

A newsletter for anaesthetists in Scotland

October 2020



Dr Sarah Ramsay

Welcome to the latest edition of the RCoA Scottish Board's newsletter.

Planning of a change to the newsletter's format and dates of publication were underway towards the end of 2019, but sadly something else was also in development at that time and has since changed so much of the way we live and work.

Members up and down the country have been working tirelessly in the last few months both clinically and non-clinically. The Board and all the College wish to thank you all for this dedication which has helped so many patients and colleagues and demonstrated the huge contribution that anaesthetists can make to the health of the nation.

The core business of the College, and the Scottish Board, is to provide excellent education, high quality patient care and representation for anaesthetists in the wider NHS. We have been trying hard to find ways to deliver all this throughout the pandemic, and as we move into the unpredictable times ahead, it remains vitally important that we continue to do so.

In this autumn newsletter we hear from a number of our members who are contributing to the work of the College in Scotland and put out a call for new people to join the Scottish Board.

Dr Sarah Ramsay, Chair, RCoA Scottish Board



RCoA Scottish Board meeting

Nominations for the Scottish Board



As various members of the Scottish Board come to the end of their terms of office, we are looking for new representatives to join us and continue this work into the years to come.

The College's Scottish Board meets three times each year and provides a key link between the College and its Fellows and Members based in Scotland. We find ourselves helping to lead change in workforce planning, educational events, perioperative medicine, communication and political engagement as well as standards in training and clinical care.

There are lots of great opportunities for interesting new challenges such as leading up our work on the introduction of Anaesthesia Associates, liaising with the Scottish Access Collaborative, developing educational events, representing us on the College's Professional Standards Advisory Group and the national audit steering groups, and working with our excellent Comms team to improve our local engagement. In time you might consider taking on an office bearer role. We are currently reviewing our terms of reference to align with the needs of the Board's members.

Nominations open on 3 November for three consultant posts, one SAS and one trainee post, and close on 2 December. **Voting will run from 14 December 2020 until 11 January 2021**, and our new members will join us for the February 2021 meeting, be it virtual or in person.

We really hope you'll consider getting involved and please spread the word amongst your colleagues. If you would like to informally discuss the opportunities in more detail, please get in touch with the current chair [Dr Sarah Ramsay](#) or the current trainee rep [Dr Alastair Hurry](#).

As members are stepping down the new board leadership from 2021 will be:

- Chair – Dr Daphne Varveris (QEUH)
- Vice-Chair – Dr Stephen Cole (Ninewells)
- Vice-Chair – Dr Jon McGhie (QEUH).

Look out for emails from the College about our nominations and let us know if you do not receive them – we will update our mailing lists accordingly.

NHS.net migration

Communication has been vital in these difficult dynamic times, something the College and Board continues to aim to improve upon. With many of us being migrated onto NHS.Scot accounts away from NHS.net, the College's membership team is currently working on updating their contact database. This is done proactively based on bounce back notifications from the latest College President's all member newsletter and the team will continue to do so over the next month.

In case you feel like you have stopped receiving expected communication from us, please email membership@rcoa.ac.uk.

Being an examiner in these strange times

The FRCA Exam is currently in a time of great change. Not only with new timing but also with delivery and format. As this time of change alongside a need for increased requirement for examiners, Dr Kevin O'Hare, chair of the FRCA Final exam board, gives us his insights on becoming and being a College examiner and its benefits.

When the new College website was launched towards the end of 2019, I was asked to give a quote to sum up my experience as an examiner, this sums it up perfectly –

'Simply put, becoming an examiner has been the single most satisfying and rewarding role I've ever undertaken. It has involved a lot of commitment and hard work but as a result I've gained a huge amount of personal and professional satisfaction, and equally rewarding has been the knowledge that I'm helping the next generation of anaesthetists.'

The FRCA examination remains one of the most robust, high quality and well respected postgraduate medical exams, and has helped to ensure that the Royal College of Anaesthetists maintains the highest standards of perioperative patient care and safety. It continues to comply with the GMC standards and is evolving to reflect this. Currently there is an exam review in progress but we have already introduced changes to the Final FRCA written paper with the introduction of constructed response questions, replacing the old-style short answer questions, this should allow for a more structured and rational approach to answers. Over the next few years, the multiple-choice paper will change to a complete single best answer paper with the removal of multiple true false questions.

