Welcome to the latest edition of the Wessex School of Anaesthesia Newsletter. As we draw closer to August and the imposition of the new junior doctors' contract, it is important to look forward with (at least a little bit of) positivity. With present uncertainty as to how the new contract will impact on us, in this newsletter Dr Jon Chambers writes about his experience of being a Guardian of Safe Working and how the new contract has impacted on those specialities which have already adopted it. We are aware that morale within the NHS is low at the moment. Following the publication of the RCoA survey into trainee morale, welfare and burnout where about 2300 trainees responded, our School was shocked, but sadly unsurprised to read that six out of seven trainee anaesthetists reported a high risk of burnout. Health and wellbeing is not only high on our College and Association's agenda, but also on ours. The results of this survey are deeply concerning for us at the School. Please look out for each other and take a moment to remember that we work and train in a specialty which although is frequently richly rewarding, can also be very challenging and highly emotive.

Dr Claire Joannides, College Tutor DCH

Congratulations! RCoA Silver Jubilee Trainers of the Year Award

This year the RCOA celebrates the 25th Anniversary since it gained its royal charter in 1992. As part of the celebrations, the College asked trainees to nominate up to 3 exceptional trainers for the RCOA Trainer of the Year Award. I received a very positive response with a total of 20 trainers nominated for the award with some very heart felt commendations. The 3 trainers with the most nominations were Mike Girgis from Poole Hospital, John Burden from Queen Alexandra Hospital in Portsmouth and Phil Button from Basingstoke and North Hampshire Hospital. Each has been awarded a National Trainer of the Year Award! All the trainers who were nominated are listed below. I’m sure I will be joined by everyone in saying a very big thank you to all our trainers here in Wessex for the hard work they do, and to all the trainees who submitted nominations.

<table>
<thead>
<tr>
<th>Portsmouth</th>
<th>Dorchester</th>
<th>Bournemouth</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Burden</td>
<td>Juliet Hull</td>
<td>Sarah Berridge</td>
</tr>
<tr>
<td>Ian Taylor</td>
<td>Jon Chambers</td>
<td></td>
</tr>
<tr>
<td>Aneeta Sinha</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matt Turner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paul Sadler</td>
<td></td>
<td></td>
</tr>
<tr>
<td>James Dinsmore</td>
<td></td>
<td></td>
</tr>
<tr>
<td>James Eldridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mike Jackson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scott Bird</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southampton</td>
<td>Poole</td>
<td>HHFT</td>
</tr>
<tr>
<td>James Montague</td>
<td>Mike Girgis</td>
<td>Arun Venkatraju</td>
</tr>
<tr>
<td>Rob Chambers</td>
<td></td>
<td>Phil Button</td>
</tr>
<tr>
<td>Andy Curry</td>
<td></td>
<td>John Bell</td>
</tr>
<tr>
<td>Caroline Way</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Wessex School of Anaesthesia News

Extension to the Final FRCA
Trainees now have until mid-way through their ST5 year to complete the Final FRCA. Trainees may start obtaining higher module sign-offs before passing the exam. If however trainees fail to pass the exam by mid-ST5, they will be unable to achieve any further higher modules and will get an outcome 5 (extension of their training time) but any higher modules achieved leading up to this will continue to be valid.

Educational Supervisors Meetings
A recent survey undertaken by anaesthetic trainees in Wessex, showed that 50% of trainees had their Educational Supervisor meeting conducted in a public place, such as in theatres or coffee rooms. This is not ideal and all Educational Supervisors are aware that it is important to find a confidential and quiet venue without any distractions.

Moving Trusts with partially completed CUTs
Trainees must ensure they have adequate logbook numbers, feedback and evidence via WPBAs in order to complete CUT sign offs. This is particularly pertinent when a trainee has moved Trusts with partially completed units. In order to sign off a CUT form, a supervisor must assess the trainee’s logbook, WPBAs (at least one each CBD, DOPS, and ACEX) and feedback. This feedback may be either formal or provided in the WPBAs.

