Lead Article

It was my great privilege to attend the Board Meeting of the World Federation of Pediatric Intensive and Critical Care Societies (WFPICCS) recently as the elected medical representative for Oceania (ANZICS). This was held in conjunction with the 7th World Congress on Pediatric Intensive and Critical Care in Istanbul, Turkey.

The World Federation of Pediatric Intensive and Critical Care Societies (http://www.wfpiccs.org/) was established in 1997. Similar to its adult counterpart, the World Federation of Societies of Intensive and Critical Care Medicine (established 1977), WFPICCS was born from the vision of leaders in our specialty who were convinced that by connecting national societies across the globe, they could achieve more than “the sum of the parts”. It was thought that by fostering cooperation between the individual societies, the Federation could set important priorities, provide resources to those with needs, link research groups globally, and champion initiatives aimed at improving the outcomes of children suffering from life-threatening illnesses and injuries.

WFPICCS’ mission is to be the leading organisation advocating for the care of critically ill children worldwide; advance professional knowledge, enhance skills and share best practices; and to provide each child the best chance for survival and quality of life.

The Board of WFPICCS includes medical and nursing representatives from North America, Latin and South America, Asia, Europe, Africa and the Middle East and Oceania (2). Past Presidents have included Dr Geoff Barker (Toronto), Dr Edwin van der Voort (Rotterdam), Dr Andrew Argent (Cape Town), Dr N (Tex) Kissoon (Vancouver), and our current president is Dr Sunit Singh (Chandigarh).

WFPICCS has undergone remarkable development over the past 17 years becoming an increasingly sophisticated organisation now with a contracted Professional Conference Organiser (PCO), Kenes.

Currently WFPICCS has over 40 national, international and regional member societies representing over 100,000 paediatric and neonatal critical care physicians, nurses and allied health care workers worldwide.

One of the highlights of WFPICCS activities is the World Congress on Pediatric Intensive and Critical Care. Past congresses have included in Baltimore (1992), Rotterdam (1996), Montréal (2000), Boston (2003), Geneva (2007), Sydney (2011), and Istanbul (2014). WFPICCS, in consultation with Kenes, has recently decided to move to a 2 yearly cycle of Congresses in an attempt to remain relevant, build the WFPICCS brand and, hopefully, develop a more secure income stream. The next Congress is to be held in Toronto, Canada, on 5th -8th June, 2016 (www.picc2016.com). The venue for the 2018 Congress is yet to be decided, however, a number of potential host cities are being explored in Asia.

The Congress in Istanbul was very successful, attracting over 1500 delegates from 95 countries. Interaction and audience participation was very much a feature of many of the scientific sessions, and this aspect was previously commented on as one of the strengths of the previous Congress in Sydney. The session featuring a debate on the results of the well-known FEAST trial was particularly lively, with many Intensivists still trying to determine how we should respond to the study findings regarding the role of fluid resuscitation for children in our own clinical settings.

Attracting corporate sponsors has proven difficult for the past two congresses, and as a result the Congresses have resulted in only small profits. It remains to be seen if this represents a widespread decline in the industry’s investment in marketing following the ‘GFC’, a phenomenon peculiar to the location of the Congress, or perhaps even a global change in the industry’s marketing strategy away from conference sponsorship.

Many Intensivists will be familiar with the adult BASIC Course, and WFPICCS has supported the recent establishment of a paediatric BASIC course. There have been nearly 20 of these courses held so far. Many of these were in Australia but others throughout the world. The BASIC Course focuses on basic principles of physiology and organ support, with education enhanced by a number of simulations.

A number of intensive care units have found these courses useful as an orientation course for their new registrars, many of whom have had little exposure to intensive care medicine prior to starting. See http://www.wfpiccs.org/projects/basic-course/ for further information.

WFPICCS’ immediate-past President, Niranjan “Tex” Kissoon, is well-known as a strong advocate for the recognition of sepsis as a major global problem causing the death of over six million children worldwide each year, and the Sepsis Initiative is certainly one of WPICCS’ major focuses. As part of this, there is increasing support amongst PICUs worldwide for World Sepsis Day on 13th September (see http://www.wfpiccs.org/projects/sepsis-initiative/).

Pediatric Critical Care Medicine is the official journal of WFPICCS and subscriptions can be made available to member societies at discounted rates.

WFPICCS is also proud to support a unique initiative, OPENPediatrics™. This is an innovative ‘cloud-based education platform designed to effectively share knowledge on the care of critically ill children and deliver advanced training efficiently.’ This is a collaborative project involving Boston Children’s Hospital, IBM and WFPICCS, and a great way to provide easy access to high-quality education resources to Intensivists around the globe. Click to see OPENPediatrics Brochure.

I’d like to take this opportunity to thank ANZICS members for their support over the past 4 years, and I am of very happy to be contacted to provide further information or clarification if required.

Stephen Jacobe
Stephen.Jacobe@health.nsw.gov.au
ANZICS Events

The ICU Research Coordinator Workshop
March 3, Noosa
http://www.anzicsctg.org

17th Annual Meeting on Clinical Trials in Intensive Care
4-6 March, Noosa
http://www.anzicsctg.org

SG-ANZICS Intensive Care Forum 2015
24 – 26 April, Singapore
http://www.sg-anzics.com

2015 Safety and Quality Conference: The Deteriorating patient
6-7 July
http://www.sqao-anzics.com/

ANZICS CORE MEETING
8 July, Gold Coast

CTG Winter Research Forum
9-10 July, Gold Coast
http://www.anzicsctg.org

2015 ANZICS/ACCCN ASM
29-31 October, Auckland, New Zealand
http://www.intensivecare.org.nz

Follow the ANZICS ACCCN Intensive Care ASM on Twitter (@ANZICSACCCN_ASM) and Facebook (@ANZICSACCCN_ASM) for all the latest updates and highlights from the event!

To keep up to date on all upcoming Conferences and Events, make sure to check out the events page on the ANZICS website regularly: http://www.anzics.com.au/events
Critical Care Collaborative: Keeping it Real

An interprofessional symposium open to all critical care providers: prehospital, medical, nursing and allied health.

