



CAI

SALUS DUM VIGILAMUS

College of Anaesthesiologists of Ireland

Summer Newsletter 2026

A Chairde,

Tá súil agam gur thaitin ár gComhdháil Bliantúil go breá libh.

I trust you enjoyed our Congress, benefitted from its CEPD and upskilling opportunities and had a chance to catch up and socialise with many friends and colleagues.

Here is an overview of some of the diverse workstreams which your Council has been working through to further our shared College Mission: *"To optimise patient-centred care through excellent training and life-long learning for Specialist doctors"*.

What it Took to Defend our College SAT Training Programme: A Report on the Judicial Review

You are aware that a judicial review was taken by some non-training programme doctors (Applicants) who had already obtained their specialist registration as independent anaesthesiologists with the Medical Council of Ireland (MCI). They asked the Court to direct that they be entitled to receive the same CSCST as College SAT trainees, despite never having completed our CAI SAT training programme.

At the insistence of the applicant, the case was scheduled for 8 days oral hearing before Mr. Justice Barry O'Donnell in the High Court. It is highly unusual to have oral evidence with a public hearing for a judicial review, but this is what the Applicants wanted.

Our College defended the core principle that training and registration are completely distinct from one another and were being conflated in these proceedings. There are multiple avenues available to non-training programme doctors in Ireland to have their hospital experience retrospectively recognised by MCI processes, which then entitles them to specialist registration, eligibility to apply for consultant posts here, and certification of their registration (CSD).

However, that is entirely distinct from the Certification of Satisfactory Completion of Specialist Training (CSCST) our College's Tier 1 training programme,

which is a prospective, competitively appointed, competence-based, tutor-mentored, quality assured training programme with annual progression interviews. The CSCST is completely distinct from any other route to MCI registration.

Due to the strength of evidence presented by the College, counsel for the applicants capitulated after Day 5, surrendering the case unconditionally and unequivocally.

They pleaded inability to pay our costs. On legal advice, we agreed not to pursue the applicants for costs, in a gesture of magnanimous collegiality, consistent with our

cultural values. We have petitioned the state for a full refund.

We will continue to engage with our non-training programme colleagues and our strategic partners in the HSE-NDTP, Dept. Health, MCI, and other postgraduate training bodies to optimise the number of new Recognition of Prior Learning (RPL) training posts (which CAI was the first to implement).

I ask all colleagues to continue to respect the integrity of our SAT programme. SAT trainees should have priority access to training modules and the relevant on-call tier their stage of training requires.

‘ Due to the strength of evidence presented by the College, counsel for the applicants capitulated after Day 5, surrendering the case unconditionally and unequivocally. ’

Our College's reputation has been further enhanced throughout the HSE, Dept. Health, the Forum of Postgraduate Medical Training bodies, the Medical Council and the entire regulatory and governance system of our democracy.

I thank you all for your steadfast support throughout the past 4 years of arduous engagement in this matter.



Left to right: Prof Donal Buggy, President, CAI, Mr Eamon Breannan, Director General of EUROCONTROL (2018 – 2022), Dr Sein ÓMuineacháin, Dr Noelle Healy, Ms. Lisa Fallon, high-performance consultant with FIFA's Global Football Development Division, Mr Martin McCormack, CEO.

The inaugural Emerging and Established Leaders Conference (EELC)

Our sister Australian New Zealand College (ANZCA) instigated their Emerging Leaders Course (ELC) in 2018 and invited us to send a senior SAT after a competitive internal selection process. This course had an immediate, positive impact on participants, evidenced by our own alumni's enthusiastic reports and by myself and others who contributed as honorary faculty. On my return from the Cairns ELC meeting last year, I decided that we would no longer send trainees to ANZCA's course, but instead that we would create our own.

Former ANZCA ELC Irish alumni Aislinn Sherwin (currently Council member and Chair of Patient Quality and Safety) kindly agreed to head up our inaugural EELC. She was ably assisted by two other former ANZCA SAT alumni,

Carrie Murphy and Noelle Healy, and by immediate past-President George Shorten.

A truly outstanding programme of speakers was assembled from business, sport, industry and medicine, with scope for delegate interaction. Some 31 delegates participated, including 2 SATs and one Northern Ireland trainee, who won their respective trainees' competition for their all-expenses paid participation. There was with exceptional feedback from all present.

