

## In this edition

EPSM-ABEC 2011  
Preview

Advance Women's  
Leadership Summit

AS-3003 finally  
published

College panels and  
committees report  
on their activities

SMBE Roundup

Coming events

## CONFERENCE EDITION

EPSM-ABEC 2011 is now only five weeks away. This year the conference will travel to Darwin for the first time and will be held at the Darwin Conference Centre from 15<sup>th</sup> to 18<sup>th</sup> August.

The programme is looking great with lots of invited speakers, proffered papers on new and exciting developments, and plenty of workshops. There are parallel sessions on Monday and Tuesday, and on Wednesday we have an all-day Humanitarian Engineering workshop.

Tuesday marks the return of Rehabilitation Engineers to the conference with an all-day workshop on Tuesday facilitated by the National Committee on Rehabilitation Engineering. This workshop is running in parallel with themed sessions and research papers.

2011 is Engineers Australia's Year of Humanitarian Engineering and the all-day workshop will feature sessions on development aid, appropriate technology, disaster relief and a forum on the way forward for technical aid with the National Panel on Biomedical Technical Aid. The organisers have invited speakers from USA, Vietnam, and Australia including a couple of winners of rounds of The New Inventors.

Some highlights include plenary and keynote sessions from Joseph Smith of the West Wireless Institute in the USA, Tom Judd from the Kaiser Permanente Health System and Ed Scull from WA. Sessions on registration, asset management, BME and IT convergence, standards and an array of research papers round out the scientific programme.

This is a "must attend" conference for the scientific sessions, networking, trade display and social programme. The welcome reception and conference dinner are both being held at exotic locations which exemplify Darwin.

This conference will be the last EPSM-ABEC combined conference which we share with our physicist colleagues. From 2012, ABEC will be a stand-alone conference for all BME practitioners.

See you in Darwin...

## ***Editor's Comment***

Welcome to the fifth edition of our revamped BME newsletter. This newsletter is now being distributed to college members and also is posted on the [College website](#) and the Engineers Australia website [www.engineersaustralia.org.au](http://www.engineersaustralia.org.au) specifically at the following link ...

[http://www.engineersaustralia.org.au/learned-groups/colleges/biomedical-college/bme-news/bme-news\\_home.cfm](http://www.engineersaustralia.org.au/learned-groups/colleges/biomedical-college/bme-news/bme-news_home.cfm)

It can also be found on the Australian BME website [www.bme.asn.au](http://www.bme.asn.au)

This newsletter is **YOUR** newsletter and we welcome your input. Let us know if you think it is filling a need or even if you think it's a load of old rubbish. Perhaps you would like to contribute some wise words on a topic we are featuring or submit an article on your particular interest or research? If so we will make every endeavour to print your piece – just send it to Bill Chaffey our College Administrator at the address listed on the back page of this newsletter.

In this issue we will have reports from each of the College's units, a report on the SMBE NSW Conference in Albury last March and news from around the States and further afield. We will also feature articles on aid in developing countries, update you on clinical engineering standards AS-3003 and AS-3551, review ABEC 2010 and preview SMBE 2011.

Bruce Morrison, Editor

## **FEATURE ARTICLE**

### **Advance Women's Leadership Summit**

*Report from Nehal Kapadia*

This year, the 100<sup>th</sup> anniversary of International Women's Day was celebrated worldwide on 8<sup>th</sup> March and to commemorate this event, Advance – Global Network Global Australians (a global network of Australians and Alumni abroad) organised the Advance Women's Leadership Summit, held on 7- 8<sup>th</sup> March at Sydney Opera House.

Supported by the Australian Government through the Department of Foreign Affairs and Trade, the Summit saw more than two hundred and fifty attendees. From these, fifty current and emerging female leaders from the Asia-Pacific region were chosen and honoured as Advance's Leading 50 Women. To be eligible they had to be connected to Australia by birth, education or occupation.

One such attendee was Ms Nehal Kapadia, a Biomedical Engineer in Fiji. Nehal holds a Bachelors (Hons1) Degree in Mechanical (Biomedical) from the University of Sydney and works as a Biomedical Technical Officer at the Colonial War Memorial Hospital in Suva, Fiji. Being an Australian alumnus, she was nominated by AusAID and selected as one of the fifty women who are contributing significantly and have demonstrated exceptional leadership skills in their professions or communities, are potential contributors to Australia's future, and remain connected to and engaged with Australia.

