Trainee Newsletter
Issue 17 | July 2017

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If you have any feedback on the content of The Gas or would like to contribute an article of interest to anaesthetists in training, then please get in touch.

The RCoA Trainee Committee aims to bridge the gap between trainees and the RCoA. We want to hear about any issues you are experiencing during anaesthetic training so please do not hesitate to contact us: trainee@rcoa.ac.uk.

If you are moving house, it is important that you inform the College of this to allow continued delivery of publications. This can be done quickly and easily using the online form.

You can contact us by email or by writing to us at: The Trainee Committee, Royal College of Anaesthetists, Churchill House, 35 Red Lion Square, London WC1R 4SG.

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This summer edition of The Gas is themed around the third of the RCoA strategies: ‘Promoting anaesthesia by engaging members…’, with articles authored, as usual, by members of the Trainee Committee.

With regards to ‘Enhancing member engagement…’, we hear from Dr Jenny Cheung on President Dr Liam Brennan’s recent ‘Listening Events’ across the UK; Dr JP Lomas updates us on the Morale and Welfare survey; and Dr Toni Brunning summarises the recent trainee representative group meeting at the College. ‘Working in partnership with others…’ is exemplified in articles reviewing the cross-specialty MOOC perioperative medicine course and the new #knockitout campaign in collaboration with our surgical colleagues (both penned by Dr Myra McAdam) and in the GAT summary from our co-opted colleagues Dr Deirdre Conway and Dr Emma Plunkett.

‘Championing innovation in anaesthesia…’ is demonstrated by the upcoming innovative #gashack event, and in the bedtime reading you’ll notice several original research articles written by anaesthetic trainees on topical subjects such as training time (or lack thereof?) and fatigue.

News

Lifelong Learning

The RCoA Lifelong Learning Platform is now being developed. It will launch in 2018, although the exact format is yet to be decided, and will be consulted on shortly. To find out who your local lead is, or to get involved in testing, email: tsp@rcoa.ac.uk

Presidential re-election

Dr Liam Brennan has been re-elected as President of the RCoA for a third year, and will be working alongside Vice-Presidents Professor Ravi Mahajan and Dr Janice Fazackerly. See the June issue of the President’s eNewsletter.

Queen’s Speech

Dr Liam Brennan has responded to the recent Queen’s Speech, encouraged by the inclusion of the Patient Safety Bill.

College Tutors Meeting

The recent College Tutors Meeting in Belfast was a great success with more than 300 attendees. Highlights included great talks from Dr JP Lomas on trainee morale and welfare (see page 4) and from Dr Mike Farquhar on fatigue and the anaesthetist.

For more details and up-to-date news, head to the College website or follow RCoA on Twitter @RCoANews, @RCoA_Events and on Facebook.
Dr Jenny Cheung

Listening Events

During the course of 2016, junior doctors across England reeled over the contract dispute, and in its aftermath the pressures faced by trainees throughout the UK came to the fore.

In response to this demoralised climate, RCoA President, Dr Liam Brennan, announced a series of informal, supportive, and confidential Listening Events to take place during 2017. Our President and College wanted to hear directly from grassroots trainees around the UK, to find out first-hand what issues were affecting trainees on the ground, and to start a dialogue over potential solutions and how the College might be able to help improve the situation.

Five Listening Events have taken place so far across the UK – in London, Scotland (Dunkeld), Wales (Cardiff), and Northern Ireland (Belfast). Recurring themes have included frustrations with the current e-Portfolio system, despair over service-provision requirements taking priority over training opportunities, and the perceived burden of Workplace Based Assessments (WpBAs) on trainees’ time and lives. Trainees have valued the opportunity to voice their concerns directly with our College President, and Mr Russell Ampofo, Director of Education, Training and Examinations at the RCoA has also appreciated being able to hear directly from trainees, so that the College can move forward with real solutions.

There are several more Listening Events planned to take place during 2017 across the rest of England, so do keep a look out for announcements of events coming up in your area.

Want to help shape the new Lifelong Learning Platform? We would be very grateful if you could complete the following survey so that we can choose the right approach for the new ePortfolio system: http://bit.ly/rcoaLLPlatform
The contractual dispute between the British Medical Association and the Government pulled into sharp focus a number of concerns for our trainees. Issues, both contractual and non-contractual, have adversely affected trainee morale, at a time when the NHS needs its frontline workforce more than ever.

The Royal College of Anaesthetists survey of trainee morale and welfare is part of a wider programme of work examining these concerns and, most importantly, exploring solutions.

