

A newsletter for anaesthetists in Scotland

September 2022



Dr Daphne Varveris

This latest e-newsletter from the RCoA Scottish Board brings a variety of insights including one Scottish hospital's recent experiences with a new transoral robotic surgery (TORS) service.

We share an update on the current Scottish political and legal state of play with the topic of Assisted Dying. A Scottish anaesthesia and perioperative medicine research network is under development and would provide an excellent platform for departments and individuals to contribute to improving quality of care for patients.

Please note a meeting will be held in Stirling on 11–12 October for all interested in research in anaesthesia and perioperative medicine in Scotland. This opportunity to get involved is open to all grades of anaesthetist and, in addition, the Associate Principal Investigator (PI) Scheme aimed at those in training, is also detailed in this newsletter. An opportunity to build upon strong international links and volunteering with the Scotland-Malawi Anaesthesia Project is highlighted. We also have an update from the Scottish Society of Anaesthetists and an account of the practicalities and benefits of engaging with and completing the Anaesthesia Clinical Services Accreditation (ACSA).

Thank you to all authors. To contribute to future Scottish Board newsletters email [Dr Nicola Hogan](#) or [Dr Gary Rodgers](#).

The Scottish Board meets regularly throughout the year and has strong representation from regions and subspecialties. Training is a major focus, and we are mindful of recent challenges with curriculum transition, the Lifelong Learning Platform (LLP) and examinations. We are in regular communication with the Scottish Government regarding planning for the future of healthcare provision – a recent positive outcome of which has been an increase in training numbers.

We are in consultations regarding accelerated Anaesthetic Assistants (AA) training and ensuring robust training for the AAs of the future. There are challenges ahead with an ever-stretched NHS workforce, long waiting lists and reduced efficiency as a fallout from the COVID-19 pandemic. Wellbeing continues to be a fundamental issue and we are interested to know how we can continue to support anaesthetists in Scotland.

To pass on your suggestions or raise relevant issues with the Scottish Board please email Chair, Dr Daphne Varveris.

Dr Daphne Varveris, Chair, RCoA Scottish Board

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To contribute to future RCoA Scottish Board newsletters, please email your interest to:

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SCOTLAND MALAWI ANAESTHESIA PROJECT

An invitation to all anaesthetists working in Scotland

Scotland Malawi Anaesthesia is a registered Scottish charity providing postgraduate skills-and drills training to colleagues in Malawi.

This is an invitation to welcome anyone with an interest in global health to get in touch, have a chat, to see if this is something you would like to become involved with. There are multiple opportunities to make a meaningful contribution, with or without travelling to Malawi, depending on your personal circumstances.

Between 2006–2011, our charity supported anaesthetists from throughout Scotland to deliver 43 skills-and-drills training courses to colleagues in Malawi. We provided equipment and training in High-dependency care which led to the development of 11 new HDUs in district hospitals, with a resultant decrease in surgical mortality of up to 70 per cent. With a fair degree of lateral thinking these HDUs were mostly 'recommissioned' from previously used storerooms.

Between 2012–2016 we delivered more than 30 one-day multidisciplinary maternity skills-and-drills courses within three district hospitals. Staff groups involved in every aspect of delivery of maternity care attended the course. We taught local clinicians and midwives how to teach the various elements of the course, and left them with the skills and equipment to deliver the courses themselves. Importantly, we delivered a separate half-day course – alongside the main course – for the guards and ambulance drivers. These often-forgotten members of the team play a vital role in women's access to care. The drivers frequently collect bleeding post-partum women from health centres but tragically the mothers do not survive the journey to the District Hospital, and guards control gates in hospital corridors, and thus access of women to maternity care. Drivers and guards have never been included in this sort of education before and are keen to learn how they can play their part in preventing deaths. This element of the course is delivered in the native language by a Malawian member of teaching faculty.

Since 2006 we have been collecting 'out-of-date' hospital equipment to send to our colleagues in Malawi, eg venflons/ETTs/LMAs/3-way taps/syringes and more 'valuable' items such as spinal needles and GEBs, which are in extremely short supply. As I write, a shipment of seven reconditioned Phillips theatre monitors is en-route to seven district hospitals in desperate need of theatre monitors.

