



CAT NEWS

June 2023

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Editor's note

Dr. Maeve O'Brien & Dr. Siobhán Clarke

Co-Editors CAT news

This edition of CAT news may very well be our best yet! I know we say this all the time but it really is packed full of great content from your talented colleagues and friends!

First off, it would be remiss of us not to include a highlight reel from the Annual Congress of Anaesthesiology! The first in person congress in two years certainly didn't disappoint with great sessions covering topics as diverse as perioperative bariatric medicine and the future of anaesthesiology training. CAT were afforded their own session, giving us the opportunity to discuss some of our big projects this year including the national lecture series we hope to roll out from this August. Fear not, we were on site to capture the shenanigans at the CAT social hosted this year at Xico. While there is limited photographic evidence of the event, we managed to sneak some rather incriminating photos of our friends fully embracing the Mexican theme.

The results of Consultant Trainer of the year are revealed on page 11 . Thanks to everyone who voted and congratulations to the winners.

In what can only be described as every anaesthetist's worst nightmare, Dr. Maeve O'Brien recounts her experiences as the NCHD on call during the Wexford fire; the first large scale hospital evacuation in the history of the Irish health service.

Naturally, we have an update on the biannual On-Call audit, carefully collated by Dr. Gillian deLoughry and Dr. Nick Di Mascio and for prospective rota makers we have guidance on rostering implications following implementation of the updated NCHD contract.

Of course, we include our more regular features in this edition including postgraduate studies, SAT 7 and everyone's favorite LAT news. Many thanks to everyone for their contribution!

We'd like to take this opportunity to congratulate everyone who successfully passed their exams and graduated recently and reassure those who didn't, that they will get there eventually! Don't lose heart!

As always, don't hesitate to reach out, we love hearing from you!

cat@coa.ie
[@AnaesTrainees](#)
[Committee of Anaesthesia Trainees Facebook Page](#)
[Previous CAT NEWS Editions \(anaesthesia.ie\)](#)

2023 Annual Congress of Anaesthesiology

May 18th-19th, UCD

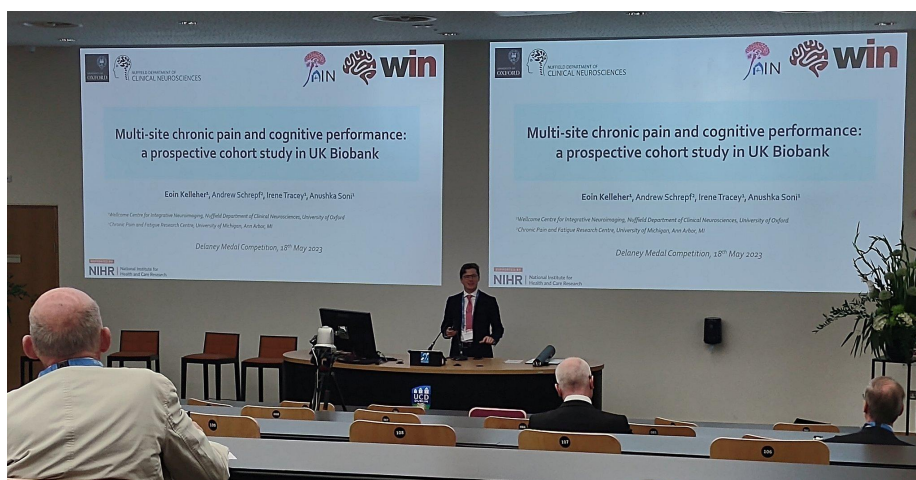
Dr. Siobhán Clarke
SAT 3 AMNCH

The Annual Congress of Anaesthesiology returned this year in person and suffice to say, it did not disappoint. The two day event was jam packed with inspirational speakers from home and abroad, delivering educational and thought provoking content covering topics as diverse as perioperative bariatric medicine to the future of anaesthetic training.

The Committee of Anaesthesiology Trainees (CAT) was front and center live tweeting the event, not to mention hosting our annual CAT social and charity fun run. Here, we thought we'd compile some of the highlights of the conference in case you missed it!

Day one:

Day one kicked off with the Delaney medal competition, showcasing some of the best trainee lead research both at home and abroad. Our very own CAT alumnus Dr. Eoin Kelleher deservedly took home first prize with his presentation on multisite chronic pain and cognitive performance; a prospective cohort study in the UK biobank.



Left; Delaney Medal winner Dr. Eoin Kelleher



Above; Delaney Medal candidates

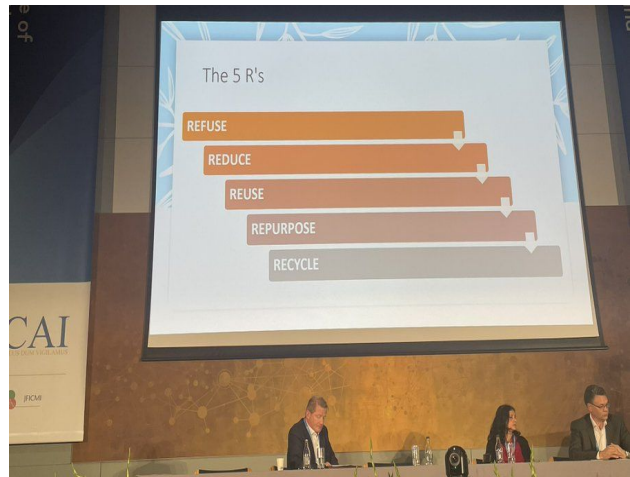
Perioperative bariatric medicine was the opening session in the main auditorium. Dr. Andrea Haren (SVUH) skillfully navigated the topic drawing on the wealth of experience offered by the panel including Professors Donal O’ Sea (SVUH), Helen Heneghan (SVUH) and patient advocate Ms. Maura Murphy.