Addressing the morale and welfare issues endemic within the trainee workforce will involve a co-ordinated response across many bodies. At Listening Events we have heard of exemplar behaviours and initiatives within some schools of anaesthesia, and plan to share these in our final report. We hope you will consider contributing your thoughts for how solutions can be enacted, and provide any examples of initiatives within your own schools that can be shared with your colleagues around the UK. Please email your thoughts to trainee@rcoa.ac.uk.

Results
We received 2,312 responses, representing approximately 58% of anaesthetic trainees.

Burnout risk
Risk of burnout was screened using the Oldenburg Burnout Inventory (OLBI), although participation in this section of the survey was optional. 1,801 (78%) of respondents chose to undertake this section. The national average found that 85% of trainees completing this section had OLBI scores suggestive of a higher risk of burnout. The range in schools was 65–100%.

Physical and mental health
Nationally, 64% of trainees felt that their job affected their physical health, with 35% of these trainees feeling that this occurred often. In the schools, these figures ranged from 44–78% and 9–51% respectively.

Nationally, 61% of trainees felt that their job affected their mental health, with 34% of these trainees feeling that this occurred often. In the schools, these figures ranged from 47–71% and 14–48% respectively.

Nutrition and hydration
Nationally, 62% of trainees reported working through a shift without a meal, with 26% of those reporting that this was a frequent occurrence. In the schools, these figures ranged from 27–77% and 0–40% respectively.

Nationally, 75% had been through a shift without adequate hydration with 44% of those reporting that this was a frequent occurrence. In the schools, these figures ranged from 58–86% and 9–55% respectively.

Staying beyond rostered shift
We asked trainees how often they stayed longer at work than rostered, and by how long, mindful of the potential for this generating exception reports under the 2016 Terms and Conditions of Service for Doctors and Dentists in Training for those in England.

In the preceding month, nationally:
- 95% had stayed on at work after their shift (range in schools 84–100%).
- 26% had stayed more than two hours longer (range in schools 8–38%).
- 65% had stayed one to two hours longer (range in schools 47–80%).
- Of those who had stayed more than two hours late, 11% described this as a frequent occurrence (range in schools 0–22%).

Rota gaps
We asked how often in the last month trainees had been asked to undertake additional duties to fill rota gaps. This was broken down by shifts within the trainee’s current trust, elsewhere in the trainee’s school and by whether there was less or more than 48-hours notice. Nationally, the average number of shifts trainees were asked to provide additional cover for are shown in the table below:

<table>
<thead>
<tr>
<th>Number of month requests (range in schools)</th>
</tr>
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<tr>
<td></td>
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<tr>
<td>&lt;48 hours notice</td>
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<tr>
<td>From local trust</td>
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<tr>
<td>From elsewhere in school</td>
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The Massive Open Online Course (MOOC) is a relatively novel phenomenon. As the name suggests, it encompasses a web-based, open-access, distance-learning programme, designed for the participation of unlimited numbers of geographically dispersed students.

University College London has recently developed a MOOC entitled ‘Perioperative Medicine in Action’ that went live as of 3 July 2017. The MOOC is four weeks long, with each week split to focus on a different area within perioperative practice, and providing an overall look at where we have come from and where we can go in the future.

**Week 1** begins with an introduction to the course and a review of the ‘traditional model of care’. The concept of perioperative medicine is introduced, along with a concise review of key documents relating to the high-risk nature of some of our patients and their operations.

**Week 2** begins to explore decision making and the risk-assessment process. It introduces the concept of shifting the focus of the perioperative pathway from the surgeon to the patient.

**Week 3** then moves on to review protocols that have been developed for both elective and emergency surgery.

**Week 4** shifts the focus to the ageing population and the potential hurdles for perioperative medicine in a challenging fiscal climate.

*Perioperative Medicine in Action* is certainly an engaging way to increase the national dialogue around perioperative medicine. At each stage participants are encouraged to consider and discuss aspects of perioperative practice, both with their colleagues and in the online discussion forums as part of the MOOC. For example, participants are encouraged to put themselves in the patient’s position, and there is a powerful video of Professor Don Berwick discussing his fear of being a patient. The explanations and summaries of national protocols and evidence are of a high quality, and the description of cardio-pulmonary exercise testing is very clear and concise.

I had access to the MOOC in advance of it being live, and so wasn’t able to participate in the discussions for the first couple of weeks, but I will definitely go back and complete the exercises.

