



Report of the GAT Annual Scientific Meeting Cambridge, 2009

This year our Annual Scientific Meeting really did have it all. We found ourselves in Cambridge, famed for its University (celebrating its 800th anniversary this year) and for its outstanding architectural buildings, walkable medieval streets, college courts, gardens and bridges.

The excellent scientific programme (organized by Professor David Menon and his Local Organising Committee) provided an exciting, topical and comprehensive programme. This year, this included the first parallel sessions to be run at a GAT ASM, allowing more choice of topics for delegates. As with previous meetings, workshops ran throughout the meeting on TIVA, Ultrasound Guided Regional Anaesthesia and The Difficult Airway.

For our social events we could be found punting on the Cam or drinking sparkling wine at Kings College - the venue for our annual dinner. I should also mention the fantastic sunny weather. Did I hear you say "It was too hot!?"

Currently, great emphasis is being placed on 'Safety at work' within the NHS and safety featured prominently at the meeting. Dr Dan Wheeler informed us of a good body of evidence suggesting that doctors experience difficulties when they convert a drug dose expressed as a ratio into a percentage. Should adrenaline be expressed as 1:1000 or 1mg? He postulated that this inconsistent approach has led to serious drug administration errors. Yet the

move from either ratios or percentages has simply not occurred. He went on to highlight similar problems, which have occurred with the administration of magnesium, heparin, lidocaine and potassium chloride.

Dr Roger Hall explained how bar-coding and double checking of anaesthetic drugs has been piloted in his hospital in an attempt to reduce the error rate seen in anaesthesia (reported to be as high as 1 in 130-150 anaesthetics).

Complementing these sessions the National Patient Safety Agency ran a lunchtime session presenting us with ways in which the WHO Surgical Safety Checklist should and could be implemented. This checklist will soon be knocking on our anaesthetic room doors (if it isn't already).



The morning session continued with a thought-provoking presentation on the distinction (or lack of it) between audit and research. Dr Paul Roe showed that there is no clear dividing line between the two. Professor Menon concluded the session with an insightful lecture on outcome predictors following traumatic brain injury.

For the first time an informal meeting was held over lunchtime allowing trainees who work on a Less Than Full Time (LTFT) basis to meet others training similarly. Issues relating to training on a LTFT basis were highlighted and discussed. Look out for this session at future GAT ASM meetings.

After lunch the first GAT ASM parallel sessions were run for SAS grade doctors and for pre- and post-fellowship trainees respectively. This allowed the lecture content to be tailored to the target audience and proved very popular. The day finished up with a session on Regional Anaesthesia.

That evening there was a chance for delegates to learn how to punt down the Cam. The setting was magnificent and the weather was glorious. We were all very impressed with Dr David Whitaker's (Immediate Past AAGBI President) punting skills, but given that he is a previous Guinness record holder for punting we would have expected no less.

Thursday morning began with a Critical Care session. We heard about the differences and difficulties when treating the critically-ill obstetric patient in the Intensive Care setting and all about new advances in cardiac support devices.



A consultant-led service: Dr Whitaker demonstrates

We then heard that the UK has an organ donor rate of 13.2 per million of population compared to 34.3 in Spain. One of the reasons for this low rate is a relative refusal rate of 41% in the UK compared to 15.2% in Spain. With 1,000 patients dying a year waiting for an organ donation is it time to look more closely at where we are going wrong?



Dr Howes, winner of the Registrar's Prize, gives a personal demonstration of the use of his fiberoptic endoscopy device.

The rest of the morning was given over to the Registrars prize. The standard was exceptionally high and the topics highly varied. We were very impressed with the presentations, particularly that given by Dr B Howes, who received first prize for his talk: 'A low cost teaching screen solution for endoscopy training'. Dr Howes presented his new invention; a lightweight and financially viable (cheap!), fiberoptic endoscope, and then proceeded to demonstrate its effectiveness on himself.

Second prize went to Dr S Platt for her talk entitled: 'The haemodynamic effects of superficial cervical plexus block for carotid endarterectomy under general anaesthesia', and third prize to Dr J Simpson for: 'Cardiopulmonary exercise testing- a survey of current use in England'. Congratulations to all three.

