ANZCA
FPM

Bulletin

Australian and New Zealand
College of Anaesthetists
& Faculty of Pain Medicine

WINTER 2025

Celebrating the next generation of fellows

GLP-1 agonists
New information developed

Excellence recognised
King's birthday, Orton winners

ANZCA
FPM

Celebrate National Anaesthesia Day on 16 October!

- Mark Thursday 16 October in your diaries.
- Book your hospital foyer space.

National Anaesthesia Day is held each year to raise awareness of the crucial role anaesthetists play in healthcare. An ANZCA initiative, National Anaesthesia Day is held on or near 16 October each year to mark the anniversary of the day in 1846 that ether anaesthesia was first publicly demonstrated.

ANZCA will send posters and other material to hospitals in September.

Please contact communications@anzca.edu.au for more information.

RIGHT

National Anaesthesia Day celebrations at Canberra Hospital last year.

ON THE COVER

New fellow Dr Gene Slockee is congratulated by ANZCA President Professor Dave Story at the ANZCA Annual Scientific Meeting in Cairns. Dr Slockee is a Bundjalung, Darumbal and South Sea Islander man, who grew up on the lands and waters of the Ngundawul, Minjungbal and Coodjinburra people.

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 and FPM comprise about 8900 fellows and 1950 trainees. mainly in Australia and New Zealand. It serves the community by upholding the highest standards of patient safety.

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In this edition

Safety and quality: A STEEEP proposition

"Safety is not an intellectual exercise to keep us in work. It is a matter of life and death."

– Sir Brian Appleton, technical adviser to the inquiry on the Piper Alpha oil rig disaster

"America's healthcare system is neither healthy, caring, nor a system."

– Walter Cronkite, American news broadcaster

There are varying definitions of patient safety, but they all boil down to "do no harm", a principle that goes way back. Today patient safety is a domain of the broader topic of quality of care. Twenty-five years ago the US Institute of Medicine introduced the STEEEP mnemonic which can be tweaked for contemporary practice in Australia and New Zealand.

The STEEEP elements of high quality care are:

Safe – for patients, public, and workforce.

Timely and accessible – including regional, rural, and remote patients.

Evidence-informed – requires increasing scientific literacy to sift important from dodgy.

Efficient – in time, dollars, and carbon dioxide equivalents.

Equitable – some are challenged by this as "favouring" groups but is part of the "fair go".

Patient centred – this number one priority is only last to help have a good mnemonic.

Enhancing safety became a core component of anaesthesia practice and training well before most other medical specialties. This has led some to think we are overly cautious. A surgeon colleague with an evil sense of humour and largely tongue-in-cheek, describes the Department of Anaesthesia as the Department for Preventing Surgery. I suspect others feel we undermine the "chance to cut is a chance to cure" surgical philosophy.

Part of ANZCA leadership in perioperative medicine is to improve safety through enhancing mutual understanding and STEEEP shared decision making.

The 2024 ANZCA fellowship survey reinforces the importance of safety and quality with 96 per cent of fellows regarding safety and quality as a priority for ANZCA and 77 per cent regarding it as essential. This is why ANZCA heavily invests in safety and quality and associated professional documents with many fellows devoting time and effort.

The quote from Sir Brian Appleton was to the Piper Alpha disaster inquiry after the the Piper Alpha oil and gas rig in the North Sea exploded and collapsed in 1988, killing 165 workers and two rescuers. His statement emphasises that while we academics can have learned discussions about evidence, it is implementing that evidence that is essential to avoid harm including death. ANZCA supports research to increase the evidence base and acts to implement evidence through our professional documents, and importantly our educational events including the ANZCA Annual Scientific Meeting.

The quote from Walter Cronkite is from many years ago but is still very relevant. The US Commonwealth Fund in their Health Care by Country 2024 report ranked 10 high income countries with Australia ranked number one and New Zealand number four. The US was ranked last with abysmal value (quality/cost). We must be very careful of importing dodgy practices from other countries, notably from the US.

Governments on both sides of the Tasman have been championing "scope of practice" and "new models". The fundamental question that is not asked by government is: "Why do Australia and New Zealand do so well overall in health outcomes?" I have no doubt that medically-led (that is, doctor-led) multi-disciplinary clinical care using STEEEP principles in both hospital and community care is a key reason. Further, the medical colleges play an important role in the quality of that care.

One US feature with a UK variant is physician associates, known as PAs. The New Zealand government is currently introducing physician associates, which, contagion-like, may cross the Tasman. The Royal College of Physicians of Edinburgh's *Position Statement on Physician Associates in the UK* is a comprehensive discussion about risks. The Edinburgh college reminds us "...clinical medicine is increasingly complex and the unique role of the doctor as the clinician – with the breadth and depth of knowledge and skills to allow highly skilled clinical reasoning, complex decision making and the management of uncertainty – must be preserved and strengthened".

So, at a time when we have a population that has more older people with an increasing number of co-morbidities and increasingly complex management, the Australian and New Zealand governments are risking "dumbing down" our clinical workforce while misleading patients and the public.

I don't want to start on the anaesthesia associates quagmire in the UK (see the websites anaesthetistsunited.com/ and www.rcoa.ac.uk/training-careers/working-anaesthesia/ anaesthesia-associates) but note a recent report in the *British Medical Journal*: "Physician associates and anaesthetic associates in UK: rapid systematic review of recent UK based research".

It concluded: "The UK literature on physician associates and anaesthetic associates is sparse and of variable quality, and some is outdated. In this context, the absence of evidence of safety incidents should not be misinterpreted as evidence that deployment of physician associates and anaesthetic associates is safe".

Further, the most dangerous red flag words in all of this are "independent practitioners" as Dan Sessler highlighted in his Rosenstein Lecture "The Gathering Storm: The 2023 Rovenstine Lecture – PubMed" on risks in the US.

We must continue the Australian and New Zealand safety and quality record from medically-led care, including anaesthesia and pain medicine care. We must also offer governments solutions, not just whinging.

Supporting perioperative medicine is one avenue. We must also support the symbiotic trifecta of clinical care, education, and research.

For those who would like to join our safety and quality effort, look for expressions of interest for the ANZCA Safety and Quality Committee on the website and the *ANZCA E-Newsletter*. Those interested in contributing to professional documents can contact profdocs@anzca.edu.au.

Professor Dave Story
ANZCA President

Vale Professor Rinaldo Bellomo AO

It is with great sadness that we report the death of Professor Rinaldo Bellomo after a brief illness. Rinaldo, a world leading ICU researcher and thinker, was a true friend of ANZCA. His early research with the Australian and New Zealand Intensive Care Society Clinical Trials Group (ANZICS CTG) inspired the ANZCA Clinical Trials Network and he continued to support our research efforts throughout his career.

Rinaldo (FAHMS; MBBS (Hons), MD, PhD, FRACP, FCICM) was Professor of Intensive Care Medicine in the Department of Critical Care at the University of Melbourne; Honorary Fellow at the Florey; Professor in the Faculty of Medicine at Monash University; Honorary Professorial Fellow, Faculty of Medicine, The University of NSW; and Honorary Professorial Fellow, The George Institute in Sydney.

At the time of his death he had the remarkable SCOPUS statistics of 1845 publications, 150,000 citations, and an h-index of 165. Rinaldo was passionate about supporting early and mid-career researchers both within and beyond Australia. For his many doctoral students, including me, he was supervisor, mentor, and sponsor.

In 2018, Rinaldo was awarded an Officer of the Order of Australia for distinguished service to intensive care medicine as a biomedical scientist and researcher, through infrastructure and systems development to manage the critically ill, and as an author.

As a person Rinaldo had endless energy and enthusiasm for new ideas and determination to implement sound evidence. He had a great sense of humour and all who knew him would recall references to Machiavelli or Dante as he did at his final meeting of our department executive.

He was a highly regarded clinician at the Austin Hospital where he worked for many years until his death. More recently he also worked at the Royal Melbourne Hospital.

Rinaldo was an opinion leader who many would turn to including hospital leaders. Often was heard "What does Rinaldo think?" Rinaldo's work has improved and will continue to improve the outcomes for millions of high risk and critically ill patients worldwide.

Rinaldo adored his wife Debbie and daughter Hilary. He was a kind, collaborative, creative, highly enthusiastic genius.

Professor Dave Story
ANZCA President

Interactions with government continue to grow

Our interactions with government continue to grow as we all try to tackle workforce problems in our two countries.

Across Australia and New Zealand there has been a steady increase in the number of government and related stakeholder consultations over the past four years.

So far this year, ANZCA has been asked to provide feedback on 42 documents from a range of organisations including five from the Medical Board of Australia/Australian Health Practitioner Regulation Agency Australia and three from Pharmac New Zealand. Subjects include the regulation of paramedics, endometriosis guidelines, trauma care, and medical devices in New Zealand.

At an Australian state level we have provided input into the NSW Special Commission of Inquiry into Healthcare Funding, the NSW Ministry of Health, Safer Care Victoria, SA Health and in response to the Tasmanian government.

Colleges seeking our input so far this year include the Royal Australasian College of Surgeons, the Royal Australasian College of Obstetricians and Gynaecologists, the Royal College of Pathologists of Australasia and the Australian and New Zealand College of Perfusionists, as well as the Dental Board of Australia.

The growth in consultations seems to have come mainly from government though – and it has been significant.

Comparing the first six months of 2025 to the first six months of 2024, there has been an incredible 43 per cent increase in the number received. From 2023 to 2024 there was a 30 per cent increase.

The length of the documents and guidelines we are actually being asked to review also seems to have increased, while the turnaround time has decreased.

So far this year, each consultation has averaged 64 pages in length in Australia and 77 pages in New Zealand. While we don't always find it necessary to respond, what we receive all needs to be read. The turnaround times are usually four to six weeks.

Our advocacy work doesn't just centre on submissions. We spend a lot of effort writing to government representatives and ministers as well as other colleges and attending meetings and workshops.

We recently met with the New Zealand Minister of Health Simeon Brown and have plans to meet with SA Health Minister Chris Picton in coming weeks as well as Queensland's Director-General.

Our advocacy work has included meetings with the Royal Australian College of GPs, the Medical Workforce Advisory Collaboration (MWAC), the Australian Indigenous Doctors Association cross-college project group, NT Health and hospitals in WA to talk about the Australian government funded Specialist Training Program (Fiona Stanley Private Hospital, Bunbury Hospital, Albany Health Campus) as well as the Royal Darwin Hospital.

Another integral aspect of our advocacy work is attendance at national forums where key medical workforce, regulation and clinical policy issues are discussed.

In recent months ANZCA has attended some key national forums – one hosted by the Australian Medical Council on supervision requirements tied to accreditation, another hosted by Australian Health Practitioner Regulation Agency (Ahpra) on progressing advanced practice paramedicine and lastly, one hosted by KPMG to develop a monitoring, evaluation and learning framework for the National Medical Workforce Strategy.

It is important for ANZCA to have a seat at the table to elevate anaesthesia and pain medicine priorities and impacts, and to progress meaningful change in the workforce.

All of this highlights the complex challenges our countries are now facing in ensuring timely access to medical care, shifting ways of working in the health sector, addressing regional maldistribution and the need for workforce planning and long-term collaborative solutions.

This is a good time to acknowledge and thank the college's Policy and Safety and Quality teams in Australia and New Zealand who work with our directors of professional affairs (clinicians on the ANZCA payroll) to draft letters, organise meetings and work with relevant committees to obtain feedback and compile responses on behalf of the college.

Nigel Fidgeon
ANZCA Chief Executive Officer

Global recognition for Professor Kate Leslie

Professor Kate Leslie AO FAHMS is the recipient of the 2025 American Society of Anesthesiologists (ASA) Award for Excellence in Research.

The prestigious award recognises lifetime achievement in research in anaesthesiology and perioperative medicine.

A past ANZCA president, Professor Leslie will receive the award during a ceremony at the ASA Annual Meeting in San Antonio, Texas, in October 2025.

Professor Leslie is one of the pioneers of international multicentre trial research in anaesthesia and perioperative medicine. During a research career spanning more than 35 years, she has pursued interests including monitoring anaesthetic depth and awareness; preventing adverse postoperative outcomes; and improving diversity, equity and inclusion for research participants and researchers.

She has published more than 280 papers, been awarded more than $A33 million million in research funding, and delivered more than 230 invited lectures. She is an editor of the *British Journal of Anaesthesia* and Miller's *Anesthesia* textbook.

Professor Leslie has served leading medical organisations dedicated to advancing science and education. She is a former president of the Council of Presidents of Medical Colleges, and Australian Medical Council, and former chair of the ANZCA Clinical Trials Network.

Professor Leslie is passionate about fostering the next generation of research leaders and advocating for women in research and leadership.

She deeply appreciates her collaborations with colleagues at the Royal Melbourne Hospital, University of Melbourne, Monash University, ANZCA Clinical Trials Network and international research groups over the last 35 years.

King's Birthday Honours

Two fellows were made Members of the Order of Australia (AM) in this year's honours.

Congratulations to former ANZCA president and Director of Professional Affairs, Policy, **Professor David A Scott AM,** FANZCA, FFPMANZCA (Vic) for significant service to anaesthesia and pain medicine, and to ANZCA Research Committee chair **Professor Britta Sylvia Regli-Baronin Ungern-Sternberg von Pürkel AM,** FANZCA (WA) for significant service to medicine as a paediatric anaesthetist and researcher.

Congratulations also to **Associate Professor Stephen Nicholas Bolsin OAM,** who received a Medal of the Order of Australia in the General Division for service to medicine as an anaesthetist.

ANZCA staff awards

We recently held the annual staff awards at ANZCA House in Melbourne. ANZCA President Professor David Story presented the awards along with service certificates to staff who achieved service milestones in 2024.

Congratulations to the 2025 staff excellence recipients:

Staff Excellence Award for Customer Service – Majella Coco

Staff Excellence Award for Innovation or Process Improvement – Melanie Roberts

Staff Excellence Team Award – Perioperative Medicine Team (Amelia Che Ajid, Adam Fitzgerald, Sebastian Levesque, Myriam Lopez, Colin Lynas, Nilusha Moses)

The Continuing Professional Development Mobile App Team were highly commended (Lee Anne Carlos, Arthur Chomel, Hien Doan, Deepti Hegde, Nadja Kaye, Eric Kuang, Giulia Mastrantoni, Nabet Owji, Laura Watson)

Letters to the editor


Letters to the editor

PRAISE FOR ANZCA LEADERSHIP

NEW ZEALAND DECISION TO REQUEST REMOVAL OF DESFLURANE

CONSIDERATION OF SPECIAL ITEM NUMBERS FOR ANAESTHESIA WITH OBESE PATIENTS

REMEMBERING VIC

Dear Ed,

Just to inform you that Aldo Victor (Vic) Dreosti died in April this year, after a long illness.

Although Vic was a loyal, effective servant of the faculty and college, his instructions were that there was to be no fuss and no obituary. However his family and I thought that the college community should be informed.

Also, five of us, who had known Vic well, felt that we should mark Vic's passing and celebrate his life by meeting for a luncheon at the Edinburgh Hotel in Mitcham, SA. There was extensive discussion about his clinical ability, calm manner, wonderful teaching methods and administration in education and the examination process.

Despite Vic's avoidance of the limelight, he was tremendously proud of his ANZCA Medal.

So, raising a glass of South Australian shiraz, Vic was an expert, Vale Vic.

Dr Dave Fenwick, FANZCA (retired)

ABOVE

Attendees from left: Professor Bill Runciman, Dr Scott Germann, Dr Dave Fenwick, Dr Graeme McLeay and Dr John Crowhurst.

MANAGING WITHOUT DESFLURANE

In reply to Dr Terry Hercock's letter "New Zealand decision to request removal of desflurane" I would like to note the following:

In the last hour of a long case whether I was using TIVA or volatile maintenance I make decrements to determine where the patient is on the washout curve (as per advice from my esteemed colleague Professor Ross Kennedy). I usually note haemodyanamic and BIS changes to guide me. Once I know where the patient is on the curve then I know I can washout within a reasonable time period regardless of duration of surgery.

If I am really concerned about saturation occurring I change from TIVA to volatile (or vice versa) to facilitate washout but maintain anaesthetic depth and prevent awareness. I do not find this alters nausea rates (but admit I have not audited this).

I would say that it is expected (and sometimes desired) to have a slower wake up due to the patient being warm and well analgised and due to the magnitude of surgery.

This is information I have found helpful in my practice and I hope it helps others.

Dr Dick Ongley, FANZCA
Christchurch


YOUR SAY

MYTH BUSTING AND THE LAWS OF PHYSICS

A QUESTION OF PHYSICS

I read with some interest Dr Peter Roessler's letter to the editor "Myth busting and the laws of physics" in the Autumn 2025 edition of the *ANZCA Bulletin*. Nevertheless he has presented some erroneous statements and recommendations that are not only contrary to clinical guidelines but also basic Newtonian physics.

"Pressure is not a force and therefore, cannot cause blood to move (flow)".

Pressure is defined as the force applied perpendicular to the surface of an object per unit area over which that force is distributed. Although we commonly measure blood pressure in mmHg, we could also use the S.I. unit for pressure the pascal (Pa), which is one newton per square metre (N/m^2). Fluids will flow from an area of high pressure to one with lower pressure, which is the reason water will flow from an open tap when the pipe pressure exceeds that of the atmosphere. Blood has many unique properties, but it behaves like any other fluid in this regard.

"Increasing vascular resistance reduces flow and has only limited clinical application for when the intention is to reduce flow to 'leaky' capillaries such as may occur with anaphylaxis or sepsis".

Sympathomimetic agents that have limited beta-adrenergic activity such as phenylephrine may reduce cardiac output by increasing peripheral vascular resistance. Agents such as metaraminol with some beta-adrenergic activity, might be a better choice if maintenance of cardiac output is of concern. What is missed by Dr Roessler, is that the vasoconstriction caused by these agents is not uniform, and at modest doses results in preferential reduction in flow to vascular beds such as those supplying skin and skeletal muscle that are often dilated under anaesthesia. Additionally, they also cause venoconstriction (likely their most prominent effect at common dosage) resulting in an increase in venous return and preload to the heart. The resultant increase in systemic blood pressure by both these effects, will lead to additional flow to vascular beds that have lower vascular resistance such as the cerebral and cardiac circulations.

Although I agree that modest hypotension is often overtreated within our specialty, Dr Roessler's statement that vasoconstrictors should be limited to only treating "leaky" capillaries is dangerous and can't be left unchallenged.

Dr Pedro Diaz FANZCA
Newcastle, NSW

A response by Dr Roessler will appear in the next edition of the *Bulletin*.

The views expressed by letter writers do not necessarily reflect those of ANZCA.

Media coverage

CONCERNS OVER OUTSOURCING ELECTIVE PROCEDURES

ANZCA New Zealand National Committee chair Dr Graham Roper was interviewed by Radio New Zealand and Newstalk ZB on 11 June following an ANZCA media release expressing concerns over Health NZ plans to outsource elective operations to the private sector. The release also led to coverage in *New Zealand Doctor*, the Radio New Zealand website, MSN New Zealand and *Scoop.co.nz*

IV FLUID EMBOLISM RISK

Professor Dave Story was interviewed for an ABC online article and radio and TV broadcasts on 28 May about the risks of air embolism in overseas supplied IV bags. Imported IV fluids can contain as much as 60 millilitres of air compared to five millilitres in Australian-made products. Professor Story explained that while the risk of an air embolism is small, clinicians need to be aware. Professor Story was interviewed for the online article and live on the ABC TV News Hour program. The combined coverage across the ABC platforms reached more than one million people.

INTRAVENOUS (IV) FLUID SHORTAGE

ANZCA President Professor Dave Story was quoted in a *Herald Sun* and *Courier Mail* article "Drip feeding the system" on 24 March about the ongoing IV fluid shortage in Australia. The articles reached a combined audience of nearly one million print readers.

ANZCA CLINICAL TRIALS

Professor Philip Peyton was interviewed as a follow up to an ANZCA media release on ABC Radio Ballarat's breakfast program on 19 May ahead of International Clinicals Day on 20 May. As lead of the ANZCA Clinical Trials Network's Reduction Of Chronic Post-surgical Pain with Ketamine (ROCKet) trial Professor Peyton highlighted the contribution of patients in regional hospitals to clinical trials with Grampians Health in Victoria successfully recruiting more than 500 patients.

HOSPITAL MANAGEMENT CONCERNS

Professor Dave Story was quoted in an online article in *The Weekend Australian* on 17 May about ongoing pressures in Australian hospitals. The article "Perilous disconnect between hospital doctors and bosses" reached more than 600,000 readers.

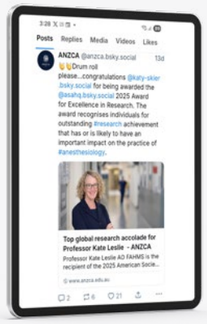
SURGERY CRISIS AT CHILDREN'S HOSPITAL

ANZCA President Professor Dave Story was interviewed for a page 2 article "Surgery crisis at Sydney's Children's Hospital at Westmead" in *The Australian* on 8 May about a shortage of paediatric anaesthetists at the Children's Hospital at Westmead in Sydney. Professor Story called for urgent reform of resourcing at the hospital.

EXPEDITED PATHWAY

Professor Story was interviewed about ANZCA's expedited pathway concerns in a page one article in *The Australian* as part of their "Life Support" series on 3 May. The article reached a combined print and online audience of 600,000 readers. Professor Story was also quoted in *AusDoc* on 25 March about the college's position on the pathway as a follow up to an ANZCA media release.

What we're talking about online



BLUESKY

At time of publication the ANZCA Bluesky account had 1406 followers and the FPM Bluesky account had 173 followers. One of the top performing Bluesky posts was an ANZCA website link about Professor Kate Leslie being named as the recipient of the 2025 American Society of Anesthesiologists (ASA) Award for Excellence in Research. The prestigious award recognises lifetime achievement in research in anaesthesiology and perioperative medicine. A past ANZCA president, Professor Leslie will receive the award during a ceremony at the ASA Annual Meeting in San Antonio, Texas, in October 2025.

FACEBOOK AND INSTAGRAM

The most popular post on Facebook (based on views) featured photos from the College Ceremony at the Annual Scientific Meeting in Cairns. The post received 15,013 views and reached more than 9000 people. This was also the most popular post on Instagram with 2984 views and more than 170 interactions.

For ANZCA Annual Scientific Meeting media coverage go to page 38.

ANZCA and government

We work with national, state and territory governments and their agencies to ensure we're appropriately consulted on decisions affecting our members; the health systems they work within; and their ability to provide every patient with safe, high-quality, and culturally competent care.

First a budget, then an election

AUSTRALIA

2025-26 federal budget and election

On 25 March, the 2025-26 federal budget was handed down. This year's federal health sector budget focused on three main components:

- Primary care – more general practitioners, increased bulk billing services and additional urgent care clinics (diverting emergency department activity).
- Cheaper medicines through new listings on the Pharmaceutical Benefits Scheme (PBS).
- More choice, lower costs and better healthcare for women.

Some of the specific measures relating to anaesthesia and pain medicine were:

- $48.4 million for an extra 100 Commonwealth-supported places for medical students per year from 2026, increasing to 150 per year by 2028, and demand-driven places for First Nations students to study medicine.
- $10.5 million over two years for 400 additional scholarships for nurses and midwives to undertake postgraduate study to extend their skills and qualifications and become a nurse practitioner or endorsed midwife.
- An additional 11 endometriosis and pelvic pain clinics to open across Australia ($19.6 million).
- PBS medication listings for endometriosis pain.
- Upgrades to improve antenatal and postnatal services at Gosford and Wyong Hospitals (NSW Central Coast), along with workforce support and training ($10 million).
- Royal Hobart Hospital and Calvary Healthcare will be supported to manage an expected increase in demand for maternity services in Southern Tasmania through infrastructure and equipment upgrades ($6 million).

The 2025 Australian election was held on 3 May with the Albanese Labor government elected for a second term in a landslide victory. Mark Butler has been reappointed as Minister for Health and Ageing (as well as the Minister for Disability and the National Disability Insurance Scheme).

SIMG expedited pathway update

From late December 2024 anaesthetists from the UK and Ireland who meet relevant criteria have been able to apply for the MBA expedited specialist international medical graduate (SIMG) pathway and gain specialist registration with the Australian Health Practitioner Regulation Agency (Ahpra).

The expedited pathway is designed to accelerate the assessment and recognition of overseas-trained specialist. However, the process bypasses existing medical college assessment processes.

ANZCA and other medical colleges continue to hold considerable concerns about the pathway, our lack of involvement in the design and failure to use our expertise (despite offering), insufficient communication on the process and status, and the potential risks to patient safety from a non-anaesthetist paper-based assessment. However, now that the pathway is operational our priority is to ensure operational risks are minimised and safety concerns are considered.

We are acutely aware of the complexities and confusion this new process has created for many heads of departments and the ANZCA community, so we have developed and distributed an information update on the pathway that includes pathway options, queries raised by ANZCA or other stakeholders, impacted processes and next steps (as of March 2025): www.anzca.edu.au/news-and-safety-alerts/anaesthesia-expedited-simg-pathway-anzca-information-update-at-march-2025.

The college is having regular meetings with the MBA/Ahpra, who have recently started publishing monthly reports on applications and registrations. At the end of April there were 13 anaesthesia applications, with the one registered consenting to sharing their details with ANZCA.

The MBA has advised that applicants who qualify for the expedited pathway can apply or continue their application for the ANZCA standard SIMG pathway and assessment.

The MBA expedited pathway does not lead to an ANZCA fellowship so some applicants have chosen to continue the ANZCA SIMG process. ANZCA has also developed a pathway to ANZCA fellowship for those choosing the MBA process.

Ahpra has also advised that:

- Funding approval has been received for Ahpra to develop additional expedited pathway supervisor material, aimed for roll-out at the end of the year.
- Planning for the development of an evaluation of the pathway will commence. ANZCA will strongly push to be involved or to feed into the process.

AMC medical college forum on supervision

The AMC has been directed by Australian health ministers to work with medical colleges on more consistent accreditation processes, policies, procedures and decisions.

Colleges are being asked to adopt model standards and procedures and be responsible for any college-specific requirements. A uniform process is being developed for all medical colleges in relation to accreditation decisions and review processes.

One of the model standards relates to supervision, in particular "Trainees receive appropriate and effective supervision". In developing these model standards there has been much discussion about composition and measurement, particularly relating to what constitutes effective, culturally safe supervision of trainees at college-accredited training settings.