Next year's conference will accept applicants from established leaders who wish to reflect on their career and obtain CEPD in this domain. It will also accept applications from doctors outside our specialty, but priority will be given to our own Fellows and senior trainees.

Comhghárdeas arís and thanks once again to Aislinn, Carrie and Noelle, in addition to College team member Lauren McKenna.

Historic Moment for College: The new Recognition of Prior Learning (SAT3) Programme

The National Medical Manpower Workforce Planning Document 2024-38 directs us to double the number of trainees over the next few years. As part of that, we have been directed to introduce a new, more experienced entry point programme to our SAT programme, via a process called Recognition of Prior Learning (RPL).

This is a process whereby quality NCHD colleagues, who are on the general register of the MCI and not on the SAT programme, would undergo a competitive process to evaluate their prior learning and experience (RPL), including interview. If successful,

they will be entered onto the SAT programme at SAT3 level. Our Working Group for RPL, chaired by Co-Director of Training Amy Donnelly, identified criteria of eligibility for RPL SAT 3 admission. These include having the full FCAI and 3 years' experience in Anaesthesiology.

A moment of history for our College was made during the new 2026 SAT intake, with 4 RPL SAT3 trainees successfully navigating the highly competitive selection process and have been appointed to SAT3, in addition to the usual SAT 1 trainees (n=56). It is noteworthy that an unprecedented 290 applications were received for this year's intake. It is an exciting time of expansion and popularity for our specialty, which will demand greater training resources and administrative support, and additional demand on our present limited facilities.

Update on the White Papers on the Relationship between Anaesthesiology & ICM and on Role Profiling of the Consultant in Anaesthesiology in Ireland.

You will recall that these Working Groups, to develop a White Paper, were established by me at our September 2024 EGM to address the implications of the Medical Council of Ireland (MCI) decision to change our CSCST designation to state "Anaesthesiology" only from 2030. The Role Profiling Group concluded its business last summer, outlining the broad range of knowledge, skills and behaviours necessary to be a consultant in anaesthesiology in Ireland, which routinely includes elements of intensive care medicine practice. We are indebted to Deirdre McCoy, Chair of that Working Group and all its volunteer members for this important contribution.

The White Paper on Future Relationships Working Group continues its important work. Under the initial excellent chairmanship of John Bates, it considered in detail the future relationship of anaesthesiology and intensive care medicine to training, HSE service provision and each other. The group identified a number of recommendations which the College council and the joint faculty of intensive care medicine are striving to implement, under current Chair Michelle Duggan.

These include a request to stakeholders such as the MCI and the Dept. Health that we formally re-name our specialty to "Anaesthesiology & Critical Care Medicine", which would indicate clearly that all anaesthesiologists, even those not formally registered as intensive care practitioners, are effectively intensive



Dr John Bates

Dr Deirdre McCoy

care doctors also, and look after patients in our intensive care units all over our country. Among the other recommendations is the formal certification of the approximately 8-months ICM training obtained by SAT graduates within their 6-year training programme.

My sincere thanks to John Bates and Michelle Duggan and all 15 of its dedicated members, who have served our specialties well in contributing to this crucial initiative.



JFICMI

College White Paper Working Group drives MCI Credentialling Guidelines for pre-2019 Consultant Anaesthesiologists in regular ICM practice applying for Specialist Registration in ICM.

Following recent negotiations between our College, including JFICMI, and the Medical Council of Ireland (MCI), the MCI has agreed a revision of the credentialling criteria for pre-2019 consultant anaesthesiologists with regular intensive care practice, who are applying for specialist registration in intensive care medicine in Ireland.

The revisions are as follows:

- 1) The American Board of Anaesthesiology-CCM certification is now an accepted test of knowledge in lieu of the Joint Faculty examination
- 2) Temporary consultant posts of minimum 6 months duration are eligible for inclusion in the application
- 3) An application must include evidence of both daytime sessional ICM work (3-5 consecutive shifts) and regular on-call duties in ICM
- 4) Consultant work done in a model 3 hospital with >120 level 3 patient admissions to ICU per year can be included in the application.

Following further representations from our College, MCI has also approved an extended waiver period of 12 months during which the cost of the MCI application will be reduced to **€519**.





