Royal College of Anaesthetists

THE INTERNATIONAL ANAESTHETIST

The e-newsletter for international members of the Royal College of Anaesthetists

May 2018

Welcome to the second issue of the Royal College of Anaesthetists' international e-newsletter.

We hope that you enjoyed the first edition, and that this, the second, is also of value to you. Thank you to those of you who have made contact with us to give your feedback and thoughts for future editions. I stress again that this is your e-newsletter, and we want this to be as useful as possible for you. If you have any thoughts or suggestions, please email us at global@rcoa.ac.uk

As mentioned in the previous edition, the College is exploring membership benefits for our international members, with the view to creating an international membership category. We would value your input into this and would like to invite you to attend a membership engagement panel. These will take place on Friday 11 May 2018. The first session will take place at 10am (UK time), the second at 3pm (UK time) both via Skype. Places are limited and will be allocated on a first come, first served basis. To reserve your space, please email global@rcoa.ac.uk and confirm which session you would like to attend. If you are not able to attend, or are unable to secure a spot, we would still very much like to hear from you by email.

This edition focuses on the challenges of training anaesthetists in different settings. I would encourage you, if you have any thoughts or suggestions on issues raised in these articles, to get in touch with us through global@rcoa.ac.uk – we would hope that our international member network was able to work together and support each other through the sharing of members' own experiences.

We are hoping to increase our presence at international meetings, and would be very keen to meet with RCoA members at these meetings – please do watch this space. We are very excited about the upcoming intercollegiate meeting that is taking place in Kuala Lumpar, Malaysia next May 2019. This is a joint ANZCA, RCoA, CAI, and Malaysian college meeting. Our Anaesthesia 2018 event has now sold out, and we are delighted that so many international members will be attending the event.

You will remember that in the first edition we asked for name suggestions from you for the e-newsletter. We received a number of responses from you all, which was fantastic. It was agreed following this feedback that we would maintain the existing name of *The International Anaesthetist*.

Happy reading,

Professor Ellen O'Sullivan
Chair of the Global Partnerships Committee, RCoA Council Member

@RCoANews

A day in the life of...

Insight from Fiji

By Dr Lizzie Spiers, Consultant Anaesthetist,
Colonial War Memorial Hospital in Suva

As a UK anaesthetist travelling to Fiji to start my first consultant post in 2016, many people asked what my motivations were to go and work in the South Pacific. There are of course many different reasons to travel with anaesthesia, but more importantly, I can tell you about some of the reasons why I have stayed in Fiji.

I work in Suva, Fiji's capital city. My first year was spent teaching anaesthesia and providing clinical cover in the public hospital, the Colonial War Memorial Hospital (CWM) with Fiji National University. This year I am working for the Ministry of Health. There are about 500 beds in the hospital, eight operating theatres and an ICU that (usually) has eight ventilated beds that we look after. Our resources are varied.

My initial reason for staying longer than my planned year has to be for the rewards of working with the Fiji anaesthetic team and the ever resilient `hospital gang'. Delivering anaesthesia with resources different to the NHS can naturally be testing and tiring, but the days are somehow filled with laughter, and the work always done. Our anaesthesia trainees come from all around the South Pacific for postgraduate training, and working in such a multicultural environment is a real privilege.

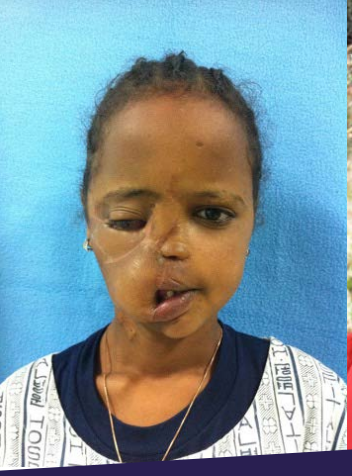
Our anaesthesia department, despite being small in numbers, is both forward thinking and evolving. Last year it started a pain service and pre-op clinic. We now try to have an anaesthetist travelling around the hospital wards to optimise our peri-op and acute pain patients every day. The team is often understaffed, especially when many of our trainees return to their home islands in the South Pacific from November to January. Despite these challenges, seeing how the patients are benefitting, and watching the surgeons and nurses respond positively to the development is very rewarding.

