

Welfare Committee meeting 30 October 2009

The minutes were approved of the previous welfare committee.

Seminars

Possible seminar ideas were discussed including running a Mentoring seminar which could accommodate 20-30 delegates. There is a possibility that a one day seminar may be put forward as a pilot.

Following an article in Anaesthesia News a company called AnKLE have approached the AAGBI with a proposal for a seminar in life coaching. This company run a similar scheme at UCHL and have received very good feedback. There are concerns here regarding financial costing and it was felt that other companies should be approached to see if the costing were competitive.

The Royal Medical Benevolent Society

Our Chair Michael Wee, visited the RMBS recently following an invitation from the RMBS. The AAGBI support the Society financially and have recently increased their contributions. The Society not only give financial support but also offer career advice, advise with medical student debts and help doctors who are returning to work .

It was felt we should make our members more aware of the facilities they offer and this may be done via Anaesthesia News.

Doctors with Disability

Currently, we are trying to get a database for any Anaesthetist who is working with a disability. At the moment it appears it is very small and suspicions that the problem is much bigger. The ultimate aim being to provide a support or buddy.

GAT survey

The results of this survey were presented and discussed. These results were also relayed to the RCOA representative present.

Propofol

It has been recommended by the ASA that Propofol should become a controlled drug as are ketamine, benzodiazepines and opioids.

There was much debate about whether Propofol is an abused substance by Anaesthetist. A recent editorial by Dr Andrew Hartle stated that propofol is not a substance abused by anaesthetists and it was felt that this statement warranted further exploration to ensure that the statistics we hold are accurate and reflect a the true picture.

Joint Committee on Good Practice

They have been reviewing dysfunctional anaesthetic dept. In doing their interviews they have discovered a group of Anaesthetists who need support during their reviews. These have been encouraged to be referred to the AAGBI

Referrals

There have been 7 referrals and advice has been given.

All 3 opioid addicts are returning to anaesthetic practice, it is early days and but hopes are high. Previously it has been stated that any opioid abusers should not return to anaesthetic practice. There will be conditions for their return to work but how long the conditions remain is uncertain. A high risk time for relapse is often when supervision is withdrawn.

There was then much debate about whether doctor needs to be referred to GMC if they have a drug addiction problem. The GMC have been contacted directly and they themselves state they do not have any guidance on who should and should not be referred.

The Doctors for Doctors helpline (BMA)

We received feedback from the BMA and call numbers are going up to doctors to doctors. Why this has happened is very unclear and possible suggestions include increased awareness.

The helpline works by offering to speak to a councilor immediately or an advisor from their profession later. The initial phone call is answered by a councilor so any red flags can be dealt with immediately and appropriately.

It seems doctors with career issues choose to speak to a someone from their profession and doctors with more personal issues choose to speak to a councilor.

Drug and Alcohol Abuse

This glossy is in its final stages and had its final review.

Susan Williams
Honorary Secretary