

[NZNC work](#)
[New Zealand office](#)
[Melbourne office](#)
[New Fellows](#)
[Meetings](#)
[Education and training](#)

[Appointments](#)
[Quality and safety](#)
[Ministry of Health](#)
[HWNZ](#)
[MCNZ](#)
[Other news](#)

[ANZCA Library](#)
[ANZCA conferences and courses](#)
[Other conferences and courses](#)
[Useful CPD websites](#)
[Gasbag details](#)
[ANZCA NZ office details](#)

NZNC Chair Dr Geoff Long comments . . .

I am still buzzing from our fantastic annual scientific meeting held in Auckland 2-5 November and take this opportunity to say a huge thank you to its organising committee from North Shore Hospital, led by Dr Michal Kluger. You all did a brilliant job: there were excellent speakers, the organisation was superb and, above all, there was a great collegial atmosphere. The scientific programme ably covered a range of interests and right from the marvellously irreverent opening ceremony cartoon, there was plenty of humour and great social occasions at which we could catch up with colleagues and meet new ones from New Zealand, Australia and a variety of other countries. The anaesthetic technicians' conference ran alongside and it was great having these valued members of our anaesthesia team share some of our keynote addresses and our social events. Thank you to all involved in putting this excellent ASM together.



It is also very pleasing to see from two recent days in our national office in Wellington just how strong our ANZCA teaching team is around the country. We had 18 very enthusiastic participants learning about effective assessment at an Advanced Teachers Course on Friday 11 November and on Monday 14 November, we had 27 supervisors of training at a workshop. I attended this and it was very satisfying to see the high level of interest and dedication that these people bring to our ANZCA Training Program. Thank you, too, to all of you who are involved in this way and undertake our College work out there in the hospitals. Your commitment and contribution is very much appreciated.

New Zealand National Committee (NZNC) work

Next meeting

ANZCA's new CEO, Linda Sorrell (*pictured*), will attend the next meeting of the NZNC on Friday 25 November, giving the committee the opportunity to meet her and to discuss ANZCA's Strategic Plan for 2013-2015. Other items on the agenda include a discussion about conflicts of interest and sponsorship of CPD by pharmaceutical and medical equipment companies; ANZCA's curriculum revision; the NZNC budget; the provision of CPD activities for anaesthetists in smaller centres; clinical audit; and our workforce study. The guest speaker will be the CEO of the Health Quality & Safety Commission, Janice Wilson.



While in New Zealand, Linda Sorrell plans to meet the CEOs of the New Zealand Society of Anaesthetists (NZSA) and the Medical Council of New Zealand (MCNZ).

Workforce report

The content of ANZCA's New Zealand Workforce Report has been finalised and approved by the ANZCA Council for release after the General Election, once the incoming government and cabinet have been decided. The report looks at demand and supply scenarios for New Zealand's anaesthesia services for the period 2010-2030, basing its supply projections on ANZCA's 2009 New Zealand workforce survey and the demand picture on 2009 hospital usage data.

Obituaries

The NZNC notes with regret the deaths of **Dr David Cranleigh Thomson Bush**, FANZCA 1992, FFARACS 1963, of Christchurch, and **Dr William John Watt** FANZCA 1992, FFARACS 1961, of Auckland.

Ephedrine

The NZNC has expressed its concern to the Ministry of Health about ephedrine being reclassified as a Class 2B controlled drug under the Misuse of Drugs Act 1975, with consequent secure storage requirements that make it far less accessible when needed in an emergency. The NZNC has asked the Ministry if it can be involved in the drafting of the associated regulations to make sure patient safety is not compromised by the new requirements.

Training concern

The NZNC wrote to the Minister of Health about reports that there would be no role for trainees at a new elective surgery centre being built at North Shore Hospital to undertake about 6,000 operations a year. Chair Dr Geoff Long asked for clarification and said the NZNC would be concerned about the implications for anaesthesia training if trainees were to be excluded from this degree of potential experience. In his reply, the Minister said that the centre's model of care was still being refined but that it would need to enhance productivity, patient outcomes and cost effectiveness. He said the decision was an operational matter for the Waitemata District Health Board but that the National Health Board and HWNZ were discussing the matter with the DHB and would make sure ANZCA's views were taken into account.

