

A newsletter for anaesthetists in Scotland

December 2021



Dr Daphne Varveris

This has been a challenging year for everyone, and anaesthetists and critical care physicians have remained front-and-centre of the COVID-19 response.

I was pleased that the [Scottish Board](#), in wide consultation with Scottish members laid out five core themes in our [manifesto for the 2021 Scottish Parliament Elections](#). Published in March, our manifesto outlined and addresses anaesthetic workforce shortages, ideas for improving staff health and wellbeing, COVID-19 recovery and clearing the elective surgery backlog, making digital working the best it can be and how to improve public health by taking action on obesity.

As Scotland continues to struggle with high rates of COVID-19 infections and we as anaesthetists continue to support our intensive care and surgical colleagues in returning to pre-pandemic models of working, we have urged the Scottish Government to recognise that the health and wellbeing of our members and the wider healthcare workforce [that staff must be at the heart of any recovery plan](#).

Recognising that I took over as Chair of the College's Scottish Board in March this year, Board members and I would like to thank [Dr Sarah Ramsay](#) for setting the standard as our inaugural Chair and for her leadership during the past three years. I'd specifically like to praise Dr Ramsay for her dedication to raising the quality of anaesthetic education, training and representation for anaesthetists in Scotland. I am also pleased to welcome three new consultants and two Anaesthetists in Training members recently elected to the Board as representatives of the College in Scotland. And finally, I'd like to [congratulate Dr Fiona Donald](#) and warmly welcome her as the new College President. Dr Donald has been on College Council since 2016, has been a College Tutor, an FRCA Examiner and Chair of the Board of the Bristol School of Anaesthesia. She was one of the College's two Vice-President's between 2019 and 2021 and, through her [article in the Bulletin](#), is stepping into her role with clear plan of what she intends to achieve. Welcome Fiona.

We all need support though these challenging times. Please remember we have dedicated Scottish College representatives in the form of ARTG reps and College Tutors across the North of Scotland School of Anaesthesia, Tayside School of Anaesthesia, Southeast Scotland School of Anaesthesia, and the West of Scotland School of Anaesthesia. Please seek support through College representatives [which can be found here](#).

If you have any comments on the topics highlighted in this e-newsletter or would like to express your views on any other matter, please [email me](#).

Best wishes,



Dr Daphne Varveris
Chair, RCoA Scottish Board

Elections to RCoA Council

It's time to vote for the candidates you would like to see support the College and its specialties and represent your voice and your interests. The elections are for **six Consultant vacancies, one SAS vacancy and one Anaesthetist in Training vacancy**.

Those standing for election are listed [on the College website](#). Terms of office begin in March 2022.

Electronic ballots were sent by email to eligible voters on **16 November 2021** from sender 'RCoAvote'. Your ballot will be sent to the main email address that you have registered with the College.

Your ballot email will take you to an [election website](#) where you can read the candidates' statements and cast your vote.

You need to vote by no later than midday on **16 December 2021**.



Anaesthetists in Training Webinars

With the implementation of the new 2021 anaesthetics curriculum, the ongoing delivery of exams online and ongoing recruitment challenges, the College provided Anaesthetists in Training and all members the opportunity in July to hear the latest updates about these areas in three separate webinars.

Three webinar recordings, along with answers to multiple questions submitted prior to and asked during the live webinars, have been made available on the following topics:

- [Recruitment](#)
- [Examinations](#) – Chaired by Dr Gary Rogers
- [2021 Anaesthetics Curriculum](#)

We would like to thank all those Scottish members who submitted questions and we hope you found them useful.



Respected, valued, retained

The College has issued a report into the findings of a survey of over 800 members from anaesthetists in training, consultants, SAS grade and retired anaesthetists.

[Respected, valued, retained – working together to improve retention in anaesthesia](#), investigates the factors affecting retention in anaesthesia and makes recommendations at individual, employers and systems level.

The factors affecting retention are complex and multifaceted and the report shows that a collaborative approach with flexibilities from all sides is essential, alongside the steps that Government and healthcare leaders need to take to remove the barriers preventing valuable and experienced staff from staying in work.

For example, the report highlights concerns about pensions and taxes being an important factor in senior anaesthetists across the UK retiring early. In the College's [2020 Medical Workforce Census Report](#) told us that 1,133 Consultants – of which 19.4% work in Scotland – reduced their programmed activities as a result of the pension tax changes.

The report, paints a concerning picture of a workplace culture which does not always facilitate career progression and flexible working, leading valuable and experienced staff to leave often out of frustration with unsustainable workloads and lack of the adjustments required to keep them in work.