If you think you may want to become involved and would like to know more, please contact me. We are keen for some new blood, new ideas and enthusiastic contributions (big or small) to provide sustainability for this important global health project. All enquiries welcome.

Dr Catriona Connolly, Retired Consultant Anaesthetist, Ninewells Hospital, Dundee
Founder and Chair of Trustees, Scotland Malawi Anaesthesia (SCO41743)

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Anaesthesia Clinical Services Accreditation (ACSA): a Scottish Perspective



Most of you will have heard of ACSA by now, and probably dread the thought of doing anything about it! Let me persuade you why it's a good idea.

What is ACSA?

The Anaesthesia Clinical Services Accreditation scheme, run by the College is designed to encourage individual departments to optimise care for their patients and look after their staff. Departments who enrol first take on the process of self assessment, against the ACSA standards – which are based on the [Guidelines for the Provision of Anaesthetic Services \(GPAS\)](#) document.

ACSA standards are diverse, from practicalities like:

'2.1.2.1 There is a planned maintenance and replacement programme for all anaesthetic equipment as required.'

To less well considered items like:

'4.1.1.1 The department has a live and annually reviewed strategic plan describing planned service changes, estates developments, workforce development and other relevant operational improvements or changes, to ensure the department is responsive to requests for additional resources required for perioperative care of elective and emergency patients and the non-theatre anaesthetic workload.'

Importantly, as hopefully we emerge from this pandemic:

'4.1.3.1 The department promotes the health and wellbeing of staff members.'

Why sign up to ACSA?

Unfortunately there is a sign up fee with the College, which is site specific. It is likely many departments will have cynics doubting the value of this, but there are huge benefits to the process.

For me the greatest benefit of ACSA is the wide reaching nature of the programme – finding the unloved bits that exist in all departments and engaging everyone to change them. When I go to a recovery colleague and say 'What do you think of the handover you get when patients come out to recovery?', not only does our conversation highlight issues which hadn't even occurred to me, but it starts a focused and useful QI project.

The ACSA criteria are constantly updated by practising clinicians to reflect what a department needs to do to work well, be safe, and look after patients and staff alike – so projects arising from this tend to have clear objectives and be useful.

There are always small hurdles; maybe ensuring an effective theatre brief with everyone attending is a challenge in your hospital. Bigger challenges may need a business case to fund service development where more space is needed for pre-operative reviews or more specialist nurses to support the pain service.

The Review Visit

Inviting a team to come from the college with clinicians, a lay reviewer and a member of the College ACSA team feels like a big event – a lot of preparation goes into it and I was certainly anxious for it to go smoothly – but having participated both as the hospital being reviewed and as a reviewer, this truly is a peer review. The clinicians might well be looking at your service thinking ‘that’s great – how could we get that up and running in our hospital’, and for the areas not yet in line with the ACSA standards the review visit and report give clarity to the changes required making it more straightforward to secure funding and plan solutions.

Should your hospital join ACSA?

There are many benefits to ACSA, some more tangible than others. Accreditation brings a plaque for the department and listing as an accredited department, which may encourage job applicants as this implies an organised, forward thinking department with good facilities for staff and patients, although in Scotland it doesn’t carry the financial implications and Care Quality Commission issues which other nations may value.

ACSA is a broad reaching quality improvement programme to find the forgotten areas which nobody thinks about and bring them up to scratch. It is a chance to identify and share the good bits too.

Through the ACSA process, I’ve not only met many people in my own organisation who were nameless unknown people to me previously and who I now have a working relationship with, but I’ve also met people around the country – at all different stages of their careers and seen how they work and how they make their departments work well. The lay reviewers are amazing at seeing what is invisible to the doctor who passes the ‘escalation board’ every day, or recognises the lost patient in an alien environment being made to feel at home.

