

# Australian & New Zealand Association of Paediatric Surgeons Inc

## December 2014 Newsletter



### *President's Report*

Change often becomes stalled on bureaucracy and establishment. Political winds in democracy unfortunately are swayed by concerns of the next poll and not by the vision of a better future. So has gone the sailing to get sensible working hours for surgical trainees. The poor conception and attempted introduction of the QLD health senior doctor's contracts completely derailed the roll out of a specialised award for surgical trainees where they were to be fairly paid for a 65 normal working week. Understandably the government did not want to tackle unions again. It was to be the model for the rest of Australia. The unions particularly ASMOF are vehemently against the concept of a separate award for surgical trainees despite the overwhelming support of our trainees. We haven't given up however but must hope that the trainees themselves flood the unions with their many individual voices until they are heard and we can take up the fight for them again.

We do however continue to make steps in building our "brand" for ourselves and to the community. At the ASC in Singapore, where the program was organised so wonderfully by Michael Nightingale and his team, we commenced the now yearly plenary speech by the ANZAPS President on a theme that affects our membership – this year it was the effect of health economics of ageing and disease burden on the amount available to care for children who do not have a vote. From now on we hope to add to the list of educational and research papers at each ASC a session to cover topical areas for our membership such as adolescent care and paediatric surgical care in non-tertiary hospitals.

We have struck a wearable medal /lapel pin based on our insignia for the recipients of the Peter Jones memorial oration medal. Those so honoured such as Prof John Hutson can wear a medallion flagging that honour on a day to day basis; being that the actual medal is rather large to wear. The Executive will make sure all previous recipients including Prof Hutson will receive their pins.

With the success of that venture into medal making we are going to organise membership medals/lapel pins for our members to purchase. New members from now on can receive a medal as part of their presentation package with their membership certificate from the President when presented to the membership at the AGM each year. Initial medal will not be charged to the new members – it is after a celebration of their achieving membership!

Next year we will have our ASM combined with our paediatric anaesthetic colleagues in Auckland. For the first time we will combine that meeting with the Registrar Annual Training Seminar (RATS) as well as the usual Board meeting. Our President-Elect Phil Morreau and Neil Price with the rest of their committee are putting together a great program with a strong oncology focus.

The bane of our lives is our small numbers, high workload but poor economic clout. Now our ability to have a standalone ASM (meaning away from the main RACS ASC) is threatened by changes to the funding of overseas visitors/lecturers which we have benefitted from so much in the past. Our membership would agree that although all our ASC are excellent we have had wonderful meetings with paediatric partners over the years. The Executive will work through the finances and rules to ensure we continue to get as much educational benefit from our meetings in the future. The next ASM will be held in Brisbane with the RACS ASC in 2016; with Bhavesh Patel and Craig McBride co-convenors.

I am sure the Brisbane team will be keen to show off their new Hospital which opened four weeks ago. The adds Brisbane to Gold Coast, Melbourne and Perth who have had new hospital builds during the last 2 years. Unfortunately the new buildings haven't always meant more beds or human resources. No matter how hard Anthony Dilley and the Board of Paediatric Surgery work at trying to get local well trained paediatric surgeons into local jobs they never seem to graduate when there are posts! Currently we have Wellington, Adelaide John Hunter and GCUH all advertising, but 12 months before we get at least 8 local trainees graduating. As one who knows intimately the burden of managing overbearing workloads whilst waiting for appointments to be made it is hard to hold posts for graduates but I urge paediatric surgery departments to remember our excellent young colleagues when planning workforce.

Phil Morreau describes in this newsletter our representation of ANZAPS at the first Borneo Paediatric Surgery Conference. It was a humbling experience. We aim as an association to strengthen our links through aid and education to our Asia-Pacific neighbours. It is time to think of our geographical place rather than just historical when thinking in terms of development and position.

Thanks to the ANZAPS Executive, our treasurer Russell Taylor, Terleetha Kruger for their support. Best wishes to us all in Australia and New Zealand. Happy 2015!