In late April the AMC hosted a national forum of about 120 participants in Sydney to discuss how colleges should measure training settings against this supervision model standard. Six ANZCA fellows, trainees and staff attended.

Outcomes from the discussion are being collated by AMC and considered by government.

Advanced practice paramedicine national forum

There is a growing focus on workforce scope of practice issues across governments and craft groups.

ANZCA is focusing on ensuring there are adequate safeguards and no blurring of critical professional boundaries.

Scope of practice concerns are becoming more frequent. For example, in late 2024 the Paramedicine Board of Australia consulted with ANZCA over a proposal to regulate advanced practice paramedics. We responded with our concerns on the intersection with perioperative medicine and safe prescribing of opioids.

The Paramedicine Board of Australia hosted a national forum in late April to discuss key sector wide elements of advanced practice paramedicine and has released an associated public consultation on advanced practice paramedics for comment.

NSW industrial action and inquiry

In early April more than 5000 NSW doctors went on strike for 72 hours at 32 sites. The industrial action followed unsuccessful negotiations on working conditions, unsafe hours, chronic understaffing, permanency, pay parity, overtime and importantly, the impact of these conditions on patient safety.

While ANZCA does not have a direct remit regarding employment, award or employer workforce matters, the college does have a role in ensuring that workforce problems are not undermining quality of care, clinical practice, safety and workforce wellbeing.

The college has provided support for NSW anaesthetists to ensure patient and anaesthetist safety and wellbeing through writing to the NSW health minister and departmental leaders, involvement in government discussions and meetings, contributing to inquiries and contributing to public awareness in the media.

ANZCA will continue to monitor the NSW public health sector environment closely.

The NSW Special Commission of Inquiry into Healthcare Funding released its final report in May (www.health.nsw.gov.au/Reports/Pages/special-commission-inquiry-funding.aspx).

The 1062-page report includes 41 recommendations across 12 areas.

ANZCA was one of 200 stakeholders to provide a submission to the inquiry and participated in multiple targeted information discovery meetings, detailed witness statement preparation and hearing attendances.

The report recognises there is a shortfall in anaesthetists compared with available positions in NSW. The report singled out ANZCA for creating an "innovative model" of accreditation with a system of "satellite facilities that are not accredited themselves but operate under another facility's accreditation to deliver particular training requirements".

ANZCA published a media release following the report's release (www.anzca.edu.au/news-and-safety-alerts/anzca-welcomes-nsw-healthcare-inquiry-findings).

Over the coming months the NSW government will provide a response to these findings.

Victorian ministerial review on healthcare workplace systems

Recommendations from the Victorian ministerial review on public sector medical staff workplace systems and employment arrangements were published in March.

The review, started in September 2023, aimed to help identify new ways of working for doctors and inform future health system planning. ANZCA contributing to the review in December 2023. A final report was provided to the Victorian health minister in May 2024.

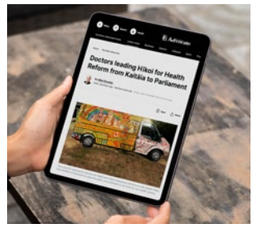
The summarised report www.health.vic.gov.au/publications/victorian-public-sector-medical-staff-workplace-systems-employment-arrangements, with a summary relevant to ANZCA here: www.anzca.edu.au/news-and-safety-alerts/reccs-vic-ministerial-review-public-sector-medical-staff-workplace-employment-arrangements-released.

The Victorian government has supported all but one of the 20 recommendations, the establishment of a doctor's advocate, explaining there are several existing mechanisms that address bullying and harassment for the medical and broader healthcare workforce, including Safer Care Victoria's Professional Oversight Group.

Agreed recommendations will be progressively implemented by the Victorian government, who ANZCA will work with for the benefit of fellows, trainees and SIMGs in Victoria.

In April, the college attended a Victorian Department of Health briefing on the implementation of the Victorian Health Services Plan, and the establishment of the local health service networks. These networks are due to come into effect from July this year.

More information on the Health Services Plan and Local Health Service Networks is available on the Victorian Department of Health's website.



NEW ZEALAND

Meeting over health reforms

ANZCA's New Zealand National Committee Chair Dr Graham Roper and Dr Vanessa Beavis met with Minister of Health Simeon Brown for the first time in April, outlining ANZCA's role in training, providing standards and maintaining competencies to deliver anaesthesia, pain management and perioperative medicine care.

The pace of health reform has not slowed with the government turning its attention to the regulation of health practitioners and medicines.

A formal complaint about Heath New Zealand's public consultation document "Putting Patients First: Modernising health workforce regulation" was made to the Office of the Ombudsman by the Council of Medical Colleges who argued the standard of ensuring a fair process was not met.

Widespread concern was expressed about allegedly incorrect and misleading statements; lack of understanding of cultural competency; and failure to reference workforce challenges outside the influence of decision-making by regulatory health bodies.

The *Medicines Amendment Bill*, aiming to ensure faster access to medicines, proposed a new "verifications" pathway to fast-track approval processes, and new prescribing regulations for nurse practitioners and, for funded medicines, authorised prescribers. In both our written and oral submissions, ANZCA strongly opposed proposed amendment to the composition of the Medicines Classification Committee which removed the requirement for any members of the committee to have medical or pharmaceutical expertise in clinical practice.

On 1 May, 5500 senior doctors, supported by theatre nurses, went on strike over protracted and unsuccessful pay negotiations with Health New Zealand.

A week later, the colourful "vanbulance" leading the Hikoi for Health arrived at parliament, where Northland doctors Art Nahill and Glenn Colquhoun shared stories and ideas for healthcare reform they had gathered on their 1000-kilometre journey. They presented their preliminary report on the hundreds of submissions received on their website, located at www.healthreformnz.org/.

Minister Brown released New Zealand's first *Health Infrastructure Plan*, setting out a national, long-term approach to renewing and expanding the country's public health facilities over the next 10 years at an estimated cost of $20b.

Health New Zealand's plans to cut surgery waitlists by increasing outsourcing to private hospitals and "incentivising" public sector clinicians to work evenings, weekends and public holidays were greeted with scepticism and concern by medical specialists, who pointed out they were already stretched. ANZCA published an open letter to the minister voicing its concerns about the plan, and its potential impact on training.

SUBMISSIONS AND CORRESPONDENCE

The college 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. Our submissions to public inquiries are available on the college website following the closing date. Note that some inquiries and requests for college input are confidential. For a listing of recent submissions visit www.anzca.edu.au/safety-advocacy/advocacy.

Australia

- Safer Care Victoria: Invitation to Participate in Stakeholder Engagement for the Victorian Maternity Taskforce.
- Royal College of Obstetricians and Gynaecologists (RANZCOG): Draft Australian Living Evidence Guideline: Endometriosis.
- Royal Australasian College of Surgeons (RACS): Trauma Care Verification standard.
- National Health Practitioner Ombudsman (NHPO): Ombudsman investigation into delay and procedural safeguards for health practitioners subject to immediate action.
- Royal College of Pathologists of Australasia's (RCPA): Endorsement of RCPA Pharmacogenomic Clinical Indications.
- Medical Board of Australia: Principles for the use of outcome-based approaches to accreditation.
- Commonwealth Department of Health and Aged Care: Kruk Review Recommendation 24 Implementation.
- Australasian Society for Ultrasound in Medicine (ASUM): Draft Guideline for Reprocessing Ultrasound Transducers 2025.

New Zealand

- NZ Royal Commission of Inquiry: Second phase of COVID-19 lessons learned use of vaccines, lockdowns, testing and public health materials.
- Pharmac: Comprehensive list of medical devices.
- Standards New Zealand: 2024 draft release of the NZCDI (Core Data Informatics).
- Health New Zealand: Putting Patients First – Review of the Health Practitioners Competence Assurance Act.
- Medical Council of New Zealand: Proposed changes for medical college advice for registration in a provisional vocational scope of practice.
- New Zealand Parliament Health Committee: Medicines Amendment Bill.

Introducing our new councillors

There are two new members of ANZCA Council following an election earlier this year.

DR MARK PRIESTLEY

Dr Priestley is head of department, Anaesthesia and Perioperative Medicine, at Westmead Hospital in Sydney. He has interests in education, communication skills training and more recently in fostering education and networking opportunities in leadership and management in anaesthesia.

He was a supervisor of training for 19 years and has had positions on various ANZCA education and examination committees, including chair of the ANZCA Final Fellowship Examination Sub-Committee. He is recent ex-chair of the Westmead medical staff council, current secretary of the NSW Medical Staff Executive Council and a councillor for the Australian Salaried Medical Officers Federation (ASMOF) NSW branch.

He is Chair of the ANZCA, Australian Society of Anaesthetists and New Zealand Society of Anaesthetists Leadership and Management Special Interest Group.

ASSOCIATE PROFESSOR PAUL LEE-ARCHER

Associate Professor Lee-Archer has worked in public and private practice and in regional and tertiary centres. He is a senior staff specialist at the Queensland Children's Hospital, Brisbane and an Associate Professor in the Faculty of Medicine at the University of Queensland. Originally from Tasmania he started his anaesthesia training there before moving to Queensland. He did further training in Canada and more recently did a research fellowship in France.

He is passionate about research and teaching, promoting anaesthesia as an academic specialty and increasing the community's knowledge and understanding of the profession. He has worked in various college roles including the ANZCA Research Committee, the Queensland Regional Committee and as co-convenor of the 2024 Annual Scientific Meeting Regional Organising Committee.

He is looking forward to working with ANZCA Council to address the significant challenges that the speciality faces and to ensure the college continues to be a leader in education, training, quality and safety, professional standards and the generation of new knowledge.

Departing councillor

DR MARYANN TURNER

Dr Turner joined ANZCA Council in mid-2022. She was a new fellow councillor from 2020-2022 and is a former member of the Safety and Quality Committee. She has fellowship experience at London's Great Ormond Street Hospital, Auckland's Starship Hospital, and Queensland Children's Hospital.

Her longstanding interest in advocacy, wellbeing and research led to co-chairing the 2017 ANZCA Trainee Committee, co-establishing Australia's first anaesthesia trainee-led research network and engagement with multiple ANZCA committees, working groups and special interest group executives.

Before becoming an anaesthetist, Dr Turner was admitted as a lawyer of the NSW Supreme Court; completed a masters in medical law; and worked in corporate and criminal law.

Dr Turner chairs ANZCA's Awards Advisory Panel. Her other ANZCA committee and working group roles have included chair of the Awards Review Working Group (2020-2021), and membership of the Emerging Investigators Sub-Committee, Trainee Bursary Evaluation Subcommittee and Standards Project Working Group.

ANZCA Council appointments

Following is a list of individual appointments and chairs of committees reporting to ANZCA Council.
For a full list of committees visit www.anzca.edu.au/about-us/our-people-and-structure

President	Professor Dave Story
Vice president	Dr Tanya Selak
Honorary treasurer	Associate Professor Deb Wilson
Chair of examinations	Dr Michael Jones
Councillor on FPM Board	Dr Debra Devonshire
Safety and Quality Committee chair	Dr Brien Hennessy
Professional Affairs Executive Committee chair	Dr Scott Ma
Board of the Chapter of Perioperative Medicine	Dr Chris Cokis
Education Executive Management Committee chair	Professor David Sturgess
Training Accreditation Committee chair	Dr Mark Young
ANZCA Research Committee chair	Professor Britta Regli-Von Ungern-Sternberg (appointed to January 2026)
ANZCA Foundation Committee chair	Dr Rod Mitchell
Finance, Audit and Risk Management Committee chair	Mr Richard Garvey
Information and Communications Technology (ICT) Governance Committee chair	Associate Professor Stuart Marshall
Awards Advisory Panel chair	Dr Maryann Turner
Medical editor	Dr Kate McCrossin
Honorary curator	Dr Christine Ball
Honorary historian	Dr Michael Cooper

Australian regional and New Zealand committees

Elected national and regional committees act as a conduit between fellows and trainees in the regions and the ANZCA Council to which they report.

The committees assist with:

- Implementing college policy in their regions.
- Advising ANZCA Council on issues of interest to the college and its fellows and trainees in the regions.
- Representing the college and promoting the specialty in the regions.
- Developing and maintaining relationships with key regional stakeholders.
- Training, continuing medical education, and other professional activities at a regional level.

New Zealand National Committee chair	Dr Rachel Dempsey
ACT Regional Committee chair	Dr Jennifer Hartley
NSW Regional Committee chair	Dr Frances Page and Dr Sharon Tivey
Queensland Regional Committee chair	Dr Sarah Bowman
SA and NT Regional Committee chair	Dr Nick Harrington
Tasmania Regional Committee chair	Dr Bruce Newman
Victoria Regional Committee chair	Dr Dean Dimovski
WA Regional Committee chair	Dr Bridget Hogan

Perioperative medicine

ANZCA's new Chapter of Perioperative Medicine is overseeing the Course in Perioperative Medicine and our advocacy efforts in this growing area of medicine.

Chapter goes from strength to strength

The Board of the Chapter of Perioperative Medicine (POM) and its two committees bring together anaesthetists, specialist pain medicine physicians, physicians, intensivists, surgeons, and general practitioners from across Australia and New Zealand.

Their collective expertise continues to enrich perioperative medicine education and reinforce advocacy.

We are now focusing on the strategic direction of the chapter to establish it as a high-functioning, well-resourced, sustainable business unit that is integrated with the broader college.

The development of a value proposition for graduates of the chapter and ensuring the chapter is a centre of educational excellence and a leader in the education of perioperative medicine are focuses of the chapter board.

We are also building our role as influential advocates of perioperative medicine.

The board has met three times this year and its committees once each.

The Advocacy and Policy Committee, chaired by Dr Jill Van Acker, is overseeing an "Advocacy engagement strategy" and in early July is distributing a survey seeking feedback about how fellows are using their POM certification, where their career or professional development has taken them since being awarded the qualification, and where they see it assisting them in the future.

The survey also aims to explore staying connected in the future, and if they would like to contribute to the future of POM in Australia and New Zealand.

The Education and Assessment Committee, chaired by Associate Professor Joel Symons continues to refine the course certification and is looking at streamlining the workshop component of the course.

The final meeting of the Recognition Pathway Working Group will be held in July. I would like to personally thank Dr Vanessa Beavis and her team for assessing hundreds of applicants, a huge undertaking.

OUR FIRST GRADUATES TO HAVE COMPLETED SIX UNITS OF STUDY

I am very pleased to welcome the 11 Course in Perioperative Medicine participants who have now successfully completed all six units of study, joining the 764 (out of 835 applicants) to have been admitted as graduates of the Chapter of Perioperative Medicine (GChPOM) via the recognition pathway.

Please join me in congratulating Dr Emma Panigas FANZCA, Dr David Ip FANZCA, Dr Fernando Arduini FANZCA, Dr Edward Lim FANZCA, Dr Garry Yang FANZCA, Dr Mitchell Kelly FANZCA, Dr Chak Man Jane Li FANZCA, Dr Gary Tham FANZCA, Dr Kristie Whyte FANZCA, Dr Vernon McGeoch FANZCA, and Dr Elizabeth Simonsen who is a fellow of the Royal College of Physicians of Canada.

The key to growing our course is expanding the number of clinical immersion sites, and we have welcomed four new hospitals in recent months:

- Liverpool Hospital (NSW).
- Monash Health (Vic).
- Princess Alexandra Hospital (Qld).
- Royal Hobart Hospital (Tas).

This brings the total number of clinical immersion sites to 29 across Australia and New Zealand. All 29 can be found on the ANZCA website.

We're always eager to hear from other hospitals interested in becoming a clinical immersion site. Please contact the team at periop@anzca.edu.au.

The clinical immersion component of our course is what makes our course unique in the world. This component of the course is 40 hours for each of the six units of study.

Participants must also do 40 hours of online work and a workshop for each of the six units of study – preoperative assessment; preoperative planning; optimisation; intraoperative impacts on patient outcomes; postoperative assessment and management and discharge planning and rehabilitation.

The workshops allow participants to consolidate their learning through applied, case-based scenarios. Our March workshop for units of study 1 and 2 included general practitioners, physicians, and anaesthetists from both New Zealand and Australia.

Course enrolment for trimester 3 this year (22 September to 7 December) is open from 23 June to 24 August. It comprises unit 5 (Postoperative assessment and management), and unit 6 (Discharge planning and rehabilitation). Course participants can register for one or both units of study.

With trimester 1 now complete and trimester 2 under way (2 June to 17 August), I look forward to welcoming more graduates at year's end.

Dr Chris Cokis
Chair, Chapter of Perioperative Medicine Board

Making it clear – Partnering with patients on fasting protocols

FROM LEFT

Associate Professor Sarah Aitken.

A consumer at a workshop on fasting.

A Sydney Perioperative Clinical Academic Group involved consumers as co-designers for a shortened perioperative fasting program. Associate Professor Sarah Aitken is a surgeon and a member of the ANZCA's Chapter of Perioperative Medicine Advocacy and Policy Committee.

Reducing unnecessarily prolonged fasting before surgery has been a recent focus of perioperative quality improvement strategies. While clinical guidelines support more liberal fluid intake before surgery, "nil by mouth from midnight" has remained the default fasting instruction in many settings.

Longstanding behavioural norms, theatre scheduling constraints, and the need for simple, consistent messaging have made it difficult to implement more liberal fluid fasting protocols across complex health systems. Even within Enhanced Recovery after Surgery (ERAS) programs, where patients are given carbohydrate-based drinks two hours prior to surgery, fasting durations are frequently longer than necessary. This causes thirst and discomfort and exposes patients to perioperative complication risks including glycaemic instability, nausea and vomiting, and renal injury.

At Tayside, Scotland, the novel Sip Til Send program allows patients to drink fluids until they are transported or "sent" to the operating theatre. The program was designed to improve perioperative efficiency by aligning hospital fasting policies with current evidence showing that fluids typically empty from the stomach within 20-30 minutes. Their quality improvement program used a clear, consistent message to patients and staff, supported by education and system-wide adoption. The program has since gained international interest as an example of how coordinated, evidence-based change can be effectively embedded into routine care.

THE CONTEXT

In 2024-25, Sydney Health Partners (SHP) translational research organisation led a coordinated initiative to adapt the Sip Til Send model across five public hospitals in central and western Sydney.

This was facilitated through SHP's Perioperative Clinical Academic Group (CAG), an NHMRC-funded interprofessional community of practice connecting perioperative clinicians, researchers and policy stakeholders across health services and universities.

Translating evidence into practice depends on more than protocol change. It requires systems thinking, clinical leadership, and sustained engagement with the people it affects.

The global shortage of intravenous fluids gave additional impetus to improve oral hydration and reduce routine preoperative IV use. The Sip Til Send approach offered a practical starting point, but it was necessary to adapt the program to the local Sydney contexts.

The hospitals involved in this initiative provide care to some of the most culturally and linguistically diverse communities in Australia. In several local government areas, more than half of residents speak a language other than English at home.

Health literacy levels vary widely, and for many patients, hospital information is one of their few direct encounters with formal health communication. In this setting, the clarity of instructions shape whether patients feel safe, and whether they trust and follow the advice they are given. It was imperative that any messaging about perioperative fasting was adapted to these specific language, cultural and health literacy contexts.

THE APPROACH

The Perioperative CAG took a multi-pronged approach, based on implementation science principles. Initial work involved surveys and interviews with perioperative clinicians- anaesthetists, nurses, and surgeons, to understand what supported or hindered change. Many raised concerns about unclear messaging and patient non-compliance, which they worried could lead to theatre delays. There were also practical concerns: if a patient misunderstood the advice, who would be responsible? What would it mean for staff already working under pressure? Could a clinician choose *not* to have their patients on a reduced fasting pathway?

Each hospital formed local working groups to set realistic implementation timelines, adapt formal protocols, and deliver education. At four hospitals, whole-of-hospital change was planned from the outset, and one chose a phased rollout. At all sites, individual clinicians could opt out of participating, and request their patients continue with existing fasting protocols.

The Perioperative CAG supported interventions through public webinars, and sharing protocols, flyers and education materials. Working groups also collaborated to share audit and quality improvement metrics.

To further guide this work, the Perioperative CAG sponsored local hospital consumer co-design sessions. The CAG provided an external facilitator who had no clinical affiliation led the discussion to create space for open and honest conversation and assisted with workshop organisation and recruitment.

THE PARTICIPANTS

At Concord Hospital, we had seven patients and two carers with experiences of surgery participate in one of these structured in-person workshops. Although the program was conducted in English, we purposefully included a wide range of patient ages, cultural and language diversity and clinical experiences.

Participants shared their own lived experiences of fasting prior to surgery, with many describing significant thirst, prolonged waits or theatre delays, and concerns about "doing the wrong thing". Allowing fluids closer to the time of surgery was seen as a positive and acceptable intervention.

Participants described that this would help with decreasing their concerns about dehydration, relieving the deeply uncomfortable feeling of having dry throat or mouth, and improving worry or anxiety around surgery.

Participants viewed their surgery as a high-stakes event, not only in regard to the procedure itself, but because the impact on the rest of their lives around the surgery date, such as time off work, travel, and carer scheduling. Overwhelmingly, the highest area of consumer concern was that the surgery would be postponed or cancelled by eating or drinking too close to their procedure. One participant expressed that he felt he would have "let himself down" if he incorrectly ate or drank anything in the time leading up to surgery.

When reviewing the proposed Sip Til Send materials, the consumer group raised several issues. The Scottish tone of the original campaign felt unfamiliar and terms like "cups of tea" or even "clear fluids" caused confusion.

Participants felt that many of the examples didn't reflect the typical drinks consumed in non-western cultures, and some participants weren't sure what counted as a clear fluid.

The phrase Sip Til Send was seen as catchy and cute, but without contextual explanation was too vague to provide guidance, and patients struggled to understand the meaning when English was not their primary language.

Participants preferred direct instructions, such as "When fasting before surgery, you can now drink up to 200ml of water each hour". Many wanted fasting instructions repeated, provided in writing and verbally, and ideally reinforced through picture guides and videos. Some requested translated versions in commonly spoken community languages. Others highlighted the importance of consistent advice from members of the perioperative team. When medical, nursing and administrative staff gave different messages, it reduced confidence and created uncertainty – "If it's not consistent, who's correct?"

THE IMPACT

These consumer insights were shared throughout the Sydney Health Partners network, and informed revision of patient-facing materials and implementation plans. The patient information was updated to use clearer language, simplified examples, and visual prompts.

Participating hospitals selected appropriate languages to translate patient-facing materials with, based on their local communities – in Concord, this was Mandarin, Italian and Arabic. By mid-2025, four hospitals had fully implemented the updated fasting protocols, with a fifth progressing through a partial rollout and planning underway at the sixth.

Post-implementation workshops involving both clinicians and consumers are now under way to assess how the new messaging is being received, and to identify any further communication barriers emerging in practice.

There are several messages for broader perioperative reform in this work. Translating evidence into practice depends on more than protocol change. It requires systems thinking, clinical leadership, and sustained engagement with the people it affects.

Consumer engagement adds real value. Effective co-design goes beyond consultation to build space for consumers to shape solutions from the outset, with attention to the social, cultural and linguistic contexts in which perioperative care takes place. Culturally responsive co-design frameworks highlight the importance of shared leadership, narrative practices, and place-based knowledge.

Models that acknowledge power-sharing and cultural worldviews have been shown to create safer, more resonant interventions, particularly in culturally diverse and historically underserved populations.

Our collaborative model of practice change reflects many of these principles and is highly transferable to other perioperative quality care initiatives. Critical to this success has been the inclusion of interprofessional clinicians, site-level adaptation, and early, meaningful involvement of patients and consumers.

Associate Professor Sarah Aitken, FRACS
Sydney Health Partners Perioperative Clinical Academic Group

ABOVE

An in-person workshop was held at Concorde Hospital, NSW.

Tackling leaks from nitrous oxide infrastructure

Nitrous oxide is a greenhouse gas, with a global warming potential 273 times that of carbon dioxide. It is ozone-depleting and remains in the atmosphere for over 100 years. Nitrous oxide accounts for about 20 per cent of the Australian health system's Scope 1 carbon dioxide equivalent emissions[1].

Since 2021, hospitals around the world have been discovering that their reticulated nitrous oxide systems leak; these leaks have been found to represent 47-100 per cent of a hospital's purchased nitrous oxide. This leaked gas has not provided any clinical benefit and represents a potentially significant emissions reduction opportunity.

Hospitals around the world have been decommissioning their reticulated nitrous oxide systems in response to these findings and returning to using nitrous oxide directly from cylinders at the point of care. Anaesthesia societies in the UK and Ireland[2], and in the US[3], have both released statements recommending that reticulated nitrous oxide systems be decommissioned. Doctors for the Environment Australia have also released a statement with the same recommendation.[4]

RECENT CHANGE TO AUSTRALASIAN HEALTH FACILITIES GUIDELINES

The ANZCA Environmental Sustainability Network (ESN) Executive members are actively involved in numerous high-level advocacy efforts regarding nitrous oxide.

In 2024, the Australasian Health Infrastructure Alliance (AHIA) proposed an amendment to the Australasian Health Facility Guidelines (AusHFG) in relation to the requirement for reticulated nitrous oxide systems in healthcare facilities. They sought endorsement from New Zealand and all states and territories in Australia.

ESN Executive members provided feedback on behalf of ANZCA to the Department of Health, Victoria; RANZCOG also provided feedback supporting the changes.

"Part B – Health Facility Briefing and Planning 0520 – Operating Suite"[5] now says:

"The use of nitrous oxide in operating theatres, procedural suites and emergency departments is declining due to a range of clinical and environmental concerns. Reticulated systems have been found to increase leakage of nitrous oxide (a potent greenhouse gas) to atmosphere, can increase facility operating costs and potentially expose staff to nitrous oxide.

Reticulated nitrous oxide and associated scavenge outlets are not mandatory for any healthcare service and point of care cylinders can meet clinical requirements for the majority of healthcare facilities.

Where found to be clinically necessary, the provision of nitrous oxide via piped outlets or via cylinder is to be determined at a project level, based on an assessment of expected clinical need and associated risk assessment, particularly for services with high utilisation such as birthing suites. Birthing suites may have a dedicated reticulated nitrous oxide system, whilst the rest of a facility is supplied by point of care cylinders. The associated cost impacts should be considered including the storage and management of cylinders.

