

# AvGas

Issue Six : October 2010



As the Occupational and Aviation Medicine Unit approaches its Silver Jubilee of 25 years of international distance teaching, we can celebrate past successes and enthuse about our future aspirations.

Our greatest success has been the acceptance of our programme as a true world leader in distance education. This is no mean feat for a South Pacific university and all of our staff try very hard to reach out to international students all around the world. It is that enthusiasm for international distance teaching, as well as our technical expertise that makes our staff truly the best in the world and it is a real privilege to work with such a fantastic team.

We have always been a fantastic teaching machine but over the past five years we have worked very hard towards becoming a research-based enterprise. The appointment of Professor Peter Larsen as a Research Director and the recent promotion of Julie Myers to Senior Lecturer in Occupational and Aviation Medicine, together with others on the research team has really given time and direction to our research programme.

The Unit has been recognised for its outstanding performance; in 2009 I was the recipient of a Seriously Asia visiting fellowship award and the Unit has now just received its second export education innovation programme award! The first was for the establishment of continuing medical education in Dubai with Harvard Medical School Dubai Center; the second award received this year was to establish an online occupational medicine CME programme that was distinctly different from existing CME available in the USA by the application of open and distance learning (ODL) principles to the CME software. The second grant will enable us to work in collaboration with the University of Washington in Seattle to develop a States wide CME programme that will set Wellington and Washington apart from other CME providers in the USA.

We are working constantly to improve the quality of our teaching software and our recent move from the pioneering OceanBrowser days to the Moodle platform is likely to be followed by more technology enhancements. Particularly we are looking at the use of "Second Life" to assist in the development of clinical competency training at a distance. In distance education it is never possible to stand still; new people are running flat out on the spot!

We want to be the best and will make sure that we make every effort to ensure that we provide the best possible experience for our students so that they will want to learn life long. Most of all, for both staff and students, this programme is intended to be fun; this is an exciting set of topic areas and we hope to teach them all in a way that is equally exciting.

I wish you well with your studies in 2011.

Rob Griffiths  
Academic Co-ordinator



# Residential School 2011

By David Powell

Well now is a great time to start thinking about next year's residential school. If you have attended a school previously, you will have contributed to the excellent feedback that we continue to receive about the schools. If you haven't, then perhaps talk to someone who has, or to your tutor. This is the way that we bring the course material to life with a concentrated programme of site visits, and it's also the way that you connect with your fellow students and with members of the faculty. We do expect you to attend one school for every two years of study, and the content of the programme is always examinable. But that's not the reason



to come – the reason is that you'll forge valuable contacts, learn lots, and have a great time.

The 2011 school is in Lisbon, Portugal, which is one of Europe's not-to-be-missed destinations, packed with things to see and do. The visit programme is already well underway, and will provide plenty of variety for you whether it is aeromedical retrieval and transport you are studying, or occupational or aviation medicine. We'll be doing a few things we've not done before, and have changed the programme slightly following discussions after this year's school: it will run mid-week to mid-week, starting Wed 18 May (in the evening) and finishing Wed 25 May (lunchtime). And we will give you a free day on the Sunday (22 May) to recharge. Thanks to the recession, we have been able to secure a deal with an excellent hotel in the waterfront area at favourable rates, meaning that once again we can provide a complete package at vastly less than you would pay to attend a conference of similar duration.



Lisbon Port

We plan to post the registration details in November, but you can safely go ahead and book travel for those dates/times, and take advantage of special fares. We will also try, if there is interest, to offer an optional add-on journey after the school, for a couple of days in Southern Portugal. Stay tuned for more info soon.



Photos here are from this year's School in Auckland, New Zealand



## Student Awards—wahZe Tan



*wahZe remembers his time in Afghanistan*

Singapore's Deputy Prime Minister and Minister for Defence Teo Chee Hean presented the Overseas Service Medal to 39 Singapore Armed Forces (SAF) personnel at a ceremony on 30 September, in recognition of their contributions to the SAF's overseas missions.

Dr Tan Wah Tze was one of three Operationally Ready National Servicemen (NSmen) who volunteered to head to Afghanistan as part of an eight-man surgical team from the SAF. Deployed for two months from 1 April to 30 May, the team provided surgical and medical support to the international coalition troops at a field hospital in a base at Tarin Kowt, the capital of the Afghan province of Oruzgan, as well as emergency medical care for the Afghan locals.