*A/Prof Deborah Bailey, FRACS  
President, ANZAPS*

# *Board of Paediatric Surgery Report*

I would like to thank all of you for your assistance with trainees this past year, especially Supervisors of Training and my colleagues on the Board. I am pleased with our trainee's progress with respect to the "teacher/scholar" competency – all trainees are familiar with the principles outlined in the SATSET and Keeping Trainees on Track courses and around two thirds have now done the Part One Process Communication Model Course. We continue to encourage involvement of senior trainees and new Fellows with the Surgeons as Teachers Course, which now has a very new syllabus. I am hoping these efforts result in our new colleagues being better teachers and supervisors in practice than I have been!

Craig McBride and Jonty Karpelowsky are coordinating our new approach to research requirements in training, and will also be looking at the "scholar/teacher" component over 2015. They have continued to ensure the CAT topics are relevant and productive; they are good practice for the Fellowship Examination essay type questions. Hilary Boucaut continues to challenge trainees with the DOGs twice yearly, the DOGS will be pitched at providing practice for the medium questions in the Fellowship Examination.

Hugh Martin, Tony Sparnon, Russell Taylor, Peter Borzi, Deborah Bailey and Liz Mcleod have continued their efforts on the Board; I cannot proclaim loudly enough the importance of the maturity and "corporate knowledge" that they bring to our deliberations. Colin Kikiros in addition closely monitors all MOUSEs done by trainees and makes sense of trends in the results; I will be looking at the 360s our more junior trainees generate to see if we can provide a similar overview for feedback. We have been joined by Neil Price this year and we hope to load him up with duties before he "wises up" to us. Michael Collin has represented his colleagues well and has participated in virtually all deliberations of the Board, this has placed significant responsibility on his shoulders and we appreciate the judgment he has applied to his role.

We have had significant turnover in our training ranks this year, with three trainees withdrawing from training (Stephen Craig is planning to return) and another three dismissed for failing to pass the Surgical Sciences Examination in the required timeframe. Whilst all this has been sobering, it does reinforce the fact that our training standards are high and are closely monitored. All the efforts of Fellows to assist with teaching and maintaining these standards are greatly appreciated.

In 2015 I hope to run another PCM course for our trainees, by that time most will have completed this course. Phil Morreau is coordinating a combined RATS/ANZAPS/SPANZA meeting in Auckland in October which will be a cracker! I advise all departments to plan a slowdown for that week as there won't be too many surgeons or trainees on duty.

Apart from "normal" Board activities, 2015 will see us reviewing our records of accreditation for all hospitals. Terleetha has created a spreadsheet of these records so we can make sure all is in order. We do try to organise accreditation visits to coincide with other activities of Board members to keep transport and accommodation costs down, such coordination is becoming more difficult mainly because some jurisdictions have their own time pressures. Our curriculum modules are current, though thought is being put into creating a section for adolescents (including those young adults who bring their neonatal pathologies into adult life).

Our other major project will be a re-think of selection criteria. Most other specialties are moving towards having the Surgical Sciences Examination as a pre-requisite for selection, we could also look at this and specify which courses need to be done prior to selection. This may take some academic pressure off our trainees in their EARLY SET years, and also shift the stumbling block that the SSE has become into a more conducive study environment away from formal training. I will also endeavor to continue the Supervisor newsletters in 2015. I welcome any feedback on these or other issues.

Best wishes for a safe Christmas.

*Mr Anthony Dilley, FRACS  
Chair, Board of Paediatric Surgery*

# 2014 Scientific Convenor Report

The 2014 ANZAPS meeting was held in conjunction with the RACS ASM at the Marina Bay Sands Convention Centre on May 5-9.

The meeting was very well attended was one the most successful the College has held. The excellent venue, broad range of specialties represented and ability to work with the conjoint ANZCA meeting made this an enjoyable meeting to attend.