Due consideration must be given to a range of operational considerations including:

- Monitoring and measurement of usage.
- Management of leakage.
- Work Health and Safety (WHS) requirements relating to the use of cylinders.
- Approach to the provision of scavenge where cylinders are used
- Appropriate storage for cylinders, and
- Security of gas sources given it is used as a recreational drug."

The implications are that health facilities are not required to have reticulated nitrous oxide in Australia and New Zealand.

ACTIONS ACROSS AUSTRALIA AND NEW ZEALAND

Guidelines on detecting and estimating leaks in reticulated nitrous oxide systems were published by the Australian interim Centre for Disease Control and University of Melbourne in 2024[7], with several anaesthetists in the author group.

Leak testing and estimation has occurred at many hospitals, demonstrating leaks as expected from overseas reports, and a number have either decommissioned their reticulated nitrous oxide systems or are intending on decommissioning in 2025.

These sites include the Royal Melbourne Hospital (Vic), St Vincent's Hospital (Vic), The Prince Charles Hospital (Qld), Sir Charles Gairdner Hospital (WA), Kalamunda Hospital (WA), Broome hospital (WA), Modbury Hospital (SA), Christchurch Hospital (NZ), Burwood Hospital (NZ) and Dunedin Hospital (NZ).

FURTHER LEARNINGS/ESN LED ACTIVITIES ON NITROUS OXIDE

Recognising that reducing emissions from nitrous oxide is part of the National Health and Climate Strategy[1], it is important for all specialists to consider the concerning reports of significant nitrous oxide leaks in Australia and New Zealand. Resources to support your understanding include:

- The ESN webinar on Understanding and managing nitrous oxide leaks[6] in August 2024, addressing the mitigation of nitrous oxide leakage and decommissioning of piped nitrous oxide. Speakers included Dr Paul Southall (UK), Dr Wyn Strodbeck (NZ), Ms Kellie Williams (Qld) and Dr Eugenie Kayak (Vic).
- The Australian Government's guide (2024) to detecting and reducing leaks from nitrous oxide in healthcare facilities[7].

NEXT STEPS

The ESN Executive will continue to educate, network and create cross-disciplinary and international collaborative opportunities. The development of an ANZCA statement on reticulated nitrous oxide is under way and is aimed at improving the environmental impacts of our specialty.

We invite all interested anaesthetists and perioperative staff to join the ANZCA ESN. Visit our webpage for details – www.anzca.edu.au/about-us/our-culture/environmental-sustainability.

Dr Emily Balmaks, FANZCA
Dr Cas Woinarski, FANZCA
On behalf of the ANZCA Environmental Sustainability Network (ESN) Executive

THE ENVIRONMENTAL SUSTAINABILITY NETWORK

The Environmental Sustainability Network (ESN) advocates, collaborates and promotes initiatives and projects related to environmental sustainability within anaesthesia, perioperative and pain medicine. It has moved from strength to strength since its establishment in 2022 and now has over 400 members across Australia and New Zealand.

ANZCA's commitment to environmental sustainability was solidified through 2020 ANZCA Council's Statement on Climate Change and further strengthened with ANZCA's commitment to the Australian Commission on Safety and Quality Joint Statement on Working together to achieve sustainable high-quality health care in a changing climate in October 2024.

The college continues to call on all levels of government to respond to the public health emergency and has welcomed the opportunity to work in partnership to address it.

For more information go to www.anzca.edu.au/about-us/our-culture/environmental-sustainability.

References

1. Australian Government – Department of Health and Aged Care (2023) *National Health and Climate Strategy,* available at https://www.health.gov.au/sites/default/files/2023-12/national-health-and-climate-strategy.pdf
2. Royal College of Anaesthetists (2024) *Consensus Statement on the Removal of Pipeline Nitrous Oxide in the United Kingdom and Republic of Ireland,* available at https://rcoa.ac.uk/sites/default/files/documents/2024-07/Consensus%20statement%20on%20removal%20of%20pipeline%20nitrous%20oxide.pdf
3. American Society of Anesthesiologists (2024) *Statement on Deactivating Central Piped Nitrous Oxide to Mitigate Avoidable Health Care Pollution,* available at https://www.asahq.org/standards-and-practice-parameters/statement-on-deactivating-central-piped-nitrous-oxide-to-mitigate-avoidable-health-care-pollution
4. Doctors for the Environment Australia (2024) Position statement - Healthcare facility nitrous oxide infrastructure, available at https://assets.nationbuilder.com/docsenvaus/pages/2435/attachments/original/1731895793/DEA_N2O_position_statement_Nov_2024.docx.pdf?1731895793
5. Australasian Health Facility Guidelines (AusHFG) (2025) *Part B - Health Facility Briefing and Planning, 0520 – Operating Suite,* available at https://aushfg-prod-com-au.s3.amazonaws.com/HPU_B.0520_7_update%20nitrous%20oxide.pdf
6. ANZCA ESN Executive - webinar recording (2024) *Clearing the air: Understanding and managing nitrous oxide leaks,* available at https://www.youtube.com/watch?v=pcgnDbeMvR0
7. Australian Government – Department of Health and Aged Care (2024) *Detecting and reducing leaks from nitrous oxide in healthcare facilities – A practical guide,* available at https://www.health.gov.au/resources/publications/detecting-and-reducing-leaks-from-nitrous-oxide-in-healthcare-facilities-a-practical-guide?language=en.

Safety and quality

We are the foremost authority on anaesthesia, pain medicine, and perioperative medicine in Australia and New Zealand, respected by governments and the healthcare sector to provide expert advice that ensures the safety of our patients.

GLP-1 RA and dual GLP-1/GIP RAs guide updated

In April we published updated clinical practice recommendations for patients taking GLP-1 RAs or dual GLP-1/GIP RAs prior to anaesthesia or sedation for surgical and endoscopic procedures. These were developed in collaboration with the Australian Diabetes Society (ADS), the National Association of Clinical Obesity Services (NACOS) and the Gastroenterological Society of Australia (GESA).

The guidelines have been endorsed by ANZCA and all these societies. New evidence and overseas experience since publication of the original recommendations were considered as part of this revision.

More recently the Therapeutic Goods Administration (TGA) has released a Medicines Safety Update with new warnings to be added to the PI of risks during anaesthesia or deep sedation. This specifically warns of aspiration risk, the need for patients to inform their anaesthetist, and for anaesthetists to consider the risks of aspiration and manage them accordingly.

The updates are designed to help with this challenge and include a decision-aid flowchart linked to explanatory statements and a clear statement regarding the recommendation *not to withhold* these drugs prior to a procedure. The recommendations have been widely accessed and well received by ANZCA members, but there are a number of areas which are helpful to expand on.

PATIENT INFORMATION, FAQS DEVELOPED

The college has developed FAQs and patient information for clinicians to use when talking to patients using GLP-1/GIP receptor agonists.

A new webpage, "GLP-1 receptor agonists - clinical practice recommendations" (www.anzca.edu.au/safety-and-advocacy/standards-of-practice/clinical-practice-recommendations-regarding-patients-taking-glp-1) includes links to:

- The guidance document "Clinical Practice Recommendations regarding patients taking GLP-1 receptor agonists and dual GLP-1/GIP receptor co-agonists prior to anaesthesia or sedation for surgical and endoscopic procedures".
- FAQs for clinicians.
- A patient information sheet.
- A patient information form.

These patient information resources are for clinicians and their staff to give to patients. They can be adapted to the requirements of facilities or procedures. The patient information documents complement the recommendations in the guidance document.

The guidance is in response to recent case reports and large case series that have shown a risk of retained gastric contents and cases of pulmonary aspiration during sedation for endoscopic procedures or general anaesthesia in individuals treated with GLP-1RAs or GLP-1/GIPRAs.

Several queries have been received seeking clarification on the guidance around fasting periods. Professor David A Scott, ANZCA Director of Professional Affairs – Policy, has developed the following points to provide clarity:

- The "24 hour clear fluids recommendation" is intended to apply to '*the full day before surgery*'.
- On the day of surgery the simplest approach is to allow water only (max 200 mL per hour – approx half a cup) from waking until 2 hours before the procedure is due to commence (as outlined in *PG07 Pre-anaesthesia consultation*).
- Apple juice or another specific clear carbohydrate containing liquid may be considered an option depending on individual circumstances (eg diabetes) or hospital protocols.
- Sip Til Send is not recommended as we are currently unaware of any data regarding the safety (or otherwise) of Sip Til Send in association with the use of GLP-1 RA and dual GLP-1/GIP RAs, and therefore caution is being applied and only limited clear liquids from 6 to 2 hours pre-procedure are the safer option.
- Other risk factors for delayed gastric emptying in an individual case must always be considered, of course.

To help preoperative teams communicate this information to patients, a Patient Information Sheet has been developed which can be customised to individual hospital needs. It is available here in a more detailed here in a long form, or as a single page sheet to which individual dates and times can be added.

Go to www.anzca.edu.au/safety-and-advocacy/standards-of-practice and click on "GLP-1 receptor agonists - clinical practice recommendations".

Safety alerts

Safety alerts appear in the "Safety and quality news" section of the *ANZCA E-newsletter* each month.
A full list is available on the ANZCA website:
www.anzca.edu.au/safety-advocacy/safety-alerts.

Recent alerts:

- Critical recall: Reynard antiseptic skin care products (28 March 2025)
- Checking anaesthetic breathing circuits for obstructions or leaks (24 June 2025)

Video laryngoscopy trends and predictors analysed

The increasing adoption of video laryngoscopy in anaesthesia practice is supported by evidence suggesting improved first-pass intubation success rates and better glottic views[1].

Recent consensus guidelines on the prevention of unrecognised oesophageal intubation (PUOI) recommends the routine use of video laryngoscopy whenever feasible[2]. This recommendation highlights the importance of understanding current video laryngoscopy usage patterns.

Currently, published data on specific device usage, influencing factors, and associated healthcare costs remain limited. With notable cost variations existing between different video laryngoscopy devices, understanding these dynamics is critical for departmental planning regarding resource allocation as well as prioritising patient safety and outcomes.

At the Princess Alexandra Hospital, a major tertiary centre in Brisbane, Queensland, an anecdotal shift towards increased video laryngoscopy was reported.

We embarked on a quality improvement project to quantify this and explore underlying factors. Our aims were to analyse laryngoscopy trends, identify predictors for video laryngoscopy use and consider cost-related implications of specific device selection. This was done over two years spanning January 2023 to December 2024.

TAMING BIG DATA WITH INNOVATION

Our retrospective audit included 20,941 adult intubation records for general anaesthesia. Data extracted from the Electronic Medical Record (iEMR) included laryngoscopy type (video vs. direct), specific video devices (for example, Glidescope® Verathon, C-MAC® KARL STORZ, McGRATH™ Medtronic), case urgency (emergency versus elective), after-hours status, operating theatre location (main versus peripheral), ASA physical status classification, and the training level of the primary anaesthetist (registrar versus consultant).

The initial dataset comprised over 400,000 entries, presenting a significant data optimisation challenge. To overcome this, we developed an in-house web application using Python and Javascript to automate this process, transforming a task that would have taken days into a workflow completed within approximately a couple of hours. Descriptive analyses and multivariate logistic regression were then used to assess usage patterns and predictors.

PREVENTING UNRECOGNISED OESOPHAGEAL INTUBATION: A CONSENSUS GUIDELINE

This consensus guideline was developed by the Project for Universal Management of Airways and is supported by ANZCA Council.

Unrecognised oesophageal intubation continues to be a rare cause of death for individuals requiring management of the airway and has not significantly reduced over many years.

It is the first guideline providing comprehensive recommendations for preventing unrecognised oesophageal intubation. In addition to providing clear guidance on the technical aspects of task performance and decision-making, recommendations also address the critical role of human factors in preventing unrecognised oesophageal intubation.

The use of videolaryngoscopes to prevent oesophageal intubation is well-recognised and a key recommendation of the guideline is that these devices should be used whenever feasible.

The college does not, however, mandate the use of videolaryngoscopes for every intubation in clinical practice, recognising that most training sites and other hospitals do not have sufficient videolaryngoscopes to be used in every case.

As such, proficiency with direct laryngoscopy is a skill that will continue to be a part of the curriculum of the ANZCA Anaesthesia Training Program.

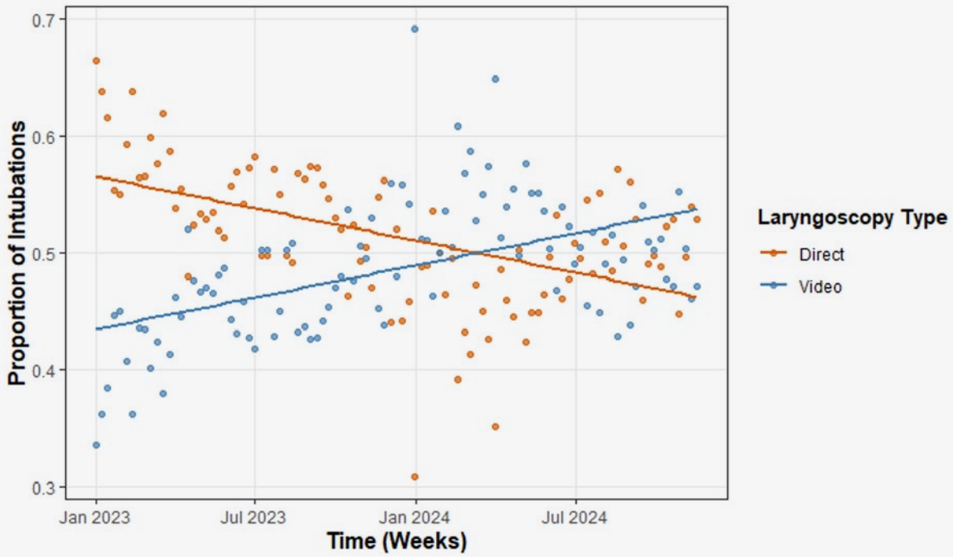
Additionally, updates to ANZCA professional documents *PG18 Monitoring* and *PG56 Difficult Airway Equipment* reinforce the clear safety message regarding detection of oesophageal intubation by a lack of a "sustained capnography waveform".

Clinical signs of intubation (auscultation, fogging within the tracheal tube and chest rise and fall) might be misleading in excluding oesophageal intubation. Waveform capnography must be used as the primary method to exclude oesophageal intubation, but clinical signs are useful to confirm the precise location of the tube such as for excluding endobronchial placement.

A CLEAR SHIFT TOWARDS VIDEO LARYNGOSCOPY

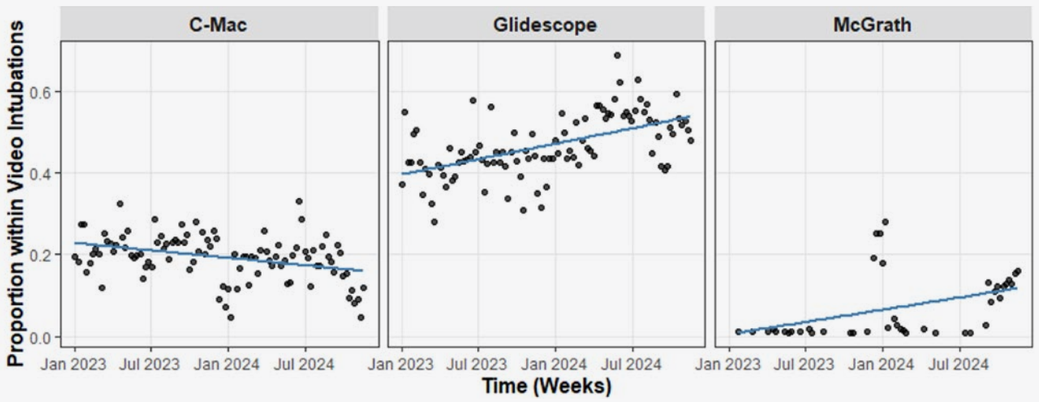
Of the 20,941 intubations across two years, video laryngoscopy accounted for 48.6% (n=10,184). Among these video intubations, the Glidescope® was the most frequently used device (47.2%), followed by the C-MAC® (19.3%), and the McGRATH™ (2.9%), with other devices comprising the remaining 30.6%.

Figure 1. Direct vs Video Latyngoscopy over Time



Proportion of direct versus video laryngoscopy intubations per week over a two-year period (January 2023 - December 2024) at the Princess Alexandra Hospital, Brisbane, Qld. Trend lines illustrate an increasing proportion of video laryngoscopy compared to direct.

Figure 2. Trends of Video Devices over Time



Trends in the proportional use of specific video laryngoscopy devices (C-Mac®, Glidescope®, McGRATH™) within all video intubations per week over a two-year period (January 2023 - December 2024). Trend lines indicate a decreasing proportion for C-Mac®, and increasing proportions for Glidescope® and McGRATH™.

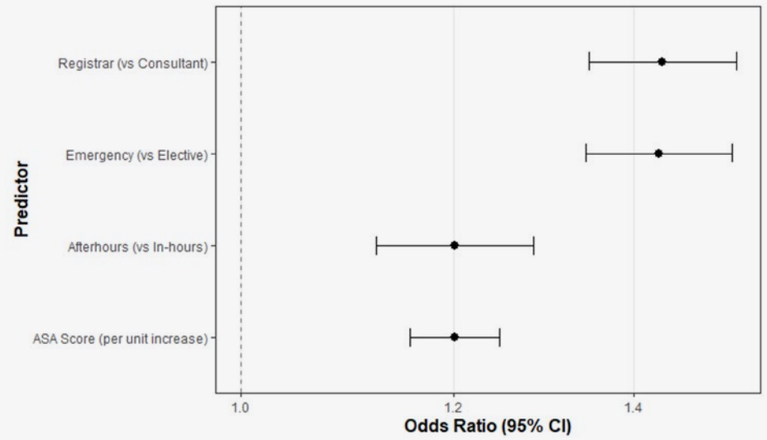
A significant upward trend in overall video laryngoscopy use was observed over the two-year period. Notably, the Glidescope® demonstrated a significant increase in its proportion of overall video laryngoscopy use per week (β=0.00145, p<0.001), contrasting with declining trends for other video laryngoscopy devices.

Multivariate logistic regression revealed several predictors for video laryngoscopy use:

- After-hours procedures: Odds Ratio (OR) 1.20 (95% CI 1.12–1.28, p<0.001)
- Emergency cases: OR 1.42 (95% CI 1.33–1.51, p<0.001)
- Higher ASA class: OR 1.20 (95% CI 1.16–1.25, p<0.001)

Primary anaesthetist being a training registrar (without consultant present): OR 1.44 (95% CI 1.35–1.54, p<0.001)

Figure 3. Predictors of Video Laryngoscopy Use



Forest plot illustrating predictors of video laryngoscopy use identified through multivariate logistic regression. Odds Ratios (OR) and 95% Confidence Intervals (CI) are shown for registrar-led intubations (versus consultant), emergency cases (versus elective), after-hours procedures (versus in-hours), and per unit increase in ASA physical status classification score. An OR > 1.0 indicates an increased likelihood of video laryngoscopy use.

BALANCING CLINICAL NEEDS AND RESOURCE STEWARDSHIP

The increasing use of video laryngoscopy, particularly the Glidescope®, is evident within our institution. This trend is most pronounced in higher-risk scenarios such as emergencies, after-hours procedures, patients with significant comorbidities, and cases managed by registrars operating without direct consultant supervision. The notable preference for specific devices raises the need to consider cost differences between different video laryngoscopes. Our research findings are helpful for resource allocation and financial stewardship in addition to identifying key areas to optimise video laryngoscopy usage. By understanding user preferences, device availability and clinical factors, departments can provided targeted interventions, including training, education and local protocols.

The web application developed for this project is also a significant ancillary benefit. Its reusability allows for ongoing analysis of video laryngoscopy uptake and specific device trends, which can inform the effectiveness of any interventions introduced. We are currently planning to expand this project to encompass five years of data from all EMR sites across Queensland.

Overall, as the use of video laryngoscopy inevitably increases, understanding these trends help ensure this occurs in a supported and sustainable manner.

Dr Frank Huang,
Dr Sarah Bowman, FANZCA
Metro South Health, Queensland

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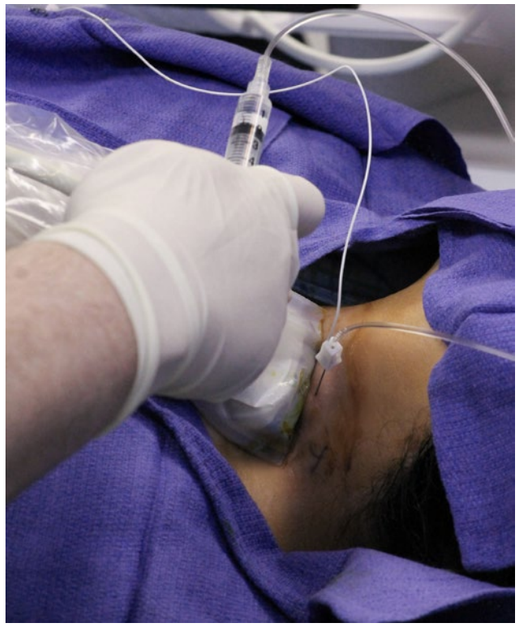
WebAIRS

Wrong-side blocks: lessons learned



This article highlights two of the cases included in the review to show the potential scenarios in which wrong-sided blocks can occur, and the complications associated with them.

BACKGROUND

In 2010, the Safe Anaesthesia Liaison Group (SALG) from the National Health Service (NHS) in England first published the "Stop Before You Block" (SBYB) campaign.

This was in response to 67 inadvertent wrong-sided blocks performed over a 15-month period. A wrong-sided block was considered a "never event" – one which was unacceptable, and where preventative measures should be implemented to reduce incidence. Common causes for error in this analysis included distraction, time delay between sign-in and performance of block, and covering-up of surgical site marking.[1]

Despite an update of SBYB material in 2021 and various campaigns to prevent laterality errors, wrong-sided blocks continue to occur in the public and private sectors. A review of such events was conducted with the Australian and New Zealand Tripartite Anaesthetic Data Committee (ANZTADC) to establish common causes and potential targets for improvement.

Retrospective analysis was conducted through the webAIRS database. This centralised reporting system received its first case in 2009, and as of 25 April 2024 had 249 registered sites and 11,425 incidents. Incidents were filtered to those containing peripheral nerve blocks, and further narrative search identified 43 cases appropriate for inclusion.

DE-IDENTIFIED CASE REPORTS

A patient was admitted for an elective total shoulder replacement under a general anaesthetic. An interscalene block was planned for postoperative analgesia. On arrival to the anaesthetic bay, the surgical side was verbally confirmed with the patient, 2 mg of midazolam was subsequently administered and the interscalene block performed. After finishing, the patient said, "So this side will be numb, what about the other side?" The proceduralist immediately realised they had performed a wrong-side block.

The anaesthetist apologised, and a considered decision was made to perform a second low-volume regional block on the correct limb. After the second block, the patient noticed some difficulty taking deep breaths, and paradoxical breathing was observed. General anaesthetic was induced, and the patient was admitted to intensive care and ventilated postoperatively as a precaution, until adequate respiratory effort was demonstrated.

The reporter of this incident raised contributing factors such as a heavily booked list, a change in routine, failure to perform a stop moment with the anaesthetic assistant, and insufficient attention to detail.

In a separate incident, an anaesthetic registrar cared for an elderly patient presenting to the operating theatre for fixation of a peri-prosthetic femur fracture. The patient had impaired cognition and was difficult behaviourally, so a plan was made to induce anaesthesia and then perform a nerve block asleep. On moving onto the operating table, it was realised that a block had been performed on the wrong side.

Several points were raised in this case. The registrar involved had recently done a night shift, with associated fatigue. There was difficulty establishing vascular access which resulted in significant time delay between anaesthetic time-out and block. And similarly to the first case, no formal block time-out was performed immediately prior to needle insertion.

DISCUSSION

The true incidence of wrong-sided blocks in the Australasian population is still unknown. From an international study in 2014, the incidence is approximated at 0.04 per cent (derived from seven events in 19,268 procedures).[2] It remains an important issue, with causes usually being multifactorial.

Complications are uncommon, but when they do arise, they can have serious implications for patients and health systems. This was the case in our first example above, where bilateral phrenic nerve palsy resulted in respiratory distress and a cautionary admission to intensive care postoperatively.

SBYB was one measure implemented to prevent such laterality errors. Following its publication, ANZCA released a professional guideline *PG03(A) Major regional anaesthesia* in 2014. It similarly supports a "block time-out" or "pause moment" prior to needle insertion.[3] Unfortunately, the uptake and efficacy of SBYB has been variable. In the UK, a retrospective analysis pre-implementation of SBYB revealed a range of 27-56 wrong-side blocks annually between 2007 to 2010. This was unfortunately similar post-implementation, with 45 wrong-side blocks in 2015.[4] Locally, uptake of SBYB was reviewed following education about the process, which showed only 57 per cent of blocks having a pre-block site check performed.[5]

The aim of the webAIRS analysis is to examine all available reports of wrong-sided blocks, with the primary goal of identifying common contributors specific to Australian and New Zealand patients. Ideally, this information will be useful in guiding future recommendations to avoid preventable laterality errors.

The ANZTADC will work in conjunction with the ANZCA Safety and Quality Committee to explore these methods. Data from this analysis will be available for review later in 2025.

Dr Thomas Curtis, FANZCA
Dr Yasmin Endlich, FANZCA
and the ANZTADC Case Report Writing Group

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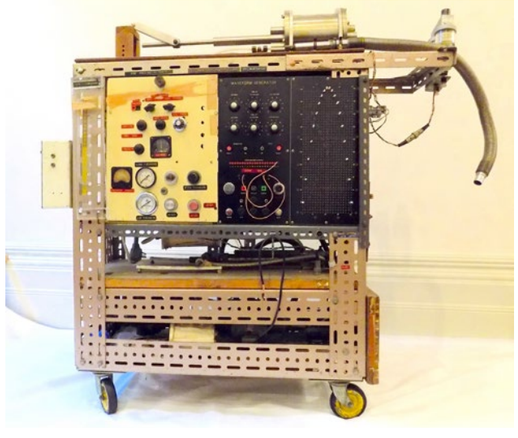
OPPOSITE

Interscalene nerve block injection procedure. Attribution: PainDoctorUSA, CC BY-SA 4.0, via Wikimedia Commons

Professor Barry Baker steps down as honorary historian



Professor Barry Baker has stepped down from his position of honorary historian to ANZCA after 12 years. Barry has had a long involvement at many levels with initially the Faculty of Anaesthetists, Royal Australasian College of Surgeons (RACS), and from 1992, the college. This has included dean of the faculty, Director of Professional Affairs and many other roles (see tables for his many contributions).

