



Australian Safety
and Efficacy Register
of New Interventional
Procedures — Surgical

Royal
Australasian
College of
Surgeons



ANNUAL REPORT 2013



ASERNIP-S

Office:

199 Ward Street
North Adelaide
South Australia 5006

Phone: +61 8 8219 0900

Fax: +61 8 8219 0999

Email: asernips@surgeons.org

Web: www.surgeons.org/asernip-s

Front cover images:

Images from simulation research
projects conducted by RAAS during 2013

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ASERNIP-S MISSION STATEMENT

*The mission of the Australian
Safety and Efficacy Register of
New Interventional Procedures –
Surgical (ASERNIP-S) is to provide
quality and timely assessments
of new and emerging surgical
technologies and techniques.*

Services provided include full and rapid systematic reviews, evidence essential reports and technology overviews of the peer-reviewed literature; the establishment and facilitation of clinical and research audits or studies; the assessment of new and emerging techniques and technologies by horizon scanning; and input into the production of clinical practice guidelines.

Our ultimate aim is to improve the quality of healthcare through the wide dissemination of our evidence-based research to surgeons, healthcare providers and consumers, both nationally and internationally.

SURGICAL DIRECTOR'S REPORT

Over the last twelve months, the activities within the ASERNIP-S group have continued to develop and diversify.

We continue to provide the support for systematic reviews and appraisals of new technologies coming through the Medical Services Advisory Committee of the Commonwealth Government. This is contracted work which gives us a chance to focus on the detail of the evidence associated with new surgical technologies being considered by the Federal Government for introduction into the health system, usually with support of Medicare funding following a successful review.



In addition, support is being provided to HealthPACT, which is a committee run by the State jurisdictions to provide information to the health system regarding new technologies, either on the horizon or poised for introduction. Many of these technologies have potential benefits in patient care and cost, others are likely to be many years away from successful introduction into the health system due to paucity of solid evidence to support them. This activity keeps the College abreast of new and developing areas of concern and is available through the HealthPACT website (www.health.qld.gov.au/healthpact) for those who are interested.

Beyond our shores, support for the American College of Surgeons has been provided by undertaking four reviews of new technologies that are of interest to the American surgical community. This maintains a close link between the Royal Australasian College of Surgeons and the American College of Surgeons and seems to be appreciated by our American counterparts as they have no specific organisation that conducts these types of reviews within their College structure.

'Our American counterparts... have no specific organisation that conducts these types of reviews within their College structure.'

GUY MADDERN
SURGICAL DIRECTOR, ASERNIP-S

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*'ASERNIP-S...
has remained
committed to
performing the
highest quality
research.'*

GUY MADDERN
SURGICAL DIRECTOR,
ASERNIP-S

Work on the simulation research program has continued, with results now being analysed. The work has focussed on team simulation, looking at how the operative team functions and, when a surgeon is placed under a stress, how their non-technical skills are delivered and how these can be improved. This has been done by maintaining a video record of the event and providing immediate feedback. Different simulations were then provided two months later and assessment made as to whether improvement had been obtained between the initial and subsequent simulation

experience. These results will be published shortly and will be featured in Surgical News for Fellows interested in this area of novel but important research.

Informing Government committees has also been a major part of the activities taking up the time of the ASERNIP-S group, particularly for the Surgical Director. A Federal Government committee (Safety, Quality and Sustainability Forum) looking at health technology assessment and how new technologies can be introduced and old ones retired was attended at its initial meeting in Sydney by Tanya Plibersek, the then Minister of Health, and has been meeting on a regular basis since then. The possibility for this group to inform Government about appropriate new technologies and the management of ones that are perhaps becoming less relevant is vital for the Royal Australasian College of Surgeons and seems to be providing useful information to the Commonwealth Department of Health.

Participation on the Board of Therapeutics Goods Administration (TGA) committees has been extensive, with membership of the committee that assesses new devices to be introduced into the Australian healthcare system, Advisory Committee on Medical Devices (ACMD); Chairmanship of the committee that looks at post-market surveillance of introduced technologies, Advisory Committee on the Safety of Medical Devices (ACSMD); and Chairmanship of the orthopaedic implant committee, Orthopaedic Subcommittee (OSC), that assesses the results of the Orthopaedic National Joint Replacement Registry (AOANJRR) and recommends to the TGA which prostheses are delivering less than acceptable results. By having input into these committee structures, it is possible for the College to be able to be reassured that decisions are made from an informed and clinical base rather than by bureaucrats who may well be disconnected from the clinical implications of their decisions.

For ASERNIP-S, the past twelve months have seen ongoing consolidation. Although staff turnover is a feature of this type of activity, the core group has remained committed to performing the highest quality research and this is attested to by the range of publications that have been produced. It continues to be a tremendous challenge and great pleasure to work in this rapidly changing and demanding area of surgical endeavour.

ASERNIP-S Surgical Director
Professor Guy Maddern

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ASERNIP-S REVIEWS

Review type

Systematic reviews

Systematic reviews involve the review of a clearly-formulated question using systematic and explicit methods to identify, critically appraise and summarise relevant studies (published and unpublished) according to predetermined criteria. Reported outcomes can be synthesised either quantitatively or narratively or can include meta-analysis to statistically analyse and summarise the results of the included studies. Systematic reviews are fundamental tools for decision making by health professionals, consumers and policy makers as they provide conclusions based on research evidence.

Rapid reviews

A rapid systematic review is an evidence-based assessment in which the methodology has been limited in one or more areas to shorten the timeline for its completion. Modifications can be made in at least one of the following areas: search strategy, inclusion criteria, assessment of study quality and data analysis. These limits are made possible primarily by restricting the specific clinical questions that the review is trying to answer. It is considered that these amendments would not significantly alter the overall findings of the rapid review when compared to a full systematic review.

Technology overviews

A technology overview aims to provide information to assist decision makers to make their own evidence-based recommendations. Unlike a systematic review, the technology overview does not attempt to compare a new intervention with a standard intervention or provide a recommendation for use.

Evidence essentials

An evidence essentials report is designed to inform on the existence and findings of high-level evidence such as systematic reviews and health technology assessments. In this way, it reduces duplication of endeavour and provides rapid and timely information to interested end-users, including those who have approached ASERNIP-S to investigate the given topic. An evidence essentials report provides a summary of a high-level evidence base, including an appraisal of the quality and appropriateness of the published evidence, a commentary on the appropriateness of the data to the Australian locality (if possible), and a summary of the overall conclusions of the published evidence.

Reviews completed in 2013

Due to funding constraints, ASERNIP-S did not complete any independent reviews during 2013.

Reports for other organisations

Medical Services Advisory Committee (MSAC)

ASERNIP-S was successful in becoming part of a panel in relation to the provision of health technology assessment services to the MSAC. ASERNIP-S attended an evaluator's meeting arranged by the Department of Health on 31 October 2013.

MSAC assessment reports

- ▶ MSAC 1150 Insertion of colonic stents for the management of malignant large bowel obstructions.

MSAC critiques

- ▶ In 2013, ASERNIP-S provided a critique of submission-based assessment for consideration in MSAC deliberations.

Protocol Advisory Sub-committee (PASC)

Nine decision analytic protocols (DAPs) have been completed for the PASC in 2013.

- ▶ 1162: DAP to guide the assessment of bone mineral density analyses using dual energy X-ray absorptiometry (DXA) for women in their 50th year
- ▶ 1248: DAP to guide the assessment of bone mineral density analyses using dual energy X-ray absorptiometry (DXA) or quantitative computerised tomography (QCT) for men and women aged 60–69 years to assess patient eligibility for alendronate
- ▶ 1313: DAP to guide the assessment of bone mineral density analyses using dual energy X-ray absorptiometry (DXA) in breast cancer patients receiving aromatase inhibitor treatment
- ▶ 1316: DAP to guide the assessment of bone mineral density analyses using dual energy X-ray absorptiometry (DXA) for women and men aged 50–69 years with risk factors for osteoporosis

- ▶ 1317: DAP to guide the assessment of bone mineral density using dual energy X-ray absorptiometry (DXA) in patients with HIV
- ▶ 1183: DAP to guide the assessment of ultrasound guidance for major vascular access and percutaneous neural blockade
- ▶ 1338: DAP to guide the assessment of catheter-based renal denervation for treatment-resistant hypertension
- ▶ 1205a: DAP to guide the assessment of a review of Medicare-funded wrist surgery services
- ▶ 1223: DAP to guide the assessment of the insertion, replacement or removal of a cardiac resynchronisation therapy device capable of defibrillation (CRT-D) for mild chronic heart failure (NYHA II)

Three more DAPs are in the process of committee consideration.