While ‘Ketamine for pain; friend or foe?’, presented by eminent Professor of pharmacology and UCC alumnus Gisele Pickering and expertly chaired by Dr. Aine O’Gara (SJH), may not have given us a definitive answer to the drug’s utility in the management of chronic pain, it certainly provided food for thought on its use in current and future practice.

The obstetric session, chaired by Dr. Sudhir Immani (UHW) and featuring Drs. Balki (University of Toronto), Grant (MPS) and Cliffe (HSE), shed light on maternal sepsis, our use of uterotonics and the medicolegal issues surrounding Obstetric Anaesthesia. Simultaneously, Dr. Kirk Levins (NMH) and Professor Dirk De Ridder brought the morning session to a close with insightful talks on the physiological and practical aspects of pain management.

As the sun shone, the benches outside the O'Reilly Hall proved the perfect setting to catch up with friends and colleagues from hospitals all around the country. Lunch was happily devoured before the afternoon session commenced.

The eagerly anticipated topic of sustainability kicked off the afternoon session of day one, our very own Dr. Ola Lokken delivering an encouraging talk about how the Irish Healthcare sector is planning to tackle the climate and biodiversity crisis. You'll be happy to hear it's not all doom and gloom! This session coincided with the hotly contested Faculty of Pain Medicine clinical research medal. Congratulations to medical student Ms. Karina Oganezova for taking first prize.



Dr. Ola Lokken Nordrum's 5 ways of mitigating our impact on climate change

The closing session of day one featured distinguished speakers from far and wide discussing their native experiences of anaesthesiology training and exploring the future direction of this training based on emerging evidence in the field. Reflective practice again emerged as a strong theme in this discussion and we'd encourage you to read Dr. Don Walsh's article in our previous edition to find out more.

Day two:

Excitement and enthusiasm was palpable in the George Moore Auditorium ahead of day two of the congress as Dr. Bairbre McNicholas (UG) took to the stage to deliver an expert talk on awake prone positioning post COVID. While she skillfully married the physiological and practical considerations of this maneuver, I took time to reflect on the last two years of my anaesthetic training, shaped by the COVID-19 pandemic. Respiratory physiology, ventilator management and quick adaptation of emerging evidence in an uncertain environment became the cornerstone of our practice and while I'm relieved those days are behind us there remains much still to be learned and ever more to process as we navigate the post COVID era.

Dr. Andy Neil (MMUH) delivered my favourite talk of the Congress; Heart failure in the ICU. Comprehensive, succinct, entertaining and decidedly evidence-based, the audience was enrapt from the outset, many of us hurriedly taking notes as he discussed the physiology and pharmacology with characteristic ease. Dr. Cathy Gibbons (CHI- TS) closed the session by showcasing her tireless dedication to paediatric intensive care through her work with the Irish paediatric acute transport service (IPATS).



(L) Dr. Andy Neil giving his talk about Heart Failure in the ICU. (R) Dr. Cathy Gibbons discusses a toolkit for managing the critically ill child

Simultaneously; Paediatrics formed the first session of the day in the O'Reilly Hall with speakers discussing psychological preparedness for surgery and perioperative risk in children with congenital heart disease.

Professor Paul McLoughlin (UCD) delivered the Brian Kavanagh Lecture discussing novel mechanisms regulating pulmonary vascular permeability: implications in acute lung injury and gave an honorable mention to our very own Dr. Don Walsh for his work on the topic as part of his MD thesis.

Wellbeing and ICU concluded the morning sessions. Dr. Barry Lyons (CHI, TCD) delivering an evocative, thought provoking lecture on brain death and the surrounding medicolegal issues. Prefacing the talk with two recent case reports, Dr. Lyons discussed the disconnect between our understanding of the biological and metaphysical processes underpinning death heavily contextualised by culture and society and the difficulty in communicating this to families.

CAT was given the opportunity to discuss some of its trojan work this year during the first afternoon session. Inspired by Dr. Darragh O'Reilly's (CAT's education committee) electoral manifesto, Dr. Sinead O'Brien discussed how the National lecture series project came to pass under the leadership of Dr. Sophia Angelov (Chair). She outlined how the education committee devised a bespoke series of topics targeting all SAT years to be delivered by experts during allocated, protected teaching time and how the roll out is due to begin in August of this year. Watch this space!



CAT committee members (L) to (R) Dr. Sinead O'Brien, Dr. Kirsten Joyce, Dr. Sophia Angelov, Dr. Nick Di Mascio, Dr. Darragh O'Reilly

Immediate past chair, Dr. Kirsten Joyce and Dr. Nick Di Mascio (education committee) discussed less than full time training and the latest results from the on-call audit bringing the session to a close.