Lastly, the College, underpinning the whole ACSA process, are a team who know the standards better than anyone. They’re really helpful – finding a half remembered example of good practice, from the many documents they have – for me to show my hospital what can be done (a spreadsheet documenting compliance with all the stages of the WHO five steps, in each theatre on a hospital site), so our theatre management can appreciate what we’re trying to achieve. They are friendly and approachable with huge experience of different hospitals and their anaesthetic departments. They also do an amazing job incorporating all the recommendations into a coherent report to help make the necessary changes.

Finally...

ACSA has been great for our department and has helped us develop services where required but also preserve existing services when they have been threatened – usually by financial pressures. The ACSA team at the College are always willing to answer questions but please feel free to get in touch if I can help.

**Dr Rachel Smith, Consultant Anaesthetist and ACSA Lead, St John’s Hospital, NHS Lothian, Livingston
ACSA reviewer and co-opted member, RCoA ACSA Committee**

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Further information on the ACSA scheme is available from acsa@rcoa.ac.uk

A new direction for anaesthetic and perioperative research in Scotland



On a UK-wide scale research in anaesthesia and perioperative medicine is in a strong place; the founding of the National Institute of Academic Anaesthesia (NIAA) in 2008 and the Perioperative Medicine Clinical Trials Network (POMCTN) in 2016 has delivered an infrastructure in which clinical research activity has flourished. In recent years this has delivered significant funding for a number of large multicentre randomised controlled trials asking 'bread and butter' question pertinent to all practicing anaesthetists.

During his time as chair of the Scottish Critical Care Trials Group, Professor Malcolm Sim established a network of research active or interested clinicians for every ICU in Scotland to act as a point of contact for dissemination of new studies or other research opportunities. The Trials Group network transitioned to become the foundation for the new Chief Scientist Office Critical Care Specialty Group in 2016. It has worked well, and the Scottish Critical Care portfolio is strong. However, on the anaesthesia and perioperative medicine side, though there are pockets of significant activity we lack such cohesion. It is essential however the Scottish patient is represented in UK clinical trial activity as these trials (and others) will ultimately inform guidelines and shape our clinical practice in Scotland. Further, there is a need to work together to develop our home-grown research ideas.

For this reason, working hand-in-hand with the UK national infrastructure described, we believe that establishing a Scottish anaesthetic and perioperative medicine research network is a key priority. Such an initiative could provide a conduit for information, mentorship for less experienced researchers and a unified voice where one is called for. To this end, under the stewardship of Dr Ben Shelley (Golden Jubilee National Hospital) who has recently taken up the NHS Research Scotland lead for Anaesthesia, Perioperative Medicine, and Critical Care Research role, working alongside Professor Malcolm Sim (Queen Elizabeth University Hospital, Glasgow) within the RCoA Scottish Board and colleagues across the country work is underway. In the first instance the group is seeking nominated contacts within all anaesthetic departments in Scotland, a first newsletter has been circulated and a meeting for all parties interested in anaesthetic or perioperative research in Scotland (regardless of grade or experience) is planned on 11–12 October in Stirling. Please 'save the date', and don't hesitate to get in touch if you'd like to get involved!

Dr Ben Shelley, NHS Research Scotland Clinical Lead for Anaesthesia, Perioperative Medicine and Critical Care; Honorary Clinical Associate Professor, University of Glasgow and Consultant in Cardiothoracic Anaesthesia and Intensive Care, Golden Jubilee National Hospital

Professor Malcolm Sim, Honorary Professor, University of Glasgow and Consultant in Anaesthesia and Intensive Care, Queen Elizabeth University Hospital, Glasgow

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Transoral Robotic Surgery (TORS) – Experience of a new ENT service in Scotland

Trans Oral Robotic Surgery (TORS) at the Queen Elizabeth University Hospital (QEUEH), Glasgow

TORS has been performed for just over 10 years now and the first service in Scotland has now been set up at the QEUEH. The first cases were performed in February this year and 13 cases have been carried out so far.

The robot gives the surgeon better access to tumours at the tongue base/tonsillar fossa which allows en bloc resection of the tumour and more clearly identified margins. It does, however, present several anaesthetic challenges.