Medicare Benefits Schedule (MBS) Reviews

Three reviews have been completed within the requirements of the Comprehensive Management Framework for the MBS.

Two protocols for MBS review of surgical services are currently underway.



NEW AND EMERGING TECHNIQUES —SURGICAL (NET-S)

NET-S was developed with the aim of providing an early warning system for identifying new and emerging surgical techniques and technologies prior to their introduction into routine clinical practice in Australia.

NET-S has developed unique methodologies to improve the horizon scanning process, particularly in the area of surgery.

Health Policy Advisory Committee on Technology (HealthPACT)

NET-S is a member of EuroScan, through the Health Policy Advisory Committee on Technology (HealthPACT). The EuroScan International Network is a leading global collaborative network of member agencies that collects and shares information on innovative technologies in healthcare in order to support decision-making and the use of effective, useful and safe health technologies.

HealthPACT, a subcommittee of the Australian Health Ministers Advisory Council, was established with a similar purpose: to provide notice of significant upcoming technologies to health departments in Australia and New Zealand. A synopsis of all technology briefs prepared by the NET-S project for HealthPACT is available for download from the HealthPACT website (www.health.qld.gov.au/healthpact).

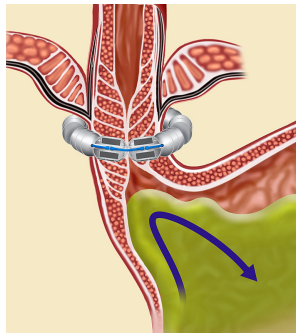
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Seventeen technology briefs were prepared for HealthPACT in 2013:

- ▶ Ophthalmic high intensity ultrasound (circular cyclo-coagulation) for glaucoma
- ▶ Biodegradable stents
- ▶ Cardiovascular magnetic resonance and single-photon emission computed tomography for diagnosis of coronary heart disease
- ▶ The Margin Probe: to determine surgical margins during breast cancer tumour removal
- ▶ Safety and efficacy of antibiotics compared with appendicectomy for treatment of uncomplicated acute appendicitis
- ▶ Assay to identify biopsy-negative prostate cancer
- ▶ Endoscopic pancreatic stenting for prophylaxis of pancreatic fistula after distal pancreatectomy
- ▶ MGuard™: novel mesh-covered bare metal stent
- ▶ Posthorax™ and Stern-E-Flex sternum support vests to prevent sternal dehiscence
- ▶ LINX Reflux Management System for the treatment of gastro-oesophageal reflux



Linx Reflux Management System. Image provided courtesy of Torax Medical Inc.

- ▶ Magnetic resonance thermometry-guided laser interstitial thermal therapy for intracranial neoplasms
- ▶ AIGISRx® Antibacterial Envelope for preventing infection in implanted cardiac devices
- ▶ Single-incision mini-sling system for female stress urinary incontinence
- ▶ IRay® for wet age-related macular degeneration
- ▶ RePneu® lung volume reduction coils for patients with advanced emphysema

- ▶ Argus II® Retinal Prosthesis System for peripheral retinal degeneration
- ▶ Bilateral BAHA implantation for bilateral hearing loss

Four technology brief updates were prepared for HealthPACT in 2013:

- ▶ High sensitivity troponin for the diagnosis of myocardial infarction
- ▶ Inert liquid-to-solid gels for prostate-rectum separation
- ▶ Microwave ablation for hepatic tumours
- ▶ Multi-catheter interstitial brachytherapy for early stage breast cancer

American College of Surgeons

In addition, in 2013 the NET-S project continued to undertake horizon scanning assessments for the American College of Surgeons, with a focus on general surgery.

These were:

- ▶ Irreversible electroporation for tumour ablation
- ▶ Stapled transanal rectal resection for obstruction
- ▶ Implantable gastric stimulation devices for glycaemic control
- ▶ Extracorporeal shock wave therapy for wound healing

OTHER ASERNIP-S WORK

South Australian Health Technology Advisory Group (SA-HTAG)

In April 2013, SA Health took over the secretariat tasks for SA-HTAG as part of a restructure.

Commissioned reviews

ASERNIP-S has conducted a rapid assessment of breast implantation with the use of breast prostheses. The aim of this rapid review was to assess the long-term patient satisfaction, device failure rates (particularly rupture) and safety outcomes of these implants. The report will be available early in 2014. Given the developments with the Breast Device Registry and following the controversy regarding the Poly Implant Prosthèse (PIP) implants, ASERNIP-S hopes this review will contribute to an area where there is currently a gap in the evidence.

Referral to HealthPACT for evaluation

- Focal therapy for localised prostate cancer

World Health Organisation (WHO)

ASERNIP-S provided the Essential Medicines and Health Products Department of the WHO with the following report.

Report no. 81: Systematic review on needs for medical devices for older people.

Adelaide: Royal Australasian College of Surgeons, 2013. Available from:

www.surgeons.org/for-health-professionals/audits-and-surgical-research/asernip-s/systematic-reviews-and-technology-overviews/report-81/

This report was discussed at the 20–21 February 2013 meeting of the World Health Organization Centre for Health Development (WHO Kobe Centre) in Kobe, Japan.

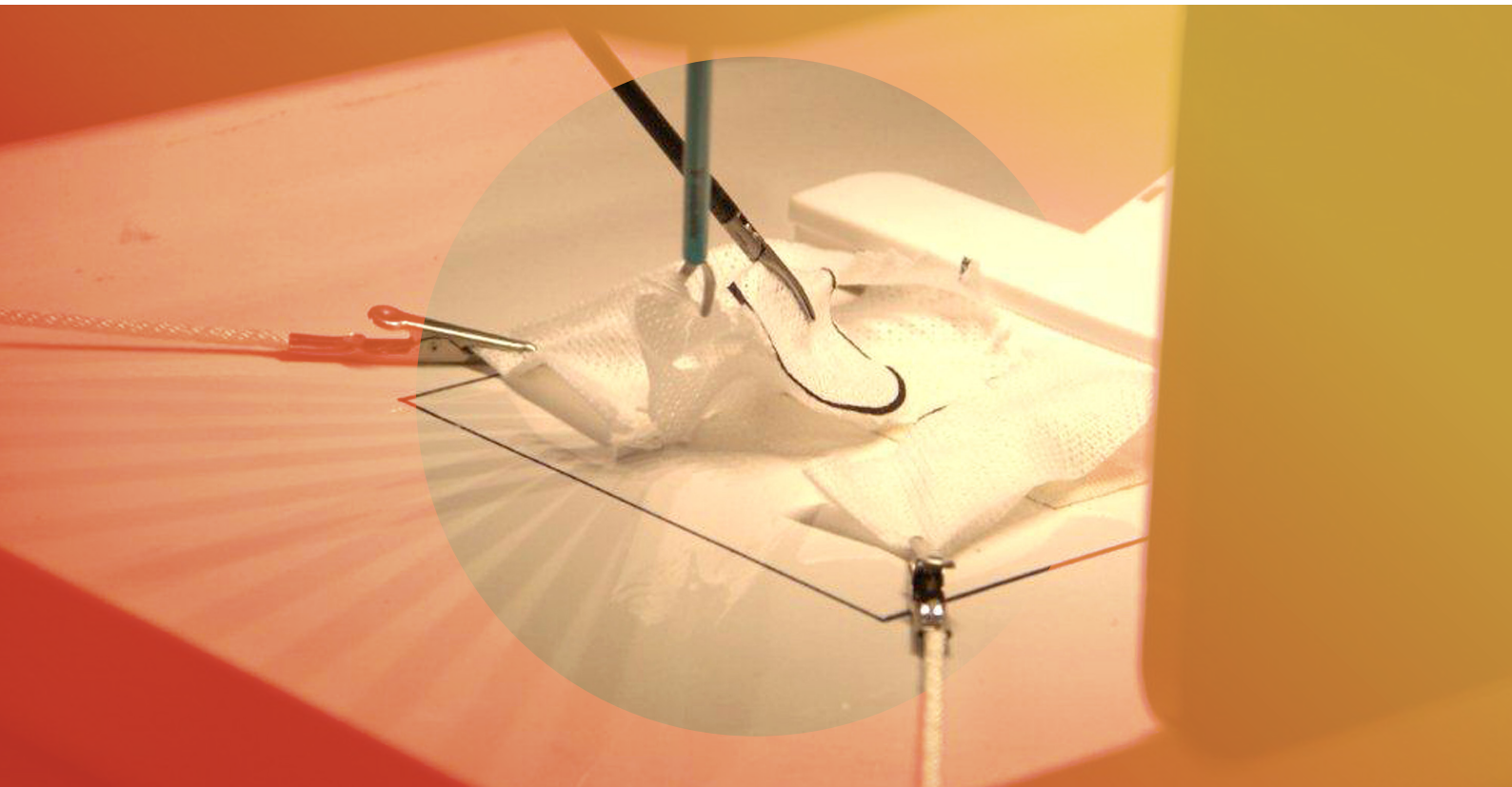
The report, in its abbreviated form, is cited in the WHO Summary Report: Consultation on Advancing Technological Innovation for Older Persons in Asia. Available from:

www.who.int/kobe_centre/mediacentre/summary_report_innovation_feb2013.pdf

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SPECIALIST TRAINING PROGRAM – RESEARCH

During 2013, Phase One of the Specialist Training Program-Research (STP-R) project, funded by the Australian Government through the Department of Health and Ageing, investigated the delivery, utilisation and appropriateness of a range of basic surgical tasks delivered by the Mobile Simulation Unit (MSU) to SET trainees in traditional and non-traditional training settings. This work is now complete and Phase Two, research into the development of non-technical skills within the operating room, is nearing conclusion. A final report will be delivered early in 2014.



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CONSUMER INVOLVEMENT

Consumer input and feedback remain vitally important to the work of ASERNIP-S and the Research Audit and Academic Surgery (RAAS) Division as a whole. As part of our commitment to consumer involvement, ASERNIP-S continues to be an active member of the peak consumer group Consumers Health Forum and the HTAi subgroup on patient/citizen involvement. The RAAS Morbidity Audit department also has ties with Breast Cancer Network Australia.

Consumer-focused documents, such as research and review summaries and patient audit information, are available from the College website. These are also distributed through consumer groups, conferences and forums, as well as via Fellows of the College.

Consumers are invited to be directly involved in ASERNIP-S activities through:

- ▶ acting as members on various committees
- ▶ providing feedback on preparation of Plain English summaries of reviews and research.

Further information about becoming involved in ASERNIP-S as a consumer can be found at: www.surgeons.org/for-health-professionals/audits-and-surgical-research/asernip-s/consumer-information/consumer-involvement/ or go to www.surgeons.org/asernip-s and follow the links.

ASERNIP-S WEBSITE

ASERNIP-S remains an information partner of HealthInsite, Australia's online gateway for easy access to quality health information. The website also complies with HONcode, Health on the Net (HON) Foundation's international standards for trustworthy health information on the internet. The website provides:

- ▶ details on ASERNIP-S processes and policies
- ▶ downloadable copies of publically released reviews and reports
- ▶ citations and access details for ASERNIP-S peer-reviewed publications
- ▶ easy-to-read summaries of ASERNIP-S work for health consumers
- ▶ links to organisations doing similar or related work to ASERNIP-S.

To access ASERNIP-S information online, go to www.surgeons.org/asernip-s

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ASERNIP-S GOVERNANCE AND STAFF

ASERNIP-S Advisory Committee

**Associate Professor
Ian Bennett**

Chair

Hon Dr Michael Armitage

*Chief Executive,
Australian Health
Insurance Association*

**Associate Professor
Andrew Brooks**

*Deputy Treasurer,
Royal Australasian
College of Surgeons*

Ms Margaret Charlton

*Consumer representative,
Health Consumers
Alliance SA*

**Professor
Kingsley Faulkner**

College Fellow

Dr David Hailey

*Health Technology
Assessment Expert*

**Professor
Brendon Kearney**

*South Australian Health
Technology Advisory Group
Representative*

Professor Guy Maddern

Surgical Director, ASERNIP-S

**Professor
Donald MacLellan**

*New South Wales
Health representative*

**Professor
Adrian Nowitzke**

*Councillor,
Royal Australasian
College of Surgeons*

Mr Terry Symonds

*Victorian Department
of Health representative*

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In February, Mr Brian Johnston
(Chief Executive, Australian
Council on Health Care Standards)
resigned from the committee.
We thank him for his valuable
contribution to the committee.

ASERNIP-S representation on external committees

ASERNIP-S staff members were on the following committees:

- ▶ Advisory Committee on Medical Devices (ACMD), a statutory committee which provides independent advice to the Therapeutic Goods Administration (TGA)
– *Professor Guy Maddern*
- ▶ Advisory Committee on the Safety of Medical Devices (ACSMMD), a statutory committee which provides independent advice to the Therapeutic Goods Administration (TGA)
– *Professor Guy Maddern, Chair*
- ▶ Health Technology Assessment International (HTAi)
– *Professor Guy Maddern, Vice-President*
- ▶ National Health and Medical Research Council Health Care Committee (NHMRC HCC)
– *Professor Guy Maddern*
- ▶ Orthopaedic Subcommittee (OSC), a statutory committee that provides independent advice to the Therapeutic Goods Administration (TGA)
– *Professor Guy Maddern*
- ▶ Health Technology Assessment (HTA) Prostheses Consultative Committee
– *Professor Guy Maddern*
- ▶ Safety, Quality and Sustainability Forum, Commonwealth Department of Health
– *Professor Guy Maddern*
- ▶ International Network of Agencies for Health Technology Assessment (INAHTA) Board
– *Associate Professor Wendy Babidge, Chair*
- ▶ International Network of Agencies for Health Technology Assessment (INAHTA), External Partnerships Subcommittee
– *Associate Professor Wendy Babidge*
- ▶ HTA Glossary Steering Committee (HTAi/INAHTA)
– *Associate Professor Wendy Babidge*
- ▶ SimHealth Organising Committee (Surgical Stream)
– *Associate Professor Wendy Babidge.*

ASERNIP-S Staff

Staff list

- ▶ Dr Yasoba Atukorale
- ▶ Dr Alun Cameron (Team Leader)
- ▶ Dr Joanna Duncan
- ▶ Deanne Forel
- ▶ Jon-Henry Jacobsen
- ▶ Robyn Lambert
- ▶ Ning Ma
- ▶ Dr Ann Scott (Team Leader)
- ▶ Dr David Tivy
- ▶ Dr Meegan Vandeppeer
- ▶ Thomas Vreugdenburg

Consultants

Dr David Hailey

Dr David Hailey has extensive experience in HTA which has included direction of HTA programs in Canada and Australia. He is currently Professorial Fellow, School of Information Systems and Technology, University of Wollongong. Previous appointments included Visiting Scholar, Centre for Online Health, University of Queensland; Professor, Department of Public Health Sciences, University of Alberta; Director, HTA, Alberta Heritage Foundation for Medical Research; and Head, Health Technology Division, Australian Institute of Health and Welfare. Recent projects have included reports on bilateral cochlear implantation in children, telerehabilitation in neurological applications, and telemonitoring in continence management of nursing home residents. Current research interests include application of information technology in residential aged care, and methods to assess the data quality of public health information systems.