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A/Prof Daryl Jones, Austin Health
Dr Antony Tobin, St Vincent’s Hospital
A/Prof Andrew Hilton, Austin Health

Friday, 8 May 2015
Pullman Hotel, Albert Park, Melbourne

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President’s Report

All members should, by now, be aware that the ANZICS Statement on Care and Decision-Making at the End of Life for the Critically Ill has been recently published. This document gives a comprehensive guide to matters surrounding end of life care for all jurisdictions within Australia and New Zealand, and is the result of a prolonged and intensive process by a dedicated working group. Sincere thanks must be extended to the membership of this group, and, in particular, the Chair, Bill Silvester, and Jessyca Menzel who was responsible for much of the administrative tasks.

The Society and the College recently ran a Workforce Summit to look at Trainee numbers and whether a potential oversupply is likely. The main outcomes of the meeting were an acceptance that there is likely to be an oversupply of Consultants in the near future, there should not be significant changes to the current role of an Intensivist, and it is unlikely that there will be a major growth in ICU beds, either in metropolitan or regional areas.

A further concern raised was a trend to new Intensivists being employed through multiple fractional appointments rather than through a single full time appointment. Changes to training requirements has resulted in a significant fall in the number of new intensive care Trainees this year, and the College has committed to continue to monitor the situation.

The Safety and Quality Committee recently emailed all members the results of a survey on unit specific practices for the prescribing of Noradrenaline formulation in Australia. The Society will report these results to Hospira and it is hoped that a solution can be found which will mitigate any impact on safety, and costs.

At the recent AGM a new Society Executive was elected. Dr Anthony Holley has been elected Treasurer, Dr Simon Erickson remains as Secretary, and Dr Marc Ziegenfuss has been elected as Vice-President. I would like to warmly welcome Anthony to the Executive, and I look forward to working closely with Marc as he transitions to President in October 2015. Mary White has completed her term on the Executive, having been initially elected in 2009, following on from 6 years as the South Australian Board representative. Mary has been a tireless worker for the Society and our membership, and I cannot thank her enough for her contribution over this time, other than to say that she will be greatly missed. At the AGM A/Prof Ramesh Nagappan was posthumously elected to the ANZICS Honour Roll, and Dr James Judson was elected to Honorary Membership.

Other changes to the Board, since the last edition of the Intensivist, include Dr Mark Nicholls being elected as the New South Wales Regional Chair, and Dr Rajeev Hegde who has been elected as Queensland Regional Chair.

The Annual Scientific Meeting was held in Melbourne this year and once again was highly successful. The program and social events were of the highest quality, and I would like to thank the Organising Committee, and, in particular, Dr Stephen Warrillow, Ms Gabrielle Hanlon, Dr Felix Oberender and Mrs Amy Johansen who all contributed significant time and effort in order to make the meeting a success. I would also like to thank A/Prof Adam Deane for, once again, organising the Global Rising Star session, which attracted three internationally renowned speakers. Pfizer and Baxter must also be acknowledged for their sponsorship of this session. Professor Simon Finfer presented the Oration, giving a wonderful insight into the CTG and difficulties associated with running large scale, world class trials.

In April 2015, the 3rd SG-ANZICS meeting will be held in Singapore, a biennial collaborative meeting between ANZICS and the Society of Intensive Care Medicine (Singapore). The collaboration is of significant importance given our position in the region. The program is of the highest quality, and I would recommend that members consider this meeting as part of their ongoing education next year. The 40th Annual Scientific meeting will be held in Auckland next year, and will be themed “Intensive Care Under Pressure”. Organisation of the meeting is well under way, and it promises to be a fantastic meeting. Planning is under way for the 13th Congress of the World Federation of Societies of Intensive and Critical Care Medicine, which will be held in Melbourne in October 2019.

Following the success of the Safety and Quality meeting this year which was themed on Rapid Response Teams, next year’s meeting will be themed on the Deteriorating Patient. The meeting will be held at Sea World Resort on the Gold Coast in July and will run concurrently with the CTG Winter Research Forum. Negotiations are underway with the international Society of Rapid Response Systems to host the 12th International Conference on Rapid Response Systems and Medical Emergency Teams in Melbourne in 2016.

Unfortunately, due to unforeseen issues, the Ramesh Nagappan Intensive Care Medicine Course has had to be postponed to a date later in 2015. At present the timing of the meeting has not been determined.

continued over page
President’s Report

The recent Board meeting ratified a change to the structure of CORE. Two new committees will be formed, the ANZICS CORE Research Publication Working Group, and the CORE Outlier Review Group. The former group will have significant oversight over the research focus of CORE, and the latter will assist with the process of monitoring and responding to outlier units. Expressions of Interest for membership of these groups will be circulated to members and I would encourage anyone with an interest to apply.

Finally I would like to comment on the financial performance of the Society. Last Financial Year the Society traded at a small loss in the order of $50k, which was significantly better than the loss forecast in the budget, primarily due to a better return from the ASM, and an increase in revenue and membership. The Society recorded a profit overall after the ANZICS House was revalued by some $100k. The result was thought to be satisfactory, however, a motion was passed at the AGM to increase subscriptions to $795 for Full Members.

The wellbeing of our craft group is dependent on the Society remaining strong and viable, and I would encourage all current members to continue to support the Society, and, if possible, look to become involved in Committee or Board work. The good work of the Society has shaped the way that intensive care is practiced in our two countries, and will continue to influence the future direction of our specialty.

Andrew Turner, President

ANZICS Board Members

President
Andrew Turner

Vice President
Marc Ziegenfuss

Hon Secretary
Simon Erickson

Hon Treasurer
Anthony Holley

VIC Chair
Stephen Warrillow

NSW Chair
Mark Nicholls

SA Chair
Stewart Moodie

QLD Chair
Rajeev Hegde

NZ Chair
Ben Barry

WA Chair
Ian Jenkins

TAS Chair
David Rigg

CORE Chair
David Pilcher

CTG Chair
Colin McArthur

Paediatric Chair
Johnny Millar
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KEY DATES:

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Registrations Open...................................... 23 February 2015
Abstract Submission Deadline......................... 6 July 2015
Early Bird Registration Deadline...................... 17 August 2015

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Membership Report

Firstly, I would like to express my gratitude to all of our Members, Regional Chairs, LinkPersons and our Committee Members who have helped to promote and spread the word of ANZICS and the work it does for Australian and New Zealand Intensive Care Medicine. While we have had steady growth in the new Members to the Society, I would like to remind those members with outstanding subscriptions to please make payment on these as soon as possible.

