



CAT NEWS

April 2022

INSIDE THIS ISSUE

Call Audit March 2022

See inside for the newest updated numbers on the national call frequencies for our trainees

Job-Sharing Initiative

Interested in LTFT training? Turn to page 12

LAT News

We love to share your good news! Check out page 34



"Job sharing" by Dr. Gill Crowe, SAT 3

Contents

Editor's Note	1
National Audit of NCHD Call Frequency	3
<i>Table of National NCHD Call Frequency</i>	5
Return to Work Programme	6
Call for Interest in SAT 6 Module: Training & Education	10
Job Sharing Initiative	12
Exams Updates	13
Consultant Workforce Planning	14
CAAC approved new posts in Anaesthesiology and Intensive Care Medicine	17
ICAT Fellowship	18
<i>ICAT – What it's all about</i>	19
The WAS Returns!	22
CAT Interview and CV Workshop	25
CAT Career Progression Evening	25
Financial Preparedness Webinar	27
ISRA Updates	28
A Fellowship Abroad	29
Attention: Coffee and a Gas is going OUTDOORS.	32
LAT News April 2022	34
Support Services	37
<i>Available Resources</i>	37
<i>Further Wellbeing Resources</i>	39

Editor's Note

Sophia & Kirsten

CAT News Editor & Chair

Hello, and welcome back to the newest edition of CAT News! We've packed this newsletter with plenty of news and information – so settle in.

As before, the CAT repeated our Call Audit this semester, which was led by Dr Barbara Cusack. We have included another tabular breakdown of this below. Unfortunately, it appears there are some patterns emerging, but we and the Training Committee understand the importance of gathering this information to guide future workforce planning.

We also have a few dedicated pieces on some new endeavours supported by the Training Department, including a new Return to Programme. This is a huge, progressive step from the college and one of the first of its kind amongst postgraduate training bodies. This will allow trainees returning from leave to “dip the toe” back into clinical work before resuming their normal duties – a welcome relief to those for whom the thought of returning is ridden with anxiety!

Another piece we want to highlight is the Job-Sharing Initiative, which is funded by the NDTP and supported again by the Training Dept. There is no doubt that job-sharing can be a slightly tricky process (as illustrated above by the lovely Dr Gill Crowe!) but with some advance planning, can be successful.

It came to our attention from the various surveys circulated by both ourselves on CAT and the Training Dept that there is considerable anxiety surrounding the consultant appointment process and the number of consultant posts available. We have written a short piece on the Consultant Workforce Plan to give trainees a brief overview of the strategy for our specialty going forward – we hope you find it informative and interesting!

In terms of recent events, we were delighted to see the return of the Western Anaesthesia Symposium! It felt like a glimpse into a potential future of face-to-face gatherings, and an opportunity to let the hair down. We're very hopeful that come

next year, CAT will be able to re-establish an annual event in the West (outside the Pale)!

We wanted to say thank you to Drs Orlaith McMahon and Kiran Reddy for contributing pieces about their recent and ongoing fellowships, respectively. Increased awareness of available programmes both nationally and internationally is always desirable for us to make informed decisions about the kinds of careers we want to pursue!

We have also included pieces on a planned financial preparedness webinar (what *is* the deal with pensions, anyway?), the ISRA updates, ICAT, and of course – our favourite – LAT News!

Enjoy the read!

cat@coa.ie

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National Audit of NCHD Call Frequency

As you may know, CAT has been in regular communication with the Training Department to highlight the issue of call rota pressure at training sites around the country. The Model of Care for Anaesthesiology, National Programme Clinical Programme for Anaesthesia. The NCHD Contract and the Training Agreement all **recommend a maximum NCHD call rota frequency of 1:6**. We have identified that several training sites have consistently exceeded this maximum frequency.

CAT have completed these biannual national call audit reports for September 2020, May 2021, and October 2021. We appreciate the support of the Training Department and the College Council in completing this.

Currently, 24% (n=6) of the training sites are operating on an NCHD call frequency **greater than the recommended 1:6**. This is the same number when compared with 24% in October 2021, 16% (n=4) in May 2021 and 36% (n=9) in September 2020. It should be noted that RVEEH currently operates a 1:4 NCHD on call roster, however, this is on call from home. Thus, **20% (n=5)** of the training sites are operating on an NCHD in-house on call frequency greater than 1:6.

Wexford Hospital is the most severely in breach of the Training Agreement, where trainees are currently experiencing the greatest NCHD call frequency, with a current average of 1:3.5 24-hour call. This is a **single SAT trainee** site with 7 additional non-SAT trainees, reporting a steady increase in the reported call frequency from 1:5, to 1:4.5, to 1:4, to 1:3.5.

Mullingar Hospital was most severely in breach of the Training Agreement in the last on call audit. While Mullingar remains below the 1:6 minimum standard the 24-hour in-house call frequency has decreased from 1:3 in October 2021 to 1:5 in April 2022.

Both the **Rotunda and Holles Street** have dropped significantly in this audit due to leave and illness. Within the last two audit, **all standalone maternity hospitals** have fallen below or have been operating within the “borderline” 1:6 category.

Qualitative feedback from multiple training sites around the country highlighted the increased requirement to cover on call shifts for COVID-19 and isolation related sick leave at **short notice**. This is an **additional hidden role of the NCHD rota-maker** that increases the workload substantially, with up to 20 hours per week dedicated to rota related activities reported in some larger training sites.

We have endeavoured to further breakdown call frequency by tier to highlight any potential imbalances, and in most institutions the **ICU on call tier has the highest frequency**. There is cross-cover by senior reg on call tier to staff the ICU tier in many institutions.

We do not have the exact data from either Temple Street or Sligo Hospital. SAT trainees in Cappagh Hospital currently undertake a combination of 1st on call and HDU/ICU on call in the Mater Hospital. Several different training sites have introduced an **additional weekend tier of call** – SJH weekend days, UCGH trauma on call, Mater MICAS on call. These site specific on call tiers are more difficult to quantify frequency as they are staffed by trainees at different stages and trainees who also take part in traditional on call service.

