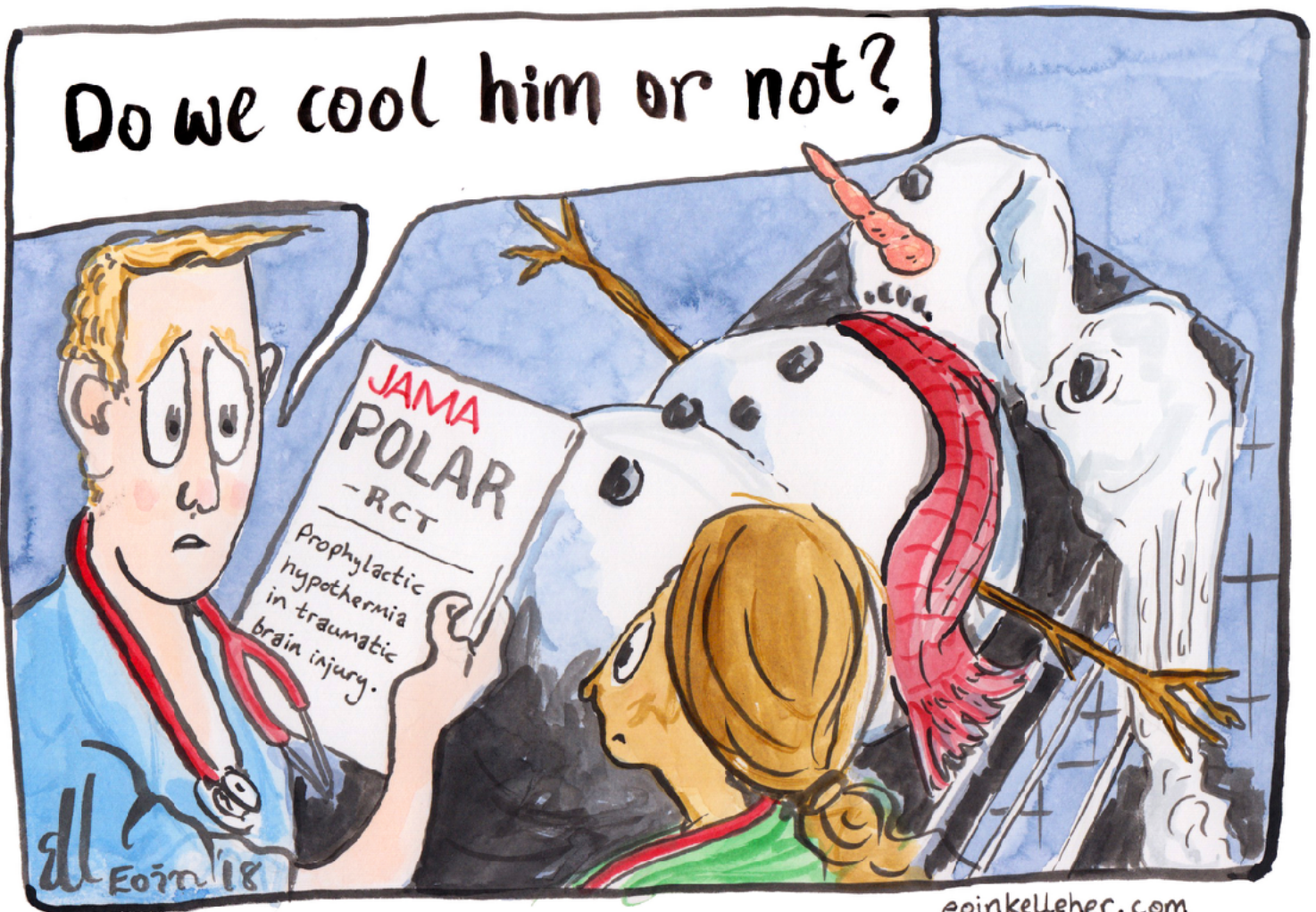




CAT

CAT NEWS

December 2018



eoinkelleher.com

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Editors Note

Welcome to this bumper edition of CAT News!

First and foremost, thank you to all trainees who took the time to complete the recent CAT/Training Department Survey. Given the massive volume of information collected, the results will be split over the next two issues of CAT News.

With the holidays and changeover looming fast we are conscious that it can be a financially challenging time for trainees. With this in mind, Philip Carrol of IMO Financial services has some tips on keeping your finances in shape. We have also included a section on Revenue, their online system and a list of employer numbers to make changing jobs a little easier.



If you read one article in this edition it should be Dr Francesca Holt's account of her time with MSF in both Nigeria and Syria. Journal Watch continues with a potentially practice changing piece on the use of NIRS. We have updates from around the country from the LAT Network, an updated calendar for 2019 and lots more.

"The College" is run by a small army of people who work on our behalf to organise everything from rotations, to exams and simulation courses. In this edition we introduce you to the people behind the emails.

This edition brings lots of good news from around the country via the LAT network. As ever we'd like to hear from you, if there is anything that you'd like to see included or you'd like to contribute to CAT news please don't hesitate to get in touch.

Wishing you all a healthy and prosperous New Year,

Bryan

cat@coa.ie

[@AnaesTrainees](https://www.instagram.com/AnaesTrainees)

[Committee of Anaesthesia Trainees](#)

Chairperson's update

Dear Friends and Colleagues,

I hope this second edition of the CAT News finds you well!

Since our last edition in August, we have been very busy and it feels like the months have flown by. In July, we said we wanted to bring people together more often as a group and create a greater sense of community and cohesion among trainees. In this CAT News edition, you'll read about and see pictures of the Great Dublin Bike Ride and the CAT-GAT Social on the MV Cill Airne in September – thoroughly un-educational but very enjoyable events!

In October, Dr Hester O'Connor, lead clinical psychologist in the HSE gave a presentation in the college on wellbeing for anaesthesiologists. This was well attended by consultants and trainees, and over eighty people/groups tuned in around the country via the online link. In keeping with that theme, we organised a wellbeing session on Saturday 24th November. Our local Ayurveda guru, Dr Camillus Power, started the morning with his expert presentation on an introduction to traditional Indian medicine and stress management. This was followed by a practical session with personal trainer Claire McGlynn on exercises for posture and a healthy back, and a yoga session by chief SAT yogi Dr Aoife Brennan that left a few of us a bit sore for a few days.

Perhaps our biggest undertaking so far this year has been our survey on training and wellbeing resources in the College. We wanted to conduct the survey so that we could identify real and actionable areas of improvement in both training and the sense of wellness among trainees, and we are so grateful to the 165 trainees who took the time to take part. We have presented relevant findings to all the college tutors, followed by a brainstorming and information session on ideas for improving trainee experience at a local level, a summary of which will be sent to LATs and tutors in the coming weeks.

We will be presenting the findings regarding the training scheme to the training committee at the next meeting in January. Although the majority of people were satisfied with the scheme, we've had some excellent suggestions for improvements and we look forward to sharing these with various committees within the college. We have also worked with the training committee on drafting a policy to allow six to twelve months off the scheme for other pursuits. We're waiting for this to be presented to and discussed at the council in the college and we are hopeful it will be approved in the New Year. This is separate to unscheduled leave from the scheme for personal reasons, which is always available to those who need it.

We're going to take a much needed CAT nap over the Christmas period and will be back into full swing in January. We have plans to have a survey presentation evening in the College for all trainees, with lots of time for open discussion afterwards. In response to calls from a number of trainees for meetings and activities outside of Dublin, we intend to have a CAT meeting and hopefully a bike ride at the Western Anaesthesia Symposium in April in Galway. We will also be busy with organising events around congress including the CAT-chaired session and the Annual Fun Run. Following the success of the event last year we'll host another drinks evening following the graduation. Lots to do, and lots to look forward to!