Barry has been a unique pioneer in academic anaesthesia in Australia and New Zealand. After early training in anaesthesia in Brisbane, he spent four years in the Nuffield Department of Anaesthesia at Oxford University and at Magdalen College obtaining his Doctor of Philosophy with a thesis entitled "The physiological responses to artificial ventilation".

He then returned to Brisbane as reader in anaesthesia, University of Queensland, at the Royal Brisbane Hospital, and from 1975 until1992, he was the Foundation Professor of Anaesthesia and of Intensive Care in Dunedin at Otago University, the first chair anaesthesia in New Zealand.

From 1992 until 2005, he became the second Nuffield Professor of Anaesthesia at the University of Sydney and Royal Prince Alfred Hospital (RPA).

His first publication was in 1964 and since then he has published more than 200 papers, chapters and books in many areas of applied respiratory physiology, ventilation, intensive care medicine, pharmacology, cardiovascular anaesthesia, anaesthesia workforce and education. He has mentored and supervised students, trainees and higher post-graduate qualifications.

Barry has had a major commitment behind the scenes of academic anaesthesia in Australia and New Zealand. He has been the longest serving member of the editorial board of *Anaesthesia and Intensive Care,* recently stepping down after 50 years, including time as acting chief editor in 2002-2003. This amazing contribution is unlikely to ever be repeated, and he was awarded the Ben Barry Medal in 2006 for outstanding contributions to the journal.

FROM TOP

Emeritus Professor Barry Baker.
The waveform ventilator built by Professor Baker in 1971 as part of his Doctor of Philosophy at Oxford University.

Of relevance to his last position as ANZCA's Honorary Historian, Barry has made many and often unrecognised contributions to the history of our specialty and related fields, over decades.

Barry has an unusual history qualification – a diploma in the History of Medicine of the Society of Apothecaries (DHMSA) which he obtained in 1982. This society is an early livery company of the City of London which has been in existence for more than 400 years. It offers postgraduate diplomas in various area of medicine. Very few anaesthetists hold this qualification.

Barry has presented and published many papers on the history of anaesthesia at faculty, college and Australian Society of Anaesthetists meetings. He has travelled to nine and presented at seven of the 10 four-yearly International Symposia on the History of Anaesthesia (ISHA), including being on the organising committee of the 8th ISHA in Sydney and Melbourne in 2013.

Some of his major history publications include:

- 2002: 50 years of the faculty and College of Anaesthetists.
- 2004: One Grand Chain (Vol 2). The History of Anaesthesia in Australia 1934-1962 with Gwen Wilson, Geoffrey Kaye and Garry Phillips.
- 2005: Australia's first anaesthetic department – 75 years at the RPA.
- 2012: The story behind the ANZCA coat of arms.
- 2016: 25 Years of ANZCA leadership.
- 2018: Genesis of the College of Intensive Care Medicine of Australia and New Zealand.

Barry designed and donated the following ceremonial medals of office for:

- President's Medal, ANZCA, in 1994.
- Dean's Medal, Faculty of Intensive Care, ANZCA, in 1997 (no longer used).
- President's Medal, CICM, in 2001.

Dr Jane Baker, Barry's wife whom he met while in Oxford and who is also a FANZCA has been his rock and constant supporter throughout his career, as well as having her own anaesthesia career. They have three children including one who is a FANZCA, and six grandchildren including one named Barry. Barry senior has been a keen bushwalker/mountaineer and chess player and, now aged 86, we hope he has time to continue pursuing his historical interests at a leisurely pace.

On behalf of ANZCA, we thank him for a dedicated lifetime of invaluable support, advice, wisdom and contribution. Specifically for his passion for the preservation, recording and promotion of the developments and history of our specialty.

Dr Michael Cooper AM
Honorary Historian, ANZCA

Dr Christine Ball AM
Honorary Curator, Geoffrey Kaye Museum of Anaesthetic History

HONOURS

- 1987: Honorary membership of the Australian Society of Anaesthetists.
- 1993: Court of Honour, Royal Australasian College of Surgeons.
- 1994: Orton Medal, ANZCA's highest honour.
- 1998: Australasian Visitor, ANZCA Australian Scientific Meeting.
- 1998: Douglas Joseph Professorship.
- 2012: Inaugural Pugh Day Oration, Launceston.
- 2012: Member of the Order of Australia (AM) – Queen's Birthday honours.

FACULTY OF ANAESTHETISTS CONTRIBUTIONS

- 1974-1991: Examiner in Physiology, Primary Examination, and 1989-1991 Final. Examinations for Anaesthesia and for Intensive Care.
- 1975-1977: Foundation Chair, Section of Intensive Care.
- 1981: Chair, Education Committee for Intensive Care.
- 1984: Education Officer (Intensive Care).
- 1987-1990: Dean, Faculty of Anaesthetists, RACS.

ANZCA CONTRIBUTIONS

- Designed the armorial bearings for the college and ceremonial medals.
- 1992: Member, inaugural ANZCA Council.
- 1992: Examinations Committee.
- 2006: Director Professional Affairs.
- 2009: Executive Director Professional Affairs.
- 2009: Quality and Safety Committee.2010: Dean of Education.
- 2013: Chair, Education, Training and Assessment Committee.
- 2013: ANZCA history and heritage panel.

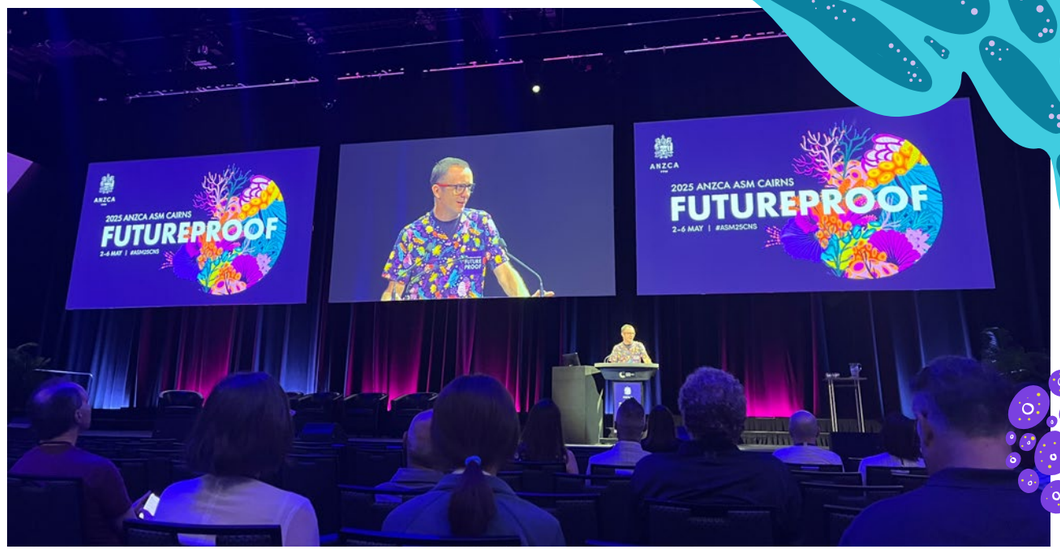
OTHER

- 1989-1995: Chair of Education and Standards Subcommittee, Committee of Presidents of Medical Colleges.
- 1998-2000: Chair, Human Ethics Committee, University of Sydney.
- 2008: Member, inaugural council, College of Intensive Care Medicine of Australia and New Zealand (CICM).

2025 ANZCA ASM CAIRNS

FUTURE PROOF

2–6 May | #ASM25CNS



ABOVE
Convenor Dr Andrew Potter at the opening plenary session.

The wrap up

After more than two years of preparation we were thrilled to deliver the 2025 ANZCA Annual Scientific Meeting (ASM) in Cairns from May 2-6. Our Regional Organising Committee (ROC), with the assistance of the ANZCA events team curated an incredible program of scientific content to "Future Proof" our specialty. We are incredibly grateful to the dedication of all the speakers, workshop facilitators and 1950 delegates who made the journey to Far North Queensland to learn and network in a safe, collegiate, and productive environment.

The plenary sessions were sensational, featuring impressive invited speakers who delivered captivating, entertaining, and at times challenging sessions that will undoubtedly be etched in our memories. Seeing more than 200 new fellows across ANZCA and FPM formally welcomed into the college at the College Ceremony in front of family, friends and mentors was a momentous highlight, and Professor Kevin Fong's inspiring oration left a lasting impact.

We believe that our "Future Proof" theme, which built upon the three pillars of sustainability – environmental, personal well-being, and workforce sustainability – was effectively captured throughout the program. I commend the ROC team for their remarkable work in this regard. I am confident that the delegates – those who attended in person and those who registered for the on-demand program – will revisit the numerous educational opportunities offered. With more than 150 trainees also attending the meeting the future of our college is strong.

Despite the rain, the warm and inviting atmosphere of Cairns shone through, allowing us to showcase the achievements of our college, faculty, and profession. Optional activities such as mountain biking, diving, fun-running, and even Jedi training provided a chance for delegates to engage in some fun and relaxation. The ASM Tropical Soirée, which concluded the meeting, will live long in the memory.

To our colleagues at Cairns Hospital who shouldered extra burdens to allow us the time to deliver the meeting we extend an enormous thank you for your understanding and willingness to support us.

As we look across the Tasman to next year's meeting in Auckland, we extend our warm wishes to our Kiwi colleagues for a successful 2026 meeting. We are excited about the continuing opportunities for learning and reconnection that the ASM has to offer.

Dr Andrew Potter
Convenor
2025 ANZCA ASM

Widespread media coverage

The college's media manager issued eight media releases on a range of topics including childhood pain, birth trauma, "Jedi" anaesthetists, webAIRS, enhanced recovery and chatbots to help people living with chronic pain.

More than 100 syndicated articles were published reaching an audience of nearly five million people and FPM Dean Dr Dilip Kapur went into the ABC Cairns studio for a live 10-minute interview with the Queensland Northern Drive program host Adam Stephen.

FANZCA Professor Paul Myles was interviewed by the *Herald Sun* for an exclusive page 3 article on 7 May about his research into nitrous oxide and depression. The study findings were also reported by Nine News bulletins in Perth, Adelaide and Melbourne and 10 News in Sydney and Melbourne. The top rating radio Melbourne breakfast 3AW team interviewed Professor Myles about the research and radio news bulletins on 3AW, 2SM, Smooth FM, 2GB, 2HD (Newcastle), 2CC (Canberra), 6PR, FIVEAA and Curtin FM also included news segments on the study with a total audience reach of more than two million people.


14 NEWS

Anaesthetist wields lightsabre to fight burnout, not Sith

Cairns' force awakens

Cairns anaesthetist Dr Vesselin Petkov featured in a *Cairns Post* article previewing the ASM Jedi light sabre workshop. The article was syndicated to the *Herald Sun* and *Hobart Mercury*, the *Daily Telegraph*, the *Townsville Bulletin*, the *Geelong Advertiser*, *Adelaide Now*, the *NT News*, and the *Gold Coast Bulletin* reaching an audience of nearly 400,000 people.

ANZCA President Professor Dave Story was also photographed outside the Cairns Hospital for a page one article in *The Australian* on 3 May about hospital workforce pressures.

Connecting online

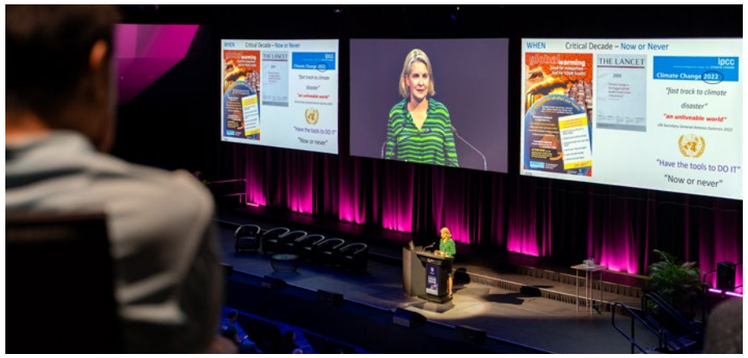
This is the first year we've used Bluesky to connect virtually throughout the ASM. It was great to see delegates engaging on the platform and sharing their highlights. During the ASM our Instagram content received nearly 63,000 views and more than 600 interactions (likes, shares, comments, saves) across posts and stories.

Our Facebook page content had nearly 70,000 views and more than 700 interactions. The College Ceremony livestream had more than 4500 views on Facebook and our YouTube channel clocked up more than 2160 views.

ASM PHOTO GALLERY

Opposite page, clockwise from left: A delegate bravely holds a python at the Roaming Wild booth in the healthcare industry exhibition; Our regional organising committee (ROC) take the stage at the Tropical Soiree; ANZCA staff ready to answer queries at the ANZCA & FPM Lounge.

This page, clockwise from left: the College Ceremony was a highlight for many, seeing new fellows admitted to the college; The MARIAs (including a couple of Cairns anaesthetists) performing at the Tropical Soiree; Delegates wear their bright colours and bold patterns for the Tropical Soiree; Keynote speaker Professor Kevin Fong presenting his talk on "Risky business"; Keynote speaker and sustainability advocate Professor Eugenie Kayak presents on "Leadership and advocacy in a warming world"; FPM Dean Dr Dilip Kapur welcoming an FPM new fellow to the faculty.



ASM STATS

2231 delegates

263 speakers, workshop facilitators and contributors

55 sessions

115 workshops

60 HCI sponsors and exhibitors

Welcoming PNG anaesthetists at the ASM

This year's ANZCA Annual Scientific Meeting (ASM) marked a significant milestone for anaesthetists from Papua New Guinea (PNG) with support from the college's Global Health Committee.

Dr Arvin Karu and Dr Michelle Masta, two leading figures in PNG anaesthesia, joined colleagues Dr Pauline Wake and Dr Hilbert Tovirika as speakers on the ASM scientific program. It was the first time that a group of PNG speakers shared their experiences of the specialty in an ASM program.

And, in another first, the specialty in PNG was officially recognised in the official stage party for the 2025 College Ceremony with Dr Karu joining other officials and anaesthesia leaders at the Cairns Convention Centre.

"Seeing my name in the ceremony booklet and then being on stage gave me a new perspective of the specialty as it is a recognition of the work we're doing in PNG," Dr Karu told the *ANZCA Bulletin*.

Until recently the head of department at Port Moresby General Hospital, Dr Karu has spent time in Australian hospitals during his career – including Townsville Hospital and The Children's Hospital, Westmead in Sydney.

He also attended the 2025 Emerging Leaders Conference (ELC) as the president of the PNG Society of Anaesthetists and Intensivists before the ASM.

ABOVE FROM LEFT

ANZCA Global Development Committee supported delegates and members at the ASM.

Dr Michelle Masta and Dr Arvin Karu.

"Being able to discuss and reflect on leadership was a highlight of the ELC meeting for me," Dr Karu explains.

"I learnt a lot about leadership styles from the ELC which gave me the opportunity to engage with past college presidents and heads of hospital networks. Mentors helped with discussion points and questions, so it was a very rewarding experience."

In a country with a population of about 10.3 million people, there are now just 31 practising anaesthetists and 75 anaesthetic scientific officers (ASOs). Nineteen anaesthetists are in training in PNG this year, four of whom are in their final year.

Dr Masta, who is a senior lecturer at the School of Medicine and Health Sciences, University of Papua New Guinea and coordinates anaesthesia exams in PNG, highlighted the need for more structured training pathways in the country.

"There's great interest from medical students and so many young people are inspired by what we're doing but training positions are limited and unevenly distributed. Half of our hospitals are still reluctant to take on trainees," she says.

Both Dr Masta and Dr Karu noted the warmth and openness of the Australian anaesthesia community at the ASM.

"Networking with such a supportive and structured organisation has been invaluable," according to Dr Masta.

In her interview with the *ANZCA Bulletin*, Dr Masta highlights the success of the deployment of 25 Lifebox capnography machines to PNG hospitals and clinics, donated with funding from Lifebox Australia and New Zealand (a joint project of the Lifebox Foundation, ANZCA, the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists).

These portable monitors, providing both capnography and pulse oximetry, have been distributed to four hospitals and are revolutionising patient safety in low-resource settings.

"ASOs are really pushing for more of these devices – they're vital for improving outcomes."

Carolyn Jones
Media Manager ANZCA

Indigenous doctors inspired at ANZCA ASM

ANZCA's Indigenous Health Committee supported junior doctors from Australia and New Zealand keen to pursue specialty careers in anaesthesia at this year's Annual Scientific Meeting (ASM) in Cairns.

This year, seven Aboriginal and Māori junior doctors – five from Australia and two from New Zealand – attended the ASM on scholarships covering flights, registration and accommodation.

Oceania Henry, a Gunditjmara and Pitjantjatjara woman, is a PGY3 doctor at Barwon Health in Geelong, Victoria. She relished the opportunity to attend the ASM through the Indigenous Health Committee.

"I've dreamt of being an anaesthetist since I was 11. As a child I had to undergo surgery and it was the anaesthetists – not the surgeons – who made me feel seen and cared for."

Dr Henry graduated from the Deakin University School of Medicine's Dean's List in 2022 and started her internship the following year at Barwon Health's University Hospital in Geelong. She is preparing to apply for an anaesthesia training position for 2026 or 2027.

"I wasn't sure what to expect at the ASM. I signed up for many of the workshops but I hadn't planned to make so many connections and meet so many supportive people here. The people I've met and the connections I've made have been invaluable, with some offering to mentor me and help with my CV.

"I've felt really inspired by the experience I've had. Being able to sit down and yarn with people has been an incredible experience.

"There's a perception out there that opportunities might be handed to you because you're Indigenous. But I've worked incredibly hard to be here. I'm the only Aboriginal doctor at Barwon Health, and I've never met another First Nations Victorian anaesthesia applicant. Hopefully that will change soon."

Dr Henry heard about the ASM Indigenous Health Committee program through an anaesthetist from Darwin who had been introduced to the scheme through ANZCA's booth at an Australian Indigenous Doctors' Association conference.

"I had not heard about it before. No one in my family is a doctor and my parents didn't finish high school. It's been a real privilege being able to attend the ASM. I came here with no expectations but there is no money that you can put on the connections I've made. I feel really inspired."

Breana Jones, a Māori PGY2 doctor from Rotorua Hospital in New Zealand, shared a similar sentiment.

"I was nervous coming here as I didn't know anyone. The New Zealand anaesthetist who guided me through applying for this scholarship couldn't make it to the ASM, but the support has been incredible. I didn't even know about MANA (Māori Anaesthesia Network Aotearoa) until I got here, and now I've been welcomed into that space."

Dr Jones, who studied medicine in Auckland after spending time at an American university on a basketball scholarship, said the ASM gave her new insight into the possibility of specialising in anaesthesia.

"It wasn't something I was set on before, but now I'm seriously considering it. Talking to other Māori doctors and members of the Indigenous Health Committee helped me see what's possible. Anaesthesia is looking like a really good option for me."

Both doctors praised the commitment of ANZCA's leadership, particularly president Professor David Story, to growing the number of Aboriginal and Torres Strait Islander and Māori anaesthetists.

Carolyn Jones
Media Manager ANZCA

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ABOVE FROM LEFT

Scholarship recipients Dr Breana Jones and Dr Oceania Henry.

Scholarship recipients yarning with ANZCA fellows about a career in anaesthesia.

Shaping the future together

CLOCKWISE FROM TOP

ELC delegates and ANZCA, FPM and international sister college leaders.

Professor Dave Story facilitating the 'International perspectives in anaesthesia , perioperative medicine and pain medicine' panel discussion with local and international college leaders.

Mr Gavin Singleton, Traditional Custodian from Yirrganydji - Cairns to Port Douglas region, welcoming delegates and college leaders to country.

The 2025 Emerging Leaders Conference (ELC) was held at Thala Beach Nature Reserve in Port Douglas, bringing together early-career anaesthetists and pain medicine specialists for three days of connection, reflection, and development. The theme, *"Shaping the future together,"* guided a program designed to challenge delegates, deepen their understanding of leadership, and promote equity and collaboration within healthcare.

The conference opened with a grounding Welcome to Country from Gavin Singleton, a traditional custodian of the Yirrganydji people. Day one explored leadership highlights from both ends of a career with speakers Dr Brian Spain and Dr Archie Shrivathsa. Dr Angus McNally took delegates on a songline journey inspired by his family heritage and his work to achieve parity in healthcare for Indigenous Australians. A powerful health equity panel featured speakers from Australia, New Zealand, and Papua New Guinea, who shared experiences and strategies for addressing healthcare disparities in remote, Indigenous, and under-resourced populations. The international leadership panel with college leaders from Australia, New Zealand, Hong Kong, Malaysia and Ireland gave insights into global challenges and opportunities in anaesthesia and pain medicine.

The second day was powerful. We listened to Dr Emile Kurukchi and Dr Olivia Ong share their personal return to work journeys. This was followed by an honest and open panel discussion on return to work following illness with the added perspectives of a medicolegal expert from Avant and hospital administration. Delegates and mentors also engaged in candid conversations about navigating hospital hierarchies, led by Associate Professor Nicole Phillips, and heard from Dr Tracey Tay on her leadership and innovation journey. Dr Chris Wilde finished the day leading an invigorating workshop on success in leadership following setbacks.

The final day started with an incredible workshop from Dr Liz Crowe on self-awareness as a leader. This was followed by a robust panel discussion themed "You can't ask that" with leaders from ANZCA and FPM. Delegates had the opportunity to ask college leaders candid questions on advocacy, diversity, and training pathways, reinforcing the importance of transparency and engagement of the college.

Beyond the formal program, reflection sessions with college leaders, activities such as a sunrise yoga class on the beach and two excellent social events in the evenings rapidly built trusting networks between the delegates and leaders who attended as mentors.

We extend our gratitude to all presenters, mentors, and delegates for creating a vibrant, trusting and inspiring environment. Generous sponsorship from Avant was essential in bringing the conference to fruition. The ELC 2025 was a resounding success, and we look forward to seeing this cohort of emerging leaders continue to shape the future – together!

Dr Monica Diczbalis and **Dr Steve Durrant**
2025 ELC Co-convenors

Robert Orton Medal

The Robert Orton Medal is awarded at the discretion of ANZCA Council, the sole criterion being distinguished service to anaesthesia, perioperative medicine and/or pain medicine.

ASSOCIATE PROFESSOR MEREDITH CRAIGIE

The Australian and New Zealand College of Anaesthetists (ANZCA) is honoured to award the Robert Orton Medal to Associate Professor Meredith Craigie in recognition of her extraordinary contributions to anaesthesia and pain medicine.

Associate Professor Craigie's distinguished career spans more than 30 years, during which she has been a leader in clinical care, medical education and policy development. As a specialist pain medicine physician at the Central Adelaide Local Health Network, she played a pivotal role in advancing pain management services and ensuring high-quality, evidence-based care for patients with chronic pain.

Her contributions to medical education are unparalleled. As chair of the Faculty of Pain Medicine (FPM) Curriculum Redesign Project and Learning and Development Committee, she led the development of multiple e-learning modules, workplace-based assessment tools, and formal examination processes, setting new benchmarks for training standards. Her work in revising and adapting the faculty's wider educational materials has significantly influenced opioid prescribing and pain management education across Australia, New Zealand and beyond.

Associate Professor Craigie served as dean of FPM from 2018 to 2020, during which time she spearheaded national policy initiatives, including the Opioids and Chronic Pain Forum and the National Strategic Action Plan for Pain Management. She has been a strong advocate for the integration of pain medicine into national health policy, securing funding and shaping training programs that emphasise cultural safety and multidisciplinary care.

Her time as dean also saw a strengthening of the deep ties between the faculty and ANZCA, our parent college.

A highly respected mentor and role model, Associate Professor Craigie's impact extends beyond Australia, earning her recognition as an Honorary Fellow of the Hong Kong College of Anaesthesiologists. Her lifelong dedication to both ANZCA and the Faculty of Pain Medicine makes her a most deserving recipient of ANZCA's highest honour.

Dr Dilip Kapur, FANZCA, FFPMANZA

ASSOCIATE PROFESSOR NEWMAN HARRIS

The Australian and New Zealand College of Anaesthetists (ANZCA) is proud to award the Robert Orton Medal to Associate Professor Newman Harris in recognition of his exceptional contributions to the Faculty of Pain Medicine (FPM) and the broader field of pain medicine.

With a distinguished career spanning more than 25 years, Associate Professor Harris has played a pivotal role in advancing pain medicine through his work as a specialist pain medicine physician and psychiatrist. His dual expertise has shaped the landscape of pain management, particularly in the integration of psychological and medical approaches to chronic pain.

A committed educator and examiner, Associate Professor Harris has been instrumental in shaping pain medicine training and assessment standards.

Serving as chair of the Examinations Committee, he played a key role in refining FPM's assessment processes, ensuring the highest levels of rigour and fairness. His influence extended to curriculum development, notably the 2015 revision, where his leadership safeguarded the multidisciplinary ethos of pain medicine education.

Over a nine-year tenure on the FPM Board, Associate Professor Harris demonstrated unwavering dedication to governance, policy development, and mentorship. His contributions to painaustralia, the Australian Pain Society, and national advisory bodies have further solidified his status as a thought leader in pain medicine.

Associate Professor Harris has remained steadfast in emphasising the importance of training and assessment in mental health disciplines within pain medicine. In parallel, he has highlighted the importance of medical core competencies in the mental health disciplines. His expertise across these fields is a testament to the unique skills and influence he has developed as both a foundational fellow of the faculty and an accomplished psychiatrist.

He has been an engaged and influential figure, continuing to mentor fellows and contributing to faculty initiatives. His legacy in pain medicine is profound and enduring, making him a most deserving recipient of ANZCA's highest honour.

Dr Dilip Kapur, FANZCA, FFPMANZA

DR MARTIN CULWICK

Dr Martin Culwick has made world-leading contributions to the safety of anaesthesia in Australia and New Zealand. Most anaesthetists would be familiar with the webAIRS Anaesthesia Incident Reporting System and would appreciate the value that Dr Culwick, as its inaugural medical director, has put into this since its inception. This has involved combining his professional expertise as a specialist anaesthetist, his enthusiasm for safety monitoring and reporting, and critically, his skills in information technology.

