

Obstetric Anaesthesia Special Interest Group Annual General Meeting

Minutes of the Annual General Meeting of the Obstetric Anaesthesia SIG
held during the ANZCA ASM at the Cairns Convention Centre, Hall C
on Tuesday 5 May 2009 at 12.00

MINUTES

1. Attendance and Apologies

In Attendance were:

Dr Kym Osborn (Chair)
Dr Mark Anderson
Dr Allan Cyna
Dr Alicia Dennis
Dr David Elliot
Dr Genevieve Goulding
Dr Peter Harms
Dr Ian Letson
Dr Nolan McDonnell
Dr Douglas Mein
Dr Timothy Parris-Piper
A/Prof Scott Simmons
Dr Joanna Sutherland
Dr Leona Wilson
Ms Kate Briggs (Secretariat)

Apologies were received from:

Dr Margaret Cowling
Dr John Crowhurst
Dr Michael Fong
A/Prof Stephen Gatt
Dr Jack Hill
Dr Nick Jansen
A/Prof Steven Katz
Dr Andrew Ottaway
Prof Mike Paech
Dr Andrew Ross
Dr John Sendall
Dr Graham Sharpe
Dr John Williams
Dr Maggie Wong
Dr Mathew Zacharias

2. Confirmation of Minutes from the previous AGM

The Minutes were confirmed as a true and accurate record of the meeting.

3. SIG Status

3.1 Executive Members

The chair advised that the Executive Committee currently comprises of:

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|--------------------------|-------------|
| Dr Alicia Dennis | VIC |
| Assoc Prof Stephen Gatt | NSW |
| Dr Genevieve Goulding | QLD |
| Assoc Prof Steven Katz | NSW |
| Dr Kym Osborn | SA (Chair) |
| Dr Andrew Ottaway | TAS |
| Professor Mike Paech | WA |
| Dr Graham Sharpe | New Zealand |
| Assoc Prof Scott Simmons | VIC |
| Dr Elizabeth Ward | NSW |

3.2 Membership

The chair advised that the SIG currently has 890 Members including 1 Associate Member

3.3 Financial Report

The chair advised that as at 31/12/2008 the sig had generated \$93,588.00 income and \$66,702.00 expenditure. The chair noted that the majority of this income and expenditure pertained to the 2008 Obstetric Anaesthesia SIG CME Meeting held in Blenheim NZ in October 2008.

3.4 Annual Report

The Chair advised that In keeping with the constitution, A/Professor Scott Simmons vacated the position of Chair in June 2008 and thanked A/Prof Simmons on behalf of the SIG membership for his direction and hard work during his time as chair.

The Chair advised that the Annual General Meeting for 2008 was held during the Obstetric Anaesthesia SIG Continuing Medical Education Meeting in Blenheim in October.

The SIG Membership continues to increase and currently stands at 890. The financial position for the year ending 31st December was a net surplus of \$26,886. This surplus was the result of the successful 2008 SIG meeting in Blenheim.

Quality Improvement Activities

The Chair reported that the major quality improvement initiative for the period has been the web-based Obstetric Anaesthesia: Scientific Evidence Guidelines Project, a series of documents of obstetric anaesthesia clinical practice guidelines relevant to our region. These were launched at the SIG meeting in October. Further guidelines will become available in coming months. A considerable amount of work has been done by the Scientific Evidence Working Party and contributors and the Chair gave thanks to all those involved giving particular thanks to A/Prof Simmons, Chair of the Working Party. The Chair advised that decisions will have to be made in the future as to the project's governance and management structure and its relationship to the SIG.

The Chair advised that the SIG executive sort an opinion from ANZCA Council regarding the development of a position statement in relation to the role and use of nitrous oxide in obstetric anaesthesia. The advice was for this to be included in the Scientific Clinical Guidelines Project. Work is continuing on this.

Continuing Education

The Chair reported that the SIG has continued to support the major national meetings, including the ANZCA ASM and ASA/NZSA NSC. At the ASM in Sydney, the keynote speakers, Professor Michael Paech and Dr David Bogod, provided us with new insights into post-caesarean section analgesia with the results of the SMOOTH Trial and an examination of new data on preoxygenation. Dr Alicia Dennis provided an update on pre-eclampsia for Anaesthetists. Keynote speakers at the ASA/NZSA NSC in October 2008 in Wellington included Dr Steve Yentis and Professor Michael Paech.