As the representative body for the trainee community, we have historically worked hard in conjunction with the College to improve the trainee experience and improve general welfare and wellbeing of Anaesthesiology trainees in Ireland. We once again acknowledge and thank the College for their support and hard work undertaken thus far. Call burden and its adverse effects on trainee mental health and wellbeing was frequently cited in our recent national trainee survey.

The CAT have requested that the College take our data into consideration and understand that as a result work is currently underway to address these concerns. We will keep the trainee body updated as we hear them

CAT

Table of National NCHD Call Frequency

	Call Tiers				Total Number of NCHDs/NCHDs available for call				Average call frequency			
	Sep-20	Apr-21	Oct-21	Apr-22	Sep-20	Apr-21	Oct-21	Apr-22	Sep-20	Apr-21	Oct-21	Apr-22
Wexford	2	2	2	2	10/10	9/9	8/8	9/8	5	4.5	4	3.5
Rotunda	2	2	2	2	12/12	13/12	10.5/10.5	13/11	6	6	5.2	3.7
RVEEH		1	1	1		6/6	6/6	5/4		6	8	4
Holles St	2	2	2	2	10/9	12/11	10/10	11/10	4.5	5.5	5	4.2
Mullingar	2	2	2	2	11/10	12/12	9/6	12/10	5	6	3	5
Letterkenny	2	2	2	2	11/11	12/11	15/14	13/12	5.5	5.5	6.5	5.5
Coombe	2	2	2	2	19/15	16/16	14/11	14/14	7.5	8	4.5	6
Mayo	2	2	2	2	8/7	12/12	14/14	14/14	3.5	6	7	6
Connolly	2	2	2	2	16/13	14/13	12/12	13/12	6.5	6.5	6	6.2
SVUH	4	5	4	4	26.5/26.5	35/29	36/28	35/30	6.6	5.8	7	6.2
Mercy	2	2	2	2	13/13	12/12	13/12	14/13	6.5	6	4	6.5
Tallaght	4	4	4	4	23/23	30/27	32/32	33/31	5.7	6.7	8	6.5
Drogheda	3	3	3	3	26/22	28/28	31/30	26/26	7.3	9.3	6.6	6.6
UCHG	6	5	5	5	42/38	36/36	40/39	45.5/42	6.3	7.2	7.9	6.8
Waterford	3	3	3	3	19/16	21/18	21/20	22/21	5.3	6	7.3	7
SIVUH	1	1		1	8/7	7/6		7/7	7	6		7
Mater	4	4		6	39/39	40/40		45/43	9.7	10		7.4
CUH	5	5	6	6	44/35	48/45	53/52	54/46	7	9	8.6	7.5
SJH	4	4	4	4	37/35	40/31	40/34	39/31	8.7	7.7	7.7	7.6
Cappagh			nil	1			6/6	7/3			0	8
OLCHC	3	3	3	3	27/27	28/27	29/28	26/26	9	9	7.6	8
Limerick	4	4	4	4	27/22	31/24	37.5/36.5	40/40	5.5	6	7.3	9.5
Beaumont	4	5		4	40/35	40/35		44/41	8.7	7		9.6
Sligo	2	2	2		15/11	15/14	12/12	n/a	5.5	7	6	n/a
Temple St	2	2	2		16/16	14/14	17/16	n/a	7.8	7	7	n/a

Return to Work Programme

(Following leave of 6 months or more)



Overview

Where a trainee has been granted leave from the programme for a period of 6 months or greater, the College encourages the trainee to avail of supports available while on leave and in preparation for their return.

These supports apply to leave types including:

- Maternity / parental leave
- Academic / research leave
- Unaccredited leave (available subject to approval of application at end of SAT 2 or SAT 4)
- Unplanned leave taken for personal / health reasons

The purpose of the supports is to enable the trainee to plan for the period of leave and to

prepare for a return to the clinical environment.

Before Taking Leave

Once leave has been approved, the Training Department will write to the trainee confirming leave dates and planned rotations for return to the Programme. Where the period of leave is longer than six months, the return rotations may be determined later.

Most planned periods of leave (excepting maternity) will commence at a rotation changeover date. The trainee should therefore have their scheduled 'End of Rotation' meeting with their tutor. During this meeting, the tutor and trainee should discuss the trainee's plans for the leave period and the options for

maintaining some professional competence activities, as appropriate. Brief notes of the discussion should be included on the ITA form in the trainee's e-portfolio.

The Training Department will arrange a separate meeting between the trainee and one of the Directors and the Training Manager. If the leave is to commence in July, this meeting will

most likely be the annual progression review meeting. If the leave is to commence in January, the Training Department will arrange a meeting before the end of the rotation. The trainee's plans for the leave period and for keeping in touch will be discussed at this meeting.

Summary of Actions before Taking Leave

Training Department

- Confirm leave dates in writing
- Confirm planned rotation on return if known or advise that rotation will be confirmed later
- Arrange meeting between trainee and one of the Directors and the Training Manager
- Advise the trainee that the College will offer the opportunity of a meeting with one of the Directors at least once in each six-month period of leave.

Tutor

- Discuss trainee's plans for their period of leave and their opportunities for maintaining professional competence
- Include brief notes of discussion relating to leave on the ITA form in the trainee's e-portfolio

Trainee

- Discuss leave plans with their tutor before end of rotation
- Attend meetings as arranged by Training Department

While on Leave

- Trainee is encouraged to maintain some engagement in the maintenance of professional competence where appropriate, and maintain a record in their e-portfolio, for example:
 - Attendance at courses
 - Seminars
 - Academic meetings
- The Training Department will maintain general contact with the trainee while on leave and offer the opportunity of a meeting with one of the Directors at **least once in each six-month period of leave**

Preparation for Return to Training

The trainee should confirm with the Training Department their intention to return to Programme at **least 8 weeks before** the planned return date. The Training Department will confirm the planned rotation. The trainee is required to contact the rotation tutor in advance of the return date to arrange a meeting to discuss plans for the trainee's return to the clinical environment.

