaker Professor Bernhard Riedel, head of anaesthesia and pain management at the Peter MacCallum Centre in Melbourne, gave another inspiring summary of his team's research program in onco-anaesthesia, from basic science through to his team winning an NHMRC project grant of \$A4.9 million in December 2018 for a multicentre clinical trial on anaesthetic approach and reducing cancer metastasis. Professor Riedel clearly demonstrated the critical role played by ANZCA Research Foundation funding grants, and supportive donors, for exploratory and feasibility studies and the development of advanced research skills within his team of novice, emerging and senior researchers.

(continued next page)

Above clockwise from top left: Dr Genevieve Goulding introducing Professor Paul Myles; Professor David Scott presenting the Lennard Travers Professorship to Dr Justin Skowno; ANZCA Research Committee chair Professor David A Scott, pain medicine specialist researcher and anaesthetist Dr Chad Brummett, Executive Editor at The Lancet Naomi Lee and Professor Paul Myles.

Foundation reception in Kuala Lumpur (continued)

Leadership Circle

The Leadership Circle lunch on June 14 was hosted and provided by KPMG courtesy of long-standing supporter Mr Rob Bazzani, KPMG national managing partner enterprise. The guest speaker was Professor Andrew Davidson from The Royal Children's Hospital and Murdoch Children's Research Institute, who presented his research program in paediatric anaesthesia, including the important question of whether administration of general anaesthesia to neonates affects their neurological development.

Research grants for 2020

The Research Committee met on May 7 and allocated three reviewers for each of the 55 grant applications received for 2020 funding, with reviews during June-July. The committee, college and foundation again express deep gratitude to all grant reviewers for their significant work, which is crucial in maintaining the high standard and reputation of ANZCA-supported research.

Grant applicants who have not yet succeeded are encouraged to maximise their use of reviewer feedback and grant criteria, and to continue to apply. Significant numbers of first-time applications and grant recipients occurred during 2016-2019, the latter often after multiple attempts. Of 218 applications, 94 were successful, while of 72 first-time applications 28 were successful. The foundation is committed to improving the number of newly successful recipients through initiatives such as the provision of more support resources in partnership with the ANZCA Library and Emerging Investigators Subcommittee.

New Collaborative Research Grants

ANZCA and BJA collaborative grant

After over 18 months of planning, a Memorandum of Understanding has been signed by ANZCA and the *British Journal of Anaesthesia* agreeing to jointly fund a collaborative grant in anaesthesia, pain or perioperative medicine. It is planned that the new grant will be offered later in 2019 through the UK National Institute of Academic Anaesthesia (NIAA) grant program, will involve one or more ANZCA reviewers and research committee members in the grant process and be open to applicants for projects demonstrating genuine collaboration between investigators and sites in Australia, New Zealand and the United Kingdom.

ANZCA and Medibank Better Health Foundation Regional Anaesthesia Grant

This significant inaugural ANZCA/MBHF collaborative grant of \$A50,000 for a study involving major joint replacement patients and regional anaesthesia, negotiated during 2018, was launched in early 2019. It was re-launched in April after adjustments to the application criteria. High-quality applications have now been received by the foundation, which is currently approaching reviewers for the grant. The review assessment process will mirror ANZCA's existing grant review process and the result will be announced later in 2019.

Support for overseas aid programs

The foundation is currently exploring the establishment of a new program giving ANZCA fellows the opportunity to support the training of anaesthetists in low and middle income countries, and expects to announce further details in mid-2019.

Member Advantage

ANZCA Member Advantage provides attractive lifestyle benefits for ANZCA members and now has over 3000 members. Members wanting to join should contact Anna Smeele at asmeele@anzca.edu.au to opt in. Anna will add your name to our monthly upload of new members to the service provider, Member Advantage.

Thank you foundation donors

The foundation warmly thanks all donors and patrons for your generous ongoing support.

Rob Packer

General Manager,
ANZCA Research Foundation

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

Another big year for CTN

CTN celebrated another hugely successful year with the Breaking Trials session and the CTN session which included presentations from national, international and cross-disciplinary collaborators at the Annual Scientific Meeting in Kuala Lumpur, chaired by Professor David Story.

The Breaking Trials session chaired by Professor Philip Peyton was a closed session presented to a packed house filled by delegates keen to hear “hot off the press” confidential key unpublished results from three recently completed CTN-endorsed major multicentre trials. These included the Balanced Anaesthesia Study on the influence of BIS-guided depth of anaesthesia monitoring on one-year post-surgical outcomes, by Associate Professor Tim Short; the Neurovision Study on the incidence of silent neurological injury in major surgery, by Associate Professor Doug Campbell; and a large substudy of the RELIEF Trial focusing on optimal metrics of obesity to define risk in major surgery by Dr Usha Gurnathan.

CHESTy

Ms Ianthe Boden presented preliminary data from 3000 patients of the CHESTy trial (Chest infection prevalence after surgery) during the CTN session. Ms Boden, who is the cardiorespiratory clinical lead physiotherapist at Launceston General Hospital in Tasmania and completing her PhD through the University of Melbourne, is leading this remarkable cross-disciplinary study. CHESTy was endorsed by CTN and is a large international multicentre observational trial with a target sample size of between 4000-5000 patients. It is active across 36 hospitals and six countries.

The primary aims of the study is to determine the incidence of postoperative pulmonary complications using the Melbourne Group Score, pneumonia and sepsis in the first seven postoperative days for patients undergoing major non-orthopaedic surgery. Secondary outcomes include hospital length of stay, mortality, intensive care readmissions, and reintubations.

Data within CHESTy will also allow analysis of preoperative, intraoperative, and postoperative factors associated with increased or reduced risk of postoperative pneumonia and sepsis, and inform the basis for a large randomised controlled trial.

Research in Malaysia

CTN was delighted to have international collaborator Associate Professor Ina Shariffuddin present on research in Malaysia. Associate Professor Shariffuddin is the head of paediatric anaesthesia unit in department of Anaesthesia and Intensive Care at the University Malaya where they have participated in previous CTN-endorsed trials POISE-2, ENIGMA II and are about to come on board ITACS. Associate Professor Shariffuddin gave the audience an insight on how far research in Malaysia has come through recent the years, in particular the output of high-impact publications. The large improvement to the research and development landscape has been partly contributed by the change in policy implemented by the Malaysian government to support research through the research universities project which aimed to enhance commercialisation, increase the intake of post graduate and post doctoral students and improve



the public standing of the universities in Malaysia. Associate Professor Shariffuddin discussed the advantages of undertaking research in Malaysia which included access to world class medical facilities, having English as the main language for randomised controlled trials, and having a large multiethnic population of 32 million people. Malaysia has more than 100 clinical trial sites participating in clinical trials throughout the country and 120 dedicated research coordinators. Attempts to overcome funding hurdles include increasing government support, and industrial and international collaborations. In common with many clinician researchers, Malaysian researchers are required to juggle research with clinical tasks, teaching and administration and are seeking defined research pathways and better institutional support. CTN looks forward to continuing the important collaboration with Associate Professor Shariffuddin and Malaysian researchers.