Comhairle na
nDochtúirí Leighis
Medical Council

The Medical Council of Ireland's (MCI) Professional Competence Scheme (PCS) Process.

A few colleagues have queried our PCS programme, particularly around the Annual Verification Process (AVP) and the requirement to complete a Personal Development Plan (PDP).

The following notes may be helpful:

Personal Development Plans (PDPs) are mandatory.

The requirement for all PCS participants to complete a PDP is a *Medical Council requirement* and forms part of the revised Maintenance of Professional Competence (MPC) Framework. The College is *obliged in law by the MCI* to implement and monitor compliance with this requirement.

Doctors should enroll with the postgraduate training body relevant to their scope of practice.

The Medical Council expects registered medical practitioners to participate in the Professional Competence Scheme most closely aligned with their current scope of practice. Registration with an unrelated postgraduate training body will not satisfy Medical Council expectations during an audit process. The Forum of Postgraduate Training Bodies has agreed that they will refer applications from doctors in other specialties back to the Training Body most closely aligned with their regular scope of practice.

The Annual Verification Process (AVP) is linked to Medical Council audit requirements.

The Medical Council has stated its intention to audit *all PCS participants over a five-year cycle*. To prepare for this, the proportion of participants selected for AVP is increasing gradually. The College increased AVP selection from 3% to 5% this year, with further increases anticipated over the coming years, potentially reaching approximately 20%.

Audit implications

Participation in our College PCS provides assurance that competence activities are aligned with the requirements of anaesthetic, critical care, pain and perioperative medicine practice, and the expectations of the Medical Council.

Please note that the College is simply implementing *mandatory national regulatory requirements* rather than introducing additional local requirements. The objective is to support Fellows and trainees in maintaining compliance with Medical Council standards and to avoid difficulties should they be selected for audit.

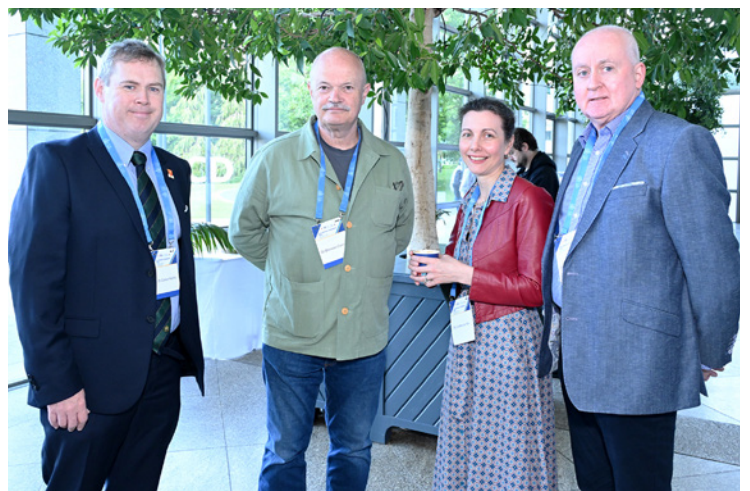


CAI Annual Congress 2026

The CAI Annual Congress took place on Wednesday 20 to Friday 22 May 2026 at University College Dublin (UCD). Centred around this year's theme, "The Evolution of Anaesthesia and Critical Care," the programme brought together an outstanding lineup of national and international speakers who explored emerging trends, innovative practices, and the future of the specialty.



Dr Ahmed Sehata and Dr Moustafa Moustafa



Dr Conor Hearty, Dr Brendan Conroy, Dr Catherine Nix, Dr Hugh Gallagher



Dr Emma Garry, Dr Denise Gorey, Dr Louise Moran, Dr Caroline Brogan, Dr Brendan Rowan



Dr Eva Corcoran, Dr Ruth Boglan, Dr Lorna Murphy



Dr Gabriella Iohom, Dr Kevin Bailey



Dr Karen Tan & Prof Crina Burlacu



Dr Mahvish Rehman, Dr Syed Al E Fatima Jaffari, Dr Adnan Latif



Dr Mary Twomey, Dr Sophia Angelov, Dr Una Brennan



Dr Patrick Seigne & Prof Terry Tan



Dr Rosie Hogg

Prof Pat Neligan Co - Convenor



*Dr Sophia Angelov, Dr Sheena Cassidy, Dr Gilly de Loughry,
Dr Susie Hannon, Dr Aoife Brady, Dr Rachel Nolan*



Mrs Ann Cunningham, Prof Anthony Cunningham, Dr Patrick Seigne, Mrs Susan Seigne, Prof Donal Buggy, President CAI, Mrs Nora Buggy, Mr Martin McCormack, CEO, CAI.