The two local invited speakers, Professor Prabhakaran and Associate Professor Jacobsen gave excellent presentations on their work in the South East Asian region and ensured plenty of their local trainees attended and contributed to our program. I hope many existing relationships with the Singaporean community were strengthened, and new ones made. Dr Kate Cross from GOSH was very generous to fill the last minute gap as our overseas speaker and gave a broad range of talks to contribute to our program. A real highlight of the meeting was Professor John Hutson's Peter Jones oration on his lifelong research interest in descent of the testis and we are very grateful for his immense contribution to our specialty.

A particularly pleasing aspect of the meeting was the number of excellent papers from trainees. The prize for best presentation was very competitive but was won Dr Brendan Jones from Melbourne. Socially there were many enjoyable activities but our Sectional Dinner at the Tower

Club was a very pleasant evening with excellent dining and company and was enjoyed by all who attended.

The meeting was remarkably easy to organise thanks to the help of Ally Chen at the College, Deborah Bailey as ANZAPS President and in particular Dr Low Yee of KK Hospital, who was a very generous source of local information and help.

The sponsorship of Medical Specialties Australia for our meeting helped achieve a significant overall profit and we thank them for their contribution. Thank you to all those who helped me in anyway whom I have neglected to mention, and I hope all those who attended enjoyed themselves. I look forward to having a more relaxed time at our meeting next year!

*Mr Michael Nightingale, FRACS  
2014 Scientific Convenor*

## Council and PDSB Report

### CPD Compliance

The CPD Program continues to be developed and streamlined following feedback from Fellows. It is pleasing to report that 96% of ANZAPS members have participated and are compliant. The regulations regarding verification has been altered to enable the selection of an individual Fellow for verification at the discretion of the Executive Director of Surgical Affairs or the Chair of Professional Standards in addition to the existing random 7% selection process.

Some new innovations are being introduced to assist Fellows with the verification process if they are selected. The automatic population of ANZASM data into Fellow's CPD diaries will assist and prevent duplication of records. In addition a phone app is under construction, which will facilitate MALT data collection, CPD verification records and E learning.

Any ANZAPS member who anticipate that they may have difficulties meeting any of the requirements of the CPD Program should contact the Department of Professional Standards where every effort will be made to assist them. Fellows who have not participated annually by the 31st of March of the following year or have not successfully verified if selected to do so would be considered non-compliant. These Fellows will have their names forwarded to ANZAPS for review and guidance. Fellows who remain non-complaint will not be eligible for the statement of compliance and are considered to be in breach of the code of conduct of the College. Persistent

non-compliance or non-participation can result in loss of Fellowship.

### Credentialing and Scope of Practice

The RACS Position Paper on Credentialing and Scope of Practice has been significantly revised in response to changes in present day work practice. In particular it is recognised that a surgeons Scope of Practice may differ for emergency as opposed to elective care. Emergency care would generally require a wider Scope of Practice than elective care. The policy notes that surgeons wishing to incorporate new services within their Scope of Practice must undergo appropriate credentialing. It also notes that all surgeons are obliged to participate in a continuing professional development program that includes appropriate surgical audit. It acknowledges that there are many examples where practice within another surgical specialty may at times be appropriate in response to a community need. An example would be in rural general surgery where a surgeon may need to perform surgery on a child if there is no paediatric surgical presence available in that area. I would encourage everyone to read this document on the College website.

### Surgical Audit and Clinical Indicators

The importance of a surgical audit cannot be over stressed and many societies conduct specialty audits. It is understood that the present Australian Council

of Health Care Standards (ACHS) clinical indicators for paediatric surgery are very outdated. ANZAPS may consider suggesting new clinical areas where data could be collected and establish surgical audits in which all paediatric surgeons can participate.

### **Surgical Care of Older Children and Adolescents**

The Professional Development and Standards Board have strongly recommended that a working party be established between General Surgeons Australia and the Australian and New Zealand Association of Paediatric Surgeons to discuss the increasing problems being experienced in caring for older children and adolescents. There are numerous reports of poor patient care occurring when general surgeons for various reasons have not wished to be involved in the care of older children.

