

A newsletter for anaesthetists in Northern Ireland

August 2019



Dr Darrell Lowry

Welcome to the summer edition of the RCoA Northern Irish newsletter.

It has been a busy year so far for the College, with more new events, record numbers of FRCA applications and the launch of the new [Centre for Perioperative Care](#) (CPOC). CPOC is a new cross-organisational, multidisciplinary initiative led by the College, to facilitate perioperative care for patient benefit. Part of the CPOC strategy involves optimisation of patients prior to surgery, and in this edition of the newsletter we feature the recent launch of the College, Macmillan Cancer Support, and the National Institute for Health Research (NIHR) Cancer and Nutrition Collaboration report: [Prehabilitation for people with cancer](#). There will also be a new College Chief Executive Officer appointed this summer, in succession to Tom Grinyer who has moved to the British Medical Association. I would like to thank Tom for his support and input into our Board over the past four years, and we wish him well in his new post.

The Northern Irish Board last met in Belfast in April, where we discussed many issues, including the recent consultations and proposals for breast services, stroke services, elective day care centres and bariatric surgery in the Province. We were also joined by Dr Brian Kinirons, President of the College of Anaesthesiologists in Ireland, who reaffirmed his desire to maintain the long standing relationship between the College in Dublin and our Board in Northern Ireland. In the absence of an elected Council member from Northern Ireland, I have been invited to attend their Council meetings as a co-opted member. We are also still seeking a Lay representative to sit on our Board – if you know anyone who would be interested in joining the Lay Committee at the College then please get in touch. The Board were also saddened to hear of the recent passing of Dr Gerry Black, aged 94. Dr Black was a highly respected paediatric anaesthetist who worked for most of his career in the Royal Belfast Hospital for Sick Children. He was a past Dean of the Faculty of Anaesthetists, RCSI.

There are an increasing number of our trainees now choosing to work on a less than full time (LTFT) basis, and Dr Mary Molloy has penned an article on the latest developments in this area. You can also read about our trainees' examination success, which is partly due to the fact that we now have four local examiners – Dr Gail Browne in the Primary FRCA, Dr Raymond McKee in the FFICM exam, and Dr Amit Bedi and myself as current Final FRCA examiners. I would encourage any

of you who are interested to consider applying to become an examiner. The rules have recently changed to allow examining on a LTFT basis, and the commitment has been reduced to six years. The closing date for applications is 21 October 2019. Further information [can be found here](#).

The new Lifelong Learning platform (LLP) is continuing to be developed, as you will read. The CPD functionality will be the next phase of the system to be introduced. After a few glitches, our anaesthetists in training and trainers have both found it to be an improvement on the previous e-Portfolio system. The Logbook functionality is especially useful, and we have mandated that all of our trainees should use this Logbook from the August changeover.

Can I also remind you that [nominations for election to the College Council](#) are now open. There are three consultant anaesthetist vacancies for next year. Changes to the regulations mean that all fellows and members are able to vote for the candidates in this election, including anaesthetists in training and SAS grade doctors. Please look out for your email this autumn, as the election is now by electronic voting only.

Another recent development is that Physicians' Assistant (Anaesthesia) have formally changed their name to [Anaesthesia Associates](#) (AAs). They will also now be regulated by the GMC. Currently there are only a handful of AAs in Northern Ireland, but in future they may become an important part of our workforce.