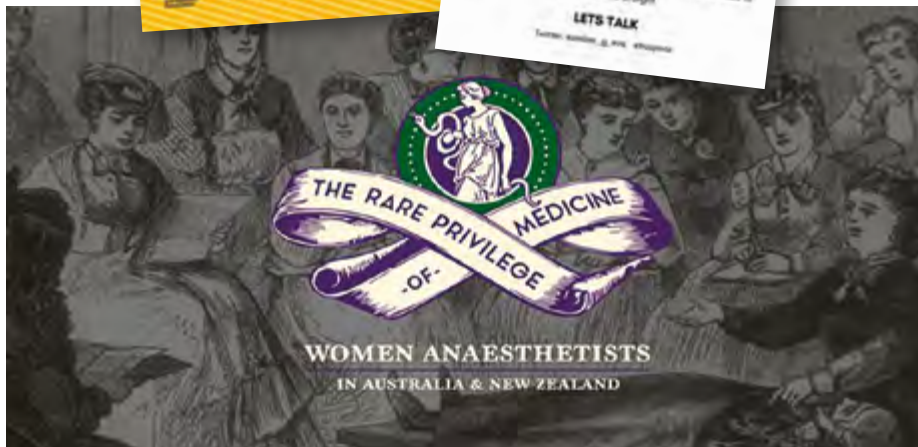
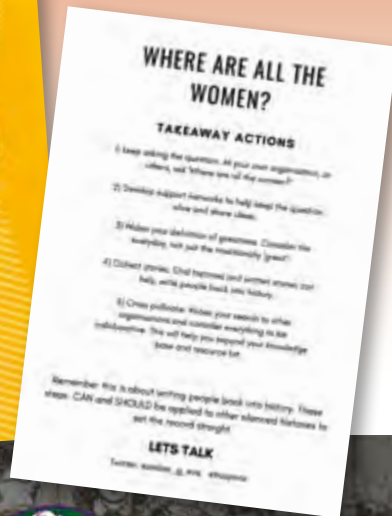
Chewy trial

Dr Jai Darvall wrapped up the session by giving us an update on CTN-endorsed and ANZCA funded study, the Chewy trial. More than 300 million people have surgery worldwide annually; it is thus likely tens-of-millions of patients suffer from postoperative nausea, retching and vomiting (PONV) each year. PONV is a leading cause of unplanned admission of day surgery patients, and contributes significantly to patient discomfort and distress. The financial implications are particularly burdensome in low-income nations, where surgery is expanding rapidly. Surprisingly, despite many trials examining PONV prophylaxis, there has been little research assessing treatment. The aim of the Chewy trial is to explore chewing gum as an alternative treatment that is readily-available, cheap, easy to administer and free of side effects. This multicentre, randomised, controlled non-inferiority trial, will randomise 272 women who experience PONV following surgery to either 4mg IV ondansetron, or chewing gum (one stick of Wrigley's peppermint-flavoured gum, chewed for 15 minutes). Primary outcome is the complete cessation of PONV, with no recurrence and no need for rescue medication for two hours. If shown to be effective, the Chewy trial has the potential to positively influence post-operative outcomes for millions of patients worldwide each year.

For more information on how you can get involved in our clinical trials, contact ctn@anzca.edu.au.

Above from left: Professor Philip Peyton, Dr Jai Darvall, Ms Ianthe Boden, Associate Professor Ina Shariffuddin and Professor David Story.

Museum commended at Australian awards event



The Museums and Galleries National Awards (MAGNAs) are held each year to coincide with International Museums Day (May 18) and the national museums conference. This year the conference was held in Alice Springs-Mparntwe with about 500 delegates.

Competing with five other museums, the Geoffrey Kaye Museum of Anaesthetic History's 2018 exhibition, *The Rare Privilege of Medicine: Women Anaesthetists in Australia and New Zealand*, received a highly commended award for a project under \$A20,000. This is the most heavily contested category.

Previously, the museum has won awards at a state level, for its suite of online projects, and internationally, for its first temporary exhibition, *Trailblazers and Peacekeepers: Honouring the ANZAC Spirit*.

While attending the conference, the museum's curator, Monica Cronin joined forces with Amber Evangelista, curator of the Victoria Police Museum, to present a talk titled "Where Are All The Women: Ensuring the representation of women in collections and exhibitions". Both organisations had recently delivered exhibitions looking at the roles of women in the traditionally male dominated fields of policing and medicine.

The talk discussed the difficulties of finding women's stories within museum collections, and provided tips for others who are interested in exploring their collections from a feminist perspective, or just wanting to restore gender balance to history.

Monica and Amber spoke to a full room of delegates interested in the topic who are keen to correct the imbalance and they also provided a handout, to help people when they return to work.



Anaesthesia and Pain Medicine History and Heritage Grant

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.

This year, submissions for the grant program will open on August 26 2019, and close on September 27, 2019.

The types of projects supported by the grant program include:

- Recorded oral histories
- Conservation of objects and records
- Commissioning of significance statements on objects or collections
- Development and production of exhibitions
- Training in collections management
- Design and production of interpretation panels and heritage walks
- Digitisation of collection objects
- Digital storytelling, including podcasts and film
- Consultancy fees for the provision of specialist skills
- Museum standard storage cases
- Purchase of archival quality materials.

View the grant guidelines and application form on the museum's webpage (www.anzca.edu.au/about-anzca/geoffrey-kaye-museum/awards-and-grants).

Above: "Saint Jerome in his study", oil painting by a follower of Joos van Cleve. Image courtesy of the Wellcome Collection under Creative Commons licence.

New Zealand news

Welfare Advocates Aotearoa



The Welfare Advocates Network, considering welfare issues in the New Zealand work environment, will meet annually – six months out from the Welfare Special interest Group (SIG).

This was decided when anaesthetists from across the country, who work in the welfare area, were brought together in Wellington for the first full day meeting earlier this year.

The opening session of the new network revealed a diverse range of welfare activities are happening within hospital departments, ranging from relatively informal availability and welfare awareness, to structured mentoring and buddy relationships.

There was also a presentation by a specialist from Clinical Advisory Services Aotearoa which looked at supervision and welfare advocates as first responders.

The network discussed what it should be prioritising and what would be good to put up for future initiatives. It was agreed that the collegial nature of the network would be useful to progress welfare issues, and provide support to advocates at times when an adverse welfare event has occurred.

Christchurch anaesthetist, Dr Sue Nicoll, who facilitated the first meeting of the welfare network, says all departments must have people with additional knowledge and skills to recognise and respond to colleagues in distress.

She says formation of the Network was timely with the March 15 mosque attacks raising awareness about welfare issues to a whole new level. “Within the operating theatres at Christchurch hospital, individuals have had additional leave and engaged in collegial conversations to enable them to continue working safely. Support will continue here for some time.”