RCOA Departmental Contacts
Training enquiries: training@rcoa.ac.uk 0207 092 1553
National Recruitment: recruitment@rcoa.ac.uk 0207 092 1652
e-Portfolio: e-portfolio@rcoa.ac.uk 0207 092 1556
Medical Training Initiative: m@rcoa.ac.uk 0207 092 1559
The College Reception: 0207 092 1503

FICM News

ICM competencies
Dual ICM trainees must continue to achieve ICM competencies during their anaesthesia training years. For example, when a Dual ICM trainee is undertaking their Higher Anaesthesia ST5 year, this also represents their ICM Stage 2 Specialty year. This means there are competencies which trainees must continue to get signed off in their FICM ePortfolio, alongside higher anaesthetic modules.

RCOA and FICM eportfolios
Dual ICM trainees must ensure that their educational supervisors are registered to access both the RCOA eportfolio and the FICM eportfolio as they will need to sign off competencies and reports on both eportfolios.

e-LA is a web-based RCoaA educational resource. It aims to deliver the knowledge and key concepts underpinning the anaesthetic curriculum and prepare trainee for the FRCA examination.
Dear All,
A couple of key messages with regard to training.

1. It is crucial that you plan your Advanced Level 12m training. The RCoA are asking exactly what has been completed and when - not only on the Completion of Training form, but also prior to recommending to the GMC that you are added to the specialist register. I have had two such requests in the past 2 months. Please plan early. Speak to the relevant trainers, who may be College Tutors, clinical leads and of course speak to me if it is something specific that may require a particular location. We will be inviting you to discuss this at your Educational Review - the discussion that takes place immediately after your ARCP.

2. Can I remind you that we expect Units of Training to be accrued during your training. This is especially important for Intermediate Level and Higher General Duties, when time is tight and the ability to revisit areas limited. Some trainers are being approached months after the end of a module, sometimes completed in a different hospital, and asked to sign-off the UoT. Unsurprisingly they feel uncomfortable about this, so please be organised and get the trainers who know you best to sign you off in a timely fashion. Trainers may require you to provide feedback from trainers in a previous hospital and you should share your Interim Progress Report with them if you have one.

3. You will be pleased to hear that the PHEM training is going ahead and two trainees, one from EM and one anaesthesia, have been appointed. I am sure many of you will consider this in the future.

4. We are also working to get the SPARC Fellowship to partially count towards training (ICM), so this will be advertised in the near future. It will be suited to Dual ICM trainees. Watch this space.

Dear Wessex Trainees,

"Planning on sitting, or currently working towards, the primary or final FRCA?"

If so, read on....

We have established a deanery-wide viva network for trainees that promotes opportunities for local viva practice for both the Primary and Final components of the FRCA.

The benefits of a viva network include:

1. Additional opportunities for viva experience with access to viva practice in departments local to your home
2. Support and mentorship by those who have recently obtained the FRCA and matched to your geographical area.
3. Connection with other trainees who live locally but may be working at a different hospital within the region.

We are keen to hear from those of you who have passed the FRCA within the last 2 years and are interested in becoming an FRCA exam mentor in your local area. This will provide you with a unique opportunity for your CV that includes regional teaching as well as leadership and management experience. If you are interested in enhancing your chances of exam success or becoming a mentor please email us.

wessexvivanetwork@gmail.com
Trainee Update
Liz Killick, Chair of Trainees Representatives

Welcome to the new CT1s and ST3s that started in February. I hope you are all settling in and finding your feet! I look forward to meeting you at the next induction day in September. Despite only being in its second month, it has already been a very eventful year, with lots of political upheaval, both internationally and in the NHS. Whilst as anaesthetists we are somewhat protected from the strain being felt by our acute and emergency medical colleagues, we are all very aware of the impending junior doctor contract and its potential effects on the balance of training and service provision, increasing rota gaps and cancellation of elective surgery due to lack of beds. Whether you are new to the deanery or an old hand, below are some ideas and information that I hope will help you manage some of this in the future. There are regional trainee reps available to help with any queries. Below is a reminder of all reps with contact details, please do contact them or myself with any concerns!

CT1/2 Francesca Millinchamp francescamillinchamp@yahoo.co.uk
ST3/4 Jo Davy jo.davy@doctors.org.uk
STS/6 Ruth Young ruth-young@hotmail.co.uk

LTFT Katherine Walker ktrippe@doctors.org.uk
GAT Paul Stevens pjstevens47@gmail.com
ICM Jamie Plumb jamieplumb@me.com

Elections for new regional reps, including Chair will be starting in the next couple of months. Please do consider applying as it is a very interesting and fulfilling job with the opportunity to make significant changes for the better, as well as adding value to your CV.