Dr Vicki Foerster

Dr Vicki Foerster has a background in medical practice, HTA, government services and medical writing. She was a family physician for 12 years in urban and rural settings in Canada, followed by graduate work in medical informatics and public health. From 1996 to 2000, she worked as a medical consultant at the British Columbia Ministry of Health and in 2000 became the Vice President of Research at the Canadian Agency for Drugs and Technologies in Health (CADTH) in Ottawa. Since 2003, she has been an independent medical consultant undertaking projects for clients such as national and provincial HTA agencies and ministries of health, Accreditation Canada, the Health Council of Canada, the Office of the Chief Scientist, First Nations and Inuit Health, and the Department of National Defense. For the past three years, she has contributed to a World-Bank-funded project introducing HTA in the Republic of Kazakhstan.

Dr John Field

Dr John Field has had over 40 years of experience as a statistical consultant in tropical agriculture, the environment, medicine and health, electricity generation and distribution, defence, winemaking and other industries. John is an Accredited Statistician and holds an Honours Science degree and a PhD in statistics from the University of Adelaide. John has spent most of his working life at CSIRO, including ten years as Officer-in-Charge of the Adelaide office of Mathematical and Information Sciences. In 2001, he set up his own consultancy business, with clients largely from the wine, electricity, insurance/legal, steelmaking and research sectors; his research involvement has been with viticulture, other agriculture and medicine. For seven years, until 2011, he was a part-time consultant to research staff and students at The Queen Elizabeth Hospital, and for the last four years John has been a consultant to the Royal Australasian College of Surgeons. John has published over 70 papers in refereed journals.

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Centre for Health Economics Research and Evaluation (CHERE)

Since April 2007, ASERNIP-S has collaborated with the Centre for Health Economics Research and Evaluation (CHERE) for assistance with economic evaluation on our health technology assessments. CHERE is a recognised research strength of the University of Technology, Sydney, and is led by Professor Rosalie Viney (Director). Professor Marion Haas, Associate Professor Stephen Goodall, Dr Richard Norman, Mr Changhao Hou, Ms Jody Church, Ms Bonny Parkinson, Ms Paula Cronin and Ms Sheena Arora have been assisting with numerous MSAC and Pharmaceutical Benefit Advisory Committee (PBAC) health technology assessment reports and co-dependent critiques of submission-based assessments in order to provide economic evaluation of procedures under consideration for Medicare and Pharmaceutical Benefits Scheme funding. CHERE also provides teaching and research in health economics and is one of five centres in Australia that undertakes the evaluation of PBAC submissions.

Mr Ben Brooker

Ben has a BA with a major in drama from Flinders University and an Advanced Diploma of Professional Writing from the Adelaide Centre for the Arts. He is the author of many published short stories, poems and reviews. He has contributed theatre reviews to dB Magazine and RealTime, and maintains the blog Marginalia where he writes about politics, the media and theatre. He recently completed a three-month emerging writer's residency at the SA Writers' Centre during which he completed the first draft of his new play, Dark Moon. In November 2013, his first full-length play, the black comedy The Lake, will be produced by five.point.one. As a freelance editor and tutor, Ben has worked for Flinders University, Elite Editing and Tutoring, Encore Magazine, and the Research, Audit, and Academic Surgery Division of the Royal Australasian College of Surgeons.

Ms Elizabeth Adams

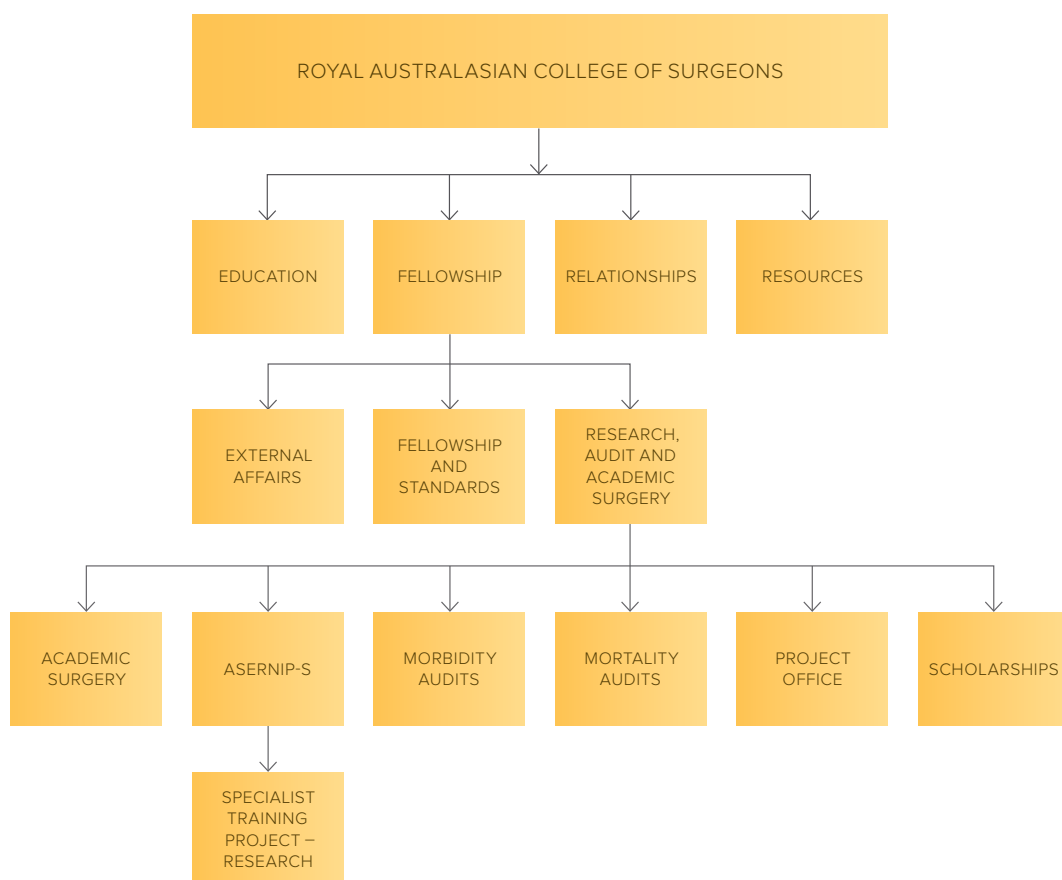
Elizabeth "Liz" Adams, MPH, is an accomplished health care professional, researcher and internationally recognized leader in health technology assessment (HTA). Her career in health care began as a respiratory therapist where she developed an interest in understanding how health care systems work. Drawn to the field of public health, her focus shifted to health policy and, ultimately, HTA. While working for the Veterans Health Administration in the US, she acquired a detailed understanding of federal, private sector and global health policy trends and cultivated an extensive network of colleagues around the world. Her breadth of experience in conducting systematic reviews has shaped her ability to communicate health information to a diverse audience of consumers—inspired by a passion for quality, accessible health care for all.

Mrs Susan Dawe

Susan Dawe originally joined the staff of ASERNIP-S in August 2009 as project officer with the Surgical Simulated Skills Program (SSSP) providing project documentation and data support for the development, implementation and assessment of the SSSP. Susan worked as an experimental scientist in health-related fields in the 1970s and 1980s, and from the 1990s was a senior research fellow at the National Centre for Vocational Education Research (NCVER). Susan developed a methodology for systematic reviews of vocational education and training research literature, which was based on the health-related models. With experience in evaluation, teaching and scientific research, Susan has written numerous research articles and reports and since August 2011, provides external scientific review for various ASERNIP-S reports and projects, especially in the area of surgical simulation.

THE RESEARCH, AUDIT AND ACADEMIC SURGERY (RAAS) DIVISION

Organisation chart



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Staff profiles



ASERNIP-S Surgical Director

Professor Guy Maddern

Professor Maddern, RP Jepson Professor of Surgery, University of Adelaide, was appointed inaugural Surgical Director of ASERNIP-S in October 1997. Since that time, he has been involved in developing the ASERNIP-S program for the College. Professor Maddern is a practising hepatobiliary surgeon based at The Queen Elizabeth Hospital; Head of the UGI/HPB Unit at The Queen Elizabeth Hospital; Director of Surgery, Central Adelaide Local Health Network; Head of the Discipline of Surgery, University of Adelaide; and Director of Research, Basil Hetzel Institute for Translational Health Research in Adelaide.