Where it is deemed appropriate, the Training Department will invite the trainee to a 'Return

to Programme' meeting with one of the Directors and the Training Manager.

The trainee will be offered the opportunity to complete an on-line 'Return to Training' course. This course will cover a range of topics:

- Perioperative Medicine
- Paediatric Anaesthesia and Obstetric Anaesthesia
- Relevant algorithms (DAS, ACLS, Anaphylaxis)
- Managing Confidence and Wellbeing on Returning to Programme.

In addition, the course will cover the following domains of professional practice:

- Clinical skills
- Professionalism
- Patient safety and quality of patient care
- Communication and interpersonal skills
- Collaboration and teamwork
- Management (including self-management)

Return to Training

On return of a trainee to the Programme, the tutor should meet with the trainee to agree objectives for the six-month period. The College recommends that the trainee be provided with two weeks' clinical experience prior to being placed on the on-call rota.

For more information on the Return-to-Work Programme, please contact the Training Dept at training@coa.ie.



CAI
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Call for Interest in SAT 6 Module: Training & Education

There is a new and exciting opportunity for **one or two SAT 6 trainees** to complete a module in Training & Education from July 2022! The role will involve contributing to the Training and Education programme at the CAI.

Such duties will involve:

- Embedding the Workplace Based Assessments.
- Supporting the Annual Tutor Training Day.
- Reviewing and revamping the CAI Digital Hub material.
- Supporting the delivery of Trainee Educational events.
- Competency based training for all Trainees and gathering regular reports on its implementation.
- Repackaging of Training Modules in line with the e-Curriculum for Training
- Reviewing the e-Curriculum in line with recommendations from the Medical Council for introducing proficiency-based progression.



The role is open to all Trainees who will be starting SAT year 6 from July 2022 for a 12-month duration. Trainees would use their 1-day-a-week nonclinical day to work in the College, alongside the Directors of Training.

Learning outcomes for Trainees:

- Learn about set up and delivery of educational events.
- Delivery of college courses.
- Work as part of the Training team to enhance educational resources, obtain feedback on existing resources, and work within the guidelines provided by the MCI.
- Support will be offered by the Directors of Training to perform research and audit, with the aim of presenting at a national/international conference and obtaining at least one publication.

At the end of the SAT 6 module the Trainee should have experience in:



- Leadership Roles
- Faculty
- Organisation of College Courses
- Educational Roles
- Delivery of College Courses
- Research and Audit
- Publication

Approval should be sought from the respective Head of Department of Anaesthesia. If you are interested in pursuing this new role please contact Jennie Shiels, Training Manager at jshiels@coa.ie.



Job Sharing Initiative

NDTP along with the College of Anaesthesiologists are committed to the continued support for initiatives that facilitate flexible training and less than fulltime working (LTFT) for trainees.

For the 2021/22 training year a new job-sharing arrangement, in addition to the National Flexible Training Scheme was piloted with some of the post-graduate training bodies to facilitate some trainees interested in LTFT working. **For the 2022/23 training year this pilot will be extended to include all post-graduate training bodies.**

In these arrangements the training body works with trainees to design bespoke LTFT arrangements; whereby **two trainees** share **one full-time post**. Each trainee can work more or less than 50%.

The potential benefits of this scheme include improved work life balance, the opportunity to spend more time with your family or children, the opportunity to work more than 0.5 WTE but less than full time.

To assist matching of SAT trainees, we have amended the swap spreadsheet to include a tab for those interested in job sharing. It can be accessed via the link:

https://docs.google.com/spreadsheets/d/1g_vyipNC8-F4aK8PcMfuYnbcqEWNvP_aYDCHpN8Drc/edit#gid=1557873289

Please note that job sharing will be ideally between two trainees in the same or a similar SAT year (e.g. SAT 3 and SAT 4). Ultimately the decision to grant applications will be at the discretion of the Directors of Training and will be dependent on funding from NDTP.

If you are interested in LTFT working or job sharing from January 2023 or require any further information, please contact the Training Department at training@coa.ie.

Exams Updates

*Prof Michael Griffin,
Chair Examinations Committee*



Changes to the Final Fellowship Clinical Examination

The Examinations Committee CAI has agreed the following changes to the Final Clinical examination when face-to-face examinations return. **The major clinical case will be removed and replaced with multiple short cases.** There will be three individual structured oral examinations (SOE). Each SOE will comprise six clinical cases, which will be examined in detail. Five minutes is allocated to each clinical case. Therefore, in total each SOE will last 30 minutes, and total testing time will be 90 minutes.

- SOE 1 will focus on perioperative medicine, patient optimisation and data interpretation.
- SOE 2 will examine all aspects of general anaesthesia and pain medicine.
- SOE 3 will test knowledge on intensive care medicine and advanced sciences which underpin the practice of anaesthesiology.

Each question will start with a short clinical scenario and will map to the anaesthesiology curriculum as either a core, modular or specialist units.

The decision on the timing of the return to in person examinations will be made at Council when there is no risk of cancellation, which is of paramount importance. Following that the decision will be communicated to SAT trainees.

Changes to the Pain Medicine Examinations

The Board of the Faculty of Pain Medicine have taken the decision to phase out the Diploma Examination in Pain Management. This examination will take place for the final time (for new candidates) in 2023. For those candidates who fail the exam in 2023, there will be a final opportunity to re-sit the exam in 2024 however no new candidates will be accepted.

The Board of the Faculty of Pain Medicine made the decision to end the FIPP alternative entry pathway to the Fellowship Examination.

The 2022 examination will be the last opportunity that candidates can apply for the examination through this pathway.



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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



National Doctors Training & Planning

Consultant Workforce Planning

As trainees, we know that the consultant post represents our final common pathway.

Recent developments, including – but not limited to – the disagreement surrounding the new consultant contract, high levels of emigration/profession attrition, increased pressure on trainees to partake in research/audits/post-graduate degrees etc. have understandably led to increased anxiety and uncertainty about our futures.