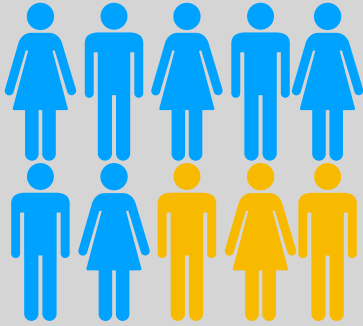
On behalf of the committee, I'd like to thank you all for your continued support and feedback throughout the year. If you'd like to get in touch about anything at all, please email cat@coa.ie. Finally, I'd like to sincerely thank the entire committee for serious dedication so far this year – a truly great team that I am proud to be a part of.

Wishing you and all your loved ones a merry Christmas and a happy new year,

Sinéad

Chair, Committee of Anaesthesiology Trainees

Results



163 Trainees completed the survey

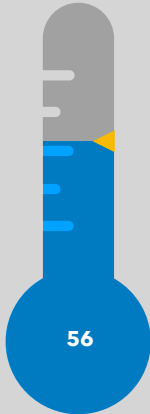
All years were represented equally

68% were satisfied/very satisfied with their experience on the scheme



Health

Physical



I couldn't possibly feel any better

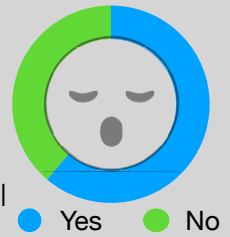
I couldn't possibly feel any worse

Mental



Sleep

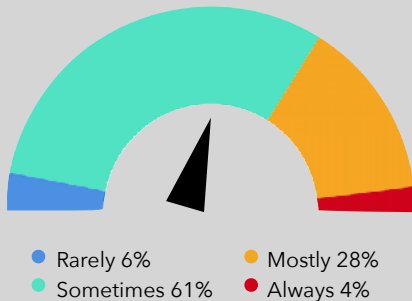
60% of trainees have received education on fatigue/sleep hygiene



80% would avail of wellbeing supports in the future.

Stress

I FEEL STRESSED...



Work Environment 55.6%

Demanding nature of work 51%

Unpredictable and/or long hours 69.3%

Relationships with colleagues 51%

Lack of sleep 67.3%

Exams 54.9%

Career uncertainty 61.4%

Family and personal relationship concerns 39.2%

Financial concerns 37.9%

Commute



49%



14.4%



30%



19%

Commuting post call

Accident/Collision 7.27%

Near Miss 54.61%

0 25 50 75 100

People of the CAI

Martin Mc Cormack

Position/Role: Chief Executive Officer, College of Anaesthesiologists of Ireland

How would you define success in three words?

Well-being, fulfilment and societal impact.

What's your motto? Stay positive, work hard and make it happen.



Something about you: I get up at 5 am every day and read the headlines from Times of India, Muscat Daily from Oman & Arab News, Saudi Arabia and the Financial Times and other thought leaders before going for a run.

What changes are you trying to influence at present that impact on training: Thank you to all who responded to the recent survey on your training experience- it is very important and I am working on trying to find solutions to some of the issues raised. I am working with colleagues on the Forum and in HSE NDTP and the Medical Council to influence change on protected time for training, the development of a proper medical training strategy for Ireland to feed into Slaintecare Advisory Council. I want to link that to a proper workforce plan to give certainty about future positions. I am on the Medical Council working group on standards for training programme and training site accreditation and I am on the HSE Task force to address bullying against doctors.

Last thing I watched on Netflix: Agent Raghav, Crime Branch.

Jennie Shiels

Position/Role: Training Manager in the Training Department

Contact me for/about: Any queries relating to the Specialist Anaesthesiology Training programme and the Training Committee

Contact details: 01 2650603 / jshiels@coa.ie

Something about me: I sail competitively in a 17ft clinker built wooden boat. The boat is part of a dinghy class called "Mermaids" and I am the Hon. Secretary for the class association, the Mermaid Sailing Association.



Last thing I watched on Netflix: The Crown

Rebeca Williams

Position/Role: Faculties & Training Administrator, Secretary for ICSI, Joint Faculty of Intensive Care Medicine of Ireland & the Faculty of Pain Medicine

Contact me for/about: Queries relating to ICSI, JFICMI, Faculty of Pain Medicine, CPD SS

Contact details: 01 2650624 / rwilliams@coa.ie

Something about me: I Speak fluent Welsh

Last thing I watched on Netflix: Last thing I watched on Netflix is Narcos



Natalie Brennan

Position/Role: Finance Office

Contact me for/about: Specialist Training Fund

Contact details: 01 2650616 / finance@coa.ie

Last thing I watched on Netflix: Big Fan of Game of Thrones. "Winter is coming"



Karl Perocillo

Position/Role: Simulation and Clinical Skills Centre Manager

Contact me for/about: Simulation Operations and Technical Issues

Contact Details: 01 2650619 / kperocillo@coa.ie

Something about me: I am a nurse by profession and my clinical background is Anaesthetics and Recovery (PACU).

Last thing I watched on Netflix: I don't get to watch Netflix, but I pay for it for my children



Rachael Kilcoyne

Position/Role: Training Administrator

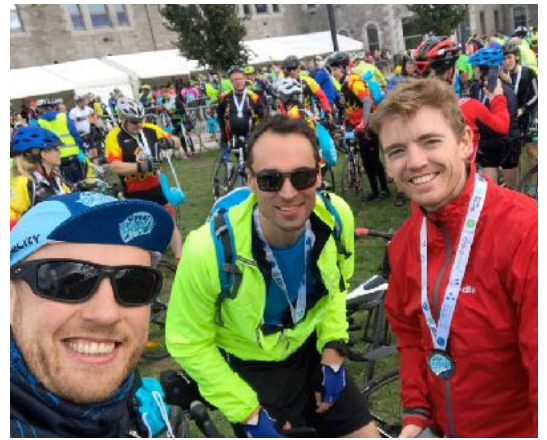
Contact me for/about: Simulation Courses & Professional Competence queries

Contact details: 01 2650615 / rkilcoyne@coa.ie

Last thing I watched on Netflix: I am currently watching Shooter on Netflix



Great Dublin Bike Ride



A Different Kind of Fellowship

I worked with Médecins Sans Frontières (MSF) for six months between paediatric fellowships in London and Toronto. I completed two missions – my first was in Nigeria and my second was in Syria.

Although a large proportion of MSF's work is conflict and disaster based, which obviously fits the anaesthesia remit; MSF also run some specialised surgical projects. It was founded in 1971 in France by a group of doctors and journalists in the wake of war and famine in Biafra, in Nigeria. Their aim was to establish an independent organisation that focuses on delivering emergency medical aid quickly, effectively and impartially while also speaking out about what they witnessed. Anecdotally amongst the humanitarian community; MSF can respond quite quickly to disasters, it takes the UN longer to mobilise due to bureaucratic constraints.



MSF is structured around six main operational centres. MSF Ireland sent me to Nigeria via operations in the Amsterdam office. Briefing usually occurs at your operational centre, depending on the security context of your mission. Prior to Syria, I was briefed in person for a day in Geneva.

Nigeria

In Nigeria, I worked on a NOMA reconstruction programme. NOMA is a multi-pathogen facial gangrene associated with poor diet and immunity, last seen in Europe in the concentration camps. Patients with these destructive defects are often shunned from their community and facial reconstruction and even the scars associated with repair, offer an opportunity for reintegration into society.



MSF run surgical missions to this area four/five times a year. The rest of the year a logistician, a medical director and health promoter remain on the hospital site in order to provide continuity of care and recruit patients. Patients come from afar, often walking for days to find treatment for NOMA.