The airway is shared by three robot 'arms', two Surgical assistant held instruments, a surgical gag and the endotracheal tube. The tube can be oral or nasal (surgical preference). If it is an oral tube it has to be fixed out of the surgical field and this is most commonly done by the Surgeon suturing it to the contralateral, anterior tonsillar pillar. Removal of the suture is also a surgical role. If it is a nasal intubation then the suture is not needed because it's position is 'fixed' in the posterior pharynx.

Anaesthetic access to the patient is very limited. The airway is surrounded by the robot, surgical assistant and scrub assistant with the anaesthetic machine being at the foot end of the table. Simple things like 3.6m ventilator tubing help but the team need to be drilled in the emergency 'de-docking' procedure from the robot should access be needed to the airway or for CPR. It now takes us about 40 seconds to complete this task.

Intraoperative complications can include tube damage/displacement, major haemorrhage, and airway fire. Appropriate procedures need to be in place to prepare for these.

Postoperatively swelling of the anterior tongue is common and may be significant. The tongue stay suture may play a part but prolonged pressure from the gag is the major factor. 'Gag time' needs to be monitored and we release the pressure every 45 minutes. Glottic swelling may also be an issue and a pre-extubation laryngoscopy should be performed, especially if the base of tongue resection involves tumour spread into the vallecular area.

Postoperative pain can be severe so a pain management protocol and follow up are needed.

All of these issues do mean longer theatre time and increased cost without any reduction in immediate hospital stay. The major benefit is less, or no, radiotherapy which can mean fewer follow up appointments and the added costs of this treatment. It should also mean better functional outcomes, in terms of swallowing, for the patient.

To take things forward, the QEUEH has just joined the Postoperative Adjuvant Treatment for HPV-positive Tumors (PATHOS) study which aims to demonstrate that less adjuvant treatment maintains high survival and low recurrence rates in these patients. Our service will therefore continue to develop within the framework of this trial.

Dr Keith Morley, Consultant Anaesthetist, QEUEH, Glasgow

Dr Emily Robertson, Consultant Anaesthetist, QEUEH, Glasgow

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News from the Scottish Society of Anaesthetists

Meetings

The oldest society of anaesthetists in the world has emerged from the pandemic in rude health. After cancelling both meetings in 2020, the society held two very well attended 1-day webinars in 2021. The feedback from these meetings was good, but staring at a screen has its limitations and we were glad to be able to return to three dimensions in 2022. We held a very successful two-day Spring Meeting towards the end of April at Peebles Hydro Hotel. This was fully booked, with 150 delegates each day, and was very well received. Speakers included RCoA President, Fiona Donald, and the Immediate Past President of the Association of Anaesthetists, Kathleen Ferguson. Fiona Donald spoke about 'College Matters', giving an update on training, exams, the College strategy and vision, and workforce planning. Another initiative was the inclusion of Mentoring 'taster' sessions. The dinner was a lively affair with 120 people. Most seemed to really relish the opportunity to socialise after such a long period of restrictions, and for most this was their first conference since the start of the pandemic. Anecdotal and written feedback about the meeting has been almost entirely excellent. Negative comments were about the size of the projector screen (which will be addressed) and suggestions that we should return to Dunkeld House Hotel (a more central venue), however, they are no longer able to host a meeting of our size after refurbishment, hence the enforced move. Peebles has itself been recently refurbished and has an excellent space for a conference of this size with an evening function.

John Donnelly commenced his year as President with an excellent President's address. Kerry Litchfield has been appointed Vice-President and is due to take over from John next April. David Ray stepped down from a highly successful period as President.

The next meeting is the Joint Winter meeting is a joint meeting with the RCoA which will be held on 24–25 November 2022 in Aberdeen. We will return to Peebles Hydro Hotel next year for our Spring Meeting which will be held on 27–28 April 2023. These both promise to be excellent meetings so mark your diaries and book study leave now! SSA meetings continue to offer great value CPD without the need to leave Scotland. Arguably they are also good for your mental health and wellbeing.