We wanted to shed some light onto the Consultancy Approval Process, to outline what work has been done over the past 5 years, and to give some insight into what is planned for the future. We hope that this may provide some reassurance that there **are** new posts being created in line with demand and to avoid a bottleneck at the top!

Model of Care for Anaesthesiology

In 2014, the National Clinical Programme for Anaesthesia drew up a Model of Care for Anaesthesiology in Ireland, which was designed to aid workforce planning and distribution amongst a growing population with care needs of increasing complexity.

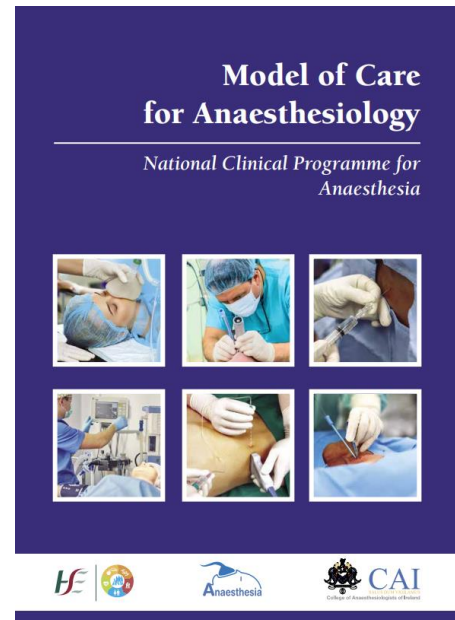
To address patient safety concerns, the 2+2 model was devised for all Model 3 Hospitals providing unscheduled 24-hour care. This is defined as the availability, at all times, of an on-call Anaesthesia/Critical Care team of **two consultants** and **two NCHDs**.

This team is then responsible for the whole service out of hours, including the ICU and obstetrics units. If there is a significant additional trauma caseload, a busy critical care service or a heavy burden of interhospital transfers, then further additions will need to be made to this model. The reasoning for this is that as both ICU and obstetrics are realms with a relatively high proportion of emergencies, it is designed avoid a situation where one team manages two emergencies simultaneously.

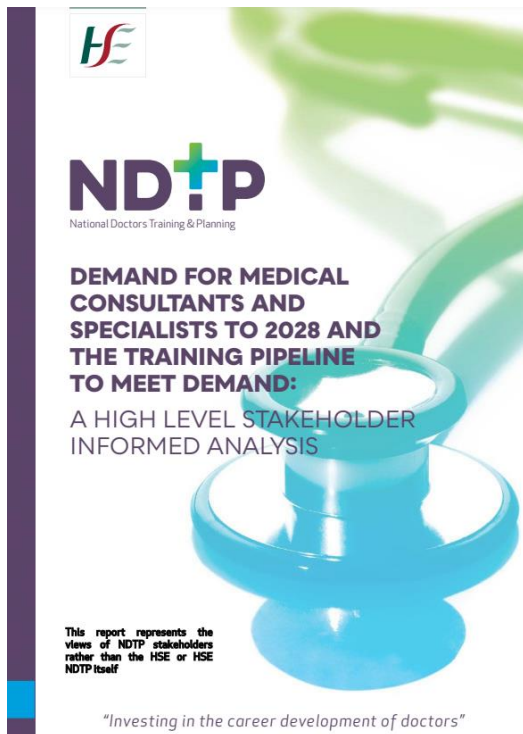
While not fully in affect nationally, this is the ultimate goal for Model 3 hospitals and provides guidance for future consultant posts.

Full report can be accessed here:

<https://www.hse.ie/eng/about/who/cspd/ncps/anaesthesia/moc/model-of-care-for-anaesthesiology.pdf>



NDTP Demand for Medical Consultants and Specialists 2018-28



In 2018, the NDTP released a report outlining the projected demand for medical specialists over the coming decade. They describe an overall goal to increase the current number of Anaesthesia posts from **441 to 566** and ICM from **27 to 58-82** by 2028.

Full report can be accessed here:

<https://www.hse.ie/eng/staff/leadership-education-development/met/plan/demand-for-medical-consultants-and-specialists-to-2028-november-updates-v2.pdf>

Consultant Applications Advisory Committee (CAAC)

From January 2017 all posts approved at the CAAC have been listed centrally on the HSE's website. This is in line with the recommendations in the Consultant Recruitment and Retention report and is broadly reflective of both the Model for Care and the NDTP Reports outlined above.

We have included a table below of all new Anaesthesiology and Intensive Care Medicine consultant posts that have been created over the past 5 years to give an idea as to how these plans have begun to be implemented.

Full breakdown of approved HSE posts can be accessed here:

<https://www.hse.ie/eng/staff/leadership-education-development/met/consultantapplications/consultant-jobs-approved/>

CAAC approved new posts in Anaesthesiology and Intensive Care Medicine

Principal Clinical Site	Discipline	2017	2018	2019	2020	2021	Total
Beaumont Hospital	Anaesthesiology	1	1		1	5	8
	Intensive Care Medicine	1					1
Cappagh National Orthopaedic Hospital	Anaesthesiology				2		2
Cavan General Hospital	Anaesthesiology					1	1
CHI at Crumlin	Anaesthesiology		2	1	1	1	5
	Intensive Care Medicine		1				1
CHI at Temple St	Anaesthesiology			1	1		2
	Intensive Care Medicine			1	1	1	3
Connolly Hospital, Blanchardstown	Anaesthesiology			1		1	2
Coombe Women & Infants University Hospital	Anaesthesiology			1			1
Cork University Hospital	Anaesthesiology	1				2	3
	Intensive Care Medicine					1	1
Letterkenny University Hospital	Anaesthesiology			1		2	3
Mater Misericordiae University Hospital	Anaesthesiology		1	1			2
	Intensive Care Medicine			1	1	3	5
Mayo University Hospital	Anaesthesiology					1	1
Mercy University Hospital	Anaesthesiology				1	1	2
Midlands Regional Hospital, Mullingar	Anaesthesiology					1	1
National Maternity Hospital	Anaesthesiology			1		1	2
Our Lady of Lourdes Hospital, Drogheda	Anaesthesiology				2	2	4
Rotunda Hospital	Anaesthesiology			1		1	2
Sligo University Hospital	Anaesthesiology	1		2			3
South Infirmary Victoria University Hospital	Anaesthesiology					1	1
St James's Hospital	Anaesthesiology			2	3	2	7
	Intensive Care Medicine				2		2
St Luke's General Hospital, Carlow/Kilkenny	Anaesthesiology		1			1	2
St Vincent's University Hospital	Anaesthesiology	1					1
	Intensive Care Medicine				1	3	4
Tallaght University Hospital	Anaesthesiology	2			1	8	11
	Intensive Care Medicine		1		2	1	4
University Hospital Galway	Anaesthesiology			1			1
University Hospital Kerry	Anaesthesiology					1	1
University Hospital Waterford	Anaesthesiology		2			2	4
University of Limerick Hospitals Group	Anaesthesiology					2	2
Total no. of CAAC approved new posts		7	9	15	19	45	95