The Obstetric SIG Meeting in Blenheim, '*2020 – a Vision of the Future for Obstetric Anaesthesia*' was a highly successful meeting with over 150 delegates in attendance. Keynote speakers included Dr Steve Yentis, Professor Michael Paech and Professor Warwick Ngan Kee speaking on evidence based medicine in obstetric anaesthesia, regional anaesthesia into the future and anaesthesia for caesarean section.

Training

The chair advised that the SIG had made a submission on the ANZCA Curriculum Review in December 2008.

The Australian Chief Nurse's Maternity Service's Review

The Chair reported that members of the SIG Executive were involved in ANZCA's response to the Maternity Services Review in October. There was some concern at the lack of anaesthetic consultation in some of the round-table meetings, in particular in relation to data collection. The outcome of the review is awaited with interest.

4. Report of Scientific Evidence Guideline Project and Future Structure

A/Prof Simmons (Chair of the Obstetric Anaesthesia Scientific Evidence Project Working Party) reported that the Scientific Evidence project, launched in October 2008, has been extremely well received. Initial reports regarding the projects relevance and usability had been positive with the webpage the most viewed on the ANZCA website in the month following projects launch.

Following the projects launch, A/Prof Simmons reported that the next step was to establish a model for governance ensuring maintenance and continued review of the project.

A/Prof Simmons proposed a structure similar to the Cochrane's model where ownership of each of the topics would be given to individual authors whereby each author would be responsible for continued maintenance and review of their topic.

A/Prof Simmons proposed that that the projects ownership stay within the Obstetric SIG and suggested the creation of an editorial review panel of approximately five or six responsible for editorial content and to provide advice to the SIG in terms of the projects direction and future.

A/Prof Simmons opened the topic to comment from the SIG.

Dr Wilson advised that from a College perspective they would like to see current evidence based practice guidelines that come from consensus of peers with a consistent method for updating.

Dr Goulding agreed that a regular scheduled review process be implemented similar to the review process for the College policy documents.

The Chair proposed that A/Prof Simmons draft a proposal for the structure governance of the project.

5. Report from Core Competencies and Educational Framework for Maternity Services Project Steering Committee

Dr Alicia Dennis reported on the Core Competencies and Educational Framework for Maternity Services Project of which she sits on the steering committee as the ANZCA representative.

The Project has been going on at a national level for over a year with ANZCA becoming involved in the last 6 months.

The project is run out of the Sydney University of Technology by a group of project officers on behalf of the National Health Workforce Taskforce and the Maternity Services Inter-jurisdictional Committee with the aims of generating a core competencies and educational framework for professionals involved in the delivery of maternity services throughout Australia that is woman focused. The project takes into consideration a lot of the information generated from the Maternity Services Review document. The outcomes are to generate a flexible workforce and to include a multi disciplinary team approach to the collaborative aspect of maternity care.

The steering committee is composed of representatives from RANZCOG, the Australian College of Midwifery, the Maternity Coalition, ACRRM, ANZCA and the Council of Remote Area Nurses Australia. The Committee meet approximately every 4-6 months to discuss issues and draft documents. The importance of ANZCA representation on the steering group is to ensure anaesthetists have a voice amongst the group of key providers in the field of maternity services emphasising quality, safety and collaboration.

It's hoped by August a draft document will be available for the core competencies component and by March next year a draft for the educational framework will be available with the project set to conclude next June.

Dr Dennis reported that a formal draft will be available on the Sydney University of Technology's website in the coming weeks and she would give a further update at the next AGM.

6. Possible Development of Levels of Care in Obstetrics Position Statement

The Chair discussed the possibility of the SIG developing a position statement on the levels of care in obstetrics in collaboration with JFICM, the college of Obstetrics and Gynaecology and the College of Midwives.

A/Prof Simmons noted that during the process of working through possible topics to be included in the Scientific Evidence Project one of the topics identified was admission and discharge criteria to the HDU/ICU.

