

GAT Page - *How to become a mountain medic*

Do you enjoy trekking? Is ski touring across a mountain range your thing? Are you a “rock monkey”?! Many doctors enjoy getting away into the mountains, but can you combine this with your skills as an anaesthetist? The answer is emphatically “yes”!

As anaesthetists, we learn about the physiology of high altitude and extreme performance, and a lot of us regularly practise remote area resuscitations and transfers. Our daily work qualifies us perfectly to become ‘mountain medics’.

There are opportunities to work as an expedition medic for the travel companies that provide medical supervision for their trekking groups (e.g. www.raleigh.org.uk, www.atd-expeditions.co.uk). The grade of trek varies from the relatively simple (Great Wall of China), to the technical (e.g. above the snowline). If you want to consolidate your skills as an expedition medic before you go, there are a number of suitable courses on offer (e.g. www.wildernessmedicaltraining.co.uk). Experienced mountaineers who are looking for expedition work may find the expedition database of the Royal

Geographical Society helpful (www.rgs.co.uk).

Those of us who live near mountainous areas may also train to work as a valuable pre-hospital doctor with one of the many local mountain rescue teams within the UK. For more inspiration and helpful links see the article ‘Medicine in the mountains’ (BMJ Career Focus 2004;328:57-58).

Did you know that the British got to within 300 feet of the summit of Everest in 1953 using a closed oxygen apparatus based on Ralph Waters’ “to and fro” circuit? Are you inspired by the high altitude research of Professor John West and his great book? Well there are also opportunities for research in high altitude physiology; Medex (www.medex.org.uk) is a charity devoted to mountain medicine education and research and arranges trips to high mountain ranges every 4-5 years. The last trip to Hongu valley in the Himalaya in 2003 attracted over 60 people to a base camp which provided technical support for experiments. Our group (www.case.ucl.ac.uk) studied gastric perfusion at altitude which

involved nasogastric insertion of tonometers (my advice is don’t try it!). Of course there was plenty of time to explore the surrounding peaks afterwards.

The Diploma in Mountain Medicine is in its first year in the UK. This is an internationally approved qualification, and follows a mixed theory and practical component adapted for British doctors. UIAGM guides assess candidates on their ability to look after themselves in the UK summer, Scottish winter and Alpine course modules. For more information visit the Medex website.

Development of personal mountaineering skills to become a mountain medic is crucial; the best place to start is to get out on the hills and crags, but there are more formal qualifications such as the mountain leader awards which are comprehensive and determine your ability to lead groups on the hill. These are organised by the mountain leader training board (go to www.thebmc.co.uk) and are run at centres throughout the country. The National Mountain centre in Plas y Brenin (www.pyb.co.uk) is the hub of





Research at high altitude

mountaineering courses in England and Wales, and Glen More Lodge is a popular centre in Scotland (www.glenmorelodge.org.uk).

I hope this provides some guidance for budding mountaineers. What are you waiting for, get your boots on!

John Dick

Honorary Secretary GAT Committee

What is going on in the GAT world of anaesthesia?

One of the most interesting roles that the GAT representatives may find themselves doing is to sit on a working party (WP). There are presently two WPs that are of particular interest to trainees. One of these, Fatigue and Workload, has concluded its work and publication is imminent; Consultant Supervision should also be available soon.

The final draft of the Fatigue and Workload working party has been for review, so keep an eye on Mr Postman (especially if he is cute) for the guidelines should be coming through the mailbox. Early reports say this is a hefty document but well worth a close look, as it will provide guidance and ammunition for trainees as they attempt to retain on-call space.

The latter WP has come about in response to questions posed by GAT. When a trainee is undertaking a case, which consultant is ultimately responsible? And then what responsibilities then fall on that named consultant? The nations have different protocols on this so the Association is aiming for consensus guidelines with local implementation of certain issues.

Another issue for trainees are the pilot sites involved in the 'New Ways of Working in Anaesthesia', GAT Committee members have been to visit these sites and a report shall be forthcoming in Anaesthesia News.

And finally, for your entertainment and education, GAT will be running the following seminars (if any catch your interest get on the website, find out some more and let us know that you are interested) : Leadership, Flexible Training, Academia, Working Abroad, Stress Management and Preparing to Present.

If you think there are topics that we should cover but don't, then let us know. gat@aagbi.org

Karen Kerr

(To all potentially scandalised correspondents, I am aware that all postmen, or perhaps more politically correctly, postpersons, are not male or required to be attractive. Ed.)



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DATE:	Monday 13th - Wednesday 15th September 2004
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For more information and registration please contact Christine Gethins
Tel: 0116 258 5291/email: HYPERLINK "mailto:anae@le.ac.uk" anae@le.ac.uk

Dr Jonathan Thompson/Dr John Parker
Course Directors

Places are strictly limited

Division of Anaesthesia, Critical Care & Pain Management,
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