For more on the response to the mosque attacks – see the story on page 37 of the *Bulletin*.

Above from left: Welfare advocates from around New Zealand at the first meeting of Welfare Advocates Network; Dr Matthew Drake at the NOA meeting.

FPM NZNC gets chronic pain on the agenda

The FPM-commissioned Sapere report, *The Problem of Chronic Pain and Scope for Improvements in Patient Outcome*, proved to be the perfect vehicle to get the shortage of pain medicine specialists and services on the radar of policy makers, politicians and the media in New Zealand recently.

The FPM New Zealand National Committee (NZNC) sent out the 50-page health economic analysis to a large range of stakeholders and immediately got replies from many wanting to meet and discuss further.

The report revealed that chronic pain is costing the country more than diabetes and dementia yet there is no concrete strategy to address it. It was released at the same time as there was an announcement that chronic pain will be included in the International Classification of Diseases (ICD 11) for the first time recognising that it affects 20 per cent of people worldwide and is a major source of suffering and economic burden.

The FPM NZNC, with the support of the ANZCA NZNC, had meetings with the Minister of Health and the Minister of ACC (the Accident Compensation Corporation). There were also meetings with the country’s drug buying agency, Pharmac, Treasury, Chief Medical Officers of the district health boards and top officials in the Ministry of Health.

In early May, it was the turn of the district health board (DHB) planning and funding general managers group. The messages to this group included that multi-disciplinary pain management services are currently inadequate in most DHBs. FPM wants a comprehensive and integrated national service model to be developed, building on what currently exists.

As we went to print, the final meeting was being organised in this round of advocacy with top office holders in the Accident Compensation Corporation.

The next steps are to progress work on a model of care with the Ministry of Health and other stakeholders.

See more on the meetings in the FPM section on page 50 of the *Bulletin*.

The Maternity Clinical Information System (aka BadgerNet)



Over the past few years the New Zealand Ministry of Health has been developing an electronic maternity record system with the intention that all pregnancy episodes in New Zealand will be stored there.

In theory the system is a welcome step into the electronic age. However, the road to conversion of a mix of various paper and electronic systems has been long and complex. Last year ANZCA and RANZCOG jointly warned the Ministry of Health of their ongoing concerns over patient safety with the current system when used in the acute setting.

According to Dr Matthew Drake, Deputy Chair of the National Obstetric Anaesthesia (NOA) Network, concerns over BadgeNet have been a recurring theme since NOA was formed three years ago. But recently, he says, the network has been given direct access to the development team. “Now we can have greater influence to ensure that the final version of the system works for us in our fast-paced acute environment.”

The advantages of the system would include rapid access to all current and past maternity notes wherever the woman happens to attend her healthcare provider; a consistent single ‘source of truth’; no missing paperwork with a central repository for test results, scans etc; integration of evidence-based decision support for conditions such as pre-eclampsia, as well as concurrent documentation of emergency situations such as postpartum haemorrhage. Such a large national database

would also lend itself to real-time reporting of quality indicators for anaesthesia for individual units, such as dural puncture rates, regional to general anaesthesia conversion rates and rare complications such as total spinal.

“There is still a long way to go in terms of making this system ready for use in the acute setting, though I am very much more hopeful that it will eventually be a valuable resource in hospital practice,” according to Dr Drake. “Particularly when it is better integrated with existing clinical IT systems, and more portable with the release of the tablet-based patient record system.”

QAC push on sharing data



Quality Assurance Coordinators (QAC) from around New Zealand continued to extend the definitions of commonly used Quality Indicators (Qis) at their meeting in Wellington in late May. It has been identified there are inconsistencies in the way Qis are measured, collected and used in anaesthesia departments around the country. The coordinators are also looking at how to start nationwide collection and data sharing to identify best practice. A draft process has been circulated by Dr Veronica Gin.

Health Quality and Safety Commission’s (HQSC) clinical lead, Professor Ian Civil (pictured) updated the group on some of the safe surgery checklist engagement figures as part of his presentation. In another initiative, Safe Surgery NZ and the HQSC are campaigning to get all surgical teams in district health boards and private surgical hospitals throughout New Zealand to hold start-of-list briefings. At the QAC meeting this prompted a lively discussion with some coordinators reporting the briefings are being held as a matter of routine while others saying there is resistance.

New Zealand news (continued)

Patient journey video helps Christchurch Hospital patients



When Dr Kim Phillips' four- and six-year-old children asked how she got people ready for their operations at Christchurch Hospital it got her thinking about how and what patients were told about what to expect before, during and after their procedures.

Working as an independent trainee anaesthetist at the hospital in 2018 she was struck by the anxiety of some patients who were unsure about their operations.

"I had noticed there were a lot of anxious patients so I started asking them during my lists what kinds of things would help them. I asked them what was the thing that worried them most and almost all of them said it was the fear of the unknown, not being in control or being in an unfamiliar place.

"A couple of the patients told me that if they can visualise where they're going and what will happen to them that would be a great help for them to help prepare."

Having seen the popular Air New Zealand in-flight safety videos she then approached her colleague, specialist anaesthetist Dr Dick Ongley, with an idea about creating a patient journey video for the thousands of patients who are treated at Christchurch Hospital each year.

"We wanted it to be as broad and generic as possible. Dick helped me every step of the way and was hugely supportive. We're both very passionate about promoting our speciality and promoting how safe and advanced anaesthesia is. It was important that the video be used as a supplementary resource to the existing written documentation developed by the hospital."

Dr Phillips said the hospital's anaesthesia department was very supportive and she and Dr Ongley worked with the hospital's communications team to develop the six-minute video. The pair worked on several script drafts and sought input and advice from their colleagues.

Dr Phillips said the tone of the video was crucial: "We didn't want to trivialise the process but at the same time words can be very powerful. It was important to focus on positive language such as comfort and safety to make sure it wasn't confronting for patients. There can be a lot of confusion about what actually happens so we wanted to reinforce the roles of those involved."

As the video's director and presenter Dr Phillips was able to persuade her surgeon, anaesthetist, nursing and anaesthetic technician colleagues to feature in the video. A niece volunteered as the "patient."

The video has been translated into Te Reo and NZ sign language and is available on the hospital's website www.healthinfo.org.nz/index.htm?patient-surgical-journey-videos.htm and shown to patients attending the pre-admission clinic.

Dr Phillips hopes the video will be the start of a suite of other hospital videos to better inform patients about anaesthesia and the hospital experience.

Carolyn Jones
Media Manager, ANZCA

Australian news

South Australia and Northern Territory

SA FPM CME



Dr Tony (Anthony) Davis and Dr Andrew Somogyi (above) presented to the SA FPM specialist pain physicians, trainees and allied health at the SA FPM continuing medical education meeting on February 18, 2019. Their presentation was an informative insight into the pharmacological challenges in managing chronic pain in the bipolar patient. As usual, delegates enjoyed the social interaction with other members of their specialty before the presentation and question and answer session.