Local support
Since August 2016, we have also introduced local trainee representatives at each hospital. They should make themselves known to you when you arrive. The idea is that you will have easier access and feel comfortable speaking directly to someone you see regularly and that local reps will be able to solve some local problems quickly via discussion with college tutors. Local reps can also facilitate informal discussion of difficult cases among trainees, which has been shown to improve trainee resilience and wellbeing and helps you sign off some of the reflective practice required for your ARCP! Thank you to Tom Blincoe and Paddy Tapley, who both did an amazing job over the past year in Dorchester and Portsmouth. List of current local reps below:

HHFT Tom Daubeney Poole-Bournemouth Jess Wiggins
QAH Nick Jenkins Dorchester Bridie James
SGH Laura Wood Salisbury Nadeam Mujtaba

Feedback regarding the local trainee rep system has been very positive so far and we are considering switching over to this system supported by elected regional Chair, LTFT, ICU and GAT reps. I would like to hear whether you think this change would be beneficial. I would especially like to hear from CT1/2s about whether you feel a local (and likely post FRCA) rep would be approachable for you or if you would prefer that we retain a regional CT1/2 rep. Please also speak to your college tutor or rep if you wish to take on a local rep role.
Guides
To help you get the most out of each of your rotations, a "Year Group Guide", "Less Than Full Time Guide" and "Local Guide" have been written by the trainee reps and college tutors. The "Local Guide" contains details regarding on-call staffing, accommodation, support and modules that can be completed at each hospital. The "Year Group" guides contain information on useful reading, exam courses and how to pass the ARCP. The "Less Than Full Time Guide" has loads of tips from how to apply, to banding and childcare vouchers. Please visit the Wessex website to take a look! A big thank you to all those who helped to produce these guides.

College listening events and wellbeing
In response to concerns about trainee wellbeing, the RCOA have been holding listening events. The listening events are small group discussions attended by the RCOA leads including president Liam Brennan, anyone can attend to discuss the good and bad aspects of training and how things could be improved. There are also free drinks and nibbles after! I attended the event in January, and it was an interesting and eye opening experience, especially the different issues faced by trainees in different deaneries and some of the solutions. Information regarding future events can be found on the RCOA website.

Thank you to all those who responded to the RCOA wellbeing survey. There were 2312 responses in total, 58% of all UK trainees. Some of the results have already been published in the Guardian, more detailed information is available at the Listening Events.

Post FRCA Teaching
Thanks to all those who attended the post-FRCA teaching day in Dorchester on 10 January. The day focussed on regional anaesthesia and medical education and was very well organised and well received. A reminder of upcoming Post FRCA teaching days are listed below. The college tutors have been asked to try to ensure that study leave is available for all the post FRCA days, but please do get your requests in early!

- Tues 9 May Poole/Bournemouth Teamwork and Leadership
- Weds 12 July Winchester/Basingstoke Professionalism
- Tues 12 Sept Salisbury Consultant Interview
- Thursday 9 Nov Southampton Ethics and Law

Liz
Chair of Trainees Reps and ATRG Rep Wessex
Elizabethkillick@doctors.org.uk
07734888344

Wessex Professional Support Unit (PSU)
The Deanery provides support for those trainees who are struggling academically, clinically or with their health or wellbeing.
For confidential enquiries please email wessex.support@wessex.hee.nhs.uk or visit their website
www.wessexdeanery.nhs.uk/professional_support_unit.aspx
What is it? Rather than doing the solo annual audit project that has small numbers and means little we believe that by collaborating together in different hospitals across the region we can generate meaningful, large scale, multicentre audit and research projects that are more meaningful.

What do I get out of it? A chance to work with and network with colleagues to produce meaningful output that is beneficial to the wider medical community and is also good for the CV.

Who can join? Anyone! We are especially keen to involve foundation doctors with an interest in anaesthetics and ICM (good for core training applications), post primary core trainees and post final speciality trainees.

Other specialities? Anyone who has an interest in anaesthesia, perioperative medicine or intensive care medicine can join.

What has SPARC achieved in 2016?

