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**MINUTES OF THE ANNUAL GENERAL MEETING OF THE DAY CARE  
SPECIAL INTEREST GROUP (DC SIG) HELD ON SUNDAY 5 MAY 2013 AT 12  
NOON (EST) AT THE ANZCA ASM MEETING ROOM 217**

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**1. Present**

Dr Ken Sleeman (Chair)	KS
Dr Crispin Wan	CW
Dr Guy Buchanan	GB
Dr Mae Chen	MC

**In attendance**

Mr Peter MacLean, ASA	PM
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**2. Apologies**

Dr Judy Bent	JB
Dr Shravani Gupta	SG
Dr Paul Herreen	PH
Dr Brian Lewer	BL
Dr Chantal McNally	CM
Dr Richard Maynard	RM
Dr Annette Turley	AT

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**The Chair opened the Meeting at 12:10 pm and welcomed those in attendance.**

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**3. Confirmation of the Minutes of the Previous AGM**

**3.1 Minutes of the Day Care SIG AGM held in 2010 and 2012.**

The Perth 2010 and New Zealand 2012 minutes of Day Care SIG AGM were adopted as a true record of the meetings, although no persons present had attended these past meetings. There was no meeting held in Hong Kong 2011.

**4. Confirmation of Interim Executive Committee**

**4.1 Motion: Confirmation of the Interim Executive Committee**

KS has been in contact with Ted Hughes (Chairman of ACECC) regarding concerns that the committee was not in line with the requirements of the constitution. Ted Hughes suggested to confirm the list and move on from there. The ACECC meeting is to follow this afternoon where the committee can be confirmed and ACECC can be informed that plans for the future are in place.

**5. Recruitment of Representatives from Western Australia, Tasmania and the Asia Pacific Region**

KS was in Western Australia recently and indicated that it would be beneficial to have a WA representative. This was received enthusiastically by Angela Palumbo, ASA Member. KS has heard nothing further. KS stated the possibility of speaking to Tasmania but notes that it may be difficult to find someone who is able to attend meetings regularly. Further action will be taken to recruit so that the SIG can complete its requirement to have representatives from each area.

## 6. Meetings

### 6.1 ASA NSC Canberra 26-29 September 2013

KS notes that speakers are confirmed for this meeting including: KS to discuss *The Future in Day Care Anaesthesia*, Dr Shravani Gupta to discuss *Obstructive Sleep Apnoea* and GB to discuss *Methadone Use in Day Surgery Pain Relief*.

### 6.2 ANZCA ASM Singapore 2014

KS acknowledged that although the DC SIG AGM agenda was sent out to all DC SIG Members, no responses for speakers have been received. Anyone has an issue to discuss could become a speaker for this meeting.

KS notes that one speaker has been confirmed as Dr Sarvesh Natani, from Prince Charles Hospital, Brisbane who will discuss *Day Surgery Cardiac Procedures*.

MC knows of a possible speaker Dr Eric Gunasikera who would discuss *Regional Anaesthesia and Day Surgery*.

KS noted that the meeting will probably require three speakers and will contact the surgical convenor Dr Roger Wale as there is a surgeon meeting in the adjacent part of the building. There is an opportunity to coordinate so that sessions can appear in each other's publications to gain bilateral interest.

### 6.3 DAY CARE SIG MEETING 2014

KS expressed the idea to have the meeting on the East coast of Australia as the College meeting in Singapore in May would take care of anaesthetists in the West, but is open to suggestions. KS asked where the ASA meeting for 2014 would be. PM informed it would be the Gold Coast. GB questioned if the SIG needs to have a separate meeting. KS stated that the concept was that each SIG should hold a meeting every two years. KS is not sure about a satellite meeting, there had been some thought about a Great Ocean Road meeting, but KS is unsure of accommodation availability for a SIG with over one thousand members.

GB stated that the Day Care SIG had a satellite meeting in Wellington which was well attended. CW noted that if a satellite is created, a lot of notice needs to be given to international speakers.

KS suggested that if there is a satellite meeting in Australia then it should be in the same city as the ASA meeting. MC agreed. GB stated that the meeting could be held in a nearby area to the city. KS noted this can be discussed further in the next teleconference.

KS indicated that the SIG is planning on three teleconferences per year in February, July and November which will give an opportunity to review the year appropriately. Another teleconference can be arranged if needed.

GB asked if it was worth liaising with the 2014 organising committee. KS agrees this is a task to be completed.

**ACTION:** PM to find out who the organising committee is for the ASA Gold Coast meeting and inform the executive. KS to discuss the idea of a satellite meeting with Dr Gerry Turner (QLD).

## 7. Nurse Proceduralists

KS notes that this is in the hands of the Health Work Force of Australia. There will be discussion at the ACECC meeting this afternoon as there was a report that South Australia had looked at physician assistants which is a different issue but with a similar problem. KS stated that this is a concern for the future as there will be a situation with too many people – graduates who cannot get intern jobs, qualifying anaesthetists who cannot find jobs and yet physician assistants are being employed in admission clinics. It is the clinical responsibility of the anaesthetist to examine a patient properly before they have any anaesthetic.

This topic will be kept on the agenda for the next executive meeting so that the SIG can stay informed about updates regarding nurse proceduralists.

## 8. Rupert Hornabrook Prize

KS has discussed with Dr Andrew Mulcahy (ASA Immediate Past President) the concern that Rupert Hornabrook, the first anaesthetist in private practice in Australia, may become a lost or forgotten name. Dr Mulcahy agreed that the idea for a prize to be awarded in Hornabrook's name would be a suitable idea. KS stated that if this is achieved it could be used as an award for the best paper at one of the meetings. The other concept was that it could become an award for a research project on a new aspect of Day Care Anaesthesia.

## 9. General Business

KS stated that the future will bring more issues and new influences on Day Care Anaesthesia. There is a lot of research that could be done into post operative discharge for instance post operative discharge nausea and vomiting which is reported to be 35% of patients. No one has researched palonosetron, the drug that has a half life of 40 hours and supposedly does not interfere with prolonging the QTc interval the way that other drugs of its class do. KS wrote to the company which produces the drug but has received no response.

Regional pain management is an important issue to think about as we take on more complex and painful operations more regularly. GB agrees as this is what started his interest in the use of Methadone.

KS notes that another issue to be looked at is geriatric patients and generating interest in people looking at these problems. If a fellow is looking for a project, it would be interesting to see research on this.

KS notes that disability care will likely result in increased numbers for anaesthesia including MRI anaesthesia for intellectually disabled, macular degeneration patients wanting injections and the hearing impaired wanting the new hearing aids implants.

KS stated that new procedures of more complex cases may be pushed to become Day cases, and predicts there will be older Day Care patients and younger Day Care patients as well.

KS notes that anaesthetists involved in day-stay complex procedures should be invited to present papers.

**ACTION:** KS to write to all departments of anaesthesia to encourage fellows to look at these issues and that there are opportunities to present their work at meetings.

KS would like to have a panel of speakers or a list of topics with speakers prepared for the state CME groups. This will assist with created interest in creating papers for the satellite meeting next year.

KS noted that some people are frightened of presenting a paper even though they may be interested in doing clinical research. GB suggested it would be a good idea if someone could provide a research guide in Day Care Anaesthesia. KS noted that it is the research that allows procedures to be adjusted and improved.

KS called for any other business, there was none.

## 10. Closure

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**There being no other business the Chair closed the meeting at 1300 and thanked those in attendance.**

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