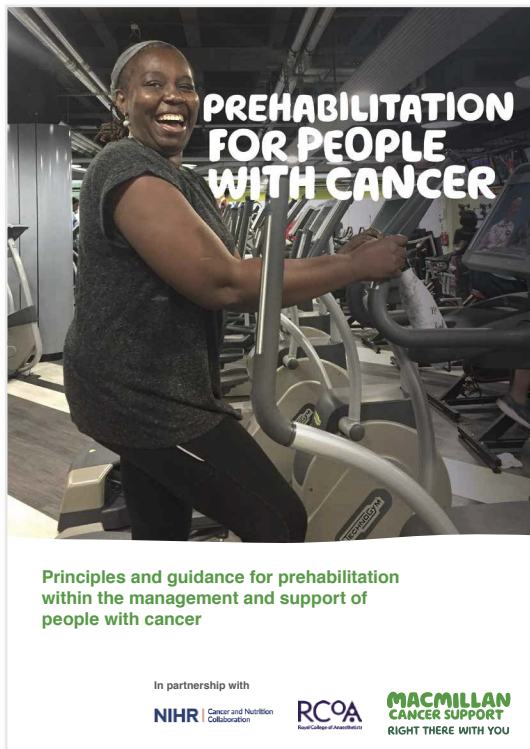
Our final two articles in this edition of the newsletter have a holiday theme, with reports from overseas. Two of our senior trainees have spent a year away on out-of-programme for training (OOPT) posts in Canada and Australia, respectively. The Northern Ireland School of Anaesthesia are supportive of our trainees going away OOPT if possible, and we usually have around four or five away at any one time. Not only do they benefit both professionally and personally, but they bring new skills and perspectives back to our local hospitals where they will work as consultants.

I hope that you enjoy reading the newsletter and will find it interesting. We are always interested in ideas for future editions so please get in touch about this or any other topic at dlowry@rcoa.ac.uk

Hopefully you will all get some time away from the workplace this summer to recharge your batteries and relax. For those of you who like to be organised, you can plan next year's study leave already with early bird registration to the flagship [Anaesthesia 2020](#) event. Next year it will be held at Manchester United's iconic Old Trafford stadium, from 18–20 May.

Darrell Lowry

Chair, RCoA Northern Irish Board



Northern Ireland launch of national guidance and principles for prehabilitation in cancer care

On 5 July 2019 at Mossley Mill in Newtownabbey, Macmillan Cancer Support and the Department of Health hosted the Northern Ireland launch of the national guidance on [Prehabilitation for Patients with Cancer](#).

Professor Mike Grocott (Professor of Anaesthesia and Critical Care Medicine, University of Southampton) and Ms June Davis (Macmillan National Cancer Prehabilitation Lead) presented this important set of principles to a local multidisciplinary audience. The event was attended by anaesthetic consultants and trainees from the various trusts as well as nursing staff involved in preoperative assessment.

[Macmillan has created this guideline](#) in partnership with the College and the National Institute for Health Research, Cancer and Nutrition Collaboration. Prehabilitation offers people with cancer and their carers three main benefits namely, personal empowerment, physical and psychological resilience and promotes positive health behaviour change thereby impacting long term health. This guideline is essential reading for all who practice perioperative medicine and preoperative assessment. Anaesthetists are perfectly positioned to lead local teams and deliver these principles, thereby improving care and outcomes for patients with cancer.

Dr Aidan Cullen

Lead Consultant Anaesthetist for Preoperative Assessment, Southern Health and Social Care Trust

Training update

The Northern Ireland School of Anaesthesia continues to flourish.

We remain a popular specialty with junior doctors when choosing a career, with over 40 applications for CT1 posts this year. We have appointed 12 new CT1s, plus four new acute care common stem anaesthetists in training, to commence their training this August. There are also 13 new ST3 trainees commencing intermediate training next month. Intensive care medicine appointed five new trainees to their programme this year, one from anaesthesia, one from emergency medicine and three from acute medicine backgrounds.

Since the turn of the year, five trainees completed their training and have achieved their Certificate of Completion of Training (CCT). All have been appointed to either substantive or locum consultant posts in Northern Ireland. Congratulations go to Drs Charlene McDonnell, Lisa Taylor, Alix Murphy, Simon Marcus and James Reid. Another two trainees are due to obtain their CCT this autumn.

Our FRCA examination results continue to be above the overall pass rates for both parts. Thanks go to our clinical teaching fellows, under the supervision of Dr Claire Shevlin, who has run our FRCA courses and revision days this year. Drs Paula Pyper and Sean Shevlin were responsible for the Primary FRCA course, and in the May sitting of the SOE/OSCE exam seven out of twelve local trainees were successful (58 per cent pass rate; the overall exam pass rate was 54 per cent).