The Australian and New Zealand Tripartite Anaesthetic Data Committee (ANZTADC) was formalised in 2007 as a collaborative program with ANZCA, the Australian Society of Anaesthetists (ASA) and the New Zealand Society of Anaesthetists (NZSA). He led the establishment of webAIRS, a comprehensive, legally privileged, centralised reporting system for anaesthesia incidents. This was no trivial task and involved a clear strategy, legal and ethical review, and development of an effective IT platform. WebAIRS now has more than 12,000 cases from over 250 sites.

As the body of evidence grew, Dr Culwick and colleagues reported safety outcomes through regular articles in the *ANZCA Bulletin*, the ASA's *Australian Anaesthetist* and the New Zealand Society's publications. Anaesthetists and trainees keenly read these reports for the insights they provided to improve practice.

Dr Culwick has also co-authored more than 25 publications. Topics include deaths, cardiac arrests, airway incidents and medication safety.

Internationally, webAIRS was used as the template for the American Society of Anesthesiologists and the Canadian Anaesthesiology Society's incident monitoring programs.

Beyond all this, Dr Culwick has remained a quiet achiever. Humble, collaborative, always approachable, and receptive to others' opinions.

His tireless support and advocacy for education and patient safety has undoubtedly contributed to better patient outcomes through their perioperative journey.

Professor David A Scott, AM, FANZCA, FFPMANZCA

ASSOCIATE PROFESSOR WAYNE MORRISS

Associate Professor Wayne Morriss attended the Otago Medical School and graduated MBChB in 1988 working in New Zealand and the UK before commencing his anaesthesia training in Christchurch in 1993. Following time in Christchurch and Melbourne, he attained FANZCA in February 1999 and then spent a year as a staff specialist at The Alfred in Melbourne.

In 2000 Associate Professor Morriss moved to Fiji and took up the roles of senior lecturer at the Fiji Medical School and consultant anaesthetist at the Colonial War Memorial Hospital in Suva. In July 2000 Fiji had a major coup and he was instrumental in coordinating and providing anaesthesia and trauma care. Associate Professor Morriss and his family moved back to New Zealand in 2022, having been appointed to a full-time specialist position at Christchurch Hospital.

He became heavily involved with education and training in the South Pacific with a key role in developing and delivering the Essential Pain Management course for low-income low resource countries (LILRC). Additionally, he coordinated and delivered primary trauma care workshops across the Pacific, Mongolia and Nepal.

His involvement with workforce in LILRC took him to the global organisation – the World Federation of Societies of Anesthesiologists (WFSA). In 2012 he became a member of the board and council and he served as chair of the WFSA Education Committee through to 2016. Appointed as director of programs in 2016 then president elect in 2020, Associate Professor Morriss became the president of the WFSA in 2022. This is an exceptional achievement for a fellow, with the ability to influence anaesthesia healthcare at a global level.

As an educator and researcher, Associate Professor Morriss could see the broader picture, understand sustainable models of care, maintain standards of clinical care and advocate for equity. He has never sought praise or accolades and has achieved so much for so many.

Dr Graham Roper, FANZCA

DR BRIAN SPAIN AM

Dr Brian Spain started his long association with the Royal Darwin Hospital in 1997. Since then, he has undertaken many roles. During 2001 and 2023 as the director of anaesthesia, he grew the department from a small unit of five FANZCAs to one that now has more than 30 specialists, trainees from both the SA/NT and Queensland rotational training schemes, rural generalist anaesthesia trainees and a provisional fellow program that is in high demand.

Dr Spain has worked tirelessly to advocate for rural Australia as an executive member of the tripartite Rural Special Interest Group and active contributor to the Joint Consultative Committee of Anaesthesia.

He continues to contribute as an examiner for the rural generalist anaesthesia training program.

Dr Spain has been a strong advocate for culturally safe care for First Nations patients including contributing to medical literature with papers exploring the low uptake of Aboriginal interpreters in healthcare and reducing distress in Aboriginal children having frequent injections. He has worked in partnership with communities to deliver safe care on Country and has supported his staff to pursue research of culturally safe perioperative care.

He has frequently visited East Timor to provide anaesthesia care and support the training and development of the local anaesthesia workforce.

Dr Spain was instrumental in the response to the Bali bombings in both 2002 and 2005, supporting the establishment of the National Critical Care and Trauma Response Centre. He has led official Australian Government multidisciplinary healthcare teams deployed in response to national or international disasters and was a leader for the response to the Samoan measles epidemic in 2019, the Howard Springs International Quarantine program, and the 2021 COVID response in Fiji.

Dr Spain's distinguished contribution to anaesthesia, critical care and perioperative medicine was recognised with an Order of Australia in 2016. He continues to serve the community with compassion and humility.

Dr Scott Ma, FANZCA

ANZCA Medal

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

ASSOCIATE PROFESSOR NICOLE PHILLIPS

Associate Professor Nicole Phillips completed her anaesthesia training and was awarded her FANZCA in 2005. She demonstrated early academic excellence by receiving the prestigious Cecil Gray Prize in 2003 for achieving the highest marks in the ANZCA final exam. This marked the beginning of a distinguished career, which has spanned both clinical and leadership roles in major hospitals, including Westmead Hospital, Concord Repatriation General Hospital, Royal Prince Alfred Hospital, and currently serving as Chief Medical Officer at Sydney Adventist Hospital.

Associate Professor Phillips has been deeply committed to advancing the specialty of anaesthesia throughout her career, demonstrating leadership and a passion for innovation. She has held several key positions within ANZCA, such as the inaugural new fellow councillor, director of professional affairs for the annual scientific meetings (ASMs), and chair of the ASM and Events Planning Committee. Her leadership was instrumental during the development and execution of the 2014 ASM in Singapore and in navigating the challenges of the COVID-19 pandemic.

Her calm, collaborative leadership has been vital to the success of these events. Beyond her work in the ASM, Associate Professor Phillips is a passionate advocate for gender equity and inclusion within the college. As the inaugural chair of the Gender Equity Sub-committee, she has worked tirelessly to ensure the visibility and involvement of underrepresented groups in the scientific and educational spheres. She has also been a key contributor to the ANZCA Clinical Trials Network (CTN), promoting the integration of research into clinical practice and supporting evidence-based advancements in anaesthesia.

Her commitment to education and mentoring has had a profound impact on many trainees and fellows, particularly through her role in the Emerging Leaders Conference. Her ongoing ontributions, both locally and internationally, exemplify her unwavering dedication to advancing anaesthesia and supporting the next generation of specialists.

Dr Tanya Selak, FANZCA

DR JACOB KOSHY

Dr Jacob Koshy is a graduate of the M.S Ramaiah Medical College in Bangalore, India. He completed his vocational training in anaesthesia at the Christian Medical College and Hospital in Vellore, India before migrating to Australia as a specialist international medical graduate in 2005. His move took him to central Australia, where he took on a role as a senior registrar at the Alice Springs Hospital. He obtained his FANZCA in 2007 and remained in Alice Springs Hospital as a staff specialist, progressing to the director of anaesthetics and pain medicine, a role that he still holds today.

For the past 20 years, Dr Koshy has been a consistent source of wisdom and support to those he works with in Alice Springs. He has led by example, fostering a culture of excellence in a service challenged by its geographical isolation and high burden of complex health burden. Over his career, he recognised the need to deliver culturally safe care to the local First Nations people and continues to advocate for the needs of one of the most marginalised communities in Australia.

He has supported Alice Springs Hospital to become a training site suitable for ANZCA training for up to 104 weeks and rural generalist anaesthesia training. Dr Koshy also recognised the importance of providing a pain service to the community.

Through his collaborative and compassionate leadership, there has been a chronic pain service in Alice Springs for the past 17 years. This service has been supported by specialist pain medicine physicians from Adelaide, but the continuity of care has been delivered by Dr Koshy between the specialist visits.

Virtually all who encounter Dr Koshy are struck by his integrity and humility. His kindness and thoughtfulness speak volumes and his commitment to delivering high quality and culturally safe care to central Australia is inspirational.

Dr Scott Ma, FANZCA

DR JOHN MCGUINNESS OAM RFD

Dr John Joseph McGuinness OAM RFD, (known as Joe) has had a 50-year career as a superb proceduralist, inspiring teacher and mentor.

He completed his FFARCS in London in 1971 working at the Middlesex and Great Ormond Street. This experience gave him a sound basis for paediatric anaesthesia which he put to great use in his more than 40 overseas humanitarian trips with Interplast. For this amazing commitment, all as a volunteer, he has received an OAM.

He spent 25 years as a squadron leader in the RAAF participating in several civilian retrievals. He has a Reserve Forces Decoration (RFD) for this service.

His clinical practice included many years of obstetrics at St Margaret's Hospital where his skills as an epiduralist were legendary and he also worked at St Vincent's in both general and private.

He was renowned for his ability to deal with the most difficult head and neck cancer patients with a combination of local anaesthetic blocks. The many difficult airway cases were managed with patience and amazing skill long before fibreoptic or video techniques were available.

Dr McGuinness' commitment to our profession was reflected in his years on the NSW Regional Committee and his extraordinary teaching.

Joe lectured at the fellowship course at the Royal Prince Alfred Hospital and coordinated and lectured the anatomy for anaesthetists workshop at Sydney University for more than 30 years.

He is hugely entertaining, funny and mischievous.

Generations of registrars were taught anaesthetic skills along with compassion, kindness and respect for patients.

He liked to quip that he had struggled to pass the primary while his wife – Dr Ruth Hippisley – was the medallist! This fact, perhaps, contributed to his fierce support and mentoring of women in our profession.

Dr McGuinness' popularity and value were reflected in the huge farewell he was given on his retirement attended by anaesthetists, surgeons, intensivists and nursing staff. He is one of a kind.

Dr Elizabeth O'Hare, FANZCA

ASSOCIATE PROFESSOR CAROLYN ARNOLD

Associate Professor Carolyn Arnold, a foundation fellow of the Faculty of Pain Medicine, has used her skills and expertise to focus on rehabilitating patients with pain to achieve optimal functional outcomes.

She is the former director of the Caulfield Pain Management and Research Centre at Alfred Health.

In that role she assumed the responsibility of leadership, advocating for improvement in pain services, fostering a multidisciplinary approach to pain medicine, mentoring trainees and junior consultants, and implementing a research agenda.

She has contributed to pain medicine nationally and internationally with multiple roles in the faculty including as a member of the board, chair of the Training Unit Accreditation Committee (TUAC), member of the education, examination and training accreditation committees and member of the examination panel for the maximum period of 12 years.

She continues her faculty involvement as a member and contributor to the FPM Research Committee.

Her recent research interest focuses on the development of the electronic persistent pain outcomes collaboration (ePPOC), a database for pain management centres to benchmark patient outcomes and improve care. Associate Professor Arnold has been a long-standing member and former chair of the Australian Pain Society, from whom she received a Lifetime Achievement Award for her contributions to the organisation.

She is the secretary of the Ethical and Legal Issues in Pain special interest group of the International Association for the Study of Pain.

She has been an invited member on several commonwealth and state government committees and forums on subjects relevant to pain medicine including on the use of medicinal cannabis.

Her interest in acute pain management led her to develop the acute pain module for Monash University's Diploma in Perioperative Medicine.

Associate Professor Arnold's professional achievements epitomise a lifetime of distinguishing herself in the manner that renders her contribution as conspicuous among her peers – the sole criterion for the award of the ANZCA Medal.

Dr Melissa Viney, FANZCA, FFPMANZCA

DR JOHN COPLAND

Dr John Copland has made significant contributions to the anaesthesia communities of multiple countries for nearly five decades in education, leadership and pre-hospital medicine.

After graduating from medical school, he spent his formative years in the UK and Finland, where he met the love of his life, Aila. Returning and situating himself in Frankston for the next 44 years, he has fostered his passions for teaching, retrieval medicine and motorsport locally and with trips to low resource countries around the pacific region.

He was the first, and for a while the only, anaesthetist appointed to work in East Timor after it achieved its independence. He was on the ground for the recovery efforts in Banda Aceh after the 2004 Boxing Day tsunami and in Kashmir after the 2005 earthquake.

Closer to home, Dr Copland took a number of local leadership positions as the deputy, then director of anaesthesia at Peninsula Health and was even the director of the emergency department for a time. He was an ANZCA primary examiner for the maximum 12 years and then, characteristically, took these skills to teach and examine in Indonesia and Fiji.

Dr Copland was early to recognise substantial gaps in the education of airway skills of critical care teams internationally. As a result, he developed the Beyond BASIC Advanced Airway Management course which has been endorsed by multiple international organisations and is now run in 15 countries on four continents. He has continued to mentor instructors and maintain the sustainability of these courses over the past 15 years.

Dr Copland has provided exceptional service to our profession in many areas over a long and successful career. He is someone who achieves quietly and humbly and he wholeheartedly deserves this recognition.

Associate Professor Stu Marshall, FANZCA

DR ANNA HALLETT

Dr Hallett will be presented with the ANZCA Medal at the 2026 ANZCA and FPM College Ceremony in Auckland.

ANZCA Council Citation

The ANZCA Council Citation is awarded at the discretion of ANZCA Council. The citation is awarded in recognition of significant contributions to particular activities of the college.

DR GREGORY O'SULLIVAN OAM (2023 RECIPIENT)

Dr Greg O'Sullivan OAM has been an exemplary employee of St Vincent's Hospital Sydney for more than 35 years, including 22 years as the third director of anaesthesia. He has held management and leadership roles in public and private practice and at local, regional, state and national levels, all managed alongside a full-time anaesthesia clinical practice. His impressive communication skills and collaborative approach to all-comers ensured that the anaesthesia craft group was well represented with strong input into the development of surgical services, perioperative medicine, and acute and chronic pain management at local and regional levels.

Dr O'Sullivan was appointed associate professor of anaesthetics by the University of Notre Dame (UND) in 2010. He was involved in curriculum development for the School of Medicine at UND where anaesthesia continues to be a major rotation for final year medical students as perioperative medicine and critical care are recognised for the many valuable learning opportunities for students.

He continues to teach and mentor students, junior and senior staff in both medical and nursing professional groups. He sat on the ANZCA NSW Regional Committee from 2002 until late 2023, filling several different roles including chair and representative to the Training Accreditation Committee.

Dr O'Sullivan is always approachable and available to bring a sensible, practical and universally acceptable solution to any problem. His interest in the Training Accreditation Committee began when his department received a borderline accreditation report. He became an advocate for a common-sense approach with emphasis on the trainee experience.

He continues to provide wise counsel to many heads of anaesthesia departments, within NSW and beyond, about issues of training, accreditation, and the provision of excellent clinical practice. He remains humble, compassionate towards others, and maintains a strong sense of justice and integrity.

Dr Michelle Moyle, FANZCA

DR JENNIFER BRUCE

For many anaesthetists in WA, Dr Jay Bruce's name is synonymous with ANZCA training. She has been heavily involved in the college and in helping trainees, going back as far as 2000 when she first became a supervisor of training (SOT) at Fremantle Hospital.

Throughout her career, she has been on numerous committees including the ANZCA Mortality Committee, WA Regional Committee and until recently, was the chair of the WA Mortality Committee. Her leadership on these committees is always impactful and respected.

She is best known for her role as the ANZCA WA Education Officer, a position she held for 10 years, in which she devoted an enormous amount of time to helping and guiding trainees around the state. This role also involved heavy commitment to the WA Regional Committee and the EO/SOT Committee as the EO representative. Dr Bruce rarely forwarded apologies to these meetings and acted as a source of truth regarding all training matters.

Her commitment to education extends beyond the many ANZCA roles she has held. Since 1999, she has been involved in the WA primary long course, still running tutorials on cardiovascular physiology with incredible depth of knowledge and patience.

She is a mentor for numerous medical students and junior doctors, and she is a cardiothoracic fellow supervisor. Dr Bruce is always happy to impart knowledge, answering anything from a complex cardiothoracic anaesthesia quandary, through to first part physiology or knowing exactly how to advise a trainee on detailed ANZCA requirements.

Her patience, dedication, sense of fairness and commitment to anaesthesia training in WA is legendary and many of us will be forever grateful to her for her role in our careers.

Dr Bridget Hogan, FANZCA

These biographies are edited versions of what appeared in the College Ceremony handbook.

Fellow appointed to NSW anaesthesia professorship

He's just turned 50 but already Professor Alwin Chuan's career has been a seamless blend of clinical excellence, research innovation, and dedication to anaesthesia education.

The newly appointed Conjoint Professor of Anaesthesia at the University of New South Wales (UNSW) is believed to be one of the youngest anaesthetists to be appointed to an academic post at an Australian university.

Professor Chuan completed his PhD in 2017 with a focus on medical education and ultrasound-guided regional anaesthesia – a combination that continues to underpin much of his work today.

"It's been close to 14 years of ongoing research, and in many ways this appointment feels like a retrospective acknowledgment of the work that's already been done." (One of his PhD examiners was a past ANZCA president, Melbourne-based Professor David A Scott.)

Seventy per cent of Professor Chuan's time is devoted to his clinical work, mainly at Sydney's Liverpool Hospital. The remaining time is shared between research and teaching – activities he contributes to across the full spectrum of medical training, from UNSW medical students and anaesthesia registrars to national and international postgraduate consultant education. He designed and has led the fellowship in perioperative ultrasound since 2008 – the first postgraduate teaching program in New South Wales for anaesthetists. He has also mentored more than 20 anaesthetists to be subspecialty experts in regional anaesthesia over the past 16 years.

Modest about his achievements, he reflected on his practice in an interview with the *ANZCA Bulletin* at the end of a long day of an orthopaedic surgery list.

His career is deeply grounded in academic curiosity and technological advancement. He co-authored the *Oxford Handbook of Regional Anaesthesia* with Professor David M Scott in 2010 and has secured more than $A4 million in research grants over the past decade. Professor Chuan is also just one of two FANZCAs who are sitting inaugural members (the other being Dr Peter Hebbard) of the Regional Anaesthesia Special Interest Group which held its first meeting in 2008.

But it's his forward-thinking embrace of technology that has defined the latest phase of his academic work.

"Technology has always driven my interest in anaesthesia," he explains.

"First it was ultrasound in the early 2000s, then virtual reality, and now artificial intelligence (AI). I think if I look back at my career, it's very much been technology driven. Certainly in the early 2000s it was ultrasound that led to the revolution in regional anaesthesia, then virtual reality and now AI.

"We know AI is dramatically changing society but there are a lot of positives for our specialty too."

Professor Chuan is currently exploring a range of AI applications in anaesthesia, including machine learning and generative AI. In the days before speaking to the *Bulletin* he had been finalising an article for the American Society of Regional Anaesthesia on the topic.

He sees particular promise in using AI for real-time motion tracking and workplace-based assessment.

"At the moment, trainee assessment is largely subjective. But if we can use AI to objectively analyse trainee performance, we can then generate more accurate assessments of technical performance."

Professor Chuan also notes the automation of narrative literature reviews from what has been a time-intensive task to one that AI can enhance by generating hypotheses and identifying trends in research far faster than traditional methods.

"It's about applying AI in targeted, practical ways," he says.

"The promise of a 'big magical future' is interesting, but there are immediate applications that could really change how we work."

When he's not immersed in the specialty, Professor Chuan's passions include spending time with his two children and scuba diving – a fitting hobby for someone so attuned to gases and pressure.

"I love the ocean and the environment – it's a beautiful, peaceful contrast to the clinical world."

Carolyn Jones
Media Manager, ANZCA

HERENGA WAKA

FROM HOME TO HOME

HERENGA TĀNGATA

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Self matters

Holding on to hope in healthcare

Auckland anaesthetist Dr Jo Sinclair is the curator of the *ANZCA Bulletin's* Self Matters column. Here she explores the topic of hope.

For this edition of "Self matters" I interviewed Dr Anna Baverstock, (right) a consultant in community child health who looks after children with complex neurodisabilities and their families in Somerset in the UK.

Anna has a longstanding interest in colleague wellbeing and medical education and was a member of the National Health Service (NHS) Staff and Learners' Mental Wellbeing Commission in 2019. An Associate Medical Director for wellbeing and leadership at the Somerset Hospitals Foundation Trust, Anna is a member of Civility Saves Lives, a consultant with Doctors Training, a trained coach, mediator, and Schwartz Rounds facilitator. She is a voracious reader, an artist, and a thoroughly lovely human.

Anna recently wrote a wonderful article called "Holding onto hope" for the second *Eye News* "Wellbeing for healthcare professionals" supplement.

I asked Anna what her key takeaways would be from all the reading she has done on the topic of hope, in the context of working in a healthcare system that presents us with so many challenges.

Dr Jo Sinclair, FANZCA

AB: There is a Nick Cave quote that really resonates with me – *"Hope is optimism with a broken heart."* I know that's because I have a broken heart sometimes when I think about the NHS and what happened during the pandemic. And I think about society at large and where we could be.

I still feel hopeful because there is something about the humans in this system that we shouldn't forget. We get fed a news feed of disaster and gloom, with lots of talk about narcissistic and divisive leaders across the world, and yet on a day-to-day basis, I don't work with many narcissistic leaders. I work with good, compassionate, kind, brave leaders who, despite everything, are trying their absolute best. It's not perfect. I work in a system where there are layers of discrimination – we don't have the correct design to support those most at need. We work in healthcare systems that were designed in a different era and we're not having the brave conversations we need to restructure and support anti-racist, nondiscriminatory pathways of care.

I see children having different care based on their diagnosis, their background, and associated social deprivation. And yet, I remain optimistic because of the things that I can still do to make a difference day-to-day. I take small individual actions in my clinics and in my one-on-one conversations, because I truly believe you can change things one conversation at a time.

Over the past five to 10 years there have been some encouraging changes in healthcare as more of us understand the need for change. Lots of us having small conversations can start to bring about a sea change. The majority of clinical, social care, and education staff that I work with daily all want the same thing for our patients. And I find that really grounding and hopeful.

JS: This prompted me to reflect that in my current leadership role, with less clinical time, I'm more exposed to the political side of the health system. All the big issues feel way out of my circle of control, and it's hard to hold onto hope. Maybe there is more to having a mix of leadership and clinical work than just retaining your skills?

AB: Absolutely. Sometimes there is pressure to expand your leadership role and time, or you may just want to do more, but for me there is something really important about holding onto that clinical time. Of course you end up spinning too many plates, but as long as some of the work you do brings you joy, you can manage. You actually only need 20 per cent of your working week to bring you joy to reduce your risk of burnout, and it's also important to recognise the joy when you're doing that work. That's key – pause to smell the roses!

ABOVE

Dr Anna Baverstock.

"Over the past five to 10 years there have been some encouraging changes in healthcare as more of us understand the need for change. Lots of us having small conversations can start to bring about a sea change."

JS: We spoke a bit about the challenges of change and the downsizing happening in Health NZ and the impact that has on people.

AB: It's really traumatising isn't it? We've got the same happening in the UK with NHS England basically becoming no more in two years. Our local integrated care boards are having to reduce by 50 per cent so there are many people with a very similar skill set that have worked in health or the NHS for a very long time that are suddenly going to be without a job. And too often these things are not done in a kind way that recognises the value these people have brought to our organisations.

Beginnings and endings of jobs are so important. We don't onboard well. We work really really hard at the bit in between the onboarding and the departure but we need to get better at welcoming new staff and thinking about how we support those leaving. And if they are leaving because we have to downsize, how can we support you? What would your next goal be? How can we guide you with some agency towards achieving that? And how can we maybe help you navigate a path? For some people a lack of a plan is absolutely devastating. For other people a blank piece of paper is very refreshing!

If you're making someone redundant due to cutbacks, it's your responsibility as an organisation to enable that person to walk out the door ready for another role.

JS: It feels tough to talk about hope when people are losing their jobs.

AB: It does. In the article I wrote, I talk about the dark side of hope as well. There are some people who believe that you really should give up on hope and move past to acceptance. I really struggle with that. I have a natural optimism bias, but I also find it really helpful to be hopeful. I do recognise that there is power in acceptance of the things you cannot change, but also you can retain some agency. I can't change who the president of the US is for example, but I can change the conversations I have and how I use my voice on the things that are important to me.

I read a lovely little thing about willpower and waypower. Willpower is the desire to bring about a hoped-for outcome. And waypower is the charting of a clear path to be able to do that. And I have willpower and waypower about the things that I am in control of. I can have as much willpower as I like about the sort of societal changes I would like to make but I don't have the waypower. There is a risk you fall into despair then and become very negative or cynical about the very things you want. And maybe that's what people mean when they talk about acceptance rather than hope. Focus your energies on the things that you can change. There has to be some forward motion to remain hopeful about hope!

Going back to the issue of downsizing, where you have no agency, you don't really have a clear goal, there's no path. Holding onto hope feels really hard. So then what? You have to go back to considering what is in your locus of

control. What can I be hopeful about? That's where you fall into realistic hope. I think many of us dabble too much in unrealistic hope and perhaps that's where we come unstuck.

Nick Cave also wrote: *"Hopefulness is not a neutral position either. It is adversarial. It is the warrior emotion that can lay waste to cynicism."*

I'd love to see a future where we use hope towards activism and change.

Dr Jo Sinclair, FANZCA

**Dr Sinclair's opinions are her own and do not necessarily reflect those of ANZCA or Health NZ.*

References

Eye News wellbeing supplement: https://cloud.3dissue.net/30176/30071/30343/127777/index.html?WellbeingII=&utm_source=Edition&utm_medium=Web&utm_campaign=FM25+EYE-WB-II

Hear more from Dr Anna Baverstock:

Learning From Excellence podcast: https://creators.spotify.com/pod/show/learningfromexcellence/episodes/Series-2--episode-3-Anna-Baverstock-on-wellbeing-e2hnq2o/a-ab49hcf

Mind Full Medic podcast:

https://podcasts.apple.com/nz/podcast/deep-listening-brave-conversations-and-the/id1513559414?i=1000653300084

Free ANZCA Doctors' Support Program

How to make an appointment:

To speak with a counsellor over the phone or make an appointment to see a consultant for a face-to-face session:

- Telephone 1300 687 327 in Australia or 0800 666 367 in New Zealand.
- Email eap@convergeintl.com.au
- Identify yourself as an ANZCA/FPM fellow, trainee or SIMG (or a family member).
- Appointments are available from 8am to 6pm Monday-Friday (excluding public holidays).
- 24/7 emergency telephone counselling is available.
- Go to your app store to download the Converge International app.