Although we have been successful in recruiting new members, I must encourage all ANZICS members to promote the Society and encourage people working within our specialty to join ANZICS. It is also important to encourage all Members to get involved in the Society’s Committees and activities, as we need new people to keep ANZICS growing. The Society is a reflection of its membership and the important work completed by ANZICS is dependent on them. Following on from the ANZICS AGM at this year’s ASM in Melbourne, the decision was made to increase membership fees for the first time in over 5 years. The following prices are now current for membership; $795 Full, $350 Associate, $100 Affiliate and Trainee also $100 (all GST inclusive).

A reminder that all current and future Trainees are eligible for 50% fee discount on their first year as a Full Member. The Society is devoted to its members and would like to continue to encourage young professionals in our specialty to remain a part of ANZICS. Please welcome the below new members.

Simon Erickson
Honorary Secretary

---

Christopher Anderson
Royal North Shore Hospital, NSW

Elizabeth Foster
Royal North Shore Hospital, NSW

Alastair McGeorge
Auckland City Hospital, New Zealand

Daniel Joseph Brice
Royal North Shore Hospital, NSW

Caleb Fisher
Austin Health, VIC

Cara Moore
Royal Melbourne Hospital, VIC

Brett Abbenbroek
NSW eHealth, NSW

Dinusha Thanippuli Arachchige
Western Health, VIC

Johan Martensson
Austin Hospital, VIC

David Reid
The Queen Elizabeth Hospital

Ben Baldacchino
Royal Prince Alfred Hospital, NSW

Peter Taylor
Peninsula Health, VIC

Helen McDonald
Bundaberg Base Hospital, QLD

Belinda Gowen
Logan Hospital, QLD

Cheryl Byrne
Bundaberg Base Hospital, QLD

Marino Festa
Children’s Hospital Westmead, NSW

Luke Collett
Royal Prince Alfred Hospital, NSW

Rosalba Cross
Concord Hospital, NSW

Fiona Desmond
Royal Children’s Hospital, VIC

Jane Lewis
Austin Hospital, VIC

Andrew Chapman
Royal Perth Hospital, WA

Mark Kol
SSWAHS Concord Repatriation General Hospital

Mandira Chakraborty
Wellington Regional Hospital

Neeraj Bhadange
Mackay Base Hospital, QLD

Kiran Deol
St George Private Hospital, NSW
The past year has seen some highs for ANZICS CORE. There have been some notable successes, including high profile publications in JAMA (excellent outcomes for patients with sepsis) and Intensive Care Medicine (after-hours discharges from ICU - unchanged for nearly a decade), The Big Data Workshop run with the CTG meeting in Noosa, The Safety & Quality Conference which focussed on Rapid Response Teams, The ANZICS ASM, the recent workshop run by Cameron Knott at the NHMRC Symposium on Research Translation and the near completion of the new ANZICS CORE Reporting Portal. However this also comes at a time when funding has become precarious and inequitable.

The ANZICS/ACCCN ASM
ANZICS CORE works featured strongly at the recent ASM in Melbourne. There were many highlights, including Vijay Palaniswamy describing the challenges and successes of getting Indian ICUs to contribute to ANZICS CORE, Eldho Paul describing the impact of ANZROD on identification of outlier ICUs, Allison van Lint talking about the new reporting system, Dan Mullany detailing approaches to outlier identification, Matt Brain talking about linkages and long term outcomes of patients admitted to ICUs in Tasmania, Peter Hicks describing trends in ICU resources and outcome over the past 10 years, Dash Gantner’s work on after-hours discharges from ICU, Shailesh Bihari’s investigations into the relationship between hyernatraemia and mortality, Michael Bailey describing the true story behind the JAMA sepsis paper and Luregn Schlapbach who spoke about sepsis trends in critically ill children in ANZ over the past decade, due for publication in the near future in Lancet – Infectious Diseases. Apologies to any I have missed and thank you to all who have supported these and other CORE projects.

Funding for ANZICS CORE……………
Thank you and well done Kiwis!

ANZICS CORE is almost exclusively funded by the state and territory governments of Australia and the New Zealand Ministry of Health. CORE relies on individual funding agreements with each jurisdictional government. At present there is no National agreement which ensures consistency in the funding approach. For example: funding from Queensland Health is presently less than from other regions and only covers contribution from the public sector hospitals (60% of the overall ICU activity in the state).

Earlier this year the New Zealand Ministry of Health decided to discontinue funding CORE due to perceived poor support from the local ICU community and low contribution rates. Funding was continued temporarily on the condition that there was an increase in submission from New Zealand sites. Last year only 50% of NZ ICUs contributed data. This year the proportion is 72% and with another two (possibly three) sites coming on next year, this will soon be over 80%. Well done to all who have promoted CORE throughout NZ recently, welcome to new sites and welcome back to a couple too! All sites are encouraged to submit. Anyone interested in more information should contact Sue: Sue.Huckson@anzics.com.au.

The ANZICS CORE Research and Publications Working Group – EOI
Due to the increasing interest in using CORE data for scientific publications, we will soon be inviting expressions of interest to join the new ANZICS CORE Research and Publications Working Group. The purpose will be to review data requests, support and assist those who wish to use CORE data for research and review potential publications. Our principle will remain……if there is a way to answer the question you pose using CORE data, we will assist you to do it (or at the very least put you in touch with someone who can help!)
CORE Report

The new CORE Reporting Portal – ‘test versions’ coming to tertiary ICUs very soon.

For the past 18 months, staff at CORE have put massive efforts into this project which has completely re-designed the data submission and reporting system. Very soon the ‘test version’ will be rolled out to tertiary ICUs and to jurisdictional health departments. For the first time this will feature funnel and EWMA plots created using ANZROD which will now become the standard for risk adjustment and benchmarking of ANZ ICUs. Although initially only the last 12 months of data will be available, there will be the capacity to filter reports to examine comparative outcomes of major groups such as cardiothoracic, trauma & medical/surgical patients. More reports and tables will become available over forthcoming months as the system undergoes further testing and is made accessible to all ICUs in Australia and New Zealand. However don’t worry, APACHE III will continue to be used in conjunction with these new reports and all the old reports will remain available for the time being through the old ANZICS CORE Adult Patient Database reporting portal.

