CAT NEWS

April 2019

...Blame it on the bougie

EARLY BIRD DISCOUNT
BOOK BY 28TH MARCH 2019
50% FOR INTERNATIONAL DELEGATES
30% FOR FELLOWS IN GOOD STANDING

09-10 MAY 2019

ANNUAL CONGRESS OF ANAESTHESIOLOGY & INTENSIVE CARE MEDICINE 2019

9TH & 10TH MAY 2019 VENUE: CROKE PARK, DUBLIN

College of Anaesthesiologists of Ireland
CAI
SALUS DUM VIGILAMUS
Patron: Michael D. Higgins
President of Ireland

Intensive Care Society of Ireland

DISTINGUISHED NATIONAL & INTERNATIONAL SPEAKERS INCLUDE:

- PROF KATE LESLEY (AUSTRALIA)
- PROF RUPERT PEARCE (UK)
- PROF THOMAS SCHEEREN (GERMANY)
- DR HELEN HIGHAM (UK)
- DR MARC VAN DE VELDE (BELGIUM)
- DR GILLIAN LAUDER (VANCOUVER)
- PROF HANS FLAATEN (NORWAY)
- PROF DAVID MENON (UK)

IT WILL FEATURE:

- Keynote Addresses & Parallel Sessions
- Workshops
- E-posters
- Annual Gala Dinner

TOPICAL ISSUES INCLUDING

- Intensive Care Medicine
- Technology in Practice
- Obstetric Anaesthesia
- Anaphylaxis in Anaesthesia
- Paediatric Anaesthesia
- Getting the POST into Perioperative Medicine
- Fluids in Perioperative Organ Protection during Major Surgery
- Delaney Medal Competition
- The Abbvie-CAI Research Grant award

E-POSTERS:
The absolute time limit for receipt of applications is by Monday 18th March 2019. E-Posters must be emailed to ICA2019eposters@coa.ie

09-10 MAY 2019

REGISTRATION FEE:
RATES PRIOR TO DISCOUNT

Consultant Two Days	€360
Consultant One Day	€185
Trainee Two Days	€165
Trainee One Day	€90
Nurse Two Day	€75
Nurse One Day	€50
Medical Students	
Two Day	€35
One Day	€25

ANNUAL CONGRESS OF ANAESTHESIOLOGY & INTENSIVE CARE MEDICINE 2019

For more information please visit our website www.anaesthesia.ie

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Contents

Editors Note

Welcome to another edition of CAT NEWS.

This edition starts off with a message from College President, Dr Brian Kinirons, discussing some recent developments and exciting projects in the college. We have a piece by Dr Emer Curran launching the Irish Organ Donation Handbook, an invaluable resource for trainees who manage organ donors, not to mention those preparing for exams.

As we stated back in the first edition of CAT NEWS this year was going to be all about wellbeing. In this edition a trainee recounts their experience of the Employee Assistance Counselling Service, a valuable and under utilised FREE resource. Continuing on from the previous edition we have a piece on interpreting your payslip to demystify the numbers and help you ensure that you're being paid correctly.

Our exam section is back exploring the JFICMI exam with some top tips from a recent successful candidate.

The calendar has been updated with a host of upcoming events, courses and exams. Be sure to save the date for the CAT social events at the Western Anaesthesia Symposium, Pre-Congress Reception and Congress Fun Run.

Last but not least CAT are recruiting and we need you! Though I'm totally biased, I can't recommend standing for election highly enough. Working with fellow trainees to improve the experience of all trainees has been one of the highlights of my time as a SAT. I would strongly encourage anyone who is interested to consider standing for election.

Happy reading,

Bryan

cat@coa.ie

@AnaesTrainees

Committee of Anaesthesia Trainees

President's Message

Dear Colleagues,

Firstly I would like to congratulate all those associated with the production of the CAT newsletter. The CAT newsletter is evidence of the strength of the trainee voice in the College and is a great example of how the CAT group communicate with the wider anaesthesiology community.

I have addressed are several area's of recent activity that I thought might be of interest to you.

Doctor welfare

The welfare of the trainees and indeed all anaesthesiologists remain at the heart of why we as a College exist. This will continue to be a central theme of my Presidency. I was recently interviewed by the Medical Independent for an article on doctor burnout. This article was the result of interviews from several experts in the field of doctor burnout. I was able to explain in broad detail some of the supports available to our trainees through the College. I would encourage you to read the article for more information. https://www.medicalindependent.ie/going-going-gone-examining-doctor-burnout

On another note, the Practitioner Health Matters Programme (PHMP) is an independent, confidential service for doctors with concerns about stress, mental health, burn out or drug misuse. The programme is funded by voluntary contributions from professional associations. PHMP is led by Dr. Ide Delargy who recently lectured in the College about the services that PHMP provide. I am pleased to announce that the College of Anaesthesiologist of Ireland has committed to supporting this programme. As doctors, it is in all our interests that high quality support services are available and accessible in a timely fashion.

https://practitionerhealth.ie/about/

CAT and CAI Training Programme and Wellbeing Survey

I recently had the privilege of attending the launch of the survey. Congratulations to all involved ion the survey design, distribution and interpretation. This works represents a collaborative relationship between the CAT group and the CAI. I recognise that the survey is the fruition of a significant body of work by the CAT group. I would like to commend the CAT group on their work and commitment to improving the training experience. The survey, in part reflects the strong trainee voice that is heard at every level throughout the College. The College will reflect on the findings and use the survey as a motor for future change.

The College of Anaesthesiologists of Ireland investing in future leaders

Emerging Leaders Conference – 25-26th April 2019 Kuala Lumpur

The CAI recently ran a competition for the Emerging Leaders Conference (ELC). The competition was for those within 5 years of FCAI. This ELC is a three-day meeting facilitated by the Australian and New Zealand College of Anaesthetists (ANZCA) with the purpose of facilitating the development of leadership capabilities in those new fellows identified as being potential significant future contributors to our profession and their Training Bodies. Additional aims are to foster current and/or future leaders in anaesthesia and pain medicine, to encourage new fellow engagement with CAI and/or ANZCA/FPM and to strengthen relationships between new fellows from different regions.

The ELC is considered more a "think tank" rather than a series of presentations for digestion. To be nominated as a delegate at the ELC is an honour and should provide encouragement for the new fellow to participate further in the wider affairs of the specialty. The ELC is held before the Annual Scientific meeting (ASM) of ANZCA, which will also be held in Kuala Lumpur.

The competition produced several high quality submissions. I am grateful for the work of Professor Shorten and his team who formed the judging committee. The CAI will fund both travel and accommodation costs for two delegates to both the ELC and the Annual Scientific Meeting of ANZCA. The CAI nominees will join delegates from Australia, Malaysia, New Zealand, Singapore, Hong Kong and the UK.

I am pleased to announce Drs Aislinn Sherwin and Mark Johnson are the winners of this competition. I wish them both every success with the ANZCA ELC and the ASM and I look forward to their feedback.

College of Anaesthesiologists of Ireland and Global Health

The College of Anaesthesiologists of Eastern, Central and Southern Africa (CANECSA)

Arusha 25-26th March 2019

The CAI has a long association with Africa and with Malawi in specific. The CAI developed and co – funded the first Anaesthesiology training programme for postgraduate Malawian doctors. In addition, the CAI have supported and delivered High Dependency, Obstetrics and Trauma (HOT) courses throughout Malawi. The objective of the course is to reduce maternal mortality. To date 22 courses have been delivered to some 570 delegates. In recent years, SAT trainees have been central to the delivery of these courses

I am pleased to report that as a CAI representative, I will attend a CANESCA stakeholders meeting in Arusha. In 2012, The Anaesthesiologists Societies/associations from the ECSA region supported by the College of Anaesthesiologists of Ireland established College of Anaesthesiologists of East Central and Southern Africa (CANECSA).

This meeting is co funded by the CAI and Royal College of Anaesthetists in addition with the Association of Anaesthetists and the World Federation of Anaesthesiologists.

The objectives of CANECSA, among others include:

- To advance education, training, standards of practice and research in anaesthesia and critical care in the East Central and Southern Africa Region.
- To offer a common anaesthesia training programme with a common examination and an internationally recognized anaesthesia qualification.
- To arrange and conduct examinations of candidates for admission to the College or such other examinations the various branches of anaesthesia and critical care and as may from time to time be deemed appropriate

The meeting will be attended by the CANECSA leadership and country representatives, and representatives from CAI, RCOA, AAGBI, WFSA and ECSA-HC Secretariat.

The focus of the meeting is to develop the strategic objectives of CANECSA, identify training sites, set up administrative support and to identify sources of funding.