Key findings:

- 25% of consultants and 29% of anaesthetists in training plan to leave the NHS within five years
- 42% of anaesthetists who have left or retired from the NHS cite not feeling valued or well supported as their main reason for leaving
- over one third (35%) cite bureaucracy and leadership issues as the reason they left the NHS.

The College is using this and more data to make recommendations which employees, employers, anaesthetic departments, the Scottish government and clinical leaders can use to shape the local policies required to make a long-term career in anaesthesia fulfilling and sustainable.



ACSA engagement in Scotland

The College's [Anaesthesia Clinical Services Accreditation](#) (ACSA) scheme engages anaesthesia departments in quality improvement through peer review. Participating departments benchmark their performance against a set of standards based on the College's [Guidelines for the Provision of Anaesthetic Services](#), which is produced via a National Institute for Health and Care Excellence accredited process.

Almost [75% of NHS anaesthetic departments in the UK](#) are registered with ACSA and are at various stages of the ACSA process.

The College has appointed two Vice Chairs to support its work to expand the scheme across the UK. One of the Vice Chairs holds specific responsibility for increasing engagement in the devolved nations.

Dr Emma Hosking is the Associate Medical Director for Professional Development in Betsi Cadwaladr University Health Board in North Wales. She spoke at a recent RCoA Scottish Board meeting to discuss the benefits of ACSA engagement and would welcome further opportunities to reach out to anyone interested in finding out more.

[St. John's Hospital in Livingston, West Lothian](#) was the first, and remains the only, ACSA-accredited Scottish hospital after gaining accreditation in October 2018. The department's ACSA lead has subsequently gone on to be an ACSA reviewer and guide for other engaged departments, opening up a great opportunity to share knowledge and best practice across the UK. They are also a co-opted member of the ACSA committee, providing it with direct representation from Scotland.

The anaesthetic department at the [Royal Infirmary of Edinburgh](#) (RIE) was one of the first to have its onsite ACSA review postponed in 2020 as a consequence of the pandemic. Recognising the determined efforts of such departments to improve quality and patient safety during a period of unprecedented challenge, ACSA amended its systems of support and provision. After temporarily postponing all onsite activity, the scheme adapted to a hybrid model of review delivery allowing anaesthetic departments to continue their journey to accreditation by participating in remote online sessions. RIE was the first to volunteer in participating with this and have acted as a pilot for the scheme in this adapted delivery. If all goes to plan, The College is due to visit the RIE anaesthetic team onsite in December to finalise their review and support them towards gaining accreditation.

Coming soon – ACSA Podcast – Dr Emma Hosking spoke with representatives from RIE as well as our first accredited hospital in Wales to explore how anaesthetic departments have continued to pursue accreditation during the pandemic. Once released, the podcast will be available to listen [here](#).

Support

Within the past year, the [ACSA online portal](#) has also been launched. This is open to all anaesthetic departments; those already registered and those interested in engaging. This free online hub allows departments to review the ACSA standards and carry out self-assessment, with users being able to make ratings, add notes and upload evidence collaboratively. The portal also provides departments with instant access to a resource library of good practice from other departments. Registering holds no formal obligation but forms contact with the ACSA team and opens discussions as to how they can best support you.

You can find out more about the ACSA scheme on our [website](#) and register your department on the portal [here](#). The ACSA team can be contacted directly via acsa@rcoa.ac.uk or on 020 7092 1630. Please also note that we offer free presentations to departments to discuss the benefits of and challenges involved in engaging with ACSA so if you're interested, please just get in touch and we'd be happy to arrange this for you.

New law on Organ and Tissue Donation for Scotland

Scotland has now moved to an opt out system of organ and tissue donation with the implementation of the Human Tissue (Authorisation) (Scotland) Act 2019. The legislation aims to save and improve lives through increased donation and transplantation while also clarifying, and placing into law, areas of good practice in donation processes. This is a brief summary of the key points relevant to us all as professionals and as Scottish residents.

Decision making pathways

The legislation sets out three routes to donation authorisation (or refusal)

- **Express decision** by the individual
 - Opt in or opt out on the Organ Donor Register (ODR) or in writing
- **Deemed authorisation**
 - If no express decision is made then it is assumed they are willing to donate
- **Nearest relative authorisation**
 - Only if no express decision and criteria for deemed authorisation is not met
Public awareness raising to inform the population is required and led by Scottish Government. The media campaign provides information on the opt out law and encourages the public to make a personal decision and share this with their loved ones.