For more information please contact CORE at: Sue.Huckson@anzics.com.au

Dave Pilcher and the ANZICS CORE Management Committee

Figure 1 – screenshot of the new CORE Portal
The ANZICS Clinical Trials Group has continued with a high level of activity this year. Congratulations to Sandy Peake and all the ARISE (early-goal directed resuscitation in sepsis vs standard care) investigators with the publication of the study in the New England Journal of Medicine and simultaneous presentation the European Society meeting in Barcelona, and the following week at the ANZICS ASM.

This is the 10th CTG publication in the Journal, and I’m sure we can expect more over the next few years. Other studies are also progressing well: BLING II (infusion of beta-lactam antibiotics), HEAT (paracetamol versus placebo for fever in sepsis) have recently completed recruitment and we look forward to their results over the next few months once followup and analysis is complete.

A significant number of major studies are actively recruiting including ADRENAL (low dose hydrocortisone for septic shock), HEAT (paracetamol versus placebo for fever), TRANFUSE (fresh vs standard aged red cells), EPO-TBI (erythropoietin in TBI), POLAR (prophylactic hypothermia for TBI), PHARLAP (open lung strategy for ARDS), SPICE (targeted light sedation, using dexmedetomidine vs standard care sedation), RELIEF (restrictive vs. liberal fluid use peri-operatively, jointly with the ANZCA Clinical Trials Group), and PATCH (prophylactic tranexamic acid in trauma, jointly with ambulance services and emergency medicine). The first CTG cluster-crossover trial, SPLIT (a pilot study of 0.9% saline vs Plasmalyte) recruited 2200 patients in 28 weeks in 4 NZ ICUs, with results expected in early 2015, and will pave the way for more studies using this design. The Point Prevalence Programme undertook its 8th day on 24 September, and continues as a valuable source of observational data for study development.

This year has also seen significant success with funding applications. SPICE ($1.18M) and RELIEF ($0.77M) were successful with project grants from the Health Research Council of New Zealand in June. SuDDICU (selective GI tract decontamination) was awarded $1.2M by the HRCNZ and then $3.9M by the NHMRC, and was also the highest scoring award in the October announcement. Further progress with this international collaborative study will depend on funding in other jurisdictions. NHMRC funding was also successful with $3.5M for TARGET (high vs standard caloric density enteral feeding), a genetics substudy for ADRENAL (not yet CTG endorsed) $885,000 and we also congratulate John Myburgh who gained a NHMRC Practitioner Fellowship.

Debate continues on two important issues facing the intensive care research community: how should we respond to the international campaigns for open access to trial results and, more controversially, individual participant data; and the tension between ethical and legal approaches to research involving participants who are unable to consent for themselves, an issue particular topical in New South Wales and New Zealand at present.

Finally, a very successful CTG Winter Research Forum was held in Sydney on 21 – 22 August at Crowne Plaza Coogee Beach Hotel. Prior to the main meeting, a 2-day course on “Clinical Research: A Guide to the Dark Arts” was held in conjunction with the ANZIC Research Centre at Monash University and Manoj Saxena run a one-day workshop on “Normothermia for Acute Neurological Injury”. There were also well-supported CTG sessions at the ASM in Melbourne in October. In 2015 we look forward to welcoming researchers again to the annual Noosa meeting 4 – 6 March, and also to the research co-ordinators’ workshop on 3 March. Yaseen Arabi, a major collaborator in CTG studies from Saudi Arabia, will be our international guest speaker for this meeting. In July, the CTG Winter Research Forum will be held on the 9th and 10th at the Sea World Nara Resort on the Gold Coast, Queensland.

Colin McArthur,
Chair, Clinical Trials Group

CTG COMMITTEE MEMBERS:

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Death and Organ Donation Committee

Core Family Donation Conversation Workshops

Earlier this year, a meeting took place between CICM, the Australian Organ & Tissue Authority (OTA) and ANZICS to discuss the future relationship between the three organisations and to discuss the future of Medical ADAPT. Since then, a tripartite Memorandum of Understanding has been developed between ANZICS, CICM and OTA and the ANZICS DODC along with CICM, have reviewed the revised workshop being developed by OTA for a second time.

The DODC and CICM have provided feedback to OTA based on the pilot workshop that was attended by a number of DODC members on the 11th and 12th March 2014 and are finalising a second response to OTA’s revisions. The DODC also continues to work with CICM to develop relevant on-line teaching materials for trainees and fellows. ANZICS and CICM retain extended representation on the OTA Family Conversation Steering Group.

ANZICS Statement on EOLC

ANZICS Statement on Care and Decision Making at the End-of-Life for the Critically Ill has been released! The Statement is a culmination of a large body of work by the End-of-Life Care Working Group and broad consultation of the ANZICS membership and external bodies. There were a total of 57 responses, with the ANZICS membership providing 70% of the response and 30% from external stakeholders such as critical care nurses, the Australian Commission on Safety and Quality in Health Care (ACSQHC), CICM, RACP, ANZCA, NZ Nursing Organisation and the AMA. The EOLCWG wish to thank the ANZICS membership for their vital input; overall the feedback was immensely positive, the EOLCWG reviewed all of the feedback and revised where appropriate. The Statement has been endorsed by the ANZICS Board and is now available for download from the ANZICS website here. Regular review of the statement will occur to ensure the information it contains remains relevant and up to date.

ANZICS Statement on Death and Organ Donation

The ANZICS Statement on Death and Organ Donation was published online as Edition 3.2. last year. This is a reminder to all members that this is available from the ANZICS website here. I would like to express my gratitude to all members of the DODC and the EOLCWG and to the ANZICS staff for their immense contribution to the work of these two committees this year.

Bill Silvester,
Chair, DODC & EOLCWG

DODC COMMITTEE MEMBERS

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Brent Richards
WA
Geoff Dobb
VIC
Helen Opdam
NSW
Deepak Bhonagiri
NZ
Stephen Streat
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EOLCWG COMMITTEE MEMBERS

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3rd SG-ANZICS
Intensive Care Forum 2015
24 – 26 April, Suntec Singapore

Intensive Care Pearls from East and West

NOW OPEN!
Call for Abstracts

On behalf of the SG-ANZICS Intensive Care Forum 2015 organising committee, we invite abstract submission from those interested in poster presentation at the 3rd SG-ANZICS Intensive Care Forum being held in Singapore, from 24 – 26 April 2015. Online submission can now be made by clicking here. The closing date for abstract submission is 31 January 2015. No abstract will be accepted after this date.