Dr Brian Kinirons

CAT and CAI Training Programme and Wellbeing Survey

The survey, conducted late last year, has yielded a massive amount of data, some of which, we have presented in infographic format below. What is clear from the survey is that improving the delivery of training in anaesthesiology, intensive care and pain medicine will require close collaboration between all stakeholders. This includes the College, CAT, trainees, departments and the HSE/NDTP. In the wake of the survey, a number of key recommendations have been made, these have been broken down into recommendations for the CAI, CAT and trainees/consultants/departments.

What can you and your department do? Focus: workplace community and cohesion

1. Working patterns – factor in rest time, compensatory days off following weekend on call, schedule 12-8 shift or a 'long shift' to improve predictability.
2. Be open to suggestions on improving working patterns, call scheduling and training.
3. Team based events – outside and inside work. Dedicate time to activities other than clinical work and academic teaching.
4. Consultant or peer mentorship.
5. Ensure the teaching schedule is consultant-led.

What can the CAT do? Focus: trainee community and peer support

1. Continue to advocate for all trainees, including the specific changes as outlined above.
2. Create a sense of trainee community and camaraderie:
    a. Activities and Social Events
    b. Cycle and drinks reception at the WAS
    c. Graduation drinks
    d. Fun run
    e. AGM
    f. Memorial/remembrance event for Mark and James.
3. Continue to improve communication – CAT news, FB, twitter, webcasts
4. To tackle stressors:
    a. Career progression evening.
    b. Report to NTDP regarding consultancy planning.
    c. Report to HSE HR regarding working conditions
    d. Financial – advocate for reduction in examination and graduation fees. "Interpreting your payslip" poster. Re-circulate financial planning CAT news. Emergency tax numbers.
5. Further investigation of working hours.
6. Continue the LAT network and buddy system. Develop LAT as a leadership role.

Priorities for the College:

Training:

1. Regular critical review of the training sites and the work done by trainees – insist on working hours being reasonable, with appropriate rest times, less frequent than 1:6 call, ensure physical infrastructure appropriate to send trainees to work there (i.e. include study facilities and on-call room facilities reviewed as part of hospital inspections)

2. Regular review of the training delivered in the designated training hospitals – ensure the training is being delivered, is stage-appropriate for the trainees, and adequate clinical and academic supports are in place. Tutor meetings, reviews etc. Continue annual reviews in the College.

3. Intensive Care Medicine training: set regulations for timing and duration of years on ICM call rota. Advocate for all trainees to have done at the very least the BASIC course prior to commencing the on-call rota. Consider online modular training in ICM.

4. Reduce the cost of training – exams, graduation and conferences. Advocate for more reimbursements for training.

5. Scheme breaks. Return to work policies.

6. Rotation allocations: flexibility with swaps, clear guidelines on same. Group rotations outside Dublin together to minimise moving. Online trainee forum for organising same.

Health, wellbeing and stress reduction among trainee anaesthesiologists:

1. Wellbeing supports – improve ease of access to these. Every trainee should be reminded of the HSE Employment Assistance Programme at the end of year assessment.

2. Establish bullying reporting pathway in the College with dedicated, trained personnel to deal with these issues. REACH training programme ("mental health first responder") for tutors and interested consultants and senior trainees.

3. Acknowledge the significant volume of non-clinical work done throughout training, particularly in latter years and advocate for all SAT 6 trainees to have non-clinical days in every hospital.

4. Career progression planning: work with the CAT on the career progression planning evening.

5. Consistency and transparency with all policies in the interest of fairness for all trainees – guidelines should be available on the college website.

Since the presentation of the results a number of the above recommendations have been put into action. These include:

Unaccredited leave

This will allow trainees to take up to 12 months of leave from the scheme after either SAT 2 or SAT 4 subject to completion of exams and provision of sufficient notice to the training department. This leave can be used for any purpose but clinical activity during this time will not count towards training time (hence unaccredited). More details about the application for unaccredited leave will be available in the coming months.

Back to work policy

The college and CAT are working together to draft a policy for trainees returning to the workplace after a period of absence. This will focus on practice updates and where necessary a graded return to call duties to allow trainees settle back into their respective departments.

End of Year Reviews

The end of year review process will continue to be delivered to all trainees. The training department will travel to some regional sites to reduce the burden of traveling for trainees. CAT have also developed a resource card that will be distributed to trainees at their end of year review.

CAT Career Progression Evening

The CAT will host a career progression evening on 29th April 2019. This will feature presentations by recently appointed consultants, experienced interviewers and HSE HR. Topics covered will include: the consultant appointment process, the interview, workforce planning and the model of care for anaesthesia. Recently appointed consultants will discuss their experience.

Financial Planning

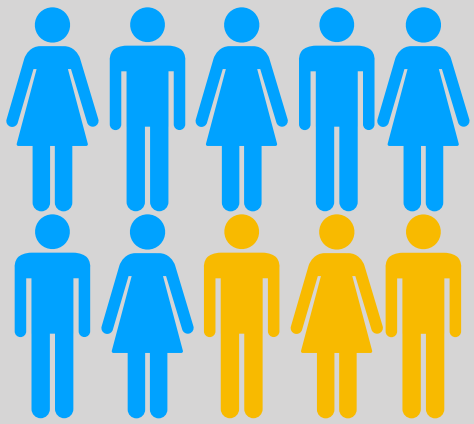
The recently published pieces in CAT News will be made available on the college website for future reference.

Rotation Swaps

An updated forum for rotation swapping and communication will be incorporated into the next phase of the College website. In the interim CAT have created a rotation swap spreadsheet which can be edited by any trainee. https://docs.google.com/spreadsheets/d/1g__vyipNC8-F4aK8PcMfuYnbcqEWNvP_aYDCHpN8Drc/edit#gid=0

CAT have also advocated for the increased use of live-streaming facilities in the college to ensure that educational events of relevance to trainees can be accessed by all trainees, regardless of location. This has been a priority for CAT and something which has had a positive reception from trainees outside of Dublin.

The #SATSurvey Results

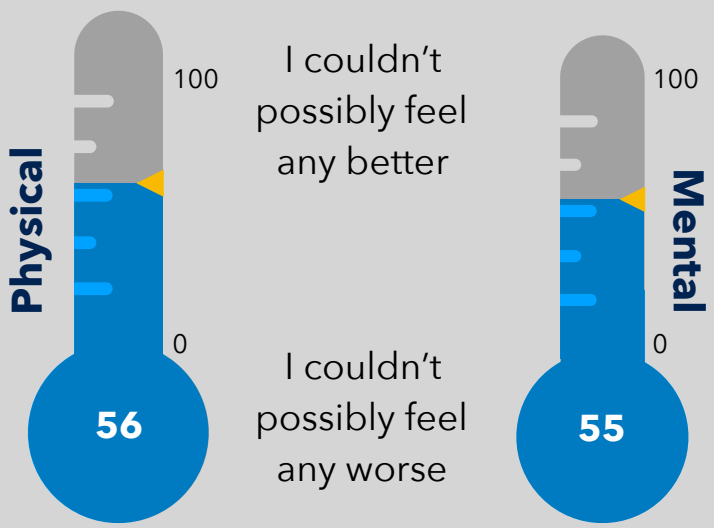


163 Trainees completed the survey

All years were represented equally

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

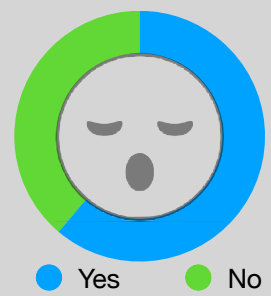
Health



Sleep

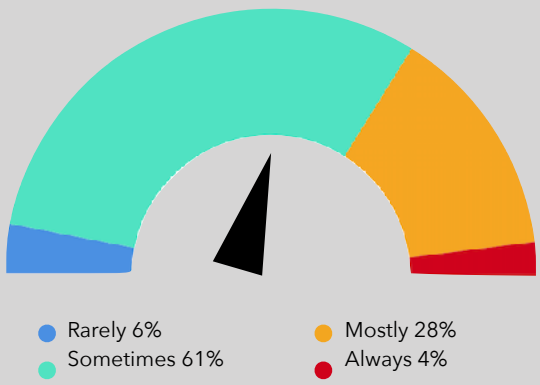
60% of trainees have received education on fatigue/sleep hygiene

80% would avail of wellbeing supports in the future.