Website

[The Society's website can be accessed here.](#)

The website has been upgraded after much delay. A membership function should be available on the website shortly.

Annals

An Annals booklet has been produced every year since 1960. Every single version of the annals is now available to view on the website. The latest annals will be published shortly. This is later than usual but is another side effect of COVID-19.

Grants

Grants are available for travel, research, QI and teaching. Applications are encouraged, and can be made through the website or direct to me at paul.fettes2@nhs.scot

Recent Grants have been made for travel for education and training, Glasgow University student anaesthesia course, Anatomy for the FRCA course, research projects, and a risk infographic for regional anaesthesia in obstetrics.

Current Office Bearers

President	Dr John Donnelly
Vice President	Dr Kerry Litchfield
Immediate Past President	Dr David Ray

Current Executive

Secretary	Dr Paul Fettes
Treasurer	Dr Calum Grant
Annals/Website Editor	Dr Pavan Raju

I look forward to seeing you at one of our meetings.

Dr Paul Fettes, Honorary Secretary, Scottish Society of Anaesthetists

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Assisted dying: the Scottish perspective

The afternoon ethics section at Anaesthesia 2022 in Manchester was given over to the topic of 'Assisted Dying' and I gave a short presentation on the current Scottish position.

Liam MacArthur, the liberal democrat MSP for Orkney, is hoping to bring a new bill before the Scottish Parliament later this year, entitled 'Assisted Dying for Terminally Ill Adults (Scotland) Bill'. Assisted Dying describes the practice whereby a person diagnosed with a terminal illness is given the choice to end their own life, by means of medication provided by a doctor for that purpose. At present, this risks charges for a number of possible offences in Scots criminal law. It is reasonable to say that the law in Scotland with respect to assisted dying remains unclear. Although prosecutors in England & Wales and Northern Ireland have produced specific guidelines on when they would seek to prosecute following the case of R (Purdy) v DPP, successive Lord Advocates in Scotland have declined to do so. Despite this, Scottish citizens continue to travel abroad to clinics such as Dignitas in Switzerland.

There have been two previous attempts at legislation in Scotland, in 2010 and again in 2015, brought forward by Margo McDonald MSP. Both failed primarily due to concerns around safeguarding and so called 'medical tourism', the idea that Scotland would become a destination for people to travel to with the express intention of ending their life. The new proposed bill seeks to address these concerns by increasing safeguards and checks on individuals seeking assisted dying and mandating that individuals must have been a resident of Scotland for at least twelve months.

Dr David Bogod gave an update on the English perspective and how assisted dying works in other international jurisdictions including Oregon, which has had assisted dying legislation since 1994. Thereafter followed an engaging panel discussion and an indicative poll of the audience on whether they would support a change in legislation in favour of assisted dying or not. 76 per cent of the participating conference audience indicated they would support such a change in the legislation to permit assisted dying.

**Dr Kenneth McKinlay, Consultant in Cardiothoracic Anaesthesia and Intensive Care,
Golden Jubilee National Hospital, Clydebank**

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NIHR ASSOCIATE PRINCIPAL INVESTIGATORS SCHEME

A way for anaesthetists to engage in research in Scotland

Don't have time to do an MD or PhD?

Interested in research, but don't know how to get involved?

The NIHR Associate PI Scheme is intended to help develop the next generation of Principal Investigators (PIs) and provides formal recognition of engagement in NIHR portfolio research. Dr Ben Shelley highlights elsewhere in this Newsletter the need for greater engagement in research in Anaesthesia in Scotland.

The Associate PI Scheme may provide an ideal way of getting experience and skills in research for anaesthetists and help foster the PI's of the future.

How does it work?

