

Report of the GAT Committee Meeting on 28/11/2008

21, Portland Place

Group Discussion

Chair's Report

The Chair's Report covered the issues of the role of GAT within FIPO (Federation of Independent Practitioner Organisations), training in Intensive Care Medicine (ICM) and relocation/travel expenses for trainees:

- FIPO is considering setting up a trainee group, which GAT would be happy to support; however we will need a new representative on the FIPO board once Dr Meadows stands down in 2009.
- The Intensive Care Society (ICS) have proposed that consultants who have >50% ICM commitment in their consultant job plan should possess a higher qualification (i.e. the DICM or EDIC ;) this is not a requirement at present. GAT has decided to respond with a letter to the ICS: if possession of this qualification is to remain the choice of individual trainees then we have no comment to make, but if it is going to become compulsory then it needs to be made part of the advanced ICM training programme from the **start** of a trainee's rotation. We are concerned that trainees in the middle/towards the end of their training may suddenly be expected to take this in a very short time frame, or risk delay to their CCT date through no fault of their own.
- Deaneries and the Academy of Medical Royal Colleges (AoMRC) state that it is up to individual trusts how they set up their schemes for payment of relocation and travel expenses; the money they are given from the MPET budget is not ring-fenced as such, and the fees paid to doctors are often capped by individual hospitals. The London Deanery has plans to centralise this scheme; the BMA Junior Doctors' Committee (JDC) are contacting other deaneries to see what their plans are, and GAT will await the outcome of this survey and the subsequent advice of the BMA JDC on the matter.

Seminars

The recent seminar "Update on Mechanical Ventilation" held at 21 Portland Place on 27/10/2008 was very well-received. Thanks were given to the staff of the AAGBI for helping the day to run smoothly. There are plans to repeat it next year, potentially with a change in the fee structure to benefit non-AAGBI members (i.e. ICS members.)

30 people are booked onto the 2 day management seminar on December 1st and 2nd.

3 Consultant Interview Seminars are planned for 2009 (March, June & Sept) – these will each have 10 candidates as the attempt to increase this to 15 was felt to be unsatisfactory. Some discussion was had on how to prevent consultant interviewers dropping out with short notice, and it was felt that an increase in reminder e-mails requiring replies was probably indicated. It was also decided that **a GAT Committee Member must be in attendance for every seminar held in 21 Portland Place** in order to trouble-shoot and provide a point of contact on the day.

A further seminar on Communication Skills is planned for later in 2009.

The Medico-legal seminar held earlier this year in conjunction with the MPS has some considerable overlap with the "Anaesthetists and the Law" AAGBI seminar planned for February 2009; it may be possible to amalgamate these together in future, following discussion with the Seminars team, with particular reference to the Consultant: Senior Trainees ratio at this meeting.

Anaesthesia News

A new schedule of articles was discussed and planned up to the May deadline / July issue. The editor will be changing at next year's AAGBI AGM which may change the current way of working.

Website

Dr Broomhead will liaise with Dr Harrop-Griffiths on AAGBI Council regarding the creation of an up-to-date "Hot Topics" type folder within the GAT WebPages. This would aim to link to important reading material for interviews and could be a valuable reference source.

Publications

- The next GAT Handbook is due to be launched in July 2009 at the Cambridge ASM. Ideas for illustrations were discussed, and volunteers sought for proof-reading. The sourcing of articles is making good progress.
- The "Core Survival Guide" is almost ready for distribution to AAGBI Council for approval, although later in the meeting there was further discussion regarding the addition of a piece on departmental induction processes which may delay the proposed deadline of 28/01/2009.
- The "Organising a year abroad" booklet has been reviewed by AAGBI Council and the requested changes made by Dr Paul. The deadline for this is December 2008, with hopes to launch it in the New Year.

Working Parties

GAT is currently involved in eight working parties, of which two (Intra-operative Cell Salvage and Pre-operative Assessment) have almost finished. No new requests for members have been received recently.

