



CAT NEWS

Sept 2022

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Introducing your CAT committee 2022/2023

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The Tiers (Tears) of Call

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Editor's note

Hello, and welcome to the September edition of CAT news!

Buckle up, this edition is jam packed with financial advice, fellowship experience and information regarding the practical aspects of applying for a year off scheme.

First though, we're introducing the newly elected Committee. While there are many familiar faces we have five new members this year! We'd like to thank Kirsten for her exceptional work as Chair and welcome Sophia to the role. As outgoing editor of CAT news, Sophia is no stranger to the inner workings of the committee. We've certainly got big shoes to fill and we're looking forward to a great year!

Navigating the training support scheme, clinical course and exam refund scheme and Specialist Registrar fund is discussed in this edition as well as some helpful tips in dealing with Revenue and local human resource departments regarding tax credits and moving expenses.

We chat to Dr. Daniel Lehane about his experience working in Cameroon as part of MSF during his leave after SAT 4. It's an insightful and sometimes difficult read reflecting the highs and lows of working in the field. We'd like to thank Daniel for his valuable contribution and we hope it provides inspiration for those who are contemplating similar pursuits.

We'd like to thank Dr. Emer Ryan for her piece about her ongoing Cardiothoracic fellowship in New Zealand and hope it provides valuable insight for anyone thinking of following a similar path.

As always LAT news features good news stories from Hospital sites around the country and we finish off with some unmissable, upcoming dates for your diary.

Finally, we'd like to thank Dr. Gill Crowe for her beautiful illustrations that are fast becoming a regular feature in our newsletter.

If there is anything you'd like featured in CAT news going forward don't hesitate to let us know, we're always delighted to receive feedback and advice. Get in touch via twitter, facebook or email!

Dr. Siobhán Clarke and Dr. Maeve O' Brien
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[Committee of Anaesthesia Trainees Facebook Page](#)

[Previous CAT NEWS Editions \(anaesthesia.ie\)](#)

CAT COMMITTEE

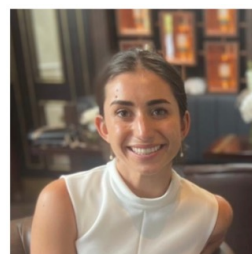
Meet the gang for 2022/2023

Sophia Angelov

CAT Chair

Hi everyone! My name is Sophia and I am honoured and very excited to be the Chair of CAT for the year 2022/2023. I am currently a SAT4 in Cork University Hospital, exactly bang in the middle of the six year programme, which I think puts me in a good position to understand all the benefits of our training, but also recognise the ongoing issues we are experiencing. We have an unreal line up this year on the CAT committee and I can't wait to get started on some of the upcoming projects with this enthusiastic team! Watch this space!

On a more personal note, I am a food and coffee lover and I am still continuing to eat my way through the foodie capital of Ireland (I admit that is Cork, despite being a Dub myself...). When work hasn't sucked all the energy out of me, I still love a sea swim, a long cycle or just catching up with friends!



Gilly de Loughry

Vice Chair, Wellbeing Committee Rep

Hi everyone! My name is Gilly, I'm from Co. Louth originally and settling back into Dublin life following a tour of the South! This is my second year on CAT and I am delighted to be taking on the role of Vice Chair this year, with what looks to be a brilliant and enthusiastic crew of new and familiar faces. I will also be one of the trainee representatives for the Health and Wellbeing committee, which although in its infancy is working hard to put measures in place to support trainees and improve their experience through the training scheme.

Outside of work I am trying my best to eat and drink my way around Dublin and rediscover all that it has to offer! I am also delighted to be closer to my one true love – my dog, Russo!



Sinead O'Brien

Treasurer, Training Committee Rep, Wellbeing Committee Rep

Hi everyone, my name is Sinéad and I am a SAT 3 currently working in University Hospital Limerick. As a Kerry native, it's nice to be back in Munster after spending the first few years of the scheme in Dublin. This will be my second year on the CAT committee, and I am excited to take on the new roles of Treasurer, Training Committee and Wellness Committee representative. I am looking forward to continuing to advocate on behalf of trainees, and work with the great CAT crew that we have.

In my time outside of work, I enjoy going for a swim, cooking and a nice glass of wine



Nick Di Mascio

Training Committee Rep, Exams Committee Rep

Hi everyone, my name is Nick – I'm a SAT4 currently working in Holles St (I hear the canteen is second only to the Rotunda's!). This my first year on the CAT, where I'll be a rep on the examinations and training committees. Both of these are dynamic areas where I'm looking forward to representing trainee interests to help make for a better training experience.

Outside of work I enjoy cycling, photography, and of course the ever-popular sea swimming.



Darragh O'Reilly

Education Committee Rep, Pain Committee Rep

Hello everyone, my name is Darragh, I'm from Dublin, and I'm currently working in Beaumont Hospital as a SAT4. This is my first year on the CAT committee. I look forward to working with the CAT and trainees with the aim of implementing some educational changes to the SAT programme. My role involves representing trainees on the education and pain medicine committees.

Outside of work I fit the predicted anaesthetist script of enjoying cycling in the Wicklow mountains, sea swimming and the occasional run when my hand is forced. Lover of eighties music, cortados, and border collies.