Training and education formed the last session of the day followed by the prize giving ceremony concluding the first in person Congress in two years. An honorable mention to Dr. Kim O'Brien, winner of the Curlew prize for sustainability, Dr. Kevin Sheehan, winner of the Dr. Mary Lehane prize and Dr. Patrick Wiseman winner of the ISRA grant.

This year's Congress was poignant for many reasons, not least, because after two years, we were given an opportunity to connect, in person, with colleagues and friends from home and abroad, many of whom we hadn't seen since before the pandemic. While many of the speakers gave a nod to COVID-19 in their talks, the Congress was decidedly future focussed, covering a diverse and stimulating range of topics that kept the audience enthralled from start to finish.

We're already looking forward to next year!

A promotional poster for the CAI Annual Scientific Meeting. The background is a photograph of a healthcare professional in a blue surgical cap and mask, looking thoughtfully at the camera. The poster has a blue and yellow color scheme. Text on the poster includes: 'SAVE THE DATE 18-19 MAY 2023', 'CAI Annual Scientific Meeting', 'VENUE: O'Reilly Hall & UCD Club, Belfield, Dublin 4', 'FOR MORE INFO VISIT: www.anaesthesia.ie', and the hashtag '#CAICongress23'. At the bottom, there are logos for CAI, the Intensive Care Society of Ireland, and the Joint Faculty of Anaesthetic Care Medicine of Ireland.

SAVE THE DATE 18-19 MAY 2023

CAI Annual Scientific Meeting

VENUE:
O'Reilly Hall & UCD Club, Belfield, Dublin 4

FOR MORE INFO VISIT:
www.anaesthesia.ie

#CAICongress23

CAI Intensive Care Society of Ireland Joint Faculty of Anaesthetic Care Medicine of Ireland

TIVA Workshop @Congress

Barbara Cusack

SAT 7

The TIVA workshop during the Annual Congress of Anaesthesiology 2023 took place on 18th May. This dynamic morning of learning included an introductory lecture by Prof. Michael Irwin from the Department of Anaesthesiology in the University of Hong Kong followed by three interactive stations covering TIVA safety and practicality, TIVA adjuncts and analgesia management, and TIVA use in special situations. The benefits and potential pitfalls of the commonly used Marsh and Schnider propofol models were described alongside the recently developed Eleveld model not yet available for use in Ireland.

There was a clear focus by the faculty on the day on the need to individualise a patient's intraoperative TIVA 'prescription'. Older and frail patients, as well as obese patients are special patient populations where extra vigilance is required to achieve a smooth and safe TIVA anaesthetic.

Thanks to the faculty on the day; Drs. Claire Nestor, Laura Flood, Claire Frith-Keyes, Eimear Keane, Lauren Hughes, and Paul Stewart.



(L); SAT trainees Dr Eimear Keane and Dr Lauren Hughes assisted as faculty at the course

CAT Socials @ Congress

Dr. Siobhán Clarke
SAT 3 AMNCH

The CAT social hosted this year by Xico and generously subsidised by the College of Anaesthesiology enabled us to catch up with colleagues and friends in a less formal setting. Trainees embraced the Mexican theme by donning culturally (in)appropriate Sombreros and drinking tequila until the wee hours! Frankly, we've never seen Mike O'Sullivan looking better!

The following day, while many slept away their sore heads, a dedicated bunch of trainees and consultants braved an early start to compete in the annual CAT charity 5km fun run; which this year took place at the brand new athletics track in UCD.



L) to R) Drs. Robbie Hollingsworth, Tom Wall, Emma Garry, Denise Gorey, Rahul Bhattacharjee, Caroline Brogan, Mike O'Sullivan, Gordian Barry



From (L) to (R): Dr. Stephen Smith, Dr. Michelle Duggan, Dr. Bairbre McNicholas, Dr. Pierce Geoghegan, Dr. Darren McMahon

Dr. Darren McMahon was the deserved winner of the Dr. Mark Owens trophy. All the money raised this year, a total of 150 euro was donated to the Peter McVerry trust a national housing and homeless charity committed to reducing homelessness and the harm caused by substance misuse and social disadvantage.

CAT Consultant Trainer of the Year

Dr. Siobhán Clarke
SAT 3 AMNCH

The results are in! The award for Consultant trainer of the year in a large department goes to Dr. Leo Kevin of University Hospital Galway and in a small department goes to Dr. Michelle O' Mahony of the Mercy Hospital Cork.

Honorable mentions in a large department go to Dr Shanika Wijyaratne (SVUH) and in a small department to Dr. Siaghal McColgain (NMH).

This prestigious accolade, voted for by YOU, the trainees, is based on consideration of the following criteria:

- An inspiration and role model for CAI trainees (SATS)
- Goes beyond their regular duties for the good of trainees and patients
- Excellent teaching skills
- Outstanding commitment to helping trainees in exam preparation
- Delivers constructive and specific feedback to trainees
- Positive influence on the professional development of trainees
- Demonstrates concern for trainee wellbeing

Here's a sample of what trainees had to say about the winners:

Dr. Leo Kevin:

'Very committed to the education of trainees. Exceptionally well read. Gives informative and practical lectures and tutorials on a broad range of topics'

Dr. Michelle O' Mahony:

'She is an incredibly caring, competent and knowable trainer. No question or query is too big or small. She is patient, considerate and understands the knowledge gap for each trainee. She goes out of her way to help us all and makes sure that we are happy before doing any task. If we all encompassed even 10% of what Dr O'Mahony has we would all be better anaesthesiologists. Goes above and beyond for every single individual in the department'

The award will be presented at the CAI Conferring Ceremony, by Professor Shorten, on the 23rd June in UCD O'Reilly Hall.