The Leading 50 were women of high calibre, some of whom had started their own businesses, were CEOs, Directors, Professors, and some with other higher positions. Nehal says it was an honour for her to be amongst such highly qualified, professional and inspiring women. The Summit gave her a chance to meet other successful women in their own fields and exchange knowledge and ideas. 2 days prior to the summit, the Leading 50 group was hosted for afternoon tea by the Governor General, Her Excellency Ms Quentin Bryce AC, at her Sydney Residence.



*The Leading 50 at Admiralty House, Kirribilli*

The Summit brought together male and female leaders from various fields and countries to discuss various business-related topics. The opening plenary session consisted of discussions on economic growth, development through innovation and ways to make a green economy the solution for businesses and the planet. Discussion focussed on system change and regulating measures for better and “healthier” businesses.

Concurrent roundtable discussions were based on building green economies, innovative networks, leadership and philanthropy, board directorships for women, creative futures for businesses, and what returning home for Australians mean for their careers.

The closing plenary was a discussion on a sustainable approach for the next generation of leadership – what approaches have been taken by some leaders in their businesses today and what approaches may be taken in future. A White Paper with all outcomes from the discussions is to be presented to the Government of Australia.



*Sponsor and sponsored – Nehal and Fiona from AusAID*

Nehal is also a graduate member of Engineers Australia and a member of SMBE (NSW).

## ***AS/NZS 3003:2011 Finally Published***

The long-awaited AS/NZS 3003:2011 has finally been published. This is the fifth edition of the standard and it has been renamed "Electrical installations: Patient areas". Stuart Clifton, Chairman of the Standards Committee dealing with this standard reports on the changes to the standard:

- After each clause there is now a section (in italics) that specifies how compliance to the clause is validated.
- In order to minimise the over-specification of wiring for cardiac-protected areas, Clauses 2.2.2.1 and 2.2.3 now mandate the level of electrical protection required in specific patient areas. Failing to meet these requirements will result in non-compliance.
- Final sub-circuits are now permitted to supply only one room and its adjoining ensuite in body-protected electrical areas.
- Socket-outlets that must be protected by LPDs now include the common IEC type connectors.
- Final sub-circuits are permitted to supply only one patient location in cardiac-protected electrical areas.
- Socket-outlets marked for cleaning purposes may not be supplied from any sub-circuits supplying socket-outlets in body-protected or cardiac-protected electrical areas.
- Socket-outlets (Clause 2.4.3.2 and 4.4.2.4.1) within 5000 mm of the entrance to body-protected or cardiac-protected electrical area are to be protected by LPDs and connected to the equipotential earthing system.
- A UPS status indicator (Clause 2.4.5.2) is required where socket-outlets are connected to a UPS supply.
- RCDs are required to be readily accessible.
- Socket-outlets that are not readily accessible and protected by LPD require a separate readily accessible isolating switch.
- Socket-outlets marked for cleaning purposes are required to be located within 15,000 mm of any point within a patient area. The need for a socket-outlets marked for cleaning purposes to be located within a patient area has been removed except in cardiac protected area occupied on 24 HR basis.
- The marking of socket-outlets has been specified.
- Testing requirements for RCDs have been specified.
- The testing requirements for isolated supplies has been specified.
- Commissioning and certification of body-protected or cardiac-protected electrical areas has been specified.
- The documentation required to certify areas has been detailed.
- The need for EP terminals has been removed.
- The methodology of earthing in cardiac-protected electrical areas has altered to allow the use of nodes.
- Detailed drawings have been added to show the correct methodology of earthing of socket-outlets.
- A new section on special patient areas has been added covering home care installations and, in particular, self-harm areas.
- A new Section 6 covering alterations, additions and repairs to electrical installation in patient area has been added. It requires that the patient area must have a current routine inspection before alterations, additions and repairs can even start.
- Magnetic fields are recognized as having an important effect on some diagnostic procedures and therefore mandatory requirements have been added to test the level of magnetic fields in certain areas.
- The marking of patient area is more detailed & a section on routine inspection has been added.