Siobhan Clarke

Quality & Safety Committee Rep, CAT News Co-Editor

My name is Siobhán Clarke, I'm a SAT 3 in Connolly Hospital. This year, I have been elected as a representative on the Quality and Safety advisory committee and co-editor of CAT news. The Quality and Safety advisory committee meet a couple of times per year to discuss all matters pertaining to patient safety in clinical practice. Its role involves drafting and exploring new guidelines, developing patient safety syllabus, organising the annual national patient safety conference and ensuring patient safety is at the heart of the speciality of Anaesthesia. Alongside curating CAT news, I also struggle with uploading relevant content to the twitter feed.

My hobbies include drinking coffee, bouldering and rope climbing and generally being outdoors; hiking, swimming and running!



Maeve O'Brien

LAT Coordinator, CAT News Co-Editor

Hello everyone! My name is Maeve and I am your LAT coordinator and CAT news co-editor for the year. I'm really excited to be a part of the CAT committee this year and looking forward to working with all the LAT representatives! I hope that we can develop a strong voice for trainee issues across all the different hospitals.

Being from Wicklow, I'm partial to a good hike. Other hobbies include spending the majority of my income on my horse and searching for the best coffee in Ireland!



Conor Haugh

Pre-hospital Committee Rep, NCPA Rep

Hi, I'm Conor. I'm currently a SAT 4 in Vincent's hospital. I'm originally from Limerick and studied in UCC. I'm delighted to be a part of CAT this year. Having completed a few hairy interhospital transfers over the years, I'm looking forward to sitting on the transport committee and hopefully making a few improvements to help prepare trainees for these transfers. I will also sit on the National Clinical Programme for Anaesthesia advisory group as the trainee representative, representing the trainee's view on any issues discussed.



Lauren O'Callaghan

HSE Liaison Committee Rep

Hi everyone, my name is Lauren. I'm from Cork and delighted to be back in the real capital for SAT 6. After two years in Dublin I've learned it's actually pretty nice – but it's not Cork! This is my second year on the CAT committee and I'll be the trainee representative on the HSE Liaison Committee again this year. I'm looking forward to continuing to represent trainee issues on this committee including advocating for improved payroll systems, improved working conditions and better staffing levels for trainees.

When I'm not spending my time looking at rota related Excel sheets you might find me enjoying a spot of Tag Rugby, Crossfit or a nice glass of Sauv Blanc.



Barbara Cusack

JFICMI Rep

Hi everyone, my name is Babs. I'm a SAT7 trainee in St James's, and Dublin born and raised. One of my (hopefully fairly achievable) life goals is to be able to cycle or walk between where I live and where I work. I love Intensive Care despite my best efforts to shake it off in the hopes of a better work-life balance. I'm partial to a bit of Simulation and competency based education as well. I look forward to working alongside the other members of the CAT team this year.



Sarah Galea

Sustainability Committee Rep, GAT Rep

I'm Sarah Galea, and I am co-opted onto CAT this year in my role as the Trainee Rep for Ireland on the Trainee Committee of the Association of Anaesthetists. I also sit as the trainee member on the Sustainability Committee with the College.

I am originally from the south-east of England, having trained in London. My humble background in psychology set me up for an unconventional route through medicine and medical training, and I have now practiced or trained in three countries. I left the UK in 2016 (the day after the Brexit referendum result, in utter disgust), and spent two and a half sunny years in Malta, where I began my anaesthetic training. My husband's aspirations to go from paramedic to doctor couldn't be satiated and so we arrived in Ireland in 2018 and we have somehow managed to stay in Cork ever since.

With psychology behind me, my passions in my clinical work involve individualised learning, teaching and training, and the ongoing need for an understanding of the role of human factors in the work that we do.

I live in Cobh with my husband Paul and our shiba inu Red. I am an ex-marathoner and keep saying I'll get running again once the weather improves. I have always wanted to write a book, but as a professional procrastinator, this always seems like a good plan for tomorrow.



Kirsten Joyce

Immediate Past Chair

Hi, I'm Kirsten and I'm currently working in St Vincent's as a SAT 5. I was delighted to have had the opportunity to chair the Committee for the 2021/22 year, where I got to work alongside a wonderful CAT crew. I'm equally excited to continue on the committee as Immediate Past Chair and to offer help in any way I can.

Outside of work, I love to read (though not as much as I would like) and go for long walks in the beautiful Cork countryside with the dogs!



A Year in Review – 2021 / 2022

Dr. Sophia Angelov
CAT Chair 2022/2023

The last twelve months have allowed us to slowly emerge into a post-pandemic era. Although, the winter brought with it another terrible wave of COVID-19 into the hospitals and ICUs across the country, we have managed to just about escape and now be living with little to no restrictions. It feels almost surreal that it even happened. Despite the pandemic loitering for longer than expected the CAT team, chaired by the superstar Dr Kirsten Joyce, had a stellar year and I would like to highlight a few snippets of what was undertaken.

On Call Audit

The on-call audit, in which CAT conducted an audit of the on-call frequency across all the training sites, was undertaken for a second year in a row, with data being collected by Dr Barbara Cusack. As COVID demands and the need for surge rotas were reducing, the aim of this audit, was once again to highlight training sites which did not comply with the minimum 1 in 6 call rota, especially to highlight repeat offenders. The training sites in question which had not met the minimum requirements more than once, were notified and given time to rectify this issue by July 2023. The Training Committee have been very supportive of this initiative, as they agree this is an important ongoing issue for trainees.