ICAT Fellowship

The Health Research Board (HRB), the College of Anaesthesiologists of Ireland (CAI), and the Irish Clinical Academic Training programme (ICAT) have come together to boost **research careers** amongst Ireland's future academic clinicians.

As you may be aware, a call for new applicants for July 2022 was opened on March 30th.

The College and the HRB have agreed to jointly create a supplemental fund (EU 1M) to support ICAT Fellows who are on the anaesthesiology national training programme. Applicants who have been accepted onto or are currently on the Specialist Anaesthesiology Training programme will have the opportunity to become an ICAT Fellow.

With this initiative, clinicians in anaesthesiology, intensive care and/or pain medicine will soon have further opportunities to pursue careers as academic clinicians and gain valuable skills in combining clinical research with their clinical practice.

Please read on for further insight into the programme by reading a piece written by current ICAT Fellow **Dr Kiran Reddy**.

ICAT – What it's all about

My name is Kiran Reddy and I'm currently in my second year of the Irish Clinical Academic Training (ICAT) programme and am the first ICAT fellow in anaesthesia/ICU. I'm currently conducting my research with Prof Danny McAuley in Queen's University Belfast.



What is ICAT?

ICAT is a fully funded programme meant to train clinician scientists. It's available to anyone in the early years of a higher specialist training scheme (HST) or about to start it. For us that means the window to apply is from **SAT 2 to SAT 4**. It is a 5-year scheme, consisting of a pre-PhD year that is 80% clinical/20% academic, then a three-year PhD that is 90% academic/10% clinical, then a post-PhD year that is 80% clinical/20% academic. You can get the first and last year accredited towards the SAT scheme and may be able to get the three PhD years counted as one year if you discuss and arrange with the college. So ICAT will add on 2-3 years to your SAT scheme, and you'll finish with a PhD as well as the best possible start to a research-focused career.

Historically the programme was funded mainly by Wellcome Trust, but this year Wellcome have decided that ICAT no longer fits with their overall strategy, so future ICAT fellows will be mainly funded by the Health Research Board (HRB). This new scheme will be called ICAT 2. There are a few important changes as a result of this:

- The first year is no longer funded by ICAT, it is still funded by your HSE contract, meaning new fellows will need to advocate more for their protected academic time in the first year
- The programme is now open to dentists and veterinarians in addition to doctors

- CAI have contributed a significant amount of money, meaning there are **ringfenced ICAT posts for CAI trainees**
- The focus now seems to be on recruiting fellows with a less developed research idea; they seem to want people who are flexible and are not yet embedded in a research team

Getting on to ICAT is a big deal in terms of starting your career as a clinician scientist. If you get on, your salary is fully funded, your PhD fees are paid, and you get a significant started grant for your research. The application process is very competitive, and the point of ICAT is to boost academic medicine in Ireland. If you are not interested in a career in academia there are other, easier ways to get a PhD! The ICAT programme to date has had four cohorts of fellows, with up to eight in each year (across all medical and surgical specialties). Each year I think they've had somewhere between 50-100 applicants.

[How To Apply](#)

The application processes this year may be different than from when I applied because of the new funding sources. When I applied, the first round of the application process consisted of an online application followed by a second stage where, if successful, you were invited to an interview in front of a panel of Professors (Irish and UK). The application was all about research and publication history was very important here. The essay questions and the interview were all about assessing your ability to develop a novel hypothesis and your ability to design a feasible study to test it. The interview was tough, and your presentation was heavily scrutinised – a lot of practice was required to do well in this phase.

This year ICAT apparently wants people who have not yet identified a prospective supervisor and who have not fully developed their ideas yet. The focus of the programme is on inter-institutional and interdisciplinary collaboration, so I would imagine if you demonstrated a willingness to work between universities in Ireland and Northern Ireland and you have ideas that might be suited to collaborations with other disciplines represented in the new ICAT programme (i.e. veterinary medicine or dentistry), this would look good on your application.

Day-to-Day Life

I'm more than halfway through the second year of ICAT now, and I have to say that it was a tough transition to research. You go from being a relatively senior and competent clinical trainee to a lab job where you know next to nothing. The pace of research is also slower than clinical work, which takes some getting used to. On the positive side, the hours are flexible and are generally relegated to the normal work week!

My ICAT journey has been unique as I am the first CAI trainee to enter the programme and I moved to Northern Ireland for my research, so there have been some administrative issues to work around. However, the College and the ICAT directors have all been incredibly supportive and the entire process has been very rewarding. I love the work and I am embedded in a world-class team that regularly generates high-impact research outputs. I have been given the opportunity to lead a multicentre clinical study with strong funding streams that will answer some very important research questions.

ICAT is challenging but if you are interested in research, it can be career changing. I am happy to answer any further questions, assist with applications, and can provide any extra literature if required. If you're interested in my project, you can read a bit about it at:

<https://clinicaltrials.gov/ct2/show/NCT04009330>.

Best of luck,

Kiran

k.reddy@qub.ac.uk



The WAS Returns!