Prior to deployment, the team underwent weeks of physical and weapons training, as well as integration training in the Netherlands with their Dutch counterparts.

During their two-month stint in Afghanistan, more than seven rocket attacks occurred, with artillery rounds landing in the base. The field hospital and housing containers were fortified against such attacks, and the team minimised exposure risks by restricting their movements in open areas.

As CPT (NS) (Dr) Tan noted: "Afghanistan is not exactly a tourist spot... There were moments when your heart rate goes a bit faster."

Other challenges which the team faced were language barriers and limited manpower resources. While there are usually 10 to 20 personnel in a civilian operating theatre in Singapore, they had to multi-task and work as a lean team of about five in Afghanistan, said the 38-year-old consultant anaesthetist. The surgical team performed 85 operations and over a hundred outpatient reviews and consultations during their time in Afghanistan.

wahZe was also among a group of six SAF servicemen who were awarded the Commemorative Medal for Peacekeeping Operations by the Netherlands Ministry of Defence for their contributions towards stabilisation and reconstruction efforts in Afghanistan.

## Middle East Update

*By Rob Griffiths*

With the halting of the building of the main medical school at Harvard Medical School Dubai Center, we had to find a different strategy for our occupational medicine training in the Middle East. As a result we have entered into a collaboration with the UAE University in Al Ain led by the prestigious Professor Tar-Ching Aw. Professor Aw moved from secondment to the United Kingdom and then to the UAE and he is an internationally recognised and renowned occupational medicine academic. It has been a great pleasure to work with Professor Aw and lead a vibrant CME programme which continues to be based in Dubai although neither university is physically based there.

We continue to enrol students from the Middle East, but the flagship for us has been the number of PhD candidates that we have working with us. We currently have two and a third is due to join us soon.

Our CME programme is based on two two-day workshops each year on a range of themes, the next one being run by the University of Otago entitled "Extreme Occupational Medicine". The University of Otago remains committed to working with its Middle East colleagues to bring occupational medicine education to the region.

# Living Worlds Apart

By Dr Rael Codron

*Ship Doctor of the highest-rated and most exclusive cruise ship in the world, the six star Crystal Serenity and Volunteer Fixed and Rotor Wing Flying Doctor, SA Red Cross Air Mercy Service*

Labs are for scientists and desks are for accountants. And wards... they're for medical students.

It was soon in my medical training that I realized that theatres were cages, and hospitals were little prisons keeping me captive. I wanted a life of medicine on the move. I wanted to explore the wide world with my camera and defibrillator in hand on a ship, helicopter and aeroplane.

One needs minimum three postgraduate clinical years in family practice, ICU and A&E to apply to become a ship doctor, and at 26 with exactly three years and six days after starting my internship, I became the youngest ship doctor at that time at sea anywhere in the world. Since that day I have explored every corner of the planet from Antarctica to Arctic, America to Asia, Scandinavia to South Pacific Islands. But secretly this life of six star service, fine wines, exotic locations and millionaire and billionaire clientele is not my passion. On my leave between contracts, my first phone call, before that one to my grandmother to let her know I have landed in Cape Town, is to the South African Red Cross Air Mercy Service to let them know that I am available for flights. Fixed wing or heli? Either Candice. Adults or children and neonates? Any age Garth. Good because we always struggle to get doctors who know how to manage the littlies. Trauma or medical. Just get me up there Ian.



I started flying with the South African Red Cross Air Mercy Service from its newly established Kimberley base when I was an intern at the small regional hospital in 2004. Doctors and nurses were nervous and reluctant to volunteer for the program. Only some brave young cowboy doctors had the guts to take the risk. We knew we were going to be up there, alone without supervision and guidance, with only a basic ambulance assistant to help carry the equipment, while staring at an ever deteriorating patient in desperation. We were going to be running into the battle, guns blazing, without ammunition.