SAT Training & Wellbeing Survey

CAT repeated a survey to re-investigate trainee attitudes to training and their overall wellbeing, initially completed in 2018. Four themes were explored: training, wellbeing, changeover and post-CSCST aspirations. I would like to highlight some of the most striking results here, however, the rest of the survey results are available on the CAI website, in the December 2021 edition of CAT news. For Training - <33% felt they were allocated adequate time to their module, most commonly due to call frequency. For Wellbeing - 94% of respondents worked >48 hours/wk, with 50% working >61 hours, with many respondents noting the impact of call frequency and hours worked on personal lives. Almost 33% of respondents reported exercising <1hr/wk, with call frequency being the most cited reason for this. For Changeover - 93% of respondents had changed hospital, 60% had moved home and 78% were paid incorrectly in the first month of new rotation. Finally for Post-CSCST aspirations - 100% of respondents intend on completing a Fellowship, with 20% hoping to complete a national fellowship and 80% preferring an international fellowship.

Sustainability

Climate change is one of the biggest healthcare challenges of the century, and although COVID-19 did take the limelight for a while, we can't forget about this important ongoing issue. The Sustainability Committee held their inaugural Green Anaesthesia Week last year,

spearheaded by Dr Gillian O’Keefe and Dr Tim Keady, which was an informative and insightful week of online lectures, raising awareness amongst the anaesthetic community. There was a vast team of passionate guest speakers, from Ireland and abroad, who informed us how to incorporate greener, more sustainable practices into our everyday anaesthesia use, as well as, how we can personally make an impact. This was a very popular event, with over 250 participants, highlighting the interest in anaesthesia behind promoting sustainable healthcare practises.

Health & Wellbeing

The new Health & Wellbeing Committee was formed last year, a much needed addition, ensuring these practices are formally incorporated into our training curriculum. It is no secret that anaesthesia is a lovely speciality, but it does include extremely high stress scenarios and frequently working nights and weekends, meaning burnout and fatigue is high amongst our colleagues. This stress and burnout, was only worsened with the pandemic continuing to put strains on our speciality and personal lives, for over two years. The aim of this committee, is to ensure trainees are equipped with the right tools to tackle everyday work stressors and prevent burnout. Our CAT representative Dr Laura Griseto, alongside the committee, organised the Wellness Breakfast Webinar which was held in September and was thoroughly enjoyed.

ICU

This year Dr Carrie Murphy & Dr Bryan Reidy developed the novel “Introduction to ICU” lecture series. The purpose of this 8-week programme of lectures, was to introduce the basics of ICU. Over our training, we change hospitals and counties frequently and if that wasn’t daunting enough, we also change call tier. One of the most daunting jumps is from first on call to ICU reg on call. Some trainees have the benefit of working in bigger units with a second person on for critical care, especially post-pandemic, however, many embark on ICU call solo. With this in mind, they aimed to give trainees some basic grounding in the theory and practice of intensive care medicine, to make them better able and more confident to deal with the patients they encounter in ICU. It was a very successful project and we certainly hope to see more of it in the future.

Exams

As social distancing rules have been removed, the Examinations Committee have been working towards bringing back in person exams for the Membership and Fellowship Part II’s, for this coming academic year. In addition, over the last year, the committee have also changed the format of the results, giving trainees a breakdown of their results in the written MCQ exam, to help those unsuccessful candidates focus their future studying.

Inaugural TAG Rugby Event

The spring of 2021, pandemic restrictions lifted and we at last held an in person CAT social event. Dr Kirsten Joyce, organised an unbelievable Tag Rugby Blitz in UCD and even managed to arrange for some blue skies and sun!! Things may have gotten a little heated and

competitive on the pitch, but all enemies were forgiven with some food and drinks in the local Farmer Browns. All proceeds went to the very important Pieta House. A really enjoyable event, after almost two years of lockdowns.

Looking forward..

As we now move into a new academic year, the CAT team have some fresh ideas and projects that we are dying to get started on and share with all of the trainees. As always though, we are eager to hear your ideas and thoughts. If there is something bothering you from a training perspective or you have a bright new idea, please share it with us, we love to collaborate and represent trainees in the best way possible. CAT social events have now been revived and will be continued into this coming year, which we hope to see all your faces at!

1st On Call



FINANCES



Turn over to find out more about....

- ❖ TSS
- ❖ CCERS
- ❖ Specialist Training Fund
- ❖ Moving Expenses
- ❖ Revenue
- ❖ Notional Hours

Training Support Scheme



TRAINING SUPPORT SCHEME (TSS)

Training Support Scheme (TSS): Additional training support funding has been made available to all trainees from July 2019 onwards. This scheme is in addition to existing financial supports such as the Clinical Course and Exam Refund Scheme and the Higher Specialist Training Fund (SAT 3 – 6). Funding is allocated based on grade and the table below indicates the amount available under the TSS for each registration training year, July – July. Funding is available pro-rata for doctors employed on shorter contract durations.

Further information:

<https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/>

<https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/training-support-scheme-guidance-document-20211.pdf>

Grade	Amount per Registration Year
Intern	€ 750
SHOs and Registrars	€ 1,250
SPRs/GP Registrars/Psychiatry SRs on a training scheme	€ 2,000



Clinical Course & Examinations Refund Scheme (CCERS)

The HSE Clinical Course and Examination Refund Scheme covers the cost of examination fees and clinical courses such as ACLS (Advanced Cardiac Life Support).