On the 25th and 26th of March, the Western Anaesthesia Symposium conference returned with a bang! Muchly anticipated, it was a delight to join colleagues from all over the country against the backdrop of the stunning Glenlo Abbey Hotel.

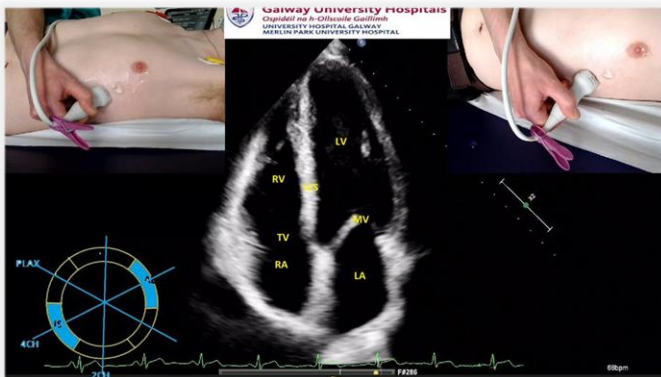


Photo from @GUH_ICU_Anaesth

The event started with a FUSIC course led by Dr Peter Moran. The course not only covered the basic four views for ICU echo, but also a slightly more advanced look into the right and left heart.

If you missed it – don't worry! Dr Moran will be leading another

Point of Care Ultrasound (PoCUS) echocardiography course at the CAI Annual Congress on May 19th, for which you can register at:

<https://www.anaesthesia.ie/myCollege/index.php/component/content/article?id=344>

He has also provided some valuable echocardiography learning resources which are available on the JFIMCI website, along with regular #tweetorials on the GUH-ICU&Anaesthesia Twitter account (@GUH_ICU_Anaesth).

The Friday afternoon progressed with fascinating talks educating us as to key updates in both critical care and anaesthesia, which sparked plenty of healthy debate! The day closed with a talk from Prof Suzanne Crowe (President of the Irish Medical Council), giving sage advice as to what it means to be professional in our duties as clinicians.



Prof Suzanne Crowe at the WAS

Saturday saw an early start and opened with six excellent NCHD presentations short-listed for the O'Beirne-Costello Medal. Huge congratulations to winner **Dr Yvonne Fahy** (SAT 1 at University Hospital Galway) for her fascinating case report on the implication of SLGT-2 inhibitors in persistent metabolic acidosis! May this be just the beginning of a very promising career!

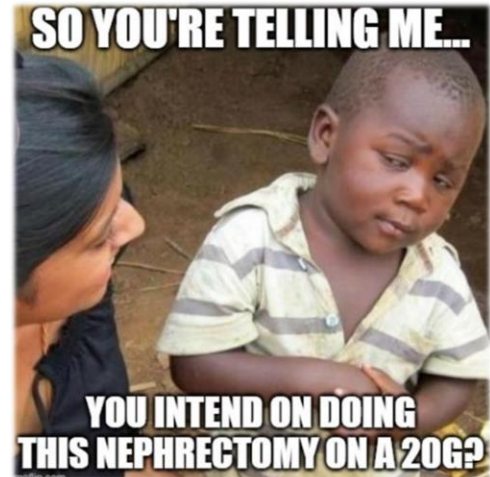


Prof Eric Swenson - Plenary speaker

The plenary session was delivered by Dr Eric Swenson, a Professor of Pulmonary Critical Care in the University of Washington. His talk on how Bovine High-Mountain Disease led to an increased understanding of altitude medicine and physiology was fascinating!

This was followed by a talk from Dr Craig Lyons outlining the recent phenomenal body of research done by the GUH Dept of Anaesthesia looking into apnoea times attained from different modes of pre-oxygenation (<https://doi.org/10.1111/anae.15556>).

We were also treated to some very entertaining presentations from Dr Mark Ross and the debate on vaccinations, along with a very controversial – nonetheless amusing – discussion (can we call it a rant?!) from Dr Joey Costello. FYI if you ever find yourself as his trainee in theatre... don't forget to site a second IV!!



This year's Symposium was a resounding success, and most of all, great craic. A huge thanks is owed to the organisers for arranging such interesting speakers. We're already looking forward to next year!

CAT Interview and CV Workshop

On Monday, April 11th, the CAT with the support of the College hosted the annual Interview and CV workshop. We were delighted to welcome back Martin Clarke from Inspire Change, an agency that specializes in helping doctors and healthcare workers with CV design and progressing their careers.



It was a full day event, where 18 trainees were coached in writing personal statements, cover letters along with practice interviews questions.

Each delegate was offered individual feedback on their CV's too – an unnerving experience but well worth it!

CAT Career Progression Evening

To continue the theme, we followed the CAT Interview and CV workshop with the Careers Progression Evening, which was chaired by our own committee member Dr Lauren O'Callaghan.

This event was designed to provide some clarity on the consultant application and appointment process, an often-daunting idea!



The evening opened with a presentation from Dr Andrew Westbrook, consultant intensivist in St Vincent's University Hospital and current Dean of the Joint Faculty of Intensive Care Medicine of Ireland. The pathway to becoming an intensivist is slightly more complex and often poorly understood, but Dr Westbrook's presentation was clear and provided solid advice on sitting the JFIMCI, time accrued, and post-CSCST fellowships required to attain ICM status.

This was followed two excellent talks from recent consultant appointees, Dr Paul Fennessy and Dr Elise Alexander. Dr Fennessy completed his fellowships in Melbourne in both paediatric and cardiac anaesthesia and started working in Children's Health Ireland, Crumlin in October.

Dr Alexander has taken up a post in the Mercy University Hospital in Cork in a less than fulltime capacity and provided us with an insight into how the SAT scheme re-shaped her personal and professional goals.

Finally, Dr Fidelma Kirby, consultant anaesthesiologist at Temple Street, closed the evening and provided us with sage advice on the consultant interview process. This was Dr Kirby's second time speaking at our Progression Evening and we were delighted to welcome her back this year!