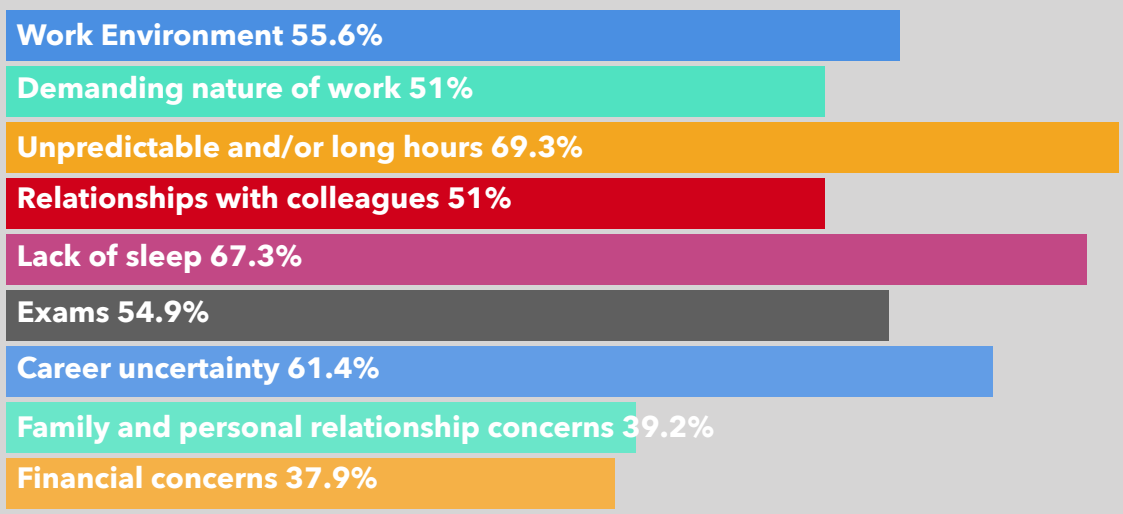


Stress

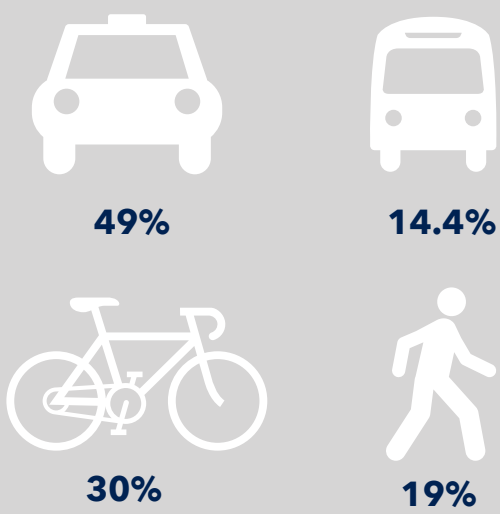
I FEEL STRESSED...



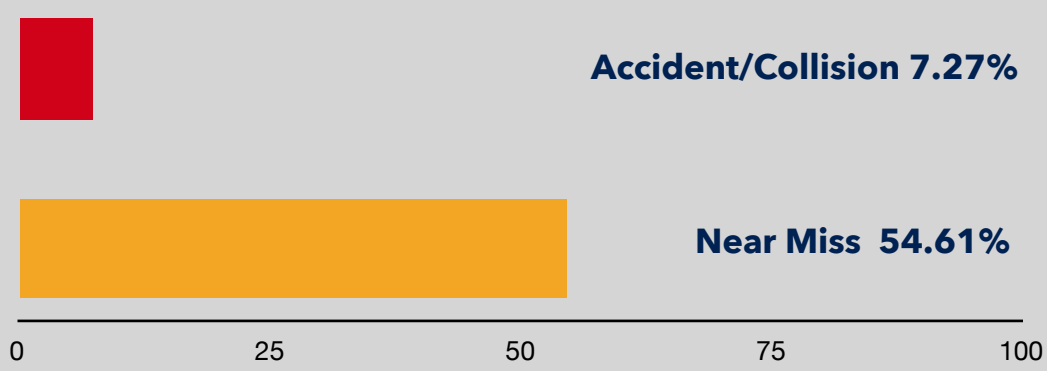
Sources of stress...



Commute

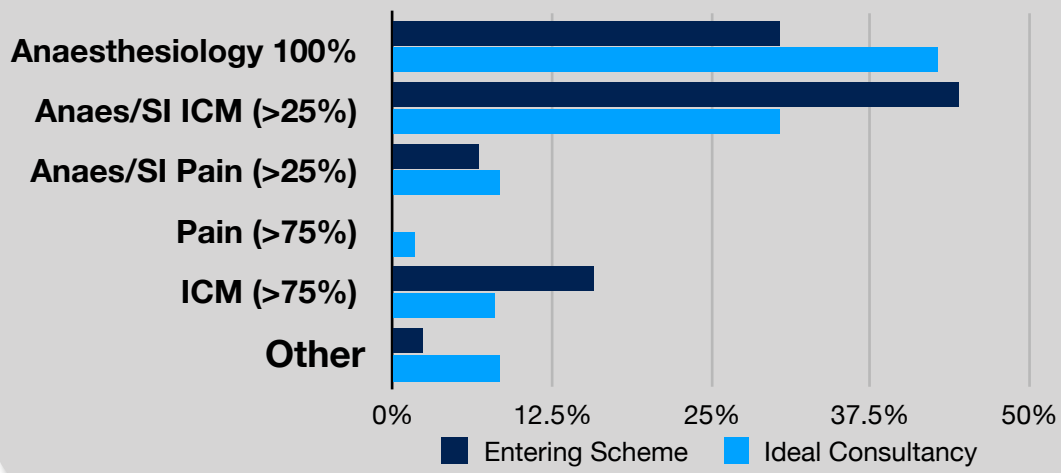


Commuting post call

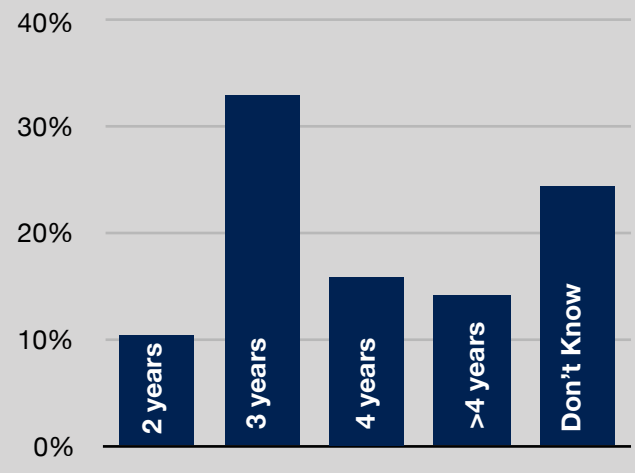


Employment

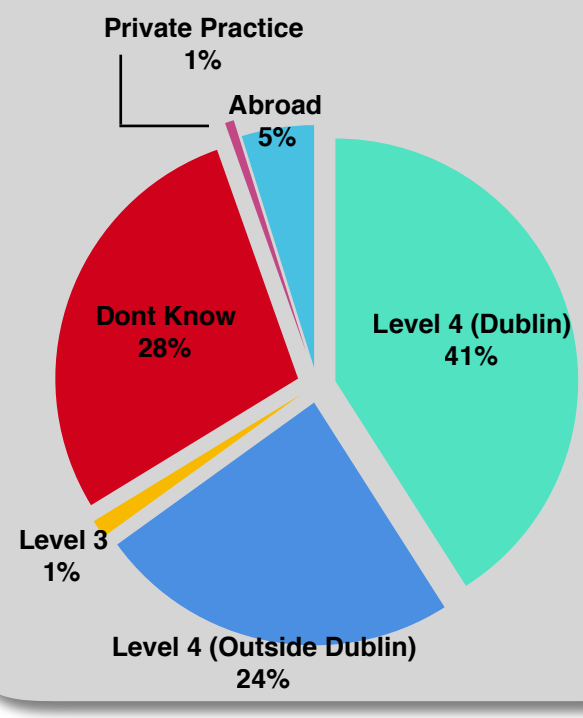
Consultant Case Mix



Time to Consultant Appointment

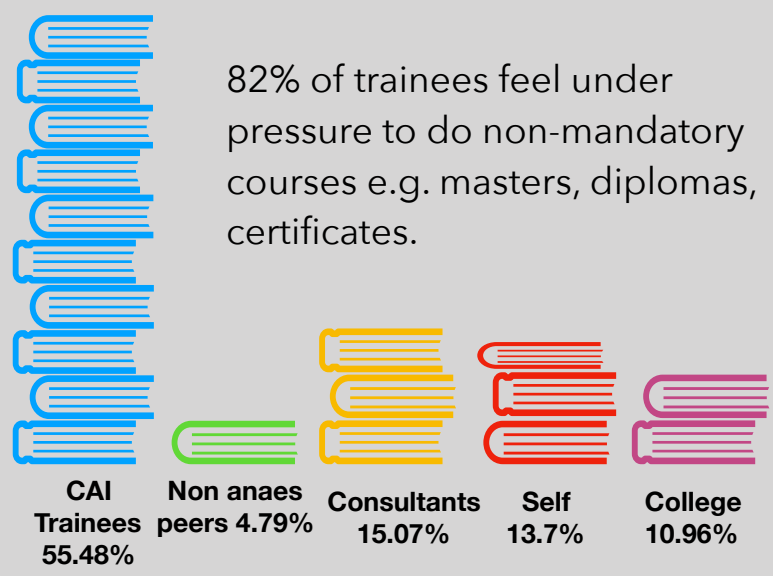


Location



Courses

Source of Pressure



82% of trainees feel under pressure to do non-mandatory courses e.g. masters, diplomas, certificates.