Eligible NCHDs (i.e. holders of the HSE NCHD contract (2010)) can apply for a refund upon successfully passing an exam or completing a course. The full cost of an approved examination/course is eligible to be refunded.

Applications for refund from NCHDs must be made to their current employer within 6 months of the date of undertaking the clinical course / examination.

Unsuccessful attempts at exams are not eligible for a refund under the CCERS, however it may be possible to claim for these attempts via the Training Support Scheme (TSS). The NCHD must make an application for Clinical Course and Exam Refund Scheme payment through the CCERS section of their NER account.

Further information:

<https://www.hse.ie/eng/staff/leadership-education-development/met/database/userguides/ccers-nchd-user-guide-nov-2020.pdf>

<https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/ccers-guidelines-2022-to-2023-002-.pdf>

Specialist Training Fund



The Specialist Training Fund was introduced by the HSE to support senior trainees participation in education and training activities in addition to the mandatory elements of specialist training provided by their training body. You can claim up to €500 per year for participation in relevant non-mandatory educational activities (such as attendance at conferences) from the Specialist Training Fund for SAT 3 – 6 Trainees. To be eligible, you must be in a clinical specialist training post year 3 – 6 and hold an NCHD contract. The funding available to you is €500 per year. You can carry over €500 each year but you can't claim such funding in advance. For further information, please read the Guidance Document prepared by the HSE, available below. To claim funding you must complete the reimbursement form (below) and forward to training body with original receipts after the educational event has taken place. Applications for claims in relation to expenses incurred in the 2022/2023 training year must be received by the Training Body no later than 13th October 2023. If you have any questions about the reimbursement process, please contact training@coa.ie.

Further information:

<https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/ndtp-specialist-funding-guidance-document-july-2023.pdf>

Application form:

<https://www.anaesthesia.ie/wp-content/uploads/2022/07/NDTP-Specialist-Training-Fund-Reimbursement-form-2022-2023-1.pdf>

Moving expenses:

All NCHDs on approved rotation schemes are entitled to claim relocation expenses within the state once per annum subject to a maximum payment of €500 in any case and such costs being vouched. The following expenses are covered:

- Removal expenses of an NCHDs furniture and effects from the old to the new house;
- Local short-term storage (up to 3 months) when required due to housing difficulties;
- Cost of insuring (i) and (ii) above at normal insurance rates;
- The cost of one journey for the NCHD (and dependants) at appropriate public service rates;
- Expenses incurred in lease of principal residence when the NCHD is the owner / occupier.

Original receipts must accompany any claims made.

Revenue:

If you haven't checked out your Revenue account recently, it's worth a look! Not only to determine how much tax you're paying and ensure you're on the right tax basis e.g. emergency tax but also to ensure your tax credits are correct.

By virtue of being a doctor you get additional tax credits; these are called flat rate expenses and easy to apply for online; you need only click a button.

Don't forget you receive 20% tax back on health related expenses including doctors' and dentists' appointments. Simply upload these receipts to revenue and they will apply the corresponding tax credits.

Notional hours:

Because our annual leave entitlement is calculated on the basis of a 39hr work week and we routinely work far in excess of this we are entitled to be paid the difference, reflecting our average pay over the preceding 13 weeks.

Contact your local HR department for more advice.

Leave from the Scheme

Unaccredited leave from the Scheme – Leave after SAT 2 or SAT 4

The Training Committee have approved leave from the scheme at one of two points during training. The leave option is to facilitate greater flexibility for trainees with a view to promoting wellbeing. Application will be through a formal process and decision to grant or refuse leave rests with the Training Committee. Trainees will be able to avail of the leave at the end of SAT 2 or at the end of SAT 4 subject to several requirements and conditions outlined below:



Requirements:

Applicants must have successfully completed the MCAI or the FCAI depending on the year of leave.

Applications must be submitted by August 28th for consideration for leave from the following July.

Applications can only be for a 12-month period, i.e. minimum and maximum period of leave is 12 months.

Conditions:

No credit will be given for time out of the programme irrespective of posts held while on leave.

Trainees must return to the programme after 12 months, otherwise they will be considered to have withdrawn from the programme.

The unaccredited leave option will be available to trainees once throughout their training programme.

Application Process and Timelines:

Applications must be submitted on the 'Application for Leave from Training Scheme' form, available on the College website.

All applications will be presented to the Training Committee following the closing date of 28th August for decision at the subsequent meeting.

Rotations for subsequent years will not be allocated until the leave applications have been considered. It is expected that all decisions regarding the leave applications would be made at a September / October meeting which would allow for rotations to be allocated by mid-November.

The number of applications granted in any one year will be taken with full cognisance of the College's responsibility to support service provision and patient safety.

Where it is considered that there are too many applications, the Training Committee has the discretion to determine which applications will be granted. In approving applications, the purpose will be taken into account with the intention of accommodating those applications that are in the spirit of the leave option, e.g. accommodating lifestyle choices, wellbeing etc.

Ultimate decision to grant leave is at the discretion of the Training Committee. Decisions relating to "Unaccredited Leave" are not subject to appeal.



2nd On Call

I THINK THEY
NEED A BIT MORE
FLUID?