Dr Goulding suggested that setting up a working party within the SIG to develop a position statement would be the best way forward. Dr Goulding noted that there was considerable variation between public, private, regional and rural centres in relation to levels of care and suggested collaboration with SOMANZ.

Dr Elliot commented that a problem with developing this guideline or position statement is that it is difficult to apply specific criteria to all units around Australia because there are such different models of care in each hospital and not all will have an HDU. Dr Elliot suggested a way around this would be to say that for 'x' condition, 'x' level of monitoring and input from nursing/midwifery staff is required, then each unit can decide how to implement the recommendations in relation to their specific setup.

7. Database of Speakers and their Interests

The Chair advised the SIG regularly organises conferences and sessions at various scientific meetings is also often asked to suggest or recommend speakers in the area of Obstetric Anaesthesia. To help facilitate this process and to encourage newer fellows to be involved in meetings the Chair proposed developing a database of speakers and their interests.

8. Management of Obstetric Emergencies and Trauma Course (MOET)

The Chair advised that he has been approached by a group wanting to introduce MOET (Management of Obstetric Emergencies and Trauma) course to Australia. The Chair noted that one of the limitations of the course is although midwives can attend the course as observers they cannot formally complete the course.

Dr Douglas Mein reported that MOET is a three day course, similar to ALS, however concentrating mainly on resuscitation with some trauma. The course started in the UK in 2002 and has now spread to approximately 20 countries. Dr Mein noted that a concern has been raised that the course competes with ALSO, however noted that ALSO is a joint obstetric and midwifery course and MOET concentrated mostly on resuscitation.

Dr McDonnell advised that the first MOET course is to be held in Sydney in November. Dr McDonnell suggested that a strong anaesthetist presence on the course was desirable and indicated that he and a number of anaesthetists from King Edward Hospital, WA, were keen to attend and complete the instructor's

course however the time and cost was an issue. Dr McDonnell reported that the cost is approximately \$4,000 for the MOET and generic instructor's course and they are looking for a commitment from instructors of around two MOET courses per year. The time commitment and cost of staying in Sydney for two weeks as well as committing to two interstate trips per year was prohibitive, especially coming from WA.

Dr Dennis was concerned about the lack of multidisciplinary team input into the MOET course. While in principle Dr Dennis agreed the course did serve an individual need, suggested that a nationwide multidisciplinary team training course involving midwives, obstetricians, anaesthetists and GP's with links beyond that can be translocated to various settings would be the way forward.

Dr Mein suggested that rather than the considerable time it would take to develop a new course; the MOET course could be adjusted to address these concerns.

Dr McDonnell commented that having a course that only a few can attend was not as beneficial as a model where individual hospitals run a potentially nationwide program in-house, incorporating as many people as possible in the hospital environment, similar to the course currently running at the King Edward Hospital in WA.

There were no objections to promoting the MOET course to the SIG and to encourage individual involvement without SIG endorsement.

9. Future Meetings

9.1 2009 ASA NSC, Darwin

The Chair advised that the SIG program for the Darwin meeting had been finalised.

9.2 2010 ANZCA ASM, Christchurch

The Chair advised that work on the 2010 ANZCA ASM SIG Session would begin shortly.

9.3 Obstetric SIG Meeting

A/Prof Simmons noted that as the SIGs Blenheim meetings had been highly successful that there had been some discussion at the 2008 meeting to make Blenheim the regular venue for the four yearly Obstetric SIG CME conference and asked the group for comment.

Dr Goulding noted that both Blenheim meetings had been satellite meetings to major national meetings and that could be largely responsible for the high attendance and noted that Blenheim was not easily accessible.

Dr McDonnell noted that the next Obstetric SIG CME Meeting would be in 2012 and that the ANZCA ASM will be in Perth that year and suggested

holding the SIG meeting as a satellite to the ASM and identified Bunker Bay as a possible venue.

A/Prof Simmons noted that WA is difficult for some delegates to get to especially those from New Zealand but if run as a satellite to the ASM would support it as an option.

10. Other business

With not further business the Chair thanked all for attending and closed the meeting.

Dr Kym Osborn
Chair