On Call Frequency

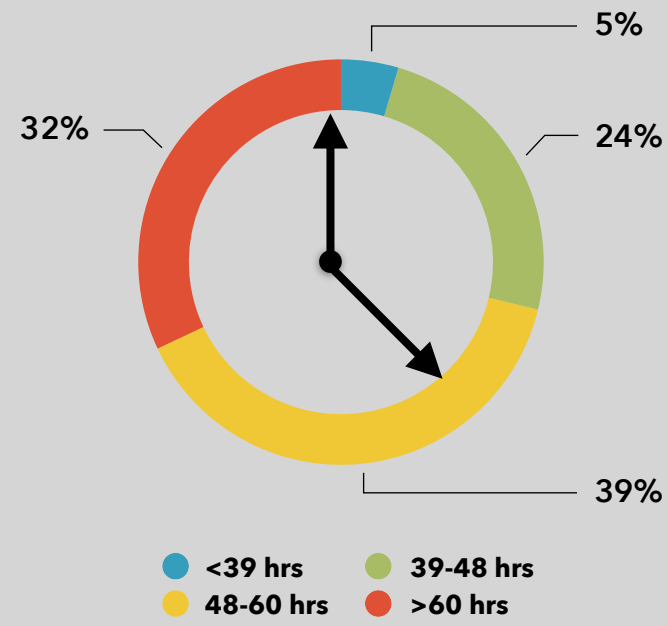
25% of trainees work in excess of the recommended 1:6 call frequency.

60% of trainees prefer 16 hour midweek call with 24 hour shifts at weekends

Other popular options were shift work (25%) and 16 hour call during the week with weekend shifts

Working Hours

In the last week I worked....



Thank you to all trainees who took the time to complete the #SATSurvey

CAT Elections

Nominations are now open for this year's Committee of Anaesthesiology Trainees election; by the time you read this article, an email link should have dropped into your inbox inviting you to take part.

CAT is a standing committee of the CAI, and its role is to represent the interests of trainees to Council; to various College committees, such as Training & Education, Quality & Safety, and Examinations; and to the Faculty of Pain Medicine and the Joint Faculty of Intensive Care Medicine of Ireland. Elected CAT representatives are also co-opted onto relevant external bodies such as the Forum of Postgraduate Medical Training Bodies, and the Association of Anaesthetists Trainee Committee and Irish Standing Committee. CAT also administers the Lead Anaesthesiology Trainee (LAT) network to enhance communication from and to trainees in different sites.

All CAI trainees who will be on a full-time or part-time rotation from July 2019 are eligible to stand for election, and all current CAI trainees may cast a vote. Seven vacancies are to be filled this year. The election is administered electronically by secret ballot using the single transferable vote. There has been a change to the nomination and election process this year with the intention of increasing representation of SAT1 and SAT2 trainees on the committee. Two seats on CAT will be preferentially earmarked for trainees who will be in SAT1 or SAT2 from July 2019 onwards; should fewer than two such trainees apply, the remaining seats will be filled by other candidates in the usual way. The customary term of office is normally two years, but this will be shorter if a trainee finishes their scheme sooner, or if they choose to demit from CAT.

Having served on CAT for the past two years, I found my time on the committee hugely rewarding from a personal perspective. The College is very open to trainee participation, and working with CAT gives one first-hand experience in the workings and decision-making processes of the College, as well as what can be done to make training better. I am fiercely proud of the committment, leadership and honesty our colleagues have shown in advocating for the interests of trainees, in public and in private.

The nomination deadline is Friday 5 April at noon. For full details, including the nomination form (which should be co-signed by two current CAI trainees), see the email sent on Wednesday 27 March. Please note that, as the election process is being administered by an independent external provider (Electoral Reform Services), be sure to send your nomination form to the correct address provided in the email - do not return it to CAT directly! Get writing your election statement, and best of luck!

Gabriel Beecham

Association of Anaesthetists Trainee Committee

The nominations are open for the AAGBI Trainee Committee (formerly known as 'Group of Anaesthetists in Training/GAT'). As has been the case for the past 3 years, there is a space reserved on the committee for an elected member from Ireland for a 2-year term.

I have been on the Trainee Committee for the past two years, and it has been a fantastic experience.

The Committee has been a leading voice for anaesthesia trainees for over 50 years. It was founded in 1967 to represent anaesthesia trainees in the Association of Anaesthetists, and to promote anaesthesia training. Since then, it has become an important part of the Association. There is a trainee representative involved in almost all activities in the organisation. A representative works with the publications, Anaesthesia journal and Anaesthesia News; sit on the working groups which draft the guidance documents ('AAGBI Guidelines'); and help organise the conferences, seminars and workshops. The #FightFatigue campaign was started by members of the Committee on foot of a UK-wide survey they carried out on fatigue among trainee anaesthetists, and has become one of the largest campaigns the organisation has carried out.

During part of my time on committee, we surveyed Irish trainees about their experiences of inter-hospital transfers of critically-ill patients. The results of this survey demonstrated a lack of preparedness and training among Irish trainees. The results were presented to the Council of the CAI, and a Transport Users' Group has now been established with all the relevant groups to work on improving training and conditions for trainees carrying out transfers.

As the Irish elected member, your role will be:

- Sit on the Trainee Committee
- Co-opted on the CAI Committee of Anaesthesiology Trainees
- Trainee representative on Association of Anaesthetists Irish Standing Committee
- Also have the opportunity to take part in other interesting projects being carried out by the Assocation

I would strongly encourage any interested trainee to run for election to the committee. You also get to meet a lot of brilliant anaesthetists from the UK, and get to be part of the work of the Association of Anaesthetists.

The nomination deadline is 17:00, Friday, April 5th.

Link here for the nomination form: https://www.aagbi.org/professionals/trainees/trainee-committee-election-2019

Irish Organ Donation Handbook App

Organ transplantation is a recognised worldwide treatment for end organ damage.

Transplantation is life-saving for end-stage heart, lung and liver diseases. It is life-enhancing for end-stage pancreatic and renal disease. The latter group of diseases can be treated with insulin and renal replacement therapy respectively for some years in the absence of a transplant. In Ireland, 55% of patients with end-stage renal failure receive a transplant as their definitive treatment.

The international need for organs to transplant far exceeds the number of organs available to donate. Each day, people die while waiting for a transplant. In Ireland, this is approximately 20 people annually. There has been a decline in both the number of possible donors and who progress to become actual donors. The reasons include a reduction in road traffic accidents (RTAs) due to improved road infrastructure, improved care of patients with catastrophic brain injury, earlier decompressive craniectomy and perhaps, a reduction in donor identification.

The Irish Organ Donation Handbook application was developed as a need was clearly identified in 2017. A survey was distributed among doctors and nurses in the Saolta University Healthcare Group asking about attitudes and knowledge in relation to Organ Donation. The results showed huge support for organ donation but highlighted a perceived lack of education and knowledge (1).

Goals:

•To standardise all information from possible donor identification, management of a potential donor, diagnosis of death, family approach, donor referral, through to the perioperative procurement process and the post donation process. This allows HCPs to discuss these clinical scenarios about donors using the same terminology.

•To reduce national variation of all aspects of patient/potential donor management including family discussions. It will ensure that all HCPs working in the area of organ donation in Ireland are familiar with and refer only to The Intensive Care Society of Ireland (ICSI) guidelines (2)(3). This is to promote use of our ICSI guidelines and to discourage use of those from other countries as these will differ from national guidelines.

•To ensure all families of potential donors are offered the opportunity to consider donation.

•To provide automatically updated evidence-based practice at a point of care source.

•To raise awareness and increase education among HCPs who work within the field of organ donation.

The intended audience is Healthcare Professionals (HCPs) involved in the management of a possible donor or in the perioperative retrieval process. This is infrequently encountered by many HCPs in most Irish hospitals apart from the neurosurgical centres.