Leading Out of Drama (LOD) Workshop



Dr Liz Chye, Consultant Anaesthetist, The Queen Elizabeth Hospital ran a LOD workshop for Adelaide new fellows and trainees in April 2019. The self-reflecting workshop focusses on building resilience and identifying and managing dramatic situations.

Above: Dr Ally Lu, Dr Laura Fisher, Dr Liz Chye, Dr Kim Phillips, and Teresa Camerelli.

Primary Viva Volunteer Workshop



It was wonderful to see so many enthusiastic fellows (above) supporting our primary exam candidates at the primary viva volunteer workshop. The sessions were conducted by primary examiner, Dr Julia Coldrey, with Dr Merv Atkinson putting on his examiner hat in the mock viva scenarios. Attendees were updated on how to give mock vivas to candidates in the lead up to the exam. Our trainees and ANZCA staff are extremely grateful to the generosity of all the volunteers who go above and beyond their role in supporting the registrars.

AMA(SA) careers evening

SA/NT Trainee Committee members, Dr David Barlow and Dr Charlotte Taylor, represented the anaesthesia specialty at the AMA(SA) careers education evening. It was an opportunity for medical students and young doctors to speak to current ANZCA trainees about what is involved in being on the training program and how to apply to SA and NT Rotational Anaesthetic Training Scheme (SANTRATS). Delegates were able to have some interaction with mock intubation.

March ACE Meeting



Dr David Jesudason, Director of Endocrinology, The Queen Elizabeth Hospital presented “SGLT inhibitor class for diabetes – what the anaesthetist needs to know” at the first ACE meeting for 2019 in Adelaide on March 27. The presentation gave an insight into diabetic ketoacidosis in the context of SGLT2 agents and perioperative implications and was well received by all who attended.

Above: March ACE meeting attendees Dr David Bullen and Dr David Jesudason; Dr Alistair Norton, Dr Rod Mitchell and Dr Jim Dennis.

Australian news (continued)

Queensland

ACE Regional Meeting



Join us on the Gold Coast over the weekend of August 31 to September 1, 2019 for the Queensland ACE Regional Meeting. The theme this year is “Anaesthesia through the looking glass”. For more information and to register visit the ANZCA Events Calendar.

CME evening lectures



The Queensland regional office held its first two CME evening lectures for 2019. The FPM Queensland Regional Committee hosted their first evening lecture on March 11 with guest speaker Dr Peter Georgius, who presented “New hypothesis in CRPS”. On March 19 the Queensland ACE CME Committee hosted an evening with specialist physicians from the disciplines of cardiology, respiratory, and endocrinology for an evening medical masterclass. Thank you to Dr Robert Sheehy, Dr Annabelle Lamprecht, and Dr Michael Adsett for an insightful evening. Both evenings were well received by all who attended. We look forward to more exciting CME evening meetings in 2019. Please refer to the ANZCA website for updates.

Courses



Once again we would like to offer our sincere thanks to all the convenors, presenters and mock examiners for their time and commitment to our academic activities (above). The Primary and Final Practice VIVA Nights Semester 1 have been successful and received great feedback.

The Primary Viva Weekend Course was held at the ANZCA Queensland regional office on May 4-5. Fifteen trainees attended the weekend course for some intensive practice ahead of the primary viva examination in Melbourne. Many thanks to course convenor Dr Helen Davies, and to the fellows who volunteered their time to take part as mock examiners, and for making the weekend a success. The course was very well received. The Primary Lecture Program Semester 2 will run across five Saturdays from July to November, with the first session being held on June 15. The Final Exam Prep Course Semester 2 is now open for registration. Please note the new date for this course is Monday July 29 – Friday August 2, 2019. We welcome ANZCA Queensland trainees to register their interest if they are sitting in the August 2019 exam sitting.



Queensland primary exam prep course 2019 candidate presenting flowers to Dr Bronwyn Thomas (PEPC course convenor) for her ongoing commitment in facilitating this highly valuable course.

Western Australia



News from the west

The Autumn Scientific Meeting was held on March 23 at the University of Western Australia. More than 80 anaesthetists attended with 30 anaesthetic technicians and nine sponsors. The key speaker was Dr Lachlan Miles, a staff specialist in anaesthesia at Austin Health, an honorary consultant at Peter MacCallum Cancer Centre and an honorary fellow of the Centre for Integrated Critical Care at the University of Melbourne. He presented on “Updates in perioperative medicine” which was very well received.

The scientific meeting offered all four emergency workshops including CICO, ALS, major haemorrhage, anaphylaxis as well as an obstetric advanced lifesaving workshop. Thank you to all of the coordinators who were involved in organising the workshops. Dr Wally Thompson presented a tribute to Dr Nerida Dilworth who sadly passed away on February 11. The Nerida Dilworth Prize was awarded to Dr Kate Collins who presented on “Penicillin allergy SHACK study; Survey of hospital and community knowledge”.

The Country Conference was held at the Cable Beach Resort in Broome from June 14-16 and convened by Dr Thy Do at Royal Perth Hospital. The key speaker was Professor Philip Peyton from Melbourne, local speakers included Professor Eric Visser, Dr Mei-Mei Westwood, Dr Yayoi Ohashi, and Dr Leena Nagappan and Professor Richard Riley.

The WA office attended the Medical Expo on March 13 at the University of Western Australia, with Dr Jennifer Bruce. It was a busy evening answering queries by ambitious interns, RMOs and medical students. Thank you to all who attended to make it a successful event, including Dr Jodie Jamieson, Dr Sneha Neppalli, Dr Alicia Cullingford, Dr Peter Garnett, Dr Gabrielle Sicari, Dr Xiao Liang, and Dr Mike Nash.

A “developing personal resilience” course was held at the ANZCA office on March 18, which has been implemented into the Part 1 course to provide further skills for trainees in the workplace. Thank you to Dr Kevin Hartley and Dr Jennifer Bruce for implementing the course, and to MDA National for their sponsorship.

A trainee information evening was held on March 27 at the ANZCA WA office. This evening has been implemented as part of the first part course to provide further information on the anaesthetic training course. The evening was fully subscribed with 20 people on the waitlist; a subsequent information evening was held on May 8. Thank you to Dr Jay Bruce, Dr Kevin Hartley and Dr Angela Palumbo for providing their insight and experience.

Above clockwise from left: Dr Erik Andersen presenting at the Autumn Scientific Meeting; Dr Lachlan Miles presenting at the Autumn Scientific Meeting; Information training evening - Dr Kevin Hartley presenting; Medical Expo - Dr Xiao Liang, Mrs Jodie Taleni, Ms Melanie Roberts, Dr Jennifer Bruce and Dr Gabrielle Sicari.