Congratulations to the deserved winners and thank you again to everyone who voted!

National Audit of NCHD Call Frequency January -July 2023

*Dr. Gilly de Loughry/ Nick Di Mascio
SAT 3 SJH/ SAT 4 Temple Street*

We on CAT would like to present the second part of this year's National Call Audit Report. These have been running since September 2020, and have been regularly communicated to the Training Department. These reports have drawn attention to the call rota pressures faced by NCHDs at various hospitals nationwide and we are grateful for the support we receive from the Training Department and the College Council in completing these reports.

As per the Model of Care for Anaesthesiology from the National Clinical Programme for Anaesthesia, the Anaesthesia Training Curriculum, and the Training Agreement, it is recommended that **NCHDs should not have a call rota frequency exceeding 1:6**. In line with previous CAT National Call Audit reports, the CAI Training Department introduced the 'On Call Reform Proposal for Training' in 2022 to address this issue. The proposal outlines that every call tier should be staffed by at least 8 NCHDs by July 2023 in order to achieve adequate call rota staffing and maintain a call frequency no greater than 1:6. The proposal also mandates changes to the duration of time trainees spend on each call tier, notably 12 months for theatre/1st on call, 18 months senior registrar call, and no more than 18-24 months of ICU call (unless more requested by the trainee).

Since July 2021, we have made efforts to analyse call frequency by tier in more detail to identify any potential imbalances. We are presenting data from July 2021 to July 2023 for comparative purposes (please see end of this report). Some sites currently employ a 12-hour call shift pattern, while others use a combination of 16-hour and 12-hour shifts. These shifts have been converted into an equivalency of the traditional 16-hour/24-hour model to facilitate comparison. We have also made significant improvements to our data collection process, improving both accuracy and ease of use. Additionally, we have enlisted the help of the college Tutors and invited them to also complete the audit form, with the aim of further improving the accuracy and transparency of the data collected. We received a great response to the audit over the past 6 months (24/25 sites responded) and would like to express our sincere gratitude to everyone for their efforts.

Our biannual National Call Audit Report has revealed some training sites that have exceeded the recommended frequency and others that have made improvements. Currently, **40% (10/25) of training sites are operating an NCHD call frequency greater than the recommended 1 in 6** in at least one call tier. In the previous 6 months 15 (24%) of NCHD call tiers had a higher frequency than 1 in 6, while currently 22 (32%) of all call tiers exceed this threshold. Overall, this is a considerable decline that requires attention.

In this report, 3 of the **theatre call** tiers were in breach of the 1 in 6 frequency, with Crumlin and Waterford 1 in 5.7 and Mullingar 1 in 5.3. Notably both the Mercy and Letterkenny have improved.

Hospital	Jan 2022 - July 2023	July 2022 - Jan 2023	Jan 2022 - July 2022	July 2021 - Jan 2022
Beaumont	10.3	8	8.5	
Cappagh			8	
Connolly	6.3	8	6	6
Crumlin	5.7		10	8
CUH	7.7	8.5	8	8
Drogheda	8.2	7	8	7
Galway	8.7	10	6	7.5
Letterkenny	6.3	5	6	8
Limerick	7.5	15	12	9
Mater	7.5	7	8	
Mayo	6.8	7	6	8
Mullingar	5.3	6	5	3
Mercy	7.5	5	6	4
RVEEH*	5.6		4	8
SIVUH	6.3	6	7	
SJH	6.6	12	7	8
Sligo	7.0	6		6
St Vincent's	8.7	8	6	7
Tallaght	9.6	10	8	9
Temple St	8.7	10		7
Waterford	5.7	10	7	8
Wexford	7	6.6	3.5	4

On Call Audit: Obstetrics

For **obstetric call** frequencies, there were 4 sites that were in breach: Holles Street 1 in 4.9 and 1 in 5.9, CUH 1 in 5.7 (adjusted for 12H shift pattern), Mullingar 1 in 5.8 and Waterford 1 in 5.9.

Hospital	Jan 2023 - July 2023		July 2022 - Jan 2023		Jan 2022 - July 2022		July 2021 - Jan 2022	
Coombe	6.3	12.6	7	6	7	5	4	5
CUH	5.7		6.8		8		8.0	
Drogheda	8.7		6		6		7	
Galway	6.5		5		5		7	
Holles St	4.9	5.9	7	7	4		6	
Limerick	7.8		6		10		7	
Mayo	6.8							
Mullingar	5.8		6		5		3	
Rotunda	6.5	7.7	6	6	3.5	4	6	5
Waterford	5.9		5		7		7	

On Call Audit: ICU Tier

The **ICU call tier** is the most frequently non-compliant with the recommended call frequency. Out of 18 ICU call tiers, 8 were found to exceed the recommended frequency of 1 in 6. **This means that 44% of ICU tiers were not meeting the recommended call frequency.** Most of these sites were exceeding this frequency for the first time, but Letterkenny (1 in 5.1) and SVUH (1 in 5.4) had maintained this frequency from previous audit reports.