## ***From the College Board Meeting***

The Biomedical College Board met in Adelaide on Friday 25<sup>th</sup> March. On the Board's agenda were issues such as:

- The College's response to Engineers Australia's Year of Humanitarian Engineering,
- Reports from each Division, Panel, Committee and Special Interest Group,
- The 2011 and 2012 ABEC conferences,
- National competency standards for biomedical engineering practitioners,
- Engagement with kindred organisations – particularly in Asia,
- Amalgamation of the State based SMBEs,
- The "Biomedical Engineering at the crossroads" paper which will be presented at ABEC 2011, and
- Biomedical Engineering awards.



*BME board meets in the South Australian Division offices in Adelaide*

The next College Board meeting will be held during the ABEC 2011 conference in Darwin.

## ***NPCE News***

The National Panel on Clinical Engineering met on 20<sup>th</sup> May 2011 by teleconference. Main items on the agenda were:

- Standards development particularly with respect to AS-3551 and AS-3003,
- The 2011 Clinical Engineering Development Workshop for clinical engineers and biomedical engineering technicians in the early phase of their careers in clinical engineering,
- The use of portable UPS' in clinical areas,
- A policy relating to infection risks for equipment to be repaired, and
- The NPCE's contribution to EPSM-ABEC 2011 in Darwin.

The Clinical Engineering Development Workshop will be running in Darwin on the weekend before EPSM-ABEC which means 13<sup>th</sup> & 14<sup>th</sup> August. There is still room for more participants so if you want to be part of this sought-after activity, contact the College Administrator – address on the last page of the newsletter.

## ***NCRE News***

The National Committee on Rehabilitation Engineering (NCRE) has had a quiet start to 2011. Much of our energy has been focused on proposals for the Year of the Humanitarian Engineer. We have now gained funding approval from Engineers Australia to host two Symposia on wheelchair provision in less resourced settings.

The first will take place in August, in conjunction with the Australian Biomedical Engineering Conference (ABEC 2011). The second will take place in November 2011. These symposia aim to promote the work of Rehabilitation Engineers as part of a multi- or trans- disciplinary team providing assistive technology solutions. Previous symposia have been well attended by allied health clinicians, assistive technology users and suppliers.

NCRE members continue to make significant contributions towards national and international Standards development in wheelchairs and mobility equipment. Two NCRE members have represented Standards Australia at international meetings this year, ensuring that the views of clinical and technical experts located outside North America and Europe are considered. NCRE members will also be involved in developing wheelchair testing Standards for use in less resourced settings in the Asian region.

## ***NPBTA News***

The National Panel on Biomedical Technical Aid has been busy organising the Humanitarian Engineering Workshop at EPSM-ABEC in Darwin.

This workshop, running for one and a bit days will feature sessions on development aid, appropriate technology and disaster relief. International speakers from the USA including Joseph Smith of the West Wireless Institute in the USA, Tom Judd from the Kaiser Permanente Health System in USA will give their perspective on technology as it is applied in developing and recovering countries. Luciano Moccia from the East Meets West Foundation will talk about the "Breath of Life Foundation" which is helping provide life-saving basic technologies like phototherapy, infant warmers and CPAP to infants in the developing world. John Kis from MTTTS in Vietnam will talk about the appropriate devices his company is developing and which are being supplied through East Meets West and other organisations. A major section will be devoted to disaster relief and Dr Ian Norton from the National

Critical Care & Trauma Response Centre in Darwin, will speak on technologies they have been developing for use in such situations.

## **BRANCH NEWS**

### **SYDNEY AND NEWCASTLE DIVISIONS HOLD FIRST MEETING OF 2100**

*Report by Stan Scahill and Ian Craig*

One of the joys of retirement is to go to a seminar and be blown away by new technology. Where has this technology been? The answer seems to be that it has taken 20 years to develop the software – so you can understand the delay.

During April, the College of Biomedical Engineering Sydney and Newcastle branches hosted a seminar on ventilation in conjunction with SMBE NSW. The Seminar was a technical forum regarding new and upcoming advances in ventilation, with a focus around the recent swine flu pandemic. The event was a very informative one, with around 40 attendees there to hear presentations from some of the industry leaders in the area of ventilation. The support of CareFusion Australia, Dräger Medical and Maquet was key to the success of the event, with each company sending along a product specialist or manager to present on the clinical and technical aspects of their technological solutions.