A MOOC is traditionally free, however the option to upgrade for a fee is available, and in exchange you gain unlimited access and a certificate of completion. Without this it may be difficult for trainees to utilise the MOOC as part of the perioperative medicine modules in the RCoA Curriculum, and difficult for non-trainees to show evidence for CPD accreditation. It would be worthwhile keeping a reflective log of your learning and using this as the basis for a case-based discussion or for CPD.

The MOOC is definitely part of the way delivery of medical training is evolving, and is a relatively hassle-free way to access a wide range of educational material.

I’d like to thank the team for granting me access to review the MOOC in advance.

See you in a discussion forum soon!
The ATRG was formed in July 2014 by the RCoA, with the aim of ensuring that the College had effective and UK-wide trainee input. It consists of a trainee representative from each school of anaesthesia, along with co-opted trainee members from the Faculties of Intensive Care Medicine and Pain Medicine, the Group of Anaesthetists in Training (GAT) and other interested parties.

The ATRG met at the RCoA on Wednesday 12 July 2017 with representation from the majority of schools of anaesthesia. The day included an update from Dr Jamie Strachan on the progress of the Lifelong Learning Platform and implementation of a new e-Portfolio and logbook system. Dr Jon Holland, from the Welsh School, presented on the work of the fatigue group, which included results of the Association of Anaesthetists of Great Britain and Ireland fatigue survey, and tools available to help local trainees assess and put into place strategies to prevent fatigue (more info can be found here). The sobering results of the trainee morale and welfare survey were also discussed [see page 4].

The afternoon session included interactive workshops on member engagement within the RCoA. Representatives provided regional updates on trainee issues and concerns, and shared examples of good practice and potential solutions to frequently encountered problems. These included trainee-specific morbidity and mortality meetings, prize meetings, trainee SPA time, and various wellbeing events.

The College governance structure is currently under review, and this will include a reconfiguration of the ATRG and its interaction with the Trainee Committee. However, trainee representation at the RCoA remains highly valued and will continue in some form in the near future. Watch this space…

For more information on your region’s ATRG representative, the objectives and on how to get involved, please see the RCoA website.
Dr Helen Gordon

#gashack

What is it?
#gashack is an event for anyone who loves anaesthesia and wants to make things better using technology.

Have an idea? Great, come along. Have technological skills? Please come. Just interested and willing to work with others to build exciting new solutions to everyday problems in anaesthesia? Definitely come. It is a diverse group of enthusiastic people working in collaboration, which will make this a success. The day is inspired by NHS hack days which have been happening since 2012 – if you have never heard of NHS hack days then check out the video made at NHS Hack Day 2 in Liverpool. Hack Days are a fun way to brainstorm collaboratively and come up with quick solutions.

When is it?
#gashack will take place on Saturday 21 October and Sunday 22 October 2017 at the College.

How will it run?
On the first day, anyone with an idea pitches it to the rest of the attendees. The rest of the weekend is spent making the ideas become a reality in a very informal environment.

On the Sunday afternoon, the teams demo their products in front of the rest of the attendees and a panel of judges, with prizes to the teams with the most innovative, exciting or world-changing product.

For anaesthetists, it is a great opportunity to share ideas, learn new skills and try and turn those big ideas that pop into our heads during long cases into reality. For the techies, it is an opportunity to work with a charitable organisation, meet some inspiring people with good ideas, and perhaps even break into the healthcare industry.

How do I find out more?
Click here for more information and registration.

PHOTOGRAPHY Competition

As part of the College’s 25th Anniversary celebrations, we are running our first ever photographic competition for fellows and members in partnership with the Royal Photographic Society. We welcome entries from beginners to advanced photographers.

The theme for the competition is ‘In Safe Hands’.

We would like to encourage you to take a snapshot of your world and our specialty in one of the many and varied locations in which anaesthetists practice 24/7. Whether it is in the operating theatre, liaising with patients, delivering training or working in partnership with colleagues, capturing that moment is what this competition is all about. Abstract, creative and broad interpretations of the theme are encouraged.

There are cash prizes to be won and the successful entries will take pride of place at the College and be used more widely to promote our specialty.

Information on how to enter can be found at: http://bit.ly/rcoa25photography

Deadline for entries: 28 August 2017
In 2016, the British Orthopaedic Trainees’ Association (BOTA) carried out a census of their members and reported that 73% had seen bullying, undermining or harassing behaviour in trauma and orthopaedics. In addition, 23% had felt undermined at work in the four weeks preceding the census, and 3.5% of trainees felt that this occurred on a weekly or daily basis.