L-R: Dr Fidelma Kirby, Dr Elise Alexander, Dr Andrew Westbrook, Dr Paul Fennessy, Dr Lauren O'Callaghan (Chair)

Stay tuned for next year!

Financial Preparedness Webinar



As trainees, we know how stressful managing finances can be. The lack of understanding around our pensions, navigating our (sometimes unintelligible) payslips, ensuring we are taxed appropriately every month while also working multiple on-call shifts has meant that there is a sizable gap in our pecuniary knowledge! From our recent SAT survey, access to more education around our finances was suggested multiple times as a desirable addition to our training scheme.

The Forum of Postgraduate Training Bodies in conjunction with the Irish Medical Organisation will be delivering a talk on financial preparedness aimed directly at NCHDs.

Save the Date: June 14th at 7pm

Topics to be discussed (plus Q&A):



1. Deciphering Payslips
2. Savings (short vs long-term)
3. Paying down debt vs saving for a home deposit
4. Getting mortgage approved
5. The HSE pension – Understand the benefits, and when you should and shouldn't try to enhance with AVCs (don't worry – it will also cover what exactly AVC's are!)

Zoom link to follow shortly!



ISRA Updates

ISRA have had a busy few months. We thoroughly enjoyed seeing many of you at our Update Day in March. With excellent speakers and hands on ultrasound scanning it was a very enjoyable day. We are also delighted to have been able to host foundation courses in Cappagh Hospital and the Mater Hospital so far this year.



In May we also will be hosting the annual ISRA regional anaesthesia workshop at the CAI congress in May. Do follow us on twitter @ISRA_Ireland and our website www.isra.ie for further information.

On **Friday June 3rd** we will host the EDRA preparation course. This is aimed at both EDRA part 1 and part 2 candidates, with a mix of didactic lectures, MCQ, workshops and viva preparation. If you are planning to do the EDRA exam in Greece this year or perhaps considering the next sitting, then this course is for you. Tickets cost €100 and are limited so do book soon.

You can register at:

<https://www.tickettailor.com/events/irishsocietyofregionalanaesthesia/651140>

Dr Colleen Harnett

ISRA trainee rep

coll.harnett@gmail.com



The Nuffield Orthopaedic Centre

A Fellowship Abroad

Dr Orlaith McMahon
Regional Anaesthesia



As a “pre-COVID” SAT 6, I recall worrying about getting enough “3rd on” experience and being able to pull together a decent CV to apply for a fellowship – little did I know how easy I had it!

The Application Process

Having enjoyed my SAT Regional Anaesthesia experience in Cappagh, Galway and Cork, I decided to pursue a post-CSCST fellowship in RA. I discovered the Oxford University Hospitals (OUH) Fellowship on the RA-UK website fellowship list (www.ra-uk.org/index.php/fellowships). The OUH Nuffield Department of Anaesthesia offers a variety of anaesthesia fellowships and has expanded further since 2019 (see link below). I applied via www.jobs.nhs.uk in August of SAT 6, where I completed the centralised (and very detailed!) NHS “Trac” application. I was then interviewed remotely over Skype. This was technically “pre-Brexit”, but as part of the Common Travel Area, there are no extra requirements to work in the UK if you are an Irish citizen post-CAI CSCST.

An hour on the train from London, Oxford is a lovely (albeit expensive!) part of the UK with beautiful university buildings and libraries everywhere you go. The hospitals are in Headington, a less touristy part of Oxford. The Nuffield Orthopaedic Centre (NOC) is the base hospital for RA fellowships, with on-call work (long days and night shifts) in the Churchill Hospital. This is mostly for transplant, urological and cancer surgery. COVID re-shuffling in 2020 meant moving on-call duty to the John Radcliffe Hospital as a Senior Registrar covering general and trauma theatres.



The Radcliffe Camera - Oxford



As my first NHS experience, I soon realised that there were differences, often subtle to get to grips with – such as slightly different equipment, protocols, team briefs, ODPs etc. Furthermore, after 6 years of SAT, I went from know lots of trainees to knowing nobody – which was a bit

lonely at first! Once I settled in, I began to appreciate the NOC as an excellent department for RA experience. Blocks are “the norm”, and are mostly performed post-GA. With increasing familiarity of the system and gaining of the trust of my consultants, I would move between 8 orthopaedic theatres throughout the day, assisting and performing blocks. I also undertook fairly regular “solo lists” with distant consultant supervision, which was hugely beneficial for building independent practice and autonomy with mentor back-up.

Education and Research

Fellows are assigned an Educational Supervisor and Dr Svetlana Galitzine and Dr Vassilis Athanassoglou were excellent mentors to me. I had “fellowship days” scheduled and protected roughly every 2 weeks for my non-clinical work. Having made a personalised training plan, they supervised several research projects and case reports, resulting in a research article publication, numerous oral and poster presentations at national and international conferences, and POCUS experience. While this is a clinical rather than a research fellowship, there are ample research opportunities available if you seek them out!



Magdelene Bridge, Oxford

The Bottom Line

I also underwent a fellowship in Australia, and I can say that in comparison to this that while NHS pay is less competitive, there are certainly less expenses, fewer forms, and less unpredictability – especially in these peri-pandemic times! The UK General Medical Council registration is also very straightforward compared with the Australian Medical Council!

My experience is that the NHS and HSE share similar problems, meaning similar frustrations and issues to deal with. Consequently, there is perhaps a relatively uncomplicated or smoother transition from SAT 6 trainee to NHS fellow. Overall, I would recommend a fellowship to OUH to anyone looking for a challenging clinical fellowship with great RA training and research opportunities.

www.ouh.nhs.uk/anaesthetic-fellowships

Attention: Coffee and a Gas is going OUTDOORS.

Dr Laura Griseto

The Association of Anaesthetists is once again promoting the 'Coffee and a Gas' event for Mental Health Awareness Week (**9th – 15th May**).



As a member of the CAI Wellness Committee, I would really like to encourage all departments to take part in this event. With work being so hectic and with all the restrictions, we have really missed those important chats over coffee or tea!