My first flight was a 21 year-old woman with post-partum haemorrhage who was receiving a small country referral hospital's last O-neg drops of blood as I entered the theatre. She was intubated and on an adrenaline infusion. I remember nodding knowingly at the handover while subconsciously wondering if I had brought a book to look up just how to administer an adrenaline infusion. I had never done it before. At the time I was an intern, and in paediatrics, not obstetrics. The baby wasn't the problem and I could confidently say the bouncing boy was fine. However this unconscious mother of Africa empty of blood was critical and I had been sent because there was nobody else who was willing to go. I was the wrong man for the job, but her only chance. I was a learner driver, racing at the Monaco Grand Prix. After the suspenseful six hour mission, at the moment I wheeled her into the receiving hospital ICU, she coded. After the failed resuscitation, I was exhausted, exasperated, traumatized and vowed never to fly again. The bouncing baby boy would never know his mother and I was sure it was my fault.

*Continued from previous page*

When I became a private pilot at age 20, I remember my circuit training, and specifically my third solo landing when I nearly wrote off my plane and myself in a very deep flapless landing that left the Cessna trimming the hedge of the airfield with its propeller. I got out to push the plane back onto the runway and my instructor ran up to me and immediately made me take off and do another circuit before I had enough time to contemplate the enormity of the incident and turf in my flying goggles.

A few days after I lost my African princess, I forced myself to accept a flight for a 1kg newborn baby with grade 4 hyaline membrane disease and severe respiratory distress. On arrival I promptly intubated the neonate. I warmed the surfactant in the bosom of the nurse of the referring mining town hospital and administered it as I had seen one of my seniors do before. I used the manual to set up the transport ventilator. This little guy did spectacularly well and he pinned my medical wings on my heart forever.

Those early days give me the greatest gauge to appreciate my exponential personal and professional growth in aeromedicine. I am proud now to offer my countrymen a world class ICU quality aeromedical service and share this knowledge with the young passionate doctors, nurses and paramedics that I teach and train. I have flown every type of patient all over my beautiful country in helicopters and aeroplanes and have been blessed with amazing experiences, proud memories and great results. I have entrusted my dramatic early days in the skies over Kimberley to my journal pages and have embarked on a more calm, responsible and mature aeromedical practice. I live by the quote "If aeromedicine is exciting, then you're doing it wrong." This has encouraged me to stay true to my policy of stay and play until I am absolutely certain that my patient is stably prepared for the turbulent unforgiving skies of the aeromedical transfer. Meticulous planning and obsessive attention to detail for every transfer has awarded me with excellent clinical outcomes.

There is a strange paradox in my life, working alternatively in the lap of luxury with spoilt multi-millionaires treating debilitating minor coughs and scrapes that bore the soul of any passionate medical professional, and flying about Africa serving the critically ill poorest of the poor that nourishes one's soul.

Over six years, I have seen the AMS grow and become a most professional and disciplined unit. I'm proud that I took to the skies as a medical hatchling on the backs of our African mercy eagles who were still learning to use their wings. It is now time for Africa to take the next step and embrace the academic world of Aviation Medicine to combine with our local extensive experience. I have chosen to use my time at sea to access a distance formal education in Aviation Medicine with the University of Otago so that I can leave my ships behind to explore the world without me, and return home to build a solid nest for myself and our birds and make my contribution to Africa by assisting in making the South African Red Cross Air Mercy Service into an even greater world class aeromedical outfit.



*Rael and his fellow medical staff on board ship*

# Report on ISAS 2010

(International Society of Aeromedical Services, Australasia) Christchurch, New Zealand, 8—10 September

By Julie Myers

I think it was with some trepidation that most delegates set off for the 22<sup>nd</sup> Scientific Meeting of ISAS, which was held at Peppers Clearwater Resort just five days after a major earthquake had caused significant damage to Christchurch city and surrounding districts. The “extreme” theme for the conference was clearly apt and the effort the organising committee and hosts made to run the programme with minimal disruption was simply outstanding. For example they had to replace their entire crockery collection, supply enough safe drinking water and source provisions at a time when supermarket shelves were stripped and re-supply was difficult due to disrupted road and rail access. It was a timely reminder for all of us how easy it is to lose basic services such as safe drinking water, electricity, sewage and food supply, and kudos to all the staff and organisers who somehow managed to put aside their own disrupted lives and living conditions to provide reassurance and a well run conference.



*Tony Ward gets Julie kitted up for her first helicopter flight*

The conference programme itself was diverse, covering topics from extreme rescue; psychiatric retrievals; paediatric transport; and ECHMO retrieval through to wellness checks for flight nurses; Aeromedical services in NZ, Australia, Europe and the US; and current specific fields of research. Flight nursing and paramedicine were strongly represented in terms of both delegates and presenters, and it was great to catch up with many current or past students of the AeroRT programme and hear their excellent presentations.