The PDSB was informed that the Board of Paediatric Surgery had reviewed and reconfirmed its SET policy as accepted by RACS, namely "Paediatric surgery is a specialty that includes surgeons who have specialist training in the management of children (usually up to the age of about 16 years) who have conditions that may require surgery. Specialist paediatric surgeons normally deal with the non-cardiac thoracic surgery, general paediatric surgery and paediatric urology. Their responsibilities include involvement in the antenatal management of congenital structural anomalies, neonatal surgery and oncological surgery for children".

### **Revalidation**

The International Association of Medical Regulatory Authorities defines revalidation as "The process by which doctors have to regularly show they are up to date, and fit to practice. This would mean that they are able to keep their license to practice. It is also sometimes called recertification."

In 2012 / 2013 The Medical Board of Australia commenced conversation regarding validation with all professional bodies and the community. The introduction of revalidation is inevitable although the timeframe is unclear. The RACS CPD Program does not address specifically the fitness of a surgeon to practice as required by revalidation. The program does include audit and practice evaluation, which does partially fill this gap. However, further processes will be required in the near future to satisfy recertification. It is important that paediatric surgeons are involved in this process as our practice is unique and not necessarily represented by our colleagues looking after adults.

### **National Mental Health Survey of Doctors and Medical Students**

The Beyond Blue publication "National Mental Health Survey of Doctors and Medical Students" released in October 2013 is alarming and its CEO, Kate Carnell, addressed council. Whilst surgeons were at the low end of the list in the incidence of having diagnosed depression or suicidal thinking, it is understood that it is very difficult for surgeons to admit to these health problems due to the fear of immediate intervention by hospitals in which the surgeon wishes to operate. However, the very high and significant rates of these problems in medical students, young doctors and trainees is of concern. The study of 12,252 doctors and 1,811 medical students showed levels of very high psychological distress in doctors aged 30 years and below which is significantly higher than

individuals aged 30 years and under in the Australian population and other professionals (5.9% vs. 2.5% vs. 0.5%). I would recommend all surgeons read this document.

### **Future Training**

The fact that the majority of newly selected SET Trainees are PGY six or more is seen as a concern. The Boards for Urology and General Surgery have both removed the SET 1 year in an attempt to address this. Planning for the new JDOC Program for early PGY surgical aspirants is well underway with the decision that the College will not provide a certificate but rather a portfolio that can be used by Educational Boards in their selection process. It is vital that all the Education Boards cooperate with this system and nominate courses and attributes, which will then be used in their selection process. Jurisdictions must be engaged to ensure that these aspiring surgeons are given meaningful surgical positions, which can help fast track them.

There will also need to be a review of our methods of providing education with many essential courses like CRISP at present having up to a four year wait list. The present education method of Fellows working pro-bono in providing these courses will simply not cope with the increased numbers expected.

May I thank the many members of ANZAP who have contacted me with issues over the past twelve months and I assure you that I am only too happy to continue to receive your comments and help in any way that I can.

*Mr Tony Sparnon, FRACS  
Council and PDSB Representative*

# *Peter Jones Memorial Oration - ASC 2014*

ANZAPS wishes to sincerely thank Professor John Hutson who delivered the Peter Jones Memorial Oration at the Annual Scientific Congress in Singapore entitled:

**"The Descent Of The Testis: Where Has It Come From And Where Is It Going?"**

## *Prizes awarded at the ASC*

Congratulations to Dr Brendan Jones who was awarded the best research Paediatric Surgical paper; at the Annual Scientific Congress held in Singapore in May 2014. His paper was titled:

**"The hernia and the testis": a review of paediatric Spigelian hernia and the curious association with undescended testis"**

## *Paediatric Surgery in Tasmania*

The Royal Hobart Hospital is Australia's second oldest hospital and first began serving the community in 1804. It is Tasmania's largest teaching hospital and is a major referral centre with close ties to the University of Tasmania for clinical teaching and ample opportunities for research. The Royal provides a comprehensive range of general and speciality paediatric medical and surgical services with an 11-bed Neonatal/Paediatric intensive care unit, a 4-bed HDU, a 12-bed special care nursery and twenty-five inpatient beds. A \$500 million re-development of the hospital is currently underway.