The groups and numbers of HCPs accessing the app will be recorded to allow us to identify deficits in knowledge and to tailor educational programmes going forward. We can analyse the groups and numbers of HCPs who access the app. This will allow us to identify deficits in knowledge and to tailor educational programmes going forward.

Dr Emer Curran
Clinical Lead for Organ Donation
Saolta University Health Care Group

The application can be downloaded from the App Store/Google Play store:

References

1 http://imj.ie/attitudes-and-knowledge-of-healthcare-professionals-regarding-organ-donation-a-survey-of-the-saolta-university-health-care-group/

2 www.intensivecare.ie

3 http://www.intensivecare.ie/wp-content/uploads/2016/12/Diagnosis-of-Brain-Death-in-adults-Guidelines2.pdf

4 https://www.jficmi.ie/standards-documents/

CAT Fun Run

This year's CAT Fun Run will take place at 7.30am on Friday 10th May along beautiful Clontarf Promenade. In memory of our friends and colleagues James Close and Mark Owens, who both died last year, we are introducing two new trophies:

The Mark Owens Trophy for the Fastest Finisher

The James Close Trophy for the Best Fancy Dress

Mark was a keen runner and won the CAT fun run in 2017 so we think he'd be pleased with this!

James was one of the most fun individuals any of us have ever met, so we think he'd be pleased to be putting the 'fun' into the Fun Run. '

Details of the Race:

Participants:
ALL are welcome and encouraged! Come to walk/run/ jog along beautiful Clontarf seafront. Beginners particularly welcomed and we have a 6 week training plan for distribution to get you ready for 5km.

Start and Finish:
Clontarf Promenade opposite The Yacht Bar

Fancy Dress:
Putting the 'Fun' into Fun Run: Encouraged but not obligatory!

Extras:
Armstrong Medical have kindly offered to sponsor refreshments and reuseable coffee cups for participants.
We will be providing headbands to keep the sweat out of the eyes!

Minibus transfer from Congress at Croke Park to race startline, leaving Croke Park at 7am, with return bus to Croke Park once everyone is finished.

Fundraising:
We have decided to donate all proceeds to the Practitioner Health Matters Programme (PHMP). This is a service that provides lifesaving help to doctors in need. Problems like addiction, stress, burnout, career issues such as complaints or adverse incidents can all be alleviated by the support provided by PHMP. The PHMP provides confidential medical help, and there is no reporting to any other body, regardless of the issue. 'Support, not report' is the PHMP ethos. PHMP is funded entirely by donations, so get collecting for this wonderful service!
www.practitionerhealth.ie

Tel: 012970356

Email: confidential@practitionerhealth.ie

Looking forward to seeing plenty of you there!!

CAT 5 Km Fun Run

Friday 10th May 2019

7.30 am Clontarf Promenade (Opposite 'The Yacht' Bar)

CAT

In Aid of The **Practitioner Health Matters Programme**

Refreshments, Headbands, Showering facilities all provided!

Inaugural **Mark Owens Trophy** for the Fastest Finisher

Fancy Dress encouraged but not obligatory!
Inaugural **James Close Trophy** for Best Fancy Dress!

Note: Minibus transport will be provided to and from Croke Park, Congress Venue. 7am departure.

Understanding your payslip

Understanding your payslip can be a challenge. To help we have put together some basic information and a list of resources where you can get more information.

While not all payslips look the same they all follow a similar theme and use the same terminology.

NAME					GROUP PERSONAL NO.		LOC	PAY DATE	PAY METHOD
							001	07/03/2019	PAYPATH

TAX TABLE	TAX BASIS	TAX CREDIT 1 WEEK/1 MONTH	SANN 1	SANN 2	GRADE	PRSI CODE	PRSI WEEKS TO DATE	EXPENDITURE CODE	PERIOD NUMBER
2	0	132.27 3	02	12	1629 4	A1	10	001	10

PAYMENTS VALUES					DEDUCTIONS VALUES		
ITEM	T/N	HOURS	THIS PERIOD	TO DATE	ITEM	THIS PERIOD	TO DATE
1 BASIC	T		2,457.68		5 TAX	829.47	4,653.86
O/T*1/4	T	21.50	846.80		P.R.S.I.	132.18	716.40
					USC	144.02	831.13
					6 ASC	82.22	472.86
					PENSION	125.69	687.97

TAXABLE PAY THIS PERIOD	NON TAX PAY THIS PERIOD	GROSS PAY THIS PERIOD	TOTAL DEDS THIS PERIOD	B/FWD	B/FWD	NET PAY THIS PERIOD
7 3,096.57	0.00	3,304.48	1,313.58	0.00	0.00	1,990.90 8

TAXABLE PAY YEAR TO DATE	NON TAX PAY YEAR TO DATE	GROSS PAY YEAR TO DATE	TAX CREDIT YEAR TO DATE	TAX CUT OFF YEAR TO DATE	P.R.S.I.-ER YEAR TO DATE	P.R.S.I.-ER THIS PERIOD
16,749.12	0.00	17,909.95	661.35	6,922.15	1,909.36	352.84

PREVIOUS EMPLOYER-PAY	PREVIOUS EMPLOYER-TAX	BASIC RATE	P.P.S. NUMBER	TAX CUT OFF THIS PERIOD	SERVICE DAYS T.P.	SERVICE DAYS Y.T.D.
0.00	0.00	0.00		1384.43		

1. Basic pay, overtime and nighttime premium payments.
2. Tax basis (check here for week 1 or emergency tax)
3. Tax credits for this pay period pay, overtime and nighttime premium payments.
4. PRSI class
5. Deductions - income tax, pay related social insurance, universal social charge and additional superannuation charge
6. Pension, commonly called superannuation
7. Taxable pay = Gross income - (Pension Contribution + ASC)
8. Net pay - the money in your pocket

Basic Pay and Overtime Rates

NCHD Salary Scales 2019							
		Salary (€)	Monthly	Fortnightly	Hourly	Overtime (Tx1.25)	Sunday/BH (Tx2)
Intern		36,857	3071.42	1417.58	18.17	22.72	36.35
SHO	1	43,897	3658.08	1688.35	21.65	27.06	43.29
	2	46,099	3841.58	1773.04	22.73	28.41	45.46
	3	49,390	4115.83	1899.62	24.35	30.44	48.71
	4	51,543	4295.25	1982.42	25.42	31.77	50.83
	5	55,872	4656.00	2148.92	27.55	34.44	55.10
	6	58,023	4835.25	2231.65	28.61	35.76	57.22
	7	60,124	5010.33	2312.46	29.65	37.06	59.29
SpR	1	62,638	5219.83	2409.15	30.89	38.61	61.77
	2	64,119	5343.25	2466.12	31.62	39.52	63.23
	3	66,259	5521.58	2548.42	32.67	40.84	65.34
	4	68,183	5681.92	2622.42	33.62	42.03	67.24
	5	71,321	5943.42	2743.12	35.17	43.96	70.34
	6	74,462	6205.17	2863.92	36.72	45.90	73.43
	7	77,601	6466.75	2984.65	38.26	47.83	76.53

*slight variations may exist in figures depending on calculation method

The current NCHD salary scales came into effect on 1st October 2018. Under the pay restoration agreement all public sector workers earning more than 30,000 are due for further pay rises of 1.75% in September 2019 and 2% in October 2020.

Overtime is payable on all hours worked above 39 hours/week. Many departments use a reference period of 2 or 4 weeks to calculate the overtime. Regardless of whether the hours in the reference period exceed the limit for overtime the 'night time premium rate' of T+1/4 applies to hours worked between 8pm and 8am. This rate is payable from 5pm if the shift extends through the night.

Overtime payments are usually made in arrears, depending on the hospital site this may be 2, 4 or even 8 weeks in arrears. This means that the hours are paid at a specified time after the submission of the payslips.

All employees are entitled to payment of notional hours while on annual leave. This payment is an average of the hours worked over a 13 week reference period. Different hospital sites pay notional hours at different points throughout the year so be sure to check with your local finance department.

Tax Credits

Single person €1650 Married/Civil Partner €3300

PAYE €1650

Flat Rate expenses €695

Additional tax credits may be available for certain insurance, savings and pension products.

The previous system of emergency tax/week 1 tax status has been replaced with Revenue Payment Notifications. Since Jan 1 2019 employees are only liable for emergency tax in 2 cases; where the employer has not been provided with a PPS number or the employee has not registered their employment with revenue. This also means that a P45 will not be required when changing jobs.

Deductions

Unless otherwise specified all deductions are taken from gross pay.