In January 2017, BOTA launched #HammerItOut – a campaign to lead a dialogue resulting in a positive culture change within healthcare. The Association of Surgeons in Training (ASiT) then launched their campaign #CutItOut, and in April 2017, the RCoA Trainee Committee and the AAGBI Group of Anaesthetists in Training Committee launched #KnockItOut.

What is bullying or undermining behaviour?
This is extremely subjective. The GMC national training survey definitions are:

- **Undermining** is behaviour that subverts, weakens or wears away confidence.
- **Bullying** is behaviour that hurts or frightens someone who is less powerful, often forcing them to do something they do not want to do.

How does it affect my patients or me?
Bullying contributes negatively to good communication and team working and the likelihood that concerns might be raised locally. It can also affect training experiences and the ability to learn effectively.

What are the aims of the campaign?

- To create a positive workplace culture that is free from bullying, harassment and undermining behaviours.
- To recognise the many positive aspects of our chosen specialties and develop them as highly desirable specialties to work in, appealing to a diverse population and creating a balanced and representative workforce.
- To nurture an environment that empowers individuals to speak up if they experience or witness unacceptable behaviour.
- To promote and share examples of those who demonstrate exemplar behaviour in the workplace, and use these to model further improvements in the wider NHS culture.
- To inspire positive culture change to improve patient care.

What if I’m concerned about witnessing or experiencing bullying or undermining behaviour?
Please don’t keep it to yourself. Speak to a trusted supervisor or colleague. The British Medial Association resources can be found here.

What do we hope to achieve by the #KnockItOut campaign?
We aspire to develop a positive and supportive workplace environment within anaesthesia, the surgical specialties and the wider NHS, increasing awareness of the issues of bullying, harassment and undermining and of the #HammerItOut and #CutItOut campaigns.

What actions will GAT and the RCoA Trainee Committee be taking to achieve these aims?

- We work closely with our surgical and orthopaedic colleagues on a daily basis in the clinical environment, and so aim to support our colleagues at BOTA and ASiT to promote the campaigns.
- By highlighting resources available, we will continue to support our members, regardless of their experience of bullying and undermining behaviour.
- We aspire to encourage others to feel supported to speak up about the issue.

Where can I find out more?

- Get involved by reading the campaign material here.
- The GMC ‘Building Supporting Environments’ can be read here.
- The AoMRC Academy Trainee Doctors Group ‘Creating Supportive Environments’ can be read here.
Maybe it is my move down to Brighton, the home of the only Green MP in the country, but the environmental agenda has come to the forefront of my thoughts.

I was taught early on in my anaesthetic training that anaesthetic gases were bad for the environment, but this was used as justification as to why the consultant had bought a new £5,000 'tri-bike' to ride to work on, instead of using his car. The information didn't really compute. Only when I really looked into how I could alter my carbon footprint did I start to uncover the ugly truth.

So how bad could it be? Your patient needs your anaesthetic, so why not just go with the flow? Environmentalists like to have a common unit of currency that all can comprehend. The Anaesthetic Impact Calculator allows you to convert the anaesthetic gas released into a CO₂ equivalent, and then compares this to how far you would have to travel in your car to release the same amount of CO₂. For example, an hour of desflurane at low flows (1L/min), having already reached equilibrium, is the CO₂ equivalent of driving my Aygo™ from Brighton to Cologne, a good 620 km away. Isoflurane and sevoflurane fare better, corresponding to 26 km and 14 km respectively (Haywards Heath and Hassocks), but even these are not considered clean, and pollute to four orders of magnitude greater than propofol alone. So when it is not clinically indicated, why are we harming the planet so much?

I like to think that, as an anaesthetist, I am a scientist, and I should use all the information possible before coming to a decision. Knowing that my choices in daily work have a dramatic environmental impact, which is both largely unrecognised and completely unregulated, means that I need to be doing something about it for my own future. Thankfully much smarter anaesthetists have been on the case for a while.

Greening the Operating Room and Perioperative Arena is a fairly comprehensive look by the American Society of Anesthesiologists (ASA) into how and where you can make a real difference to your 'OR'. It has something for everyone. The AAGBI also have put in a significant amount of work to help anaesthetists clean up their act and have multiple resources, publications and prizes for that purpose, such as Anaesthesia and the environment.