Intensive Care





Cameroon Experience

Dr. Daniel Lehane, SAT 5, Beaumont Hospital

I spent four weeks in Cameroon on a mission with MSF between March and April 2022. It was supposed to be 11 weeks, but unfortunately the mission was closed down for security reasons. I had been thinking about working with MSF for a while. The option of a gap year between SAT4 and SAT5 presented the perfect opportunity.

The mission I was sent on was very different to what I imagined. I expected to be working exclusively with MSF staff in a dedicated, MSF run hospital. The hospital I was actually assigned to was run by the Cameroon Ministry of Health, with MSF providing a supportive role. We took care of emergency surgical patients, paediatric patients, obstetrics, and trauma. I worked particularly closely with the MSF surgeon. Nobody likes being told what to do, especially by strange white men who come in for a few weeks at a time, think they know it all, and start telling everyone what to do. It could sometimes be difficult to get the right balance between promoting and encouraging improved standards and maintaining a good working relationship with local staff. For the most part, people were eager to learn how healthcare operates in more developed countries. It was also particularly encouraging and fascinating to sit in on hospital meetings, and see local staff identify and solve problems that I have never had to consider, in a workable way for that particular hospital and region. This was a particular focus for the MSF mission, which hoped to leave behind a better functioning healthcare system when it departed the region.

Life in the compound

The compound was basic, but comfortable. We had shared kitchen/dining facilities, and fridges where we could keep our own drinks and treats. All meals were prepared for us, and though I frequently did not know what I was eating, I found the food to be quite good. The fruit in particular is excellent. The 'Tukul' was a common area where we could sit and read or watch TV. Ping pong was taken pretty seriously, and you needed to get reasonably decent quickly if you wanted to hold your own. There was a grass/dust garden, around 15 by 20 metres, where we could play volleyball or soccer. Expats could also be seen walking/running around this for exercise. There was no exercise equipment in the compound, so it is useful to bring something light and portable with you. I brought a few resistance bands and a skipping rope, and I was very glad of them to unwind a few days a week.

On arrival, we were given a tour of the compound. The main point of this was to show us the 'safe room', where we were to gather if there was any threat to the compound. In reality, this was a corridor in the middle of the building, which was stocked with a lot of water, canned food, and a satellite phone. Luckily, the beer fridge also happened to be in this corridor.



For security reasons, expat staff were not allowed to leave the MSF compound unaccompanied for any reason. We had to be driven door to door wherever we were going. We were allowed to go to a restaurant across the road on a Sunday afternoon, followed by a trip to the supermarket. It was literally a shorter walk than drive, but we still had to be driven. The same applied for going to hospital. If I was needed in hospital, I had to be driven, and I had to travel with at least one other expat. This was usually the MSF surgeon. We travelled in highly visible, MSF labelled Toyota Landcruiser Hardtops, wore our MSF vests, and had to carry our MSF identification and permission letters at all times. It could be slightly unnerving travelling at night, but I never felt threatened or unsafe.

I had my own double bed, en-suite room, though I shared it with the occasional tortoise (three of which roamed the compound) or cockroach. There was a water heater for the shower, but in the heat and humidity, I had no interest in learning how to turn it on. It was nice to have a space to myself, as when you live in such close quarters with a large group, you need some quiet time to read or call home.

Working life

I had some interesting anaesthesia experiences during the brief mission. From a purely technical anaesthesia point of view, the work was actually quite easy, as you were fairly limited in what you can do. Sometimes in Ireland, I find the choices available can almost be overwhelming! I certainly didn't have that problem in Cameroon. I generally worked from 0800 to 1300 at the hospital, seeing any surgical patients that had presented overnight and rounding on inpatients with the surgeon. I would then be taken back to the compound for lunch. I would return to hospital from 1400 to 1700. This time was usually spent in theatre.

Available to me was a newly delivered Diamedica Glostavent anaesthetic machine. This was delivered with an attached oxygen concentrator, battery, and ventilator. Crucially, it could also function as a drawover machine, with no requirement for pressurised gasses or electricity. The electricity in theatre could be patchy at times. I had a direct laryngoscope with a variety of Macintosh blades, and small Miller blades. I also had one reusable LMA of each size. However, decontamination and sterilisation were not reliable, and if something was sent for cleaning, I was not sure when or in what state I would get it back in. I decided to keep these only for emergency situations, if I ran into trouble trying to intubate.

There were four nurse anaesthetists in the hospital, who were proficient at spinal anaesthesia, and used a lot of sedation with ketamine. However, they had very little experience in airway management, and no experience in general anaesthesia using volatiles. Part of my mission was to teach them basic airway management skills, and how to use the anaesthetic machine. These would be expanded on by the anaesthetist following me, until hopefully they were able to provide anaesthesia safely themselves.

Interesting Case

43 yo male, who presented with severe burns to his face, neck, left arm and torso as far as his waist. He had been working on his motorbike (the ubiquitous form of transport) when it exploded. His first port of call was to his local healer, who made an ointment, from what I don't know. He then drank for around 48 hours, before presenting to hospital. His wounds were infected, he was in a lot of pain, and he was drunk. The surgeon felt he needed to have his wounds debrided and dressed ASAP, to prevent a more significant systemic infection developing. He had significant facial and oral swelling, leading me to decide there was no way I would be able to intubate him with only a Macintosh laryngoscope. It being 48 hours later, I felt reasonably confident he hadn't sustained a severe tracheal burn or inhalational injury. The only option was to fluid resuscitate aggressively, provide analgesia and as little sedation as possible, while keeping the patient reasonable comfortable with some fentanyl and ketamine, providing oxygen/airway support with a C-circuit, with two strong nurses on hand to help if necessary.