Australian news (continued)

Victoria



Supervisors of training meetings

On Thursday May 9 an all-day SOT meeting, convened by Dr Alex Henry, Deputy Education Officer Victoria, was held at the college which was also followed by a dinner. The day included two educator workshops “Feedback to enhance learning” presented by Mr Maurice Hennessy and “WBA workshop” given by WBA leads Dr Neroli Chadderton and Dr Jennifer Woods. There was also a “Mentor/mentee workshop to roll out the new resources from ANZCA” presented by Dr Tabara Dione and Dr Stefan Fothe, along with updates from the ANZCA education unit. The meeting was well received and it was a great networking opportunity among the SOTs that attended. The next SOT meeting is scheduled for Thursday November 14.

Medical careers expo



The VRC staff, together with members from the Victorian Trainee Committee organised a stand at the Medical Careers Expo held at the Melbourne Conference and Exhibition Centre in May. There was a lot of interest in anaesthesia and Dr Nam Le and Dr Tabara Dione also gave a presentation on the day.

Primary full-time course



This popular course has yet again brought a large group of 97 trainees from Victoria, interstate and New Zealand to the college to attend. Over 10 days in May 28 presenters covered various topics along with a mock Viva session on the last day to help trainees be better prepared to sit the exam. Our thanks go out to all the presenters, the Viva examiners and the convenor Dr Adam Skinner for their time and commitment to this course.

Above clockwise from left: Dr Tabara Dione presenting mentoring to the group; ANZCA trainees talking to the crowd; Trainees at ANZCA House for the Primary Full-time Course; Dr Tabara Dione and Dr Stefan Fothe – Mentor/mentee workshop presenters; Maurice Hennessy, Dr Jennifer Woods and Dr Neroli Chadderton – educator workshop presenters.

Tasmania

Melbourne Winter Anaesthetic Meeting



On behalf of the Victorian Regional Committees of ASA and ANZCA, we warmly invite all fellows and trainees to Melbourne in winter for our annual Victorian ANZCA/ASA combined continuing medical education meeting. The meeting will be held on Saturday July 27, along with Emergency Response Workshops on Sunday July 28 at the Sofitel Melbourne on Collins.

For more information and to register visit the event page www.anzca.edu.au/vic-events.

Quality assurance meetings

The first of a series of two quality assurance meetings, convened by Dr Dean Dimovski and Dr Gareth Symons, were held on Saturday April 6 at the college. The presentations were on "Management of massive haemorrhage" delivered by Dr Tom Sullivan, and "ARV: For when things don't go to plan" presented by Dr Ying Chen. As with all our QA meetings, following the presentations the groups split to have small group discussions on cases and then they come together again to give summaries from their groups. The meeting was well attended with 40 people registered and very positive feedback was received. The second quality assurance meeting is scheduled to be held on Saturday October 19 – save the date!

Careers night at the Tasmanian University School of Medicine



ANZCA again supported the Tasmanian University Medical Students' Society career night that was held on Wednesday April 17. A presentation by Dr Bronwyn Posselt (Chair of the Tasmanian Trainee committee and fourth year anaesthetic trainee at the Royal Hobart Hospital) and Dr Gurbir Kaur (pain specialist also based at the Royal Hobart Hospital) outlined the benefits and career paths to their professions. A well-stocked display table was also available during the dinner break and in addition to the presenters, was also manned by Dr Angela Ralph, the Education Officer for the Tasmanian Regional Committee.

About 70 students attended with a lot of interest shown in both anaesthesia and pain.

Australian news (continued)

Tasmania (continued)

News from Tasmania

The Tasmanian Regional Committee (TRC) is delighted with the outcome of the 2019 ANZCA ASM held in Kuala Lumpur from April 29 to May 3. The meeting was a genuinely international event with a diverse range of excellent speakers from across the globe and the country. It was attended by 2037 delegates. The program had a good mix of traditional anaesthesia topics and new and innovative subjects including an exploration of space. The focus on leadership, gender equity and work-life balance was very well received.

Tasmania is very proud of the meeting and the enormous efforts of the organising committee, especially Dr Colin Chilvers, Dr Jo Samuel and Dr Nico Terblanche. The TRC would like to recognise and thank all members of the organising committee for their amazing work, the wonderful support from ANZCA and the ANZCA events team, and the Tasmanian Health Service for its support during a busy time.

In particular, the TRC would like to thank the entire professional anaesthesia and pain medicine community in Tasmania. Everyone in the state was involved or provided support in some way either at the conference assisting with the high quality workshop, masterclass and small group discussion program or convening the ELC (thanks to Dr Jo Samuel and Dr Jack Madden). It was a huge collaborative effort for our state. The success of this event is a great reflection of what can be achieved in a small state with some great people and a lot of effort. Thank you and congratulations to everyone!

The TRC has also been actively involved in efforts to pursue advocacy for matters related to anaesthesia and pain management in Tasmania. In particular, the TRC has been engaged in discussions with the Department of Health, the Tasmanian Health Service and the AMA exploring workforce issues, and ongoing efforts to address the deficits in pain medicine in Tasmania. Dean, Faculty of Pain Medicine, Dr Meredith Craigie visited Tasmania in early April and joined us in multiple meetings. We thank her for her expertise and strong advocacy. Recent successes include recruiting an APS nurse to Launceston and building on the pain service. Much work still needs to be done, especially in persistent pain, but the TRC welcomes these developments. Other advocacy opportunities include development of a formal rural training pathway in Tasmania, and ways to improve access to pre-vocational anaesthesia training in Tasmania.

Trainees in the Tasmanian Anaesthetic Training Program continue to have excellent exam success. In the first 2019 sitting Dr Dheeraj Sharma and Dr James Correy passed the primary examination and four of five candidates achieved success in the final examination including Dr Emily Munday, Dr Bronwyn Posselt, Dr Vinod Parasuraman and Dr Kalyana Pothapragada. The TRC congratulates James Correy who received a merit in the recent primary examination.

Finally, the TRC would like to congratulate Professor Deborah Wilson on her election to ANZCA Council. Deb will be a great addition to council and a strong advocate for Tasmania and rural practice. The TRC also recognises and thanks Dr Richard Waldron as our outgoing councillor for many years of hard work and his enormous contribution to ANZCA and to Tasmania.

Dr Lia Freestone

Tasmanian Regional Committee Chair

Winter meeting



The 2019 ANZCA/ASA Tasmanian Winter Meeting to be held on Saturday 24 August 2019 will feature a range of expert speakers, as well as a panel discussion, centred around the theme of ageing. Three interstate speakers (Dr Deb Lueng and Dr Jai Darvall from Melbourne, and Dr Sean McManus from Brisbane), as well as various local speakers, will provide useful updates on perioperative planning, shared decision making (including the consideration of fertility and avoidance of unnecessary surgery), and management for the care of elderly and frail patients. You will also hear insights into the ageing anaesthetist. An ALS workshop (ANZCA CPD accredited) is also available (limited numbers). The conference will be held at Launceston's Josef Chromy Vineyard which is one of the top 10 Cellar Doors of Australia. It has been awarded One Chef Hat in the 2017, 2018 and 2019 Australian Good Food and Wine Guide. Post-conference drinks are included in your registration.