Transfusion in critical care project. This project led by Jamie Plumb won the WICS trainee prize and has been accepted for publication in Anaesthesia.

Lung protective ventilation project. This project led by Neil Richardson and Sarah Birkhoelzer was presented at WICS, presented to RAFT at GAT and the 2015 work has been accepted for publication in JICS.

iHypE: This national project was the first trainee led NIHR portfolio study. Wessex contributed 197 consenting participants to the study, along with many more episodes of patient data.

NHS Preoperative Testchecker App: This free App is in the latter stages of being updated to follow the new NICE guidelines on preoperative investigations for elective surgical patients. Expect the 2.0 version in apple and android App stores shortly.

What's on the menu for 2017?

SPARC has a number of exciting collaborative projects lined up for the next year. Some of these are Wessex wide projects that have been developed by trainees locally. Others are national collaborations with other trainee-led research networks or NIHR-portfolio national studies. Please see overleaf for details.

iOPS: Intraoperative oxygenation in patients undergoing major surgery

CANDLE: A regional evaluation of night time light pollution on ITU

Paeds status project: A review of the management of paediatric status epilepticus across Wessex

SNAP-2 EpiCCS: The 2nd Sprint National Anaesthesia Project: Epidemiology of Critical Care provision after Surgery

FLO-ELA: Fluid Optimisation in Emergency Laparotomy

For more details visit our website!

www.sparc-wessex.com

Join us for the SPARC AGM:

Tuesday 28th February, 6-7pm, Anaesthetic Department, Queen Alexandra Hospital, Portsmouth
**Ongoing projects:**

**Perioperative anaemia project.** This exciting region wide project led by Ilana Delroy-Buelles has very nearly finished collecting data and results will shortly be available.

**Blood conserving phlebotomy in ITU.** This region wide project led by Andrew Heavyside has completed its initial phase and is now helping to roll out new phlebotomy equipment across the regions ITUs to minimise the associated blood loss.

**Rib fracture project.** Honor Hixman is busy preparing to publish this project which looked at our management of rib fracture across the region.

**SPARC FELLOWSHIPS: are you interested??**

The all new SPARC fellowship is aiming to start in August 2017 and will 75% clinical time (Intensive Care Medicine) & 25% paid time to support quality improvement work through SPARC. The Intensive Care Medicine time will count towards training.

This is a great opportunity to support SPARC projects, undertake your own research and collaborate with local academics in writing articles for publication. Based with in the Academic Department of Critical Care in Portsmouth or in General Intensive Care in Southampton you would be paid to:

1. Support and undertake SPARC projects
2. Gain invaluable additional experience of intensive care medicine
3. Opportunity to further your research CV with opportunities to contribute to peer-reviewed articles and recruit patients to ongoing clinical trials

This role is available to any trainee who has completed core anaesthetics training and who would be eligible to work at ST3 level or above on the middle grade ICM rota. It would perhaps be best suited to a dual ICM trainee ST3+. Posts will last 9-15 months depending on how much ITU time is required and interviews will be held nearer the time. **If you are at all interested please contact Mark Edwards (Southampton) or email sparc.wessex@gmail.com.**

---

**SPARC Committee**

Matthew Taylor: SPARC Chair
Olivia Shields: SPARC Vice-Chair
Francesca Riccio SPARC Vice-Chair
Jamie Plumb
Andrew Nash
Ben Harris
Fiona Linton
Rebecca Fry
Sarah Birkhoelzer

**iOPS:** Intraoperative oxygenation in patients undergoing major surgery.

This project is a collaboration with one of the London trainee networks and will be led in this region by Andrew Cumpstey. It will measure the cumulative oxygen dose during anaesthesia for patients undergoing major surgery. We’re hoping to kick off in April and will be collecting data on all patients having elective procedures over a 1 week period who also have an arterial line placed as part of their planned anaesthetic care.

**Paeds status project.**

This region-wide collaboration with our paediatric colleagues is already up and running in several hospitals across the region. It is looking at our management of status epilepticus in children, specifically the timing of intervention and how this might be improved. Olivia Shields will be available at the AGM to explain more.

