



PRESIDENT

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AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS

ABN 82 055 042 852

*Advancing anaesthesia,
improving patient care*

02 October 2014

Ms Laura Royce
Coroner's Registrar
Coroners Court of Victoria
Level 11
222 Exhibition Street
MELBOURNE VIC 3000

Email: cpuresponses@coronerscourt.vic.gov.au

Dear Ms Royce

Re: Investigation into the death of Noella Rae Clohesy (COR 2006 004376)

Thank you for your correspondence dated 4 September 2014 requesting a response from ANZCA regarding regarding the recommendations arising from the coronial investigation into the death of Noella Rae Clohesy.

As you are aware, the Australian and New Zealand College of Anaesthetists (ANZCA), including the Faculty of Pain Medicine, is committed to high standards of clinical practice in the fields of anaesthesia and pain medicine. As the education and training body responsible for the postgraduate training programs of anaesthesia and pain medicine for Australia, New Zealand and parts of Asia, we believe in ongoing continuous improvement and strive to ensure our programs represent best practice and contribute to a high quality health system.

We address the recommendations below.

1. *Dissemination of lessons learned from this case should be made known to the wider surgical and anaesthetic communities including other subspecialties involved in advanced laparoscopic procedures. In particular, it should be emphasized that significant retroperitoneal bleeding can occur without any intra abdominal signs.*

Response: The coroners recommendation will be implemented.

A de-identified summary of this case will be published in the forthcoming (December 2014) edition of the ANZCA Bulletin highlighting the importance of the following:

1. communication between anaesthetist and surgeon
2. consideration of the differential diagnosis and appropriate management of persistent hypotension
3. timely establishment of invasive monitoring when other forms of monitoring are proving to be inadequate
4. recognition of retroperitoneal blood loss as a cause of hypotension in any case where there may be aortic injury and specifically during a laparoscopic procedure.

2. *The respective professional colleges in Victoria for anaesthesia and surgery should incorporate mandatory training for those in the private sector dealing with elective procedures to undergo specific training in dealing with emergency situations. Such training should be on an annual basis.*

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Response: An alternative to the coroners recommendation has been implemented.

The ANZCA Continuing Professional Development Program is compulsory for all fellows and underwent a major recent revision. From 2014 all fellows, in both public and private practice, must undertake Emergency Response training.

The ANZCA CPD standard requires participants to complete a minimum of two of the following four Emergency Response activities in a triennium. The activities must be delivered by a certified and recognized provider.

Management of "can't intubate, can't oxygenate"
Management of cardiac arrest
Management of anaphylaxis
Management of major haemorrhage

ANZCA recognises the need for regular, formal training in order to maintain familiarity with equipment, protocols and techniques that may be required in an emergency situation. The descriptors and standards for each of the Emergency Response activities can be accessed via the following link:
<http://www.anzca.edu.au/fellows/continuing-professional-development/emergency-response-activities>

We trust that we have responded optimally to your enquiry. Should you require any further information, please contact Jonathon Kruger, General Manager, Policy Unit, via email at jkruger@anzca.edu.au or on +61 3 8517 5341.

Yours sincerely



Genevieve Goulding
President