

Report of the XVIth Annual Continuing Medical Education and Pharmaceutical and Anaesthetic Equipment Exhibition Weekend of the Association of Anaesthesiologists of Mauritius

20 – 21 September 2008

Gold Crest Hotel, Quatre Bornes, Mauritius

This annual meeting, which is designed primarily for medically qualified anaesthetists, attracts doctors from other specialties, as well as nurses and paramedical personnel. There are about 40 anaesthetists in Mauritius, yet the meeting attracted approximately 100 people on each of its two days. Given that CME is not compulsory, that attendance is self-financed and that the meeting is held at the weekend, these are impressive figures. The Association of Anaesthesiologists of Mauritius is the only specialty organisation to hold an event of this nature, a fact remarked upon by the Minister of Health when he spoke at the meeting.

The conference was opened by Dr G.M. Soliman, President of the Association. As is the usual pattern, there were three invited lecturers: Prof. Arthur Rantloane from South Africa, Prof Ramkumar from India, and myself. The days were very full, running from 0815 to 17.30 on the Saturday, and from 0830 until 1500 on the Sunday. There is effectively a 'relay' system for the guest lecturers, with the lapel microphone being passed like a baton between the speakers.

Prof Rantloane spoke on 'Pre-operative assessment: does it change outcome?', 'Cerebral protection: the role of preconditioning', 'Postoperative cognitive deficit: who's at risk?' (the answer, regrettably, is 'all of us'), 'Pre-operative hypertension: should we cancel?', and 'Depth of anaesthesia: an update'.

Prof Ramkumar spoke on 'Anaesthetic management of a patient with COPD/asthma undergoing major abdominal surgery', 'Anaesthetic management of a head injured patient for non-neurological surgery', 'Low-flow anaesthesia', and 'Modes of ventilation'.

My subjects were 'The Epsom protocol' (for day-case adenotonsillectomy in children), 'Fluid management in children', 'Anaesthesia and the stroke patient' and 'Avoiding the GMC'. This last topic was by special request, rather to my surprise. It seems that medicolegal issues are becoming a subject of concern even on this paradise island, since the invited Guest Speaker was Mr Madhub O.B., Acting Assistant Solicitor General, who spoke on 'Professional Negligence: the legal aspect.'

In addition to the guest lecturers, local anaesthetists spoke on 'Life-threatening asthma' (Dr Gaya), 'Hospital acquired (nosocomial) infections in ICU – an overview and prevention' (Dr Das), 'Participative management in the practice of present day anaesthesia' (Dr Das) and 'The SAMU in Mauritius – ten years on'. (Dr Subodh Nundloll). Emergency medical services are run on the French SAMU system, with a central control room running centres throughout the island, coordinating ambulances with crews consisting of a driver, a doctor and a nurse.

There was time for questions at the end of each of the sessions, and a panel question and answer session at the end of the academic part of the meeting. The visitors were warned in advance that this was usually a robust affair, as indeed it was. There were no holds barred, and it was obvious that the local clinical staff were abreast of the current literature, and had firm views which they did not hesitate to test out with the visitors.

The scientific programme was followed by an awards ceremony. The meeting is subsidised by pharmaceutical and equipment companies, who mounted a small, high-quality exhibition. Traditionally, the overseas speakers act as judges for the best stand award. We decided to award the prizes to the stands with the best educational content; it was a difficult decision, since most of the stands offered postgraduate educational material rather than simple advertising.

This was followed by local Mauritian Association awards, and gifts were given to each of the speakers (the intricate ships in bottles for which Mauritius is famous).

I was able to make presentations on behalf of the AAGBI to the Mauritius Association. In addition, on behalf of the Royal College of Anaesthetists, I presented the College Jubilee Medal to Dr Carrim Jackaria, who is also a member of the Association. Dr Jackaria qualified in medicine at the University of Aberdeen, before returning to Mauritius. He returned to Liverpool, to complete his anaesthetic studies, and obtained the Fellowship of the Faculty of Anaesthetists of the Royal College of Surgeons (FFARCS). Going home again, he was instrumental in founding the Association of Anaesthesiologists of Mauritius, and was its first President. The Association has been very active and rigorous in raising and maintaining the standards of anaesthesia on the island.

The day after the formal meeting was spent in touring portions of the island. We visited the Sir Seewoosagur Ramgoolam National Hospital, where, in addition to colleagues who had attended the meeting, we met and spent time with other healthcare professionals.

There were no trainees in anaesthesia at the time of the conference, and senior members of the Association were keen to initiate discussions about postgraduate clinical training for Mauritians in the UK. Current Home Office rules make this very difficult, but it may be possible to find placements for individual trainees. There is a regional scheme run by the University of Bordeaux.

The hospitality shown to the visitors was warm and generous. Originally we were housed in the city centre hotel where the conference was held, and moved for the last two nights to a beautiful beachside hotel, from where we undertook our visits. The conference took place during Ramadan, which made considerable difficulties for the local organisers, but these did not appear to impact on either the organisation of the meeting nor on the hospitality extended to us.

Thanks and credit for the high standard and smooth running of the course must go to the Association of Anaesthesiologists of Mauritius, its President Dr Gulam Soliman and the organising committee (Drs. Soondron, Hemoo, Dinassing, Panray, Goordyal, Mareeachalee, and Nundloll).

I was assured, and saw for myself, that this annual postgraduate weekend is of great importance to the maintenance of standards of anaesthetic practice in Mauritius. The tradition of importing three lecturers from three different continents is a way of maintaining a presence and links in the international professional community. The standard of the local speakers was high and the meeting provides a forum for local consultants. The audience was attentive and appreciative, and there was a great deal of active audience involvement. Many of the questions were challenging.

Like all health systems, Mauritius has its problems, but in anaesthesia they are not the same as in other parts of Africa with which I am familiar. Anaesthesia is delivered by fully trained physician anaesthetists. International contributions to the annual weekend postgraduate conference are a valuable, and I believe cost-effective, means of helping to sustain this high standard, as well as raising the profile of anaesthesia within the local medical community.

I am grateful to the Association of Anaesthetists of Great Britain and Ireland, and to the Royal College of Anaesthetists, for their contributions to my expenses, and to the Association of Anaesthesiologists of Mauritius for inviting me, and for their warm hospitality.

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Postscript Since writing this report, I have heard that the 2009 CME weekend, due to be held on 26-27 September, has been cancelled because of the pandemic of swine flu.