Duty to Inquire, through loved ones, regarding the patient's last known views on donation and associated tests. It is the patient's own views that are sought, to ensure their decision is honoured. This is already established good practice and is done with **the Specialist Nurses from the Organ Donation Team**, after adequate communication and acceptance of the clinical decision to move to end-of-life care.

Safeguards for deemed authorisation are set out and must be checked. Deemed authorisation will only occur for the purpose of transplantation, not for research or for novel processes. Through the clinical team and the patient's loved ones it will be ensured the patient is not in an excepted category, for whom authorisation cannot be deemed:

- Under the age of 16yrs
- Not ordinarily resident in Scotland in the 12 months immediately prior
- Incapable of understanding the nature and consequences of deemed authorisation over a significant period.

Pre Death Procedures (PDPs)

Tests and procedures carried out to facilitate safe and successful transplantation in Donation after Circulatory Death (DCD), or prior to confirmation of Death by Neurological Criteria (DNC), are carried out on a potential donor prior to their death. These PDPs are not for the purpose of providing health care to that patient and the law protects these patients in requiring certain criteria are met.

- **The duty to inquire conversation has explored the patient's views and authorisation is agreed for both donation and PDPs** (verbal is adequate).
- Tests and procedures must only be performed where necessary and the Specialist Nurses for Organ Donation will be able to guide you with detailed lists of what is defined as acceptable.

For further information, or to register your decision, please go to: organdonationscotland.org.uk

You can also access the online learning tool through the [TURAS platform](#) or speak to your local Clinical Lead or Specialist Nurse for Organ Donation.

Interview with Dr Catriona Felderhof, FICM Board Member and Deputy Trainee Representative

Dr Catriona Felderhof is dual registrar in Anaesthesia and ICM. Outside of work Catriona loves to take her family out to enjoy the stunning Scottish scenery by dragging them up a hill or out for a walk, she also plays the violin.

Cat was recently elected to the role of [FICM Board Member](#) and Deputy Trainee Representative. She started in January 2021 and is the first female trainee representative of the Faculty. We caught up with her to chat about the topic of representation.

Cat, can you tell us a bit about yourself?

I'm a dual Anaesthetics and ICM Specialty Registrar in my final year of training in the West of Scotland. I've trained less than full time for the latter half of my training, so it's been more of a slow burn experience. In January this year I took up post as the FICM Deputy Trainee Representative which has brought me a whole new set of challenges.

What drove you to become a trainee rep with FICM?

Having been a doctor in training in one form or another for the past 17 years I have had plenty of time to experience all the highs and lows of training. I've experienced exam failure (and eventual success), taken time out of work for maternity leave and prolonged sick leave following an accident, so I feel I've had almost the full gambit of training experiences. By the time my CCT comes around I will have been through nearly 20 ARCPs for Anaesthesia and ICM. Over the years I've gained the confidence to speak out and express opinions that I might once have shied away from. Training years are tough, and I feel passionate about finding ways to make trainees feel supported and ensuring they are treated like the highly qualified professionals that they are. I previously completed a one-year term as the West of Scotland ICM Specialty Training Committee representative and enjoyed it, so when the person specification came out for the FICM role I knew the experience I had gained on a local level was the ideal background for taking on a national position. If I'm truly honest though when I put my name forward, I didn't actually believe I would be elected, it was a pleasant surprise!

How are you finding your new role as trainee rep?

Due to COVID-19 all the meetings have been online, so it was somewhat terrifying at my first virtual FICM Board Meeting in January. Everyone else knew each other and I felt somewhat intimidated by the screen of faces that I recognised from FICM publications and even national news items.

The FICM Board and staff team were very welcoming, I had virtual meetings with some of the staff to welcome me, in addition to a handover meeting with Richard Benson (the outgoing rep) and with Guy Parsons (who is now the Lead Rep). Nearly a year in and I'm really enjoying it. The meetings are still virtual but I feel far more comfortable speaking up and I look forward to meeting everyone in person in January 2022. COVID-19 also added in the additional challenge of home schooling over the first couple of months of my term, so it was a fine balancing act on my days at home, I am very pleased to now have more time to dedicate to the role and to be putting some of my ideas into action.

Trainee representation: token gesture or meaningful change?

As a FICM rep I would say that it absolutely results in meaningful change. Guy and I are full FICM Board Members rather than bystanders on the side-line, there is no part of the discussion that we are left out of, we are actively encouraged to speak up and our opinions are taken on board. During their first year, a FICM rep also sits on the Careers, Recruitment and Workforce Committee and moves to the Training, Assessment and Quality Committee in their second year. Both reps also sit on the Academy Trainee Doctors Group at [AoMRC](#). This enables a broad experience range and gives plenty of opportunity to facilitate change in the areas that really count.