The Final FRCA course was organised this year by Drs Christina Yap and Alison Blair. We had 22 trainees sit the Final SOE exam in June, with 16 being successful. This gives a pass rate of 73 per cent, versus the overall pass rate of 67 per cent. The incoming teaching fellows from August are Dr Jonathan McCarter and Dr Jon Eady (Primary FRCA course) and Dr Mitchell Kee and Dr Jonathan Little (Final FRCA course). Please support them by making yourself available to teach on our various courses and help out with viva practice.

In addition to the FRCA preparation, we now have two clinical teaching fellows who assist with the Queen's University Belfast 4th year undergraduate Perioperative and Emergency Medicine (POEM) course, under the supervision of Dr Marianne Fitzgerald. Thanks go to Dr Claire Montgomery for all her hard work as this year's POEM fellow. Her successors are Drs Catherine Poots and Niamh Sweeney.

Dr Darrell Lowry
Head, Northern Ireland School of
Anaesthesia



Less than full time (LTFT) training in the Northern Ireland School of Anaesthesia

I am delighted to join Dr Darrell Lowry and Dr Richard Laird, as Deputy Head of School and hopefully contribute to the great work already established in leading the anaesthetic training programme.

The training programme is made possible by the team of supervisors, College tutors and supervising consultants in each hospital who support and contribute to each individual trainee's progress, both professionally and personally. It is rewarding to see so much positive feedback from the trainees in the recent GMC National Training Survey results, and the excellent results they received at recent Primary and Final FRCA exams.

I have been the LTFT advisor for the School of Anaesthesia since 2010 and have helped anaesthetists in training apply for LTFT, reviewed individual training progress and advised on rotas, percentage training and pay bands. Anaesthesia has a long tradition of supporting doctors who wish to train LTFT, which can be essential for wellbeing and ensuring a better work life balance for many trainees. I attend the joint College and Association of Anaesthetists meetings [Less than Fulltime Matters](#), most recently chaired by Dr Su Underwood, the College Bernard Johnson Advisor for LTFT. This has been really helpful for updates, sharing good practice, and to hear personal stories about how LTFT has transformed lives for trainees while facilitating ongoing training in anaesthesia.

There are many reasons for training less than fulltime, such as personal health, parental or carer responsibilities. You can also apply for other reasons such as an international sports opportunity or non-medical academic interests etc. LTFT training is supported by the [Northern Ireland Medical and Dental Training Agency](#) (NIMDTA). The College is currently updating its A-Z on LTFT training and we hope to share more details about this in due course.

We will have 11 anaesthetists in training in LTFT from August 2019. This is just less than 10 per cent of our trainees. Their training differs only in the length of time it is undertaken. LTFT trainees work a percentage of their fulltime colleagues. The majority work between 70–80 per cent in our training programme. Posts are either Slot-shared, eg three trainees in two fulltime posts, or one trainee may work less than fulltime capacity in a fulltime post. The College recommends working at least 60 per cent, as a survey in 2010 showed this is best for training progression and maintaining confidence. Annual and study leave are pro rata as is the additional time added to complete the training programme. We have facilitated LTFT for short periods and at short notice when needed. LTFT has also helped with a phased return to work after a period of extended leave. We are grateful for the support given by the trusts in facilitating LTFT training.

Dr Caroline Martin and Dr Bronagh McKay are the local LTFT trainee network leads, who link with the Association of Anaesthetists Trainee Committee. They have organised a few coffee mornings with the other trainees in the region, also joined by other trainees on maternity leave or trainees thinking about working LTFT in the future.


The next 'Less Than Fulltime Matters' meeting is at Portland Place on Thursday 17 October 2019 – [please click here](#) for more details.

Dr Mary Molloy

Deputy Head of School, Northern Ireland School of Anaesthesia and Intensive Care Medicine;
RCOA Deputy Regional Anaesthesia Advisor

MY OUT OF PROGRAMME TRAINING EXPERIENCE

A year in Toronto



As I write this, I am in my last few days of a clinical fellowship in regional anaesthesia and acute pain in a busy academic hospital in downtown Toronto. The time I have spent in Canada has benefitted me tremendously, however, some of my most valuable experiences and lessons were unexpected.