This is obviously not a scenario you would expect to encounter in Ireland. It is a relatively common situation in the field, however. Due to difficulty in accessing healthcare and poor education, patients often rely on local healers, who may end up doing more harm than good. Alcohol, often some form of home brew, may be the only analgesic they have access to, and it may be consumed liberally. However, these patients still need treatment. The option you are left with may be the least worst choice.

Leaving the mission

Unfortunately, my mission was evacuated early due to security concerns, so I only spent a month in Cameroon. While this sounds very dramatic, in reality, we were simply driven out of the area of concern. MSF correctly prioritise the safety of their staff above all else, and I never felt unsafe at any point. Medications and useful equipment were left behind for the local staff to continue providing care to the population. The anaesthetic machine was removed, as it could not be safely used by anyone remaining. The most difficult part of the mission was the wait between learning whether we would go back into the field or go home, while MSF negotiated with the relevant parties. To be fair, the senior decision makers did their best to keep us informed and updated, in what was a difficult situation for everyone. The biggest losers, as always, were the local population who were simply going about their daily lives.

Overall, I loved my brief experience with MSF. I hope to work with them again in the future. I would encourage everyone to consider whether it would be something they are interested in doing at some stage during their career. It is a significant commitment, and life can sometimes get in the way. It is probably not something that suits everyone. People may find living in close quarters with people difficult. You can feel helpless in the hospital, when you know what a patient needs, and would get at home, but is simply not an option in the field. However, I definitely think it is something worth considering, even for a short spell. We are incredibly privileged to have been highly and expensively educated in a field that can make a significant difference to people's lives.

It is extremely rewarding to treat people who are in need. The two burns patients above were well on the road to recovery when I left. The 43 yo man was the joker of the ward, and the 2 yo girl was smiling and waving at everyone. The 26 yo man with (presumed) organophosphate toxicity walked out of hospital a few days later. There were many other patients I encountered who passed through the hospital relatively uneventfully. The patients had an amazing capacity to care for each other when the nurses were busy, feeding each other, helping each other to the toilet, looking after the children on the ward, and generally acting like a community, which was inspiring to see.

<https://www.msf.ie/job-profiles/anaesthetist>

Fellowship Abroad

Dr. Emer Ryan

*Cardiothoracic Fellowship (combined ICU and Anaesthesia),
Auckland City Hospital, New Zealand*

The Practical Stuff

The fellowship is a year but split into 6 months of cardiothoracic ICU followed by 6 months cardiothoracic Anaesthesia. In terms of planning, they advertise and interview two years in advance so if you're interested it's worth starting to think about it early. There are two intakes so you can start in either August or February. The August one lines up nicely with finishing the scheme and the February start is ideal if you feel like taking 6 months off to enjoy yourself (highly recommend!). Organising a visa and medical council registration was very straightforward, the hospital sorted out most of it and it never felt like hassle. The hospital also sorted all of my relocation costs and a relocation company that found me a house before I arrived.

The Job – pros and cons

The cardiothoracic ICU manages all post-op cardiothoracic patients, patients with cardiogenic shock, all high-risk PEs and is the ECMO centre for the country and the South Pacific. They also take all vascular patients for historic reasons so there's a good bit of general ICU as well. The exposure to mechanical support is excellent and there's a decent amount of opportunity for TOE/TTE as well as all the usual day to day ICU procedures and general management. It's entirely shift work, so either long days or nights. The shifts can be quite long and chaotic (there's a very high turnover of patients and frequently someone arresting out of nowhere) but you get loads of time off in between. It's a great roster if one of your primary aims for the year is to see as much of the country as possible. I will say that it's very consultant led and I felt a bit like my only role was paperwork some of the time. They do expect the fellows to step up later on in the rotation to lead wards rounds etc. and if I were doing it again I would have asked to start that earlier. It's just a better learning experience once you feel more involved in decision making.

The anaesthesia 6 months involves 3 months of being heavily supervised followed by 3 months of complete autonomy. The supervision is a little hard to swallow but it's just the way things operate here in general. There's plenty of variety in terms of cases. There's at least one adult congenital list a week, obstetrics with cardiovascular disease and the high rates of rheumatic heart disease mean there are pretty frequent multi-valve surgeries. They also have the highest rate of aortic dissection in Australasia so you'll become pretty familiar with managing dissections. Interestingly the theatre complex only does ENT as well

as cardiothoracic so there are reasonably frequent airway emergencies and awake fibreoptics, particularly after hours and at the weekend. That's a nice bonus in terms of experience. The rota is definitely more onerous than ICU as you cover the fellow rota with one other fellow and are also on the usual after hours/weekend rota with the regs. My only other caution is that 6 months is quite a short time to get enough TOE for certification, but it is doable with a bit of effort.

The Important Stuff

New Zealand is amazing and whatever the pros and cons of the job I would highly recommend living here. Even within a short distance from Auckland there are stunning beaches, hikes, skiing in the winter, watersports and wineries and you'll have plenty of time to see it all. The proximity to the South Pacific is also a massive bonus so if you feel like a foreign holiday Bora Bora is a legitimate option!