We screened the patients on the first day and planned to operate on 23 patients in two weeks. All patients became inpatients and met again with two amazing psychologists and play therapists who followed the patient's journey from recruitment to discharge. Surgery was performed by two surgeons, one plastics and one maxillofacial.

In terms of equipment we had a disposable ambuscope which was vital because some patients had total trismus. We had halothane, propofol and morphine. MSF usually use a Glostavent anaesthetic machine specifically designed for resource limited settings, using the drawover principle.

The youngest children we could operate on were 5 years old as the smallest ambuscope would only fit over a size 5 ETT. If flaps were required they were pedicled due to the risk of flap failure with free flaps in this setting. Airway management was high risk; a 5 year old with total trismus and a pedicled flap sutured from his cheek to his shoulder is challenging in Europe, let alone with no ICU back up! Nevertheless it was so rewarding to conduct a post-operative ward round each evening and see how pleased the patient's were.

The expat team all lived together in a compound away from the hospital and we were only allowed to leave for very restricted hours during the week due to the abduction risk. We made our own fun and remain firm friends. "Bad aid" is something I am wary of, this project is sustainable, educational and provides income and employment to the community, who receive it very well.

Syria....



I don't know where to begin. It is a tempest of emotions. I was provided with clear, typed security information from the Geneva offices, which I scoured. Probably the most dangerous part of working in Syria is your journey. High profile abductions, even MSF abductions, have happened. ISIS are increasingly less of a threat but they have not vanished and IEDs scatter the country.

I can't fully detail my journey but I left my mum crying in London City and flew to Geneva for briefing. From there I flew to Turkey and on to Iraq.

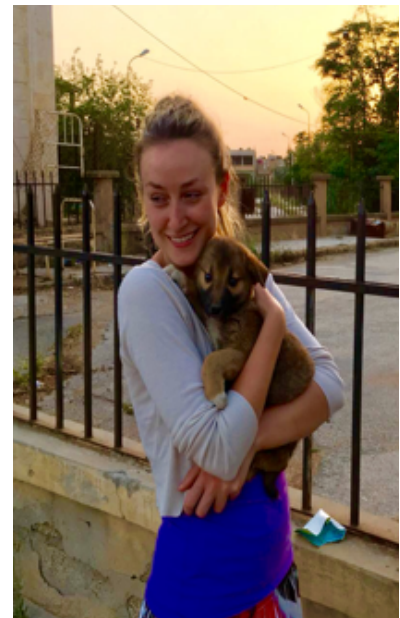
Every part of the journey worked like clockwork, with multiple vehicle changes and someone waiting every time. Despite my flight being full of Special Forces, my bag was the only one searched; the Macgrath laryngoscope looks like a missile. I actually arrived to my bedroom in Iraq at 5am and got into my leopard print double bed (!) expecting to be able to sleep. One hour later three men were banging on the door saying get up we have to go to Syria! I travelled with two very cool French nurses who told me to bring a backpack next time, as we were dragging my Lulu Guinness suitcase down to cross a river.

My hospital was a national hospital that had been attacked by ISIS and left in disrepair. MSF were providing war surgery and emergency care in caravans and tents outside the hospital whilst a team were reconstructing the hospital itself. I worked with an Italian Anaesthetist who had completed many missions and looked after me like I was family. There were two surgeons, an obstetrician, a clinical psychologist and an ED doctor. We all worked with help from Syrian doctors and nurses.

My first night in Syria brought in a two year old with chemical poisoning, who I intubated and was then asked where do I want to send him. I didn't know. We had no ICU ventilators. We did not know the capabilities of any of the other hospitals and roads were marked with checkpoints. An "ambulance" driver arrived in a grey tracksuit and took the child to another hospital, in his taxi, with an ambu bag to ventilate. I don't know what happened to the baby. Later that night three children died from burns due to cooking with petrol (which explodes) in refugee camps. One of their mothers wanted to walk back to Raqqa, several hours away. Persuading her that darkness, curfews and roadblocks, wasn't safe, didn't work. She kissed her daughter and left.

On a small scale I witnessed the complexity of Syrian politics. Sending a Kurdish soldier (YPG) to a government hospital was tantamount to a death sentence. A government soldier's presence inside the hospital would draw YPG into the ward. An ISIS patient, (invariably cachectic and malnourished) would likely be killed upon discharge. Moments of beauty looking at the sunsets from the roof, would be followed by totally surreal encounters, demanding the head of the YPG leaves my unit unless he removes his gun, (he apologised and did).

I found the first ten days really hard. I reconciled that I didn't have to do this to myself but I wanted to give it some time. I had always wanted to work in the humanitarian field and finally felt that completing my training and in particular subspecialising in paediatrics offered something useful. My mother decided to cease communication with me incase our messages were intercepted - I'm not sure what Syrian Militia would gain from seeing photos of the cat, but either way, despite being in a house with 20+ primarily French people my age; I felt quite isolated. Perhaps this was partly due to the context of what I was seeing in the ICU compared to what the others were seeing within their own domain. On the 10th day, 7 puppies arrived just outside the compound and the driver walked around the outside of the fence and gave me one to hold. I decided I should probably stay.



Work involved lots of burns dressing changes (ketafol is a wonder drug), some major war surgery and obstetrics. I ran the ICU as I was more comfortable with this and with children than with obstetrics but we covered call for each other on alternate nights. Despite living on the hospital compound, we would be driven two minutes to the wards when it was dark.

Early on a teacher, who is my age, was brought to us having walked onto a landmine outside the Mosque, on her way to an antenatal visit. She was holding her 9 year-old son's hand and the last thing she remembers seeing are his empty shoes. He died and her baby died. The following day her husband arrived and he didn't leave her side, apart from when she came to the OR for debridement. Then he would sit on a bench outside the OR caravan. He combed her hair and fed her and sat beside her every day I was there. He told me he had loved her since she was 13 years old. On my last day, it was the first day she left the ICU, and they were sitting in the sun outside. I cried when I said goodbye to her but I have been told that MSF flew her to Turkey, where she was reunited with her remaining children and has undergone more advanced reconstructive surgery to her damaged limbs.



One morning during the US airstrikes, ten children were brought in. It was chaos. 7 were dead. I went to a girl who looked like she was 8 years-old and yelled at someone to get a tourniquet because her leg had been blown off. The doctor who was attending her was frozen and had been unable to move. The girl clutched my hand as the tourniquet was tightened and screamed whilst maintaining eye contact with me. For a split moment in my mind I hoped we could save her leg. That is not what war surgery is – her leg was amputated and her life was saved.

Other times we would receive patients from military hospitals who had been packed with war gauze in the field – a gauze that is packed intra-abdominally and hardens in situ. We had whole blood which is thick like glue and would do real time tests of compatibility.

I realised teaching the Syrian doctors, who had not worked in years, was more impactful than whatever small gains I could personally make clinically. The translators helped me create ward round proformas and we strictly adhered to formalised ICU ward rounds in the hope they are now following a structured approach to whatever may arrive into them. We created self-assessment opportunities so that I could target and individualise areas for improvement; we ran a focussed ultrasound workshop using a moulage goat that had been bought by the driver from the market. I was unhappy with the quality of neonatal resus and so we taught “Helping Babies Breathe,” an MSF guideline.

We lived solely within the compound but made a roof top bar, albeit with black disguise shrouding and kevlar ballistic resistant roofing. Food is provided and cooked for you and you are given a per diem allowance for cash within a mission, such as for cigarettes (or I asked the driver to buy us a paddling pool and some palm trees!) I never felt under threat, although hit the deck a few times when happy fire sounded more retaliatory than happy.