This isn't about telling people off, but considering the choices we make with everyone in mind. If you want a fresh audit idea, or are just interested in the simple things you could do to be more environmentally aware, then take action and search for the free AAGBI and ASA articles.
Thank you to everyone who joined us at the recent AAGBI GAT Annual Scientific Meeting (ASM) in sunny Cardiff. It was the 50th Anniversary of the meeting; a great moment for the specialty. The ASM is the largest anaesthetic trainee-specific educational event, with scientific content and educational opportunities for all grades of anaesthetist, from medical students to recently appointed consultants.

This year’s meeting wasn’t just about clinical education though; there was a focus on wellbeing, and support, in the lectures, workshops and oral presentations. The ‘Doctors as People’ session, with talks on fatigue, post-traumatic stress disorder and resilience is particularly worth a catch-up at Learn@AAGBI or via the new Learn@AAGBI app. We are conscious that we all experience our own challenges, from moments of feeling overwhelmed, to circumstances requiring prolonged time off work. ‘Being well’ often isn’t easy to achieve and sometimes it feels entirely out of our hands. So we introduced a wellbeing drop-in and feedback wall for the first time at the ASM. These will be continued at future AAGBI events. Many attendees also took the chance to have a mentoring session, spending time with a trained mentor to discuss an opportunity or dilemma. You can find out more about mentoring, and request to be put in touch with a mentor on the AAGBI webpages.

We also spent time considering the wider world of anaesthesia. The panel discussion covered topics such as Brexit, public engagement and education, ‘anaesthetist’ or ‘anaesthesiologist’ (what do you think?) and PA(A)s. We will try to answer the questions we didn’t have time to discuss over the next few weeks.

What’s next?
This time of year heralds ‘changeover’ for doctors in training, and it’s no different for the GAT committee. Change is both challenging and exciting, and we are delighted to have five new committee members join us: Drs Keith Hodgson (Edinburgh), Eoin Kelleher (Dublin), Katy Miller (Birmingham), Natalie Mincher (Cardiff) and Thomas Wojcikiewicz (London). They will be a fantastic addition, and we’re looking forward to working with them.

Our work on fatigue awareness continues following the publication of a survey of trainee anaesthetists by the Fatigue Group (supported by the AAGBI and RCoA) in Anaesthesia. Resources for individuals and departments are available - see the AAGBI website. Please take a look – the aim is to support a culture change towards openness about fatigue and its effects on safe working.

The AAGBI’s next conference will be the Annual Congress in Liverpool (27–29 September 2017). We will once again host a trainee lunch, and would love to see as many of you there as possible to discuss training issues and to feed back.

As ever, you can get in contact via gat@aagbi.org with any questions, concerns or ideas. We can’t promise to have all the answers, but we will definitely listen and do what we can to help.
Bedtime reading

The following are some suggested bedtime reading that may come in handy if you are preparing for an interview or an exam... or just to keep up to date.

**Anaesthesia**
- A national survey of the effects of fatigue on trainees in anaesthesia in the UK
- An analysis of the delivery of anaesthetic training sessions in the United Kingdom
- A survey of UK peri-operative medicine: preoperative care
- A collaborative study from the PLAN and SEARCH anaesthetic trainee networks: Pain Assessment in INTensive care (PAINT): an observational study of physician-documented pain assessment in 45 intensive care units in the United Kingdom
- Monitoring in the perioperative period. An online-only special issue from Anaesthesia

**The Academy of Medical Royal Colleges**
- Guidance on improving reflection and feedback to improve learning
- Maternity/paternity survey results and supporting doctors returning after time out – a call for ideas

**Health Education England**
- Supporting doctors returning to training after time out

**NHS Improvement**
- Case studies on improving working lives through ‘Better engagement’, ‘Improving wellbeing and support’ and ‘Tackling work pressure’

**Royal College of Anaesthetists**
- Survey of SAS anaesthetists and how the college can best support them

**AAGBI guidelines**
- Safer prehospital anaesthesia

**Safe Anaesthesia Liaison Group (SALG)**
- Patient safety update October – December 2016. Published May 2017
Dr Jonny Sadler

Delays and distractions to the common anaesthetist

For the discerning anaesthetist in need of entertainment, and bored of Sudoku, we present a very highbrow word search. Try not to get too distracted!