HELP IS ALSO AVAILABLE VIA THE

Doctors' Health Advisory Services:

NSW and ACT	02 9437 6552
NT and SA	08 8366 0250
Queensland	07 3833 4352
Tasmania and Victoria	03 9280 8712
WA	08 9321 3098
Aotearoa New Zealand	0800 471 2654
Lifeline	13 11 14
beyondblue	1300 224 636

WELLBEING HUBS

For Aboriginal and/or Torres Strait Islander Peoples

Australian Indigenous HealthInfoNet. Connection. Strength. Resilience. Social and Emotional Wellbeing Resources at https://healthinfonet.ecu.edu.au/learn/special-topics/voice-referendum-social-emotional-wellbeing-resources/

For Māori

Kaupapa Māori wellbeing services at https://www.wellbeingsupport.health.nz/available-wellbeing-support/kaupapa-maori-wellbeing-services/
Te Aka Whai Ora website at https://www.teakawhaiora.nz/our-work/advocating-for-change/rongoa/
Te Whare Tapa Whā at https://www.teakawhaiora.nz/nga-rauemi-resources/te-whare-tapa-wha/

Celebrating International Clinical Trials Day

The ANZCA Clinical Trials Network (CTN) commemorated International Clinical Trials Day (20 May) with a month of outstanding community engagement and member involvement.

At the 2025 ANZCA Annual Scientific Meeting (ASM), the CTN delivered its most extensive program yet, featuring sessions designed to help anaesthetists apply research methodology and interpret research results. The late-breaking trials session gave attendees first-hand insights into research results, including the perioperative administration of dexamethasone and infection (PADDI) genomics and sleep sub-studies and the pulmonary artery catheterisation in cardiac surgery (PUMA) pilot trial. In a powerful plenary, Professor Kate Leslie AO and Professor Paul Myles reflected on more than 25 years of world-class CTN trials and international collaborations that have shaped clinical practice worldwide.

Three interactive workshops on getting started in multicentre research, what journal editors are looking for, and how to write successful grant applications were delivered by a dozen experienced CTN investigators across our network and international journal editors. These sessions offered delegates small group mentoring and valuable networking in a collaborative learning environment.

CTN engagement also extended beyond the academic setting. Associate Professor Andrew Toner's hypoxic enhancement before major surgery (HYPE) pilot study was featured on *7News Perth*, while Grampians Health hosted a community morning tea, offering reduction of chronic post-surgical pain with ketamine (ROCKet) and tranexamic acid to reduce infection after gastrointestinal surgery (TRIGS) trial participants and their carers the opportunity to hear directly from our research teams. On *ABC Radio Ballarat's* breakfast program, Professor Philip Peyton highlighted the vital role of rural and regional participants in strengthening the generalisability of trial outcomes.

Looking ahead, we hope you'll join us at the ANZCA Clinical Trials Network Workshop in Glenelg, South Australia, from 8-10 August. This annual event brings together leading investigators, new and emerging researchers, trainees, and research coordinators to collaborate, share insights, and drive innovation in anaesthesia, perioperative medicine, and pain medicine research.

Workshop highlights include:

- Tailored pre-workshop sessions, including a mentoring session for trainees and junior consultants, and a discussion on how the ANZCA curriculum supports research readiness.
- Two main workshop streams: one focused on new and emerging investigators and another tailored for research coordinators and site research teams.
- Keynotes and panel discussions on platform trials, Bayesian statistics, implementation science, health economics, and the future of traditional randomised controlled trials.
- Progress reports on CTN trials and exclusive presentations, including the much-anticipated first-hand results of the ROCKet trial.
- Networking events, the Anaesthesia Research Coordinators Network dinner, and the Saturday night conference dinner at Glenelg Surf Life Saving Club.

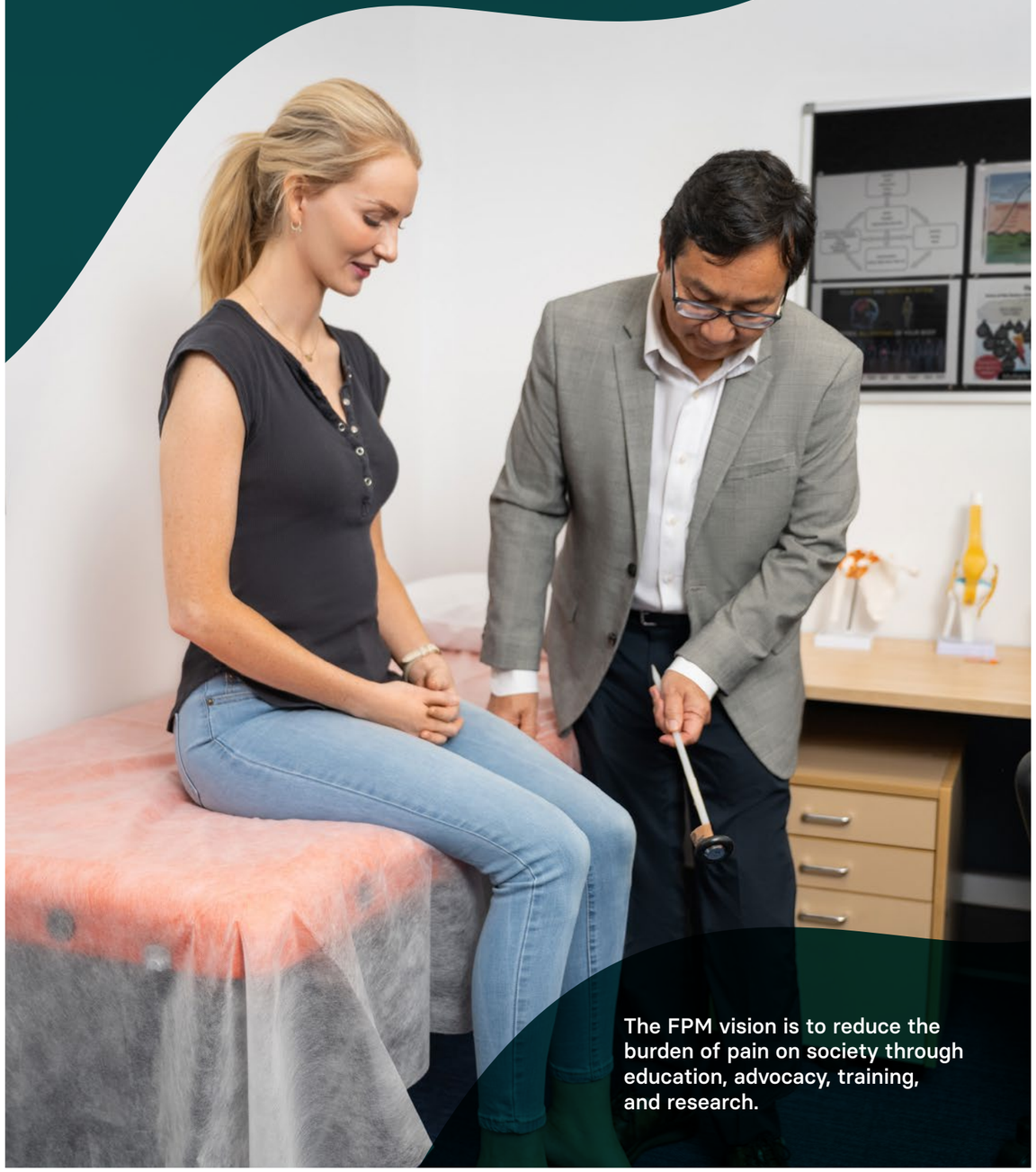
Registration is now open, with discounted rates for trainees and research coordinators.

With more than $A73 million secured in research funding and more than 57,000 patients enrolled in CTN-led trials – including those published in *The Lancet* and *The New England Journal of Medicine* – the CTN continues to shape best practice across our specialty.

ABOVE

Dr Luke Perry, Professor Tomas Corcoran, Dr Richard Halliwell, Associate Professor Jennifer Stevens and Dr Chris Bain at the "Late-breaking trials" session.

Faculty of Pain Medicine



Caring for the carer – self-care in pain practice

In the final of a three-part series on professionalism in pain medicine, FPM Dean Dr Dilip Kapur examines strategies for maintaining wellbeing and preventing burnout.

As specialist pain medicine physicians we work in one of the most emotionally demanding areas of clinical practice. Self-care, far from being indulgent or optional, is a critical component of professionalism in this environment.

When clinicians are mentally and physically well, they are more effective, more compassionate, and better able to sustain the high-level practice expected in pain medicine. This article explores the challenges pain specialists face and outlines strategies for maintaining wellbeing and preventing burnout.

Pain medicine often brings clinicians into contact with patients who are distressed, demoralised, and living with chronic conditions that defy clear diagnosis or cure. Many present with medically unexplained symptoms and complex psychosocial circumstances, factors shown to make clinical encounters more difficult and emotionally taxing than average consultations. Establishing and maintaining therapeutic relationships under these conditions requires sustained emotional labour. The burden of witnessing suffering while often being unable to provide meaningful relief can be immense.

Physicians are deeply altruistic by nature and through professional training. Altruism has strong evolutionary and cultural roots and is a central ethical pillar of medical practice. However, in pain medicine, the desire to relieve suffering can clash with the clinical reality of treatment limitations. When therapeutic success is elusive, pain physicians may experience moral distress. This refers to the internal conflict that arises when clinicians know what care their patients need, but are unable to provide it due to clinical, systemic, or logistical constraints.

Burnout, characterised by emotional exhaustion, depersonalisation, and reduced professional efficacy, is a growing concern across medical specialties. However, pain medicine presents particular risks: the chronicity of patient suffering, the scarcity of clear biomedical solutions, and the protracted nature of treatment relationships can all contribute to professional fatigue.

Studies such as those by Shanafelt et al. (2012) have shown high rates of burnout among physicians in emotionally intensive fields. For pain physicians, professional identity is often derived from being able to alleviate suffering. When that is not possible, identity and morale suffer in parallel.

In our region of the world, the pain medicine workforce is small and unevenly distributed. Many physicians work in relative isolation – geographically, professionally, or both. This reduces access to peer support and opportunities for case discussion or emotional debriefing. Additionally, the culture of medicine often discourages open discussion of psychological vulnerability. While the tide is slowly turning, stigma around mental health remains a barrier to seeking help. This isolation increases the risk of demoralisation and compounds the effects of chronic stress.

Unrecognised and unaddressed burnout can evolve into more serious mental health issues including anxiety, depression, substance use, and even suicidal ideation. These outcomes not only affect the individual practitioner but also compromise patient safety, as emotional exhaustion can impair empathy, clinical judgment, and decision-making capacity. The “wounded healer” phenomenon is particularly dangerous when clinicians don’t acknowledge their own needs or fail to seek support.

Self-care for pain physicians should be intentional, structured, and regarded as a professional responsibility. Various approaches can help. Peer support, involving regular interaction with colleagues to share cases, concerns, and coping strategies can be engaging and enjoyable. Setting work-life boundaries is essential to ensure that professional demands don’t consume precious personal and emotional resources. Adopting a reflective style of practice using supervision, mentoring, or journaling to process emotionally challenging cases can be of direct benefit to the clinician and patients.

It’s also important to adopt a position of professional realism; this recognises the limitations of medicine and can help separate self-worth from therapeutic outcomes.

Physical wellbeing underpins cognitive and psychological health. Prioritising sleep, exercise, and nutrition are simple measures that are too often neglected.

Research by Epstein and Krasner (2013) underscores the role of resilience in professional longevity, noting that reflective practices can buffer against emotional erosion and preserve a sense of meaning in clinical work.

But simplistic calls for resilience miss important parts of the picture. A 2021 study by Waddimba and colleagues explored how empathy, resilience, and occupational wellbeing interrelate. While resilience and work meaningfulness were found to support both cognitive and affective empathy, these being essential components of high-quality care, they paradoxically had a direct negative association with occupational wellbeing. This suggests that clinicians who strive to maintain high levels of empathy and purpose in their work may do so at a personal cost, highlighting the need to actively cultivate self-care and institutional support. These findings reinforce the view that resilience must be developed deliberately and supported structurally, not simply relied upon as an individual trait.

The early signs of distress are often subtle: irritability, emotional detachment, cynicism, sleep disturbances, or a loss of enthusiasm. Physicians should be taught to recognise these as legitimate warning signs, not as personal weaknesses. Trusted peers, mentors, and supervisors can be important sounding boards. Creating a culture where asking for help is normalised, and even encouraged, is key to preventing downstream mental health crises.

Sustaining a career in pain medicine requires more than clinical skill. The career requires a robust, intentional commitment to wellbeing. The emotional intensity of this field makes self-care a core professional obligation. As a faculty, we must foster a culture that recognises and supports this reality, ensuring that those who care for others are also cared for themselves.

Dr Dilip Kapur
Dean, Faculty of Pain Medicine

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Shanafelt TD, Boone S, Tan L, et al. Burnout and satisfaction with work-life balance among US physicians. *Arch Intern Med.* 2012;172(18):1377–1385.

Epstein RM, Krasner MS. Physician resilience: what it means, why it matters, and how to promote it. *Acad Med.* 2013;88(3):301–303.

Waddimba AC, Bennett MM, Fresnedo M, et al. Resilience, well-being, and empathy among private practice physicians and advanced practice providers in Texas: a structural equation model study. *Mayo Clin Proc Inn Qual Out.* 2021;5(5):928-945

Board news

DEPARTING FPM BOARD MEMBER

Dr Amrita Prasad was elected new fellow board representative in May 2023 and concluded her term on the FPM Board in May 2025.

Amrita was one of the FPM representatives and a facilitator at the Emerging Leaders Conference in 2024 and 2025. Since stepping down from the board, Amrita hopes to become more involved in mentorship and the FPM Training Unit Accreditation Committee.

MEET OUR NEW FPM BOARD MEMBERS

Dr Jonathan Ramachenderan is an experienced rural GP and palliative care practitioner in Western Australia who recently received his FPM fellowship. He is passionate about physician health and wellbeing and providing quality training experiences to trainees and early-career fellows. He is committed to improving access to services and training experiences for rural patients and doctors.

He has experience in palliative care, anaesthesia, general practice, and pain medicine and hopes to make a difference for trainees and new fellows by helping to drive change and being a voice for early-career pain physicians.

Jonathan is also a member of the FPM Training Unit Accreditation Committee.

Dr Tania Morris is an FPM fellow from Queensland, employed part-time as a senior specialist in pain medicine and co-director of the Sunshine Coast Persistent Pain Management service. She is also an FPM deputy education officer.

Tania is a professional coach and acting medical adviser to Capstan Partners, and founder and owner of a private business, Evolve Sherpa, a professional coaching service.

Tania has experience in leadership roles both at a local and statewide level and an understanding of governance matters, professional standards and leadership strategies.

Raising our voice: FPM's commitment to advocacy

The Faculty of Pain Medicine (FPM) has developed a dedicated advocacy plan to guide our engagement with government, stakeholders, and the wider health sector.

Endorsed by the FPM Board, the plan outlines core advocacy priorities that align with the ANZCA Advocacy Plan 2025–2027 (available here: https://www.anzca.edu.au/news-and-safety-alerts/advocacy-plan) and the faculty's strategic vision to reduce the burden of pain on society through education, advocacy, training and research.

Recognising the unique challenges and opportunities within pain medicine, the plan promotes access, safety, equity and innovation in pain care. Developed through consultation with regional and national committees, the advocacy plan serves as a tool to focus our efforts, support strategic planning, and communicate key priorities to members and external audiences.

As a faculty, we continue to leverage our professional reputation, clinical expertise, and trusted relationships to advocate on issues that affect our specialty, our fellows, our trainees, and the patients under their care. This plan will help us amplify that influence and ensure our voice is heard where it matters most, via a targeted approach.

The six key advocacy priorities that guide our engagement and influence across the health sector are:

1. **Securing sustained funding for pain services,** particularly in regional and remote communities.
2. **Raising the profile of pain medicine** and promoting the role of specialist pain medicine physicians.
3. **Improving access to pain services,** for underserved populations, including rural, regional, Aboriginal, Torres Strait Islander and Māori communities.
4. **Equipping the wider health workforce** with evidence-based pain management education.
5. **Supporting the welfare of pain specialists** to promote a sustainable and resilient workforce.
6. **Encouraging research and innovation in pain medicine** through strategic partnerships, the ANZCA Clinical Trials Network (CTN) and other national initiatives.

A recent focus has been the faculty's correspondence with the Australian Federal Health Minister. In June, the FPM dean wrote to Minister Butler with five key recommendations aimed at addressing critical gaps in the pain care system.

These included:

- Implement the 2019 MBS review recommendations to support chronic pain care planning.
- Incorporate chronic pain into the broader Strengthening Medicare and Primary Health Care 10-Year Plan.
- Invest in sustainable public hospital pain services, including the expansion of medically led pain care in rural, regional and First Nations communities via hybrid models of care and targeted workforce support.
- Ensure chronic pain has a structured and multidisciplinary approach supported by Australian governments.
- Develop a rural generalist training pathway to better equip GPs in delivering pain management in underserved areas

In parallel, FPM continues to lead critical projects aimed at strengthening the pain care ecosystem. The Flexible Approach to Training in Expanded Settings **(FATES) project,** funded by the Australian Government Department of Health and Aged Care, is exploring flexible accreditation pathways for pain medicine units, with a focus on expanding access to training in rural and remote Australia. This work supports workforce sustainability and service equity across the country.

FPM is also spearheading the continued development of national standards for health practitioner pain management education. This work delivers on goal one of the *National Strategy for Health Practitioner Pain Management Education* and aims to improve the capability of the health workforce to provide safe, effective, and consistent pain care. FPM submitted a 2025-26 budget submission to develop the remaining four goals and the faculty will continue to advocate for the implementation of these goals during 2025 and 2026.

Across the Tasman, the faculty continues to advocate for improvements in pain care in New Zealand, where chronic pain affects one in five people but remains largely invisible in health system planning. Key challenges include the absence of a protected title for specialist pain medicine physicians, fragmented and inconsistent service delivery models, unclear referral pathways through the NZ Accident Compensation Corporation and limited awareness of the Mamaenga Roa Model of Care within Te Whatu Ora.

FPM is calling for increased resourcing, more funded training positions, and recognition of pain medicine as a vital and distinct medical discipline.

These efforts represent a continuation of ANZCA's growing commitment to direct engagement with governments and policy leaders. Both ANZCA and FPM are meeting regularly with senior advisors, ministerial offices and departmental leaders, providing briefings on workforce needs, education, and system reform priorities.

Fellows and trainees are encouraged to get involved by sharing their expertise, advocating locally, and supporting our national efforts. Together, we can help ensure pain medicine receives the attention, resources, and recognition it deserves.

Martina Otten
Executive Director, Faculty of Pain Medicine

FPM 2025 SUBMISSIONS/LETTERS/MEETINGS

DATE	TYPE	DESCRIPTION
Jun-25	Submission	RANZCOG: Special interest advanced training module – persistent pelvic pain
Jun-25	Letter to Federal Health Minister	Improving pain care to strengthen Medicare and support Australians living with chronic pain
May-25	Joint ANZCA submission	NZ Parliament: Medicines Amendment Bill
Apr-25	Submission	Australian Coalition for Endometriosis:Whole of Nation Snapshot
Mar-25	Submission	RANZCOG: Australian Living Evidence Guideline: Endometriosis.
Mar-25	Letter to ACC Health Partner	Support to Prioritise Position Statement on Chronic Pain and Entitlement for Treatment
Jan-25	Joint ANZCA submission	RACMA: A Better Culture Project
Jan-25	Joint ANZCA submission	Preliminary consultation on the Paramedicine Board of Australia's proposal to regulate advanced practice paramedics
Jan-25	Letter to NZ Minister for ACC	Overview of the faculty, our work and priorities
Jan-25	FPM Pre-budget submission	Progressing Australia's National Strategy for Health Practitioner Pain Management Education

Diving deep in Cairns

The FPM Symposium was held at Pullman Cairns on the 2 May and the FPM ASM in the Cairns Convention Centre from 3-5 May. It was a perfect opportunity to "Dive Deep" into some of the novel and interesting aspects of pain management, with an amazing line up of speakers.

It has been an enlightening experience to prepare for the FPM Symposium and ASM over the past two years. As convenors, we enjoyed hand picking speakers who could provide thought-provoking messages to the delegates. We extend our sincere thanks to the FPM Scientific Meetings committee for their support and guidance and the ANZCA Events team for their fantastic on the ground support. We are grateful to all the speakers, workshop facilitators and the delegates, who travelled to Cairns to join us for this fantastic opportunity for learning, connection and networking. We also thank our colleagues at the North Queensland Persistent Pain Management Service, who helped with chairing sessions, facilitating workshops etc with great enthusiasm.

The FPM Symposium had sessions spanning from artificial intelligence and virtual reality in pain management to newer developments in neuropathic and pelvic pain. It was well received by the over 170 delegates who attended. Our international speakers Professor Nadine Attal and Professor G. Allen Finley left a lasting impression on the audience with their unique perspectives in their areas of expertise. The FPM ASM had presentations on Pain in Underserved Population, Interventional Pain, Paediatric Pain, Pharmacology and Acute Pain – all in line with the ASM theme of "Futureproof". For those who were unable to attend in person, the FPM Symposium and ASM sessions are available on-demand, allowing access to the wealth of knowledge shared during these events.

The destination of Cairns was a highlight of the conference. Despite the occasional rain, we hope the delegates also had an opportunity to relax, unwind and enjoy some of the optional recreational activities that were on offer during the conference.

We enjoyed meeting and connecting with the delegates who attended the FPM Symposium and ASM. Our warmest wishes go out to our colleagues in New Zealand as they prepare for the 2026 Faculty of Pain Medicine Symposium and Annual Scientific Meeting in Auckland. We look forward to another exceptional opportunity for learning, collaboration, and connection in the coming year.

Dr Anju Tessa James and **Dr Hannah Bennett**
Co-convenors, FPM Symposium and ASM

ABOVE FROM LEFT

Dr Amrita Prasad with international keynote speaker Professor G. Allen Finley.

Dr Daniel Harvie on "Virtual reality: The future of pain management".

News update

FPM PRIZE WINNER

Congratulations to the 2025 FPM Best Free Paper Award winner, Dr Henry Man Kin Wong, for "Intravenous Methadone for Pain Management in Cardiac Surgery: A Randomised Controlled Trial with Plasma Concentration Analysis".

NEW FELLOWS

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

Dr Darragh Fitzgerald, FACEM, FFPMANZCA (WA).

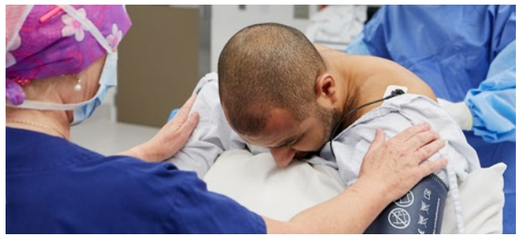
Dr Taras Hembram, FRACGP, FFPMANZCA (SA).

Dr Luxmana Jeganathan, FANZCA, FFPMANZCA (VIC).

Dr Benjamin Daniel Tassie, FANZCA, FFPMANZCA (NSW).

We also congratulate the following doctor on their admission to FPM fellowship through completion of the specialist international medical graduate pathway:

Dr Jan Steffen Rudiger, FANZCA FFPMANZCA (NZ).



PROCEDURES ENDORSEMENT PROGRAM - PRACTICE ASSESSMENT PATHWAY CLOSING

The Practice Assessment Pathway (PAP) closes at the end of 2026. This pathway is open to practicing FPM fellows with established experience in pain medicine procedures who seek endorsement in at least one recognised pain medicine procedure. Established experience is defined as:

- Three years regular independent procedural experience post procedural training*.
- May include procedural experience gained post procedural training prior to becoming an FPM fellow.

Newer fellows within five years of FPM fellowship are expected to have had their practice development stage training in pain procedures in an FPM accredited unit/ position to have this period counted towards endorsement (a minimum of six months at 0.5FTE procedural training).

* Procedural training is a defined period where you were working under supervision, not just in theatre but also in clinic. The supervisor would normally be an FPM fellow. Your supervisor would have assessed your procedural skills to identify that you were able to practice unsupervised.

Thank you to the fellows who have applied for endorsement via the PAP. The procedures committee is currently reviewing a large number of applications. If you're planning to seek endorsement, we encourage you to apply as early as possible as the assessment and approval process takes around four months.

FPM

Faculty of Pain Medicine
ANZCA

Kotahi tātou i te waka:
United in the journey of pain care

2026 FPM SYMPOSIUM AUCKLAND

FRIDAY 1 MAY

SAVE THE DATE

FLEXIBLE ACCREDITATION PATHWAYS FOR PAIN MEDICINE

Australian regional pain units can now apply for flexible accreditation through the 2025 pilot.

If you're considering flexible accreditation options for your pain unit, we're eager to hear from you! Contact the faculty at fpm@anzca.edu.au to discuss what flexible accreditation might look like for your unit.

By offering more opportunities for accreditation and regional training, we can continue to grow our regional pain medicine workforce.

ANZCA
FPM

Make sure you're not missing out on important information!

Keep your details up to date on the MyANZCA portal. We use the information on your MyANZCA profile for all of our official communications, including:

Exam updates · Events and courses · Committee vacancies
Safety alerts · Hospital rotations · Research opportunities

So please take a few minutes to check your personal details. It's easy to do, and ensures you won't miss out on important information.

1. Log into anzca.edu.au/portal
2. Click "Update my contact details"
3. Ensure your details are up-to-date and click "save".

If you're worried that you're not receiving our emails, please check your junk and spam filters and, if necessary, add @anzca.edu.au or @anzca.org.nz to your address book.

FPM

Faculty of Pain Medicine
ANZCA

Opioid calculator

- Educating prescribers and patients about safe opioid dosing.
- Adapted from the FPM Opioid Dose Equivalence Table.
- Essential tool for clinicians, medical students and researchers.
- Simplifies the Daily Morphine Equivalence Dose calculation.
- Traffic light dose warning.

APPLE STORE

ANDROID STORE

Cycling for pain

In September 2024 Dr Nick Aitcheson, director of the Metro South Pain Rehabilitation Centre in Brisbane rode 800 kilometres in the annual Pain Revolution Rural Outreach Tour through South Australia and Victoria. Here he writes about his own experience with pain rehabilitation.