I am privileged to have worked in Syria. MSF is a truly wonderful organisation. It cares for thousands of people who are suffering, irrespective of where or who they are. It is a massive organisation that somehow manages to be personal and care for each individual that works for it. I have been encouraged to attend leadership courses and now work with James Orbinski, (the ex-president of MSF who accepted the Nobel Peace Prize on their behalf), defining water quality parameters in children with severe acute malnutrition, for the WHO. There is scope to support you in your field and I would encourage everyone to support MSF in some way. I am very happy to chat to anyone who would like to work with MSF (holtf@tcd.ie)



Dr Francesca Holt

IMO Financial Services

IMO Financial Services is a long-established financial services company (established in 1993 by doctors for doctors) with the main purpose to assist doctors with their finances and to provide solutions to their needs. Our team of financial advisers predominately advise the medical community and have in-depth knowledge of the GP GMS scheme as well as pension benefits for HSE employees. Our team of advisers have a combined experience in the financial services sector of over 60 years. We have nationwide coverage to support doctors in all corners of the country, whether it's in a GP practice or a hospital.

We speak to NCHDs on a daily basis and identified the following areas causing financial concerns and confusion:

Tax

There aren't many ways to reduce your tax liabilities but you should be aware of those that are available to you:

- Flat rate expenses are a tax credit of €695 a year. This is available to doctors and if you are not claiming it, you are overpaying in tax.

- Joint Assessment (or "aggregation") is usually the most favourable basis of assessment for a married couple or civil partners. Said option is automatically given by the tax office when you advise them of your marriage or civil partnership. Tax credits and standard rate cut-off point can be allocated between spouses to suit their own circumstances. In order to avail of this option, you must [inform Revenue](#) before 31 March in the year of assessment.

- PAYE modernisation will come into effect as of 01/01/2019. It is an overhaul of the statutory tax deduction methods and should reduce the emergency tax being levied on NCHDs as they move around on rotation.

HSE Benefits

As an employee of the HSE, you have the following benefits:

- Sick pay entitlements depending on length of service and severity of illness.

- Defined benefit pension scheme. It is a pension that you contribute towards. The benefit you receive at retirement is not affected by stock market returns. What matters is your service, salary and employment start date. How the pension is calculated has been changed over the years, most recently in 2013, so it is vital you understand what rules apply to you.

- Death-in-Service benefits are paid by the HSE to the personal representative where a staff member dies in service. The gratuity payable is generally 1*salary or 1.5* salary depending on service.

-Spouses and Children's pension scheme is another benefit payable on the death of a staff member. Where the member dies in service, or after retirement on ill-health grounds, the survivor's and child's pension is calculated by reference to the pension that the member would have received if he/she had continued in pensionable employment up to their normal retirement age.

It's important to understand these benefits. Many of you may have put financial plans in place such as life cover, pension and income protection without factoring in what your employer is already providing you. We regularly give talks in hospitals around the country to explain these benefits and their relevance to doctors.

Student Loans

By the time many of you finish your 3rd level education you may have amassed a small mortgage in terms of medical student loans. Repaying these loans can cost as much as €700-€800 per month. Unlike a mortgage where you can move the debt to avail of better lending rates and reduce the cost, options to move student loans are few and far between but we would still advise to shop around. Many of the banks also insist that you put life and/or illness plans in place to ensure you will always have the ability to repay the debt. These plans can be costly, especially as the bank offers only one product and doesn't shop around for the best deal on your behalf!

Getting mortgage ready

Given the current rental market getting "mortgage ready" can be difficult. With new Central Bank lending requirements in place there are many boxes which need to be ticked, such as 10% deposit for first time buyers or 20% for next time buyers. Exceptions to this are few and far between so having your deposit is paramount.

There are a few simple tips you can follow to ensure your mortgage application is successful:

- You must be able to demonstrate that you can repay your mortgage. Showing a good savings habit and paying your rent on time ticks this box.
- Saving in a distinct account, will make it easy for you to demonstrate to the bank your ability to save and capacity to repay.
- Reducing other debts such as credit card balances and personal loans may increase the amount that you are eligible to borrow for your mortgage. It's a good idea to try to reduce your other borrowings before completing your mortgage application.
- Be aware of other costs in buying a house such as valuation fee, stamp duty payment, solicitor fees and furnishing costs.
- You will be asked to provide 6 months' statements on all accounts. Helping your application would show no overdraft in that period, clear savings, nil credit card balances at the end of each month.

Remember if you only talk to your local bank about a mortgage you may not be getting the best rates available.

Concerned about illness pay?

HSE employees who are absent on sick leave may receive up to a maximum of 3 months on full pay followed by 3 months on half pay in a rolling 4-year period. When this has expired the employee will be paid a rate of pay based on service, which will see a large decrease in income. It is possible to protect your income with Income Protection. We feel this is the most important financial protection you can give yourself and your family. We offer a group plan specific to doctors which dovetails with the HSE sick pay rules.

I don't understand my pension!

All HSE employees contribute to a superannuated pension. You will be entitled to a pension for life and a once off gratuity (tax free lump sum) at point of retirement. However, there are different rules for everyone in the hospital depending on when you started, whether you broke your service, took a career break or not and when you plan on retiring. There are ways to enhance your pension whether you buy additional service called Notional Service Purchase or invest in an Additional Voluntary Contribution (AVC). Either way you avail of tax relief and enhance your future pension. Another factor for those moving on to consultant grade is the possibility of Professional Added Years and the impact of the Standard Fund Threshold.

Top financial tips for Doctors:

1. Contact Revenue and ensure you are claiming your Flat Rate expense.
2. When applying for a mortgage use a broker service to ensure you get best rates.
3. Protect you and your income through Income Protection.
4. Understand your HSE employee benefits.
5. Seek advice from people who understand your circumstances.

Philip Carroll is Financial Adviser and Group Scheme Specialist of IMO Financial Services and can be contacted at 01/6618299 or by email on imofs@imo.ie.

Fitzserv Consultants Ltd t/a IMO Financial Services is regulated by the Central Bank of Ireland.

Revenue

Revenue have recently overhauled their user interface, replacing PAYE Anytime with a new 'My Account' Service.

The service has greatly expanded the options for managing your tax affairs and streamlines the process of moving job, claiming tax credits and applying for refunds. You can also request balancing statements and tax clearance certificates through the new service.

Registration is straight forward, in many cases it can be completed online. However if it is the first time you have interacted with revenue you may have to wait for your password to arrive in the post.

Once registered you will be able to easily add jobs, claim tax credits and view your tax certificate.

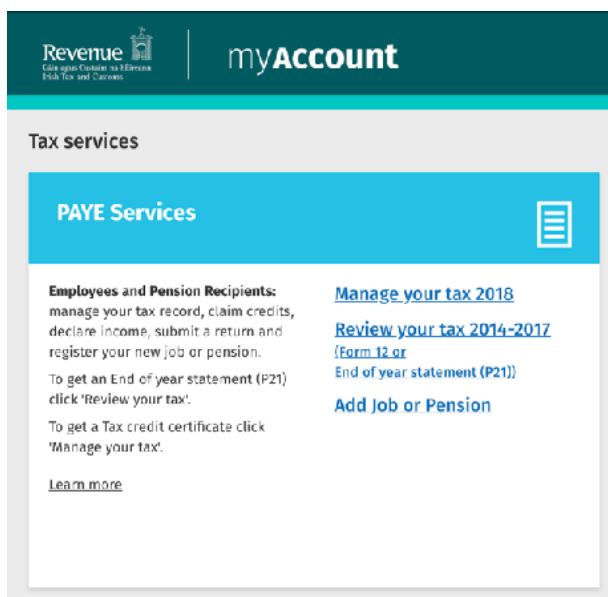
What do I need to register?