Taking 5 minutes to talk to a colleague is so important for our mental clarity and wellness. This time, why not try to hold this event outdoors where possible (weather permitting of course) and send us your photos at [**cat@coa.ie**](mailto:cat@coa.ie).

Coffee and a Gas

A wellbeing initiative from Association of Anaesthetists Trainees

Conversations are important to help us share our experiences and reduce stress levels.

Take a moment to catch up with colleagues over a coffee.

The next **Coffee and a Gas** is:

When: _____

Where: _____



#CoffeeandaGas



More resources and support available at
www.anaesthetists.org/wellbeing

LAT News April 2022

Dr Gilly De Loughry

LAT Co-ordinator

UHL LAT

Alison Deasy

There was romance on the slopes last month for Emma Garry where her boyfriend popped the question. Congrats Emma!



There is a highly contested weekly prize of Anaesthesiologist of the week here in UHL. Kim O'Brien has been awarded the prize more than once now. Other trainees are suspicious of corruption and bribery behind the scenes. An investigation is ongoing!!

And the very best of luck to our group of trainees/brave souls who will be participating in the Great Limerick run on the May bank holiday. God speed!



Coombe LAT

Meghan Harbison

The coombe crew would like to welcome back Susie Hannon who is back after maternity leave. Congratulations Susie and welcome back!

Cappagh

LAT Siobhan Clarke

Cappagh, the best kept secret in Anaesthetics, got off to a great start! Never boring, the days are filled with paediatrics, regional anaesthesia and nonagenarian hips and knees, not to mention, the famous ham and cheese toasties at lunch time which don't disappoint!



With plenty of people sitting exams, we're still trying to find time to fit in a social outing; the lack of a suitable local in west Finglas making things a little more difficult!

We want to congratulate Aoife on her upcoming nuptials and wish everyone sitting exams the very best of luck.



SIVUH LAT

Niamh Coughlan

The team at SIVUH would like to extend a huge congratulations to Emma May Lyons on her recent marriage. Niamh Coughlan has also passed her membership examinations. Congratulations Niamh!

CUH LAT

Sarah Galea

Its been time to celebrate in CUH with Barry Singleton and Rebecca Monaghan passing their EDIC exams and Sara Coffey who passed her membership examinations.



Congratulations guys!

We also had a remarkable 7 successful trainees who will start the SAT programme next year. Congratulations to Asad Zafar, Jenny Fitzgibbon, Avril McCarthy, Ed Quinlan, Sara Coffey, Liam Murphy and Cian Hurley – great to have you all on board!

Athletic achievements at CUH have continued to pour in, with Eoin O'Rathallaigh completing the Amsterdam marathon in a staggering 2:52. Rumour has it he'll stop showering with the medal on once he's completed the Boston marathon this month!

We've also been delighted to welcome back Ciara Fahy following maternity leave. A big congratulations to Andrew Maxwell who tied the knot last month and Ciaran Doherty who got married back in October!



Mater
LAT Stephen Murphy

We're all congratulating Anna Impiumi on the birth of her baby in February. Congratulations also to Vinnie Wall on his recent marriage.

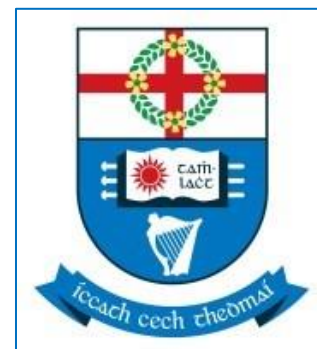
Congratulations to Aoife Mabelson who passed the MCAI MCQ exam. We also had three successful applicants to start the SAT scheme next year in Cian Anderson, Emer Scanlon and Caroline Brogan.

In other news, competition is hotting up between the Fin and the Back Page to be HQ of the social committee!

Tallaght
LAT Eleanor O'Riordan

We want to congratulate Andrew Smith on getting married at the start of the rotation – we hope returning to ICU call from honeymoon wasn't too bad!

We also had our first Coffee and a Gas back in February with some delicious sandwiches and pastries for lunch, which went down a treat!



Finally we wanted to congratulate both Eimear Keane and Musab Elhadi on the fantastic achievement of passing Part 1 of the FCAI, our fingers are crossed for Part 2!

We love to hear from you! If you have any other good news that warrants celebrating – contact lat@coa.ie

Support Services



Despite our hopes that the pandemic would be a distant memory it still lingers on, this continues to be a stressful and intense time especially for SAT trainees. Here are some resources you may find helpful. The list is by no means exhaustive and there is constantly new websites/apps popping up. Please always look out for each other and reach

out to fellow trainees if you think they might be having a bad day/week/month!

Available Resources

Your GP

With the nomadic nature of being a trainee doctor necessitating regular changes of scenery, it can be difficult to set down roots and register with a GP. The Irish College of General Practitioners has a national directory of GPs who have indicated their capacity to register NCHDs with their practice during their clinical rotations. You can easily access the map and directory [here](#):



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.

<http://practitionerhealth.ie/>

Call 01 297 0356

Samaritans



Samaritans is a registered charity aimed at providing emotional support to anyone in emotional distress, struggling to cope, or at risk of suicide throughout Ireland, most often through their telephone helpline. They have 21 active sites with over 2,000 volunteers.

Call 116 123

Employee Assistance and Counselling Service



The Employee Assistance and Counselling Service (EACS) is a national independent service that is available **free of charge** to all employees in HSE funded hospitals and community health organisations and divisions.

EACS provides confidential professional support and counselling to employees. This free service is provided to support employees at a time of difficulty with personal and or work-related issues.

Visit: [here](#).

Pieta House



A free and confidential service providing professional one-to-one therapeutic service for people who are experiencing suicidal ideation, people who have attempted suicide and people who are engaging in self-harm. They also provide **free** counselling, therapy and support to individuals, couples, families and children who have been bereaved by suicide.

<https://www.pieta.ie/> or Call 1800 247 247

Further Wellbeing Resources

Websites

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

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 with an additional free programme aimed at specific pandemic stress

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