LAT news

Dr. Maeve O'Brien

LAT coordinator

Connolly Hospital Blanchardstown

LAT Siobhan Clarke

The last two months have brought a series of personal achievements to trainees at Connolly Hospital. Ruaidhrí passed his driver theory test with flying colours, Maggie, our ED SPR, is so far thoroughly enjoying her holiday in Anaesthesia and Brandon graciously sacrificed his body for the purposes of medical science when he volunteered for the upper limb regional anaesthesia workshop. I can confirm his brachial plexus is exemplary! We all picked up a few tips from the Wellbeing Webinar and enjoyed a complementary breakfast courtesy of the department.

Finally, Siobhán is embarking on a trip to Kenya with Global Emergency Care Skills; an Irish, non-profit, voluntary organisation founded in 2008 providing emergency care and trauma skills training to healthcare professionals in developing countries. Fundraising is well underway. The group will be hosting a hospital coffee morning and a table quiz on September 29th in Lansdowne Rugby Club. You can find out more information on GECS.ie.

<https://www.eventbrite.ie/e/global-emergency-care-skills-table-quiz-tickets-402824327407>

<https://www.facebook.com/events/391075179833284>

University Hospital Galway

LAT Jemima Nilan

We welcomed 11 new beginners to the department and they have been put through their paces with daily morning teaching and a simulation based bootcamp to kick-start their Anaesthesia skills. An in-house MICAS training day was held early in the rotation which was very beneficial. In addition, there are 8 trainees lined up for exams in the coming months- best of luck to all.

Thanks to the unusually fine weather in August, a few water babies made a splash in BlackRock, Salthill on more than one occasion!

We enjoyed coffee and pastry courtesy of the consultants for the recent Wellness webinar. And we've made the obligatory trip across the road to Sliding Rock for after work rehydration - a pattern likely to need repeating.

Congratulations too to Paul Mallee and his wife on moving into their new home. There are some prospective new parents in the dept, so watch this space!

National Orthopaedic Hospital Cappagh

Tommy McGimsey

Greetings from Cappagh! Home of the earliest mornings in all the land, but also the highest density of free snacks. Antonio has managed to join the Cappagh Run Club but the rest of us are diligently accumulating Cappagh Kilos, readying ourselves for the winter energy crisis ahead. Between all the hips and knees we have managed to get a few audits off the ground in recent weeks and are benefiting from a busy teaching schedule. Our wellbeing breakfast was a great success and we have had admirable commitment to pint based activities too!

Best of luck to our very own Susan and everyone else studying for exams these 6 months!

National Children's Hospital Crumlin

Joseph McGeary

Not much news here as everyone is laying low waiting to do the fellowships except for congrats to Ciaran Reynaud who recently got married to Niamh.

CUH

Cian Anderson

CUH have been keeping busy since changeover with numerous social outings to the local Flannerys and even branching out to Fran Wells (divine pizza!). Lots of tasty pastries were provided by the Department for the Wellness Breakfast Webinar, which we all enjoyed alongside a catch up during our tea breaks. Some good news amongst the department - Rory Linehan had a baby boy and Sophia Angelov got married to Shane.

Support Services

Despite our best efforts, our job can be stressful. With the pandemic hopefully disappearing off into the distance, we need to remember that we still need to look out for ourselves, look out for each other and reach out to fellow trainees if you think they might be having a bad day / week / month!

Below are some resources that you may find helpful.

General Practitioner

With moving around every year or indeed every 6 months, it can be difficult to find the time to register with a GP. The National GP Directory, compiled by the ICGP, lists GPs who have indicated that they have capacity to register NCHDs, trainees and interns seeking a GP within their locality during their clinical rotations. You can access the map and directory [here](https://www.icgp.ie/go/in_the_practice/doctors_health/national_gp_directory_for_nchds).



https://www.icgp.ie/go/in_the_practice/doctors_health/national_gp_directory_for_nchds

Practitioner Health

This programme provides appropriate care and support for health professionals in Ireland who may have mental health issues such as stress, anxiety, or burnout or who may have a substance misuse problem. It is fully independent and separate from the regulatory bodies and employers. It has been endorsed by Memorandum of Understanding by the relevant professional councils and is supported by representative organisations and training bodies.



<https://practitionerhealth.ie/confidential@practitionerhealth.ie>
085 7601274

Pieta House

Pieta provide free counselling to those with suicidal ideation, those engaging in self-harm, and those bereaved by suicide. Staff are fully qualified and provide a professional one-to-one therapeutic service.



www.pieta.ie
24hr Crisis Helpline on Free phone **1800 247 247**, or Text **HELP**
to 51444
Therapy Services team on **0818 111 126**

Samaritans

Samaritans is a charity in Ireland offering emotional support 24 hours a day, 365 days a year, to anyone who is in distress, lonely, struggling to cope or feeling suicidal. Samaritans has 21 local branches across the island of Ireland (13 in RoI and 8 in NI) which are run independently by a network of volunteers. Volunteers are on duty 24 hours a day, seven days a week, on the freephone helpline number **116 123**



HSE Employee Assistance Programme

The HSE Employee Assistance Programme (EAP) is a work-based support service for staff and the organisation. This is a confidential independent service. It supports employees with psychosocial issues (psychological and social factors that influence mental health). These issues may be personal or work-related, affecting your job performance or home life. The service is free and available to all HSE employees.

Call **0818 327 327** to speak to someone who can help.