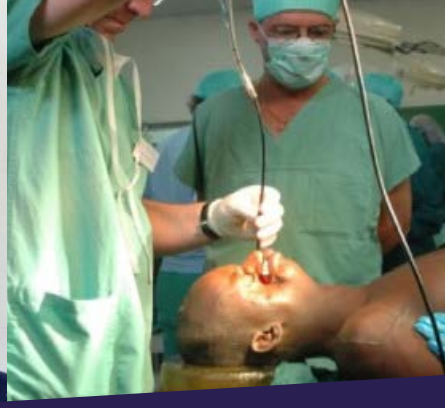
The clinical work itself is wide-ranging and challenging. Anaesthetising late presentation pathologies in a population with one of the highest rates of obesity and diabetes in the world is interesting. Twenty-six per cent of the theatre workload is treating diabetic sepsis with multiple amputations each day. The `septic' theatre has four times the throughput compared to our other theatres. You learn how to adapt and in my first weeks, I became proficient in `ketofol' anaesthesia. We anaesthetise premature babies, decompensated valvular heart disease mothers, many elderly septic patients, and maybe even more difficult airway cases. Looking after the ICU has helped me gain a new knowledge of tropical medicine too.

A lot of other daily challenges can come from a somewhat difficult system surrounding drug and consumable acquisitions. This obviously makes you consider what we take for granted in the UK. An operating theatre had been stopped for lack of syringes recently; spinal anaesthesia has been given via cannulas; propofol was running out this week. There's often a variable provision of a lot of kit, but learning to use what you have is fun. Logistics of transferring patients around Fiji's islands to the hospitals can also take some planning at times.

There are sad days too of course, where deaths occur that might have been preventable in the developed world. A shortage of essential antibiotics and a lack of awareness for infection control on the wards, for example, can be disheartening to watch as young lives are taken. Dialysis can't be offered to chronic kidney disease patients unless paid for privately, which is unaffordable to many locals and affects many too.

So why work in Fiji? For the honour and challenges of being able to share the advanced training that we are lucky to have from the UK, to work with some wonderful people – and all in a rather beautiful and peaceful country.



Partner update – Facing Africa

By Dr Peter Lee and Dr Patrick Seinge
Consultant Anaesthetists, Cork University Hospital, Ireland

Facing Africa is a British charity which funds a volunteer team of three anaesthetists, four surgeons and a number of nurses to go to Addis Ababa in Ethiopia twice a year to perform reconstructive surgery.

Over a two-week period, the team performs upwards of 30–40 operations on patients under general anaesthetic. The majority of patients are survivors of noma, however, in recent years, we have managed a variety of other conditions, including giant benign jaw tumours and severe facial hyena bites. In 2008, the charity cooperated in the creation of the BBC documentary Make Me a New Face: Hope for Africa's Hidden Children, initiated by Ben Fogle, and more recently, in 2017, Channel 5 created two documentaries entitled Critical Surgery, Changing Lives.

The type of operations performed vary and include nasal reconstructions, sub-mental flaps, geneoplasties, ankylosis releases, commisuroplasties, and multiple types of free flap surgeries. The jaw tumours involved difficult dissections and removal of the tumours, with free fibular flap to fashion new jaws. Many of the surgeries present major challenges to surgeons, anaesthetists and nursing staff alike. Some of the surgeries are very complex, particularly in compromised patients, and would pose difficulties even in our own hospitals. A significant percentage of the patients present extremely difficult airway and anaesthetic[1] management issues in a very challenging clinical environment.

The disease noma is an acute, rapidly progressive, necrotising infection of the mouth. It begins as a small, gingival ulcer and results in gangrenous necrosis of the surrounding facial tissues. It is seen in severely malnourished and debilitated people, especially children. In 1998, the WHO estimated the annual global incidence at 140,000 with a mortality of 70–80 per cent in the absence of treatment. More recently, the annual incidence of the disease in developing countries bordering the Sahara was estimated at 25,600. Survivors of acute noma usually have severe disfigurement and functional impairment including trismus, oral incontinence, difficulties eating, and speech problems. They are also often shunned by society. It is likely that no more than 10 per cent of affected persons seek medical care, as the disease is frequently hidden by families. The unique charity, Facing Africa, seeks out these patients in very remote, rural areas of Ethiopia, Sudan and Somalia and brings them to Addis Ababa for nutritional and medical care prior to performing complex and frequently multistage operations (often over several trips and years), before helping to integrate them back into their homes. More information is available on their website www.facingafrica.org