Reaccreditation

The MCNZ and Australian Medical Council will carry out a joint reaccreditation of ANZCA in early 2012, the New Zealand accreditation having been brought forward two years to align it with the Australian one. As well as the requirements common to both jurisdictions, the accreditation process will take account of differences. In New Zealand, the MCNZ has set additional criteria in relation to some standards including cultural competence, recognition and assessment of international medical graduates, remediation and continuing professional development to meet MCNZ requirements for recertification.

NZNC website

A revamped main [ANZCA website](#) was launched on 11 September. The NZNC site was migrated to the new system at the same time but with its content and structure still to be revised and updated. That is now under way. Any comments and suggestions may be emailed to [Susan Ewart](#), Communications Manager NZ.

Consultation and submissions

Recent submissions and comments that the NZNC has made include:

- A response to the MCNZ on proposed changes to the special purpose (locum tenens) scope of practice.
- A response to a call from HWNZ for nominations to a reference group for the development of a national skills and simulation-based education strategy.
- Comment to the MCNZ on proposed changes to the comparable health system pathway to registration in a (provisional) general scope of practice.
- A response to HWNZ's request for comment on its prioritisation of medical disciplines for trainee funding.
- Comment on the National Health Committee request for suggestions of new technologies, service expansion recommendations and/or service areas for review and disinvestment, to inform the development of its work programme.
- Comment on the revised edition of ANZCA professional document PS9 on sedation
- Comment to the MCNZ on its proposals for defining and setting criteria for clinical audit in the context of CPD and recertification programmes.
- Comment to Pharmac on the inclusion of dextromethorphan and doxapram on the Preferred Medicine List.
- A contribution to the Council of Medical Colleges briefing paper being prepared for the post-election (on November 26) Minister of Health, Health Select Committee and health spokespeople.

New Zealand office

Brigid Borlase (pictured at right) took up the new position of Policy Officer NZ in August, working also as part of the policy team at ANZCA Melbourne. Her role involves researching, advising on and assisting with ANZCA NZ policy development, preparing submissions and responses to consultation documents, and monitoring government policy changes and initiatives. Brigid brings strong health policy experience to this new role. As well as a BA, she has a Diploma of Public Health and a Master of Public Health. She has worked as a public health project officer and policy analyst for several regional health authorities and for New Zealand's Ministry of Health. Most recently, she worked as a senior associate with Allen & Clarke Policy and Regulatory Specialists Ltd, where her clients included health sector organisations and government agencies. You may contact Brigid through policy@anzca.org.nz or phone (04) 495 9790.



The work of Jan Brown has been divided between two staff members. **Anna Pears** (left), who joined the staff last year as an administration assistant, has taken on the role of Administrator for the NZNC while **Rose Chadwick** (right), who already worked part time as the administrator for the NZAEC, has also become Assessments Coordinator. This role includes administration responsibility for international medical graduate assessment both for the MCNZ and for Fellowship purposes, and for hospital accreditation.



Melbourne office

Research grants

ANZCA's Research Committee, with ANZCA Council approval, has awarded **Dr Neil Pollock** (Palmerston North) the Harry Daly Research Award for 2012 for his project *Malignant hyperthermia: exome sequencing for gene discovery*. Dr Pollock has been awarded funding of \$59,680 towards the study for 2012, with provisional allocations of \$57,500 for 2013 and \$44,000 for 2014 pending satisfactory progress reports.

Other research grants made to New Zealand anaesthetists for the 2012 round are:

- **Professor Alan Merry** (Auckland University): \$47,000 for *Development of a behaviourally anchored rating scale to assess use of the WHO surgical checklist: the WHO's BARS Study*.
- **Dr Michal Kluger** (North Shore): \$18,000 for *Predictors of persistent postsurgical pain following total knee joint arthroplasty*.
- **Dr Elsa Taylor** (Auckland City, Starship): \$8000 for *The paediatric pharmacokinetics and pharmacodynamics parecoxib*.