Hospital	Jan 2023- July 2023		July 2022 - Jan 2023		Jan 2022 - July 2022		July 2021 - Jan 2022	
Beaumont	4.7	4.7	7	7	9	9		
Connolly	6.8		6		6.5		6	
Crumlin	5.4	6.6			7	7	7	8
CUH	4.8	7.7	7.5	7	7	7	8.0	8
Drogheda	9.3		6		6		6	
Galway	6.5		7		7.5		11	
Letterkenny	5.1		5		5		5	
Limerick	10.3		7		9		7	
Mater	9.3	9.3	5.6	5.6	7	7		
Mayo	6.6		7		6		6	
Mercy	6.6		5.6		7		4	
Mullingar	5.3		6		5		3	
SJH	8	8	5	5	7	7	7	7
Sligo	6.3		6				6	
St Vincent's	5.4	5.4	5	5	7	7	6	7
Tallaght	5.3	5.3	7.1	7.7	6	6	7.5	7.5
Temple St	8.7		10				7	
Waterford	5.6		6		7		7	

On Call Audit: Senior Registrar

Three sites in the **senior registrar call** tier did not meet the recommendations: UHG 1 in 5.4, CUH operated two senior registrar call tiers with frequencies of 1 in 5.2 and 1 in 5.7 respectively (adjusted for 12h shift pattern), and Wexford had a frequency of 1 in 4. Wexford and UHG have been consistently in breach of the same recommendations within the past 12 months.

Hospital	Jan- July 2023		July 2022 - Jan 2023	Jan 2022 - July 2022	July 2021 - Jan 2022
Beaumont	14		8.0	12.0	
CUH	5.7	5.2	6.6	9.0	8.0
Drogheda	14				
Galway	5.4		5.5	9.0	7.0
Limerick	6.3		6.5	7.0	6.0
Mater	6.3		5.6	8.0	
SJH	6.6		9.0		9.0
St Vincent's	8.2		7.0	5.0	6.0
Tallaght	8.2		8.0	6.0	8.0
Wexford	4		4.6	3.5	4.0

Significantly, there are only 3 sites that continue to operate a **24hr midweek call**: SVUH, UHL and Wexford. There are a high number of **vacant posts** reported in CUH (12), Crumlin (5.5), Mullingar (4), and Wexford (5), likely adding to rota pressures. Rest days are provided in 7 out of the 11 sites where the required 1 in 6 frequency is not met. Several different training sites have **additional tiers of call**. These site-specific 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. We have also presented a summary table of this audit at the end of this report.

As the representative body for the trainee community, we continue to work alongside the College to enhance the overall wellbeing and experience of Anaesthesiology trainees in Ireland. We appreciate and recognise the College's ongoing dedication and support in this regard. Enforcing call frequency standards for trainees is one of the main focuses of the college to improve trainee wellbeing as part of the On Call Reform Proposal for Training published last year. The recent national trainee survey also highlighted the weight of the call duty burden on trainees and its negative impact on mental health and wellbeing.

The CAT have requested the College review the most recent data and understands that steps to address these issues have been taken in several instances. We will continue auditing and ensuring compliance with call frequency standards and keep the trainee community informed of our progress.

“The Wexford Fire”

The biggest evacuation in the history of the Health Service

Dr. Maeve O’Brien
SAT 2 WGH

It was an ordinary day in the sunny South-East when I arrived at 9am to start my usual 24-hour shift in Wexford General Hospital. Everything was going to plan by the afternoon; Theatres were finished, ICU was under control, so I popped up to the fourth floor on-call rooms to grab a quick rest before the inevitable madness on the labour ward during the night!

I was just getting settled into the call room when the fire alarm rang out. Now, having grown up in Ireland, I did the usual thing and assumed that somebody had left the Brennans in the toaster for a bit longer than required! Sure enough, the alarm stopped ringing a few seconds later so I settled back into my cat nap. Much to my annoyance, the alarm rang out loudly for a second time, so I wandered out into the corridor to see what was going on. A couple of other confused faces joined me in the corridor as I walked down to the large double doors at the end of the corridor that lead to the stairwell. As soon as I opened the doors, I was met with a huge plume of black smoke! Guess this was a bit bigger than burned toast!

The porters were in the stairwell ordering everybody to evacuate the hospital, so we quickly made our way down the stairs through the thick black smoke. As everybody was being ushered out of the building, I made my way down to ICU as we had patients who were being ventilated. Thankfully the fire hadn’t made it down that far, but I knew that we would have a lot to prepare to move these patients out of the hospital.

On my arrival to ICU, we started to plan the evacuation. Suddenly all the ventilators started to alarm, and we realised the oxygen supply had been cut! We quickly connected up the portable oxygen cylinders and stabilised the patients who were being ventilated. As if things couldn't get any worse, one of the patients that had been accepted to ICU earlier that day, was wheeled into ICU from one of the wards. They deteriorated quickly during their evacuation to ICU and needed urgent intubation. Myself and the ICU nurses successfully intubated and stabilised them. The whole ICU team were fantastic ensuring that we had oxygen and all the equipment available during this emergency.