The Paediatric Surgery department at the Royal is growing, and has recently been approved for SET training by the College of Surgeons.

The department is currently staffed by three fantastic paediatric surgeons, namely Mr Edmond Fenton, Mr Michael Ee, and Mr Niall Jones, who provide a consultant-led state-wide service.

The department has quite a mixed case load of general, urological, and neonatal cases, with increasing emphasis on minimally invasive surgery. As the only registrar for the unit I get to attend approximately 400 to 500 procedures per year. The department also has a strong emphasis on teaching with weekly surgical and general paediatric sessions, and regular multidisciplinary trauma, radiology, histopathology, urology and perinatal management meetings.

But life is not all about work and Hobart itself is a fantastic city with a friendly community and the famous MONA and Salamanca markets on your doorstep. For the more adventurous the Tassie wilderness is an excellent way to spend a weekend and see a different side of Australia.

*Dr Cathal Mullin, Registrar, Paediatric Surgery, The Royal Hobart  
Hospital, Tasmania*

# ANZAPS/SPANZA

ANZAPS will be meeting with SPANZA from 15-18 October 2015 at the Pullman Hotel in Auckland.

A flyer is attached with further information.

## Meeting 2015

# First Borneo Paediatric Surgical Conference



1<sup>ST</sup> BORNEO  
PAEDIATRICS & PAEDIATRIC  
SURGERY  
Conference 2014  
"Healthy Children, Better Future"

9<sup>th</sup> - 10<sup>th</sup> May 2014  
Main Auditorium, School of Medicine  
Universiti Malaysia Sabah

After the excellent meeting in Singapore, Deborah Bailey, Celine Hamid and her husband ENT Surgeon Abdul Lathif and I made the short flight to Kota Kinabalu in Sabah, Malaysia to attend the second day of the 1<sup>st</sup> Borneo Paediatrics and Paediatric Surgery Conference.

Following on from the satellite meeting in Guangzhou China, after the RACS ASC in Hong Kong in 2008, this was a further opportunity to foster relationships, share understanding, and support our surgical colleagues from this part of the World.

The first day was dedicated to important medical topics including child protection, retrieval systems, cardiac emergencies and rehabilitation. Our team contributed to a full second day program covering paediatric airway problems, abdominal pain, burn care, management of cystic lung disease, CDH and NEC, plus transportation of sick children.

We were joined by the only paediatric surgeon in Brunei Dr Janice Wong who gave an excellent paper on Neonatal Bowel Obstruction.

The program was attended by nurses, medical officers, general surgeons and physicians from through out the state.

Organised by the very energetic and capable Dr Rajah Shunmugam and his team we participated in a very colorful and enjoyable day. Resplendent in traditional costume, we were welcomed by dancers and dignitaries before proceedings were briefly halted for Deborah and the Minister of Health to tour the Sponsors Products. I'm reliably informed this was a very fruitful part of the day from Dr Rajah's and the hospital 's perspective! We then continued with the more educational part of the day which although long clearly was valuable, as judged by the questioning that followed each "paper".

At the end of the day were 5 papers presented by local surgeons in training on small patient series and topics of local interest. This gave us further appreciation into the local skills and challenges. A tour of the hospital followed before we joined many of the medical and nursing staff for a traditional meal and evening of dance.

I think we are all are aware of the considerable work load and strained resources available this part of the world but it is always insightful and inspiring to



observe and contribute to such communities first hand.

These meetings will no doubt continue in the future and I would urge members of ANZAPS to consider attending such opportunities both for their own benefit and for the benefit of the communities who invite us.