Particular mention should be made of Steph Boston who won the Free Paper Award for Innovation for her excellent presentation on the implementation of wellness checking for flight nurses and Dr Minh le Cong who won Best Overall Paper for *Psychiatric aeromedical retrievals: towards best practice* and Best Research Paper award for *Flying Doctor Emergency Airway Registry: a 3 year prospective study of emergency endotracheal intubation by the Queensland section of the Royal Flying Doctor Service, Australia*.

There was some light relief when advanced paramedic Tony Ward was kidnapped by a (water) gun-toting intruder and subsequently rescued by the tactical response unit (who arrived complete with police dog via helicopter), while the conference dinner at the Wigram Airbase Museum was a real highlight. A personal highlight was the chance to discuss Tony Ward's Masters research plans on my first-ever helicopter flight back to the Westpac Rescue base later on that day.

Notwithstanding the circumstances and the regular shaking that continued over the course of the conference, this was an enjoyable and worthwhile meeting and we hope to see many of you presenting at the 2011 conference in Perth, Western Australia.



*Ready for take off*



## Student Profile—Moazzam Zaidi

Moazzam Zaidi is currently studying as a full time PhD student based in Wanganui, New Zealand. Dr Zaidi has a distinguished international occupational medicine career, having practised occupational medicine in Pakistan, Canada and the UAE before coming to New Zealand to settle. He is the Director of Global Health Consultants, an international consulting firm based in London, Ontario, has a Master of Public Health from the University of Karachi and a Diploma in Industrial Health from the University of Toronto.

Moazzam first came to know of the University of Otago through the Occupational and Aviation Medicine Continuing Medical Education programme based in Dubai, which is offered in conjunction with Harvard Medical School Dubai Center. He was a regular attendee at the CME days and quickly realised that his lifelong dream to obtain a PhD could be turned into a reality by studying with the University of Otago. He was jointly supervised by Dr Rob Griffiths from Wellington, New Zealand and Dr Mark Newson-Smith from Dubai who is a senior lecturer in occupational medicine and course director of the OAM occupational medicine programme. Moazzam also completed his membership of the Faculty of Occupational Medicine, Royal College of Physicians of Ireland by dissertation and examination, and is a registered specialist in occupational medicine.

On campus support was to be offered by Harvard Medical School, Dubai Center and UAE University, Al Ain. Moazzam's particular interest was in the implementation of blood and poly-fluids exposure, prevention and protection programme in an emerging multi-national hospital such as the Sheik Khalifa Medical City where he was the Lead Physician of Occupational Health Services at that time. The VHD Academic Committee approved his research proposal and the long-reach distance supervision provisions as part of a pilot of this model of PhD supervision which is becoming increasingly common worldwide. Moazzam's research was well supported through frequent email and phone contact with his supervisors and quarterly meetings face to face. Rob Griffiths and Julie Myers, the OAM Research Manager and Lecturer in Occupational and Aviation Medicine, both visited Sheik Khalifa Medical City to meet with his local supervisors. The BBFE prevention and protection programme commenced in 2007 and Moazzam began collecting his data as well as conducting other studies of barriers to implementation in this kind of emerging hospital environment.

During a major restructuring of the publicly funded health system in Abu Dhabi, Moazzam decided to make the jump and move to New Zealand in order to study full time to complete his thesis. He is now registered as a doctor in New Zealand and providing advice to the Accident Compensation Corporation.

While occupational and aviation medicine at the University of Otago, Wellington is committed to international supervision of distance research students, this shows that a hybrid model is also possible, especially where students feel the need to devote more time to researching and writing their thesis.

Moazzam's work has already been widely published and his contribution to our understanding of the determinants of successful implementation of prevention and protection programmes for needle-stick injuries and other BBFE incidents in developing hospitals will have far-reaching implications for health professionals around the world.