- 1 **PPS number**
- 2 **Date of Birth**
- 3 **Mobile number or landline number**
- 4 **Email address**
- 5 **Home address**

Changing Jobs

To add a new job you will need:

- Your employer's tax registration number (see below)
- The date your job starts and how often you will be paid
- An estimate of your overall income(s)



Form 12 and P21 Balancing Statements

Form 12 allows all PAYE taxpayers (us) to review their tax affairs and claim any additional credits e.g. health expenses or relief on fees for masters/higher degrees. The service has been revised to be user friendly and guides users through each step.

Claiming relief on third level fees

Relief can be sought for fees in related to courses at designated third level institutions. The full list of approved courses is available [here](#). Relief is payable at the standard rate of tax (20%)

Depending on whether the course is being undertaken full or part time, a portion of the fees is disregarded and so ineligible for refund. For full-time courses in 2017 this was €3000 and €1500 for part-time courses.

Even if the fees are paid in instalments the refund can be claimed in the academic year that the course was commenced, this is generally more financially beneficial.

Example:

Dr A commenced a part-time masters in 2017. The total fee was €5000, half of which was paid in September 2017 and the remainder in January 2019.

The total amount that is eligible for relief is €3500.

If Dr A claims this in the 2017 tax year they will get 20% refunded.

$$€3500 \times 20\% = €700$$

If Dr A claims two separate payments, one in each tax year, the disregard amount applies to each claim.

$$€2500 - €1500 = €1000.$$

$$€1000 \times 20\% = €200 \text{ in each year}$$

By claiming in 2017 Dr A is €300 better off!

| Hospital | Registration Number | Hospital | Registration Number |
|-------------------|---------------------|----------------------|---------------------|
| Beaumont | 4503682S | West | 0024042B |
| Coombe | 0064009E | Cappagh | 6416993T |
| Mater | 6371402U | Eastern Region | 0043024G |
| Midlands | 0002000J | Mercy, Cork | 6373064N |
| NMH Holles Street | 0052069G | Mid West | 0030888U |
| North East | 0072958D | North West | 0036210M |
| OLCH Crumlin | 0043312L | South East | 0027010D |
| Rotunda | 0045082H | South Infirmary Cork | 4653885A |
| RVEEH | 0079103E | St. John's, Limerick | 0030597J |
| St. James's | 0085963R | St. Michael's | 0068411E |
| St. Vincent's | 6358585I | South | 0007497W |
| Tallaght | 0055033A | Temple St. | 6371404B |

We're on a boat...CAT/GAT Social





IMO Updates

In recent months, issues have been identified with regard to the recording and payment of unrostered overtime, and the subsequent reporting of EWTD compliance to the national EWTD verification group. The HSE South/South East network has been flagged as being of concern, and in the past month the IMO has intervened in specific cases in Cork University Hospital and the Bon Secours Hospital in Cork. The IMO is disputing figures reported by the HSE to the verification group and has circulated a three-minute survey to challenge these data; this can be accessed at <https://www.surveymonkey.com/r/EWTDsurvey>. You do not have to be a member of the IMO to fill this out.

If you have any concern regarding whether or not you are being paid correctly, contact your IMO hospital representative or Member Advisory Services in the first instance. Claims for underpayment can only be validly pursued through the mechanisms of the Workplace Relations Commission for six months, so it is important to flag any issues early to ensure full payment for all work carried out.

International affairs

The Permanent Working Group of European Junior Doctors (EJD) held its autumn meeting in Estonia in October. One topic discussed was flexible working; it was striking to note that Ireland had the joint lowest number of non-consultant doctors undertaking training programmes on a less-than-full-time basis (1%, tied with Slovenia). This figure varies widely across the continent, with 40% in the Netherlands engaged in flexible training, and there is huge variation in eligibility, number of years available, hours worked, supervision and eligibility criteria. A pan-European questionnaire on stress and burnout is being prepared, in which the Irish representative is taking a lead.

Brexit was a core issue, with the BMA describing it as a “disaster on a scale that is unimaginable”. It is still unclear what will happen to mutual recognition of qualifications after March 2019. There are immediate implications for EJD, as its president, vice-president and some executive board members are currently BMA representatives; as it stands, only EU and EEA member states can be full members.

Contract and training supports

Agreement has been reached with the Department of Health and the HSE regarding implementation of the new protocols for incremental credit for additional degrees. The new arrangements will apply with retrospection to July 2018, and an individual can avail of improved incremental credit based on the grade (such as SHO or SpR) that they were at in July 2018. Final text on this should be circulated shortly.

Further to the conditions of the High Court settlement on Living Out Allowance restoration in 2017, there has been ongoing discussion with the DOH and HSE towards improvement in training supports for NCHDs. Good progress has been made on this in collaboration with National Doctors Training and Planning and the Forum of Postgraduate Medical Training Bodies, and it is hoped that funding will become available early in 2019.

Dr Gabriel Beecham

MPS - We don't talk anymore...

Mr Y, a 35-year-old marine engineer, was undergoing surgery in the posterior compartment of the thigh to treat a congenital vascular lesion. Mr O, consultant vascular surgeon, was carrying out the procedure. The lesion was closely related to the sciatic nerve and some of its branches, and Mr O was hoping to avoid damaging the sciatic bundle, if possible.

The anaesthetic was given by Dr A, consultant anaesthetist. During the induction phase Mr Y had suffered repeated generalised muscular spasms, so Dr A had given a muscle relaxant, to prevent intraoperative movement of the surgical field.

During the course of surgery, Mr O used tactile stimulation to attempt to determine whether a nerve which was likely to be compromised by his surgical approach was the sciatic nerve, or a branch of the peroneal nerve. Reassured by a lack of contraction of relevant muscle groups, he continued to operate under the impression that the structure about which he was concerned was not the sciatic nerve.

Unfortunately, in the context of neuromuscular blockade there was no rationale for this approach. It transpired that Mr Y suffered severe foot drop as a result of extensive damage to the sciatic nerve. Mr Y sued Mr O as a result of his injuries.

Expert opinion

The case hinged on whether Mr O had taken sufficient care in establishing the relevant anatomy during surgery. Dr A had documented in the anaesthetic record that he had given the muscle relaxant, and was adamant that he had told Mr O this fact. Mr O was insistent that Dr A had not informed him about the administration of the drug and thus had left him open to the error that he made.

During an investigation of events surrounding the case it became clear that there was a history of animosity between the two clinicians. There were unresolved investigations into allegations of bullying and harassment between Mr O and Dr A. In the context of how Mr Y suffered his injury, and the clinicians' apparent failure to communicate, it was impossible to defend the case, which was settled for a moderate sum with liability shared equally between the two doctors.

Learning points

- It is a professional obligation of a doctor to, as the GMC puts it "respect the skills and contributions of ... colleagues and communicate effectively with colleagues within and outside the team."
- Effective communication between healthcare professionals is essential for safe patient care. In the context of an operating theatre, where there are anaesthetic factors that may have an impact on the surgical outcome (and vice versa), it is vital that this information is imparted.

- Unresolved personal or professional disagreements between healthcare professionals who share responsibility for patients is potentially prejudicial to patient care. It is the responsibility of all who work in the clinical team, and those who manage them, to make sure that patients are protected from any adverse outcome that results from doctors not working properly together. The wellbeing of patients must always significantly outweigh the personal problems of doctors.
- The rights and wrongs of any argument come second to their conduct. Both individuals could find themselves the subject of investigation by the regulatory authorities.