*Philip Morreau, FRACS  
ANZAPS President- Elect*

## *New Members and Trainees*

**Welcome to the following new members of  
ANZAPS:**

Mr Niall Jones  
Mr Daniel Carroll  
Mr Sebastian King  
Dr Mathievathaniy Muthucumaru  
Dr Catherine Langusch  
Mr Nadeem Haider  
Dr Sarah Giutronich

**Welcome to the new SET 1 trainees in 2015:**

Dr Brendan Jones  
Dr Jikol Friend  
Dr Liam Vierboom  
Dr Marilyn Wong  
Dr Thomas Cundy  
Dr Vivek Meiyappan



## *Fellowship Examination*

**Congratulations to the following trainees/IMGs for passing the Fellowship Examination in  
September 2014:**

Dr Rebecca Cooksey  
Dr Rajay Rampersad  
Dr Aniruddh Vijay Deshpande  
D Bhanu Prakash Mariyappa Rathnamma

# Professional Development Workshops Feb - April

## **NSW**

20 February  
Foundation Skills in Surgical Education,  
Sydney

21 February  
Supervisors and Trainers for SET,  
Sydney

27 March  
Non-Technical Skills for Surgeons,  
Sydney

## **QLD**

10 February  
Supervisors and Trainers for SET,  
Brisbane

## **SA**

18 February  
Clinical Decision Making, Adelaide

## **VIC**

12 February  
Process Communication Model  
Refresher, Melbourne

28 February  
Communication Skills for Cancer  
Clinicians: Breaking Bad News,  
Melbourne

10 March  
Academy Educator Studio Session,  
Melbourne

24 March  
Clinical Decision Making, Melbourne

20 April  
Foundation Skills in Surgical Education,  
Melbourne

13 March  
International Medical Symposium,  
Melbourne

21-22 March  
Process Communication Model Seminar  
1, Melbourne

21 April  
Supervisors and Trainers for SET,  
Melbourne

21 April  
Keeping Trainees on Track, Melbourne

For more information phone +61 3 9249  
1106 or email [PDactivities@surgeons.org](mailto:PDactivities@surgeons.org)

*Wishing you a Merry Christmas and  
a safe and Happy New Year*

**Australian and New Zealand Association of Paediatric Surgeons Incorporated**

*Formerly the Australasian Association of Paediatric Surgeons*  
College of Surgeons Gardens, 250 - 290 Spring Street, EAST MELBOURNE VIC 3002 AUSTRALIA  
Telephone: +61 3 9276 7416

Email: [college.anzaps@surgeons.org](mailto:college.anzaps@surgeons.org) Web: [www.paediatricsurgeons.org](http://www.paediatricsurgeons.org)

# Invitation to attend

The organising committee of SPANZA/ANZAPS invites you to Auckland in 2015.

Team talk is for all of us.

A team is a network of relationships. For our professions this is a network of relationships between multiple disciplines and professions and between our institutions regionally and more distantly.

The 2015 meeting promises to inspire, challenge and move us beyond complacency. Join us in 2015. Take part in the conversations and debates around professional directions, clinical conundrums, and specific challenges where networks are needed to improve the quality of the care we deliver. Let's meet, make new connections and return to our home teams with new focus.

We have an excellent line up of speakers who will bring diversity and challenge to our program. A key focus of the meeting is addressing areas of common concern that surgeons and anaesthetists delivering pediatric care in tertiary and rural centres face. Sessions will be devoted to seeking joint solutions. A wide range of workshops of interest to both surgeons and anaesthetists will be offered.

Our distinguished guests include:

*Jayant Deshpande* - Senior vice president/ CMO Arkansas Childrens Hospital, Professor pediatrics and Anesthesiology University of Arkansas for Medical Sciences, Little Rock Pediatric Anesthesiologist

*Michael La Quaglia* - Chief, Pediatric Surgical Service; Joseph H. Burchenal Chair in Pediatrics, Memorial Sloan Kettering New York, Paediatric Surgical Oncologist

*David Burge* - President British Association of Paediatric Surgeons BAPS 2014/15, Consultant Paediatric Surgeon Southampton UK

The meeting will be held in the dynamic city of Auckland not far from great restaurants, sailing on the gulf and decent wine. We look forward to sharing some of the beautiful spots of the city with you.

