

Contents

| | |
|----|--|
| 03 | GAT ASM Brighton 2007 |
| 07 | President's Report |
| 09 | Editorial |
| 11 | Council News & Announcements |
| 13 | Wylie Prize Essay |
| 17 | Seminars |
| 21 | Committee Focus: International Relations Committee |
| 22 | Clinical Excellence Awards – the deadline for English awards is looming! |
| 24 | ruOK4CME@AAGBI? |
| 27 | The History Page |
| 30 | Naked Gasman |
| 33 | Welfare Dilemma |
| 36 | Dr Ruxton |

The Association of Anaesthetists of Great Britain and Ireland
21 Portland Place, London W1B 1PY
Telephone: 020 7631 1650
Fax: 020 7631 4352
Email: anaenews@aagbi.org
Website: www.aagbi.org

Anaesthesia News
Editor: Hilary Aitken
Assistant Editors: Iain Wilson, Mike Wee and Val Bythell
Advertising: Claire Elliott

Design: Amanda McCormick
Pips Design, Telephone: 01604 642263
Printing: C.O.S Printers PTE Ltd – Singapore
Email: terence@cosprinters.com

Copyright 2007 The Association of Anaesthetists of Great Britain and Ireland

The Association cannot be responsible for the statements or views of the contributors. No part of this newsletter may be reproduced without prior permission.

Advertisements are accepted in good faith. Readers are reminded that *Anaesthesia News* cannot be held responsible in any way for the quality or correctness of products or services offered in advertisements.

GAT ASM Brighton 2007



This year has brought with it some very uncertain times for all doctors, especially trainees. MMC has changed the way a number of specialties view training. MTAS and all that has followed has stressed the profession almost to its limits, leaving well qualified doctors without posts, some journeying overseas to find employment, and those lucky enough to secure a training post unsure what the future holds. Bearing this in mind the GAT committee are delighted to report an excellent turn out to the GAT ASM – this year held in not-so-sunny Brighton.

The broad theme was risk, risk management and ethics, with specific areas of clinical practice also covered. Whilst risk may not arouse a burning passion in some, it is vitally important to anaesthetic practice, and our specialty has led the field in ensuring best practice.

The first session provided a lively and informative start to the meeting with discussion ranging from patient-focused issues (the living will for example), to broader public health issues. A second session on Thursday morning complemented this and went on to explore further the ways in which one can reduce risk and learn from errors, not just in anaesthetic practice but as doctors and throughout daily life and work.

The Pinkerton Lecture delivered by Professor James Reason clarified and brought together a lot of the topics that had already been presented, and touched upon other areas of error management... it's never a single individual's error when something goes wrong, even though you're likely to spend a lot of time blaming yourself. Incident reporting is not about pointing the finger, it's about finding the often multiple reasons for system failure. I never thought I would be spouting so much 'management talk'. Thank you Professor Reason for a very balanced lecture - who would have thought error management could be so engaging?

The Wylie lecture continued on a somewhat similar vein. The title was 'The impact of law on medicine – help or hindrance?' I suspect a lot of you feel it is more hindrance than help, and I waited to see how Dr Branthwaite would fare entering the lions' den as a doctor turned lawyer. Dr Branthwaite spoke effortlessly, without aid, for an hour on the Friday morning, and the audience was spellbound – no mean feat considering the ball had been the night before. Most if not all of us were converted to the benefit of the law in difficult circumstances. It is not hostile to the profession; it merely seeks to do what is right and fair, and by



Dr Binks is presented with the Registrar's Prize

doing so offer guidance. That said it did highlight how imprecise we as medics are with our use of language and encourage even greater practice of defensive medicine.

The first day continued in a more clinical fashion, considering blood and then critical care. Rationing in the NHS is affecting us all, and blood is an expensive product that is not without risk. The three talks combined to give an understanding of when, how and why not to use blood. The session on critical care focused on three areas – burns, optimisation of patients in theatre (or “don’t give too much fluid”) and how and who to ventilate non-invasively.

The Friday morning slot soothed beer-sodden brains with practical and entertaining talks about alternative anaesthesia. The practical looked at working overseas, either in the developed world or with a Non-Government Organisation. There seems to be something for everyone, and many trainees are considering this as an option. There is a lot of planning for either option but as a volunteer, once the paperwork is sorted, you’re off and you’re it!