Dräger spokesperson, Allan Rowan addressed the seminar on Electrical Impedance Tomography (EIT), a non-invasive method of investigating lung recruitment and alveolar dead space in real time. This is a technology to support and increase clinical knowledge supporting decisions in the Intensive Care setting.

Compton Allen from CareFusion spoke on High Frequency Oscillatory (HFO), a / technique for maintaining open alveoli to assist in gas transfer within relatively sick lungs. This technology has been used in high acuity swine flu cases where there is significant acute respiratory distress syndrome (ARDS).

Maquet spokesperson Jon Percival addressed the seminar regarding two technologies - Neurally Adjusted Ventilatory Assist (NAVA) & Extra Corporeal Membrane Oxygenation (ECMO), two technologies utilised during the swine flu pandemic to improve patient outcomes.

NAVA reduces stress on the patients' breathing patterns by matching ventilatory assistance to the patients natural breathing patterns, through monitoring of the phrenic nerve. This technology allows for preservation of the patients respiratory muscles and reduces ventilator dependence and damage. It has recently been developed to function in a non-invasive mode, for reducing patient stays and promoting better patient outcomes.

ECMO is a development from cardiac bypass surgery for maintaining patients with minimal lung function or acute asthma. It allows the patients' respiratory system to rest, allowing treatment therapies to assist recovery and sustain patients in critical situations.

All four technologies have great potential to interface with each other for the best possible patient outcomes. Further, the ECMO / HFO ventilation technologies were the two high acuity therapies found to have an impact in reducing morbidity amongst acute and high risk patients during the recent

swine flu pandemic. Both technologies exhibited a 60 - 70 % success rate, substantially higher than traditional ventilation technologies in the same setting.

The highly informative seminar was much appreciated by the attendees. It was the second seminar in a series of four annual seminars on biomedical technologies, materials and engineering methods run by the Sydney and Newcastle Biomedical Branches, and the SMBE NSW. The support of the members of industry and the members of the BME College has been key to the success of the seminar series thus far.

The next seminar is planned for early in the second half of the year. Notification of the next seminar and subsequent seminars can be found on the College of Biomedical Engineering, SMBE (NSW) and Biomedical Engineering (AU) websites as well as via the BME List.

Web addresses are:

[www.engineersaustralia.org.au/biomedical](http://www.engineersaustralia.org.au/biomedical)

[www.smbensw.org.au](http://www.smbensw.org.au)

[www.bme.asn.au](http://www.bme.asn.au)

## **SMBE ROUNDUP – NSW SMBE**

### **SMBE 2011- ALBURY NSW**

The Annual SMBE conference was held this year at the Commercial Club in Albury, NSW. In case you have never visited Albury, I can tell you that it is a lovely town on the Murray River and the perfect setting for this iconic conference.



*Photo of Commercial Club courtesy of Club's website*

As distinct from other years, the Commercial Club was the venue for all functions from the Welcome Reception to the Conference Dinner and everything in between. We couldn't have picked a better place for our conference. The Club staff were extremely helpful, the food was the best I have ever had at a conference and the organisation was superb.

Delegates and trade representatives started trickling in on Sunday afternoon; some to set up their displays and others just to have a sticky-beak at what was going on. The traditional welcome BBQ was the start of the festivities and there was more than enough excellent food and drink to feed an army.



*Attendees enjoying the Welcome BBQ at Commercial Club, Albury*

## **CONFERENCE SESSIONS**

Monday morning came and the hall began to fill up with delegates - some full of beans and others a little more subdued after the previous evening's exertions.



*Delegates get down to the business of "conferencing".*

The conference was opened by Dr Stuart Spring, CEO of the Albury Wodonga Health Service. Some of the older SMBE members will remember Dr Spring as the former CEO of the Northern Sydney Area Health Service in Sydney. He certainly remembers the early days of biomedical engineering and the setting up of the Regional Biomedical Engineering Service at Royal North Shore Hospital by guys like Peter Crosby, Rod Laird and Lee Thomas.



*Dr Stuart Spring opening the Conference*

Dr Spring gave a good address on the Albury Wodonga Health Service and the challenges of setting up a cross-border health service. He stressed the importance of medical equipment in the hospital setting and wished us all a good conference.

So on to the bit we all come for – the technical presentations. Once again the presentations were of a high standard and featured a mix of clinical, managerial and technical content.