Director, RAAS Division, Royal Australasian College of Surgeons

Associate Professor Wendy Babidge

Associate Professor Wendy Babidge is Director of the RAAS Division of the College. This Division has a base in Adelaide, and staff across all regions in Australia. As well as directing the ASERNIP-S program, Wendy oversees the surgical simulation program, the College morbidity and mortality audits, the provision of scholarships for surgical research and the Section of Academic Surgery. Another major focus in the Division is the Morbidity Audit and Logbook Tool (MALT) which has been updated to provide not only a platform for Trainees to keep their Logbook but also an auditing tool for Fellows, IMG's and Fellows subspecialising. Wendy has an Honours Degree in Biotechnology, a PhD from the University of Adelaide and a Graduate Diploma in Business. She is a Graduate of the Australian Institute of Company Directors and a Fellow of the Australian Institute of Management. She is the current Chair of the International Network of Agencies for Health Technology Assessment Board.



Senior Project Manager – Simulated Surgical Skills Program

Meryl Altree

Meryl Altree joined ASERNIP-S in September 2008. Meryl holds a Diploma of Applied Science and a Bachelor of Nursing. She was previously responsible for the coordination of the Simulated Surgical Skills Program, a national multi-site investigation of the applicability of laparoscopic surgical simulators to the education and maintenance of the surgical workforce in Australia. Meryl is currently managing a Commonwealth Government grant investigating the training needs of participants in the Specialist Training Program, focusing on the provision of non-technical skills training for the Operating Room.



Manager, Morbidity Audit Projects **Katherine Economides**

Katherine Economides joined the College in February 2010. She is the Manager, Morbidity Audit Projects, which includes the BreastSurgANZ Quality Audit (formerly known as the National Breast Cancer Audit), the Australian and New Zealand Gastric and Oesophageal Surgical Association Audit and the Rural Procedural Audit. She also oversees administrative

support given to the Bi-National Colorectal Cancer Audit which is managed by the Colorectal Surgical Society of Australia and New Zealand. Previously she has worked primarily in large acute care public hospitals in a variety of roles, including human resource management, frontline management and project management. She has a Diploma in Frontline Management.



ANZASM Manager **Gordon Guy**

Gordon Guy joined the College in June 2009 to oversee the ANZ Audit of Surgical Mortality nationally. He holds an Honours Degree in International Relations from the University of Keele, UK. Gordon has experience working in a variety of management roles in the corporate and commercial banking and financial services sectors in South Africa and the UK.



Business & Development Manager, RAAS Division **Pip Coleman**

Pip recently joined the College to fill the newly created role of Business & Development Manager. She has a background in IT and business consulting and postgraduate qualifications in Business Administration. In addition to supporting the RAAS Director, Pip oversees the administration of the Scholarships

program, the Morbidity Audit Projects, and the Audits of Surgical Mortality group. She also leads the divisional Project Office which provides centralised management support for contracted research, according to a robust business management framework.



Projects Contracts Manager, RAAS Division **Felicity England**

Felicity England commenced as the Projects Contracts Manager in February 2010. Felicity is responsible for the review and negotiation of the various contracts which inform the Division's project activities for external stakeholders and support its activities in the form of externally provided

services. Felicity also provides strategic and risk management advice to the Division in relation to issues that arise throughout its varied activities. Felicity is an experienced solicitor, having extensive experience in contract negotiation and drafting, dispute resolution, and commercial and insurance litigation. Felicity holds a Bachelor of Arts, a Bachelor of Laws and a Graduate Diploma in Legal Practice.

Section of Academic Surgery

The membership of the Section of Academic Surgery has now exceeded 200.

This year, the Surgical Research Society became a subcommittee of the Section of Academic Surgery and, thus, now comes under the College umbrella. To celebrate the 50th anniversary of the Surgical Research Society Annual Scientific Meeting, a dinner was held in November with many past members of the Society attending.

The Chair of the Section of Academic Surgery, Mr Richard Hanney, has joined with the past Chair, Prof. John Windsor, in supporting the new Foundation for Surgery Senior Lecturer Fellowship, a valuable initiative which demonstrates the commitment that the College is making to the development of academic surgery and surgeons.

Morbidity Audits

The College is a leading advocate for the use of audit to improve and maintain standards of surgical care. For 15 years, the College has been involved in the business of creating and managing national and bi-national clinical databases in order to support its Fellows in this essential part of professional practice. Details regarding each current audit activity can be found below.

BreastSurgANZ Quality Audit

The BreastSurgANZ Quality Audit (BQA) originated as a quality assurance tool for all surgeons treating early breast cancer patients in Australia and New Zealand. It was set up by the College Breast Section and has been continually collecting data since 1998. It is now directed by the Breast Surgeons of Australia and New Zealand, Inc. (BreastSurgANZ).

In 2013, the BQA added a new field: gestational status. This will allow for research into treatment for women diagnosed with early breast cancer when pregnant or within 12 months of being pregnant. The BQA is delighted to be collaborating with the University of New South Wales on this important research.

The BQA continued its collaboration with Cancer Australia with research into risk factors for poorer breast cancer outcomes in residents of remote areas of Australia, factors predictive of treatment by Australian breast surgeons of invasive female breast cancer by mastectomy rather than breast conserving surgery, factors predictive of immediate breast reconstruction following mastectomy for invasive breast cancer, and risk factors for poorer breast cancer outcomes among residents of lower socioeconomic areas of Australia. This project also incorporated research into breast cancer and breast cancer survivals of New Zealand women, with funding assistance from the New Zealand Ministry of Health.

ANZGOSA Audit

The ANZGOSA Audit has been designed for the Australian and New Zealand Gastric and Oesophageal Surgical Association (ANZGOSA) as a self-assessment tool for its members. The audit has been set up to collect and store clinical and pathological details of patients undergoing surgery for oesophago-gastric cancer or gastrointestinal stromal tumour (GIST) in Australia and New Zealand.

In 2013, the audit implemented an institutional upload program. This program is an alternative submission pathway for surgeons who already enter data similar to the ANZGOSA Audit dataset into an existing database. Institutions such as hospitals or registries can have data directly uploaded into the audit, which saves surgeons from having to re-enter these data manually. The first upload was completed in September 2013.

The audit also introduced the option for de-identified data collection. This allows surgeons to utilise the audit system without having to directly identify their patients. This is in addition to the high security and encryption that was already in place on the system. Participants can choose to enter identified or de-identified data according to their own personal situation.

Rural Procedural Audit

The Rural Procedural Audit (RPA) is a partnership between the Royal Australasian College of Surgeons (RACS), Royal Australasian College of Physicians (RACP), Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). This project provides support for rural centres in Australia, as well as individual clinicians, to collect and analyse audit data on designated procedures using an electronic data collection tool.

Reports for all Colleges were finalised in 2013. Users were able to report on their patient outcomes for a selection of pre-determined areas of interest. CUSUM reports were also made available, with the ability to set individualised parameters. Further feedback to all participants will be distributed at the end of the project, showing their performance against College indicators compared with their de-identified peers.

This project comes to a close at the end of 2013. Rural surgeons will continue to be able to access the RPA dataset through the College's Morbidity Audit and Logbook Tool (MALT). A standalone version of the final RPA system will also be available to download from the College website for those with limited internet access or a desire for a local alternative for audit.

Morbidity Audit and Logbook Tool

The Morbidity Audit and Logbook Tool (MALT) is a system provided by the College for its Fellows, Trainees and International Medical Graduates. The tool was created by the College to simplify the process of logbook data collection and training board reporting requirements for surgical Trainees and to provide a generic audit platform for use by Fellows.

The rollout to additional specialties for SET and IMGs has occurred in 2013. A large program of additional functionality is being developed, including a custom reporting tool to allow all users of MALT to design their own reports, an import tool, and a number of small enhancements requested by users. Work has also commenced on an app.