In 1994 in Dunedin, during my second year of university aged 19, study came a distant third to rock climbing and playing my saxophone. I was on a road trip with friends and we stopped in Christchurch to climb. On the first day it was raining so we decided to climb indoors at the YMCA. It was a slightly overhanging wall and I had my toes smeared against two small nubbins, my right middle finger hooking a shallow epoxy-sculpted pocket.

Pushing upwards on my feet, reaching quickly with my left hand for the next hold, my toes cut loose, and my body weight was briefly held on one finger.

Not surprisingly I strained the tendons in my right hand and forearm. I resolved to take it easy the next day and only climbed easy climbs, but unfortunately the pain worsened, and I was concerned that I had injured myself, seriously affecting my ability to climb.

Rest, ice, compression and elevation did not help. Climbing and playing the saxophone were out of the question as they led to further pain, and I did not want to strain the injury further. My hand started swelling. It was sweaty, changing colour and sore to move and touch. I started to protect my right arm, holding it as if it was in a sling.

Scans, tests, and medical and physiotherapy opinions were confusingly benign in a condition that hurt so much. To make matters worse I had recently broken up with my girlfriend. Studying linguistics did nothing to fill the gap in my identity that playing music, rock climbing and young love had left. I became quite depressed, slept a lot and wondered about my future.

I persisted with gentle, tissue-directed rehabilitation for two years before an occupational therapist did an assessment and said what I understood as: “There’s nothing too much wrong with you. You can either get on with doing things with your life or spend it worrying about your right wrist.” (Not exactly the message that I would advise pain clinicians to give to their patients, but it worked for me.)

I sold my rock-climbing gear, started playing the saxophone again and moved to Australia for a change of scene. Working in an ice cream factory, lifting 30 kg buckets of cream and sacks of sugar proved to be an effective rehabilitation. My wrist still hurt but it was obviously getting a lot stronger. I noticed that the pain was not directly related to activity and that it moved around a lot. I reasoned that this meant that the pain was not necessarily related to ongoing tissue damage but was just a pesky feeling of little significance.

Over the next five years I climbed at a harder level than ever before and got back to playing music at national festivals. My experience led me to study physiotherapy and then rehabilitation and pain medicine. I now realise that I had complex regional pain syndrome with nociplastic change. Unfortunately, these concepts were not widely recognised in 1994, with pain being almost invariably attributed to ongoing tissue damage. I wish I had known more about the pain system.

Last year I cycled 800 km through South Australia and Victoria with the Pain Revolution Rural Outreach Tour. It is a week-long rural and remote educational roadshow bringing cutting edge international pain science to everyday people through daily presentations in venues such as bowls clubs and community centres. Rider sponsorship raises money for a network of rural local pain educators (LPEs) who are funded to complete a two-year course mentored by leading pain researchers and then linked to a national network (there are now nearly 100 LPEs).

In August this year the tour will cover 700 km around the Sunshine Coast in Queensland. I will be riding and presenting again, raising awareness of the science and treatment of pain and getting to spend time with some of the luminaries of Australian pain clinical science. I am aiming to raise $A5000 for scholarships for training LPEs. I pay my own way, so all money donated goes directly to scholarships.

I recommend painrevolution.org as a therapeutic education resource for consumers and clinicians (start with the pain facts section and then move onto pain resources).

Dr Nicholas Aitcheson, FAFRM (RACP), FFPMANZCA
Pain and Rehabilitation Physician Director, Metro South Pain Rehabilitation Centre, Queensland

FROM TOP

Cyclists celebrating the 2024 Pain Revolution Rural Outreach Tour.

Smiles all round in last year’s ride.

To donate go to the pain revolution rural outreach site or scan the QR code.

Foundation update

ANZCA FOUNDATION RECEPTION

Friends of the foundation gathered on 4 May at the ANZCA Annual Scientific Meeting (ASM) in Cairns for a celebration of all donors, and the outstanding scientific research and humanitarian work they support through the work of our fellows.

The evening recognised the power of giving that keeps driving their achievements and excellence in academic and scientific medical research, in health equity, and in advancing healthcare in anaesthesia, pain medicine and perioperative medicine.

In her keynote message, ANZCA Research Committee Chair and renowned paediatric investigator Professor Britta Regli-von Ungern-Sternberg talked about the efforts of the ANZCA Research Committee and ANZCA Foundation to continuously improve our granting process, to ensure fair, impartial and merit-based peer review.

Her presentation also outlined exciting future directions intended to provide more financial, educational and mentoring support for researchers, clinicians, and healthcare outcomes through our specialties.

Professor Regli-von Ungern-Sternberg, a consultant anaesthetist, is Australasia's only chair of paediatric anaesthesia, and is passionate about supporting our emerging researchers. She is based at the University of Western Australia and Perth Children's Hospital where she leads the perioperative medicine team. She was a nominee for the WA Australian of the Year in 2024 and was awarded the Frank Fenner Prize for Life Scientist of the Year in the Prime Minister's Prizes for Science in 2024.

ANZCA President Professor Dave Story, founding Chair of Anaesthesia at the University of Melbourne and head of the Department of Critical Care, shared remarks on the importance of a high-quality research program to the quality of training, education and practice across the specialties, before presiding over the foundation ceremony and announcing the winners of the 12 prestigious 2025 ANZCA Foundation Named Research Awards.

FOUNDATION HIGHLIGHTS

Leading into the awards, I shared a brief update on the important work that would not have been possible without the support of all our wonderful foundation donors and patrons, with a focus on 2024 and the 2025 year-to-date.

Grant and award highlights for 2025-2026

Fifty applications were received for grants in 2025. The foundation is providing $A1.62 million for 24 new studies led by successful applicants, and four second-year grants approved by the ANZCA Research Committee.

An allocation of $40,000 was also made for ANZCA Clinical Trials Network (CTN) pilot grants.

Fifty-six grant applications have been received for 2026, an encouraging increase over 2025.

Of our current 12 annual named research awards, 10 are funded by generous private donors and bequestors, and we are expecting new awards to be added this year and next year.

We were pleased to see six applications this year for the Patrons Emerging Investigator ANZCA Research Grant in 2026, a recently introduced pathway towards larger projects exclusively for emerging investigators, supported by foundation patrons.

Early this year, our discussions with the Medibank Foundation led to an invitation to submit a proposal to support wider implementation of the Advanced Recovery Room Care (or ARRC) model led by Professor Guy Ludbrook at Royal Adelaide Hospital, in pursuit of reducing postoperative complications.

If successful, this will be the sixth study led by ANZCA investigators funded by the Medibank Better Health Foundation through the ANZCA Foundation.

For 2026, we have again offered the new Environment and Sustainability Research Grant at the increased level of $25,000. We hope to announce a first successful applicant later this year.

Our flagship ANZCA clinical trials network

Our ANZCA Clinical Trials Network (CTN) has been continually active, and foundation grants continue to support our investigators in securing large grants for multi-centre clinical trials.

- A grant of $1.4 million in 2025 to Dr Daniel Frei by New Zealand's Health Research Council, for the Hospital Operating Theatre Randomised Oxygen clinical trial (HOT-ROX study).
- The DECS-II cardiac study and the HAMSTER and T-REX multicentre paediatric trials were published in leading medical journals.
- Since the MASTER trial in 1996, 62,000 patients have been recruited to ANZCA Clinical Trials Network studies.
- Total funding generated for ANZCA CTN trials last years surpassed $A73 million.

Donors make the difference

Our donors, particularly large donors, ANZCA Foundation Patrons, and bequestors, are vital for sustaining the ANZCA grants program that supports this success through seminal studies that explore ideas and make discoveries spanning basic science and clinical practice, and demonstrate where large clinical trials are feasible and required.

We have several Governor Patrons who've now given totals in the range of $100,000 to $700,000. We particularly recognise the late Mrs Ann Cole, Dr Peter Lowe, Dr John Craig, Mrs Indi Mackay, Mrs Jan Russell, Dr Robin Smallwood and Mrs Rosalind Smallwood, Dr Stan Tay, and Professor Barry Baker. All gifts from our valued donors at any level are vital for continuing the foundation's work.

Professor Baker, a past ANZCA dean of education, has donated a total of $100,000 from 2014. That fund has now distributed over $45,000 for the biennial Provisional/New Fellow Research Award, and the Joan Sheales Staff Education Award. Demonstrating the power of giving to invest donations into the foundation's endowment fund, despite having already funded several awards, the annual investment returns have ensured that more than $124,000 still remains in that fund – placing it well to grow and generate more long-term funding for future awards and grants.

Funds raised in 2024

In 2024 the foundation generated just over $769,000 for supported programs, including an additional generous donation of $120,000 from Dr Peter Lowe to extend his emerging investigator grants and scholarships, received just after the end of the financial year.

This wonderful private donor funding combined with ANZCA's ongoing strategic support is what sustains the foundation's ability to support excellence.

Thank you to all our generous, regular foundation donors. You are essential to the Foundation's ongoing support of continuous improvement and excellence across anaesthesia, pain medicine and perioperative medicine.

CONTACT AND SUPPORT

To donate, please use the 2024 subscriptions form, search 'GiftOptions – ANZCA' in your browser, or scan the QR code.

For queries, contact:

Rob Packer, General Manager - ANZCA Foundation, +61 (0)409 481 295, or at rpacker@anzca.edu.au

Ebony Mourad, Fundraising Administration Officer, emourad@anzca.edu.au

Research grants program:

Susan Collins, Research and Administration Co-ordinator, scollins@anzca.edu.au

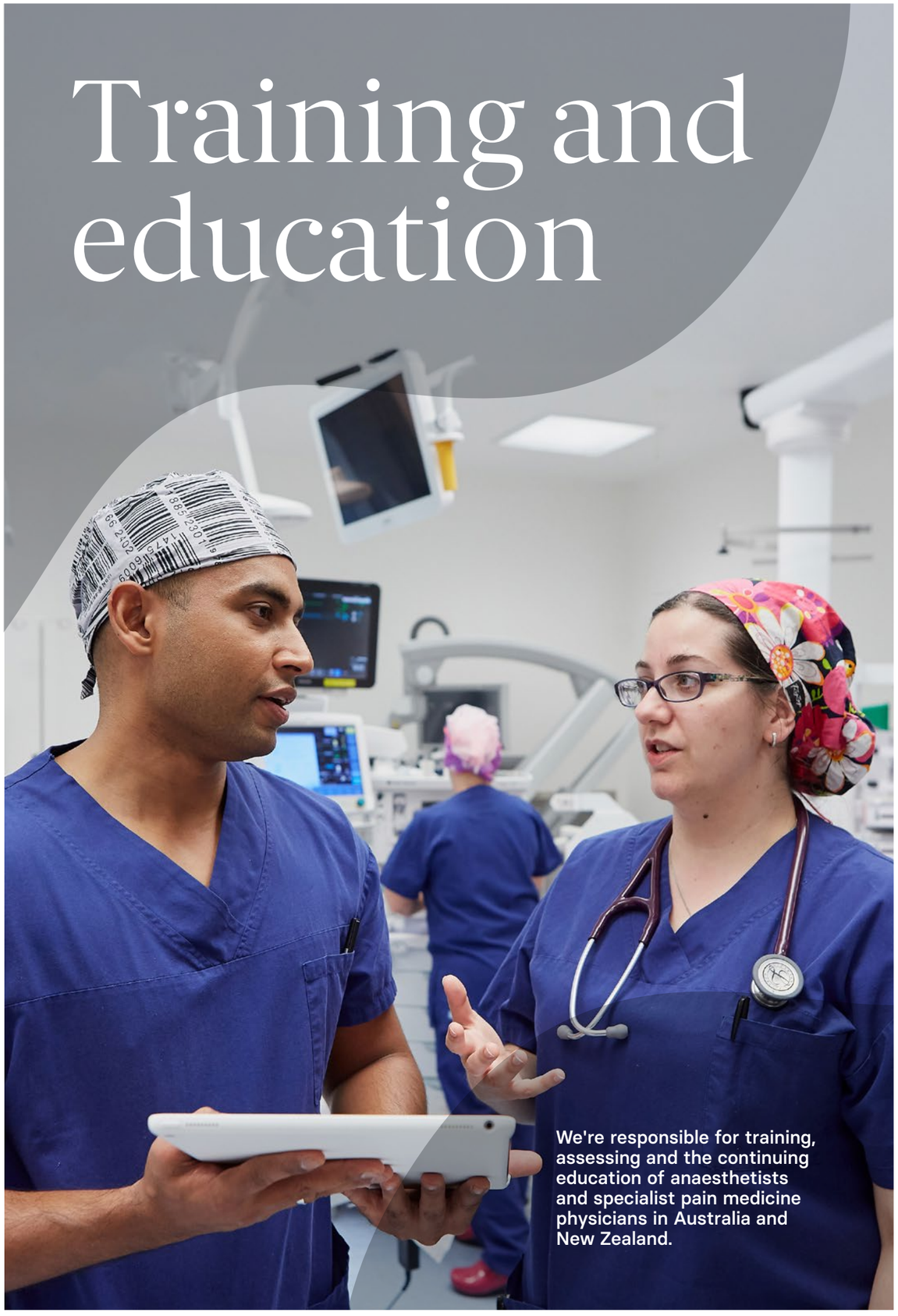
ANZCA Clinical Trials Network:

Karen Goulding, CTN Manager, karen.goulding@monash.edu

ABOVE FROM LEFT

Attendees at the 2025 ASM Foundation reception. ANZCA President Professor Dave Story remarked on the importance of a high-quality research program to the quality of training, education and practice.

Training and education



Swapping the Midlands for Maitland

When anaesthetist Dr Mathew Sebastian arrived in Australia from the United Kingdom in June 2023 as a specialist international medical graduate (SIMG), he brought with him more than three decades of experience, a sense of adventure, and a desire to be closer to family.

Originally from the Midlands where he worked with the South Warwickshire National Health Service (NHS) Foundation Trust, Dr Sebastian had previously spent a year in Australia on a sabbatical in 2013-14, working in Mildura, Victoria. That brief but formative stint planted a seed.

A decade later, drawn by the opportunity to reunite with his daughter Misha in Sydney and a climate "better than the UK's grey skies," Dr Sebastian and his wife Geetha, a retired nurse, made the move permanent.

The FANZCA described his experience navigating ANZCA's SIMG pathway to the *ANZCA Bulletin* after attending the College Ceremony at the recent Annual Scientific Meeting in Cairns.

Dr Sebastian lives and works in the Hunter Valley's historic town of Maitland, two hours north of Sydney. As a senior staff specialist anaesthetist at Maitland Hospital, an accredited ANZCA training site, he cares for a broad regional community in a mix of surgical specialties – including orthopaedics, general surgery, obstetrics and gynaecology, ear, nose and throat, urology, and paediatrics.

"In a place like this, you can't afford to be a subspecialist," he says. "I do pretty much everything that comes along."

While the clinical standards are high, he notes that the diversity of Australia's geography leads to some variability in care access, particularly in rural areas.

"In the UK, NHS protocols are uniform from Scotland to Devon. Here, proximity to a tertiary centre like John Hunter Hospital in Newcastle – just 30 minutes away – makes a difference. But as you move further into the regions, services like 24-hour obstetric or epidural care aren't always available."

One of the most valuable elements of the SIMG pathway process for Dr Sebastian was the mentorship provided by ANZCA.

"The college provided me with a mentor within about six months," he explains. "Dr Stefan Dieleman, an anaesthetist in Sydney, has been absolutely fantastic. I could bounce ideas off him – whether clinical decisions or navigating systems. That level of support is really crucial."

This structured mentorship, he believes, is a strength of the process and something he hopes will continue for future SIMGs.

Another source of support came in the form of a familiar face: Dr Alison Wright, a colleague from his time in the UK who had settled in Maitland.

"Finding Alison here was an unexpected bonus. She encouraged me to come to Maitland, and along with the clinical director, she became one of my assessors. She was also a port of call during my level four supervision. That made settling in much easier."

Reflecting on the administrative aspects of his transition, Dr Sebastian acknowledged ANZCA's responsiveness.

"I was really amazed at how proactive the college was," he says. "The paperwork moved quickly, and communication was excellent – emails were answered promptly, and any issues were escalated and resolved. I had no problem at all with the college."

Dr Sebastian was deemed "substantially comparable" by ANZCA, with six months of his earlier work in Mildura credited toward his SIMG assessment. He completed an additional six-month workplace-based assessment in Maitland, culminating in his fellowship.

In their free time the Sebastians enjoy exploring the local and surrounding region – from the NSW Central Coast to the Hunter Valley's vineyards and the annual Tamworth Country Music Festival.

"There are endless reasons to enjoy this part of the world. There's more sunshine here – literally and metaphorically. The transition might feel daunting, but with the right support, it's worth every step."

Carolyn Jones
Media Manager, ANZCA

Trainee mentor wins Hader award

The Ray Hader Award for Pastoral Care promotes compassion and a focus on the welfare of anaesthetists, other colleagues, patients and the community.

DR PETER HOWE

Paediatric anaesthetist Dr Peter Howe, a long-serving ANZCA supervisor of training at Melbourne's Royal Children's Hospital (RCH), is the recipient of the 2024 Ray Hader Award for Pastoral Care.

The award recognises Dr Howe's supervision and nurturing of many trainees as an educator, mentor, innovator, and advocate.

Under his guidance, registrars and fellows have developed technical expertise and the professional confidence essential for the provision of safe anaesthesia care to paediatric patients throughout Victoria.

Dr Howe has had a longstanding involvement with ANZCA's examination preparation courses: he has lectured in ANZCA's primary and final exam preparation courses for more than 20 years – helping candidates approach their exams with clarity and calm – and helped develop the orientation and training programs at the RCH for registrars and provisional fellows. The hospital's anaesthesia trainees have awarded him the "Teacher of the Year" prize 11 times since 2002.

Using simulation-based teaching, Dr Howe helped to design and deliver immersive scenarios that mirror real-world paediatric crises. Through these high-fidelity simulations, trainees hone critical decision-making and teamwork skills in a safe, supportive environment.

Publishing widely on strategies to support the health and wellbeing of anaesthesia trainees, Dr Howe has been a driving force behind initiatives to reduce isolation and burnout in the specialty.

He was one of the founders of the Group of Australian Society of Anaesthetists Clinical Trainees (GASACT), the first anaesthesia trainee organisation in Australia. He introduced a formal mentoring system for junior trainees at the RCH, providing personal and professional support, and organised a comprehensive peer-supported revision program for candidates who were unsuccessful in their first sitting of the fellowship exam.

Dr Howe also trains provisional fellows to provide effective supervision, feedback and debriefing, indirectly supporting the development of other trainees not under his direct supervision.

Junior consultants at RCH regularly seek his counsel – for both clinical and career advice – with his ongoing mentorship alleviating the stresses and uncertainty of early consultant life. He acts as a sounding board, often after hours, notably for clinical support when managing complex cases.

**This article was prepared with information supplied by Dr Howe's award nominators.*

Dr Ray Hader was a Victorian ANZCA trainee who died of an accidental drug overdose in 1998 after a long struggle with addiction. This award was established in his memory by his friend Dr Brandon Carp. The award is open to all ANZCA trainees and fellows residing in an ANZCA training region and takes the form of a certificate and grant of $A2000 for training or educational purposes.

ANZCA primary fellowship examination

2025.1 Exam

The primary fellowship examination was successfully completed by 158 candidates.

AUSTRALIA

Australian Capital Territory
Uri Harrington
Lawrence Jun-Houk Oh
Sanduni Kalya Pathiratna

New South Wales
George Akiki
Amy Rebekah Benness
Danell Boshoff
Dani Patrik Evan Brewster-O'Brien
Stephen Geoffrey Bright
Ali Reis Cimen
Jack Elliott Connolly
Nathan Leigh Crabtree
Giles Lawrence Devaney
Moira Elizabeth Lindsay Doolan
Sarah Louise Doyle
Jessica Lynn Faulkner
Annabelle Kathryn Frost
Mark George Fouad Gabriel
Ahilan Gnanasuntharan
Eve Grimason
Ahmed Jamal Harisha
Jessica Kerrin Heinius
David Wei Hu
Lucy Jillian Judd
Thomas Keanan-Brown
Aaron Kah-Jin Khoo
Matthew Roderick Kuo
Sandra Szechai Li
Jason Khai-Luan Luong
Byron Alexander Manning
Alexander Stuart Mills
Elizabeth Ann Monk
Matthew Peter Bourke Nesbitt
Jessica Anne Pace
Shubash Ahmed Quazi
Fergus Joseph Quealy
Kalyan Raguram
Kate Shi
Rashmi Vijay Shingde
Georgia Jane Sparks
Myuran Sritharan
Tobin Francis Steens
Cyril Hok-Man Tang
Andrew Chi Ho Tsui
Vanessa Hang Lam Wan
Yixiao Wang
Jing Min Wang
Eleanor Joan Warwick
Thomas John York
Joy Manyi Zeng

Northern Territory
Richard Delaney-Bindahneem
Magdalena Etchevers Gomez
Stephen John Shaw
Keren Wu

Queensland
Reuban John Butler
Yilin Lincoln Chen
Kay Rui Choy
Adam Daniel Cowan
Braden Thomas Camden Cupitt
Elle Dignan
Matthew James Fairnington
Lauren Rose Footner
James Andrew Gray
Emma Marie Grove
David John Hewitt
Curtis George Ioannou
Daniel Christopher Jones
Annalisse Laura Leikvold
Ian I-Han Lin
Victoria Liu
Stacey Maree Lun
Ian Robert Mackay
Ashley Charles Masters
Ramil Nair
Ishvar Nedunchezhian
Alexander Boon Chiang Ng
Rose Sophia Evangeline Nicol
Holly Marie Owen
Rachel Jane Russell
Hamish John Moreton Rutledge
Keturah Marie Skov
Nicholas John Storr
Aleksandra Trajkovska
Joy Rosemary Turner
Madeleine Lenore Wallis
Lijiin Zhen

South Australia
Jordan Luke Alexander Anderson
Lewis Paul Hewton
Riya Jose
William James McPartland
Olivia Mai Nguyen

Tasmania
Samuel Luke Blackman
Tess Iona Donoghue
Alice Emily Walker
Jennifer Helen Wright

Victoria
Nikolaos Angelopoulos
Ashwant Gobinathan
Jackson Xin Ji
Andrew Choung Kheang Lim
Grace Maree Jagdish Liskaser
Jarryd Samuel Ludski
Nicholas Yat Cheung Lui
Daniel James Marie
Ariana Alexia Nasteka
Callum Khang Nguyen
Nicholas Edward James Quirk
Emmanuel Saka
Nicholas John Wollert Shearer
Xinci Tang
Nidhushie Tilak Ramesh
Jennifer Tran
Phoebe Mary Ellen Ulrick
Hannah Larissa Van Eekelen
Matthew Peter Van Wees
Daniel Kenneth Kevin Vickers
Joshua Robert Wibowo
Eric Xin Min Xie

Western Australia
Chad Jeremy Abbot
Poppy Elyse Gilfillan
Kushagra Gupta
Victoria Ann Hall
Nyomi Uduman Hall
Callan Lee Jolliffe
William Douglas Kennerson
Alexander Maouris
Georgia Elisabeth Powell
Corey Rosher
Jemma Marie Saxton
Brian George Wong

RENTON PRIZE

The Court of Examiners recommended that the Renton Prize for the half year ended 30 June 2025 be awarded to:

Madeleine Wallis, Queensland

"I am a second-year Queensland anaesthesia trainee on the Queensland Anaesthetic Rotational Training Scheme (QARTS) Gold Coast rotation. I started my anaesthesia time at Cairns Base Hospital, completed my training last year at Gold Coast University Hospital and am currently working at Lismore Base Hospital.

I am incredibly grateful to all of my supervisors for their excellent teaching, and to my family for their unwavering support throughout the primary examination process. I'm pleased to be able to share this success with the colleagues who have supported and inspired me along the way.

I'm now enjoying spending more time outdoors, with family, and my dog Buddy. Looking ahead, I have a strong interest in retrieval medicine and regional anaesthesia as part of my future anaesthetic career."

NEW ZEALAND

Max Thomas Woodward Anderson
Douglas John Beattie
Oliver William Bullock
Reuben Anthony Cane
Helen Islay Hoon Dickie
Emily Elizabeth Duncan
Lucy Joy Eagar
Tayla Amelia Elaine Ellis
Samuel Haru Grainger
Sandra Adwoa Pokua Hands
Alastair James Hercus
Kayley Alexandra Human
Tom MacArthur Iwan
Matthew Alan Robert Kent
Deepesh Mehta
Rachel Marie Keen
Jordan Maihi Luke Ormsby
Saloni Patel
Olivia Michelle Quinn
Ravi Neil Ram
Elaine Zixuan Song
Abhinav Swarup
Madeleine Elizabeth Limalisi Tagg
Grace Hiatt Tylee
William John Utley
Joshua Nicholas Van Geffen
Lachlan James Walsh
Ella Pui Yu Wu
Shona Xiong
Zheng-Hong Yan

MERIT CERTIFICATES

Merit certificates were awarded to:

Nathan Leigh Crabtree, New South Wales

Braden Thomas Camden Cupitt, Queensland

David John Hewitt, Queensland

Jason Khai-Luan Luong, New South Wales

Ian Robert Mackay, Queensland

William James McPartland, South Australia

Jennifer Helen Wright, Tasmania

ABOVE

Primary Exam Court of Examiners.

ANZCA final fellowship examination

2025.1 Exam

The final fellowship examination was successfully completed by 178 candidates.