See the following paper on the issue of conflict in healthcare: Sorensen R, Iedema R, Redefining Accountability in Health Care: Managing the Plurality of Medical Interests. *Health (London)*, 12(1):87-106 (2008).

Emerging Leaders Conference 2019



The College of Anaesthesiologists has committed to supporting up to two delegates to attend the Emerging Leaders Conference in Kuala Lumpur from April 26-28, 2019, followed by the ANZCA Annual Scientific Meeting (which is held in conjunction with the ELC) on April 29 - May 3, 2019. Applications will be considered from fellows who have been awarded fellowship within the last five years.

Support will comprise reimbursement of costs of travel, accommodation, registration and subsistence. A covering letter addressing the selection criteria, curriculum vitae, and the names of two referees, are to be submitted to the CAI [Orla Doran, ODoran@coa.ie Education Committee administrator] by January 3, 2019.

For more information and details on eligibility and selection process: <https://www.anaesthesia.ie/wp-content/uploads/2018/11/Emerging-Leaders-Conference-2019-Programme-Details-November-2018.pdf>

CAT Wellbeing Morning

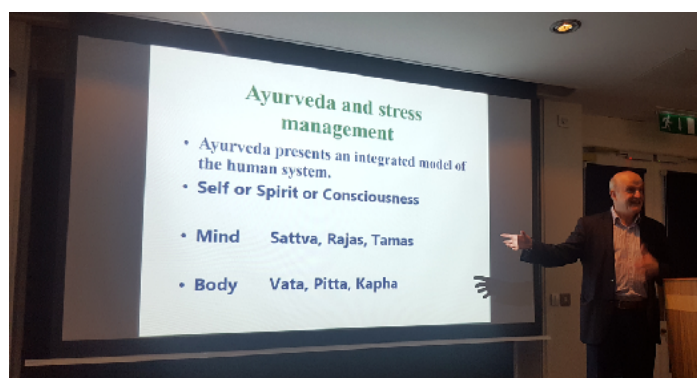
Trainee wellbeing has been a priority for CAT this year, and with that we held our 2nd wellbeing event on Saturday 24th November. The leisurely morning began with a very interesting "Introduction Traditional Indian Medicine" by Dr Camillus Power, learning about the three energies of Ayurveda and how this can influence stress management. We were introduced to the ideas of Vata, Pitta and Kapha with a view to exploring our own tendencies and traits, as well as those of our patients!

The first of our active sessions, after a well-deserved coffee break, was a fantastic class on "Posture and Protecting your Back" by Personal Trainer Claire McGlynn. With Claire's expert eye ensuring there was no cheating, we practised good posture, lots of squats and back/shoulder exercises we can even do at the anaesthetic machine!!

Lastly, we had an excellent beginner's yoga session with the Dr Aoife Brennan, encouraged along by Aoife's calming instruction and music! Considering half the group, including Aoife, were sitting the FCAI that week, it must have been the zen of the yoga that kept them going over those last few days of study, and FCAI success all round!

Mentoring sessions also ran parallel to the activity sessions and these were very well received by all. We would like to thank Dr Camillus Power, Dr Cathy Armstrong, Dr Aoife Brennan and Ms Claire McGlynn for providing their expertise, Ms Ann Kilemade for her invaluable organisational skills and CAI for their support of the Wellbeing morning.

Orlaith McMahon



Eoin Kelleher sat down with Sally El-Ghazali, chair of the Association of Anaesthetists Trainee Committee, to discuss some common issues and get an update on their current projects.

Could you tell us a little bit about the Association of Anaesthetists Trainee Committee and the role it performs in the UK system?

The Association of Anaesthetists Trainee Committee (the artist formerly known as Group of Anaesthetists in Training or GAT) represents the trainee membership of the Association of Anaesthetists. We have 14 elected members from across Great Britain and Ireland including 4 officer roles comprising of Chair, Vice Chair, Honorary Secretary and Trainee Network Lead Office. Additionally, we have co-opted trainee members from the Royal College of Anaesthetists (RCOA), British Medical Association (BMA), College of Anaesthesiologists of Ireland and Defence Anaesthesia in addition to close links with the Association board of directors and the secretariat. We represent the views of anaesthetic trainees on a variety of national committees and boards and have at least one trainee committee member on all the Association committees and working parties. Our aim is to support trainees throughout their training and be a representative voice of the 3500 full-time and less-than-full-time anaesthetic trainee members on issues affecting well-being and morale. Our Trainee Conference is the only national trainee conference run by and for anaesthetists in training. Through our work the committee promotes training, the safe practice of anaesthesia, and communication amongst trainee anaesthetists.



Why did you get involved with Association of Anaesthetists Trainee Committee?

I have always been passionate about being an advocate and voice for trainee well-being. I was encouraged to join by a colleague, who was on the committee at the time during my second year of anaesthetic training. I was impressed with how hard the committee worked and the fact they shared the same level of passion to improve trainee welfare. I also wanted to have a better understanding of the issues that affected trainees so I could think of ways of helping provide the necessary support.

One of the reasons I became a member of the Association was to access the membership benefit of attending one Association conference for free. Also, when I started training in anaesthesia, I was able to access the patient transfer insurance, which was another huge advantage. Throughout my training, I appreciate there have been so many other benefits to becoming a member – access to the highly stimulating conferences and educational events, the wide range of high quality educational material and the welfare services. I use my membership to get discounts to the conferences, seminars and webinars available. The Association of Anaesthetists has also been a great advocate for me as a trainee on issues such as #FightFatigue and raising concerns such as trainee pay inaccuracies.

What do you think the biggest achievement the Association of Anaesthetists Trainee Committee has made since you have been involved?

The #FightFatigue has been a hugely successful campaign and one of the biggest achievements from the Association of Anaesthetists Trainees. Following the tragic death of an anaesthetic trainee who fell asleep at the wheel while driving home after a night shift, the Association of Anaesthetists, the Royal College of Anaesthetists and the Faculty of Intensive Care Medicine worked together to launch an agenda for action to address the impact of fatigue and shift working on the NHS workforce. The campaign supports healthcare professionals with practical, everyday solutions which help to raise awareness, change attitudes and improve working environments. This project has enabled other trainee groups to think about the impact of fatigue in their specialties and it has been so exciting that the Association of Anaesthetists Trainee Committee have been central to inspiring change.

What are Trainee Committee's main projects at present?

As a group, we are passionate about trainee wellbeing and welfare. Not only are we continuing to spread the message of #FightFatigue, we are also working on projects such as trainee pay survey, #KnockItOut and #CoffeeandaGas.

The trainee pay survey came about following reports of issues regarding their salary. Following on from the results of the pay survey conducted last year, we organised a meeting with NHS England to highlight the issues and frustrations raised. We have recently conducted a repeat survey to compare results and assess whether there has been improvement to timely and correct payment amongst anaesthetic trainees. The Trainee Committee published a "[Knowing Your Payslip](#)" article in last June's Anaesthesia News, which is well worth a read!

Our #KnockItOut campaign aims to foster a positive workplace culture that is free from bullying, harassment and undermining behaviours in anaesthesia. Stemming from the original [#HammerItOut](#) movement from the British Orthopaedic Trainee Association, we have supported the campaign through #KnockItOut by condemning systemic negative attitudes towards trainees and bring colleagues closer together in a collaborative working culture.

We also continue to promote our #CoffeeandaGas project. This is a wellbeing initiative where we encourage anaesthetists in training, consultants and all theatre staff to take time out of a busy working day to come together and chat! It was great to see so many UK and Irish anaesthetic trainees get involved from photos on social media. We hope this will continue to be a regular occurrence in departments in the future. Resources to make your next #CoffeeandaGas a big success can be found [here](#).

How have you dealt with the two key issues of burnout and fatigue among trainees?