Ms Aifric Walsh, Dr Jennifer Cotter, Dr Patricia Newell



Prof Camilus Power, Dr Sarah Nicolson, Dr Amy Donnelly, Prof Jenny Porter



Prof Donal Buggy, President CAI, Mrs Nora Buggy, Lt General Rossa Mulcahy, Mrs Lorna Mulcahy, Mr Martin McCormack, CEO, CAI.



USGRA Workshop



Prof Donal Buggy, President CAI, Mrs Mary O'Shea, Dr Diarmuid O'Shea, President, RCPI, Mrs Nora Buggy, Mr Martin McCormack, CEO, CAI.



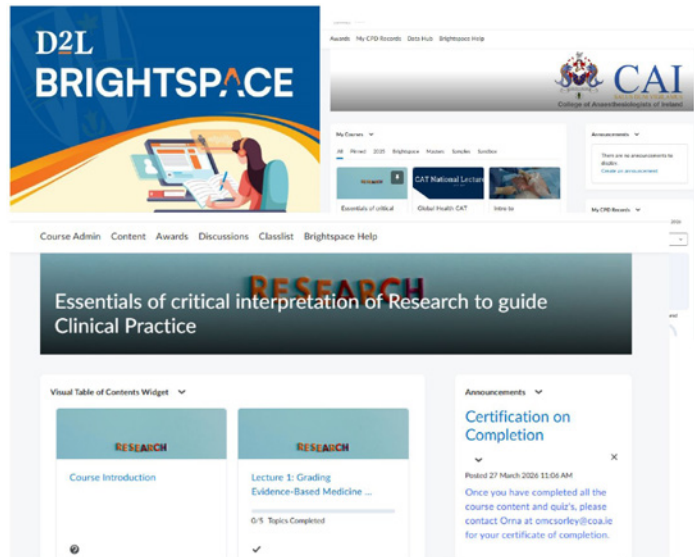
Left: Prof Donal Buggy, President CAI



Right: Ms Diane Murphy Ms Rona Geralyn Hagos, Ms Deirdre Flynn

The e-Learning Management System (e-LMS)

An important advance for our College in technology enhanced learning is the introduction last autumn of the new e-Learning Management System (e-LMS). This is an online resource, accessed through our College website, by which trainees and fellows will access multi-media course material at their own pace and take assessments to receive certification of course/module completion. This should enable consistent delivery of specific College course content in a sustainable way, even as trainee numbers advance. Our sincere thanks are due to our many colleagues who have generated and developed this online course content. It would not have progressed as rapidly as it has, without the stellar efforts of Orna McSorley and Margaret Jenkinson, alongside many other members of the College staff team.



Our History and Heritage Project



I tasked a short-term Working Group to develop an illustrated history of our specialty in Ireland, suggesting a Wall Display highlighting key moments in the heritage and development of our specialty. They brought forward a stunning, wall-illustrated, clockwise timeline with bullet point explanations, which has been imprinted on the walls of our lecture theatre. It is an arresting and attractive feature, which celebrates our history in its lucid presentation and significantly embellishes our lecture theatre.

Comhghárdeas le John Loughrey (Chair), ably assisted by our historian colleagues, Declan Warde, John Cahill and Joe Treacy, together with a wider group which met initially.

Take a moment to check it out next time you're in Merrion Square.



College Expansion Options

Our Strategy Review 2025-30 identified a challenge to the success of our specialty: We have effectively outgrown our premises here in Merrion Square. Anaesthesiology has come a long way since Tommy Gilmartin established the Faculty within RCSI in 1959. Through the vision, acumen and courage of many former presidents and others, The College of Anaesthesiology was formed in 1998 at our current premises in Merrion Square, with the Mews building being completed 10 years later. Since then, our specialty has progressed exponentially, which brings its own challenges of space and capacity requirements.