Simulation/Education Grants

The ANZCA Council is increasing the value of the College's Simulation/Education Grant from \$35,000 to \$60,000 per annum to promote further research in this area. This grant is considered separately from the project grants. Investigators wishing to have their applications considered for the Simulation/Education Grant need to nominate their applications accordingly. The Research Committee can allocate this total \$60,000 between one or more Simulation/Education Grants at its discretion. A highly ranked Simulation/Education Grant application that is not funded within the \$60,000 available will automatically be put in the pool for Project Grant for funding. The Simulation/Education Grants are eligible for the Harry Daly award.

Role of the doctor

The ANZCA Council has endorsed the NZ Medical Association's consensus statement on [The role of the doctor in the 21st century](#). The NZNC contributed to the statement, which has been published in the November issue of the *NZ Medical Journal*.

ANZCA merchandise cost reduced

The cost of ANZCA merchandise has been reduced by 10% and there is no longer a delivery fee. The high quality ANZCA collection includes a tie, bow tie, cufflinks, travel wallet, compendium portfolio, luggage tag, ladies' wallet, men's wallet, lapel pin and pashmina. [The merchandise](#) may be viewed and ordered online through the ANZCA website.

Curriculum redesign progress

ANZCA's Curriculum Redesign Steering Group is finalising several key aspects of the revised curriculum due to take effect, in New Zealand, in December 2012 (January 2013 in Australia). Various elements will be finalised at a workshop planned for later this month and professional documents will be revised and compiled into a trainee handbook, incorporating guidelines for College representatives such as supervisors of training and regional or national education officers. Preparatory work includes developing supporting technologies for online storage and access of trainee profiles and progress. Information about the [curriculum revision](#) is available on ANZCA's website and enquiries about the new curriculum may be addressed to curriculum@anzca.edu.au.

New Fellows

Admission to Fellowship

Congratulations and welcome to the following New Zealand-based anaesthetists who have been admitted to ANZCA Fellowship:

- Dr Engin Ahmed (Middlemore)
- Dr Stacey Byers (Middlemore)
- Dr Nina Civil (Waikato)
- Dr Julian Dimech (Middlemore)
- Dr Angela Gouldson (Tauranga)
- Dr Aidan O'Donnell (Waikato)
- Dr Russell Rarity (Timaru)
- Dr Vikramjit Singh (Palmerston North)
- Dr Maartje Tulp (Wellington)
- Dr Joreline Van Der Westhuizen (Middlemore)
- Dr Abigail Walker (Christchurch)
- Dr James Wong (Auckland City)

Meetings

Council of Medical Colleges (CMC)

NZNC Chair Dr Geoff Long represented ANZCA at the August CMC meeting, where discussion included fellows and trainees re-entering the workforce, regular practice reviews, IMG assessment, clinical leadership resources, prevocational education, the AMC/MCNZ joint accreditation process, trainee feedback opportunities, the work of the Health Quality & Safety Commission, HWNZ training hubs and HWNZ plans for simulation education. The meeting also considered various options for enhancing CMC's operation, including the provision of a permanent secretariat.

Medical Council of New Zealand (MCNZ) Branch Advisory Body meeting

At its annual meeting for branch advisory bodies (BABs), the MCNZ updated BABs on the review of prevocational training requirements, the move to joint accreditation of trans-Tasman colleges, assessment of international medical graduates, regular practice reviews and other matters. The meeting also included a presentation on the conflicts of interest that arise when pharmaceutical companies fund CPD activities. Discussion revealed that a number of colleges refused such sponsorship and were still able to run profitable conferences – an issue that the NZNC will consider at its November meeting.

HWNZ national stakeholder forum

NZ General Manager Heather Ann Moodie represented ANZCA at an HWNZ forum in August that asked participants to think creatively and collaboratively about designing the health workforce of 2020 and beyond. Various working groups have evolved out of the day to progress particular aspects of

workforce planning. The groups cover: research and data and outcomes; more Maori and Pacific people in the workforce; self-care; single electronic health care record; inter-professional teams; flexible scopes of practice; managed care/care coordination; and end-of-life care. The NZNC is seeking to have representation on relevant groups.

Physician assistants

NZ Policy Officer Brigid Borlase attended an HWNZ workshop in October explaining the role of physician assistants (PAs), how they work in the US and the implications of the PA model for New Zealand, especially in light of the recent trial at Middlemore Hospital, for which a summative evaluation is due out soon. While there has been no definite decision to introduce PAs into New Zealand, HWNZ is keen to continue exploring the possibility and is organising a demonstration pilot for PAs in primary care.