To register visit www.anzca.edu.au/about-anzca/council,-committees-and-representatives/committees/tas-regional-committee/tas-regional-events/tasmanian-winter-workshop.

Dr Karl Gadd

CME Officer

Tasmanian Regional Committee

New South Wales

Trainee Research Network

A Trainee Research Network (TRN) has been established by members of the ANZCA NSW regional trainee committee.

What are Trainee Research Networks?

Trainee Research Networks (TRNs) exist to assist anaesthetic trainees to collaborate in research projects relevant to their region of practice. They consist primarily of a registrar body, with the assistance of some motivated consultant liaisons. TRNs were initially established in the United Kingdom, and within the ANZCA geographic there already exists two established TRNs. The Queensland Anaesthetic Registrars' Research Collaborative (QARRC) and Supportive Anaesthesia Trainee-Lead Audit and Research Network (SATURN) based in New Zealand. They have both been involved in a number of local, national and international audits and have facilitated trainee lead research in their local region. For example, the QARRC is currently participating in the IHypE study assessing intraoperative hypotension in elderly patients. SATURN has recently completed its ACCENT survey which assessed the variable consent practices used by anaesthetists.

The barriers that trainees find when conducting research are universal. Namely, local audits commonly involve small patient numbers or boutique populations leading to limited applicability and clinical impact. Further, the rotational nature of anaesthetic training provides some difficulty achieving continuity in research endeavours. It is in these scenarios that TRNs shine.

Through the formation of a TRN we can harness the support of more experienced researchers and the resources of many trainees to produce large, well-designed studies that have the potential to improve clinical practice in NSW.

Our vision and goals for the NSW TRN

Our long-term vision is to establish a NSW based research network that empowers trainees to conduct meaningful research as a group. We hope to encourage the participation in research by minimising the barriers to its conduct. We envisage that the TRN will provide a forum for research that is enjoyable, informative, relevant to NSW and easy to complete (through the actions of many hands). Perhaps it may even facilitate

socialisation with colleagues from other training networks around NSW. As part of their participation, trainees should be able to complete their ANZCA scholar role requirement in the process. Such a network would involve a formal committee, regional and site leads for each project, anaesthetic consultant liaisons as well as anaesthetic trainees that assist in the administrative duties.

Our immediate goal, as a few interested anaesthetic trainees, is to establish the beginnings of a TRN in NSW. We now have a name and proudly introduce you to the NSW TRN: "Anaesthesia Trainee Research and Audit Initiatives NSW" (A-TRAIN). We are now working on developing an initial proof-of-concept to demonstrate that a TRN can succeed here. Consequently, our first task is to initiate a simple multisite audit within the next 12 months.

The next steps for the NSW TRN and how to get involved

As we are in the early stages of developing the TRN, we have a number of planned activities in the coming months. More importantly, we will decide on an audit to use as our pilot project. We aim to develop a protocol and submit an application for multi-site ethics. Once this is complete, we will advertise the project to NSW trainees and invite them to partake in the audit. One trainee from each hospital can act as a site lead, responsible for conducting the audit at their institution. Local ethics approval for the audit project will need to be sought. However, as ethics documents will already exist, modification of these to meet the needs of the specific area health service should be a relatively simple process for those involved. Upon completion of their local audit, their deidentified data can be entered into a secure NSW database to facilitate a larger analysis at a later timepoint.

We'd like to thank members from the Queensland and New Zealand TRNs for their advice so far. Our vision and goals are built on this advice and encouragement. If you have any ideas or suggestions to assist our development, please do not hesitate to contact us. Stay tuned for further news from the A-TRAIN.

Dr Mark Chemali

Anaesthetic Registrar, Royal North Shore Hospital

Dr Nathan Hewitt

Provisional fellow, Children's Hospital at Westmead Hospital

Australian news (continued)

New South Wales (continued)

New South Wales Part Zero Course

The ANZCA NSW Regional Committee is pleased to announce that the Part Zero Course will be conducted at ANZCA NSW Regional Office, in Crows Nest on Saturday November 9, 2019. The Part Zero Course is aimed at basic trainees in their first year of training or those doctors about to take up training positions in 2020. The course covers many topics, from how to deal with clinical errors, to what to expect in anaesthetic training and how to look after your own welfare, all delivered in a short and informal format. The session has been such a success in previous years that many departments have made it compulsory for new trainees.

Look out for the flyers that will soon be sent to anaesthetic departments across the state.

Complementary registration. Register your interest via email nswcourses@anzca.edu.au.

Dr Katherine Gough, Convenor
katherinegough@live.com

Dr Rebecca Lewis, Convenor
rebeccaecocco@gmail.com

New South Wales Primary refresher course in anaesthesia

This is a full-time revision course, run on a lecture/interactive tutorial basis and is most suitable for candidates presenting for their primary examination in the first part of 2020.

Date: Monday December 2 – Friday December 6, 2019
Venue: Kolling Building, Royal North Shore Hospital,
St Leonards NSW 2065
Fee: \$A660 (including GST)

Applications close on Monday November 18, 2019 (if not already filled). The number of participants for the course will be limited. Preference will be given to those candidates who will be sitting the primary examination in the first part of 2020. Late applications will be considered only if vacancies exist.

For information contact Tina Lyroid via nswcourses@anzca.edu.au or +61 2 9966 9085.

New South Wales Part two refresher course in anaesthesia

The course is a full-time revision course, run on a lecture/interactive tutorial basis and is open to candidates presenting for their final fellowship examination in 2020.

Date: Monday December 9 – Friday December 13, 2019
Venue: Kolling Building, Royal North Shore Hospital, St Leonards NSW 2065
Fee: \$A825 (including GST)

Applications close on Monday November 25, 2019 (if not already filled). The number of participants for the course will be limited. Preference will be given to those candidates who will be sitting for their final fellowship examination in the first part of 2020. Late applications will be considered only if vacancies exist.

For information contact Tina Lyroid via nswcourses@anzca.edu.au or +61 2 9966 9085.

Australian Capital Territory

Dr Richard Harris in Canberra

Please join us for a very special evening presentation by Dr Richard Harris SC OAM on Thursday August 1 at the Hotel Realm in Barton. We invite all trainees, fellows and retired fellows to attend. Register early to avoid missing out on this incredible story.

Dr Richard "Harry" Harris needs no introduction. Join us as he recounts his experience surrounding the extraordinary rescue of 12 young Thai soccer players and their coach from the Tham Luang cave in northern Thailand. Over 18 days in June and July 2018, thousands of people – Thai government police, military and civilians, and a team of international divers and rescue workers scrambled to save the soccer team from the cave complex.

Dr Harris became a key contributor to the rescue as he employed his unique combination of cave diving experience with clinical expertise, as an anaesthetist, to administer life-saving sedation to the team and their coach. For his efforts, Dr Harris was awarded the Star of Courage Award, the medal of the Order of Australia, and in January 2019 was named joint Australian of the Year.