The entertaining session gave us a whistle stop tour of a day in the life of the London Zoo anaesthetist, and we saw the biggest red rubber tube! Dr Whitaker suggested using a fiberoptic scope and hopefully helped the vet with his problem of how to intubate an anteater – an estimated 1metre to the larynx through a very small mouth... makes you think about our difficult intubations!

Presenting at the GAT ASM either in the registrar’s prize or Abbott history prize, or submitting a poster to the audit competition is an excellent way to gain points on your job applications. This seems to have been borne out as we had record numbers apply to enter both competitions this year, and the standard was again very high.

Out of the six short listed presentations for the registrar’s prize we would like to offer congratulations to the winner, Dr A Binks

with her paper entitled “Aprotinin use during cardiac surgery: friend or foe?”. The runner up was Dr Lee Riddell (What is a successful epidural?) and third place was taken by Dr Sagadai (Effects of diamorphine and diluents on baricity when added to hyperbaric bupivacaine).

57 posters were shortlisted for presentation and after much deliberation the winners were announced as Drs R Ramaiah and W Lum Hee in first place, Drs KP Patel, K Tatham and N Patel in second place and Dr T Mane and J Easby in third place, with a special commendation for Dr A Combeer.

For the first time ever there were two winners in joint first place for the Abbott history prize, which meant slightly shorter presentations from Dr T Dawes on ‘Michael Tunstall and the development of Entonox’, and Dr B McGrath on ‘The history of one lung anaesthesia and the double lumen tube’.



The outgoing GAT chairman, Sara Hunt, receives a gift from her successor, Chris Meadows

While planning the ASM, Dr Meadows and Dr Hunt met with Professors Crockard and Heard to discuss GAT concerns regarding MMC, and were delighted to secure Professor Heard as a speaker for the trainee conference. Clearly matters changed and Professor Heard withdrew from the meeting. Dr Venn, Regional Advisor for the South Thames School of Anaesthesia and chair of the STC, agreed at short notice to fill this slot and managed to summarise the preceding year’s debacle for trainees and trainers alike in a concise, humorous and understandable presentation.

The AGM followed with Drs Hunt, Malligere and Freddy standing down from committee. Dr Hunt handed over the Chair of GAT committee to Dr Chris Meadows, Dr Paul Johnston was elected as Vice Chair, and Dr Felicity Howard was accepted as Honorary Secretary Elect. The Committee offered their thanks to Dr Hunt for her tireless work in difficult times for trainees and wished her well in her consultant post in Stoke.



The interpretation of "Masked Ball" allowed plenty of scope

Dr Hunt gave a verbal report of committee activities throughout the year and urged delegates to reply to the Tooke report on-line. (For an update on the Tooke enquiry go to <http://www.aagbi.org/gat.htm> and follow the link.) She also welcomed our newly elected members to committee – Drs R Broomhead, M Shankar Hari, and A Ward.

Four workshops were run as parallel sessions during the scientific programme and proved very popular. Three out of the four took place at the Corn Exchange itself, while delegates were taken to the simulation centre for the paediatric emergencies workshop. The workshops are designed to offer small group teaching and 'hands on practice' in a non-threatening environment. This year we covered oesophageal Doppler monitoring, ultrasound guided regional anaesthesia and difficult airways.

The social programme at GAT is always something to look forward to. This year the original plan was fish and chips on the pier, followed by fair ground rides... we managed the first but wind and rain put paid to the rollercoaster, so we made do with karaoke and beers. Who would have known what a singing talent we have in our new Chairman: I think he did every third turn, but the outgoing Chair matched him with her rendition of Dolly Parton's "Nine to Five", with the Portland Place staff on backing vocals. However, there were actually some very talented singers!

Thursday night was the annual dinner at the Brighton race course....a masquerade ball, with everyone joining in: some more than others, yet they still managed to put in appearance on the Friday morning - you know who you are. Dr Whitaker closed one of our best yet GATs on Friday and delegates made their way home.

GAT is the only national UK conference for anaesthetic trainees. It is an environment in which to learn, meet other trainees from around the country, find out what is going on, and let your hair down. The scientific programme tries to be broad and include both clinical and non-clinical topics in order to appeal to as wide an audience as possible. The success of the conference is not only down to its organisation but also to the delegates that attend. We are currently planning the next GAT, which will be in Liverpool 2008, City of Culture. Book your study leave and join us.

Finally, the GAT committee would like to thank Dr Neville Hutchinson, Dr Rick Kennedy and the events team at the Association of Anaesthetists for all their hard work in organising and running the Brighton GAT ASM.

See you next year!

Jane Sturgess
Honorary Secretary, GAT committee