The reason the exam remains of such high quality is down to both the dedication, efficiency and hard work of the Examinations department; but also, the huge efforts and contributions from the examiner body. Examinership applications over the last couple of years have been consistently high both in numbers and in quality, ensuring that the future of the exam remains bright. The examiner body continues to reflect the diverse nature of our workforce. In this examiner year, for the first time and with success, we have started new examiners in the Final exam. I would hope that examinership applications continue to grow as this role has been a hugely fulfilling part of my professional career, both in terms of a feeling of contribution to the exam and training but also from an educational perspective - I firmly believe that being an examiner provides great continuing professional development. It is a big commitment and so should not be undertaken lightly. The College also appreciates the increasing difficulties and demands that clinicians are placed under both at home and at work. Less than full time examining has been introduced to allow being an examiner to continue to be an attractive prospect. I would recommend that anyone who has an interest in becoming an examiner consults the [College website](#) for the regulations and application process, and also chat to local examiners.

Finally, I could not recommend this role enough.

Dr Kevin O'Hare, Chair, Final FRCA Examination

Being a trainee rep on the Scottish Board

With elections open for the trainee position, Dr Alastair Hurry, our trainee representative, gives us an update on the responsibilities of the trainee rep on the Scottish Board.

Towards the end of the year there will be elections for members to the College's Scottish Board, one of which is for a trainee member. The term of office is three years and is open to all trainees post-Final FRCA.

Being the trainee representative on the board is a unique experience that allows trainees to be involved in many national projects and discussions and not just those related to anaesthesia but the wider public health base in Scotland.

The last three years has seen many concerns and changes occurring and through the role I have been able to be directly involved with many of them. From discussing the impact of the Bawa-Garba case, working with the GMC task force for wellbeing and fatigue, dealing with the issues related to new 2021 curriculum implementation and of course the response and rapid changes caused by the current pandemic to training and to trainees themselves.

The work is certainly varied and in the last few months ever changing and whilst it may at times seem like the College has made some difficult decisions, as with all of us, they cannot see all ends in these turbulent times and being that key communication link in both directions has been invaluable.

Being in the 'virtual' room where it happens is both fascinating and rewarding as you are able to effect change on not only your own department but also across the county, particularly as the devolved nations have increasing presence and input to the College.

As the trainee representative you are able to discuss directly with the President or Members of College Council and Scottish Board alongside many other national leaders helping to raise issues from trainees and get clarity for them. By becoming the RCoA trainee member you also have a seat on the Scottish Academy of Medical Royal Colleges trainee group, which I have been able to chair in the last year, the Specialty Training Board for Anaesthesia at NHS Education for Scotland (NES), the UK [Anaesthetists in Training Representative Group](#) (ATRG) and chair the Scottish ATRG.

With these roles does come a reasonable level of responsibility and workload alongside numerous papers and emails, all of which are key skills for future consultant practice!

I would highly recommend the role to anyone and if you have any questions please get in [contact](#).

Dr Alastair Hurry, RCoA Scottish Board Trainee Member

Developing a Scotland wide anaesthesia research network

During the pandemic we have seen ground-breaking research happen at breakneck speed across the country. Within just a few months of the virus's discovery, research has been able to provide us with good evidence-based treatments to help treat our patients. Dr Malcolm Sim updates us on his and his colleagues' work to further develop links amongst units to ensure we can continue to work together to develop the best treatments and techniques for our patients.



In a structure similar to that used by the National Institute for Health Research, NHS Research Scotland supports clinical research activity in Scotland through a number of Topic Networks or Specialty Groups. All research activity falls within one of these entities. This structure is designed to promote uptake, recruitment into and completion of studies taking place across the country. Currently anaesthesia falls within the 'Anaesthesia and Critical Care Specialty Group'.

While the portfolio of critical care studies within this Specialty Group is strong, this is less so for perioperative medicine and anaesthesia.

This is partly because there is a 'research champion' for every Critical Care unit in Scotland. They are able to promote recruitment into new studies and have specific time for these duties. These research champions emerged from the previous Scottish Critical Care Trials Group which was superseded by the Anaesthesia and Critical Care Specialty Group.

The College's Scottish Board is keen that there should be more perioperative and anaesthesia studies in Scotland and is keen to support those interested in them and help to form new networks.

To that end myself, Dr Ben Shelley (GJNH), Professor Patrice Forget (ARI) and Professor Lesley Colvin (Ninewells) met in April to discuss possible ways forward. While the COVID-19 pandemic has hindered progress, likely next steps include in the first instance trying to create an informal network of interested clinicians from each anaesthetic department in Scotland, and a stakeholder event next spring (COVID allowing) for all interested parties. This will hopefully be in conjunction with the UK Perioperative Medicine Clinical Trials Network who would welcome an expansion in the number of anaesthetic and perioperative studies in Scotland.

Dr Malcolm Sim, RCoA Scottish Board Research Member

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The benefits of a flexible workforce

With everything that has occurred over the last six months, more and more is being asked of us and many will quite rightly feel thin and stretched, like butter scraped over too much bread.