Annual trainees forum

Dr Sheila Hart and Dr Rachel Dempsey, Chair and Deputy Chair respectively of the ANZCA NZ Trainee Committee, represented ANZCA at the NZMA's Doctors-in-Training Council annual trainees forum at the end of August. The forum included updates on the work of the NZ Medical Association, the MCNZ and HWNZ, and trainees gave a brief synopsis of the issues for their own colleges. A common theme was a wish for better communication on workforce issues, especially HWNZ developments, and the group will look at how to share information relevant to trainees better.

Education and training

Trainee survey

The NZMA Doctors-in-Training Council is surveying New Zealand's vocational trainees to establish their satisfaction with the medical colleges. The information pertaining to ANZCA will be made available to the College in a collated anonymous form and will provide some valuable baseline data on how trainees see ANZCA during their training. ANZCA head office, the NZNC and the NZ Trainee Committee encourage all trainees to complete the [online survey](#) by **Friday 2 December 2011**. Any queries may be addressed to ANZCA NZ's Training & Education Coordinator, [Juliette Adlam](#).

Anaesthesia for Eye Surgery webinar

ANZCA is running an interactive webinar about *Anaesthesia for Eye Surgery* for trainees on Tuesday 22 November, 8.30-9.30pm (NZ time). In the webinar, Dr Lindy Cass from the Eye and Ear Hospital in Victoria will answer questions about the video podcast she recorded on this topic for ANZCA's e-Learning library. The webinar will also feature quizzes and short case-based discussions. Although this webinar will be of particular interest to those preparing for ANZCA's final examination, others may attend. A computer with speakers and access to the internet are all that is required to participate. Trainees are advised to view the podcast first to get the most out of the webinar. To register to attend, follow the instructions on ANZCA's e-Learning resources [homepage](#). Registrations close at 3pm (NZ time) on Tuesday 22 November.

Part 3 Course

The inaugural Part 3 Course for New Zealand trainees is being held at Middlemore Hospital on 3 December, immediately following the Annual Registrars Meeting at Auckland City Hospital the day before and with considerable assistance from Middlemore's Department of Anaesthesia. The course is a joint venture between the ANZCA NZNC and the NZSA, having been initiated by ANZCA's NZ Trainee Committee. The theme is *Bridging the Gap: becoming a consultant and beyond* and the course will focus on giving trainees an insight into the working lives of SMOs and to discuss issues that may arise when they transition from trainee to consultant.

Annual Registrars Meeting

The NZNC is increasing the support it gives to the Annual Registrars Meeting. It is maintaining the \$1000 it provides for the ANZCA Prize for the Best Scientific Presentation and adding a further \$500 as a contribution to the ARM running costs.

Career Planning

HWNZ expects all trainees receiving its funding to have career plans in place by January 2012. HWNZ has said that while it will not ask to see individual career plans, it does expect district health boards to advise it of progress. See the HWNZ website for further information on [career planning](#).

Training positions

A [page](#) on ANZCA's NZNC website lists provisional fellowship positions available at New Zealand hospitals.

Appointments

Pharmac has appointed NZNC Faculty of Pain Medicine representative **Dr Kieran Davis** (Auckland) and **Dr Christopher Jephcott** (Waikato) to the Analgesic Subcommittee of its Pharmacology and Therapeutics Advisory Committee. They have been appointed for a three-year term, ending 31 July 2014. Pharmac was looking particularly for pain specialists for the subcommittee.

Dr Gregory Steele (Rotorua) and **Dr Mohua Jain** (Wellington) have been appointed to ANZCA's Final Exam Panel of Examiners for 2012.

NZNC member **Dr Vaughan Laurensen** has joined the Board of Studies (BOS) of the Division of Rural Hospital Medicine New Zealand (DRHMNZ), a division of the Royal New Zealand College of General Practice. The DRHMNZ programme includes core anaesthesia runs and offers an advanced training programme in anaesthesia as an elective. Dr Laurensen will provide expert anaesthesia advice to the Board of Studies and represent ANZCA on the group. The NZNC thanks his predecessor, Dr Tom Watson, for the work he has done to date for the DRHMNZ BOS.