The 2015 organising committee

# International Speakers

## Michael La Quaglia



Dr. Michael P. La Quaglia is the Chief of the Pediatric Surgical Service at Memorial Sloan Kettering Cancer Center and a Professor of Surgery at Weill Cornell Medical College in New York, New York. He specializes in the treatment of cancer in children and adolescents, with a particular interest in Wilms' tumor, bilateral Wilms' tumor, neuroblastoma, pediatric liver tumors, thyroid tumors, the desmoplastic small round cell tumor, and sarcomas. He is also interested in the application of thoracoscopy and laparoscopy to childhood cancers.

Dr. La Quaglia received his M.D. degree from the University of Medicine and Dentistry of New Jersey in 1976 and completed residencies at Massachusetts General Hospital and Children's Hospital Medical Center in Boston, Massachusetts, and at Broadgreen Regional Chest Center in Liverpool, U.K. He is a fellow of the American College of Surgeons and the Royal College of Surgeons in Edinburgh, and serves in leadership positions in research collaborative groups and multiple professional societies, including the Children's Oncology Group, the American Pediatric Surgical Association, and the American Academy of Pediatrics. Dr. La Quaglia has authored over 200 articles in peer-reviewed journals and has contributed chapters to numerous medical textbooks

## Jayant Deshpande



Jayant Deshpande is senior vice president/ chief medical officer of Arkansas Children's Hospital and Professor of Pediatrics and Anesthesiology at University of Arkansas for Medical Sciences, Little Rock, AR, USA. He earned his medical degree from the University of Tennessee in Memphis and performed his pediatrics residency at LeBonheur Children's Medical Center. He went on to complete an anesthesiology residency and fellowship in pediatric critical care and anesthesia at the Children's Hospital of Philadelphia and University of Pennsylvania. He served as assistant professor and attending physician at the Johns Hopkins Hospital. He was the founding director of pediatric critical care and anesthesia at Vanderbilt University Medical Center, Nashville. During his tenure, he also served as vice chair in the departments of pediatrics and anesthesiology as well as the executive physician for pediatric quality and safety. He has been at Arkansas Children's Hospital since October 2010.

Dr. Deshpande served for 14 years on the Board and executive committee of the Society for Pediatric Anesthesia (US), including as president. He was part of the organizing leadership for the International Assembly for Pediatric Anesthesiology, held in Washington, DC, 2012.

Dr. Deshpande's current work focuses on patient safety and quality improvement in the perioperative setting and throughout the hospital. As the director for the Jonathan Bates, MD Center for Improving Children's Health, Dr. Deshpande will have additional resources to focus on improving pediatric care throughout the state of Arkansas.

## Program overview

THURSDAY 15 OCTOBER	FRIDAY 16 OCTOBER	SATURDAY 17 OCTOBER	SUNDAY 18 OCTOBER
Arrival and check in	Sessions	Sessions	Sessions
SPANZA Open Forum from 1330 (Cardiac and Pain)	SPANZA Open Forum (Research) & SPANZA Workshops	SPANZA Workshops	Meeting close at 1200
ANZAPS Education Day	ANZAPS AGM	SPANZA AGM	Delegates depart
Welcome reception	Free evening	Conference dinner	

## Industry Sponsorship

A trade display will be held during the meeting and sponsorship opportunities are available. For companies interested in being part of this event, contact the Conference Secretariat for more details.

Tel: +61 2 4973 6573

Fax: +61 2 4973 6609

Email: [spanzaconf@willorganise.com.au](mailto:spanzaconf@willorganise.com.au)



## Destination

Wherever you go in Auckland, you'll find something special – it's a whole region waiting to be explored. The city centre's world-class shopping, restaurants, bars and galleries are encircled by wine regions, stunning beaches, pristine rainforest and the magnificent Hauraki Gulf.

Auckland is New Zealand's largest city and main transport hub. The region is home to some 1.5 million people and is also the largest Polynesian city in the world. Imagine an urban environment where everyone lives within half an hour of beautiful beaches, hiking trails and a dozen enchanting holiday islands. Add a sunny climate, a background rhythm of Polynesian culture and a passion for outstanding food, wine and shopping, and you're beginning to get the picture of Auckland, New Zealand, our largest and most diverse city.