I had hoped to learn some new skills in regional anaesthesia, maybe gain some experience in academic medicine and see what anaesthesia was like in a different country. I have managed to fulfil these goals, mostly thanks to the dedication of the people I worked with, while having a fun year in an interesting city.

Within my group of 20 Fellows, there are consultant anaesthetists from numerous countries, so as well as gaining insight into practice of medicine in Canada, I have been able to discover what the similarities and differences are in healthcare systems and training all over the world. In addition, during my non-regional time I have been able to manage cases that I was not exposed to during my training in Northern Ireland.

There are several pieces of advice I would give anyone who is thinking about an international fellowship. Firstly, do it! Plan well in advance, ask for permission from the school of anaesthesia and apply for these positions 18–24 months ahead of time. Speak to those who have done these fellowships in recent years, their advice and connections are invaluable. Pick a fellowship that will give you an exposure to learning opportunities that do not exist locally and have specific objectives in mind before you go. Apply for several positions and try to meet the fellowship co-ordinators if possible. Never assume you won't get a job because of your CV or where you trained. Our training is as rigorous as anywhere in the world and your number of publications or courses attended is not always critical. Finally, pick somewhere that would be a fun place to live and enjoy it while you're there!

Dr Nick Black
ST7 trainee

MY OUT OF PROGRAMME TRAINING EXPERIENCE

Perth, Western Australia

Having completed a year as the Queen's University of Belfast undergraduate POEM course tutor, I wanted to further my exposure to education in a practical way whilst undertaking a postgraduate qualification. I applied for an anaesthesia simulation and medical education six month Fellowship in Perth, Western Australia.

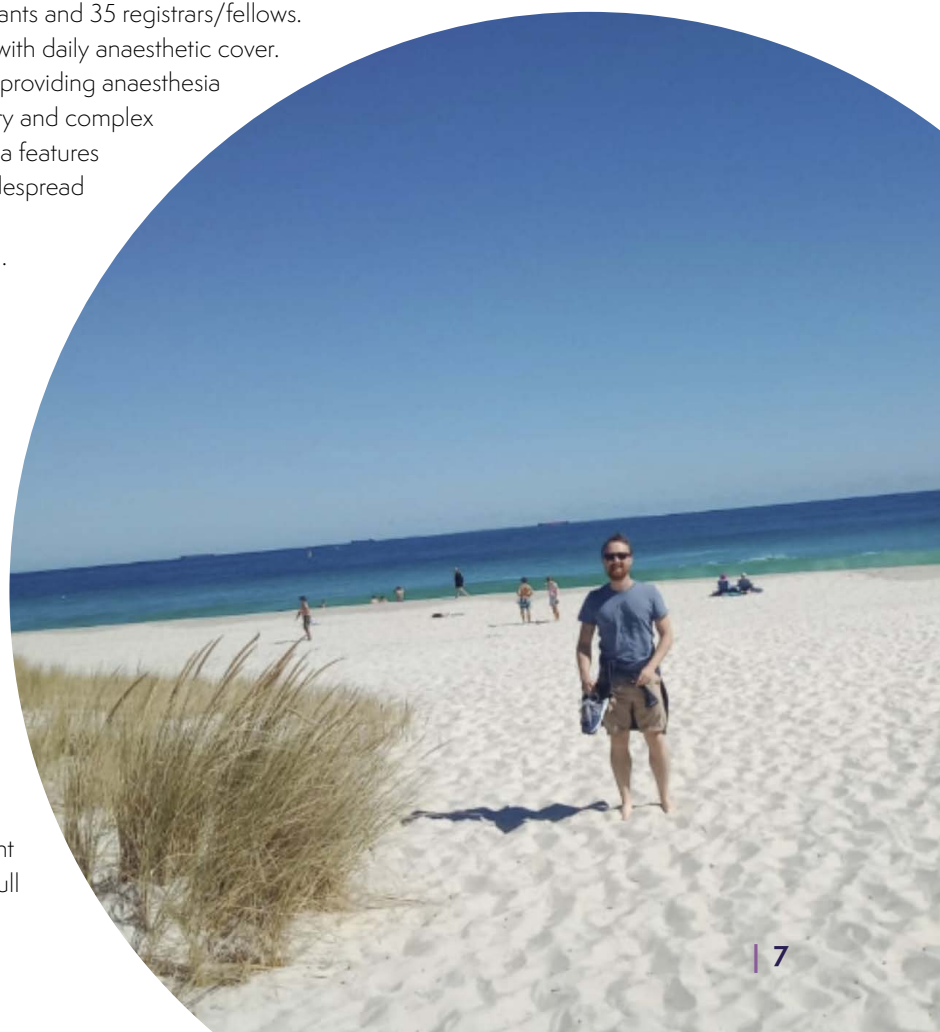
This position involved an active role in delivering simulation sessions for medical students, anaesthesia trainees and consultants, as well as inter-disciplinary training sessions. The fellowship included completing an eight week Advanced Simulation Instructors Course and having access to a dedicated simulation suite within the operating theatres.