We are obliged to rent expensive hotel space outside the city to host our exams, particularly the OSCEs and Vivas. We have had to hire external venues to cope with an increasing attendance of >200 at our Winter College-Patient Safety meeting. Moreover, we need to hire UCD O'Reilly Hall for our graduation ceremonies in June. While I envisage that our College will always need to seek an external venue for our Annual Congress, attracting as it does, 600-700 delegates, it is unfortunate that we can no longer host core events within our own premises.

The need for expansion of our physical space is further emphasised by national HSE policy. The National Medical Manpower Workforce Planning Document 2024-38 directs us to double the number of trainees over the next few years.

While every effort is being made to optimise regionalisation of training resources, such as simulation facilities and online meetings, there seems to be a compelling need for us to expand our physical spaces. The executive has actively pursued options to do this.

You will recall that last year, after an open competition-interview among four architects, Martin Henchion was chosen to conduct a feasibility study of creating an underground pace beneath the car-park yard. He reverted within weeks to advise that this proposal was unfeasible: The costs would be more than our mortgage budget and even still, we would not achieve the increased space requirement of >250m² to be in a position to host our own exams.

Other possibilities such as enquiring whether our next door neighbours would sell have also been dismissed.

This progressive process of considering options for College expansion is therefore landing on a binary decision:

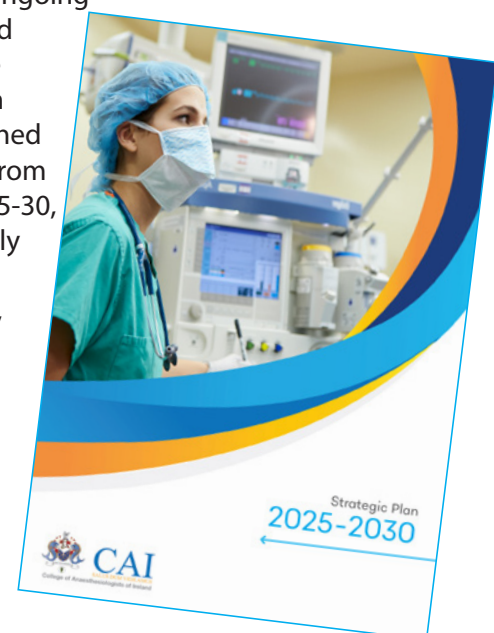
- ▶ *Sell and go from Merrion Square to a larger more functional building in an up-and-coming prestigious city centre area, or simply "stay put" as we are, hiring hotels and other venues for all exams and larger meetings.*
- ▶ *We remain open to the property market for a building in a well-connected location with usable internal floor area of >1,200m², within which would be a flexible open space of >350m².*

‘ **The need for expansion of our physical space is further emphasised by national HSE policy... [which] directs us to double the number of trainees over the next few years.** ’

If we find one which Council agrees can go forward to decision, another EGM will be called where every Fellow in Good Standing and trainee may speak or ask questions, following which an e-vote will take place. A minimum 55% majority in favour of Sell & Go would be required on the night to enact such a momentous decision.

I hope to revert with another Newsletter in early July featuring the Graduation and Awards ceremony at the O'Reilly Hall UCD June 19.

I am excited by the ongoing booming success and progress our College continues to make in delivering our refreshed Strategy objectives from Strategy Review 2025-30, despite the constantly evolving, ever-challenging political, regulatory and legal environment.



New European Declaration on the Role of Simulation in Education: Prof. Crina Burlacu to the fore for CAI

The **Østergaard Declaration** is a European Society of Anaesthesiology and Intensive Care (ESA_IC) Statement on the Role of Advancing Simulation-based Education and Training (SBET) to be launched at the Euroanaesthesia 2026 Congress in Rotterdam next week. It was developed by a group of international simulation experts led by Professor Crina Burlacu, who currently serves as Chair of our CAI Training Programme and is also Chair of the ESAIC Simulation Committee. Named in honour of Professor Doris Østergaard of the University of Copenhagen, who was an invited speaker at the College of Anaesthesiologists of Ireland (CAI) Annual Congress in 2020.