For any enquiries, please contact SG-ANZICS Intensive Care Forum 2015 secretariat at +65 9818 8479 or abstract.sg-anzics@covenantgroup.com.sg.
The ANZICS Education Committee was established in part to investigate and implement ways for the Society to become more engaged with new Consultants and Senior Trainees in Intensive Care Medicine. The Committee is aware that Senior Registrars are mandated to receive training in the area of transition through such courses as the Alfred's Consultant in Transition Course and the CICM Management Skills Course.

Through the course of discussion, the ANZICS Education Committee has identified the opportunity for complimentary training for new Fellows, which shows them how to use the tools at their disposal from within the Society and the broader Intensive Care community, for the benefit of their ICUs and their careers.

The Foundation Workshop for the new Intensivist, previously named the New Consultant Course: ANZICS – ‘Keeping it Real’, was held at the recent 2014 ASM in Melbourne. Facilitated by members of the Education Committee, the workshop was designed to complement the content of transition to Consultant courses which are now mandatory for Fellows of the College of Intensive Care Medicine, and is intended as an introduction for Senior Registrars and new Consultants on how best to utilise the tools that the Society offers. The course program consisted of various sessions held over 2 days with numerous presentations from leaders within the Society including ANZICS President, Andrew Turner as well as International Speaker Mervyn Singer. Results from the course evaluation show that course participants achieved a better understanding of learning objectives, ANZICS resources and the Society as a whole. The Education Committee is dedicated to continuing to engage with new Consultants and Trainees and hopes to continue delivering this course in future years.

Another initiative of the Education Committee during the 2014-2015 calendar year has been the development of an online Education system. To date, content has been taken from a variety of areas such as the 2013 ASM and SQAO and has been made available online, this will extend to the 2014 ASM as well as content from other Committees of the Society. In future, the delivery of recorded sessions and presentations will also be rolled out in the form of webinars which will require pre-registration. Following each of these video presentations, there will be a hosted chat forum where those who have watched the video can interact with an expert in the area, ask questions, and have discussions about some of the issues surrounding the presentation. This is a considerable shift for the Society, but is one that must be taken if we are to remain relevant in Intensive Care in a digital age. Every effort will be made to ensure that this attracts CPD points from the College of Intensive Care Medicine, to provide legitimate value to our members and other stakeholders in this program.

Throughout the remainder of 2014 the Education Committee will continue to meet to further develop both the 2015 ICM Course and the online Education system. Details will be distributed through member lists as they become available. Please continue to provide feedback and suggestions to Jessyca Menzel via Jessyca.menzel@anzics.com.au. We are particularly interested in suggestions for inclusion in the on-line webinars over the next 12 months.

Gerry O’Callaghan,
Chair, Education Committee
Paediatric Committee

The Paediatric Committee is undergoing a rejuvenation and re-constitution for the coming year. Expressions of interest have been sought for regional representation on the Committee and a meeting will be convened in early 2015. The Committee provides a forum for discussion of topics pertinent to paediatric ICU and a means to ensure paediatric representation on various ANZICS standing committees. The Chair of the Committee is a member of the ANZICS Board. If you are interested in nominating for the Paediatric Committee please contact me at johnny.millar@rch.org.au or anzics@anzics.com.au.

ANZPIC Registry

The ANZPIC Registry has been busy with preparation for the launch of the CORE Enterprise Reporting System (CERS). This exciting development will give contributing hospitals a web-based means of submission of registry data and access to tables, figures and reports. This is a very large project with a staggered introduction planned over the next year. At this stage the ANZPIC Registry is due to have a limited launch in March 2015, with increased capacity and capability to follow later.

Both the 2012 and 2013 Annual Reports are now available on the new ANZICS website. The website is seen as the primary means of access to the Reports, with limited hard copy printing and distribution. The 2013 Report contains details of more than 11000 paediatric admissions; this is the largest number that has been recorded in the history of the Registry. Requests for data and research proposals are welcomed by the Registry, and the last 12 months have seen an increase in research activity based on Registry data. In the light of this escalation in demand, a protocol for the streamlined processing of requests and review of studies is being developed.

Paediatric Studies Group

The Paediatric Studies Group is gathering significant momentum and forging important links with overseas PICU research networks. Point prevalence data collection continues apace, most notably with the ongoing SAFE-EPIC project looking at fluid resuscitation in PICU. This international study is gathering data from more than 120 units around the world and is being led by Rino Festa (Westmead Children’s Hospital, Sydney).

A three month observational study of sedation practices in PICU (Baby SPICE) has been completed, capturing data on approximately 250 patients in all PICUs in Australia and New Zealand. This work has led to a pilot study of early goal-directed sedation in PICU which is being led by Simon Erickson (Princess Margaret, Perth). Ethics approval has been granted at most centres and the trial is starting at several centres this month. The results of this pilot study will be used to inform the design of and grant application for a large randomised, controlled trial the following year.

ASM

Last month’s ANZICS ASM in Melbourne was a great success, with a large number of national and international contributors to the paediatric meeting. Many of the delegates also spent the preceding day at the Royal Children’s Hospital at a meeting marking the retirement of Professor Frank Shann from intensive care. Thanks are due to Felix Oberender for his hard work in convening the paediatric stream of the ASM. Next year the ASM is to be held in Auckland at the end of October. Fiona Miles from Starship Children’s Hospital is already working to secure speakers for the event.

Johnny Millar,
Chair, Paediatric Committee

PAEDIATRIC COMMITTEE MEMBERS:

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Johnny Millar,
Chair, Paediatric Committee
Intensive Care Foundation News

Foundation awards Researchers more than $212,000 in Grants

Dr Gill Hood, Foundation Chair (pictured above right with Grant recipient A/Prof. Marion Mitchell) announced grants totalling more than $212,000 at the ANZICS/ACCCN Annual Scientific Meeting gala dinner, held in Melbourne on Saturday, 11 October.

Since 2000, the Foundation has granted over $2.8 million to researchers in Australia and NZ, funded through a combination of public donation and corporate support.

