

Report from GAT Committee Meeting

30/06/2009, University Arms Hotel, Cambridge

The GAT Committee welcomed Dr Gareth Lyttle, the GASACT representative and Dr Sanjeev Patel, the new RCoA representative to the meeting. Apologies were sent by Dr Manu Shankar Hari (elected member) and Dr Leanne Darwin (BMA co-opted member).

The minutes of the last meeting were received. The point was made that the letter regarding study leave for LTFT trainees was not a joint letter with the BMA but rather written with their input. No other colleges have been approached to ascertain their policies. Dr Shewry also pointed out that she had not agreed to attend the joint SAS meeting as was minuted; she had offered to try to go but was unable to obtain leave to do so. Otherwise the minutes were approved.

Dr Meadows gave his last report as GAT Committee Chair. He thanked the Committee for all their hard work during his term of office, and commended them for the continued importance of the GAT voice on the national map for sensible opinions on current medical training issues. Future projects include the NPSA "Project SAVED" which will be advertised on the GAT website as part of the "Patient Safety First Week" and is aimed to encourage junior doctors to act as agents for change. A Patient Safety Curriculum is being developed by the Royal College of Surgeons of Edinburgh and the Academy of Medical Royal Colleges, and GAT hopes to provide input into this in future. A lively discussion regarding the issue of Popliteal Blocks used by Podiatric Surgeons occurred on the back of an e-mail received this week, and Dr Shewry (GAT Vice Chair) will seek further advice from the RCoA over this. The prospect of further trainee-centred sponsorship from Draeger was welcomed, although it was felt that further discussion is needed on how this will be distributed.

The RCoA has a new President-Elect in Dr Peter Nightingale, and the GAT Committee congratulated him on his appointment and look forward to working with him in the future. Medical Education (England) is now up and running and is due to commission a review into training in conjunction with PMETB. Further discussion on National Recruitment continues, and it appears that this year there will be a standardised application form but individual Deanery selection. The aim for 2010 is to achieve national long-listing and short-listing, but there is not yet any consensus regarding a national interview process. Any system to be introduced needs to be piloted, and West Midlands is the chosen Deanery to pilot this year's system. Paired units of application will also be planned in future. The Faculty of Intensive Care Medicine will be formed shortly, and although it will be housed in the RCoA they will not be the major stakeholder in this intercollegiate faculty.

GAT Seminars have developed strongly under the stewardship of Dr Mike Parris over the last few years, and will be handed over to Dr Rob Broomhead in a healthy

state. The recent Consultant Interview seminar was a success and continues to be our flagship and often oversubscribed.

The GAT Page in *Anaesthesia News* has been handed over to the care of Dr Susan Williams. A planned list of articles up to the October deadline has been circulated, and future planning will take place in conjunction with the new editor, Dr Val Bythell. The GAT Committee will also re-examine our use of *Anaesthesia News* in order to further benefit our members.

Dr Gareth Lyttle gave a very interesting update on "Training in Australia". Many of the issues were sadly familiar to us: the introduction of Nurse Anaesthetists/Anaesthesia Practitioners and the devaluation of the role of the anaesthetist, along with the rising cost of registration are just a few examples. The GAT Committee would like to thank him for his excellent presentation.

The GAT Web-pages will hopefully be incorporated into the general AAGBI website update. Until then, we will continue to update them regularly to communicate with our members, and this job will be delegated to a new committee member in due course. New profiles and photos will also be required.

The GAT Handbook is due for publication imminently, and thanks were extended to Drs Mark Hearn and Alex Beckingsale for all their hard work in putting this together over the last two years, and especially for doing all the proof-reading. The "Core Survival Guide" by Dr Liz Shewry is due to be launched at the AAGBI Annual Congress in Liverpool in September and posters advertising this will be on display in Cambridge. The "Organising a Year Abroad" booklet will be posted to members in three weeks time, and thanks were extended to Dr Adam Paul for all his hard work on this project.

A new and updated list of AAGBI Working Parties and GAT Roles and Responsibilities will be required in the next few days to enable reallocation of these within the new Committee structure.

A letter from the RCoA LTFT advisor sent in reply to the GAT Committee letter regarding the issue of study leave was received and discussed. This will shortly be placed on the website and a reply will be written following further consultation with other LTFT trainees at the lunchtime session arranged for the GAT ASM. A general discussion regarding sending letters from the committee was curtailed due to time constraints.

There has been a good response so far to the joint Welfare/GAT Committee on-line survey, and further discussion will ensue as to what to do with the data collected.

There has been no further progress regarding the airway training issue discussed at previous RCoA Training Committee meetings. Dr Shewry will be the new representative for this Committee and will attempt to clarify the situation.

The BMA Careers Fair will again take place this year in October (2nd and 3rd in London and 9th and 10th in Birmingham). GAT will need to send representatives to man the Anaesthesia stand in conjunction with the RCoA and the Intensive Care Society, and volunteers will be sought shortly.

Scotland has an issue with new consultant posts offering a 9:1 ratio of Clinical PA: SPA sessions. The AAGBI are aware of this issue through the Scottish Standing Committee. Trainees are also aware of this, and the posts are clearly advertised with such a ratio of activity. Two of the new GAT Committee members are from Scotland which will help to spread the workload north of the border.

A new Irish Trainee contact has been nominated by Dr Ellen O'Sullivan. E-mail contact will be made next week after the ASM and an invitation to the next GAT meeting extended.

The programme for the Cardiff ASM continues to develop. The RSM sponsored parallel session has been moved to the Thursday morning to run alongside the Pain session – this should attract good audiences to each. The second session, organised by the GAT Committee, is planned as Peri-operative Optimisation, and accordingly three speakers have been invited by Dr Meadows to speak in this session. Replies are eagerly awaited.

Thoughts have turned toward the GAT ASM 2011 which is planned for Leeds, and an academic lead will be sought in the next few weeks.

Date and Time of next meeting: Friday 11th September 2009

10am, 21 Portland Place

Dr Felicity Howard

GAT Committee Honorary Secretary