Our AGM followed after lunch and brought to an end the term of office of our Chair, Dr Chris Meadows and started the term of office of our new Chair, Dr Felicity Howard (full report on the AAGBI website). Dr Chris Meadows has worked exceedingly hard during his 5 years of service on the GAT Committee and we would like to thank him and wish him well in the future.

We saw the election of our 6 new GAT committee members, Dr K McCombe, Dr H Gill, Dr S Minhas, Dr M MacMahon, Dr E Anderson and Dr C Williams. We all look forward to having them on board to continue the Committee's hard work.

The Chair informed us in her report of the importance of keeping morale high amongst trainees and of the efforts the GAT Committee are making. This year will see three publications from the GAT Committee: 'The GAT Handbook 2009-2010', 'Organising a year abroad' and 'The Core Survival Guide'.

The AGM was followed by a series of 'How not to...' lectures in which Dr William Harrop-Griffiths managed to genuinely demonstrate how not to do a presentation as his presentation initially failed to open. Once the hiccup subsided he dazzled us with glitzy slides, loud music, funky bullet points and unreadable fonts. Dr David Bogod, Editor-in-Chief of *Anaesthesia* followed this with helpful tips on how to fail to publish an article. Hot tips were to write the covering letter to the wrong editor or to format the article to a different journal's specification. Dr Iain Wilson then provided helpful tips for ensuring we don't get the consultant job we have all trained so hard for.

Dr Nick Wilson won the AAGBI History prize for his essay entitled 'In the beginning was the word: An etymological history of everyday anaesthetic terminology'. This interesting talk discussed the origin of commonly used anaesthetic words such as propofol, cannula and fentanyl.

Our audit competition received 69 entries. First prize was awarded to Dr L Sherman for : 'A complete audit loop of intra uterine resuscitation for category 1 and 2 emergency lower segment Caesarean sections in Middlemore Hospital New Zealand'.

Congratulations to both.

It was a pleasure to welcome Professor David Spiegelhalter to give this year's Pinkerton Lecture entitled 'Putting numbers on risk: can we do it and is it worthwhile?' He certainly made the audience think about how we can play with statistics.

The day concluded with the re-enactment of the popular Coroner's court session previously run at Annual Congress in Torquay 2008. The hypothetical case involved a trainee anaesthetist who gave an accidental overdose of metaraminol to a 5-year child causing a massive subarachnoid haemorrhage and death. Clearly an 'open and close' case - or is it? Could the anaesthetic department, the clinical director, the anaesthetic assistant or pharmacy possibly have played any part in this tragic event?

To lend an authentic air to proceedings we had a real coroner (Dr David Bogod), a real lawyer (Dr Liliane Field), a real trainee (Dr Alex Beckingsale), a clinical director (Dr William Harrop-Griffiths), lawyer for the Trust (Dr Andrew Hartle) and mother (Dr Hilary Aitken). The jury (somewhat larger than the standard 12), were the delegates, who found in favour of system neglect.

Friday morning began with lectures looking at work outside a theatre environment. A Formula 1 doctor and doctors from the armed forces gave us an understanding of what their work involves. We were shown the ward on the ship ARGUS, which has bunk beds for 70 (don't tell the NHS!).

Ms Elizabeth-Anne Gumbel QC, who specializes in personal injury and clinical negligence claims, gave our Wylie Lecture this year entitled 'The medical expert in court in the 21st century - help or hindrance?' We were informed that even in today's protocolled culture non-compliance with a protocol does not necessarily amount to negligence.

The meeting was closed by the President, Dr Richard Birks, who thanked the Cambridge Local Organising Committee for an outstanding meeting. It now simply remains for me to thank everyone, including the staff at 21, Portland Place for all their hard work at yet another highly successful GAT ASM.

Our ASM next year is in Cardiff and the scientific programme is looking fantastic, we are sure this will prove to be another highly popular event.

Dr Susan Williams
Honorary Secretary



King's College - venue for the annual dinner.