ANZCA immediate past president **Dr Leona Wilson**, ONZM, was made a life member of the New Zealand Society of Anaesthesia at its annual general meeting in November in recognition of her services to anaesthesia.

ANZCA representative on the NZAEC, **Dr Kerry Gunn**, took over as NZAEC Chair this month, succeeding Dr Ted Hughes, who had been chair for the last two years. The role of chair alternates between ANZCA and NZSA representatives. The NZNC extends its gratitude to Dr Hughes for his chairmanship for the last two years.

Quality and safety

Surgical Safety Checklist compliance

An article in the [New Zealand Medical Journal](#) details an evaluation of the administration of a Surgical Safety Checklist in a New Zealand hospital, based on observation of 100 adult surgical cases. The authors found that "... the Sign Out domain was almost always omitted, which may increase the risk of important omissions in postoperative care". They also note that "... most other aspects of checklist administration could also be improved".

HQSC statement of intent

The Health Quality & Safety Commission's [Statement of Intent 2011 to 2014](#) outlines the nature and scope of the commission's functions and what it is seeking to achieve.

Ministry of Health

IT booklet

The National Health IT Board has produced an ebooklet, [Towards Better Access to Information about our Health](#), featuring examples of how information technology is making a difference to the sharing of patient information and improving patient care.

Universal list of medicines

The [New Zealand Universal List of Medicines](#) (NZULM) is a dictionary that uses standard terminology to describe each medicine and provides information about packaging, manufacturers and subsidies. It is the first of several phases building up to the New Zealand Medicines Formulary (NZMF), a more complete information system that will include clinical information about medicines. The NZULM will be updated and released monthly. The NZMF is expected to be rolled out across the health sector within 12 months.

Obstetric guidelines

The Ministry of Health (MoH) advises that the revised [Guidelines for Consultation with Obstetric and Related Specialist Services](#) (Referral Guidelines) document on the MoH website has not yet been

distributed to all Authorised Practitioners claiming under the Primary Maternity Services notice (s88) because of a delay in assigning referral codes for the seven new referral criteria. Once the document has been provided to Authorised Practitioners, the revised Referral Guidelines will be attached to the s88 notice officially and will become the 'official' version to use. In the meantime, providers can familiarise themselves with the revised version and may find the flow-charts helpful to negotiate roles when consultations and transfers of clinical responsibility occur or when women decline advice.

Health Workforce New Zealand (HWNZ)

HWNZ Annual Plan

HWNZ has released its [annual plan](#) and has provided district health boards with guidance on developing workforce strategies as part of the guidance the National Health Board has issued for developing district annual plans. DHB strategies will feed into the regional training plans that HWNZ is developing in conjunction with the regional training hubs and into HWNZ's national workforce strategy.

Physician assistants (PAs)

The formal evaluation report of the 12-month PA demonstration at Middlemore Hospital, which concluded in September, is due to be released in late 2011 but HWNZ says the feedback has been overwhelmingly positive. It reports widespread interest in the role and that it is now working with district health boards to establish up to four further demonstration sites focusing on primary care and emergency departments. It is also exploring the prospect of future PAs operating to a wider scope of practice, including being credentialled to carry out specific tasks and being able to prescribe under standing orders from a doctor. It will also be working on the issues around future regulation of PAs in New Zealand.

Trainee funding priorities

HWNZ is reviewing its proposed prioritisation criteria for trainee funding following submissions from district health boards, education institutes and colleges, including ANZCA. The first draft prioritised medical disciplines for funding based on vulnerability in the workforce (age of doctors, and dependence on international medical graduate specialists and general scoped doctors) and the contribution it considered each specialty was making to achieving five selected health targets. ANZCA queried the methodology, especially that which gave anaesthesia a significantly lower priority than general surgery, despite the clear relationship between the two. HWNZ has made it clear that it does not believe it should fund the "service" component of a trainee's time in the hospital (that being the employer's responsibility) and that it will give a higher priority to the more vulnerable disciplines.