In recent years, both the RCoA and the Irish college have sponsored senior anaesthetic trainees to join the teams. These have proven hugely successful and there are plans to continue this development. Various research projects and publications about noma and its anaesthetic[1] and surgical[2] management have been supported by Facing Africa and have added to the knowledge of this disfiguring disease which affects some of the poorest people in sub-Saharan Africa and the world.

References

1 Coupe MH et al. Airway Management in Reconstructive Surgery for Noma (Cancrum Oris). *Anesth Analg* 2013;**117(1)**:211–218.

2 Saleh DB, Fourie Le R, Mizen KD. The Extended Sub-Mental Artery Flap for Complex Orofacial Reconstruction. *Plastic & Recon Surg* 2012;**130(5)**:S–1.

‘Change as good as a holiday’

An update from Zimbabwe

By Dr Farai Madzimbamuto
Associate Professor, Department of Anaesthesia and Critical Care Medicine, University of Zimbabwe College of Health Sciences

The year 2018 began on an optimistic note in Zimbabwe, both politically and for anaesthesia.

Our ‘non-coup’ military coup in November 2017 has meant there has been a lot of discussion about health service financing. The Lancet published the long awaited African surgical outcomes study in January, in which we participated in 2016. We also had a paper published in Anaesthesia and Analgesia in February in collaboration with anaesthetists and medical students in Trondheim, Norway. So where is anaesthesia in Zimbabwe going in 2018?

All physician anaesthetists (approximately 70) are in the major urban centres. Most surgery is performed in the myriad of mission, district and provincial hospitals scattered about the country. The anaesthesia in these hospitals is provided by nurse anaesthetists and medical officers. The Zimbabwe Anaesthetic Association (ZAA) has been developing a mentorship programme where one or more physician anaesthetists are attached to a province. They work with the anesthetic providers in that province to address some of the issues, particularly in relation to maternal mortality (as it relates to obstetric surgical services), and pregnancy outcome (still birth and early neonatal deaths). This project has coincided with the SAFE obstetric courses, two of which were run last year, so this year has such great promise of what impact there can be on anaesthesia services in the country as a whole. However, the provision of drugs and equipment is a big challenge. The Ministry of Health has established a national maternal mortality and stillbirth monitoring committee, where some of the issues can be raised.

Paediatric surgery is underserved, despite children under five years of age not paying any fee for service. There is only one centre providing paediatric specialist surgery in the whole country. One of the key challenges to be addressed is how to increase the volume of surgery and how to distribute the service to other centres.

We have benefited immensely from WFSA fellowships. One of the best has been the paediatric fellowship in Nairobi, Kenya which has trained two fellows. This has given us much needed focus on developing paediatric anaesthesia services in the country. The 2018 ZAA Annual Congress, which will take place in Bulawayo, will be focusing on paediatric anaesthesia and surgery. With some regional cooperation, we are hoping to be able to start pediatric training in Zimbabwe within the next two to three years. Ideally, it would be best to be part of regional training programme, including Kenya.

Parallel developments have been going on with regional anaesthesia (RA). Again, two RA fellowships to India catalysed this process. A regional anaesthesia interest group has been formed and this year the group is working on a research protocol and grant applications.

There is a large group of medical officers in peripheral hospitals who could benefit enormously (from the point of view of service provision) from upskilling in anaesthesia. A proposal for distributing anaesthetic training, ensuring that training is not solely focused on the capital, is being discussed. There are other academic anaesthesia departments starting at new medical schools.

The ZAA is very active. In addition to the annual meeting there is also a monthly update meeting. There are two one-day critical care medicine seminars a year. The division of anaesthesia in Harare organises the morbidity and mortality seminar for the whole anaesthesia community in Harare every month. Finally, the academic department of anaesthesia hosts a weekly meeting. Since 2017, there is also an anaesthesia research group which meets monthly.