We continue to address the issue of fatigue by promoting the #FightFatigue campaign to other specialties and the public. We have also arranged meetings with local parliamentarians to highlight the campaign and the issues associated with fatigue on a wider scale. By working collaboratively with other anaesthetic and intensive care trainee groups, we were able to set standards for trusts and departments on the availability and quality of rest facilities both during night shifts and post nights.

Trainee Conference West Midlands

3-5 July 2019



Calling all anaesthetic trainees and medical students

Abstract submission is now open!

- Showcase your knowledge
- Great experience that you can add to your CV and use in interviews
- Be published in a special online issue of the journal *Anaesthesia*
- Open to medical students and trainees

You can enter the following categories:

- Dräger Oral Presentation and Case Presentation Prizes
- Various categories in the poster competition, including the medical student prize

Thomas Boulton Anaesthesia History Prize

The Association of Anaesthetists and the History of Anaesthesia Society will offer a cash prize of £500 to a trainee or medical student member of the Association for an original essay of 4000-6000 words on a topic related to the history of anaesthesia, intensive care or pain management.

"I was delighted to be awarded the Oral Presentation Prize. It is invaluable to the development of meaningful, relevant research. This conference offers great chance for junior researchers like me to gain these insights."

Timothy Dawes, Clinical Lecturer
of Medicine, National Heart
& Lung Institute

Submission deadline 23 January 2019

www.gatasm.org/content/abstracts

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of Anaesthetists

www.gatasm.org

With regards to burnout, this is an area we aim to focus on and this will be the basis of upcoming projects. We are aware that anaesthetic trainees in the UK and Ireland are at high risk of burnout and therefore it is important to highlight and prevent the issues, ensure trainees can recognise early signs of burnout in themselves and colleagues and provide resources for trainees to use if at risk or affected.

Has there been any initiatives to promote trainee wellbeing that haven't worked as planned?

We have been so lucky that the trainee well-being projects we have been involved with and promoted have all been a success! This is partly due to our determination as a Trainee Committee and partly the support and help we get from the board of the Association of Anaesthetists and the secretariat. As trainees, we know the issues that affect us and our colleagues and therefore we are passionate to try to make changes to ensure improved morale and wellbeing.

The Association of Anaesthetists organise an annual Trainee Conference and this year it will take place in Telford in the UK. What do you think the main advantages are for Irish trainees to attend this year?

We are very excited about the upcoming Trainee Conference! As always, there is a high-quality programme designed not only as an update on clinically relevant topics but also the latest on methods of wellbeing and resilience. Our 2 keynotes will be delivered by Professor Colin Mellville, Director of Education and Standards at the GMC and Mr Peter Homa, Director of the NHS Leadership Foundation. The venue itself is a fantastic purpose-built conference facility only 20 minutes' walk from Telford train station, which has easy connections with Birmingham New Street train station or Birmingham International Airport. The conference will provide great opportunities for UK and Irish trainees to network and meet new people, spend time with colleagues and catch up with old friends. As with all Association conferences there will be a parent room for those with their little ones attending. We have also arranged a thrilling venue for the annual social, which will be hosted in the extraordinary hangers of RAF Cosford with a chance to enjoy your three-course meal and dance amongst some of the museum's historic aircraft. The event will be hosted in The International Centre Telford between 3rd - 5th July 2019 - mark the date in your diaries and we look forward to seeing as many Irish trainees as possible!

Any final points?

The Association of Anaesthetist Trainee Committee will always be there to support trainee members throughout their training. The Association provides an excellent mentoring scheme across the UK and Ireland and there are plenty of resources available from the Association to help trainees that can be found [here](#).

If you have any ideas about how we can support you and other trainee colleagues, please let us know - we would love to hear from you! You can get in touch with us via gat@aagbi.org or @AAGBI_GAT. We can't promise to have all the answers but we will definitely listen and try to help!

Exams

Congratulations to all trainees who passed exams in 2018.

Check back here in the next edition of CAT NEWS for updates on exams, including new sections on ICU, pain and regional exams.

Journal Watch

Near-infrared spectroscopy in vegetables and humans: an observational study

Ronald A Kahn, Anelechi Anyanwu

Eur J Anaesthesiol 2018; 35;907-910

This single-centre observational study aimed to collect practical evidence for the general applicability of cerebral near-infrared spectroscopy (NIRS) of tissue oxygen saturation, by measuring values in a variety of vegetables and doctors.

An initial feasibility study identified that ripe, mature roots and tubers allow stable oximetry measurement. Fifteen subjects were included in the study cohort, comprising five butternut squashes (*Cucurbita moschata*), five white yams (*Dioscorea cayensis*), and five yellow courgettes (*Cucurbita pepo*). Unfortunately, carrots were not included in the final study due to a protocol violation whereby one of the authors consumed some prior to investigation. A control group of five doctors was also studied, consisting of both anaesthesiologists and cardiothoracic surgeons.

Two adult oximetry probes were applied to each vegetable at the widest transverse level, and to each human on either side of the forehead. After one minute had been allowed for values to stabilise, baseline oximetry measurements were recorded using a commercially available NIRS oximeter with subsequent measurements at five and 10 minutes. Mean measurements were compared with each other by one-way analysis of variance with a correction for post-hoc analysis.

The mean NIRS value for the control group (71%) was similar to that of the courgettes (75%); both were significantly higher than the butternut squashes (63%) and yams (64%). This would appear to be the first time that robust NIRS measurements have been reported for common vegetables. Current recommendations for perioperative use of NIRS advise that cerebral saturation should be maintained greater than 55%; the present study suggests that, perhaps, this threshold may be too liberal and further research may be warranted.

While the study has several limitations, it should be commended for its adherence to good research ethics. Institutional review board approval was sought and granted in advance; written informed consent was obtained from all members of the control group, with vegans being excluded; and the experimental subjects were humanely (and deliciously) euthanised at the end of the study: "The yam and butternut squash were baked at 190°C for 60 min, whereas the yellow zucchini were cut transversely and fried in hot vegetable oil with a small amount of salt and pepper. Members of the control group were allowed to return to their daily activities."

Dr Gabriel Beecham

LAT

South Infirmary University Hospital

LAT: Oscar Duffy

Well-being initiatives and events taking place in your training site:

Coffee and a gas morning. Attended by all consultants and NCHDs. Very successful. Photo of event as well as coffee and gas poster will appear in our hospital newsletter to help raise awareness.

Team building day in Farran Wood zip lining Cork. Thanks to funding from consultants our NCHDs were allowed a not so stress free day of outdoor fun hopping from tree to tree in Farran wood.

Innovation and change brought about by trainees within your department/ hospital:

Ian McBride SAT 2 is also lead NCHD for our hospital and has been working hard at improving conditions for NCHDs in the hospital particularly around issues with Res.

Good news stories from your site:

I passed membership exams does that count? No pregnancies or wedding announcements unfortunately.

Royal Victoria Eye and Ear Hospital

LAT: Conor Gormley

Well-being initiatives and events taking place in your training site:

There is Yoga and Meditation classes that take place every Tuesday during lunch. These help promote well-being, mindfulness and general health amongst staff. Some of the anaesthetic and nursing staff attend every week.

Innovation and change brought about by trainees within your department/ hospital:

Trainees came together to develop novel simulation models for the Local Anaesthesia for Ophthalmic Surgery CAI training day. They were used on the day, and were very useful and life-like training tools.

Good news stories from your site:

There have been a few personal good news stories for some trainees in the anaesthetic department. Example, we had people passing the Membership exam this 6 months etc.