Mortality Audits

*The Australian and New Zealand
Audit of Surgical Mortality (ANZASM)
provides independent, external
peer review of surgical mortality in
all states and territories of Australia.*

The Royal Australasian College of Surgeons became responsible for the management of the Western Australian Audit of Surgical Mortality (WAASM) in 2005. The College has since expanded the program to all other states and territories under the umbrella of ANZASM. The Collaborative Hospitals Audit of Surgical Mortality (CHASM) in New South Wales provides comparable data to ANZASM, and maintains membership within ANZASM, but is independently managed by the Clinical Excellence Commission of New South Wales.

The principal aims of the audit are to inform, educate, facilitate change and improve quality of practice within surgery. The primary mechanism of achieving this is through peer review of all deaths associated with surgical care. The audit process is designed to highlight system and process errors and to identify trends in surgical mortality. It is intended as an educational rather than a punitive process.

Each regional audit of surgical mortality (ASM) is funded by its state or territory Department of Health.

National and regional reports are prepared annually. Case note review booklets are also produced, highlighting cases in a de-identified manner, which can provide learnings to participants. Work is underway to produce standardised reports for hospitals and hospital networks across Australia.

Further information about ANZASM can be found at www.surgeons.org/anzasm

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Scholarships Program

After a rigorous selection process, 30 scholarships, fellowships and grants were offered as part of the 2014 Scholarship Program.

The most prestigious award is the John Mitchell Crouch Fellowship, in 2014 received by Professor Andrew Hill, the Head of Medical Education at South Auckland Clinical School research group at the University of Auckland. As an academic general surgeon with a colorectal subspecialty interest, Professor Hill's research interests include improving perioperative care of the abdominal surgical patient and medical education. It is interesting to note that his late father, Professor Graham Lancelot Hill, also received the John Mitchell Crouch award in 1984, and they are the first father and son to have both received this award.

In 2015, a new Senior Lecturer Fellowship will be offered which is intended to support graduated surgeons who are establishing an academic career in research and education.

The recently convened Scholarship Evaluation and Monitoring Committee is working towards a uniform approach to monitoring the effectiveness of both the International Scholarships Program (managed by the External Affairs Division) and the Research and Travel Scholarship Program (managed by the RAAS Division), evaluating the outcomes of these Programs.

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Project Office

The Project Office continues to provide consolidated support for the RAAS Division's research activities from bid management through to completion.

It has a proven role as a central resource for editing, legal, finance and administrative services, and is the principal point of contact with the College's Finance Department.

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Administration

In addition to the Division's consultancy research services through ASERNIP-S, the Project Office has continued to develop its supporting role to the Morbidity Audit department and has broadened its services to include the Mortality Audits.

In 2013, the Project Office has expanded its remit to include a focus on whole of division record-keeping congruent with the introduction of a new College-wide record-keeping and document-sharing application.

As the conduit for project management activities, Project Office services include:

Project bids

- ▶ identification of new opportunities
- ▶ research team capacity and capability assessments
- ▶ scope definition – understanding and responding to client requirements
- ▶ preparation and coordination of high quality, competitive research bids, including responses to requests for tender issued by various health sector agencies

Contract management

- ▶ oversight and management of contracts, variations and renewals for divisional projects and other business activities
- ▶ liaison and negotiation with clients on contractual matters
- ▶ invoicing of clients according to agreed milestones and payment schedules

Progress and final reports

- ▶ ensuring that reports are prepared in accordance with client requirements and edited to a standard consistent with the College's ISO 9001 quality management system
- ▶ coordination of financial reports, reconciliations and acquittals

Scheduling of project activities

- ▶ maintenance of a Master project schedule to inform resourcing decisions and to ensure that project outcomes can be delivered successfully, in full and on time
- ▶ resource planning to accommodate future opportunities

Project implementation/performance reviews

- ▶ on completion of projects, review the work delivered against the original scope agreed with clients. This information is used to assess performance and to 'tune' future bids.
- ▶ capture and review of 'lessons learned', to maximise value and service delivery for stakeholders and maintain a focus on continuous improvement within the research team.

Editing

The College RAAS Division has a professional editor on staff who can provide editorial review for all documentation from reviews, reports and research articles to webpages, brochures and user manuals. The Divisional Editor also provides assistance with developing Plain English documents for consumers, such as summaries of reviews and research. Editorial review ensures that ASERNIP-S documents are clear, correct and consistent.

RESEARCH COLLABORATIONS WITH FELLOWS, TRAINEES AND STUDENTS

The RAAS Division has a long history of collaboration with the surgical and medical community. The following outlines some examples of this collaboration across 2013.

ASERNIP-S

Professor Guy Maddern and Associate Professor Wendy Babidge have been supervising Ning Ma in a Master of Clinical Science degree research project, focusing on breast implant registries.

After the PIP crisis in 2011, the breast implant has become a highly debated topic. Due to the lack of post-market surveillance, many women with breast prostheses are not able to be reached and informed regarding the risk and potential interventions if required. A breast implant registry functions as a database collecting and analysing all relevant information of breast prostheses implanted into women's breasts and proactively tracking the status of those prostheses. However, few studies have been done to investigate how such a registry is going to work best and how it should function to reduce the risk of adverse events or complications of breast implants. This research project aims to answer those questions and a literature review is currently in progress.



Specialist Training Program—Research (STP-R)

STP-R has been working with Fellows Professor Maddern and Professor Hewitt, as well as Associate Professor David Sainsbury, Dr Peter Lee and Matthew Thomas, on the operating room non-technical skills program. Staff in this program have also been working with Dr Simon Tan on the manuscript 'Multidisciplinary team simulation for the Operating Theatre: a review of the literature'.

Morbidity Audits

During 2013, there were several collaborative research projects involving both Fellows and Trainees and utilising data from the BreastSurgANZ Quality Audit by itself or linked with other datasets (e.g. the AIHW's National Death Index). Investigations varied widely by topic but included the determination of factors influencing initial axillary surgery as well as predictors of subsequent axillary surgery after sentinel-node biopsy, analysis of surgical treatment in relation to socioeconomic disadvantage, breast reconstruction and the impact of post-mastectomy radiotherapy, as well as analysis of factors affecting survival of New Zealand women with breast cancer.

Studies were conducted with Australian-based Fellows, including Mr James Kollias, Mr David Walters, Mr David Walsh and Associate Professor Andrew Spillane, as well as New Zealand-based Fellow, Associate Professor Ian Campbell. Each study also had a significant collaborative component with university-based researchers in Australia and in New Zealand, including surgical Trainees. From these studies, several peer-reviewed publications were accepted and published in both local (ANZ Journal of Surgery, Australian Health Review) and international (The Breast) journals.

Mortality Audits

The project is open to Fellows and researchers who can request data and/or information from the audit. Requests vary from the straightforward to the highly complex and can originate from a variety of sources. In 2013, there have been a number of research articles written in collaboration between ANZASM, Fellows and medical students.

PUBLICATIONS AND PRESENTATIONS

ASERNIP-S

Peer-reviewed publications for 2013

Broadbridge V, Karapetis C, Beeke C, Woodman R, Padbury R, Maddern G, Kim S, Roder D, Hakendorf P, Price T. Do metastatic colorectal cancer patients who present with late relapse after curative intent surgery have a better survival? *British Journal of Cancer* 2013; 109(5): 1338–43. [PMID: 23860523](#)

Broeders JA, Roks CJ, Ahmed Ali U, Watson DJ, Baigrie RJ, Cao ZG, Hartmann J, Maddern GJ. Laparoscopic anterior 180° versus Nissen fundoplication for gastroesophageal reflux disease: systematic review and meta-analysis of randomized clinical trials. *Annals of Surgery* 2013; 257(5): 850–9. [PMID: 23470572](#)

Butler C, Thavaneswaren P, Lee I. Efficacy of the active middle-ear implant in patients with sensorineural hearing loss. *The Journal of Laryngology and Otology* 2013; 127(Suppl. S2): S8–16. [PMID: 23790515](#)

Cook JA, McCulloch P, Blazeby JM, Beard DJ, Marinac-Dabic D, Sedrakyan A, IDEAL Group. IDEAL framework for surgical innovation 3: randomized controlled trials in the assessment stage and evaluations in the long term study stage. *British Medical Journal* 2013; 346: f2820. [PMID: 23778425](#)

Daruwalla J, Marlow N, Field J, Altree M, Babidge W, Hewett P, Maddern GJ. Effect of fatigue on laparoscopic skills: a comparative historical cohort study. *ANZ Journal of Surgery* (online ahead of print). [PMID: 23351016](#)

Dawe S, Windsor J, Broeders J, Cregan P, Hewett P, Maddern G. A systematic review of surgical skills transfer after simulation-based training: laparoscopic cholecystectomy and endoscopy. *Annals of Surgery*, forthcoming.