However, from my point of view, the technical content was disappointing. There was a marked lack of presentations from the public hospital biomedical engineering community. We were fortunate that the

equipment vendors and some of our clinical colleagues from Albury Wodonga Health Service were able to step up and provide enough material to fill the conference slots.

**I would like to challenge the biomedical engineers and technicians of NSW and other states to make a greater effort in 2012 to come to the conference and give us good technical presentations.**

This year, we had presentations dealing with some diverse issues such as :

- Staff health and infection prevention,
- Breathing disorders,
- Patient temperature management,
- Nerve integrity monitoring, and
- The role of the Critical Care Liaison Nurse Practitioner in the management of the deteriorating patient.

Dr Eric Moyle, a Senior Anaesthetist from Albury Wodonga Health Service gave an excellent presentation on “Interesting things & what happens when things go wrong from an Anaesthetist’s perspective”.

We also heard from:

- Alex Watson on the perils of installing an oxygen plant in a developing country,
- Renato Antolovich on what incubator parameters are important in the management of neonates, and
- Alex Watson on the emergence of China as a new force in medical equipment manufacturing.

Perhaps the most provocative paper was from Patrick O’Meley. It was entitled “Who’s afraid of Microshock?” and it certainly produced a lot of discussion. Luckily we had a cancellation and were able to prolong the session to all more debate on the question of what we should be testing.



*Patrick O’Meley captivates the audience with his presentation entitled “Who’s afraid of microshock”*

On a similar theme, Stuart Clifton and Mike Flood gave us updates on the newly released “area testing” standard AS-3003 and the “soon to be published” AS-3551. As would be expected there were more questions than the time allowed for this topic.

Some departmental presentations included:

- Mike McCarthy gave an interesting presentation “BTS from the beginning” - a 15 year retrospective on the state-wide BME service in Queensland,

- Jono Nevile and his colleagues from The Alfred in Melbourne told us how they are doing in their service, and
- Jonathan Devasagayam from St George Hospital in Sydney, showed us the peer review process that he and his colleague at St Vincent's Hospital's Biomedical Engineering Department have been using and some of the results they have obtained.

We also had very interesting presentations on "Contractor Management" from Andy Webb and "Medical Device User Competence" from George Koning.

The Eminent Biomedical Engineering Oration is a segment of the conference which we have adopted over the past few years. This year we were privileged to have Stan Scahill who retired mid-way through 2010 as our eminent speaker. Stan was Director of Biomedical Engineering at Sydney's Concord Hospital for many years until asked to move to Liverpool Hospital to get the BME Department on track and oversee the equipment side of the new hospital rising from the ground out in the South-West.

Stan's presentation was entitled "The Engineers' Curse" and was an entertaining talk in which he emphasised that the enquiring mind which often leads to an engineering career can be a curse even in retirement. It seems he can't sit still and is now working on a solar cooling system for developing countries.

As has become our custom, the last session of the conference is given over to a presentations on biomedical engineers and technicians working on aid projects in the developing world and this year we had presentations from Bruce Morrison, Jonathan Devasagayam and Nehal Kapadia.

Bruce spoke on the College of Biomedical Engineering's newly established National Panel on Biomedical Technical Aid. Jonathan presented a five year retrospective on the work he has been doing in Rwanda, and Nehal outlined the depth and breadth of biomedical engineering services in Fiji.

## **WORKSHOPS**

In line with this year's theme on Ventilation, the conference featured three workshops.

On Monday afternoon, we had Lee Macer-Wright from Ecomed on "Calibrating medical equipment using bladder scanners & patient scales to illustrate the process", and Dion Martin from Resmed presenting "Bench testing of ventilation therapies – what's working, what's not. An industry view."

On Tuesday afternoon, the guys from Mayo Healthcare and Philips gave us "Maintaining PAPs - from Hospital BiPAP to CPAP at home".

All three workshops were well presented and practical and the success of these workshops over the past few years will ensure we keep them going.