The cost to attend the evening is \$77 for ANZCA fellows and \$55 for ANZCA trainees (non-members are welcome to attend for \$99). The evening will include canapes and a drink on arrival.

To register please visit the ANZCA ACT website.



Art of Anaesthesia CME

In 2019, the annual Art of Anaesthesia scientific meeting will be held over the weekend of October 5-6. This coincides with the renowned Floriade festival on the shores of Lake Burley Griffin and is a beautiful time to visit the nation's capital. The meeting is themed around "research" and will once again be held at the modern National Museum of Australia. The convenors Dr Girish Palnitkar and Dr Carmel McNerney have been working tirelessly to bring you a wonderful program including international keynote speaker Professor Andrew Klein, Professor of Anaesthesia at Royal Papworth Hospital and editor-in-chief of *Anaesthesia*. Other confirmed invited speakers include Professor Jamie Sleight (NZ), Associate Professor Alicia Dennis (Vic), Dr David Highton (Qld), Dr Danielle Volling-Geoghegan (Qld), Dr Ianthe Boden (Tas) and Dr Paul Smith (ACT). On the Sunday morning, two emergency response workshops will be run – Advanced Life Support (ALS, Cardiac Arrest) and Acute Severe Behavioural Disturbance (ASBD). Registration for the workshops and the meeting will open in early July, check the ANZCA ACT website for all the details.

Special interest group events

Airway Management SIG Meeting



The Airway Management SIG Meeting was held at the Grand Hyatt Hotel in Kuala Lumpur, Malaysia, on April 27-28 as a satellite meeting to the 2019 ANZCA ASM.

There were 199 delegates from Australia, New Zealand, Asia, UK, Ireland, Europe and the US. The theme of the meeting was “When time is critical”. Three of the international guest speakers were from the UK and Ireland’s Difficult Airway Society (DAS). During the meeting, discussions were held regarding a representative from our SIG giving a presentation at the annual DAS meeting with a reciprocal DAS presentation at the each of our future meetings. Watch this space!

Three presentations involved innovative ways to assess the airway – ultrasound, nasal endoscopy and virtual endoscopy (recreation of the patient’s airway from CT scans). It is hoped that these three ways will soon become routine for airway assessment, in particular, virtual endoscopy for airway management of laryngeal tumours.

A last-minute session concerning the introduction of “Airway leads” in all Australian teaching hospitals conducted a lively debate on the relevance of cricoid pressure in today’s anaesthesia/airway practice. Those in favour of cricoid pressure won the debate by delegate voting (unfortunately).

Delegate feedback was very positive for all the presentations and workshops. In addition, there were several good suggestions for future meetings and also feedback for more workshops.

I would like to thank all those who gave presentations, the workshop facilitators and Kirsty O’Connor and her college team for their help in making this a very successful meeting.

Dr Chris Acott, AM FANZCA
Convener

Above from left: Chair Dr Chris Acott AM, with panel Dr Yasmin Endlich, Professor Ellen O’Sullivan, Professor Keith Greenland, Dr Andy Higgs, Professor Friedrich Puhlinger, Dr Imran Ahmad and Dr Vladimir Nekhendzy; Airway Management SIG meeting dinner at Tamarind Springs.

Buddhika Widyaratna Peiris

Habaragamuwa, FANZCA

1974-2019



Buddhika was born on October 22, 1974. He was the son of Chandra Peiris, a school teacher and Yasanaya ke Peiris, a school principal. He grew up with two older brothers in Panadura, in the Western Province of Sri Lanka.

Buddhika attended and excelled academically at Ananda College, Colombo, a premier secondary school in Sri Lanka. He is remembered by his friends as a quiet student. He was a member of the Ananda College Himalayan expedition team which climbed Mt Everest in 1993. It was considered an enormous feat at the time in Sri Lanka. He became a president's scout, which is one of the highest honours a scout can be bestowed with.

Buddhika graduated from the University of Colombo in 2001. Following his internship he entered the anaesthesia program in Sri Lanka, which he completed at the Royal Victoria Infirmary, Newcastle, UK. In recognition of his excellent work Buddhika was awarded the Laddie Fernando Gold Medal for most outstanding trainee. He attained his MD in Anaesthesiology in 2008. As if this was not enough, he went on to attain the fellowship of the Royal College of Anaesthetists in 2010 and then the European Diploma of Intensive Care in 2011.

His first appointment as a consultant was at Mawanella Hospital, where he was instrumental in setting up a much-needed intensive care unit. Buddhika's interest in intensive care led him to become the secretary of the Faculty of Critical Care Medicine. There, he played an important role in developing intensive care as a separate discipline in Sri Lanka. He helped to formulate protocols for the nutrition of critically ill patients and these are still used today.

In 2013 Buddhika moved his family to Melbourne, Australia. His first appointment was at the Austin Hospital, which was soon followed by a year as the simulation fellow at the Royal Perth Hospital in 2014. He attained his FANZCA in 2015 and joined Wollongong Hospital as a staff specialist that same year.

In the operating theatre we soon discovered him to be a talented and knowledgeable anaesthetist. He was able to remain calm and focused during a crisis. Buddhika was never heard to speak negatively, no matter what happened. Consequently, he was able to get the best from every member of the operating theatre team. He was kind, gentle and empathetic with patients and their families. He expanded his clinical roles to become the clinical lead for the Blood Management Project and the Acute to Chronic Pain Study. Both projects sought to improve the outcomes for our sickest patients.

Buddhika was committed to teaching and had a special relationship with our registrars. He was a formidable teacher and examiner. He spent many sessions with our registrars assessing them in their preparations for both part 1 and part 2 examinations.

In 2004, Buddhika married Niroshini, also a doctor. She is now working as a general practitioner in the Illawarra. Together they had two beautiful daughters, Senuki and Kiara. He loved his two little angels very dearly and was always there for them. Buddhika will always be remembered as a quiet, down to earth, humble, family man. He was not one to boast of his achievements. Even his very best friend from university, Chaminda, was not aware of his gold medal in anaesthesia and only learnt of this fine achievement when researching Buddhika's eulogy!

Buddhika was a talented individual. He was a caring and compassionate doctor and a very loving family man. His passing is a great loss to his family, his friends and society in general.

During his treatment, Buddhika continued to work and kept his illness private. He did not want people to fuss over him and refused to lighten his workload. He made a point of getting on with his life as much as possible. He looked after his children and made sure his wife had time to attend to her career needs. He battled his illness for 18 months with much courage and vigour. He remained calm and stoic to the very end, even though his suffering was great.

A measure of his immense popularity within the hospital was the fact that his funeral was attended not just by anaesthetists, but by surgeons, nurses, orderlies, secretaries and senior administration staff. Buddhika will be greatly missed by Niroshini, Senuki and Kiara, his mother, his brothers, friends and wide circle of work colleagues.