R E D V A N A U D I T G W H C
Z O N P Y E X U S W B Y Q S R
N T O Z Z E N O L A V U M U O
L O T K A D F P D R K Y W R S
H R P L I L S M A O R H Z M S
B A X O U E U M D X O R A O W
Z R U R R S S U A C U V P D O
S X A B I T S U H X I S M G R
N N P C B I E E R F E J L N D
E K Y E K C C R P G I A J I S
P Y W X M K E O S E E C C K I
O H I A L S C D M P W O G R B
N K E I S T N E D U T S N O F
Q J S I X A L Y H P A N A S G
L T A N G R Y B I R D S X B Y

ANAPHYLAXIS  CROSSWORDS  NEEDLESTICKS  STUDENTS
ANGRYBIRDS  FRCAEXAMS  NOPENS  SUDOKU
AUDIT  ISOFLURANE  NOPORTERS  SUXAPNEA
BADMUSIC  KINGDOMRUSH  ROOKIESURGEONS  WHOCHECKLIST

Last edition crossword competition winners were: Dr Richard Armstrong and Dr Fiona Oglesby – congratulations!
EVENTS CALENDAR

Further information about all of our events can be found on our website.
www.rcoa.ac.uk/events
events@rcoa.ac.uk

SEPTEMBER

> 6–8 SEPTEMBER 2017
Updates in Anaesthesia, Critical Care and Pain Management
RCoA, London
All days: £490
1 day: £195

> 15 SEPTEMBER 2017
Paediatric Emergency Management for the Anaesthetic Team
RCoA, London
£240 (£180 for trainees)*

> 20 SEPTEMBER 2017
Advanced Airway Workshop
RCoA, London
£240 (£180 for trainees)*

> 25–26 SEPTEMBER 2017
CPD Study Days
RCoA, London
All days: £355 (£270 for trainees)*
1 day: £230 (£175 for trainees)*

> 29 SEPTEMBER 2017
Leadership and Management: Personal Effectiveness
RCoA, London
£220

> 12 OCTOBER 2017
Joint RCoA/AAGBI Meeting
Less-than-Full-Time Matters
RCoA, London
£75

> 13 OCTOBER 2017
Anaesthetists as Educators: Simulation Unplugged
RCoA, London
£220 (£165 for trainees)*

> 19–20 OCTOBER 2017
UK Training in Emergency Airway Management (TEAM) Course
RCoA, London
£450

> 21 OCTOBER 2017
A Career in Anaesthesia
RCoA, London
£45

> 9–10 NOVEMBER 2017
UK Training in Emergency Airway Management (TEAM)
Edinburgh Royal Infirmary
£450

> 16–17 NOVEMBER 2017
RCoA Winter Symposium: Excellence
RCoA, London
All days: £395 (£270 for trainees)*
1 day: £260 (£195 for trainees)*

> 17 NOVEMBER 2017
CPD Study Day
Royal Hotel Hull
£200 (£150 for trainees)*

*Delegates must be RCoA registered trainees to be eligible for the trainee rate.

Book your place at: www.rcoa.ac.uk/events
Book your study leave now for our new two-day conference, focused on supporting professional development and enhancing your knowledge of the forefront of anaesthetic advances in perioperative medicine, critical care and pain medicine. The programme, built using your feedback, will be delivered by a number of national and world renowned experts, who will cover a diverse range of interesting and engaging subjects from the world of anaesthesia and its related specialties.

Anaesthesia 2018 is suitable for those just starting training, to doctors at the peak of their careers. The event will comprise informal lectures, practical workshops, quick-fire updates, controversial debates and peer-to-peer discussions.

**SAVE THE DATE!**

**ANAEHTHESIA 2018**

*International Meeting of the Royal College of Anaesthetists*

**22–23 May**

*British Museum, London*

**RCoA WINTER SYMPOSIUM:**

**Excellence**

**16–17 NOVEMBER 2017**

RCoA, London | All days: £395 (£270 for trainees) | 1 day: £260 (£195 for trainees)

This November, the RCoA Winter Symposium will bring together over 20 world-class speakers for two days of thought provoking and engaging topics across anaesthesia, perioperative medicine, critical care and pain medicine.

With the theme of Excellence, the programme will focus on how to **improve patient outcomes**, discussing controversial topics such as the ‘weekend effect’ and **fasting times**. With 10 CPD points available, the Winter Symposium will provide you with food for thought for your own personal development, offering the chance to learn and interact with the experts whilst networking with delegates from all areas of the profession.

This year’s event will offer valuable insights into the cutting edge of the specialty through succinct, punchy presentations. There will also be the opportunity to have discussions with speakers and delegates at dedicated Q+A sessions.

**Last year’s event sold out, and with limited availability, you should book soon to avoid disappointment.**