In announcing the 2014-2015 Grants, Dr Hood commented on the Board’s satisfaction that, in addition to the two Trainee Project Grant recipients, four of the nine other Foundation Grants were awarded to novice researchers to help ‘kick-start’ their careers.

www.intensivecarefoundation.org.au

Grant Recipients and their Projects
Identifying the Genetic Cause of Fatal Pseudomonas
Dr Luregn Schlapbach

Pharmacokinetic Australasian Collaborative
Prof. Jeffrey Lipman

TxA levels in the PATCH-TRAUMA trial
Prof. Michael Read

The peptic study
Dr Paul Young

Can individualized blood pressure targets reduce the risk of new onset acute kidney injury among critically ill patients with shock – a pilot before and after feasability study
Dr Rakshit Panwar

The CASCADE pilot trial
A/Prof. Marion Mitchell

A Discrete Choice Experiment to evaluate clinician preference regarding resuscitation fluid selection
Mrs Naomi Hammond

Haemodynamic Effects of Intravenous Paracetamol in Healthy Volunteers
Ms Elizabeth Chiam

Incidence, risk factors, consequences and treatment of ventilated patients with nosocomial infection with pandrug resistant organisms in hospitals in Asia
Fisher & Paykel Research Grant
Dr Steve McGloughlin

Trainee Project Grants:
Gallbladder Motility in Critical Illness
Dr Mark Plummer
Endothelial Glycocalyx in Acute Traumatic Coagulopathy Dr Elissa Milford
PricE Committee

As incoming Chair and on behalf of the Committee, I would like to warmly thank outgoing chair Ian Jenkins. Ian assumed the chair during a very difficult time for all bodies dealing with the Federal Health Department. The Medical Services Advisory Committee (MSAC) not supporting an out-of-ICU consultation schedule was disappointing.

The Practice and Economics Committee (PricE) purpose is to promote the welfare of all intensivists across Australia and New Zealand. The Committee aims to enhance ANZICS advocacy on behalf of intensivists. The main objectives are to;

1. Promote the speciality of Intensive Care through improving the status of the speciality as a viable stand-alone specialty.
2. Promote a socially responsible, patient-centred intensive care financial practice.
3. Promote adequate Medicare and Health Fund rebates to patients requiring intensive care services.
4. Update and match the Medicare Schedule to the clinical reality of modern Intensive Care through dialogue with Department of Health and Aging and Medicare Australia.
5. Monitor the wellbeing of all intensivists
6. Provide needed services to all intensivists as appropriate within the resources and legal boundaries of ANZICS.
7. Establish partnerships with organisations including business schools, institutes and other craft groups to facilitate the stated mission and objectives.

In addition, without adequate workforce planning there are risks. These risks include new fellows not getting solid early consultant experience, working small clinical fractions in multiple locations, increased clinical over nonclinical workload and inadequate remuneration. The Committee aims to develop a plan for strengthening how we deliver on these key elements.

There is a planned joint ANZICS/ACCCN Intensive Care Workforce Summit in November. The summit plans to look at concerns that there is an oversupply of intensive care specialists. The daylong summit will look at current workforce data, the future role of intensivists and future Intensive Care models of care.

If you have any suggestion, queries or concerns, please do not hesitate to contact your local PricE representative or me.

Mark Nicholls, Chair, PricE Committee

PRICE COMMITTEE MEMBERS

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Stephen Bernard
Safety and Quality Committee

The ANZICS Safety and Quality (SQ) committee has been working on significant projects with partners such as The Australian Commission for Safety and Quality in Health Care (The Commission), The College of Intensive Care Medicine (CICM) and the ANZICS Centre for Outcome and Resource Evaluation (CORE).

Off the back of the enormously successful SQ conference on Rapid Response Systems (RRS) this year, ANZICS has committed to working with the CICM in the development of a combined statement for RRS. RRS have become integrated into daily ICU life, imposing demands on resources and training without established guidance on structure and function of the systems themselves, and commonly with no extra funding from hospital administrators. There is much debate regarding different models of care and degree of intensive care engagement. It is intended that the combined statement will provide some stability in this contentious area of intensive care medicine.

The SQ conference in 2015 will again have a strong RRS focus within the theme of “The Deteriorating Patient”. The Conference will be held 6 – 7 July 2015 at SeaWorld Resort. There will be sessions on paediatrics, RRS in specific areas, optimising local RRS by ‘meeting the experts’, medical emergency teams and end of life care. Original research will be presented (Abstract submissions to open February 2015). The conference website: [www.sqao-anzics.com](http://www.sqao-anzics.com) is being regularly updated as details are finalised.

Earlier this year the Safety and Quality Committee was asked to investigate a potential patient safety issue of variability in noradrenaline infusion concentrations across Australian and New Zealand Intensive Care Units (ICU). While variability in preparation and dose recording between ICUs has been a longstanding concern, increased focus on this issue came about when the pharmaceutical company Hospira changed their noradrenaline product presentation from a 2mg to a 4mg ampoule. The former product allowed intuitive infusion rates of 1ml/hr = 1mcg/ min (by adding 6mg to 100ml of fluid). Units that continued this concentration using the 4mg ampoule faced significant wastage and cost. The committee surveyed ICU directors with interesting results. A full presentation of those results and discussion will be distributed as a separate bulletin.

Updates: The SQ questions within the CORE Critical Care Resources survey have been updated and improved to make them more focussed, relevant and amenable to data analysis for SQ specific projects. The ANZICS Percutaneous Dilatational Tracheostomy Consensus Statement has been updated with a new section on the evidence regarding timing for this procedure.

In the coming months the Committee plans to develop the resources on the Safety and Quality pages of the new ANZICS website. The focus will be on useful resources and links to optimise patient SQ in your unit. Thanks to everyone who has contributed to all things Safety and Quality.