Medical Council of New Zealand (MCNZ)

Email contact

From 26 September the MCNZ has been using mainly email to correspond with doctors wanting to register in New Zealand, including for their letter of eligibility and first practising certificate. Doctors will also be emailed links so they can download copies of publications rather than being sent hard copies. Doctors wanting hard copies should email info@mcnz.org.nz. Any doctor or employer wanting to verify the authenticity of electronic documents should email validations@mcnz.org.nz. The move to communicate with doctors through email is the first stage of a plan to enable all doctors to apply and complete registration and practising certificate applications online.

IMG guidelines

The MCNZ has published a [handbook](#) setting out the roles and responsibilities for international medical graduates (IMGs) coming to work in New Zealand, and for their employers and supervisors. It provides useful 'best practice guidelines' on orientation, induction and supervision of IMGs.

UK supervision reduction

Following consultation, the MCNZ has reduced from 12 to six months the supervision time required for UK-trained specialists who hold the relevant postgraduate qualification and specialist UK training certificate. The MCNZ will continue to review each application on a case-by-case basis with advice from the relevant college and may still require 12 months of supervision if the college recommends this. The change applies to new approvals from 1 November 2011.

Doctors and financial conflicts of interest

The MCNZ has published a [discussion document](#) titled *Doctors and Financial Conflicts of Interest*. While the council believes its current standards on conflicts of interest are largely appropriate, it considers they could provide more specific guidance to doctors on managing conflicts that may arise from personal business practices, as well as those that can arise from externally-sponsored research, speaking engagements, receipt of gifts and other such situations. Submissions on the paper close on **Monday, 12 December 2011**. If you have comment that you would like considered in the context of the NZNC's response, please send it to the Policy Officer, [Brigid Borlase](#).

Other news

Severe Aortic Stenosis

An interdisciplinary research group at Nelson Hospital says that although most anaesthetists would recognise severe aortic stenosis as a major risk factor for perioperative complications in patients undergoing non-cardiac surgery, specific detail about this appears to be lacking. Accordingly the group, which has representation from anaesthesia, cardiology, nursing and echocardiography departments, has designed a user-friendly [online database](#) with the aim of collecting data on preoperative assessment, echocardiography data, anaesthetic techniques and perioperative complications for patients with severe aortic stenosis. This observational study has ethical approval from the NZ National Ethics Advisory Committee.

The group hopes to collect enough data to define more accurately factors relating to perioperative morbidity and mortality in patients with severe aortic stenosis undergoing non-cardiac surgery. It says that this should allow a standardised approach to the preoperative assessment of patients with aortic stenosis and improved information for patients regarding perioperative risk.

The group is seeking interested volunteers in New Zealand hospitals to join the research team and run the Aortic Stenosis Database (ASDB) project in their own departments by acting as local champions. Its plan is for every hospital involved to enter data on patients with severe aortic stenosis undergoing non-cardiac surgery. Each participating department will have access to its own data and the combined national results through the password protected online database.

Before commencing the project, the group plans to invite all local champions to attend a one-day symposium in Nelson during March 2012. The symposium will cover all aspects of the ASDB project and enable local champions to begin data collection when they return to their hospitals. There will be a nominal registration fee and attendees will be expected to cover their own travel and accommodation expenses.

If you are interested in getting involved with the ASDB project, contact [Dr Joe Macintyre](#) or [Dr Matt Scott](#) to reserve your place on the aortic stenosis symposium and to register as a local champion for your department.

Tax avoidance

Health professionals using a company or trust structure to reduce tax liability should note the recent Supreme Court of New Zealand decision which found that two orthopaedic surgeons improperly avoided paying income tax. In [Penny and Hooper v Commissioner of Inland Revenue](#), the Supreme Court said that while the surgeons' business structures were completely lawful and unremarkable, using those structures to pay a salary that was not commercially realistic and without good reason amounted to tax avoidance.

HDC ketamine inquiry

Following the referral of information from the National Health Board, the Health and Disability Commissioner has commenced a formal investigation into the use of ketamine on Ward 1A at Dunedin Hospital in 2010 and 2011. The investigation will subsume HDC inquiries already under way and is likely to take several months. It relates to the alleged use of ketamine within the mental health service rather than its use in anaesthesia.