Departmental Induction

GAT was recently approached by a trainee concerned about the quality of departmental inductions when starting in a new hospital. The committee was in agreement about the variable nature of these processes; Dr Dolphin from the BMA JDC emphasised that all trainees should have an induction, which must take place in work time, and the current BMA Junior Doctor Representatives are considering investigating this process. It was suggested that GAT put our trainees in touch with them via e-mail. The committee agreed that, as there are many stakeholders in the induction process, it is difficult to write an all-encompassing guideline, but the idea to add a "Top Tips on Departmental Induction" section to the "Core Survival Guide" met with approval. Dr Shewry, the editor of this guide, will write to the National Patient Safety Agency (NPSA) to invite them to comment on the induction process on the background of the Clinical Negligence Scheme for Trusts (CNST) requirements.

Study Leave for Less-Than-Full-Time (LTFT) Trainees

The issue regarding study leave for LTFT trainees required to go on courses/conferences on days when they would not normally be at work was debated at some length. Dr Dolphin agreed to attempt to find out the BMA view on this as part of a terms and conditions of service issue, and felt that the answer lay in whether this was viewed as equivalent to full-time trainees swapping shifts to go on courses/conferences. This is an issue for further consideration in due course, and all committee members were encouraged to write to their Regional Advisors to see their responses.

Formal Meeting

GAT ASM 2009

The scientific programme for the GAT ASM 2009 in Cambridge is almost complete, with only one lecturer confirmation outstanding. There was some active debate about the Wednesday Evening activity, due to the high cost of hiring a venue with food laid on, and a limited choice of large enough venues within the town itself. The most likely option is a drinks reception, with punting on the river and suggestions for places to move on to afterwards. The registration fee has increased by £10.00 this year, and there is now on-line booking only (although the booking form is downloadable.) This has reduced the printing costs of the programme booklet by removing the registration pages.

GAT ASM 2010

Initial plans for GAT 2010 in Cardiff have been set in motion, with Professor Judith Hall secured as academic lead. The Royal Society of Medicine has expressed an interest in participating. The GAT Committee is keen to retain control over the content of Session 2.

Active Debate/Letters

- Dr Shewry has replied to a letter generated by the GAT Training Survey article published in *Anaesthesia News* in October. This reply should be published in next month's issue, along with the original letter.
- The joint GAT/Association of Paediatric Anaesthetists Survey was distributed to senior trainees on 03/11/2008. 91 replies have been received to date, and a reminder e-mail is planned just before Christmas. The results will be presented as a poster at the APA meeting in March 2009, and in the trainees' session during the GAT ASM 2009.
- The Welfare committee are keen to gather some data regarding stress amongst trainees. Dr Williams (GAT representative on the Welfare committee) was absent, but the committee agreed that we should support this proposal. Dr Broomhead will liaise with Dr Williams on this issue.
- BMA Transfers Document update: editing continues and the document will be re-circulated after this has been completed.

RCoA Business

- The formation of an Intercollegiate Board for Pre-hospital Medicine is being considered.
- WHO Surgical Checklist: not supported by the RCoA although the principles behind it are valid.
- Scotland is to uncouple its run-through training scheme, reduce its numbers of FTSTAs and increase its numbers of SAS doctors.
- Pilot studies into cross-checking of drugs given in theatre are underway across some selected sites in the UK, and will report back once finished.

European Working Time Regulation (previously EWTD)

There is now a link to the document produced by the RCoA in conjunction with other interested parties on the GAT homepage. The main issues raised are that hospitals will need to bear the costs of implementation; service and training will need to be considered as separate issues and rota re-organisation will require increased staffing levels. Those hospitals that appear to be coping best with the challenges are those who have already introduced changes such as "H@N" programmes. Although the European Parliament are still debating some of the issues involved in the regulation, the fact is that it will have to be implemented; we cannot oppose it and we cannot opt-out of it as, as doctors, we do not control our own working hours. GAT has decided to write to the training committee at the RCoA to see how they intend to deal with the issue, given that our annual training survey already showed that some trainees are working outside their rostered hours in order to gain their competencies in particular fields.

Overseas Trainee Proposal

GAT had received a proposal from a trainee regarding supporting an overseas trainee in Uganda (which the International Relations Committee of the AAGBI already do) via the Overseas Anaesthesia Fund. This was discussed at length, and it was felt that although the idea

is good in principle, GAT exists for the purpose of working for trainees in the UK and does not have an international remit at present.

There were no further Scottish or Irish training issues discussed.

Next Meeting: Friday March 13th, 21 Portland Place.

Dr Felicity Howard
(GAT Honorary Secretary)