Angus Carter
Chair, Safety & Quality Committee

SAFETY AND QUALITY COMMITTEE

Chair
Angus Carter

Im Past Chair
Deepak Bhonagiri
Paediatrics
David Schell

NSW
Ian Seppelt

WA
Krishna Ponasanapolli

VIC
Jonathan Barrett

SA
Krishnaswamy Sundararajan

NZ
Alex Kazemi

QLD
Angus Carter

CICM
Mary Pinder

ACCCN
Bernadette Grealy
3rd Singapore-ANZICS Intensive Care Forum 2015
24 – 26 April, Suntec Singapore

Intensive Care Pearls from East and West

www.sg-anzics.com
As I write, we have the Second Biennial NZ ANZICS Intensive Care Research Symposium in Wellington to look forward to on 12 & 13th November. Convened by Rachael Parke, Research Coordinator in the Cardiothoracic and Vascular ICU in Auckland and Dr Shay McGuinness, this promises to be a great opportunity for medical and nursing staff involved in ICU research in NZ to network and hear what is ongoing and in the pipeline for ANZICS CTG and other NZ based ICU research. There are also presentations on ethical and consent issues for intensive care research. These difficult issues were recently in the news in NZ and for a while appeared to threaten to stall research on incompetent patients unable to give prospective consent.

The SPLIT Trial, a cluster-randomised crossover study comparing 0.9% Saline and Plasmalyte-148 for fluid therapy in ICU, with a primary endpoint of renal dysfunction, has now completed enrolment. This trial is notable for randomising over two thousand patients from four Intensive Care Units all in New Zealand over a period of only 28 weeks.

The results of this pilot study are likely to be published mid-2015. Thank you to those of you have participated in and contributed to this study.

I would like to take the opportunity to congratulate Dr Tony Smith, of the Department of Critical Care in Auckland, who was recently made a Commander of the Order of St John (CStJ) in recognition of his work over the years for the St John New Zealand organisation, including as Medical Director. St John provide the ambulance service for most of New Zealand, including the emergency road and air ambulance services.

As many of you will already be aware, next year’s ANZICS ASM will be held at Sky City in Auckland, on 29 – 31 October 2015. Convened by our Treasurer Nic Randall and our Safety & Quality Committee representative Alex Kazemi from Middlemore Hospital’s Department of Intensive Care Medicine, the theme is “ICU – Under Pressure”. Speakers so far confirmed include Associate Professor Jack Iwashyna and Professor James Bagian, an ex NASA astronaut, now of the Centre for Healthcare Engineering and Patient Safety at the University of Michigan as well as several other notable medical, nursing and allied health speakers from around Australia and New Zealand, the USA and Europe. This is first ASM in New Zealand since the 2007 ASM in Rotorua and is an opportunity for us to welcome ANZICS Members from Australia and beyond, to come and experience Auckland and if possible to venture out to see more of New Zealand. We hope to see as many as possible of you there!

Ben Barry,  
NZ Regional Chair
New South Wales

Firstly, I would like to express my gratitude to Deepak for his work as chair of NSW Regional ANZICS. As incoming chair, I will be focusing on consolidating on his work. There is broad support for the range of ANZICS professional activities in NSW. I am in the early stages of organizing a meeting of all the NSW Regional Committee Representatives.

The focus of the meeting would be review the educational program and any other activities that would increase the profile of intensive care and ANZICS in NSW. With regards the educational meetings, I believe they should be co-badged with the CICM, with the aim of increasing the quality and decreasing the frequency. I would also like to congratulate the Victorian Regional ANZICS Representatives on the successful ANZICS/ACCCN Annual Scientific Meeting. The meeting highlighted the strength of intensive care in Australia and New Zealand.

The meeting also focused on workforce in intensive care. There is concern in NSW that the number of Trainees completing intensive care training is higher than the number of available jobs. To address this issue, there will be a joint CICM/ANZICS Intensive Care Workforce Summit in November.

Please continue to promote ANZICS to Trainees in Intensive Care. The strength of ANZICS is dependent on membership. I wish to emphasise the important work that is done by ANZICS and the subcommittees. If you have any suggestions or comments please do not hesitate to contact me.

Mark Nicholls,
NSW Regional Chair

NSW REGIONAL COMMITTEE

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Mark Nicholls
Deputy Chair
Vacant
S&Q
Ian Seppelt,
PricE
Michael O’Leary, Mark Nicholls
Paediatrics
Marino Festa
CORE
Vacant

Education
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CTG
Manoj Saxena, David Gattas
DODC
Deepak Bhonagiri

2015 Seoul
WFSICCM

One Step Further:
The Pursuit of Excellence in Critical care

Seoul, Korea
August 29(Sat) - September 2 (Wed), 2015

www.wfsiccm2015.com
As the warm afterglow of the 2014 ASM begins to fade, it is nice to reflect on another eventful year in Victorian intensive care. Feedback from the ASM has been extremely positive and I am grateful to all ANZICS members for their support and enthusiastic engagement. Gratitude goes especially to the Organizing Committee whose tireless efforts were essential to the success of this massive event.

On behalf of ANZICS, I would like to thank committee medical members Joe Vetro, Sam Radford, David Crosbie, Cameron Knott, David Ku and Felix Oberender who went above and beyond to ensure the success of the conference. Lizzie Skinner did a fantastic job assisting from an allied health perspective and raised the profile of multidisciplinary teams at the ASM greatly.

To our ACCCN nursing colleagues Gabrielle Hanlon, Kassandra Koudelka, Joe Perry, Sarah Duncanson, Libby Gherardin, Elizabeth Moore, Amy Johansen, Natalie Checcuci, and Belinda Howe- thank you for your commitment and enthusiasm and making the conference such an amazing success. The ANZICS team of Tamara Bucci and Brent Kingston were led by Justin Williams and were absolutely essential to the organization of the event and the Organizing Committee was extremely fortunate to have their strong involvement. It is clear that strong original scientific content remains at the core of the ASM and that panel discussions, pro/con debates and review presentations are also considered to be extremely valuable.

The involvement of the ANZICS CTG, CORE, Quality & Safety, Education Committee and a range of other contributing ANZICS Members ensures high quality and relevant content. The vibrant social program remains an essential component for delegates and is an enduring and somewhat unique feature of the conference for which it is justifiably famous. Hand-over discussions with the Auckland team were extremely positive and there is no doubt that the 2015 ASM will be outstanding.

The continued growth of coordinated intensive care education remains on track heading into 2015. The Victorian Intensive Care Network (VICEN) now includes nearly all major public and private units across metropolitan Melbourne and provides a comprehensive mix of didactic and hands-on education and training to critical care registrars. A VICEN planning meeting was conducted during the course of the ASM and agreed to maintain the current approach to managing the expanding number of participating sites and content.