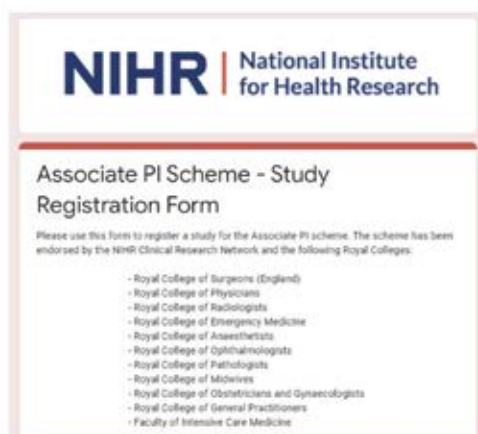
An NIHR portfolio study registers with the scheme and is added to the list of open studies. Potential APIs review the list and contact the PI in their centre of a chosen study. They prospectively complete a registration form, and, once approved as the API, they begin the role.

How to get involved

Go to the [NIHR Associate PI Scheme website](#)

To register a study, complete the [Associate PI Scheme Study Registration Form](#)

To register to be an Associate PI, complete the [Associate PI Scheme Applicant Registration Form](#)



NIHR | National Institute for Health Research

Associate PI Scheme - Study Registration Form

Please use this form to register a study for the Associate PI scheme. The scheme has been endorsed by the NIHR Clinical Research Network and the following Royal Colleges:

- Royal College of Surgeons (England)
- Royal College of Physicians
- Royal College of Radiologists
- Royal College of Emergency Medicine
- Royal College of Anaesthetists
- Royal College of Ophthalmologists
- Royal College of Pathologists
- Royal College of Midwives
- Royal College of Obstetricians and Gynaecologists
- Royal College of General Practitioners
- Faculty of Intensive Care Medicine



NIHR | National Institute for Health Research

Associate PI Scheme - Applicant Registration Form

This form should be completed by applicants wishing to register for the Associate PI scheme.

If you would like to apply for Covid-19 Urgent Public Health studies, please use the form at the following link:
https://docs.google.com/forms/d/e/1FAINDLScv_Y_gol42hFkxZk_eZLCN8Co716/yZk84i0Kry0mDy8O/viewform

The scheme has been endorsed by the NIHR Clinical Research Network and the following Royal Colleges:

What does the API get from it?

- Learns about the delivery of an NIHR portfolio study
- Understands the role of a Principal Investigator
- Certification of Associate PI role

I'm interested in a study which lies under a department/specialty which is different from my own, can I still apply to be an Associate PI on that study?

Yes. It just requires the approval of the local PI. There are many perioperative studies which would be ideally suited to an anaesthesia Associate PI.

For all the information on the scheme [please visit the NIHR website](#).

**Dr Gary Rodgers, ST7 Anaesthesia and Intensive Care Medicine;
Trainee Representative, RCoA Scottish Board**

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Anaesthetic updates

MEET | LEARN | DISCUSS

Anaesthetic updates

Online | 19–20 October 2022

We offer
Low, Middle Income
rates of **£15 per day**
for this event

Counties on this list are
eligible for this rate



Aimed at anaesthetists and perioperative clinicians of all grades, these events draw together speakers with national and international profiles to give updates on anaesthesia, critical care and pain management.



Discounts available for RCoA-registered Senior Fellows and Members, Anaesthetists in Training, Foundation Year Doctors and Medical Students. See our website for details.

Book your place at rcoa.ac.uk/events

Hybrid event

RCoA London and online

Winter Symposium

1–2 December 2022

Join us online or in person for our annual two-day symposium and enjoy a lively mix of lectures, debates and interactive sessions.

We offer
Low, Middle Income
rates of **£15 per day**
for this event

Counties on this list are
eligible for this rate

Book your place at: rcoa.ac.uk/events

RCoA PATIENT INFORMATION RESOURCES

patientinformation@rcoa.ac.uk | rcoa.ac.uk/patientinfo



Patient information series

A leaflet series to help you prepare for your anaesthetic.



Fitter Better Sooner toolkit

The information you need to help guide you to become fitter and better prepared for your operation.



Risk leaflets

A leaflet series detailing specific risks associated with your anaesthetic.



Children, parents and carers

Different leaflets to read depending on your age.



Easy Read and accessible resources

Information for a variety of audiences and individuals with additional needs.



Factsheets

Developed to provide information on a number of medical conditions and topics relating to anaesthesia.



Our resources are available in 23 languages, including Welsh. Further information is available online.