## **SPONSORS AND TRADE EXHIBITION**

As always, the conference had an excellent response from sponsors and trade exhibitors. There were an almost record number of trade booths and we had companies lining up for sponsorships. The sponsors included:

- Platinum – Covidien Healthcare
- Gold – CareFusion, Philips and Fresenius Kabi
- Silver – GE Healthcare and Mayo Healthcare
- Bronze – Resmed
- Dinner – Philips
- Satchels and Lanyards – Domo Technica
- Morning Tea – U-Tech Medical

The sponsors and trade exhibitors help us to keep the cost of attendance to a minimum and the Organising Committee is grateful for their support. There were 35 companies exhibiting this year and the quality of their displays was excellent.



*A delegate stopping to check out the latest ventilators at the CareFusion stand*

## **CONFERENCE DINNER**

The Conference Dinner was held in the Commercial Club's Waratah Room and it was a great success with an excellent attendance. The food was excellent and the service exemplary. The dinner was sponsored by Philips again this year and the conference was well served by their sponsorship.

The photos below tell the story...



*Our Trade people enjoying a red wine.*



*Serious discussion over pre-dinner drinks?*



*Eminent attendees.*



*Ah Ivan – what more can I say?*



*Oh no – some of the younger brigade don't seem to have the stamina of us oldies.*



*Looking good early in the night.*

### ***NEXT YEAR'S CONFERENCE***

The 2012 SMBE Country Technicians' Training Seminar will be held in Port Macquarie on the NSW Mid-North Coast from 26<sup>th</sup> to 28<sup>th</sup> March. We look forward to seeing everyone there.

Conference report by Bruce Morrison( [bruce.morrison139@gmail.com](mailto:bruce.morrison139@gmail.com))

### ***SMBE OFFICE BEARERS FOR 2011 – 2012***

As a result of elections held at the AGM, the following office bearers were elected:

President – Bruce Morrison

Vice-President – Peter Morcom

Secretary/Treasurer – Frank Kwiatkowski

Councillors – David Lierkamp, Mark Littlejohn, Phuong Do, John Fenech

## ***SMBE Victoria***

### **Meetings of the Victorian SMBE this year include:**

Tuesday, May 17th, 2011

Improved Preservation of Transported Donor Heart - The journey from idea to clinical reality  
Speaker: Prof. Frank Rosenfeldt, Head of Cardiothoracic Research, Alfred Health

Tuesday, June 21st, 2011

High Frequency Jet Ventilation: Is it as good as HFOV?  
Speaker: Dr. Peter Loughnan, Neonatologist, Neonatal Unit, Royal Children's Hospital

### **Coming events include:**

The annual Student Presentations night which will be held on Tuesday 29th November 2011 at Engineering House in North Melbourne. This is a not to be missed evening which highlights selected presentations from future Biomedical Engineers.

## ***SMBE South Australia & Northern Territory***

SMBE SA & NT hosts meetings almost every month featuring a wide range of topics from technical to clinical and managerial. Meetings are held in conjunction with Engineers Australia's College of Biomedical Engineers and ACPSEM, the Australasian College of Physical Scientists & Engineers in Medicine.

### **Meetings this year have included:**

Tues 12th April 2011

Rehabilitation robotics: can technology assist the recovery of motor function?  
Speaker: Dr Ben Patriitti, South Australian Movement Analysis Centre.

Tues 3rd May 2011 Muscle and Joint Function in Human Locomotion.  
Speaker: Prof Marcus Pandy, University of Melbourne.

Tues 7th Jun 2011

Robotic Surgery: The intuitive Da Vinci surgical system  
Site visit: RAH Speaker: Dominic Breuker, Device Technologies.

### **Coming events include:**

Mon 22nd August 2011

AGM with Guest eminent speaker, direct from EPSM-ABEC 2011  
Dr Joe Smith - Medicine & Engineering: A difficult marriage with beautiful children  
Venue: Waverly House, St Andrews Hospital, South Terrace, Adelaide.

- SMBE News courtesy SMBE SA & NT and SMBE Vic websites.

## ***From the developing world***

### **BEMI-PACTAM Project in the Pacific.**

The BEMI-PACTAM project in the Pacific involves eight Pacific Island Nations including Vanuatu, Solomon Islands, Tuvalu, Kiribati, Nauru, Tonga, Samoa and the Cook Islands. These countries are grouped into three regions which are based loosely on the major racial groups in the Pacific, i.e. Melanesia, Micronesia and Polynesia. A biomedical engineer/technician is assigned within the project to each group, so that one biomed covers Vanuatu and Solomon Islands, one is based in Tuvalu, Kiribati and Nauru, and the third is responsible for Tonga, Samoa and the Cook Islands.