2018 is an exciting time for anaesthesia in Zimbabwe, and we look forward to seeing how this develops going forward.

34th Annual Congress of the College of Anaesthesiologists and Intensivists of Sri Lanka

Dr Jeremy Langton, Consultant Anaesthetist, Plymouth

Dr Alison Pittard, Vice Dean, Faculty of Intensive Care Medicine

We were fortunate to be invited as chief guest and guest of honour to the 34th Annual Academic Congress of the College of Anaesthesiologists and Intensivists of Sri Lanka in January 2018.

The theme of the congress was Paving the way for best outcomes in Anaesthesia, Critical Care and Pain Medicine. During this Inauguration ceremony, Dr Ramya Amarasena was sworn in as the new President of the Sri Lankan College for 2018/2019.

During the congress, I, Dr Langton, delivered two lectures, the first on safety and anaesthesia, outlining the factors contributing to adverse incidents and ways that these might be avoided. My second lecture described my recent experience as editor-in-chief of *BJA Education* and the growth of this journal worldwide, and the contribution this makes to CPD in countries such as Sri Lanka. Dr Pittard also delivered two lectures, the first on the history of intensive care medicine in the UK, and the second on outreach and early warning scores, both of which were very well received. The programme covered broad areas, with local and international faculty.

We would like to thank the organisers of the meeting for producing an excellent international meeting, which included up-to-date scientific updates, and for making us feel so welcome. The programme was highly informative and the meeting was very well attended. We met many anaesthetists and intensivists both from Sri Lanka and from across the world.

I am delighted that the RCoA has such close links with the Sri Lankan college and about the co-learning that takes place between the institutions. Attending meetings such as this congress helps the College to deliver its global partnerships strategy, and ensures that the improvement of patient outcomes remains at the centre of all that we do. We both thoroughly enjoyed our visit to Sri Lanka, and hope to visit again before too long.

Postgraduate anaesthesia training in India: the good and the bad

By Dr Anand Sharma
Associate Director, Division of General Anaesthesia, Institute of Critical Care and Anaesthesiology, Medanta the Medicity, Gurgaon, India

Ether was first used in India in 1847, with our first female anaesthetist, Roopabai Ferdunji, appearing in 1889. In 1906, anaesthesia was introduced to the undergraduate curriculum. Diploma exams in the specialty started in 1948 and in the 1960s the masters' programmes (MS/MD) began.

Today, anaesthesia training programmes are either run by major universities (awarding a DA or MD) or by the National Board of Examinations (awarding a DNB). These are structured as residencies with exit examinations. DNB and MD candidates are required to undertake a research project and submit a dissertation at the end of their second year.

All hospitals have their own teaching schedules. Trainees revise from standard textbooks, most using e-versions. They also use online resources like www.frca.co.uk, *BJA Education* and the Indian Journal of Anaesthesiology websites. While listening to podcasts has not caught on, teaching material on YouTube has. Annual continuing medical education (CME) are conducted by the Indian Society of Anaesthesiology and its academic counterpart, the Indian College of Anaesthesiology. In addition, specialised courses (called postgraduate assemblies), targeted towards the exit exams, are popular and frequent. Specialty workshops and CMEs provide opportunities to pick up skills such as ultrasound, critical care, echocardiography and advanced airway management.

The vast patient numbers in a populous country and the large pool of very experienced clinicians are huge assets to training. However, things could be better.

The biggest challenge is the uneven distribution of resources. The lack of a centralised body like the RCoA precludes formal organisation of training. The national board accrediting institutions for DNB courses does make attempts to even out training by providing a modular structure spread across hospitals. However, university-based MD/DA courses, while being regulated by the state medical councils, suffer from this lack of central leadership. In addition, there is a lack of training for the trainers themselves. Many consultants in the DNB programme are jobbing anaesthetists with little time or inclination for teaching, particularly as there is no added incentive.

The high cost of healthcare and the lack of budgetary allocation mean that training resources, such as simulators, and specialist equipment, such as bronchoscopes, are either unavailable or out of bounds for many trainees. This resource crunch also adversely affects research, with most hospitals not having a dedicated setup at all.