## Things to do in the Auckland region

- Experience the thrill of sailing on a genuine America's cup racing yacht
- Take the ferry to Devonport and enjoy a café lunch and a spot of shopping or explore the WWII tunnels and gun emplacements in North Head.
- Explore the islands of the Hauraki Gulf, including walking to the summit of Rangitoto, the black lava volcanic island
- Visit the skytower and travel 328 metres up in glass fronted lifts to the spectacular viewing platforms
- Auckland Zoo is always fun - home to 117 species, and over 700 animals
- EcoZip Adventures offers state-of-the-art flying fox ziplines and an eco-immersive forest walk on breathtaking Waiheke Island

## Meeting Venue

The meeting venue is the Pullman Hotel Auckland, a 5-star hotel situated in the heart of the city, opposite the historic Albert Park with 340 hotel rooms, suites and self contained apartments. Stroll 5 minutes from the heart of the city and you'll find Spa at the Pullman, an urban oasis dedicated to beauty and well-being. With six New Zealand inspired treatment rooms, a fully equipped Fitness Centre, 25-metre heated swimming pool, spa, sauna and steam room; Spa at the Pullman is an urban sanctuary which encourages both relaxation and regeneration.



## Contact Details

SPANZA & ANZAPS 2015 Conference Secretariat  
 PO Box 180, Morisset NSW 2264 Australia  
 Tel: +61 2 4973 6573  
 Fax: +61 2 4973 6609  
 Email: [spanzaconf@willorganise.com.au](mailto:spanzaconf@willorganise.com.au)  
 Web: [www.spanza.org.au/conference2015](http://www.spanza.org.au/conference2015)



**15-18 October 2015**  
**Auckland, New Zealand**



# SYDNEY 2016



Photo: Hamilton Lund, courtesy of Destination New South Wales

# SYDNEY 2016

## FOURTH INTERNATIONAL CONFERENCE ON OESOPHAGEAL ATRESIA

SYDNEY 2016 AUSTRALIA

ORGANISED BY THE SYDNEY  
CHILDREN'S HOSPITAL NETWORK

On behalf of the Organising Committee, it is my great pleasure to invite you to attend the "Fourth International Conference on Oesophageal Atresia", which will be held in Sydney under the auspices of the Sydney Children's Hospital Network, in September 2016.

Oesophageal atresia is the most common digestive malformation. Since the first successful primary repair in 1941, postoperative outcomes have changed. With improvements in operative and peri operative care oesophageal atresia is no longer a neonatal surgical problem. Gastroenterological, respiratory, otorhinolaryngological and nutritional issues are prevalent not only in early childhood but also in adolescence and adulthood. The conference in Sydney like the previous meetings in Lille, Montreal and Rotterdam will be a multidisciplinary conference and aims to bring together experts from around the world, involved in the care of atresia patients, under one umbrella. One of the aims of the conference will be to foster international collaboration and research in the field of oesophageal atresia. The conference in Sydney is supported by not only the International network of Esophageal Atresia (INoEA) but also by parent support groups not only from Australia (OARA) but around the world including EAT from Europe. We welcome this opportunity to connect and collaborate with clinicians, academics, researchers and support groups across multi-disciplines from within our region and beyond.

Sydney is Australia's oldest, largest, most cosmopolitan and exciting city. It has natural beauty, inspiring arts and culture, a dynamic dining scene, exuberant spirit and near perfect climate. Easy to get to and easy to get around! We offer the warmth of our magnificent city, graced with iconic landmarks and reflected in the world's finest natural harbour. Come explore Sydney, the gateway to Australia.

We look forward to seeing you in Sydney in 2016 for the "Fourth International Conference on Oesophageal Atresia".

Dr Usha Krishnan  
Paediatric Gastroenterologist, Sydney Children's Hospital  
Chair of the Local Organising Committee for the Oesophageal Atresia  
Conference in 2016