The second six-month fellowship has focused on perioperative and critical care echocardiography. This involves weekly protected time for echo scanning in the pre-assessment clinic and ICU, under the supervision of anaesthetic and ICU consultants with significant experience in echocardiography. One session a week is focused on image review and scan reporting. Alongside this, I was encouraged to complete accreditation in clinical ultrasound/echocardiography through the University of Melbourne. This provides a great theoretical foundation to accompany a logbook of scans.

Sir Charles Gairdner Hospital is a 600 bed adult quaternary teaching hospital. The department employs 60 anaesthetic consultants and 35 registrars/fellows. There are 15 theatres and multiple outside areas with daily anaesthetic cover. Clinical highlights during the year have included providing anaesthesia for liver transplantation, sarcoma resection surgery and complex ear, nose and throat surgery. Regional anaesthesia features prominently in all operating theatres. There is widespread surgical acceptance of nerve blocks in trauma orthopaedic cases, with good patient satisfaction.

There is a strong emphasis on research in the department, with fellows encouraged to take a role in many of the trials that are being conducted. I have been an associate investigator in a randomised controlled trial of an airway device. This work has been revealing regarding the background to getting a research project off the ground, including gaining ethics approval, liaison with the hospital research governance office and Therapeutic Goods Administration, as well as the practical running of a clinical trial.

While the annual leave entitlement is less in Western Australia than in Northern Ireland (NI), the study leave allowance and budget is very generous. This has allowed me to travel to present at conferences in Kyoto and Auckland, with the full support of the anaesthetic department.



Perth is a fantastic place to live and work. The weather is beautiful most of the year and can be appreciated whilst on some of the finest beaches in Australia. Time not in work has been enjoyed swimming, fishing, cycling and travelling. Living in Western Australia (WA) has proven to be a great base from where to explore many exciting places including Indonesia, Hong Kong, Japan and New Zealand. No trip to Australia is complete without climbing the Sydney Harbour Bridge, going to the Melbourne Cup and doing a camper van trip to the very north of WA to snorkel in Ningaloo Reef!

The other fellows I work alongside have a varied background and are from Canada, UK, Ireland, Italy, Norway and Australia. It has been enlightening to hear the differences in training between the different countries, and it has made me appreciate the training programme that we have in NI. As we are all away from family and friends for the year, the regular social events have been fully embraced.

Having never trained outside of NI before, it has been a great chance to see a variety in the practice and approach to our specialty. I would encourage anyone considering it to make arrangements early, and make the most of the opportunity.

Dr Matthew Grimes

ST7 trainee



Lifelong Learning: don't forget to download your e-Portfolio

The final anaesthetists in training will be moved over to the Lifelong Learning platform this August. Therefore, the Lifelong Learning team advises all anaesthetists in training to [download their e-Portfolio onto a few different devices](#), as the training e-Portfolio will be decommissioned at the end of August 2019.

If you have previously used the e-Portfolio as an anaesthetist in training, please also ensure you download an offline version of your e-Portfolio record from the 'View Portfolio' section. The College will not hold a copy of the e-Portfolio after the August 2019 date and will be unable to retrieve entries after this, so please do ensure that you download the necessary materials.

**The e-Portfolio
will close in
August 2019.**

**Don't forget
to download your
portfolio
before then**



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