Online institutional journal access is problematic. Many tertiary centres subscribe to print versions, though trainees working in peripheries are unable to access these. In addition, there is a lack of 'soft skill' training in areas like communication and crisis management. Recently, acknowledgement of these shortcomings has led to attempts to fill the gaps.

e-Learning resources available from the RCoA

By Maria Burke, RCoA Global Partnerships Manager

One of the key areas of our global partnerships strategy focuses on the development and promotion of e-learning resources, to upskill the anaesthetic workforce, both in the UK and overseas. The College has worked with partner organisations to produce a number of resources, which are detailed below for reference. We hope that these will be of some interest to you, and that you will inform any colleagues you have that might be interested.

e-LA
e-Learning Anaesthesia

e-learning for health care (e-LA)

As a member of the RCoA, you receive discounted access to this fantastic resource (license fee is £100 per annum, discounted from £600), which is the largest medical e-learning resource in the world, with over 1,600 sessions covering a broad range of topics. The resource also links to over 1,600 *BJA Education* journal articles and over 150 online videos.

RCOA
Royal College of Anaesthetists

Essential anaesthesia

Essential anaesthesia is aimed at anaesthesia providers in poorly resourced countries who may be undertaking additional training, such as nurse anaesthetists and clinical officers, as well as medically trained anaesthetists and anaesthesiologists. The resource particularly focuses on paediatrics, obstetrics, critical care, pain, diseases related to anaesthesia and related topics such as X-rays and ECGs.

In addition, the resource contains ten sessions for anaesthetists working in 'austere' environments or going on humanitarian missions, as well as an extensive e-library and access to other resources.

The programme costs £10 for a 12-month licence which can be used for teaching, training, self-learning and revision. This resource has been produced by the college in collaboration with the World Federation of Societies of Anaesthesiologsts (WFSA).

e-SAFE
Safer Anaesthesia From Education
2nd edition 2017

e-SAFE

The e-SAFE resource has been developed and funded by the RCoA, the Association of Anaesthetists of Great Britain and Ireland (AAGBI) and the WFSA. The resource is an educational tool to support the education, training and continuing professional development for those delivering anaesthesia critical care and pain medicine in resource poor environments. The resource is particularly aimed at non-physician anaesthetists. The e-SAFE contains over 100 interactive e-learning sessions, video tutorials and a vast electronic library. The resource is available free of charge and can be accessed online or can also be accessed via a USB stick which can be ordered from the Global Partnerships team.

If you have used any of the above resources, we would be very keen to receive feedback from you about these. We regularly review and update these materials and want to ensure that they remain useful and up to date. If you have any comment, do email us at global@rcoa.ac.uk

RCOA
Royal College of Anaesthetists

Royal College of Anaesthetists

Churchill House
35 Red Lion Square
London WC1R 4SG

020 7092 1709

global@rcoa.ac.uk

www.rcoa.ac.uk/global-partnerships

@RCoANews
RoyalCollegeofAnaesthetists

Royal College of Anaesthetists

UPDATES
IN ANAESTHESIA, CRITICAL CARE AND PAIN MANAGEMENT

Royal College of Surgeons of Edinburgh
4–6 June 2018

CPD credits 15

RCoA, London
25–27 September 2018

Join us for our three-day Updates events intended for doctors engaged in clinical anaesthesia, pain management and intensive care medicine.

You will hear from experts about the latest updates and developments from across the speciality. This will prepare you for challenging circumstances, increase efficiency and improve outcomes for your patients.

Key topics include:

- **the older patient**
- **pain medicine**
- **organ donation**
- **patient safety**
- **perioperative medicine**
- **critical care**
- **trauma**
- **rehabilitation**
- **research networks**
- **global partnerships**
- **wellbeing**
- **obstetric anaesthesia.**

Feedback from our recent **sell-out** events:

'Great value for money update, basically all my external CPD in three days!'
Delegate from Salford Royal Hospital | Updates Cardiff, December 2017

'Excellent, extremely useful for its practical approach to anaesthetic problems'
Delegate from Moorfields Eye Hospital | Updates London, February 2018

'An excellent and varied CPD programme, expertly delivered and run'
Delegate from Queen Elizabeth University Hospital, Glasgow | Updates Cardiff, December 2017

#RCoAUpdates

BOOK NOW
www.rcoa.ac.uk/events