What are the best ways trainees can make themselves heard and influence the future of anaesthesia and/or ICM?

Firstly, if you have any specific issues that you'd like raised you can of course contact the existing reps for anaesthesia/ICM locally or nationally. This year I have set up a communication network with regional ICM StR representatives from every region across the four nations. I want to ensure that the views we are representing are not just our own opinions but are a fair representation of those that exist nationwide, this network has been invaluable recently. We are also always interested in hearing about potential articles on topics relevant to ICM training for the [Trainee Eye](#), which is the publication for FICM's specialty registrars.

Further to that I would encourage others who have an interest in influencing change to put themselves forward for rep roles when they come up on a departmental, local or even national level, don't be intimidated by the national level roles. I'm really proud to be the first female FICM rep and I hope there will be many more in the future, perhaps I have opened the floodgates! There also needs to be more representation from minority groups as the boards and committees should be indicative of the diversity of the workforce so all are welcome.

New curriculum. Trainees are bound to see the upheaval and administrative burden. What are the upsides of the new curriculum for trainees?

I can sympathise with these concerns as I am the first to get palpitations at the suggestion of anything that increases our administrative burden and creates upheaval but I think the ICM curriculum change is a positive step in the longer term. The Faculty has made a purposeful move away from 'tick box' workplace-based assessments and it aims to be less paperwork heavy. We still have some work to do with streamlining the portfolio documentation for dual StRs but it has been highlighted as a high priority area for improvement. Assessments in the workplace are now more formative rather than summative and the educational supervisor collates evidence from multiple sources to make an overall judgement as to the specialty registrar's level of capability.

Further reading on the new ICM curriculum can be found [here](#).

I made the decision to voluntarily move to the new curriculum for the remainder of my Stage 3 training as I wanted to be able to fairly represent the StR perspective on the change, it seemed only fair to experience the ups and downs myself.

Post-COVID-19 how do you see training in anaesthesia and ICM changing?

There are some areas that I hope won't change, there are numerous things we do well in Anaesthesia and ICM training. In both these specialties we are lucky to have close working relationships with our consultant colleagues and this provides a supportive environment that in itself creates learning opportunities. Positive changes brought about by COVID-19 that I hope will stay include teaching and meetings that we have the ability to attend virtually or in person, it has broadened access to educational events.

Moving online due to COVID has provided challenges in other areas, such as examinations and at the time of writing, these are due to stay online until at least April 2022 when there will be a review. Certainly, in ICM this has shone the spotlight on some of the specific challenges that occur in training and the impact these can have upon doctors' wellbeing and mental health. As a consequence I hope we can seek ways to improve the training and examinations experience, we need to look after our doctors-in-training workforce, they are vital and they need to feel valued.

Dr Catriona Felderhof, FICM Board Member and Deputy Trainee Representative

FRCA examinations update: adjustments to prioritisation and validity

The College is committed to delivering examinations in the fairest and most equitable manner, during what continue to be challenging times for the specialty. In August the College issued an update on our progress to support the large number of members who require examination places across the 2021/2022 academic year. Please read our full statement on [adjustments to prioritisation and validity](#).

Curriculum derogations in response to continued disruption caused by the pandemic

A [joint statement](#) has been agreed and signed by the four Statutory Education Bodies, the GMC and the Academy of Medical Royal Colleges about temporary derogations in medical education and training. Please take a look at the full statement to understand some of the changes to training and progression for medical education and training.



The *BJA* and *BJAEd* are going digital

The way you access your copy of the *British Journal of Anaesthesia* (*BJA*) and the *British Journal of Anaesthesia Education* (*BJAEd*) is changing. Rather than receiving paper copies, members will move to an [online format](#) that includes access to the entire archive of articles. The change will happen in January 2022 for the *BJA* and July 2022 for the *BJAEd*.



College events

While we all miss those face-to-face networking opportunities at events, keeping up-to-date with new developments in anaesthesia is a lot easier via the College's online events.

Here's a quick overview of what online events are available from the College on a month-by-month basis for the remainder of 2021.

There is a [Scottish Tutors Webinar](#) taking place virtually 2pm–5pm on Tuesday 18 January 2022.

Scottish College Tutors in Anaesthesia, Regional Advisers in Anaesthesia, Pain and Intensive Care, Deputy Regional Advisers, Programme Directors, Heads of School and the RCoA Scottish Board will be invited to attend.

This event is invitation only and invites will be sent in the next few weeks – for more information please contact: kmorris@rcoa.ac.uk.

- [December 2021](#)
- [January 2022](#)



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