# From the Home Front

By Katherine Harris

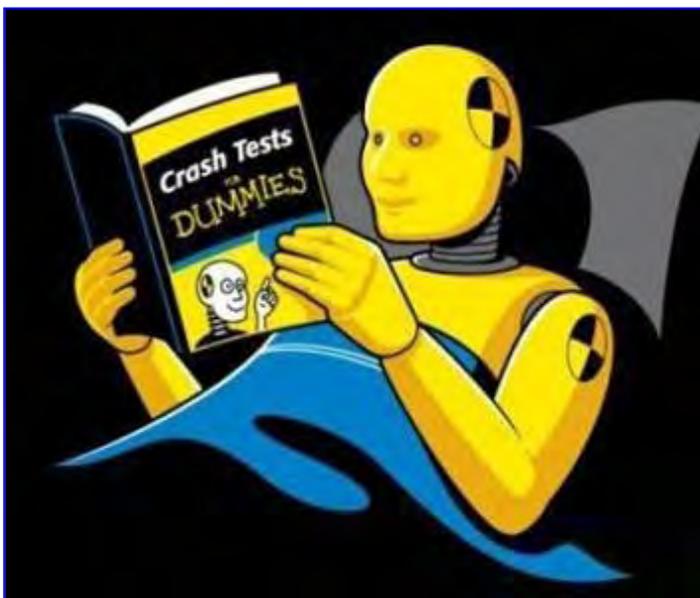


The refurbishment of Level G, Department of Medicine, where we have our offices, is complete and we have moved into bright and airy new accommodation. An official opening has been held which was attended by past heads of department who were very



impressed with what had been done with the dark and dingy 1960s accommodation we were in before. The photos above show Julie on the left and Katherine on the right in their new offices. Below: from left to right, Julie, Rob, Katherine and Dr Bill Anderson, the Director of Distance Learning who was visiting from Dunedin.

Over the winter the University of Otago Wellington campus held a walking challenge for teams of six to each walk at least 10,000 steps per day. The Occupational and Aviation Medicine Unit fielded a team called SkyWalkers comprising of Sarah Aldington, Tim Rumball, Karyn Hathaway, Julie Myers, Michele Liew (an ex staff member) and me. It was quite amusing seeing staff with their pedometers bulging from different parts of their bodies and it was a lively topic of conversation as we all competed against each other. The final results have come in and SkyWalkers were eighth out of a total of 23 teams which completed the challenge.



## Photos

We know that many of you are brilliant photographers and we already feature some of your photos in our marketing material. The webpages are going to be updated soon and we would love to feature photos of you at work, so if you have any that you would be happy for us to use please email them to [katherine.harris@otago.ac.nz](mailto:katherine.harris@otago.ac.nz). If anyone is identifiable in the photos can you please get their permission for the photo to be used when you send it.

## Student Profile—the Dope on a Rope

### —Eddie Callachan

*By Mitya Underwood from The National newspaper in Abu Dhabi*

By his own admission, Eddie Callachan is a "dope on a rope". Part of his day job with the UAE Air Force involves being suspended hundreds of metres off the ground, attempting to avoid smoke, heavy winds and fire. Despite his self-deprecating title, however, he is a lifeline for people trapped on the roofs of burning buildings and involved in other mishaps.

A South African, he has been a member of the medical team with the Air Force and Air Defence Medical Centre since 2000, and responds to everything from road crashes to calls of distress from fishermen lost at sea. Mr Callachan, a flight paramedic, risks his life for the sake of others. "We can do what other doctors don't – it's not their environment," he said. "We wouldn't go to work in an intensive unit care. It's not our environment."

Moving to Abu Dhabi, he said, gave him an opportunity to become part of a relatively new system that could only get better. "Health care is still developing in this country, especially the aeromedical field," he said. "There is huge room for development in research and training. It's great to get in at the grass-roots level." In South Africa Mr Callachan, 39, a father of one, worked as a firefighter paramedic. That gave him invaluable training for his new post, particularly in rooftop rescues.

Mr Callachan and his team are based at the Al Bateen airbase in Abu Dhabi and deploy on helicopters or four-engine turboprop airplanes.

They are often called to help other emergency services cope with large numbers of casualties or rescues from difficult-to-reach spots. Missions include search-and-rescue operations in mountains, the desert or at sea, and responding to traffic crashes involving military personnel or their families.

When it comes to finding people lost at sea, the circumstances are often challenging. "There's a lot of times when the boat has activated the [distress] signal, but when you get to that spot, they've moved," Mr Callachan said. "It's very frustrating when you know they're there but you can't find them. Then it turns from a rescue to a recovery. You just always hope you find the person safe and well."