The College and Board have a major role in workforce planning, recruitment and care for the profession as a whole. Dr Jaqueline McCarthy gives us her thoughts on working less than full-time training (LTFT) and how it helped her feel re-energised and be the success she is today.

The impenetrable sudoku puzzle that is working and parenting as society expects has a lot to answer for.

What do you mean you can't stay late to finish this list? Why can't you complete this project on your 'day off'? Attendance at teaching is mandatory, where were you?

Can you prepare a home-made costume for tomorrow morning? Produce a healthy lunch from a half empty fridge post night shift?

The direct and inferred criticism is in abundance. Meanwhile you are stretched ever thinner in multiple directions, working harder than you ever have only to feel below par in every category. Trying to meet all the expectations, many of which were my own, almost broke me. LTFT salvaged my career and my sanity. For that reason, I am bordering on evangelical about the benefits of working part-time.

I practically jumped for joy when I read there were moves afoot to extend access to LTFT to everyone in some specialties. I feel very strongly that flexibility in training for everyone is the way forward. Life is neither linear nor predictable. We must stop being surprised when people do biologically inevitable things; like produce children, develop chronic illnesses, have elderly parents that need looking after, or simply require a different work/life balance to maintain their physical or mental health. My only criticism is the title 'less than full-time'. We are not 'less than' anything. Words matter. We are simply at work a bit less, for a bit less pay. It is no more or less than this and the title should not feel like a value judgement.

I have very recently completed my training, 15 years after leaving medical school. When I returned to work less than a year after having my insomniac daughter, a mission to pass my final FRCA, a partner who was at home less than half the month and a full-time rota to contend with, I realised something had to give. A few nights were spent tearfully googling alternative careers before I decided to apply to work less than full-time. Within three months my exam was done, my rota was manageable and my baby was sleeping better. Life was once again enjoyable! Working is always difficult when you have other commitments, but I think it would have been insufferable if I wasn't doing something I did, and still do, love.

2020 will be long remembered as a year where everything changed. I'm sure we will talk about life as 'pre-COVID' and 'post-COVID' for the foreseeable future, such has been the seismic change in our daily lives. I once read an article that described instituting change in the NHS as 'turning around the titanic' but I have been hugely impressed by the speed and direction of modernisation that has happened in these times of necessity. Remote access, virtual meetings and being positively encouraged to work from home, happened in what felt like an instant. While these steps alone are not a panacea for effective flexible working, anything which empowers the individual with the tools to flex their working week around their life is a step towards a more person-centred workplace.

As our workforce ages and demand increases, we will have no choice but to become flexible in our working practices. We see it happening organically already, with colleagues retiring only to return with reduced hours. Trainees are no longer as accepting of the all-encompassing nature of historical medical training. Life or work is not a choice anyone should have to make. Less than full-time programmes are an established blueprint for a new flexible workforce, and I would endorse the process to anyone who is considering it wholeheartedly. Once more for good measure – we are not 'less than' anything. We are simply your colleagues, and perhaps at some point in your career, you.

**Dr Jaqueline McCarthy, Consultant in Anaesthesia and Intensive Care Medicine,
University Hospital Crosshouse**

Patient information and consent

The Scottish Board and the College aim to promote safe anaesthesia and inform patients about the life saving work we do. Through the College's Lay Committee and Patient Information Group a [number of resources](#) have been developed.

Despite so much of our routine practice being up in the air we all want to continue to develop services where possible. Alongside this Dr Sonya McKinley and the perioperative medicine team from Glasgow Royal Infirmary (GRI) have developed a patient information leaflet specific to the NHS in Scotland, using content from the RCoA patient information resources.

[Recent legal cases](#) and [GMC decision making and consent guidance](#) have highlighted patients' requirements for both information and time to reflect in order for informed consent to take place. We have a duty to ensure accurate communication of risk, not only in view of litigation, but to support our patients in the decision making process. This can be challenging given time and resource constraints and our systems of preoperative assessment undertaken by allied health professionals and same day admission resulting in patients meeting their anaesthetist on the day of surgery.

A group of anaesthetists representative of the majority of Scottish Health Boards met to address these issues and developed a patient information leaflet entitled [Anaesthesia: what you need to know](#) based on patient information [resources from the College](#). The leaflet has been reviewed by local comprehension and clinical risk teams as well as the Central Legal Office for Scotland. Patients at Glasgow Royal Infirmary have been receiving the leaflet from the preoperative assessment unit since October 2018 and feedback has been sought which has been overwhelmingly positive.

The group's aim is for the leaflet to be made available as a template for use across Scotland. Further work is required to ensure those with comprehension or language difficulties have access to appropriate information prior to anaesthesia.

Dr Sonya McKinley, Consultant Anaesthetist, Perioperative Medicine Lead, Glasgow Royal Infirmary



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