**CANDLE:**

This wonderfully simple regional project led by Thomas Craig will measure night time light levels in intensive care units across the region. He will be available at the AGM to explain more.
Confessions of a Guardian

Dr Jon Chambers, Deputy Regional Advisor (Wessex) and Guardian of Safe Working (DCH)

I took on the role of Guardian of Safe Working at Dorset County Hospital back in August 2016. The Guardian, under the new contract, has the following roles:

- To act as the champion of safe working hours
- Receive exception reports and record and monitor compliance with agreed work schedules
- Intervene to reduce any identified risks to trainees or patients’ safety
- Undertake a work schedule review where there are regular or persistent breaches in safe working hours
- Distribute monies received as a consequence of financial penalties to improve training and service experience

More about those roles later, but why did I take it on? I guess, through my rose tinted spectacles, it was an opportunity to try and make the best of a bad situation. How is it going? I still have my rose tinted spectacles but they are scratched, dented and missing a lens.....The role of Guardian should have come with a health warning as it has the potential for giving you splinters. I sit on the fence between NHS Employers and the BMA whilst trying to make sure that junior doctors are both treated fairly and protected from the vagaries of the new contract.

This article is entitled Confessions of a Guardian and I will come out and say it – there are some good things about the new contract! Whether it was imposed or introduced I have seen some positive developments since it arrived in August. The ability to raise concerns in a timely fashion through exception reporting is proving a very effective way of instigating change. The requirement to have training embedded within a trainees weekly work schedule provides a degree of protection when the service commitment of a department encroaches. The requirement of all hospitals to have a Junior Doctor Forum (which is attended by the Guardian, the head of HR, the Chair of the LNC and representatives of all training grades) has also proved a good opportunity to improve communication and links between all groups. In addition there is a requirement for the Guardian to present a quarterly report to the Trust Board focusing on rota gaps, exception reports, patient safety and issues relating to the junior doctor contract. It would seem that this is the first time non-executive directors are hearing issues from the point of view of junior doctors. This has led to a new focus on covering rota gaps, improving conditions and an awareness of the true feelings and morale of the junior doctor under their stewardship.

I am afraid it is not all good. The new contract has created an increased burden on the educational and clinical supervisor. Making friends with the reporting systems involved and the increase in frequency of meetings between supervisor and supervisee have had an impact. It is vital that these roles have the time recognition they deserve as the ES/CS is central to the delivery of the beneficial aspects in the new contract. The time to meet with trainees, review work schedules and exception reports and help trigger change where required all take time. The predicted wave of resignations from exasperated supervisors is thankfully yet to arrive but unless trusts recognise the time involved it may become an issue. The second complexity relates to the strict rules on hours. Whilst the focus of the contract is rightly based on patient and doctor safety, the focus on hours rules will lead to an inability for juniors to swap shifts or undertake in-house locums at short notice without carrying with them the required rest allocation. This will make rota management even more complex and is one of the unintended consequences of a difficult contract negotiation.

So what about Anaesthesia and the new contract?

All trainees on anaesthetic rotations will transition onto the new contract in August 2017 (or whenever their current contract ends after this date). The new contract ended the hours monitoring system and replaced it with work schedules and exception reports. Work schedules set out the work that doctors in training are expected to do, and the training they can expect to receive. When a doctor’s work exceeds that set out in the work schedule, they can raise an exception report highlighting the risk to safe working hours or variance in educational opportunity. The employer is then required to respond to that report by adjusting the doctor’s hours to ensure that they remain safe.
There are a number of things departments, educational supervisors and trainees should be thinking about over the next few months to prepare for the change. This is by no means an exhaustive list but covers a few of the important issues:

**Work Schedules**

8 weeks before starting the post the doctor should receive a **generic work schedule** which outlines their hours, rota, rate of pay and the contact details of relevant people within the trust. This will need input from College Tutors and Rota Coordinators. In addition it will also include an outline of the training opportunities available within that department. Once the trainee has started they are required to meet their educational supervisor to **personalise the work schedule**. This meeting should happen within 7 days and involves the trainee and ES agreeing the generic work schedule and adding in any additional training requirements specific to that trainee (e.g. additional modules, exams, QI experience, higher/advanced training requirements etc). Once completed this document will provide the basis on which a trainee will exception report therefore anything in it needs to be relevant, realistic and most of all, achievable.