As the information of the fire started to filter through, we realised that Theatre Recovery was the only place with wall oxygen. Over the evening we transferred the patients in the ICU to Theatre Recovery and eventually transferred them to various hospitals around the country with the help of MICAS. I did a transfer to Cork University Hospital. I was reminded of my intern days as the staff in the canteen treated myself and the ambulance crew to big dinners and coffee. Just what we needed!

It was a totally different scene when I arrived back to Wexford General Hospital, a total ghost town! The remainder of the staff had been given rooms in the nearby hotel but no such luck for Anaesthetics!! Given the small issue of my on-call room burning down, I set up camp on a chair in one of the theatre anaesthetic rooms and had quick nap before the day staff showed up a few hours later. I was never so happy to see my bed that morning!

More than 200 patients were evacuated from Wexford General Hospital that night in an event that was labelled "the biggest evacuation in the history of the health service". The response from the hospital, the emergency services and the wider healthcare services was phenomenal. Thankfully there were no casualties or fatalities and the renovations are well under way to getting the hospital back up and running.

New Rostering Rules

A Short Guide for Anaesthesiology Rotamakers

Dr. Brian Doyle

SVUH

To help improve work-life balance, NCHDs, through the IMO, agreed to a new deal (Dec 2022) with the HSE and Department of Health to end the practice of rostering NCHDs for up to 12 days in a row.

What does this mean for Anaesthesiology trainees?

Where an NCHD is scheduled to work on **both** a Saturday **and** Sunday (Note: this includes a 16h Friday shift that finishes on Saturday followed by a Sunday shift, or a 24hr Saturday shift finishing on Sunday), they should be rostered for at least one rest day (M-F) either before **or** after their weekend shifts. The post-call period on the day an NCHD finishes a call shift is not considered a rest day.

Rest days should be allocated to prevent an NCHD from being rostered for more than ten days in a row. The agreement also prohibits NCHDs from being rostered for two consecutive weekends, except where an NCHD has arranged this on their own accord, through swaps etc. (and in this case, the new compensatory rest entitlements are not applicable).

The agreement recognises that a fully compliant five-in-seven roster will be challenging to achieve in the short term, and NCHDs can be rostered for overtime as is current practice.

Examples of compliant rosters for NCHDs scheduled to work Saturday and Sunday:



Example 1			DAY
05-Jun	Mon	Day (Theatre)	1
06-Jun	Tue	Day (Theatre)	2
07-Jun	Wed	Day (Theatre)	3
08-Jun	Thu	OFF	OFF
09-Jun	Fri	Call 16.00-00.00	1
10-Jun	Sat	Call 00.00-09.00	2
11-Jun	Sun	Call 09.00-00.00	3
12-Jun	Mon	Call 00.00-09.00	4
13-Jun	Tue	Day (Theatre)	5
14-Jun	Wed	Day (Theatre)	6
15-Jun	Thu	Day (Theatre)	7
16-Jun	Fri	Day (Theatre)	8
17-Jun	Sat	OFF	OFF
18-Jun	Sun	OFF	OFF

|

Example 2			DAY
05-Jun	Mon	Day (Theatre)	1
06-Jun	Tue	Day (Theatre)	2
07-Jun	Wed	Day (Theatre)	3
08-Jun	Thu	Day (Theatre)	4
09-Jun	Fri	Day (Theatre)	5
10-Jun	Sat	Call 09.00-00.00	6
11-Jun	Sun	Call 00.00-09.00	7
12-Jun	Mon	Day (Theatre)	8
13-Jun	Tue	OFF	OFF
14-Jun	Wed	Day (Theatre)	1
15-Jun	Thu	Day (Theatre)	2
16-Jun	Fri	Day (Theatre)	3
17-Jun	Sat	OFF	OFF
18-Jun	Sun	OFF	OFF



What happens if an NCHD is not scheduled for a rest day before or after working on Saturday and Sunday?

Where an NCHD is not scheduled for a rest day(s), they are entitled to compensatory rest (detailed below). Where compensatory rest is not provided within 30 days of it falling due, the NCHD is entitled to an additional day's pay (7.8 hours) per compensatory rest day. This payment to the NCHD is on top of the pay rate applicable to the hours worked on the days when compensatory rest was due.

Compensatory Rest

Compensatory rest applies when an NCHD is scheduled to work beyond ten days in a row:

10 days in a row: day 11 should automatically be scheduled as a rest day off.

11 days in a row: day 12 should automatically be scheduled as a rest day, and one compensatory rest day is accrued and should be scheduled in the next 30 days.

12 days in a row: two compensatory rest days accrued and should be scheduled in the next 30 days.

Note: Saturdays and Sundays and rostered annual leave do not count for the purpose of compensatory rest days.

What if accrued compensatory rest days are not scheduled?

Each accrued compensatory rest day that has not been scheduled within the 30 days, attracts an additional day's pay (7.8 hours). This incentivises hospitals to ensure that NCHDs are given adequate rest and compensates NCHDs who are scheduled to work for more than ten days in a row without compensatory rest.

How does an NCHD claim payment for compensatory rest days that were not scheduled?

The NCHD should contact their local HR. Most hospitals have begun to change their timesheets to provide a mechanism for recording compensatory rest due. Where issues arise, NCHDs may contact the IMO for assistance by emailing nchds@imo.ie

SAT 7 - Intensive Care Medicine

Dr. Barbara Cusack

SAT 7

Following completion of the 6 year Specialist Anaesthesiology Training Programme there is an option for trainees to complete a 7th year in a chosen subspecialty area. This is a CAI Post SAT – CSCST Fellowship that is undertaken as a one year programme. The CAI is the training body responsible for the provision and administration of this fellowship programme and the Year 7 post is accredited by the Medical Council.