In urban settings, he said, "I'm the dope-on-the-rope guy. I get on the hoist to be dropped down to pick people up. You have to be very careful, and it requires a lot of concentration – you can't afford to slip."

These sorts of rescues are not uncommon in the capital. In September 2008, a young girl and two adults had to be airlifted to safety after a fire broke out on a roof shanty atop a 16-storey apartment block on Airport Road.

Because of the sensitivity of his job, however, Mr Callachan is unable to discuss details of specific rescue missions.



*A member of the UAE Air Force descends from a helicopter to rescue a young man from a rooftop in Abu Dhabi's Airport Road during a fire. Photo by Jaime Puebla, The National*

Continued from previous page...

Lt Col Dr Nasser al Nuaimi, the chief flight surgeon of the UAE Air Force and head of the search-and-rescue and medical evacuation unit, said Mr Callachan's background makes him invaluable. "All of the team are from South Africa," he said. "And this works very well in terms of their understanding of where things are at in the UAE. It is still a relatively new service and they all adapt very well."

Lt Col Al Nuaimi, an Emirati, said the unit has big ambitions. The top three priorities for the next five years, he said, are building a more co-ordinated approach across the country; gaining more experience; and nationalisation. "I would love to see more UAE men and women in the teams, but at the same time, I would never compromise on quality," he said.

Mr Callachan and his colleagues are certainly "heroic", Lt Col al Nuaimi said, and don't often get the recognition they deserve, but this is part of working for a military organisation. "A lot of the work is unknown by the public," he said. "Particularly the humanitarian work we have done in the Iraq War and natural disasters such as the Pakistan earthquake. To be involved in these types of things is an honour."



Eddie ready for action

Mr Callachan and his team flew to Pakistan to help after the October 2008 earthquake, which killed at least 170 people and injured thousands more. For Mr Callachan, it was a new and striking experience. "There was a lot of injured people and not a lot of health care," he said. "We ended up bringing back a lot of patients to be treated in hospitals in the UAE."

"The training teaches you how to concentrate on one patient – at that time we had 56 in the plane. It is very, very challenging and you can't apply all your training, you just have to do the best you can in the amount of time you have."



Eddie (right) in front of a UAE Air Force plane

But Mr Callachan has one statistic he is especially proud of. To date, he said, there have been no fatalities on his flights. "We obviously want to avoid death or deterioration in flight. They are out of their comfort zone sometimes, and if they are seriously injured they can deteriorate very fast. And you can't hear. In an intensive care unit there are alarms that go off – on a plane you wouldn't hear them. It's challenging dealing with a patient in that environment and bringing them into the hospital in hopefully a better or more stable condition. But it's my job, and of course I enjoy it."

## Airplane maintenance

"Squawks" are problem listings that pilots generally leave for maintenance crews to fix before the next flight. Here are some squawks submitted by US Air Force pilots and the replies from the maintenance crews.

(P) = Problem (S) = Solution

(P) Left inside main tire almost needs replacement  
(S) Almost replaced left inside main tire

(P) Test flight OK, except autoland very rough  
(S) Autoland not installed on this aircraft

(P) #2 Propeller seeping prop fluid  
(S) #2 Propeller seepage normal - #1 #3 and #4 propellers lack normal seepage

(P) Something loose in cockpit  
(S) Something tightened in cockpit

(P) Evidence of leak on right main landing gear  
(S) Evidence removed

(P) DME volume unbelievably loud  
(S) Volume set to more believable level

(P) Dead bugs on windshield  
(S) Live bugs on order

(P) Autopilot in altitude hold mode produces a 200 fpm descent  
(S) Cannot reproduce problem on ground

(P) IFF inoperative  
(S) IFF always inoperative in OFF mode (IFF-Identification Friend or Foe)

(P) Friction locks cause throttle levers to stick  
(S) That's what they're there for

(P) Number three engine missing  
(S) Engine found on right wing after brief search

(P) Aircraft handles funny  
(S) Aircraft warned to straighten up, "fly right" and be serious

(P) Target Radar hums  
(S) Reprogrammed Target Radar with the lyrics



# Helicopter Retrieval Course

By Glenn McKay



Hi everyone, if you are interested in learning a little more about helicopter retrieval or primary rescue, we are running a course again this summer in Queenstown.

We have held two courses this year and everyone has had a good laugh and an opportunity to get out and amongst it.