The Østergaard Declaration promotes the integration of SBET as a core component of modern anaesthesiology, intensive care, and perioperative medicine across Europe, both in education and clinical practice and highlights its relevance to interdependent teams involved in acute and critical care. It proposes that SBET should be recognised as a strategic healthcare and training infrastructure rather than an optional educational methodology, requiring appropriate support and sustainable investment from regulators, education and training bodies, and healthcare institutions.

In a European survey of SBET implementation in anaesthesiology conducted in 2019–2020 (to which Crina and the CAI contributed), Ireland was among nine European countries reporting mandatory SBET within the anaesthesiology training curriculum, and among only five reporting a well-established SBET programme, including multidisciplinary training involving specialties engaged in acute and critical care. In addition, in 2022, Crina contributed, alongside 22 other international experts, to a Utstein-style consensus meeting focused on the development of an educational framework for SBET in anaesthesiology specialist training. This culminated in the publication of a detailed curriculum in the *European Journal of Anaesthesiology* in 2024.

Additional notable developments in Ireland include the expansion of in situ simulation across healthcare institutions, supported by *The Implementation of Simulation on Clinical Sites: A National Strategic Guide*, which has facilitated the structured integration of simulation within clinical environments and regional



Prof Crina Burlacu, Chair, Training Committee

healthcare systems. More recently, the launch of the Health Service Executive National Simulation Strategy (2025–2028) represents an important milestone in the advancement of SBET in Ireland.

Collectively, these developments highlight Ireland's sustained contribution to the advancement of SBET in anaesthesiology and acute care, and its alignment with wider European efforts to strengthen patient safety, professional education, and healthcare systems.

References:

1. Burlacu CL, Brzezinski-Sinai Y, Norte G, Buléon C, Štourač P, Savoldelli GL, et al. European simulation-based education and training in anaesthesiology and intensive care: Evidence, value and inevitable evolution. *Eur J Anaesthesiol*. 2026 (in press)
2. Berger-Estilita J, Burlacu CL, Østergaard D, Brzezinski-Sinai Y, Preckel B, Crişan I, et al. The Østergaard Declaration: A European Society of Anaesthesiology and Intensive Care Statement on advancing simulation-based education and Training. *Eur J Anaesthesiol*. 2026; 43:1-4
3. Savoldelli GL, Østergaard D. Simulation-based education and training in anaesthesia during residency in Europe: where are we now? A survey conducted by the ESAIC Simulation Committee. *Eur J Anaesthesiol*. 2022;39:558–61.
4. Savoldelli GL, Burlacu CL, Lazarovici M, Matos FM, Østergaard D. Integration of simulation-based education in anaesthesiology specialist training: Synthesis of results from an Utstein Meeting. *Eur J Anaesthesiol*. 2024;41(1):43–54.
5. Byrne D, O'Dowd E, Lydon S, Reid McDermott B, O'Connor P. *The Implementation of Simulation on Clinical Sites: A National Strategic Guide*. Galway: National University of Ireland Galway; 2021. doi:10.13025/cn0z-bp50.
6. Health Service Executive National Simulation Office. *NSO Strategic Plan (2025–2028)*. Dublin: Health Service Executive; 2025. Available from: <https://healthservice.hse.ie/staff/training-and-development/national-simulation-office/nso-resources/> [Accessed 24 May 2026].

College Summer Update

The Medical Council of Ireland's (MCI) Professional Competence Scheme (PCS) Process

A few colleagues have queried our PCS programme, particularly around the Annual Verification Process (AVP) and the requirement to complete a Personal Development Plan (PDP).

The following notes may be helpful:

Personal Development Plans (PDPs) are mandatory.

The requirement for all PCS participants to complete a PDP is a Medical Council requirement and forms part of the revised Maintenance of Professional Competence (MPC) Framework. The College *is obliged in law by the MCI* to implement and monitor compliance with this requirement.

Doctors should enroll with the postgraduate training body relevant to their scope of practice.

The Medical Council expects registered medical practitioners to participate in the Professional Competence Scheme most closely aligned with their current scope of practice. Registration with an unrelated postgraduate training body will not satisfy Medical Council expectations during an audit process. The Forum of Postgraduate Training Bodies has agreed that they will refer applications from doctors in other specialties back to the Training Body most closely aligned with their regular scope of practice.

The Annual Verification Process (AVP) is linked to Medical Council audit requirements.

