

# REPORT FROM GAT 2010, CARDIFF



*GAT Chair Bob Broomhead with outgoing and new members of the GAT committee and Andrew Hartle, AAGBI Hon Sec*

**This year, the 2010 GAT Annual Scientific Meeting returned to the flourishing Welsh capital city of Cardiff, famous for its castle, university and of course, rugby.**

This year's excellent scientific and social programme was organised by the team of Professor Judith Hall, Drs Sarah Harries, Paul Clyburn and Caroline Evans, the latter being the trainee representative co-opted onto the GAT committee whilst carrying out this onerous task. We would like to thank them sincerely for their hard work, both before and during the conference.

The meeting itself, attended by 280 delegates was held in Cardiff City Hall, an imposing building, which was both beautiful and impressive, and lent an air of gravity to events.

Following a welcome address by Dr Richard Birks, the President of the AAGBI, the first session concerning airway management proved both interesting and thought provoking. Dr Steve Morris highlighted that in today's working environment, the number of 'day-time' intubations continues

to fall, with only 18% of tracheal intubations occurring in designated 'training periods', the rest being conducted by trainees 'out of hours'. It has been estimated that it takes 10,000 hours of practice to become an expert at something, as we move through the learning stages from unconscious incompetence, to conscious incompetence, to conscious competence before finally arriving at unconscious competence. He emphasised that 'experts are made, not born' and that effortful study is required if we are to become masters of our art.

Following this, Dr Aled Evans delivered an interesting and original take on factors well recognised to make intubation more difficult and re-emphasised the importance of having a plan B (and C...!) for difficult intubations.

The final lecture in this session, by Dr Tony Wilkes, discussed research into airway management and devices and encouraged all of us to think about becoming involved in this endeavour, and not assume it is out-with our capabilities.

During the lunch break, there was the opportunity to watch Dr Claire Williams being tortured by Dr Stuart Davies, Chair of AiM, and Dr John Hall, Consultant in Cardiff, during a mock consultant interview. This interactive session was extremely useful, allowing us insight into how certain styles of rhetoric and presentation may prove more successful than others during our own interviews, no matter what level of job we may be applying for.

Two afternoon sessions ran in parallel: the first concerning obstetric anaesthesia, where consultants from Cardiff delivered three lectures. The first detailed pre-eclampsia and its up-to-date management, in the next the assessment and management of mothers with cardiac disease was explored, and finally, some of the more challenging haematological aspects of pregnancy were discussed.

The parallel session was concerned with Critical Care Medicine, and lectures on surviving sepsis, new concepts in the management of ARDS and patient safety and critical illness delivered by speakers



*Felicity Howard hands over the chairmanship of GAT to Rob Broomhead*

The midmorning session was taken up with presentations shortlisted for the Registrar's Prize; congratulations to Dr Johnson, whose presentation into his research on 'Mitochondrial uncoupling proteins and energetics in human heart and skeletal muscle' was very impressive and won him first place in the competition. In second place came Dr Neeta Tailor followed, in third, by Dr Maria Roberts. The judges commended all the finalists for the high standard of their work.

The GAT ASM followed lunch, and saw Dr Felicity Howard give her annual report before handing over the Chair of the Committee to Dr Rob Broomhead. After four years of dedicated hard work, Felicity leaves GAT to throw herself into her consultant job in Cardiff. We thank her sincerely for all her hard work in promoting the interests of the trainees and of AAGBI, and for being such a measured and inspiring Chair over the last year. We wish her good luck for all her future endeavours. As Rob takes over, we wish him luck too, in what is undoubtedly a challenging and uncertain time for training, and the NHS as a whole.

The AGM included a welfare session during which Dr Susan Williams presented the results of the GAT welfare survey, which will be published in *Anaesthesia News* in the coming months. This survey highlighted the stress experienced by trainees often seemingly caused by the necessity to gather endless, and often duplicated paperwork necessary now to prove competency, in addition to the other more traditional strains, such as the Fellowship exams. Dr Dickson from Leeds gave us incredibly useful advice on when and how to say 'No' to demands placed upon us, and Dr Hartle stepped in to cover a last minute absence, presenting a lecture on the processes that occur when an anaesthetist's practice is under investigation.