There are a wide variety of options available to pursue including Intensive Care Medicine, Pain Medicine, Obstetrics, Perioperative Medicine, Cardiothoracic Anaesthesia, and Paediatric Anaesthesia to name a few. I chose Intensive Care Medicine and have completed half of the fellowship to date. I am currently on maternity leave and due to return to complete the 12 month fellowship in the next few months. The SAT 7 programme is one of a number of ways to currently achieve CSCST accreditation in Intensive Care Medicine as a specialty.

One of the benefits of the SAT 7 programme is that it enables CAI SAT trainees with sufficient modular experience who have sat the JFICMI examination to achieve dual specialty accreditation as an Anaesthesiologist and an Intensivist in one year rather than the standard two. If you complete the 6 year SAT scheme and go abroad straight away to pursue dual training with Intensive Care then the equivalence pathway for specialist registration with the medical council is less straightforward.

The SAT 7 programme gives trainees fellowship experience to work in a specific subspecialty and, depending on the post, choice to work in a specific hospital.

MSC Principles of Regional Anaesthesia

University of East Anglia

Dr. Bill Anderson

SAT 6 AMNCH

Duration: 3 yrs

Fees: £1000 per module- if you're an ESRA member you get a 10% discount. Dissertation module; £1,500

Total: £7,000

Modules:

The modules either start in January, May or September depending on which one you're doing. I believe you can be enrolled in two modules at the one time. Each module runs for 16 weeks, during which a different topic is delivered every two weeks. The dissertation module is a year long and cannot be started until the other 6 modules are completed.

The modules include:

- Neuropharmacy/physiology of perioperative pain medicine
- Applications of regional anaesthesia
- Delivering a high quality service in regional anaesthesia
- Integrated Research
- Clinical Leadership and management

Attendance and assessment:

Fully delivered online (there's one day that you must attend online zoom meeting). PBL style in the format of a clinical case.

Students need to contribute 80% to online forums and formative assessment (usually quiz/ mini essay/script concordance test on the case that week). There is a stipulation that you must make your contribution during the two weeks while the topic is being discussed- but I'm not sure if they enforce that or penalise you for contributing outside this timeframe. There are consultants who facilitate and guide contributions on the forum.

At the end of the module there is a summative assessment that is graded and goes towards your qualification. It is an essay of 4000 max. word limit. They usually ask for a clinical case that exhibits the learning objectives of the module.

The dissertation can be any kind of research or a systematic review. Honestly, there has been little guidance on this so far. Regarding word limit, it was difficult to get a direct answer. Hence, it boils down to quality and there doesn't seem to be a max/min word count.

Awards:

- Each module is 20credits. Dissertation is 60 credits.
- PG Cert- I think 60 credits needed
- P G Dip- I think 120 credits needed
- MSc- 180 credits needed

Summary:

Overall, I think it's a good Masters but it does take up a good bit of time. Also, when I started, I thought it was a 2 year masters so the 3rd year was a bit of a surprise.

There is very little content on actual block performance and more on theory, research, quality and human factors.

The work involved for each module is weekly forum contributions, weekly formative assessments and then a summative assessment at the end in the form of a 4000 word essay.

One big drawback is the timing of modules. The Integrated Research module focuses on planning your dissertation and it is delivered in September. But you must have all 6 modules completed before you can commence the Dissertation module meaning you could end up waiting 9 months before you can start your dissertation the following January.

A benefit is the TSS fund almost covers the whole thing especially if you start early in SAT3/4. Also being able to bow out with a PgCert/Diploma and avoiding the dissertation is a nice cushion to fall back on. I also feel you get a better insight into management issues and the challenges of introducing a service and financing it within a department.

In conclusion, prob would recommend.

Contact info: specialist.courses@uea.ac.uk

CAT Careers Evening

Dr. Sinead O'Brien
SAT 3 UHL

As we near the end of our training schemes, the process of applying for consultant positions and undergoing interviews can be overwhelming. To assist our SAT trainees in feeling better prepared, CAT, in collaboration with the College of Anaesthetists and Inspire Change organise an annual Consultant Interview Workshop and Careers Evening.

This year's event was held at the College on Thursday, April 20th, and began with the consultant interview workshop. This segment of the day is directed at senior trainees and covers essential topics such as crafting an impressive CV and personal statement, pre-interview preparation, and effective interview techniques.

Martin Clarke the founder of Inspire Change, a company specialising in interview preparation and leadership development for healthcare professionals facilitated the workshop. With his extensive experience in consultant interviews, Martin simplified the process of CV preparation and the application journey, hopefully making it seem a bit less intimidating for participants.

We had our largest attendance this year, with 25 trainees getting the opportunity for individual CV feedback, practicing interview questions, and taking part in group work. For those interested in learning Martin's fail-safe 5-step technique for answering interview questions, make sure to register for next year's workshop!