The project is managed by Australian Volunteers International on behalf of AusAID and commenced in August 2009. It is the successor to the Pacific MEMP and IPMEMA projects which were managed by the Royal Australasian College of Surgeons (RACS) and ran from 2000 to 2008.

The biomed currently in place are:

- Gary Conner (ex. Prince of Wales Hospital, Sydney and Philips) who is based in Vanuatu and covers Vanuatu and the Solomon Islands,
- Sens Matai (ex. PNG Ministry of Health) who looks after Tuvalu, Kiribati and Nauru, and
- Andy Lyons who is based in Tonga and looks after Tonga, Samoa and the Cook Islands.

The project aims to improve the capacity of the hospitals and Ministries of Health in the Pacific to manage and maintain their medical equipment. It will conclude in February 2012 unless extended by AusAID or replaced by another initiative. The future course of medical equipment management and maintenance in the Pacific may be decided at a meeting of Health Ministry officials in Suva during the week beginning 15 August this year. Medical equipment management and maintenance is allocated one day during the meeting.

### **Pacific Partnership 2011**

Pacific Partnership 2011 was a joint project involving personnel from Australia, Canada, France, Spain, New Zealand, the United States and other countries. Its aim was to deliver humanitarian civil assistance (medical, dental and veterinary) and environmental sustainability missions from the amphibious transport dock ship USS Cleveland to the Pacific Island nations of Tonga, Vanuatu, Papua New Guinea, Timor-Leste, and the Federated States of Micronesia.

The Cleveland sailed into Dili Harbour, Timor-Leste on 16 June 2011 with a crew which included four BMETs. The BMETs were assigned to assist the local biomed and the expatriate staff from the World Bank BME project during the week from 20 June to 24 June. Unlike the Mercy Ship mission in 2010, the BMETs were able to travel to the Districts of Timor-Leste and so repair and maintenance trips were conducted to the Oecussi, Aileu and Ainaro Districts. Travel to the Districts was organised by the Australian Defence Force which provided a landing craft for the trip around the coast to the enclave of Oecussi (located within West Timor – a province of Indonesia) and Blackhawk helicopters for transport to Aileu and Ainaro Districts and Maubisse Referral Hospital.

During these excursions the USS Army BMETs assisted with repairs, routine maintenance and inventory taking at all of the sites visited. They imparted valuable knowledge to the Timorese technicians in Dili, Oecussi and Maubisse Hospitals and took back suggestions on how future missions can be even more valuable. Some pictures taken during the visit follow:



*Our transport to Aileu, Ainaro and Maubisse – yes it's a Blackhawk!*



*Temporary workshop in Ainaro*



*USS Cleveland welcomes guests of honour at reception on-board  
Guests include Timorese President Jose Ramos-Horta & US Ambassador, HE Judith Fergin.*

## COLLEGE BOARD CONTACTS

<b>Unit</b>	<b>Chairman</b>
Biomedical College Board	Graeme Macaulay
Queensland Division	Izmir Congo
Newcastle Division	Ian Craig
Sydney Division	Patrick O'Meley
Canberra Division	Mike Flood
Victorian Division	Paul Junor
Tasmanian Division	Vacant
South Australian Division	David Hobbs
Western Australian Division	Ed Scull
Northern Division	Vacant
National Committee on Rehabilitation Engineering	Emma Friesen
National Panel on Clinical Engineering	Stuart Clifton
National Panel on the Biomechanics of Impact Injury	Tom Gibson
National Panel on Biomedical Engineering Education & Research	Karen Reynolds
National Panel on Biomedical Technical Aid	Bruce Morrison
Representative of Women in Engineering	Kyril Belle
Representative of Young Engineers	Rachel Coxon
Representative of Technologists and Associates	Adrian Richards

Executive Officer  
Engineers Australia  
Engineering House  
10 National Circuit  
Barton ACT 2600  
Australia

Bill Chaffey

Website: [www.engineersaustralia.org.au/biomedical](http://www.engineersaustralia.org.au/biomedical)

Email: [biomedicalcollege@engineersaustralia.org.au](mailto:biomedicalcollege@engineersaustralia.org.au)

Telephone: (02) 6270 6558

Facsimile: (02) 6273 2358