Following this, the winner of this year's Anaesthesia History Prize, Dr Aditi Modi, author of, 'Survival of the slickest: a history of anaesthetic training', raised the bar as she delivered an incredibly eloquent presentation, during which she did not consult her notes once!

heralding from Wales, (Drs Parry Jones, Shah and Smithies). Both sessions were extremely well received.

Returning from the parallel sessions, the final effort of the day was concerned with peri-operative optimisation and considered age-old dilemmas such as, 'should our patients be kept wet or dry', considered against the background of available evidence.

That evening the introductory social was held at a bar in the regenerated Cardiff Bay area, where a buffet dinner provided the necessary carb-loading to allow enjoyment of the 'social refreshments' on offer (to use the words of the RCOA!). After dinner, there was dancing to allow us to work off the aforementioned indulgences.

Thursday dawned bright and sunny again and the first session was delivered by a team of pain specialists. Dr Knot reminded us that chronic pain, post surgery, is a problem that can be pre-empted before the patient even arrives in theatre, and with a combination of psychological

support and multimodal analgesia, this problem can be significantly reduced. She pointed us towards the website <http://www.postoppain.org/>, an incredibly useful resource, giving advice on pain relief for many operations.

Following a lecture on pain management in children, Dr Tracy delivered an absolutely fascinating lecture on her research, using functional MRI, into neuronal responses to pain and the effects chronic pain has on those neuronal pathways.



*Ugandan sponsorship - Dr Walker and Emma Anderson*

Finally then, was the Pinkerton Lecture, this year delivered by the charismatic orator Dr Patricia Oakley of Practices Made Perfect Ltd, a consultant who advises the government on work force planning. She gave us an insight into why this is such a difficult task, and discussed many of the challenges faced in this area, such as the increasing number of women in the medical workforce, and the problems of keeping highly intelligent doctors engaged and interested in their jobs over their 30 year consultant life-span.

That night followed the black tie Annual Dinner in City Hall. An excellent meal preceded a live band, and the hardcore continued to dance until the wee-small hours.

The final day of GAT 2010 began with a sobering yet inspiring session where speakers who have worked with the Overseas Anaesthesia Fund and the charity organisations Mothers of Africa and Mercy Ships related their experiences of delivering anaesthesia in the developing world. We learned that in Benin, there are 11 anaesthetists for a country of 11 million, where as there are 140 anaesthetists in Cardiff alone and that each day in Africa enough women to fill a Boeing 747 die in childbirth. These, and other shocking statistics put many of our concerns about our working environment into stark perspective and were profoundly thought provoking for the audience.

The final session was concerned with pre-hospital medicine and Prof Porter from Birmingham explained the proposed training scheme for this embryonic specialty. Following this was a fascinating insight into the demands placed on the retrieval anaesthetists in New South Wales, Australia. Dr Lewis showed pictures of several dramatic rescues from ravines, mountains and raging rivers, making the average ED in the UK look a pretty

dull place in which to work! Finally Dr Fitzgerald talked about his experiences as doctor in the world of boxing, looking particularly at the unique brain injuries that boxers suffer.

The meeting this year had an interesting and extremely diverse range of topics and in addition to the main lectures a series of workshops ran throughout the first two days. These explored the paediatric airway, lung isolation techniques, echo/PICCO/LiDCO/oesophageal doppler and new airway kit for 2010. Feedback from candidates at all stages of training was very positive.

There was the opportunity for candidates to display poster presentations and this

year 97 posters could be seen. The 2010 Audit prize was awarded to Drs Cross and McLaughlan for their audit 'Improving fluid prescription in trauma patients'. Second prize went to Drs Bindal, Tulloch and Kannan and third to Drs Chambler and Vedwan. The RSM Poster Prize was awarded to Dr Myers for her 'Audit of the timing of antibiotic administration in patients meeting SIRS criteria'.

GAT 2010 was brought to its conclusion by Dr Richard Birks, who thanked the local committee for organising such an enjoyable meeting. It only remains then, for me to thank the staff at 21, Portland Place, who work so hard, not just during the conference, but all year to ensure the GAT ASM runs smoothly – without them, chaos would certainly ensue - thank you.

Next year's conference will be in Leeds; we look forward to seeing you there!

**Dr Kate McCombe**



*Drs Shewry and Gemmell*



*Drs Les Gemmell and Rob Broomhead enjoy the tribute band*