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DEVELOPING HEALTHCARE LEADERS



Concluding the workshop was Dr Deirdre McCoy Consultant Anaesthesiologist in RVEEH & SJH, and Dr Jack Collins a newly appointed Consultant Anaesthesiologist in Letterkenny. They gave us more specific insight into the application and interview process for Consultant Anaesthesiologist positions in Ireland. They emphasised the importance of conducting thorough research on the to which hospital you apply and shared commonly asked interview questions.

After a break in the afternoon and following refreshments we reconvened in the evening for the second part of the event; the Careers Evening. This was open to all anaesthesiology trainees and gives a sense of the pathway to consultancy and a taste of the different sub specialities. We were fortunate to have a highly experienced and diverse panel of experts and Dr Patrick Seigne to act as Chairperson. To kick off the evening, Dr. Aislinn Sherwin Consultant Anaesthesiologist in SJH, shared her personal experience and valuable insights and tips regarding the interview and application process. Her presentation provided trainees with practical guidance and advice.

Following Dr. Sherwin's presentation, we had a panel presentation on different specialty pathways within anaesthesiology with each speaker sharing their own career journey.

Dr. Suzanne Cronly elaborated on her experience in paediatric anaesthesia, while Dr. Robert Ffrench-O'Carroll discussed his career in obstetric anaesthesia. Dr. Parvan Parvanov shed light on the ICU pathway, while Dr. Andrew Purcell convinced quite a few in audience that Pain medicine should not be overlooked! The panellists took questions from the audience of trainees which made for some interactive and enthusiastic discussions.

Overall, the event provided an excellent opportunity for trainees to learn from those who had recently engaged with the consultant application process. We are very grateful to all who gave up their time to speak at the event and hope to see everyone again next year!



LAT News

Dr. Maeve O'Brien
LAT Coordinator

The Coombe Hospital
Dr. Sean Boyd

As we near the end of this rotation, we look back on the fond memories we've had here at the Coombe. Dr Myles Flitcroft, Dr Frances Fallon and Dr Conor Casement represented the hospital on a national level. Myles and Frances were awarded Special Commendation at the DMHG NCHD Research Competition and won best QI presentation at the Tripartite meeting for their project "Regional Anaesthesia Alert Bracelet – Empowering patients for safer and better care". Thank you to Shane Kelly, Greta Scanlon, Susan Reid, Albert Hanekom and Captain Jesse Connors for organising the Tag Rugby league, which is going from strength to strength. A huge congratulations to Conor Casement who got married in April. We wish you all the best.



Mayo University Hospital
Dr. Alice Meagher

Congratulations to Ola Nordrum (SAT2) and Claire Gibbons (SAT1) who completed their MCAI. Congratulations to Ali Bell (SAT1) who passed the first part and Alice Meagher (SAT3) who has completed the MRCPI.

LAT News

Mayo University Hospital Contd..

Best wishes to our colleague Ana Maria who had a beautiful baby boy.
Well done to the group from theatre and ICU who completed a 10k charity race.
We're all enjoying the longer evenings and beautiful beaches.
Mayo for Sam!



St James' University Hospital

Dr. Alison Fahey

A busy 6 months in James', both personally & professionally. Congratulations to Conor on his wedding and to Dave on the birth of his daughter Georgie.
Brandon has been elected to the AoA Trainee Committee, Alison passed the FCAI & Ruth and Tom passed the JFICMI.
We are delighted that Mark, Zhi & Caitriona will join us on a SAT scheme in July & are all looking forward to the departmental summer party & the CAT end of year party!

LAT News

Tallaght University Hospital

Dr. Emma Garry

The Tallaght trainees have certainly made an impression with their excellent attendance at all the CAT social events this year. It certainly helps when there are two CAT members in the department providing frequent updates about the upcoming events!

The last six months has welcomed lots of new babies to the Tallaght crew. Congrats to Daniel Lehane, Kieran Crowley, Mirza Kazim, Zaman Malik and most recently, Sophia Angelov! Also, a special mention to Tallaght Hospital on its 25 year anniversary which was marked with a food truck lunch event provided by the hospital.

Huge congrats to Karen Donnelly on her recent engagement. I don't think the blushing bride-to-be has stopped smiling since!

The good news doesn't end there. There has also been plenty of exam success with Vimbai Tembo and Mirza Kazim passing the MCAI, Sophia Angelov, Denise Gorey and Fatima Jaffari passing the FCAI and Hugh O Reilly, Laura Slattery and Ian McBride passing the JFICMI.

Also, big congrats to Rahul Bhattacharjee for getting on to the CAI training scheme this year.

Special thanks to our rota-maker queen Rebecca Monaghan for a fantastic job facilitating all the study and parental leave over the last 6 months!



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

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](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

28-29th March

Membership CAI OSCE and SOE

5th April

Trial pain exam

12th April

Fellowship pain medicine

18-19th April

Final Fellowship FCAI-SOE

27th April

Trial fellowship JFICMI

4th May

FJFICMI written examination

18th May

CAT sponsored Night Out post Thursday of Congress. Location to be revealed.

30th May

Pain Clinical

1st June

FJFICMI Clinical Examination

7th June

Trial Membership CAI, online

23rd June

Graduation

6-9th September

6th World Congress regional anaesthesia and pain medicine- ESRA Paris

13th September

Membership CAI online

14th-15th November

Member CAI OSCE & SOE

17th November

National Patient Safety, CAI

5-6th December

Final fellowship FCAI SOE