**Exception Reporting**

Trainees will be able to exception report on the following:
- variation in the hours of work and / or rest; or
- the pattern of work; or
- missed educational or learning opportunities; or
- a lack of support available to the doctor

These exceptions are reported electronically and sent to their nominated supervisor (this can be their College Tutor, ES or CS). Once received the supervisor will then need to meet with the trainee to discuss the exception and agree an outcome. This may be time back in lieu, payment for additional hours worked or a plan for replacing a missed educational opportunity. This meeting should happen within 7 days. Recurrent exceptions on a rota should lead to a change in the work schedule or rota to make sure that trainees work within their hours. If departments are unable to compensate trainees with time back then a monetary fine can be imposed on a department by the Guardian.

**What should happen between now and August 2017?**

1. Find out which system will be used for exception reporting and make sure that College Tutor, ES and trainees can log on.
2. Develop the Generic Work Schedules and make sure that they are both realistic and achievable.
3. Decide the best route for exception reporting within your department. In most anaesthetic departments the College Tutor has the best overview of rotas and training requirements and may be best placed to receive any exceptions. This needs to be discussed in advance.
4. Agree rules for swapping shifts & locum cover. The hours rules within the contract are very tight and any swapping of shifts or additional shifts will need careful planning.
5. Nominate an anaesthetic trainee to join the Junior Doctor Forum within your hospital
6. Access the available information on the new contract. NHS employers and the BMA both have lots of useful information for trainees and educational supervisors to help you prepare for the transition:
   - NHS Employers: www.nhsemployers.org/your-workforce/need-to-know/junior-doctors-2016-contract

**Light at the end of the tunnel?**

It is true to say that neither the BMA nor NHS Employers are happy with the new contract. The good news is that they are back around the negotiating table trying to sort out the niggles and complexities which have come to light since it was introduced/imposed last August so watch this space. The process of change is never easy and there is much still to do to make the contract work for all. That said there is also a number of positives from the system of exception reporting and work scheduling to improve the working lives of juniors throughout the hospitals in Wessex.
The RCoA are very keen on Peri-operative Medicine (POM) and feel that all anaesthetists should be adequately prepared to offer this care to patients. POM is defined as the provision of the best quality care and patient experience from the point of contemplation of surgery through to full recovery after surgery. Existing examples of good peri-operative medicine include pre-operative anaemia clinics and pathways, CPET risk assessment and shared-decision making clinics and Proactive care for Older People undergoing Surgery (POPS) teams.

To prepare the next generation of anaesthetists, the RCoA has created a new Unit of Training (UoT) within the syllabus to guide training in this developing area of anaesthesia. It is a compulsory UoT for any trainee that starts a stage of training (i.e. CT1, ST3 or ST5) from August 2016 onward, but all trainees should be encouraged to undertake this UoT given the high priority the RCoA have given POM. Although examples of POM have been successfully implemented across the country, a whole package from beginning to end does not yet exist. This makes training in POM in one centre difficult to deliver, and collaborative programmes will be necessary.

For Core Anaesthesia Training, the existing competencies have been re-arranged under the title of POM. Current training will be sufficient. Clinic and pain ward round attendance will introduce important concepts at Intermediate Level Training and attendance at medical pre-assessment clinic is mandatory. At Higher Level Training, trainees must demonstrate the ability to lead these clinics. Advanced Level Training has a greater focus on working with our partner specialties and health professions to develop new care pathways.

**POM Workshop Day: 10th July, Royal Bournemouth Hospital Education Centre**

To support Intermediate and Higher Level trainees, we are organising a one-day workshop in partnership with Royal Bournemouth Hospital. The workshop will aim to cover focused topics that are relevant to the module and clinical practice. We hope to use this day to aid trainees to access the latest evidence to guide their practice, with additional practical stations to facilitate their understanding of tools such as CPEX (cardiopulmonary exercise testing) and cardiac output monitoring. The day will also provide an opportunity for trainees to complete some WPBA covered in the POM UoT.