ANZCA Library

New Zealand-based Fellows and others on ANZCA's CPD Program, as well as trainees, can access ANZCA's extensive [library service](#), including a journal subscription service, databases through which you can search for articles, research assistance, the ability to sign up for RSS or email alerts on

topics, educational resources for trainees, e-books and more. You may borrow books, some of which may be supplied from the core collection of syllabus texts held at the New Zealand office. A list of those books can be viewed [here](#) or by selecting 'New Zealand' from the location drop-down box of the [main library catalogue](#).

ANZCA conferences and courses

ANZCA ASM 2012

Perth, 12-16 May

ANZCA's 2012 annual scientific meeting is being held in Perth, with the theme *Evolution: Grow, Develop, Thrive*. The scientific program will cover a wide range of topics in anaesthesia and pain medicine delivered by internationally renowned speakers from the US, Europe and Australia. The call for abstracts has been made, with submissions due by 10 February, 2012. Notification of acceptance will be emailed in early March, before early bird registration closes on 23 March. Details of the abstract submission guidelines and a copy of the scientific program are available on the [ASM website](#).



13th ICCVA/NZ Anaesthesia ASM 2012

Auckland, 14-17 November 2012

New Zealand Anaesthesia's 2012 Annual Scientific Meeting will run in conjunction with 2012 International Congress of Cardiothoracic and Vascular Anesthesia (ICCVA) in Auckland next November. An impressive line-up of international and Australasian speakers for the combined ICCVA-NZ A ASM will address the theme *What becomes of the broken hearted? Outcomes and how to change them*. The topics will be sufficiently broad to cater to anaesthetists working in other sub-specialty areas as well as in cardiothoracic and vascular anaesthesia, and participants will be able to move freely between the ICCVA and NZ A ASM streams to make the most of the learning opportunities on offer. For details of speakers and to register your interest for receiving further information about the combined ICCVA NZ A ASM conference, see www.iccva2012.com.



WHAT BECOMES OF
THE BROKEN HEARTED?
Outcomes and how to change them
2012 Combined Meeting of the 13th International
Congress of Cardiothoracic and Vascular Anesthesia
and the New Zealand Anaesthesia Annual Scientific Meeting
14 - 17 November 2012 | Auckland | New Zealand

NZ Anaesthesia ASM 2013

Dunedin, 6-9 November 2013

The 2013 NZ Anaesthesia Annual Scientific Meeting will be held in Dunedin in November with the theme, *Best Practice: Aiming for Excellence*. The programme will include hands-on laboratory airway workshops, problem-based learning discussions and medical economics in a challenging environment. For more information, contact Convenor [Campion Read](#) or Scientific Convenor [Andrew Smith](#).

Other conferences and courses

NZ Pain Society 2012 ASM

Wellington, 12-15 April 2012

The [NZ Pain Society's 37th Annual Scientific Meeting 2012](#) will be held in Wellington 12-15 April. Its theme is *A Head of Pain* and it will incorporate some of the cancelled 2011 meeting (which had been due to be held in Christchurch). Keynote speakers include Dr Lance McCracken (UK), Serge March (Canada) and Irene Tracey (UK).



Health Systems Law Intensive

Wellington, 10-13 April 2012

The University of Otago and Buddle Findlay will run a Health Systems Law Intensive in Wellington from 10 to 13 April and, subject to interest, 27 to 30 August next year. The course is designed for senior clinicians, board members, chief executives and senior managers working in the New Zealand health sector. For further information or to enrol, contact judy.woolley@buddlefindlay.com.

Useful websites for CPD events

For further details and updates of national and international meetings, check the following websites:

- <http://www.anzca.edu.au/events/events/>
- <http://www.anzca.org.nz/new-zealand-courses/new-zealand-events.html>
- <http://www.acecc.org.au>
- <http://www.anaesthesia.org.nz>
- <http://www.anaesthesia.org.nz/nzaec>

Gasbag

Gasbag is an electronic newsletter published by the New Zealand National Committee of the Australian and New Zealand College of Anaesthetists.

Other issues planned for 2011 are: Issue 61, Wednesday 14 December.

Comments and suggestions for items are welcome. Please send to ANZCA NZ's Communications Manager, [Susan Ewart](#). If you wish to have an item included in a particular issue, please send it by the Friday before the publication date.

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