The Medical Council has stated its intention to audit *all PCS participants over a five-year cycle*. To prepare for this, the proportion of participants selected for AVP is increasing gradually. The College increased AVP selection from 3% to 5% this year, with further increases anticipated over the coming years, potentially reaching approximately 20%.

Audit implications

Participation in our College PCS provides assurance that competence activities are aligned with the requirements of anaesthetic, critical care, pain and perioperative medicine practice, and the expectations of the Medical Council.

PLEASE NOTE that the College is simply implementing mandatory national regulatory requirements rather than introducing additional local requirements. The objective is to support Fellows and trainees in maintaining compliance with Medical Council standards and to avoid difficulties should they be selected for audit.



Our highly esteemed CEO, Martin McCormack, has just been awarded his PhD in Strategy Management from Aston University Business School, Birmingham UK, which he undertook over the past 5 years, while simultaneously holding down his onerous leadership role in our College.

Bravo, Martin: Togha Fir!



CAI
SALUS DUM VIGILAMUS
College of Anaesthesiologists of Ireland

In Memory of a Mentor: A Tribute to Dr. Terence Montague RIP

There is a particular kind of silence that fills a hospital corridor after you learn that your mentor has died. It is not the silence of empty hallways at 3 a.m., nor the held-breath quiet of a family waiting outside the ICU. It is something more interior, the sudden stillness of a compass that no longer knows north.

Terence was that north for many of us.

He was a paediatric anaesthetist and intensivist, a man who spent his career in the most demanding, most tender corners of medicine, where the patients are small and the stakes are high.

And he left us far too soon.

A Teacher

The word “mentor” has been diluted by professional culture. We schedule mentorship. We track it in spreadsheets. We assign it in training programs. His mentorship was recognised, slowly, gratefully, over years of shared cases and long conversations, as something rarer than a mentor, a teacher. A person whose knowledge was inseparable from his character, and who gave both freely.

He taught the texture of clinical wisdom. The pause before delivering difficult news, not hesitation, but respect for the weight of the words. The way to be present with a frightened family without drowning in their fear. The way to carry uncertainty in a speciality where children’s lives rest in your hands, and to carry it with steadiness rather than bravado.

A Colleague

To work beside Terence was to understand what medicine at its best can look like. He was kind, genuinely, consistently kind, in a speciality and a culture that does not always reward kindness. His warmth was not a professional strategy. It was simply who he was.

He was generous with his time in a profession that treats time as the scarcest of all resources. He listened, truly listened. Not the half-listening of someone composing their response while you speak. He gave his advice not as pronouncements but as offerings, shaped to the person in front of him. He treated everyone with the same quality of regard. In that consistency of decency, he demonstrated what it means to be a true gentleman in medicine.

He carried the warmest aura. There are physicians who command rooms through authority. Terence commanded rooms through presence, through that rare combination of competence and humanity that makes people feel, simultaneously, that they are in safe hands and in good company.



A Friend

What is rarely spoken aloud when a mentor dies is the compound nature of the grief. You mourn the clinician whose judgment you leaned on, whose voice you heard in your head that steadied you in difficult times, but you also mourn the friend. Terence crossed that threshold from mentor to friend, the way the best ones do. In a profession that relentlessly measures and evaluates, he made you feel seen, that you were genuinely valued as a person, not merely as a practitioner.

Too Soon

He succumbed to his illness too early. That phrase contains a whole world of injustice that the formal language of medicine cannot quite hold. He had more to give. There is no doubt of that. In paediatric intensive care, a consultant’s presence is everything. The consultant attends the ward-round, pays attention, shows up for the smallest patient in the most frightening moment. Terence showed up in all of the ways.

His last round has ended.

What We Owe Him

The debt to a true mentor cannot be repaid to the person themselves. The obligation now belongs to all of us who were shaped by Terence to pay it forward. To stay curious, as he was. To listen the way he listened, fully. To take the call from the frightened trainee, to make time for the conversation that cannot be scheduled and in every-time we choose kindness.

He was a teacher, a colleague, and a friend. He was a gentleman in the truest sense, in a field that needed one.

He was Terence.

Written by **Dr Rania Haydar**

Consultant Paediatric Anaesthetist and Intensivist at the Royal Children’s Hospital in Melbourne.

A graduate of the CAI in 2019.