For more information and to request a place, please contact Dr Amelia Arasaratnam (STS) amelia.aras@doctors.org.uk

---

**Academic Research**

Visit the NIAA website for a free online resource providing an introduction to the key principles of how to design a study and the regulations governing clinical research: [www.niaa.org.uk/article.php?newsid=886](http://www.niaa.org.uk/article.php?newsid=886) The NIAA website also has lots of information regarding numerous research opportunities, grants and awards [www.niaa.org.uk/CurrentOpportunities](http://www.niaa.org.uk/CurrentOpportunities)

The Society of Educators in Anaesthesia (SEA UK) offers awards and grants from £500 upwards towards any project or research relating to education and training within anaesthesia and critical care. See [www.seauk.org](http://www.seauk.org)
Wessex GAT (Group of Anaesthetists in Training) Update
Paul Stevens, GAT Trainee Network Lead

I've recently taken over the post of GAT rep from Rebecca Reeves so last but not least here is a quick update about what is happening with the AAGBI and GAT.

GAT ASM and Winter Scientific Meeting
The GAT Annual Scientific Meeting is being held in Cardiff this year from 5th -7th July. It’s a great way of keeping up to date with what is new and upcoming in anaesthesia and usually well attended by Wessex trainees. I look forward to seeing some of you there: [www.gatasm.org/content/welcome-gat-annual-scientific-meeting-2017](http://www.gatasm.org/content/welcome-gat-annual-scientific-meeting-2017) If you want to see any of the lectures from this year’s Winter Scientific Meeting (or any previous meetings) they are now online for AAGBI members at [www.learnataagbi.org/](http://www.learnataagbi.org/)

Trainee health and wellbeing
Many of us will have seen the BBC programme broadcasted in January which highlighted the dangers of junior doctors driving home after night shifts. The AAGBI statement is available to read: [www.aagbi.org/news/latest-news/aagbi-press-releases](http://www.aagbi.org/news/latest-news/aagbi-press-releases) Fatigue is something that I know the RCoA are looking at with the AAGBI to ensure safe working hours for doctors. The GAT Committee has released a statement in response to the Guardian article on the RCoA Morale and Welfare survey, it can be found here: [www.aagbi.org/professionals/trainee/gat-news](http://www.aagbi.org/professionals/trainee/gat-news)

New Contract
Anaesthetic trainees will be moving over to the new contract from August and Trusts should be making plans for a smooth transition. If anyone has concerns about the implementation of the new contract which they would like me to pass on to the GAT committee or AAGBI please let me know or if you have any other training/GAT/AAGBI issues drop me a line:

Paul  pjstevens47@gmail.com

---

Burnout and Fatigue

The RCoA is joining forces with the AAGBI in calling for action to improve working hours for doctors.

The AAGBI has created the following plan:

1. Support publication of a national survey about junior doctor fatigue, covering accessibility of hospital rest facilities, commuting after working night shifts and the impact of fatigue on physical and psychological health.
2. Roll out of a fatigue education programme informing doctors and their managers about fatigue and how they can reduce its risks.
3. Defining the standards for adequate rest facilities and cultural attitudes towards rest in hospitals.

Dr Liam Brennan, President of the Royal College of Anaesthetists said:

“Our own workforce research has shown the pressures junior doctors are under, with six out of every seven trainee anaesthetists reporting a high risk of burnout.

Many of these doctors are working long hours and the disruption of working night shifts is a cause of physical and mental health problems.

Unless we act, the increasingly difficult working conditions for doctors, particularly doctors in training, will impact on our ability to deliver quality patient care.

If we fail to address working conditions in our hospitals, we will struggle to maintain the quality of care our patients expect and which we expect of ourselves”
# Conferences and Courses

## Examination Courses

**Wessex Primary OSCE and SOE Course (WOSOC)**  
Friday 5th May 2017  
**Final Friday**  
Friday 16th June 2017  
Enquiries can be made by emailing frca.final.soey@gmail.com or wosoc1@googlemail.com

**South Coast intensive Finals Course (SCIF)**  
25-26th May 2017  
New Place De Vere Hotel, Southampton  
£395  
www.scifcourse.org.uk

## Intensive Care

**FICM Annual Meeting: Hard cases or bad laws?**  
24th May 2017  
Royal College of Anaesthetists, London  
£170 (£90 for trainees and nurses)

**Dorset Intensive Care Echocardiography Course (DICE)**  
FICE approved course for trainees and consultants in ED, ICU, and Anaesthesia  
12th May 2017  
Royal Bournemouth Hospitals NHSFT  
Contact: nigel.chee@rbch.nhs.uk