I have tried to create a course for medical personnel that teaches the basic things we all need to know that no one tells us about during our clinical training.

The course runs over three days, firstly focussing on clinical matters, then we get out and play with equipment on day two and the last day is helicopter based looking at rescue techniques, hover loading etc. It's a great part of the world to visit and everyone has been asking if their friends can attend the next one so we have set up an additional course over summer, 28—30 January 2011. Let me know if you would like to come along [glenn@medicalrescue.co.nz](mailto:glenn@medicalrescue.co.nz) or check out <http://www.medicalrescue.co.nz/> and <http://www.facebook.com/home.php?#!/pages/Gold-Coast-Australia/Medical-Rescue/104574536245313> for more information and photos.





## Dates for your Diary...

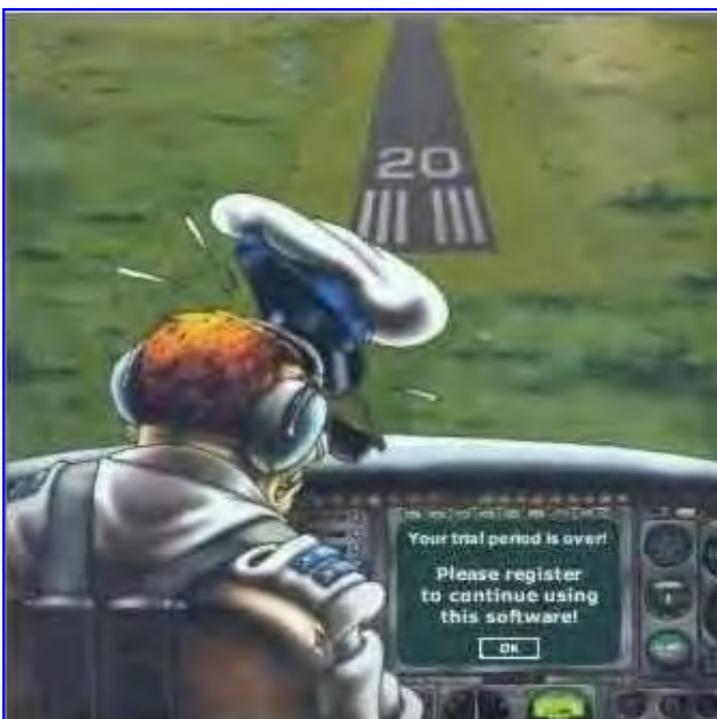
3 November 2010	AVMX examinations— all papers
10 December 2010	Closing date for new students to enrol for 2011 papers
11 December 2010	Graduation—please let us know if you plan on attending to graduate in person
15 January 2010	Closing date for returning students to enrol for 2011 papers
28 February 2011	Semester One starts
18—25 May 2011	Residential School, Lisbon, Portugal
8 June 2011	AVMX713 examination
15 June 2011	AVMX715 and 719 examinations
22 June 2011	AVMX717 examination
11 July 2011	Semester Two starts
26 October 2011	AVMX712 examination
2 November 2011	AVMX716 examination
9 November 2011	AVMX718 examination

## Stop Press

Education New Zealand provides seeding grant funding for new enterprises for New Zealand educators to provide courses overseas. Our project in Dubai was supported by the EIP grant in 2006. We have been awarded a grant of \$NZ250,000 in 2010/11 and will be applying for a second year of funding in 2011/12. This will enable us to develop a software and delivery platform for an online CME programme in occupational medicine that will be registered across the United States of America.

We hope to be able to use our open and distance learning teaching experience to provide a more flexible and interactive teaching programme than offered by existing CME organisations. We hope that this will have two significant benefits:

1. That the software used for CME will feed back into our online formal qualifications teaching to enhance the learning experience for all of our distance-taught students; and
2. That a number of CME subscribers in the USA will enrol with us for Masters and Doctorate programmes.



We expect a significant amount of growth as a result of this programme and we look forward to welcoming more Americans onto our residential schools and teleconference sessions.

We have recently been accredited as a training organisation for the Fellowship of the Canadian Public Occupational Medicine and there were many Canadians at our residential school in Auckland this year. We hope that the emphasis on links with North America will increase.

**Dr Rob Griffiths**  
**Academic Co-ordinator**  
**Occupational and Aviation Medicine Unit**