AUSTRALIA

Australian Capital Territory
Amelia Lucy Fitzgerald
Rachael Jane Hocking
David Lam
Praneeth Parasu

New South Wales
Glen William Abbott
Edward Thomas Aczel
Khalil Ayoub Bazzi
Louise Theresa Buckley
Gabriella Claire Charlton
Philip Choi
Matthew Jonathan Chua
Lachlan James Cormick
James Walter Fredrick Deacon
Mitchell Campbell Deck
Shane Douglas Digby
Rachel Dilawari
Matthew Sean Doherty
Hailey Frances Drinkwater
Noah James Freelander
Samantha Margaret Gluer
Angus Leslie Hardy
Dominic John Horne
Anthony Peter Klironomos
Andrew Lee
Sang Mi Lee
Rachael Elizabeth Manning
Christopher James Kuang Masters
Jacob Alexander McDonald
Veronique Anna Molan
Gowsikan Nageswaran
Jason Sing Chi Ngai
Grazia Hoang Anh Thu Nguyen
Jason Jaeseong Oh
Jonathan Andrew Perry
Anna Catherine Phillips
Julian William Quigley
Ravitej Raghothama
Madison Peta Reynolds
Sarah Louise Ritchie
Daniel Paul Roberts
Joel Andrew Ervin Selby
James David Shaw
Andrew James Simpson
Julian Klaus Smyth
Erica Sorn
Jason Sritharan
Jovana Stojkov
David Tian
Graeme Arnold Wertheimer
Timothy On Yin Wong
Ashleigh Xie
Christine Shaoning Zhang
Esther Ya Qun Zhou

Queensland
Ali Abbosh
Adeel Aftab
Erica Mae Barton
Phoebe Jane Brandis
Kevin Chun Kit Chan
Tenglong Chen
Matthew Joseph Ciantar
Lindon Shane Collins
Kaushaliya Devandran
Samuel Jonathan Ayre Fell
Tahlia Ashleigh Gentle
Joseph Juan Goicoechea
Jadon David Hart
Ari Paul Isman
Nicole Filipa Jacobs
Rebecca Mardi Johnstone
Bonny Clare Jones
Joel Mugambi Kiburi
Christine Rose Lowe
Ethan Oskar Duncan Mar
Kate Roseanna McCall
Greer Patrice Megaloconomos
Rushan Lakitha Gonaduwage Perera
Claire Ellen Rose
Sam Sharifi
Melissa Jane Sharpless
Jerome Wei Jian Tan
Christopher Yuan Cheng Thang
Edward William Thornely
Anuar Turgulov
David Marc Weinberg
Marissa Lee Woodburn
Scott James Wyvill
Nathan Yan-Li Yii

South Australia
Hamza Baig
Dominique Jessica Barretto
Matthew James Bolt
Kate Louise Brown-Beresford
Eleanor Lai Lan Cheah
Damien Bernard Kearney
James Andrew Molony
James Manil Joseph Navaratne
Krushna Bharatkumar Patel

Tasmania
Trent Maxwell Carr
Christopher Edmund Etherington
Vera-Lisa Loubser
Nicholas James Reeve

Victoria
Shakha Jugalkishore Agrawal
Jordan Bade-Kennett
Oliver James Barker
Stephanie Lily Barreto
Alexander Edward Bradfield
Sophie Anna Cerutti
Yu-Jen Chen
Boris Pui Leung Cheung
William Nelson Clearfield
Stefan Dodic
Christie Farag
Joel Ashwin Fernandez
David Konstantin Frishling
Alexandra Ruth Gray
Joel Francis Greaney
Adam Guilfoyle
Naomi Jane Hughes
Aminul Islam
Divya Iyer
Ahmed Baqer Kareem Kadhmawi
Tejas Kumar
Emma Louise Lawson Kissane
Wen-Shen Lee
Joel Ryan Loth
Diana Ioana Munteanu
Jennifer Louise Norman
Curt Jason Peterson
Nicholas John Piper
Angus Gerardus Pritchard
Alexandra Lia Ricci
Catherine May Rickard
Yannick Leon Roosje
Charlotte Anne Russo
Amelia Catherine Adeney Steel
Patrick Anthony Tully
Brooke Michelle Ward
John Peter Webster
Victor Yuan

Western Australia
Matthew Avery
Ahmed Samy Batanony
Cayley Jayne Bush
Yannick Yves Cucca
Merredith Johanna Cully
Ethan Peter Fitzclarence
Lauren Christina Foster
Mark Sidantha Ihagama Mudiyanselage
Isabella Marie King
Han Lu
Latifa Mah
Shweta Patro
Kelly Lee Shepherd
Zollie Fromont Sutton
Rebecca Susan Tynas
Pramod Shivram Vasantharao

NEW ZEALAND

Jignal Bhagvandas
Megan Audrey Briscoe
Reuben Josiah Cash
Isabella Ka Yan Chan
Hanne Jane Ertman
Simon David Foster
Kieran Patrick Gillick
Andrew Zinzan Harris
Edward William Hughes
Kieran Anthony Jongerius
Bo-Ying Paula Lam
Kijun Lee
Olivia Margaret Nicholson
Annabell Katy Norton-Rozen
Matthew John Payne
Michael James Reynolds
Ezra Frederick Ritchie
Timothy Najam Salam
Sarah Louise Tomlinson
Nicole Amy Toy
Danni Wang
Emma Catrin Williamson
Antonia Phoebe Yarnton

SIMG EXAMINATION

One candidate successfully completed the specialist international medical graduate examination:

Sonia Kapil, WA

MERIT CERTIFICATES

Merit certificates were awarded to:

Olivia Margaret Nicholson, NZ

Christine Shaoning Zhang, NSW

CECIL GRAY PRIZE

The Court of Examiners recommended that the Cecil Gray Prize for the half year ended 30 June 2025 be awarded to:

Julian William Quigley, New South Wales

"I finished medical school with the aim of training in ophthalmology. After completing the masters I was fortunate to receive a term in anaesthesia at Westmead Hospital just prior to working as an ophthalmology senior resident medical officer. My eyes were a bit dull after critical care, so I turned to Chris O'Brien Lifehouse for intensive care unit and anaesthesia placements before being accepted at Nepean Hospital for the duration of training.

Nepean has been an incredible place to train in terms of clinical exposure, teaching, mentoring and exam support. The flexibility and dedication of many people in the department have made difficult exam periods seem manageable.

I'd like to thank my parents and siblings for their ongoing support in my pursuit of medicine. Finally, I'd like to thank my partner, Hansi, for tolerating me during the long hours of study and being a perpetual source of laughter and love."

ABOVE

Final Exam Court of Examiners.

Steuart Henderson Award

The Steuart Henderson Award is awarded to individuals who have demonstrated a significant contribution to medical education (in anaesthesia or pain medicine), including, but not limited to, ANZCA and FPM fellows and academic experts.

MAURICE HENNESSY

Maurice, who retired from ANZCA in January 2024, was a significant influence on the college's educator community of practice for 12 years. He went above and beyond his role as learning and development facilitator to fulfil the role of mentor, colleague, and friend.

ANZCA and FPM have a well-deserved reputation as a leader in evidence-based education, due in large part to the foundational and innovative work Maurice led with the ANZCA Educators Program (AEP).

Developing and delivering a course to thousands of attendees in Australia and New Zealand, including detailed evaluation of the impact, he demonstrated leadership through his own facilitation and presentations.

Maurice's legacy in the program through his contributions to the design, resource development and day-to-day running of the program will be long lasting. He helped develop a generation of fellows who now provide the most relevant, tailored, and appropriate teaching and learning opportunities to the trainees of today.

Despite his retirement from ANZCA, Maurice not only continues to offer support to individual fellows but also provides pro-bono time and expertise to individuals and departments.

He was generous in mentoring his replacement – all in his own time and without payment. Over the years program participants noted how he had influenced, encouraged, challenged, developed and assisted their own growth as educators and was always ready with helpful feedback.

Maurice led and developed many projects over the years including revision and introduction of the new AEP modules, the educator competency framework, and the training the trainer's course.

In addition to his teaching and curricular leadership, Maurice demonstrated scholarly practice with the use of evidence practice and publishing from these activities.

As a 'practice what you preach' educator Maurice significantly contributed to ANZCA's quality teaching and learning reputation.

**This citation was compiled using information and testimonials from award nominators.*

For more information, updated eligibility criteria and the nomination process please visit our website.

Nominations close on 15 November 2025.

What's new in the library?

HIGHLIGHTS FROM THE ASM

ANZCA Library staff were on hand at the ANZCA and FPM Lounge, engaging with a large number of fellows, trainees, and specialist international medical graduates (SIMGs) throughout the meeting.

With the recent launch of the Private Practice Resources Support hub (see below), library staff were able to promote the new hub and the many resources available to private practice members.

Following its relaunch in late 2024, staff were also able to promote the fully revised and expanded CPD program resources guide, which provides activity-specific suggestions, resource support and links to the college's many guides, forms and Learn@ANZCA resources.

ANZCA Library Manager, John Prentice ran a workshop with 20 delegates who learnt how to make the most of the library, with a focus on resources for CPD and private practice. Highlights of the session included a live demonstration of the DynaMed clinical decision tool, the revamped professional development hub and the expanded training and exams resources hub. One lucky trainee also received a personal e-version of the recently released *Miller's Anesthesia, 10e,* kindly donated by the vendor.

TRAINING GUIDES UPDATE

The Primary exam and Final exam sections of the anaesthesia training resources (ATR) guide, the Viva section of the exam preparation resources guide, and the exam section of the SIMG resources guide have all recently been updated with a series of viva assessment-related webinars.

In addition, the college will be providing access to the 7th edition of *Advanced Paediatric Life Support: Practical Approach, Australia and New Zealand* from 1 June which forms part of the paediatric anaesthesia section of the curriculum.

NEW PRIVATE PRACTICE RESOURCE SUPPORT HUB LAUNCHED

As part of our commitment to provide dedicated support to private practice doctors, the library has launched a new Private Practice Resources Support hub. This hub brings to together a number of key college resources – including clinical decision support tools – available to private practice clinicians.

The hub also hosts an edited version of a recent private practice support webinar (held on 26 May), with contributions by Dr Lucky de Silva (private practice fellow), Dr Debra Devonshire (ANZCA Councillor and CPD Committee Chair), John Prentice (ANZCA Library Manager), Kathryn Rough (ANZCA Research Librarian) and Nadja Kaye (ANZCA Membership Manager).

As part of our strategy to expand dedicated resourcing for our private practice fellows, the college is currently undertaking a 90 day trial of the DynaMed clinical decision tool. Similar to UpToDate, DynaMed aims to help clinicians make informed decisions by providing access to up-to-date, evidence-based information, expert guidance, and a personalised experience. Set up a profile via the ANZCA login and download the full version of the app to enjoy 12 months free access. Trial ends 31 July 2025.

Latest books

For the latest updates and a complete list of new titles check out the library news page: libguides.anzca.edu.au/news

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Fraser Capill

1994 – 2024

Fraser Capill was born in Auckland (Tāmaki Makaurau) in 1994. He spent his early years on the North Shore, before moving with his family to England in 2004. He started his secondary education at Abingdon School, Oxfordshire before returning to Auckland in 2010 to continue his secondary education at Westlake Boys' High School on the North Shore.

During his time at Westlake Boys' High School, Fraser was held in high regard by both peers and teachers for his many talents. He impressed classmates with his natural intelligence and outstanding academic performance – which he achieved with a casual and seemingly effortless ease. His athletic abilities were equally noteworthy – he excelled in a range of sports, particularly swimming and ultimate frisbee.

Following high school Fraser gained admission to medical school at the University of Auckland with characteristic ease. At university he was deeply valued by his close group of friends for his unwavering loyalty and was well known for his dry wit and dark sense of humour. It was during these years that he developed a keen interest in anaesthesia – initially sparked by a fourth -year medical student rotation. His curiosity soon grew into a passion, as he began collecting anaesthesia textbooks and delving into complex physiological concepts through self-directed study. His sharp intellect and natural aptitude allowed him to grasp topics that many others found challenging. His dedication to the field was further cemented through extended selective and elective placements in anaesthesia—first at Waikato Hospital in Hamilton during his fifth year, and later in Vanuatu in his final year of medical school.

After graduating with distinction from medical school in 2018, Fraser worked as a junior doctor in the metropolitan hospitals in Auckland, spending most of his time at North Shore Hospital. As a junior doctor Fraser was focused on working towards a career in anaesthesia. He began his formal anaesthesia training in the Northern New Zealand ANZCA training rotation in 2021 as the youngest trainee in his cohort. As an advanced trainee Fraser was excited about different subspecialties and started making plans to apply for a diving and hyperbaric medicine fellowship. Sadly, Fraser lost his battle with mental illness on 12 July 2024 – one year before he was due to complete his advanced anaesthetic training.

Fraser's family have kindly donated his impressive anaesthesia textbook collection to the paediatric anaesthesia department at Starship Children's Hospital, (the last department he worked in), in the hope that Fraser's generosity and commitment towards this specialty will live on in future anaesthesia trainees.

Throughout his training, Fraser was recognised as a clinically talented and bright anaesthetist. As a colleague, he was someone who never complained. His clinical skills and academic knowledge were the envy of many of his peers. Despite all this Fraser is remembered most as a hard-working, reliable colleague, and loyal friend. He was someone who never shied away from challenges at work but always put the needs of his friends and colleagues before his own.

Whether it was swapping theatre lists, starting night shifts early, taking the time to explain concepts, or being available for a debrief over coffee, Fraser always made time for his peers and did what he could to make anaesthesia training easier and more enjoyable for those around him. Those who were close to him knew that Fraser was extremely humble, sometimes self-deprecating and often kept to himself.

Over this past year, Fraser's close friends and colleagues have reflected on how much of a meaningful impact Fraser has had on them both personally and professionally. We are reminded of the importance of recognising and thanking our friends and peers for their seemingly small day-to-day acts of kindness - it's these small acts of kindness that makes going through a rigorous training program with our peers more memorable and meaningful.

Dr Fraser Capill was, and always will be, a huge part of many of our identities as doctors and anaesthetists. Going through the rest of our careers and journeys just won't be the same without him.

Our sincere condolences are shared with his parents Mark and Bronwyn, and his younger siblings Lydia and Aaron.

E tangi ana te ngākau, e tangi ana te ao
Ko ngā roimata e heke ana mōu

Kua ngaro koe i te tirohanga kanohi
Engari, kua whetūrangitia koe ki te korowai o te pō

Hei tohu, hei ara, hei māramatanga mō mātou e mahue nei.
Ko ngā whetū i te rangi, he tohu aroha, he tohu mahara.

Okioki i te rangimārie, i te āio o te pō,
Haere atu rā – haere, haere, haere atu rā.

The heart weeps, the world weeps
Tears fall for you

You are lost to sight
But you have become a star in the cloak of night

A sign, a guide, a light for us who remain.
The stars in the sky are symbols of love, of remembrance.

Rest in peace, in the stillness of the night,
Go now - go, go, go on.

Dr Nicole Wong, anaesthetic registrar, North Shore Hospital, Auckland

Dr Philip Ruppeldt, radiology registrar

Dr Reagan Humphrey, anaesthetic registrar

HELP IS AVAILABLE VIA THE
Doctors' Health Advisory Services:

NSW and ACT	02 9437 6552
NT and SA	08 8366 0250
Queensland	07 3833 4352
Tasmania and Victoria	03 9280 8712
WA	08 9321 3098
Aotearoa New Zealand	0800 471 2654
Lifeline	13 11 14
beyondblue	1300 224 636

Tim Grice

1962 – 2025

It is with deep sadness that we mark the passing of Dr Tim Grice, a respected colleague, compassionate physician, and leading practitioner in pain medicine on the Gold Coast. Tim died peacefully in March 2025 at the age of 62, surrounded by family and loved ones. His passing is profoundly felt across the pain medicine and anaesthesia communities in both Australia and New Zealand.

Tim was a foundational figure in modern pain medicine on the Gold Coast. Trained originally in anaesthesia, he went on to dedicate his career to understanding the mechanisms of chronic pain and to improving the lives of those suffering from it. His career mirrored the growth of pain medicine as a recognised specialty, and he took real satisfaction in being part of that evolution.

Born in Christchurch, New Zealand, Tim spent his early years on the rugged west coast of the South Island. He attended Granity Primary School, where he was one of just four boys in his class, and later Rangiora High School. Tim often spoke fondly of these early years, of playing rugby, forming lifelong friendships, and learning to eat quickly at boarding school to secure seconds. His upbringing was modest but his father, who worked as a coal miner, instilled in him a deep resilience, a strong work ethic, and a quiet determination to forge a better life.

After finishing school Tim began working for the New Zealand post office and became a qualified electrical engineer. He later worked at the New Zealand government's Communication Security Bureau, a role he kept mostly private, fuelling his family's suspicion that he may have been involved in something far more secretive. Eventually, supported and encouraged by his wife Diana, Tim took a leap of faith and enrolled in medical school at Otago University.

He trained in anaesthesia at Christchurch Hospital before moving to the Gold Coast to complete his senior fellowship. He stayed on as a consultant at Gold Coast Hospital, where he was known not just for his clinical expertise but for his mentoring of trainees as supervisor of training. Colleagues recall his generosity, humility, and ever-present sense of humour.

Driven by a desire to further understand and relieve suffering, Tim pursued advanced training in pain medicine at the Royal Brisbane Hospital. He became one of the earliest fellows of the Faculty of Pain Medicine on the Gold Coast and played a key role in establishing the region's public pain service. He later built a successful private practice, Queensland Pain Doctor.

As a clinician, Tim was both a gifted diagnostician and a deeply empathetic listener. He often visited the hospital on weekends in shorts and a t-shirt, arriving in one of his classic cars, and would spend his mornings simply sitting and talking with patients. He believed in treating the whole person, and his integration of interdisciplinary care with technical expertise made him deeply effective and well-loved.

Outside medicine, Tim was a man of broad interests and deep character. He was a passionate collector of classic American cars, an enthusiastic cook, and someone who relished entertaining family and friends. He loved boating, diving, and travelling the world – experiences he shared with his wife Diana and their children Georgia and Ben.

Tim was also proud of his Māori heritage, reconnecting with his Ngāi Tahu roots later in life and sharing that cultural identity with his family. He was immensely proud of his children and the family he built with Diana, his wife and partner of nearly 30 years.

The death of their son Ben in 2024 was a profound loss, but Tim carried that grief with strength and quiet dignity.

He is survived by Diana and Georgia, and by a wide network of extended family, friends, colleagues, and former patients. To them we extend our deepest condolences, and our thanks for sharing Tim with us.

In remembering Dr Tim Grice, we honour a life lived in service, marked by deep compassion, curiosity, and care. His professional legacy lives on in the institutions he helped build, in the clinicians he mentored, and in the patients whose lives he changed. But perhaps his most enduring legacy is a personal one: a reminder that to ease suffering, we must first be willing to truly listen, to act with humility, and to see the humanity in others.

He will be greatly missed.

Dr Leigh Dotchin, FANZCA, FFPMANZCA
Queensland

Francis Xavier Lah

1946 – 2025

Frank Lah will be remembered as one of the most competent and knowledgeable anaesthetists of recent times. In his later years, while working in the ACT it was commonly said that "Just because Frank can do it doesn't mean you can".

He had a big influence on anaesthesia in the ACT and his techniques and teachings are still talked about by anaesthetists who trained with him during his years in Canberra.

Frank was born in Mureck, Austria in 1946 and he moved to Australia with his parents when he was four. The family lived in Goulburn NSW where he attended St Patrick's school. After finishing high school he had intended to join the army but when rejected at Duntroon due to his "flat" feet a teacher suggested he try medical school instead.

Frank completed his medical training at the University of NSW (UNSW) in 1971. While at university a fellow medical student sought advice from Frank on leaving a potential career in medicine for film. Frank counselled him to stay the course of medicine; luckily the fellow student did not listen and despite completing their studies became a prominent film director with a blockbuster hit instead. Of interest, later in life, Frank was asked what he might have done instead of medicine as a career and he suggested he may have become a conductor of music.

Frank's intern and resident years were at Wollongong Hospital and Sutherland Hospital in Sydney. It was in Wollongong that he met his wife Jennifer with whom he celebrated 50 years of marriage last year.

Anaesthesia training was undertaken at Prince of Wales and Prince Henry hospitals in Sydney and he obtained FFARACS in August 1976 (FANZCA in 1992). In the late 1970s Frank worked for a period with Professor Fred Hollows in the Northen Territory and then he became a staff specialist at Westmead Hospital in 1979.

His main role at Westmead Hospital was as head of obstetric anaesthesia although he became known for his knowledge and expertise in many other fields as well, including in acute pain. Frank was instrumental in working with others to formalise the acute pain service at Westmead.

Many anaesthetists who trained in Sydney during that period would recall Dr Lah conducting valuable teaching and practice vivas for part 2 exams during his tenure at Westmead Hospital.

His expertise in obstetric anaesthesia, analgesia and in many other fields was widely known during that time.

In 1993 Frank left Westmead for Canberra where he worked in the Canberra and Calvary public hospitals until retirement in 2015.

During the years in Canberra, Frank continued to set the bar high in terms of the scope of his knowledge and skills. He maintained a strong interest in obstetric anaesthesia and analgesia; his expertise later expanded into chronic pain in which he developed a strong interest and involvement. A staunch patient advocate, the care he demonstrated for his patients was second to none, and follow-up sometimes extended after discharge from hospital if he was concerned about them.

Frank was known to be very kind to the junior doctors and continued to support and encourage them both through official roles and in his own time. He was very committed to education and maintained his involvement with registrars until late in his career. He was a valuable learning resource for his senior colleagues as well and advice was always offered willingly and humbly. As noted earlier, doctors who trained in the ACT still talk about things they learned from Frank during their training.

He was active in official ANZCA roles until his retirement in 2015. Frank was chair of the ACT Regional Committee 2002-2004, supervisor of training at Canberra Hospital 2006-2012, member of the Acute Pain Special Interest Group from 2006 -2012 and acted as workplace-based assessor and specialised study unit supervisor for most of the time he worked in the ACT. His contribution to the Canberra Hospital and to anaesthesia training was recognised in 2010 when he was nominated for an ACT Health award for excellence.

After his retirement in 2015 Frank continued to lead an active life, travelling to the UK to visit his daughter and looking after grandchildren in Sydney. He undertook volunteer pastoral care work at Westmead Hospital, volunteered at the Museum of Human Diseases at UNSW and interviewed prospective medical students for the UNSW School of Medicine. He enjoyed opera and orchestral concerts which he subscribed to and attended regularly.

We understand from members of his family that Frank further blossomed in his retirement village from 2020 – he attended the gym, the Men's Shed, organised the fortnightly movie in the village cinema and helped organise songs for the weekly Mass.

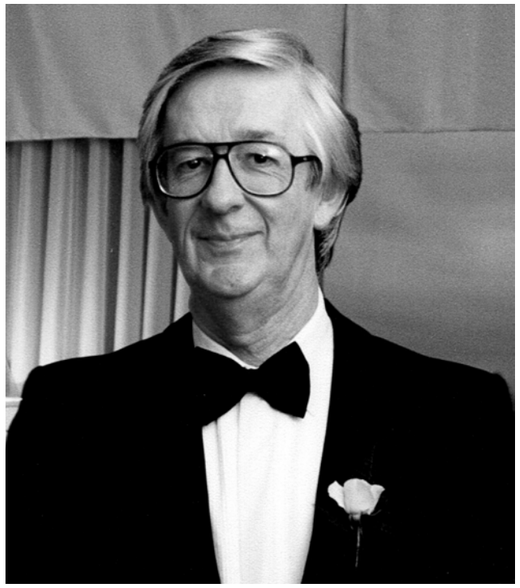
In summing up, it can be said that Frank lived his life in the service of others which is an admirable way for such a quiet and unassuming man like him to be remembered.

Our sympathy goes to his wife, children and grandchildren and we thank them sincerely for their assistance in preparing this tribute to Frank's life and career.

Dr Prue Martin, FANZCA
Dr Nick Gemmel Smith, FANZCA

John David Paull OAM

1937 – 2025



On 18 May this year John Paull celebrated his 88th birthday at home in Tasmania in the company of family and friends. Ten days later John passed away peacefully at home.

John David Paull was born in pre-World War II London where his father was gaining medical experience. The family returned to Melbourne where John completed schooling and a medical degree at the University of Melbourne. Four years of his early career were spent as senior medical officer on the island of Nauru where he delivered valuable service to the community.

He returned to Melbourne to commence anaesthesia training at The Alfred hospital under the mentorship of then director Max Griffith, gaining fellowship of the Faculty of Anaesthetists of the Royal Australasian College of Surgeons in 1971. John spent the rest of his career, 'retirement', and life contributing to anaesthesia and medicine.

In his clinical career he was director of anaesthesia at the Royal Women's Hospital in Melbourne and later, Box Hill Hospital. He was a progressive anaesthetist and leader; his wisdom and wit were much sought after and highly respected.

He had a special interest in teaching trainees, obtaining a diploma in education and serving as the Faculty of Anaesthetists' education officer. A whole generation of Victorian anaesthesia trainees passing through the Royal Women's Hospital benefited from his insights. At Box Hill he helped convene the groundbreaking return to work program for anaesthetists with substance use disorder. This work highlighted John's compassion and patience but also required him to be pragmatic about the realities of this difficult area.

John was highly intelligent and had an early start to his research career winning the Australian Society of Anaesthetists Gilbert Troup Prize as a registrar and went on to publish more than 70 peer-reviewed papers. He was on the editorial committees of both *Anaesthesia and Intensive Care* and the *International Journal of Obstetric Anaesthesia*. He chaired inaugural Victorian and National Health and Medical Research Council committees on anaesthetic mortality, aiming to compile objective information on which to act.

He served on the Victorian Regional Committee of the Faculty of Anaesthetists, holding many positions including that of chair. He had one term on the board of the Faculty of Anaesthetists and was a final fellowship examiner for 12 years, the last two of these as chair of the final examination committee. As part of this he acted as an external examiner and undertook many lecture tours of Singapore and Malaysia. His name still generates fond memories and gratitude from the anaesthesia communities in those countries.

John moved to Tasmania in 1999 with his second wife Denise. He worked as a visiting medical officer anaesthetist in Launceston, convening the morbidity and mortality reviews and continuing to provide training and mentoring to young anaesthetists, particularly those from overseas who had extra need for guidance.

On retirement from clinical work in 2007 John threw his efforts into various history related activities. He served as a senior deck hand on the tall ship Lady Nelson and in executive roles for the Royal Society of Tasmania. He vigorously researched and lectured about the history of anaesthesia, particularly in Tasmania.

This culminated in the 2013 publication of *Not Just an Anaesthetist* the definitive biography of William Russ Pugh, the Launceston doctor who administered the first anaesthetic in the southern hemisphere. He followed this up with *Persistence Pays* in 2016 about the discovery of Pugh's journal of his voyage from England to New Holland in 1835.

In 2021 John was awarded the Medal of the Order of Australia for 'service to medicine, and to history'.

Altruistic to the end, his last act was to donate his body to the University of Tasmania medical school.

Dr Colin Chilvers, AM FANZCA (retired)
Tasmania

Dr Ian Rechtman, FANZCA (retired)
Victoria

Dr Amalie Wilke, FRACP
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