Finally, thanks to all Victorian ANZICS members for their support and contributions in 2014. The challenges of 2015 will no doubt be met with enthusiasm and innovation by all intensivists.

Stephen Warrillow, VIC Regional Chair
It gives me a great pleasure to write my first report as the new Regional Chair, Queensland ANZICS. At the outset, I would like to thank the outgoing Regional Chair, Dr Anthony Holley for his immense contribution to ANZICS during rather difficult time for the speciality in Queensland. He has now been promoted, deservedly so, to the ANZICS Executive. I will be seeking his guidance as I settle into the position.

After much negotiations, the new Queensland SMO contracts have been implemented. However some concerns still remain.

The previous Option A payments are now broken down to Tier 3 and Tier 4. At present, this in total, equates to the total amount you were paid as option A (50% of base salary). However, Tier 3 payment (25% of base salary) is only guaranteed till June 2016 and may be reduced if certain key performance indicators (KPIs) are not achieved. Only time will tell, how they will be administered by individual HHS.

ANZICS co-sponsored the CiCM Trainee project presentation on the evening of 7th November, 2014. Dr Mbakise Pula Matebele won the prize for the best presentation, sponsored by ANZICS, to attend ANZICS CTG meeting in Noosa.

Rajeev Hegde,
QLD Regional Chair

Queensland

Congratulations to the Victorian Organising Committee on an excellent ASM. Thank you to all the South Australian members who contributed to its success, it is through the hard work of all the individual contributors that the ASM remains the leading Australasian Intensive Care meeting.

Special mention should go to Dr Mark Plummer who was awarded the Matt Spence medal, this is the fourth consecutive year that the winner has come from South Australia. Other significant contributors included A/Prof Sandy Peake, A/Prof Adam Deane, Prof Andrew Bersten, Dr Shailesh Bihari, Dr Matt Maiden, Dr David Reade and Dr Gerry O’Callaghan, which shows the strength of ANZICS representation across the state.

It was also A/Prof Mary White’s final Board meeting as the immediate past president.

Mary has passionately and selflessly made a huge contribution to the Society and the speciality over the past decade. Her dedication and commitment has been an example to all, and in equal measure she has supported trainees and Junior Consultants in maximising their contributions to the speciality of Intensive Care. Mary has much more to offer and I’m sure will continue to be involved with ANZICS, but I take this opportunity to thank Mary on behalf of all South Australians for the hard work she has done in her role on the ANZICS Board.

Within SA the pace of proposed change continues to quicken with the transforming health discussion paper. The paper makes some very sensible suggestions about the future of the SA hospital system and as it progresses, will impact intensive care services across the state. If there are specific comments or concerns as the changes are implemented, ANZICS SA is happy to be an alternative avenue to have the views registered.

Stewart Moodie,
SA Regional Chair

South Australia

SA COMMITTEE MEMBERS

Chair/DODC
Stewart Moodie

Vice-Chair
Ken Lee

Treasurer/Abstract Review
Adam Deane

S&Q
Krish Sundararajan

CTG
Adam Deane
Sandy Peake

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Chair

Deputy Chair
Vacant

Secretary
Vacant

DODC
Brent Richards

CORE
Dan Mullany

Price, CORE
Michael Reade

CTG
Ranald Pascoe

S&Q
Angus Carter

PSG/Pediatric
Anthony Slater
Andreas Schibler

Abstract Review Committee
Michael Read
Greg Comadira
David Sturgess

Education
Scott Simpson

CORE (Privates)
Ranald Pascoe

CORE
John Moran

Education
Gerry O’Callaghan
Mary White

ARC
Stuart Baker

Paediatric
Michael Yung

S&Q
Nick Edwards

PAEDiatric
Michael Yung
Western Australia

Western Australia’s public health system continues to be pressured by further fiscal restraints- WA appears to be ‘catching up’ to some of the Eastern states in terms of increasing demand on versus falling supply of State government revenue, as the mining boom seemingly implodes and State royalties plummet.

This fall in State funds, as the effect of Activity Based Funding begins to be felt in Australia’s most sparsely populated and therefore most costly, in terms of health care delivery State, in the middle of the largest reconfiguration of health services ever seen in Western Australia has created a very uncertain environment indeed.

Into this maelstrom, we now have a number of newly-qualified young Intensivists without substantive Consultant employment. The imbalance between the number of Trainee Intensivists in Australia and the creation of new positions, both in the public and private sectors was the theme of a one day summit, held in Melbourne and hosted by the College of Intensive Care Medicine (CICM) and ANZICS.

This Summit was attended by CICM and ANZICS Board representatives, as well as representatives from Australian Medical Council, ANZCA, the Australasian College for Emergency Medicine (ACEM) a lawyer, Michael Gorton, versed in CICM and ANZCA matters as well as competition law as well as other government representatives, including from the Department of Health’s replacement for Health Workforce Australia.

After various presentations highlighting the over-supply and under-employment for new Fellows, the summit split into working groups to try to come up with some solutions to the current problem, including further tightening on the requirements to commence training, the option of regional training programmes and the spectre of widening the scope of the practising Intensivist- read Medical Emergency Team (MET) work and nights in-house. ANZICS waits for the formal communiqué to be issued with respect to the outcomes of this Summit.

A further issue that stems from so-called affordability is that there appears to be no appetite at the new and half-opened Fiona Stanley Hospital (FSH) to support or underwrite Research Coordinators, or for that matter research. This affects all departments, but Intensive Care is particularly affected, as Western Australian ICUs, including the two merging units at FSH from Royal Perth Hospital and Fremantle Hospital have been strong participants in both single-centre and multi-centre commercial and non-commercial (CTG) studies.

Whilst it seems like doom and gloom, I hope by the next Intensivist to provide a bit better news on the above matters…..until then I wish all members a very Happy Xmas and a productive, prosperous New Year.

Ian Jenkins
WA Regional Chair,

WA COMMITTEE MEMBERS

Chair, PriCE
Ian Jenkins

CORE
Vacant

PricE
Greg McGrath

Paediatric
Simon Erickson

CTG
Edward Litton

Abstract Review
/DODC
Geoff Dobb

S&Q
Krishna Ponasanapalli

Education
Vacant

Ian Jenkins
WA Regional Chair,