PAYE/Income Tax			
	Single Person	**Married (single income)**	**Married (dual income)**
20%	€35,400	€44,300	€44,400 + up to € 26300
40%	Balance		

P.R.S.I (Pay Related Social Insurance)

Class A - 4% on all income > €352/week

Employees who pay PRSI are entitled to a number of treatment benefits.

Dental benefit - one full oral examination and a contribution of €42 either a scale and polish or periodontal treatment. There may be a supplemental charge of up to €15 for a scale and polish however periodontal treatment may cost more.

Optical benefit - one eye test every 2 years (excluding tests needed for driving licences etc) and €42 towards a pair of glasses or contact lenses every 2 years.

To claim these benefits employees must have paid at least 260 contributions and at least 39 contributions in the governing year (2017 for claims in 2019) or 26 contributions in the second and thirds last contribution years (2017 and 2016 for claims in 2019). For the purposes of PRSI a contribution is defined as 1 week of work.

Universal Social Charge

Universal Social Charge	
First €12,012	**0.5%**
Next €7,862	2%
Next €50,170	4.5%
Balance	8%

Pension

HSE Employee Superannuation Scheme

This pension is available to all employees who commenced before 01/01/2013. The benefit paid in this scheme is based on the final salary. Employees on this scheme can retire at 65, or from age 55 at a reduced rate.

Single Scheme

All new entrants to the public sector since 2013 have been enrolled on the 'Single Scheme' pension. This scheme calculates benefits based on career average earnings. Minimum pension age for most members is linked to the State Pension age (66 years currently, rising to 67 in 2021 and 68 in 2028)

Both pension schemes are integrated which means they include the value of the state pension in calculating contributions.

In addition to the HSE pension employees have the option to make additional voluntary contributions (AVCs) to supplement their final pension. These are arranged privately by engaging a financial services provider/broker. These are eligible for tax relief at the 20% rate.

An SpR on the second waypoint earning €64119 p.a being paid **monthly**

Monthly Salary = €5342.25
€5342.25 x 3% = €160.27
€5343.25 - (2x €1,036.21*) = €3,270.83 x 3.5% = €114.48
€160.27 + €114.48 = €274.75

An SpR on the second waypoint earning €64119 p.a being paid **fortnightly**

Fortnightly Salary = 2,466.12
€2,466.12 x 3% = €73.98
€2,466.12 - (2x €476.60*) = €1,512.92 x 3.5 = €52.95
€73.98 + €52.95 = €126.93

* index linked value of state pension

ASC - Additional Superannuation Contribution

Calculated on pensionable (basic) pay

Additional Supperannuation Contribution		
	Single Scheme (Post 2013)	**Pre 2013**
First €32,000	0%	0%
Next €28,000	6.66%	10%
> €60,000	7%	10.5%

Summary

Payslips can be a daunting document to interpret but taking the time to understand your payslip is a worthwhile endeavour. If there are any discrepancies between the hours you have worked and the hours on your payslip be sure to query it with the local finance/human resources department.

Resources

https://www.hse.ie/eng/staff/benefitsservices/pension-management/single-scheme/single-scheme-faqs.pdf

https://singlepensionscheme.gov.ie/wp-content/uploads/2017/12/Scheme-Booklet.pdf

https://www.hse.ie/eng/staff/benefitsservices/pension-management/pre-existing-schemes/pre-existing-scheme-booklet.pdf

www.revenue.ie

A Novel Approach to Airway Management

FIG. 8-14. Cricothyroid membrane transillumination and spoon laryngoscope.

Photo credit: Isseron K, Improvised Medicine: Providing Care in Extreme Environments, 2e. Ch 8, Airway.

Poets Corner

Another night dawns, squeaking down tiled halls,

Fathoming the night and its harrowing calls.

When one turns to two on an October night,

Returned was I to their silent plight.

Unmistakable now, the insurmountable strain,

Their sleepless torment, the intensest of pain.

Strong and unlikely to ever seem weak,

A far cry from here, the sodden, the meek.

Helpless are we tasked to address each and all,

Faced now are we, with their inevitable fall.

Another night sets and I squeak down the tiled hall,

Fathoming the life of perpetual call.

An Irish Trainee Anaesthetist

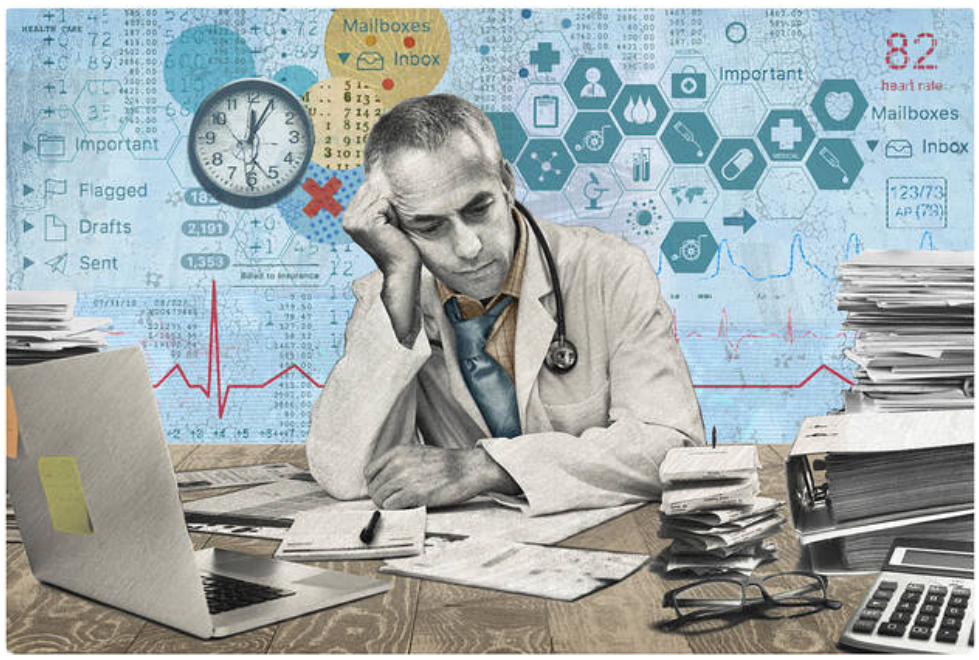
For the two lost, but remembered, members of our community.

Employee Assistance and Counselling Service

Do you ever watch movies with people dying in hospital beds or tragic circumstances and think – I've actually seen worse? Everyone else is in the living room red-eyed and snotty-nosed from crying and you're sitting there, eye-rolling, thinking why are they using a suction yankauer to ventilate that patient?

The truth is, you probably have seen worse. You've probably been right there in the thick of it, adrenaline and reflexes guiding your decisions and you get things from critical to critically-stable. You hand it over the next morning, pat on the back, a few eggs and maybe a croissant (you deserve it). Then you spend most of the next day playing it back, picking holes in your own reactions and management, what went wrong, what might go wrong now. Should have checked their CK. Should have done a CT brain, actually. Oh my god I can't believe I didn't do a CT brain, that is so obvious. They must think I'm stupid. (Weren't they all looking at me funny during the ward round?). And oh my god, I better go down and apologise to that nurse in ED for being so short with her. Jesus… I might just have to resign.

And then there are the sad ones: breaking bad news to husbands who are the same age as yourself; declaring the time of death of a baby; that maternal death. And you don't have much time to dwell on them because you're called off to do something else, and you think you've forgotten about it, but you know it goes somewhere.



These were my problems over the last few months: nothing else in my life had changed. There was no big upheaval, no single tragic or traumatic case. But there was the constant weight of recalled patients, of self-doubt, and guilt that doing my best is maybe not quite as good as someone else's best. I couldn't study for my exam, I wasn't interested in work. I was a ball of stress. I felt I was faking empathy towards patients and families because nothing was quite registering with me. In short I wasn't myself.

Despite the fact that I really didn't think I needed it – these scenarios are, after all, pretty "normal" for all my anaesthetic peers - I made a phone-call to the HSE employee assistance and counselling service (EACS), which took ten minutes to arrange to meet a counsellor a few days later. No difficult questions, no forms to fill in, no justifying my need for the service. It was the best decision I've made in years. I felt physically lighter after offloading some of my stories and worries on to this perfect stranger – all the things I didn't want to say to my family and friends because I didn't want to burden them. She, from an impartial outsider's perspective, made me realise how truly abnormal and traumatic some of the scenarios we deal with and carry around are.

Acting like death and suffering does not affect us does not make us stronger or smarter doctors. Neither should we feel the need to openly grieve every patient we encounter. I think our biggest mistake is accepting the fable that it is "normal" to deal with the death of another person without pausing to acknowledge it, either at the time or thereafter. We all have enough going on without carrying around a suitcase of worry and guilt about the past and the future. A problem shared is a problem halved after all.