## Airway

**Airway Management: Training the Trainer**  
4th May 2017  
Royal College of Anaesthetist  
Fee: £240 (£180 for RCoA registered trainees)

**ENT anaesthesia - 2 day seminar**  
27th March 2017 - Tuesday 28th March 2017  
Location: AAGBI, 21 Portland Place, Westminster, LONDON  
Fee: £145 - AAGBI members, £95 - AAGBI trainee members, £285 - non-members

**Difficult Airway Society Courses**  
www.das.uk.com/courses

## Neuroanaesthesia

**NACCGBI 2017 Annual Scientific Meeting**  
18-19th May 2017  
Institute of Electrical Engineers, London  
Non-member rates: 2 days – £395, daily £225  
www.naccsgbi.org.uk/

## Regional Anaesthesia General

**RA-UK ASM 2017 (Brighton)**  
11-12 May 2017  
Grand Hotel, Brighton, UK

**Complete Ultrasound Guided Regional Anaesthesia Education Course (CURE)**  
15th-16th May 2017  
SonoSite Education Centre, Luton  
£400  
www.sonositeeducation.com

## General

**Core Topics Exeter**  
12th May 2017  
Sandy Park Conference Centre, EXETER  
£175 - AAGBI members, £110 - AAGBI trainees

**GAT Consultant Interview**  
23rd May 2017  
21 Portland Place London (AAGBI)  
£145 - AAGBI members, £95 - AAGBI trainees

**CPD Study Day**  
30-31st May 2017  
Royal College of Anaesthetists, London  
Fee: £355 (£270 for RCoA registered trainees)

## Cardiothoracic Anaesthesia

**Cardiac Disease and Anaesthesia Symposium**  
9-10th May 2017  
Royal College of Anaesthetists  
Fee: £395 (£315 for RCoA registered trainees)  
www.actacc.org/home/courses.asp

## Education

**Tomorrow’s Teachers II – The Art of Facilitation**  
26th June 2017  
www.coursesandconferences.org.uk

## Anaesthesia in the developing world

**World Anaesthesia Society seminar - caring for the critically ill patient in the global context**  
2nd May 2017  
21 Portland Place, Westminster, LONDON  
£145 - AAGBI members, £95 - AAGBI trainee members
Paediatric Anaesthesia

Paediatric Anaesthesia Seminar
12th June 2017
21 Portland Place, London (AAGBI)
£145 - AAGBI members, £95 - AAGBI trainees
www.aagbi.org/education/event/3240

Trauma

CPD Study Day: bombs, blasts and other disasters
3rd May 2017
Royal College of Anaesthetists, London
Fee: £200 (£150 for RCoA registered trainees)

Joint RCoA/RCEM Major Trauma Study Day
22nd May 2017
Royal College of Anaesthetists
£200 (£150 for RCoA registered trainees)

Education

Tomorrow’s Teachers II – The Art of Facilitation
26th June 2017
www.coursesandconferences.org.uk

Obstetric Anaesthesia

11th Wessex Obstetric Anaesthesia day in the Simulator (WOADS) Course
3rd June 2017
Queen Alexandra Hospital, Portsmouth
Fee: Free (ST3-ST7)
Email: WOADScourse@gmail.com

Introduction to Obstetric Anaesthesia
20th October 2017
Southampton General Hospital
Free (CT1-2)

Wessex Obstetric Anaesthetists Conference (WOA)
20th October
Bournemouth Hilton Hotel

Management and Leadership

Wessex Leadership and Management Programme:
www.coursesandconferences.org.uk

- Understanding Assertive Behaviour
- Stress Management
- Presenting with Power and Authenticity
- Personal Impact
- The Structure of the NHS
- Time Management
- Conflict Resolution
- The Essentials of Effective Leadership

Management & Leadership
24th to 25th April 2017
21 Portland Place, London (AAGBI)
£145 - AAGBI members, £95 - AAGBI trainee members

Introduction to Leadership and Management: The Essentials
23-24th May 2017
The Royal College of Anaesthetists, London
£395
www.rcoa.ac.uk/education-and-events/introduction-leadership-and-management-the-essentials

Leadership and Management: Working well in teams ..
And making an impact!
Date: Mon, 28/11/2016
Location: The Royal College of Anaesthetists
Fee: £220

Thank you to Russell Goodall for compiling the above list of courses.