Websites

HSE: <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/>

CAI: <https://www.anaesthesia.ie/training/wellbeing/>

Mind the Frontline: <https://www.mindthefrontline.com/>

UK ICU Society:

https://www.ics.ac.uk/Society/Wellbeing/Society/Wellbeing_hub/Wellbeing_Hub.aspx?hkey=c4cc359f-caac-4198-b1f2-dabac29af11a

Apps

Insighttimer: meditation app where much of the content is free with an endless supply of new content frequently being added. Users can browse between a range of popular wellbeing topics.

Headspace: An app that makes meditation and mindfulness simple

Calm: Focuses around meditation relaxation and sleep, with sessions anywhere between 3-25minutes to suit your schedule.

Dates for your Diary

EBPOM Dingle in association with IPOMS and SIAA: 27-29th September, Dingle Skellig Hotel

Evidence based perioperative medicine or EBPOM is a not-for-profit collaborative project between a number of UK and international academic institutions that exists to promote the examination, discussion and application of evidence based medicine to perioperative care. In conjunction with The Irish perioperative medicine society (IPOMS) and The South of Ireland association of anaesthetists (SIAA), they are hosting EBPOM dingle; a jam-packed three day conference held in the Dingle Skellig Hotel. It promises to be a thoroughly enjoyable and highly informative few days full of lively discussion and social networking events.

Green Anaesthesia Day 29/09/22

A follow up to the hugely successful Green Anaesthesia week 2021, the webinar will include talks from Ms. Neasa Hourigan, Green Party TD, Dr. Brendan O'Hare, Consultant Anaesthesiologist and Dr. Jason Gandhi, environmentally sustainable anaesthesia fellow, Newcastle upon Tyne. Tickets for trainees start at € 10.

Hospitals Active Transport Award 30/09/22

We could wax lyrical about the benefits of cycling here at CAT; not only is it more economical and environmentally sustainable, it's also great for your mental and physical wellbeing. As such, in association with the College of Anaesthesiologists and the Sustainability Committee an award will be bestowed on the hospital with the best cycling infrastructure. More information can be found overleaf!

Kate Flynn Medal 2022: 21st October, College of Anaesthesiologists Ireland

Application is now open for submission of any interesting case or case series related to Intensive Care Medicine for the annual Kate Flynn Medal competition that will take place in the College this coming October. Deadline for submission is 18th September

National Patient safety conference: 11th November, College of Anaesthesiologists Ireland

If last year's event is anything to go by, this year's National Patient Safety conference is sure to excite. Save the date and submit your abstract for the KP Moore medal by the 16th September.

Fellowship opportunities; Massachusetts General Hospital and University of Virginia

More information to follow

Hospitals Active Transport Award

While the patient may view healthcare delivery only from the bedside, a complex logistical and transport network is required to bring the right staff with the right equipment to the hospital. Hospitals need transport networks to enable movement of goods, staff and patients to their facilities. There is a significant carbon footprint associated with this. Personal travel accounts for approximately 10% of the carbon footprint in some healthcare settings (1). By encouraging active transport, we are not only reducing emissions but also improving resilience of the communities in which we work with improved cardiorespiratory health. Air pollution contributes to 1500 premature deaths in Ireland every year and road traffic is a major contributor to these pollutants (2). Considering the HSE employs approximately 100,000 people (3), enabling staff to cycle, walk or use public transport to reach these facilities could potentially remove thousands of cars from the roads.

The Sustainability Committee of the College of Anaesthesiology of Ireland, cyclist.ie and Irish Doctors for the Environment have come together to award the best Irish Public Hospital for their commitment to active travel. We have collated quantitative data to inform us how well networked our hospitals are to encourage staff to utilise healthier forms of travel. Future work on this topic aims to expand and collect data on the facilities available for patients, visitors and students to reach hospitals in a healthy way. Over the coming month we will be tweeting some of the information collected and we would like to hear from you and your experiences.

What we aim to award is:

- #HATA #HospitalsActiveTransportAward

For further information contact:

- Irish Doctor's for the Environment: Dr Colm Byrne
- Cyclist.ie: Colm Ryder (087.237.6130 & colmryder@gmail.com)

References:

1. <https://www.fph.org.uk/media/3126/k9-fph-sig-nhs-carbon-footprint-final.pdf>
2. <https://www.hse.ie/eng/about/who/>
3. <https://www.eea.europa.eu/publications/air-quality-in-europe-2021>

CPD Events Calendar

September	ICU4U2 Conference, CAI
8th September	Wellness Breakfast Morning, Online
14 September	Membership CAI, Online
28 September	IACA Webinar, Online
29 September	Green Anaesthesia Day, Online
October	Irish Pain Society ASM, Online
October	Local Anaesthesia for Ophthalmic Surgery Workshop, Royal Victoria Eye & Ear Hospital
05 October	Final Fellowship CAI Written Exam, Online
28 October	National Airway Masterclass, CAI
11 November	National Patient Safety, CAI
November	ICSI Basic Course, CAI
November	Professionalism Course, CAI
November	IACA Webinar, Online
15 & 16 November	Membership CAI OSCE and SOE, Dublin TBC
29 & 30 November	Final Fellowship CAI Clinical/SOE Exam, Dublin TBC
8 December	Gilmartin Lecture, CAI

And Finally....

Social events are the perfect opportunity to make and meet friends and blow off some steam. CAT have got something very special lined up.

Watch this space to find out more....

Hint: Keep the 22nd of October free!!