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Ergina PL, Barkun JS, McCulloch P, Cook JA, Altman DG, IDEAL Group. IDEAL framework for surgical innovation 2: observational studies in the exploration and assessment stages. *British Medical Journal* 2013; 346: f3011. [PMID: 23778426](#)

Gallego G, Van Gool K, Casey R, Maddern G. Surgeons' views of Health Technology Assessment in Australia: online pilot survey. *International Journal of Technology and Assessment* 2013; 29(3): 309–14. [PMID: 23768974](#)

Hailey D, Werkö S, Bakri R, Cameron A, Göhlen B, Myles S, Pwu J, Yothasamut J. Involvement of consumers in HTA activities by INAHTA agencies. *International Journal of Technology Assessment in Health Care* 2013; 29(1):79–83. [PMID: 23217279](#)

Khan M, Lin D, Marlow N, Altree M, Babidge W, Field J, Hewett P, Maddern G. Laparoscopic skills maintenance: a randomised trial of virtual reality and box trainer simulators. *Journal of Surgical Education* (online ahead of print).

Leopardi, D, Thavaneswaran P, Mutimer K, Olbourne N, Maddern G. Autologous fat transfer for breast augmentation: a systematic review. *ANZ Journal of Surgery* (online ahead of print). [PMID: 23656507](#)

Maddern GJ. NHMRC surgical success? We have only ourselves to blame! [Perspective] *ANZ Journal of Surgery* 2013; 83: 4–7.

Marlow N, Altree M, Babidge W, Field J, Hewett P, Maddern G. Laparoscopic skills acquisition: a study of simulation and traditional training. *ANZ Journal of Surgery* (online ahead of print). [PMID: 23782685](#)

McCulloch P, Cook JA, Altman DG, Heneghan C, Diener MK, IDEAL Group. IDEAL framework for surgical innovation 1: the idea and development stages. *British Medical Journal* 2013; 346: f3012. [PMID: 23778427](#)

Pena G, Altree M, Field J, Babidge W, Maddern G. Demand for surgical simulated learning. Supervisors and trainees view – do they align? [Perspective] *ANZ Journal of Surgery* 2013; 83: 700–1.

Tan S, Pena G, Altree M, Maddern G. Multidisciplinary team simulation for the Operating Theatre: a review of the literature. *ANZ Journal of Surgery*, forthcoming.

Thavaneswaran P, Vandepeer, M. Lumbar artificial intervertebral disc replacement: a systematic review. *ANZ Journal of Surgery* (online ahead of print). [PMID: 23869616](#)

Xafis V, Babidge W, Field J, Altree M, Marlow N, Maddern G. The efficacy of laparoscopic skills training in a Mobile Simulation Unit compared with a fixed site: a comparative study. *Surgical Endoscopy* 2013; 27(7): 2606–12. [PMID: 23389073](#)

Zamora L, Humphreys K, Watt A, Forel D, Cameron A. Systematic review of computer-navigated total knee arthroplasty. *ANZ Journal of Surgery* 2013; 83(1–2): 22–30. [PMID: 22984894](#)

Other publications for 2013

Surgical Simulation-based training. *Royal Australasian College of Surgeons Surgical News*, March 2012: 28–9.

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Presentations in 2013

Maddern G. Systematic review for the World Health Organisation on needs for medical devices for older people. WHO Consultation on Advancing Technological Innovation for Older Persons in Asia, WHO Center for Health Development, Kobe, Japan, 20–21 February 2013.

Maddern G. Checklists. NSW Operating Theatre Association Annual Conference, Sydney, 8 March 2013.

Maddern G. Identification of candidates. Safety, Quality and Sustainability Forum, Sydney, 3 May 2013.

Maddern G. Fast-track surgery and enhanced recovery after surgery (ERAS) programs. Royal Australasian College of Surgeons Annual Scientific Meeting, Auckland, New Zealand, 9 May 2013.

Maddern G. How will the collection of national mortality data be used to improve quality and health services delivery in Australia: Plenary Session. Royal Australasian College of Surgeons Annual Scientific Meeting, Auckland, New Zealand, 9 May 2013.

Rugayah B, Babidge W. Issue Panel 2: HTA in Asia Pacific: Past, Present and Future. HTAsialink Conference, Penang, Malaysia, 14 May.

Maddern G. Disinvestment reappraisal. HealthPACT Disinvestment Workshop, Brisbane, 18 May 2013.

Maddern G. Surgical skills, technology and evidence. Surgicon Congress, Gothenburg, Sweden, 17 June 2013.

Cameron A, Edgar-Hughes M, Lambert RT, Atukorale Y, Vandeppeer M, Chadbourne J, Vogan A, Maddern M, Babidge W. Systematic review for the World Health Organisation on needs for medical devices for older people. Health Technology Assessment International (HTAi) 2013, Seoul, Korea, 17–19 June.

O'Rourke B, Lemgruber A, Babidge W, Jeonghoon A, Kristensen F. The science and art of networks: how collaborations amongst international HTA networks promotes the growth of HTA and the use of evidence in decision-making. Panel session, Health Technology Assessment International (HTAi) 2013, Seoul, Korea, 17–19 June.

Cicchetti A, Gutierrez Ibarluzea I, Tae-Hwan L, Babidge W, Roine R, Martin J, Sampietro-Colom L, Marchetti M. How to create synergies between national, regional and hospital HTA. Panel Session, Health Technology Assessment International (HTAi) 2013, Seoul, Korea, 17–19 June.

Maddern G. New surgical technology: Do we know what we are doing? Royal Australasian College of Surgeons SA, WA & NT Annual Scientific Meeting, Barossa Valley, SA, 18 August 2013.

Maddern G. Barriers to evidence collection in HPB surgery. International Surgical Week 2013, Helsinki, 26 August 2013.

Maddern G. Surgical simulation: Has it a future? SimHealth 2013, Brisbane Convention Centre, 19 September 2013.

Maddern G. Surgical trials and tribulations – Oration. JBI Biennial International Convention, Intercontinental Hotel, Adelaide, 22 October 2013.

Maddern G. ASERNIP-S, a local example of HTA in action. South Australian Clinical Senate, Crowne Plaza Hotel, Adelaide, 24 October 2013.

Maddern G. Who cares about surgical research. Surgical Research Society Annual Meeting, Basil Hetzel Institute, The Queen Elizabeth Hospital, Adelaide, 14 November 2013.

Lambert R. Using a systematic approach to identify devices used for neoplastic diseases (poster). Australasian Cochrane Symposium 2013, Melbourne, Australia, 20–21 November 2013.

Babidge W. Role of Health Technology Assessment in achieving universal health coverage: “from concepts to actions”. Meeting with WHO and International/Regional Networks, Second WHO Global Forum on Medical Devices, ‘Priority Medical Devices for Universal Health Coverage’, 22–24 November 2013, Geneva, Switzerland.

Longson C, Babidge W, Cerbo M, Lemgruber A, Kearney B, Tantivess S, Pallikarakis N. Health technology assessment: Networks and societies around the globe, Second WHO Global Forum on Medical Devices, ‘Priority Medical Devices for Universal Health Coverage’, 22–24 November 2013, Geneva, Switzerland.

Babidge W, Mueller J, Singh S, Assis E, Gallegos V. How to set up an HTA agency (Workshop), Second WHO Global Forum on Medical Devices, ‘Priority Medical Devices for Universal Health Coverage’, 22–24 November 2013, Geneva, Switzerland.

Babidge W, Walker L, Hailey D, Mines K, Mines R. Global Forum on Innovation for Ageing Populations, 10–12 December 2013, Kobe, Japan.