I mentioned the counsellor one day at work, and a surprised consultant remarked that she "didn't think things were that bad". My response was that they weren't, but why wait? If you've found yourself in a similar pickle or in a bit of a rut, make an appointment. It can't hurt, it's completely anonymous, it's completely free and you get to use the phrase "my therapist says…" in an American accent as much as you want afterwards, which is a bonus.

- **An Irish Trainee**

The Employee Assistance Counselling Service is free service available to all staff working in the HSE. The service is provided free of charge, fully confidential and independent from the hospital in which you work. There is no need to inform HR to avail of the service and sessions can be arranged directly by you.

The service is designed to be Depending on location the number of sessions available will vary with all locations offering at least 4.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

The contact details for each hospital and region can be found here.

yourmentalhealth.ie
#littlethings

So what's the story with the JFICMI exam anyway…?

with Dr Aoife Doolan, Special Interest Year Trainee in Intensive Care at St James's Hospital

What is the JFICMI exam?

The Joint Faculty of Intensive Care Medicine of Ireland exam takes place once per year (April/May) and is composed of two sections: a written examination and an oral/clinical examination, both of which cover the theory and practical aspects of modern intensive care medicine.

Why do it?

In Ireland, completion of one year (known as "Special Interest" year) of formal training in ICM, plus success at the JFICMI Fellowship examination, allows you to be conferred as a fellow of the JFICMI and allows you to register as a Consultant Anaesthesiologist with a Special Interest in Intensive Care Medicine. For SATs, 6 months of this year must be in your final 2 years and only certain hospitals are recognised. Each two month module must be signed off by a supervising consultant.

You may then sit a second year (Post CSCST/fellowship year) of training which involves, among other things, the completion of a research project and the acquisition of basic critical care echocardiography competence. Successful completion of "Year 2" will allow you to register a Specialist in Intensive Care Medicine, and prepare you for work as a Consultant Intensivist in a large ICU.

Are there any alternatives?

The European Diploma in Intensive Care is also a two part examination that in Ireland is recognised as being equivalent to the JFICMI exam. The first part is a 100 question 5-stem MCQ paper. The second part no longer takes place in the ICU environment but consists of six "skill" stations. This diploma will allow you to register as a Consultant Anaesthesiologist with a Special Interest in Intensive Care Medicine. Registration as a Specialist in Intensive Care Medicine requires an application that goes through the JFICMI credentials committee.

What is the structure of the JFICMI exam?

MCQ and SAQ Exam

This written part of the examination is made up of a 100-question MCQ paper (SBAs and MTFs), and an 8-question SAQ paper, each requiring 10-12 minutes of written response.

Clinical Exam

Major Cases 1 & 2

The Major Cases clinical examinations in ICU will last for 30 minutes each, usually in the morning. The aim is to assess how well a candidate is able to elicit clinical information which is accurate, relevant and comprehensive, and how well the candidate can tie the information together, present it coherently and construct relevant differential diagnoses.

Table Viva's

There are two viva's of 20 minutes duration with each (of two) examiners being given 10 minutes to ask questions, usually in the afternoon at 22 Merrion Square North.

Viva 1: ECGs, X-rays, Laboratory results, Clinical Traces, Basic echo and lung USS

Viva 2: Questions of broad relevance to ICM

How do I prepare for the exam? Study tips from Aoife:

You need at least 2-3 months to study

Apply for the March revision course early – it can sell out and is also useful for the EDIC exam. In 2019 the opening date for this was 2nd January.

Consider doing EDIC part 1 in Autumn as practice

For SAQs work on timing – 10-12 mins per question

Get a study group for practicing and correcting SAQs and writing summaries of recent important articles

Practise for the clinical with groups and consultants where possible

Keep up to date with recent journals by signing up to the electronic table of contents

Key Revision Sources

- Crit-IQ – access Australian past papers and model answers by emailing paul.clinch@orionpharma.com with this info –>
- David Tripp's study notes – excellent reference and free
- Revision notes in Intensive Care Medicine by Stuart Gillon
- JFICMI website for past SAQ questions
- MCQ books 1 and 2
- Essential Examination by Alasdair Ruthven or Talley & O'Connor if time allows
- Deranged Physiology – excellent free exam prep
- Radiopaedia – for all things imaging
- Life in the Fast Lane – short summaries on ICM topics and excellent ECG database

Name
Screen Name
Hospital
Position (Senior or Junior Trainee)
Speciality (Anaesthetics or ICU)
Mobile number
Email address
Would you like to receive Crit-IQ newsletters (Yes or No)

Thanks to Aoife for her help in putting these resources together. Hopefully this clarifies things for all who are interested in this exciting speciality.

-Tim

ISRA Update

ISRA is the Irish Society of Regional Anaesthesia. It works to promote the training and use of regional anaesthesia in Ireland. Its AGM is held at the CAI Congress annually, and at this time new council members, including the Trainee Representative, are elected.

ISRA has several exciting events and projects planned for the coming months; workshops, prizes and courses.

€1,000 IRSA grant.
A new grant with the aim of supporting research in regional anesthesia in Ireland. Applicants who have prospective research, travel expenses to present research, and open access publishing fees are eligible. Application form and further details available on www.isra.ie. Closing Date is 15th April 2019. Winner announced May 2019.

€200 Prize for Poster in the Field of Regional Anaesthesia
Posters submitted to the CAI Congress 9th and 10th May 2019 will be eligible for this prize, sponsored by B Braun.

Lower Limb Workshop, 10th May
4 hour workshop with expert faculty. Free attendance with registration to CAI Congress 2019. Places limited and must be booked in advance by emailing amitchell@coa.ie. This workshop attendance can be used for eligibility criteria for EDRA examinations.

The Block Bus.
Bamboozled by blocks? Lost by L.A.S.T.? We will be taking to the road and bringing a workshop to several hospitals around the country to introduce the fundamentals of regional anaesthesia to trainees/ consultants/ NCHDs who would like a basic introduction to all things Regional related. Details of locations and dates to be announced separately.

Survey
Yes, I know! Another one! We would like to know what we can do to improve the quality and standardization of RA training nationally. Please keep an eye out on your inboxes and please do use this opportunity to improve this area of your training by completing the survey.

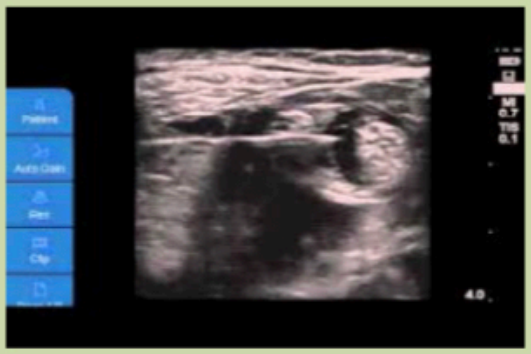
Trainee Representative
I will be finishing my term as ISRA Trainee Representative in this year, and details of how to submit nominations for the position will be emailed by the ISRA secretary in the coming weeks – if you are interested in the role and would like to learn more, please do contact me.

Tara Feeley,

Irish Society of Regional Anaesthesia, Trainee Representative.

ISRA
Irish Society of Regional Anaesthesia

Upcoming Events for Trainees

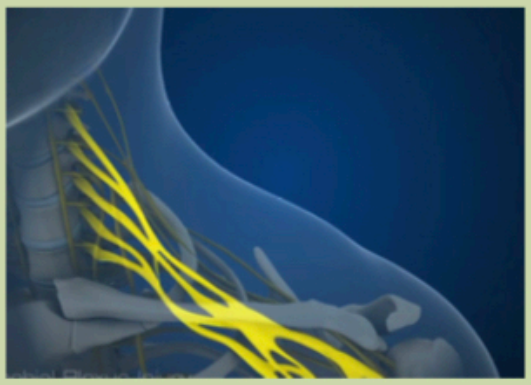


ISRA Grant

€1,000 to support regional anaesthesia research in Ireland

Application form and details on www.isra.ie

Submission date: 15th April 2019



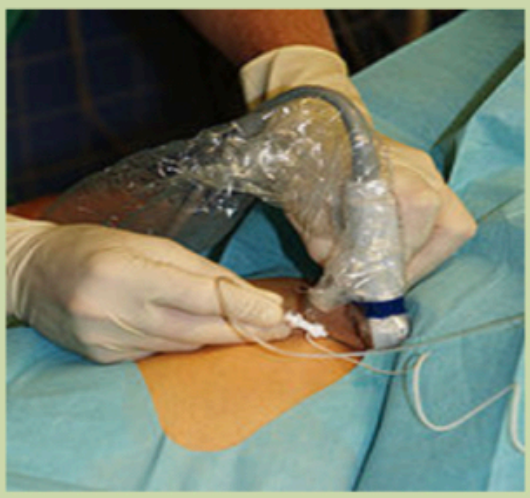
CAI Congress

Best Poster Prize in Field Of Regional Anaesthesia

Cash Prize of €200

Sponsored by:

B|BRAUN
SHARING EXPERTISE



CAI Congress

Lower Limb RA Workshop

10th May 2019 8.30am – 12.30pm

Free attendance, limited to 30 places

Workshop for EDRA application

To book, Email: amitchell@coa.ie

Calendar

CAT Events

Title	Location	Date	Time
Consultant Workshop	CAI	29/04/19	09:00
Career Progression Evening	CAI + Online	29/04/19	18:00
Great Western Bike Ride	Glenlo Abbey	06/04/19	15:00
Pre-Congress Reception	TBC	08/05/19	20:00
CAT Fun Run	Clontarf Seafront	10/05/19	07:30

For more info on any CAT event email cat@coa.ie

Exams

Title	Date	Cost	Applications Close
MCAI MCQ	12/06/19	€600	03/05/19
	04/09/19	€600	09/08/19
MCAI OSCE/SOE	05-06/11/19	€800	11/10/19
FCAI Written	25/09/19	€600	30/08/19
FCAI Clinical	26-27/11/19	€700	08/11/19
JFICMI Written	11/04/19	€500	08/02/19
JFICMI Clinical	17/05/19	€500	03/05/19
Pain Diploma	13/05/19	€750	08/02/19
Pain Fellowship	20/05/19	€1250	TBC
EDRA Part 1	11/09/19	€300	TBC
EDRA Part 2	09-10/09/19	€300	TBC
EDIC Part 1	30/09/19	€330*/€480	TBC
EDIC Part 2	24/11/19	€480*/€680	TBC

*ESICM Members

Courses and Conferences

Title	Location	Date	Early Bird Deadline	Cost	LInk
Western Anaesthesia Symposium	Galway	05-06/04/19		€50	https://www.eventbrite.ie/e/western-anaesthesia-symposium-2019-tickets-51544550137
Beyond BASIC (Mechanical Ventilation)	CAI	17/04/19		€300 (ICSI) €350	http://www.intensivecare.ie/wp-content/uploads/2019/02/Flyer-MV-2019.pdf
Irish Donor Awareness Programme	CAI	26/04/19		Free/€150	https://www.jficmi.ie/education-events/irish-donor-awareness-programme-idap-2018/
BASIC	CAI	02-03/05/19		€200 (ICSI) €250	http://www.intensivecare.ie/basic-course-2/
CAI Congress	Croke Park	09-10/05/19	28/03/19	€90 (1 day) €165 (2 day)	https://www.anaesthesia.ie/myCollege/index.php/component/content/article?id=344
SONODub	Dublin Castle	05-07/06/19		€450/€800/€1200	http://www.sonodub.com
ESRA	Bilbao	11-14/09/19	24/06/19	€350*/€400	https://esra-congress.com
ESICM LIVES	Berlin	28/09-02/10/19	11/07/19	€220/€290/€410	https://www.esicm.org/events/32nd-annual-congress-berlin/
AAGBI Annual Congress	Glasgow	11-13/09/19	01/08/19	£435	http://www.annualcongress.org
AABGI Trainee Conference	Teflord	03-05/07/19		£230	http://www.gatasm.org/node/14
Euroanaesthesia	Vienna	01-03/06/19	14/03/19	€300*/€820	https://euroanaesthesia2019.org
Critical Care Reviews	Belfast	16-17/01/20		TBC	https://www.criticalcarereviews.com/

*ESICM/ESA/ESRA/AAGBI Members Western Anaesthesia Symposium

Western Anaesthesia Symposium

Programme and conference registration via Eventbrite.ie - https://www.eventbrite.ie/e/western-anaesthesia-symposium-2019-tickets-51544550137
Trainee registration €50 (earlybird) – includes dinner and drinks reception on Friday evening.

Register your interest for the **cycle** by emailing **cat@coa.ie!**

Abstract submission

Trainees are invited to submit abstracts of intersting cases for oral presentation. Please send abstract (max 1 page) to leo.kevin@hse.ie

Pre-existing risk factors	Intraoperative Factors	Post operative Factors
Age	Cumulative time with low bispectral index (BIS) values	Dehydration
Comorbidities & Illness severity	Variance in blood pressure	Sensory impairment
Frailty	Hypothermia	Sleep deprivation
Dementia, sensory impairment	Greater intra–operative infusion volume	Constipation and urinary retention Anaemia
Emergency surgery & surgery type (hip #, AAA)	Anaemia	Sepsis
Level of education	Glucose and electrolyte disturbances – hypernatraemia/hypokalaemia/ hypomagnesaemia	Pain
Dehydration, electrolyte disturbance	Acid/base disturbance	Drugs (opioids, benzodiazepines, dihydropyridines)
Depression, psychiatric illness		Anaemia
Previous episode of delirium		
Alcohol, substance abuse		

Friday April 5th

Meeting starts 14:30

Clinical Forum. Patrick Neligan and Leo Kevin,

<u>Quick-fire talks: Is your Intensive Care practice up to date?</u>

1. Airway management in ICU: is it really so different? *Michael Hurley*
2. Is it OK to use non-invasive ventilation in ARDS? *John Laffey*
3. How much about acid-base do I really need to know? *John Bates*
4. Prophylactic measures in the ICU *Anders Perner*

Coffee break/Trade Exhibition

<u>Quick-fire talks: Is your anaesthesia practice up to date?</u>

1. Is Rapid Sequence Induction dead? *Donall O'Croinin*
2. Intra-operative blood pressure – should I have a target? *Gareth Ackland*
3. Liposomal bupivacaine for longer-lasting blocks. *Andrew Ochroch*
4. My obstetric patient has a platelet count of 50 – can I do an epidural? *Nuala Lucas*

Plenary lecture

John Snow and the making of the anaesthetist

Stephanie Snow, Manchester University

CAT drinks reception

Buffet supper

Saturday April 6th

Meeting starts 08:00

1. O'Beirne Costello medal (case presentations)
2. Perioperative beta-blockers and statins- where do we stand in 2019? Andrew Ochroch
3. Why troponin matters in surgical patients Gareth Ackland
4. Are fluids really that useful in septic shock? Anders Perner
5. GA in obstetrics: bringing it into the 21st century Nuala Lucas

<u>The Galway soap-box</u>

1. "Don't make me get mad: your patient does not need to come into ICU!" *Patrick Neligan*
2. The Scally Report: implications for anaesthesiologists. *Brian Kinirons*

<u>Core topics in anaesthesia</u>

1. The insulin dependent diabetic: peri-operative care in 2019. Leo Kevin
2. Endotracheal tube selection in paediatrics. Mark Ross
3. Modern use of TIVA. Michael Hurley

The Great Western Bike Ride

A 50km cycle through stunning Spiddal and Galway Bay. €30 per person, including bike rental.

Email cat@coa.ie to reserve your place now.

Journal Watch

Guidelines for the peri−operative care of people with dementia

Guidelines from the Association of Anaesthetists
Anaesthesia 2019; 74 (3)

There are approximately 55,000 people in Ireland with a diagnosis of dementia. Dementia is a syndrome characterised by progressive, irreversible worsening of memory, thinking, behaviour, personality and ability to perform daily activities, without impairment of consciousness. These patients are more likely to present on emergency lists and often have significant medical co-morbidities and be taking multiple medications.

The optimal anaesthetic technique for patients with dementia will depend on the specific procedure and co-morbidities. Anaesthesia and surgery are both risk factors for postoperative cognitive decline, but a causative relationship has not been demonstrated. However there is some evidence that the use of propofol may be protective while volatile agents increase aggregation of alpha and beta amyloid. Patients with dementia display an increased sensitivity to anaesthetic agents and may benefit from depth of anaesthesia monitoring.

Patients with dementia may benefit from day surgery allowing them return to more familiar surroundings as soon as possible. While an inpatient measures should be taken to regularly reorient the patient to their surroundings.

Post operative delirium is more common in patients with dementia. Specific risk factors are listed in table 1.

Where post operative delirium occurs the guidelines recommend the use of incremental doses of haloperidol and avoidance of benzodiazepines.

Anaesthetists should aim to involve the patient's family or carers at all stages of the peri-operative pathway. This should include the preoperative visit, the anaesthetic room and recovery.

The guidelines stress the need to have a nominated lead person for dementia and to ensure staff are trained in the management of these patients.

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