In the Buddhist scriptures it is written: *"All created things perish. He who knows and sees this becomes passive in pain. This is the way that leads to purity"*.

Dr Ravi Walpitagama, FANZCA
Specialist Anaesthetist,
Wollongong Hospital, Australia

Dr Skantha Vallipuram, FANZCA, FFPMANZCA 1947-2019



Skantha Vallipuram, affectionately known to his friends as Valli, was born on June 4, 1947 in Colombo, Sri Lanka. After a very happy childhood as part of a large and nurturing family, Valli enrolled in medical school in 1967 and graduated in 1973, serving his medical internship in The General Hospital of Colombo.

During Valli's internship his father, with whom he shared a very close relationship, was diagnosed with pancreatic cancer. The pain that Valli's father endured up to the time of his death had a profound effect on Valli, inspiring and motivating him to pursue a vocation in medicine where he would place great significance in managing pain and suffering experienced by his patients.

Valli remained in Sri Lanka for five years after his graduation, having met and married Asoka, a nurse, during his internship year. He worked at The Gampaha General and Air Force Hospitals before deciding to emigrate with Asoka to the United Kingdom in 1979. Valli worked as an anaesthetist and intensive care doctor in various postings in hospitals in Kidderminster, London, Frimley, and Guildford. After obtaining his diploma and degree in anaesthetics and obtaining the necessary qualifications to work in the US and Australia, Valli and Asoka decided to emigrate to Melbourne in 1983.

Valli was able to follow his passion for treating pain while working as an anaesthetist in various hospitals and obtained his Australian and New Zealand anaesthetics fellowship in 1986. While Valli continued to work as an anaesthetist for most of his career, he continued to follow his calling to manage pain, and his work in pain medicine slowly started to dominate his career.

His empathy for his patients and his altruistic nature would have the effect of shaping his priorities such that he managed their problems in hospitals that were close and convenient for them rather than for Valli. This resulted in Valli working at multiple sites, accruing multiple hospital appointments and a daily schedule that was extremely rigorous. A typical day would finish well after midnight, and it was not uncommon for many patients, all of whom adored Valli, to recall his calm and reassuring voice waking them during the night to check on their progress in hospital.

Another common scenario would play out in Valli's clinics where it was common for a patient to be seen later than planned. After pacing furiously in the waiting rooms they would then meet Valli and be reassured and won over by his empathetic, caring and unhurried assessment and genuine desire to help.

Many of us who were mentored by Valli during the early part of our careers would be inspired, if not a little confused, by his ability to share a joke with his patients in theatre as he prepared his needles to perform interventional procedures. We realised that he had a special ability to secure complete trust from patients who would otherwise be terrified by the prospect of having an interventional procedure to manage their pain.

Valli's obvious dedication was rewarded through his fellowship in pain medicine by election in 2007. This was soon followed by a Humanitarian Overseas Service Medal, also conferred in 2007, for outstanding service in medical aid for tsunami survivors in Sri Lanka. I was also privileged to have Valli join me twice in visits to China where we participated in teaching and support as part of Project China. Valli also donated significant amounts of his Alfred hospital salary to The Alfred Foundation in support of many things including pain research, and he also donated to ANZCA projects. Such contributions did not surprise us as it was always apparent that Valli's greatest motivation in medicine was to help people. It came as no surprise that spiritual teachings strongly influenced his way of life.

We were all saddened to hear of Valli's ill health earlier this year. Valli passed away on January 8. He is survived by Asoka, his five siblings, five nieces and nephews and six grand-nieces and grand-nephews. I can speak on behalf of many of Valli's mentees and patients when I say that we will all miss his reassuring smile, infectious laugh, calm demeanour, beautiful temperament and the inspirational way he represented our profession.

Dr Alex Konstantatos, FANZCA

John Edward Foy, FANZCA, FJFICM 1966-2019



John was born in Porirua and raised in Tauranga, where he attended Otumoetai College. During his high school years he was involved in a wide variety of activities, from debating to music, judo to ballroom dancing, theatre to hockey, excelling in all.

John graduated from Auckland Medical School in 1992. He subsequently completed his FANZCA in 2000, and his FJFICM in 2002.

John had also been part of the NZ Defence Force's Reserves, achieving the rank of Captain. He was awarded the Charles Upham Sword at the end of his initial training period. As part of the Territorials, he was deployed to the Solomon Islands for medical relief work. His interest in war memorabilia resulted in an extensive collection which he amassed over the years.

John and I went through our specialty training together and at one point we spent six months in close camaraderie, getting through one of the toughest times as trainees. During this time together I came to know a most upright, kind, humble and intellectual man.

John's first consultant role was at Middlemore hospital, where he also served as deputy clinical director, before moving into full-time private work. He then helped establish an intermediate care facility at two of Auckland city's private hospitals. John, with his immense knowledge, consummate skill and professionalism as an anaesthetist and intensive care specialist, provided a safe journey for every one of his patients. He would also look after the welfare of his theatre colleagues.

I have been approached by numerous nurses and anaesthesia technicians who have expressed great sorrow at John's passing. It was always with a similar refrain "...he was so kind and gentle with us." One of his closest surgical colleagues described him as someone who "could create calm in the eye of any stormy situation."

For some time John had kept a major project under wraps. His remarkable skills at thinking deeply about problems and creating solutions were exemplified by the anaesthesia machine that he had developed a few years ago. When the prototype was made, and its operations demonstrated at international meetings, he was told by industry experts that it was 10 years ahead of its time. John's impetus for creating this machine was patient safety.

John had a heart for people who were in situations that were much more difficult than what we have in our country of relative wealth. In 2001 John and I attended a week-long course in Tasmania known as the "Remote Situations, Developing Country, Difficult Circumstances Anaesthesia Course."

The aim of the course was to teach anaesthetists about how to approach working in third world countries. John had a strong desire to be able to contribute to the improvement of healthcare in developing countries. For many years he had expressed an interest in joining me on my annual trips to Nepal. This would have finally come to fruition for him had it not been for his sudden passing, as he had organised time and flights to come with me to Nepal on a teaching trip in April 2019.

John played hockey at Master's Division, where he continued in his role as goalkeeper. This reflected his propensity to defend, and to keep things safe – in this case, the goal post. It is likely the most harrowing of any sportsman's role, to try and stop a projectile coming at you or the goal line. John faced those with the same calm and determination that characterised his life.

John was a father who took great pride in his two sons, Max and Bob. He kept them safe through all the difficulties that they faced together. A whole load of teaching and tutelage took place in the Foy home. Among other things, they built and launched rockets together! John and his family moved from Auckland to Nelson a few years ago and one of the reasons for the move was to provide more space for his boys to grow and develop.

I have had the honour and the great pleasure of being a friend and colleague of John's for more than 20 years.

To his parents and siblings, thank you for the amazing man you helped shape. We are better for having known him.

Dr Maurice Lee, FANZCA
Specialist Anaesthetist,
North Shore Hospital
Auckland, NZ