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Peer-reviewed publications for 2013

Ainsworth R, Kollias J, Blanc A, Silva P. The clinical impact of the American College of Surgeons Oncology Group Z-0011 trial—Results from the BreastSurgANZ National Breast Cancer Audit. *The Breast*, 2013; 22(5): 733-735. [PMID: 23290275](#)

Aitken J, Azzam D, Neo A, Itoth F. The Western Australian Audit of Surgical Mortality – a 30% reduction in observed deaths over ten years. *Medical Journal of Australia*, forthcoming.

Azzam D, Neo A, Itoth F, Aitken R. The Western Australian Audit of Surgical Mortality: outcomes from the first 10 years. *Medical Journal of Australia* 2013; 199(08): 539–42. [PMID: 24138379](#)

Azzopardi J, Walsh D, Chong C, Taylor C. Surgical treatment for women with breast cancer in relation to socioeconomic and insurance status. *The Breast Journal* (online ahead of print). [PMID: 24164659](#)

Chong C, Walters D, de Silva P, Taylor C, Spillane A, Kollias J, Pyke C, Campbell I, Maddern G. Subsequent axillary surgery after sentinel lymph node biopsy: Results from the BreatSurgANZ Quality Audit 2006-2010. *The Breast* 2013; 22(6): 1215–9. [PMID: 24157405](#)

Chong C, Walters D, de Silva P, Taylor C, Maddern G. Initial axillary surgery: results from the BreastSurgANZ Quality Audit. *ANZ Journal of Surgery*, forthcoming.

North J, Blackford F, Wall D, Allen J, Faint S, Ware R, Rey-Conde T. Analysis of the causes and effects of delay before diagnosis using surgical mortality data. *British Journal of Surgery* 2013; 100(3): 419–25. [PMID: 23225342](#)

Retegan C, Russell C, Harris D, Andrianopoulos N, Beiles B. Evaluating the value and impact of the Victorian Audit of Surgical Mortality. *ANZ Journal of Surgery* 2013; 83(10): 724–8. [PMID: 23855838](#)

Roder D, Zorbas H, Kollias J, Pyke C, Walters D, Campbell I, Taylor C, Webster F. Risk factors for poorer breast cancer outcomes in residents of remote areas of Australia. *Asian Pacific Journal of Cancer Prevention* 2013; 14(1): 547–52. [PMID: 23534792](#)

Roder D, Taylor C, Zorbas H, Webster F, Kollias J, Pyke C, Campbell I. Factors predictive of treatment by Australian breast surgeons of invasive female breast cancer by mastectomy rather than breast conserving surgery. *Asian Pacific Journal of Cancer Prevention* 2013; 14(1): 539–45. [PMID: 23534791](#)

Roder D, Zorbas H, Kollias J, Pyke C, Walters D, Campbell I, Taylor C, Webster F. Factors predictive of immediate breast reconstruction following mastectomy for invasive breast cancer in Australia. *The Breast* 2013; 22(6): 1220–5. [PMID: 24128741](#)

Roder D, Zorbas H, Kollias J, Pyke C, Walters D, Campbell I, Taylor C, Webser F. Risk factors for poorer breast cancer outcomes among residents of lower socioeconomic areas of Australia. *Australian Health Review*, forthcoming.

Other publications for 2013

A decade on and improvements keep coming. *Royal Australasian College of Surgeons Surgical News* July 2013: 14.

Delayed diagnosis of perforated ischaemic intestine. *Royal Australasian College of Surgeons Surgical News* March 2013: 15.

Eight years of the South Australian Audit of Perioperative Mortality (SAAPM): What we have achieved? *Royal Australasian College of Surgeons Surgical News*, November/December 2013: 24–26.

Mirizzi Syndrome – acute renal failure and sepsis. *Royal Australasian College of Surgeons Surgical News* May 2013: 33.

Morbidity Audit and Logbook Tool: ongoing improvements for your logbook. *Royal Australasian College of Surgeons Surgical News* May 2013: 34–35.

Multiple systems....multiple obstructions to best patient care? *Royal Australasian College of Surgeons Surgical News* October 2013: 14.

Review of ANZASM. *Royal Australasian College of Surgeons Surgical News* June 2013: 36–38.

Revision left total knee replacement. *Royal Australasian College of Surgeons Surgical News* January/February 2013: 14.

Seven years of fractured neck of femur cases in South Australia. *Royal Australasian College of Surgeons Surgical News* May 2013; 14(4): 40–1.

WAASM 10 Years on. The first Australian audit continues to improve outcomes. *Royal Australasian College of Surgeons Surgical News* April 2012: 25.

Your Audit online. Audits improve with your feedback. *Royal Australasian College of Surgeons Surgical News* May 2013: 41.

Presentations in 2013

Pyke C. Setting quality thresholds for surgeons. 2nd Asia-Pacific Breast Cancer Summit, Kuala Lumpur, Malaysia, April 2013.

Babidge W. Audits and registries for quality improvement. 22nd Annual Scientific Meeting of the Australasian Health and Research Data Managers Association, Adelaide, 12 April 2013. www.ahrdma.com.au/members/downloads/asm2013_13_babidge.pdf

Economides K. Implementing SNOMED CT-AU in the surgical setting. 22nd Annual Scientific Meeting of the Australasian Health and Research Data Managers Association, Adelaide, 12 April 2013. www.ahrdma.com.au/members/downloads/asm2013_14_economides.pdf

Stewart S. SA Audit of Perioperative Mortality (SAAPM): Seven years on, what have we learnt? 22nd Annual Scientific Meeting of the Australasian Health and Research Data Managers Association, Adelaide, 12 April 2013. www.ahrdma.com.au/members/downloads/asm2013_15_stewart.pdf

Walters D. Master Class 28: How Effective Have Audits Been?: Breast Audit (Adelaide). Royal Australasian College Of Surgeons Annual Scientific Congress, Auckland, May 2013.

APPENDICES

Appendix A: Reports and publications 2011–2012

2012

ASERNIP-S. Report no. 80: Surgical simulation for training: skills transfer to the operating room. Adelaide: Royal Australasian College of Surgeons, 2012. Available from: www.surgeons.org/for-health-professionals/audits-and-surgical-research/asernip-s/systematic-reviews-and-technology-overviews/report-80/

ASERNIP-S. Report no. 79: Bariatric surgery for the treatment of obesity: a rapid review. Adelaide: Royal Australasian College of Surgeons, 2012.

ASERNIP-S. Report no. 77: Percutaneous sclerotherapy for vascular malformations: a rapid review. Adelaide: Royal Australasian College of Surgeons, 2012.

Gurgacz S, Smith J, Truskett P, Babidge W, Maddern, G. Credentialing of surgeons: a systematic review across a number of jurisdictions. *ANZ Journal of Surgery* 2012;82(7-8):492-8.

Kanhere M, Kanhere H, Cameron A, Maddern G. Does patient volume affect clinical outcomes in adult intensive care units? *Intensive Care Medicine* 2012;38(5):741-51.

Morris T, Wetzig N, Sinclair S, Kollias J, Zorbas H. Evaluation of implementation of sentinel node biopsy in Australia. *ANZ Journal of Surgery* 2012;82(7-8):541-7.

Ogilvy M, Kollias J. Operating principles for running a Clinical Quality Registry: are they feasible? *ANZ Journal of Surgery* 2012;82(11):832-7.

Ooi C, Campbell I, Kollias J, de Silva P. National Breast Cancer Audit: overview of invasive breast cancer in New Zealand. *New Zealand Medical Journal* 2012;125:1359.

Roder D, De Silva P, Zorbas H, Kollias J, Malycha P, Pyke C, Campbell I. Survival from breast cancer: an analysis of Australian data by surgeon case load, treatment centre location, and health insurance status. *Australian Health Review* 2012;36(3):342-8.

Roder D, De Silva P, Zorbas H, Kollias J, Malycha P, Pyke C, Campbell I. Age effects on survival from early breast cancer in clinical settings in Australia. *ANZ Journal of Surgery* 2012;82(7-8):524-8.

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