Mercy University Hospital

LAT: Mags McLoughlin

Well-being initiatives and events taking place in your training site:

1hour beginners physio yoga Tues 18th Dec, free, for dept of Anaesthesia, by a a trained physiotherapist and yoga teacher

National Maternity Hospital

LAT: Margarita Blajeva

Good news stories from your site:

Dr. Ciara Hayden and Dr. Robbie Sparks successfully completed their Membership VIVA/OSCE in October!!!

Tallaght University Hospital

LAT: Kevin Hore

Well-being initiatives and events taking place in your training site:

No specific wellbeing initiatives underway in the department.

However, there are plenty of wellbeing initiatives outside of the hospital, ie nights out. I think having fun outside of work is the best way to reduce work-related stress! We recently had a Karaoke night in Ukiyo that resulted in a missing wallet, missing phone and missing person! A great success!

I have never worked with a nicer bunch of NCHDs. We are all so supportive of each other. Everyone is always ready to offer a helping hand, to swap calls, to let someone out early or just to lend an ear.

Innovation and change brought about by trainees within your department/ hospital:

As a group, the NCHDs drafted a list of issues and suggestions for change and improvement which we believed would make Tallaght a better and more enjoyable hospital for trainees. We presented this to the consultants and it was discussed at the departmental meeting. Changes have already begun to happen. Most importantly, the ICU reg will no longer be part of the ERT!

Good news stories from your site:

Everyone who sat exams this 6 months, membership and fellowship, was successful and passed with flying colours!

I got married! Does that count?!

Yes - Congratulations Kevin!!

University Hospital Limerick

LAT: Kiran Reddy

Well-being initiatives and events taking place in your training site:

The Irish Society of Obstetric Anaesthesia (ISOA) Scientific Meeting is happening on December 7th at the Strand Hotel in Limerick.

Christmas party December 20th at Alex Findlater & Co. Food & Wine Hall

Good news stories from your site:

Two of our SpR's had new babies born in this six months

Liz McGloughlin (SpR) and her partner Adam had their first child, a baby girl born on Halloween (31/10/18) Leila Iris Galbraith



Alan Horan (SpR) and his partner Ciara welcome baby Ella, born on 12/11/18. She joins Alanna (3 years old) and Amy (1 year old)

The Mock Membership OSCE/VIVA this year had more candidates (32) than ever before and received very positive feedback. Candidates came from all over the country (Dublin, Cork, Limerick, Sligo, etc.

Partly thanks to the excellent membership exam teaching at UHL, all 5 candidates currently working at UHL who took the membership OSCE/VIVA this year passed on their first attempt



St Vincent's University Hospital

LAT: Rose Kearsley

Innovation and change brought about by trainees within your department/ hospital:

Anaesthesia Boot-camp for Beginners run with great success by Caoimhe Duffy and Zeenat Nawoor-Quinn under the supervision of Prof Burlacu.

Mock OSCE for Primary Exam candidates, organised by Rose Kearsley, Os Morris and Caoimhe Duffy. Hoping to repeat it in March for the next round of exams.

ICU education Whatsapp group. Pierce Geoghegan is trying to teach us statistics in an informal way.... 🍷

St James' Hospital

LAT: Fiona Roberts

Well-being initiatives and events taking place in your training site:

1.Minding_the medics

2.Consultant mentors

Each trainee assigned a consultant "mentor". Each trainee met their mentor at the start of the 6 months. Many trainees found this very useful and two trainees told me they were able to discuss an "adverse event" that had. They found this very helpful.

Innovation and change brought about by trainees within your department/ hospital:

1.Minding_the medics series

Good news stories from your site:

1.Congratulations to Brian Murphy and his partner Niamh on their beautiful little baby girl Isa born in September

2.Big congrats to Barry singleton and his fiancée Siobhan on their very happy engagement in August

3.Exam successes: Congrats to Ben Cantan, Lorcan O'Carroll and Barry Singleton on passing their membership exams. Congrats to Sinead Farrell, Ano Moorthy and Fiona Roberts on becoming fellows of CAI

4.Congratulations to Georgina Duignan on her return from mat leave after having a gorgeous baby girl Mary

Events



Coffee and Gas, South Infirmary

L -> R Dr Musab Elhadi, Dr Oscar Duffy, Dr Ola Mohammad, Dr Michael O'Sullivan, Dr Asma Akram, Dr Tony Hennessy, Dr Jawad Mustafa, Dr Clare Murray, Dr Hassan Abdullah, Dr Ian McBride, Dr Hannan Jawaid, Dr Siddique Siddique.



Gilmartin Lecture, University Hospital Galway

Front Row L -> R Dr Ciprian Nita, Dr David Roche, Dr Hannah Steinhäuser, Dr Corina Soare,
Back Row L -> R Dr Ruth McGovern, Dr Siddig Eltayeb, Dr Lua Rahmani, Dr Sarah Walsh, Dr Ciara Killalea, Dr Parvan Parvanov

Calendar

| Name | Date | Applications |
|-----------------|---------------|-------------------------|
| MCAI MCQ | 12/06/19 | 09/04/2019 - 03/05/2019 |
| | 04/09/19 | 23/07/2019 - 09/08/2019 |
| MCAI OSCE/SOE | 12 - 13/03/19 | 31/01/2019 - 14/02/2019 |
| | 05 - 06/11/19 | 20/09/2019 - 14/10/2019 |
| FCAI Written | 05/02/19 | 07/01/2019 - 21/01/2019 |
| | 25/09/19 | 02/08/2019 - 30/09/2019 |
| FCAI SOE | 2 - 3/04/19 | 25/02/2019 - 11/03/2019 |
| | 26 -27/11/19 | 21/10/2019 - 08/11/2019 |
| JFICMI Written | 11/04/19 | 02/01/2019 - 08/02/2019 |
| JFICMI Clinical | 17/05/19 | 22/04/2019 - 03/05/2019 |
| Pain exams | 11/04/19 | 02/01/2019 - 08/02/2019 |

| Name | Location | Date | Applications |
|-------------|----------|-------------|---------------|
| EDRA Part 1 | Bilbao | 11/09/19 | TBC |
| EDRA Part 2 | Bilbao | 09-10/09/19 | TBC |
| EDIC Part 1 | TBC | 03/04/19 | December 2018 |
| | TBC | 30/09/19 | July 2019 |
| EDIC Part 2 | TBC | 23/05/19 | January 2019 |

| Name | Location | Date | Cost | Link |
|--|-----------------|------------------|-------------|---|
| Critical Care Reviews | Belfast | 17-18/01/19 | €300 | https://criticalcarereviews.com/index.php/2014-07-17-22-24-12/ccr-meeting |
| ISICEM | Brussels | 19-22/03/19 | €350* | https://www.intensive.org/1/m9l1_new.asp |
| Western Anaesthesia Society | Galway | 05-06/04/19 | | |
| European Society of Anaesthesiologists | Vienna | 1-3/06/19 | | https://www.esahq.org/events/future-euroanaesthesia/euroanaesthesia-2019 |
| European Society for Regional Anaesthesia | Bilbao | 11-14/09/19 | €385 | https://esra-congress.com/ |
| American Society of Anaesthesia | Orlando | 19 - 23/10/19 | | https://www.asahq.org/annualmeeting |
| Association of Anaesthetists - Winter Scientific Meeting | London | 09-11/01/19 | £230-395 | http://www.wsmlondon.org/ |
| Association of Anaesthetists - Annual Congress | Glasgow | 11-13/09/19 | TBC | http://www.annualcongress.org/ |
| ESICM LIVES | Berlin | 28/09 - 02/11/19 | €220-410 | https://www.esicm.org/events/32nd-annual-congress-berlin/ |
| Difficult Airway Society | | November 19 | | https://das.uk.com/meetings |