

**THE SCOTTISH  
SOCIETY OF  
ANAESTHETISTS**



## **Annals Newsletter 2024**



# SSA Executive & Council 2024

President	Dr Ewan Jack (Forth Valley)
Vice President	Dr Ken Barker (Highland)
Hon Secretary	Dr Katie Lake (Glasgow Royal Infirmary)
Treasurer	Dr Kathryn Hill (Glasgow Royal Infirmary)
Website & Communications	Dr Niels Weidenhammer (Glasgow Royal Infirmary)
Annals	Dr Gavin Scott (University Hospital Ayr)

## **Regional Reps**

West	Dr Gemma Scotland & Dr Katherine Livingstone
East	Dr Alistair Taylor
South East	Dr Alastair Hurry
Central	Dr Katie Maguire
Highland	Dr Graeme Brown
Grampian	Dr Phil Jackson

Remote & Rural

Dr Lizzie Beattie

### **Trainee Reps**

Dr Anne Devine (West)

Dr Kirsty Morrison (East)

Dr Roslyn Carnie (West)

Dr Emma Mann (East)

Dr Laura Irwin (West)

### **Co-opted Members**

Dr Andrea Harvey  
Committee

Chair AAGBI Scottish Standing

Dr Daphne Varveris

Chair RCOA Scottish Board



# **Honorary Secretary Report**

## **Winter 2024**

I am delighted that we are able to provide an update of activity from the society and from departments around the country. Thanks to Gavin Scott and the rest of the team for pulling it together. If you want to contribute to the next publication please get in touch via our website [ssa.scot](http://ssa.scot)

The SSA exists to provide a place for Scottish anaesthetists to forward the practice of anaesthesia, to share ideas across the country and to provide opportunities to come together with colleagues and friends. If you haven't already, head to our website [www.ssa.scot](http://www.ssa.scot) to find out more and how you can join our thriving society. This year has much to look forward to in the SSA calendar and we hope many of you plan to join us at the educational meetings and social events.

We enjoyed a very successful Spring Meeting at Peebles Hydro this year where Dr Ewan Jack (Forth Valley Royal Hospital) took over the presidency from Dr Kerry Litchfield (Glasgow Royal Infirmary). The programme included speakers from across the country and beyond. We were delighted to be joined by Professor Dame Carrie MacEwan, chair of the GMC who took us through some of the current issues facing us all as doctors and how the GMC is approaching them. Other highlights included talks on prehabilitation and anaesthesia and AI, which culminated in the SSA getting its very own theme tune via chatGPT! The evening ceilidh was a sell out and great fun!

After excellent feedback on the venue we will return to Peebles next year. The dates are the 24<sup>th</sup>, 25<sup>th</sup> April 2025. Book your study leave now and come join us. We are delighted to have Dr Kenneth Barker (Raigmore) as our current vice president and he will be taking up his chain of office at the Spring Meeting.

Looking to next year the planning is already underway for our joint meeting with the RCOA. It will be held in Perth at the concert hall and the all-important dates for your diary are the 17<sup>th</sup>/18<sup>th</sup> Nov 2025.

As a society we realise that the current financial climate can make out of programme activities difficult and sometimes beyond reach. The SSA continues to provide travel grants to trainees wishing to pursue educational opportunities abroad. All our recent applicants have returned and shared their experiences at our educational meetings. Destinations have included Ethiopia, Kenya, Boston and more. We are currently open to new applications, the window will close just before the November meeting. All details can be found on our website at [www.ssa.scot](http://www.ssa.scot)

As well as rich educational activities there is also the vital social aspect of the society. The annual golf outing continues to be a fixture, this year being held on the East coast around Crail, skilfully brought together by Dr Jim Dougall. It continues to be a great opportunity for members to catch up with old and new friends. Dr Steven Hickey (QEUH) was the victor and will be tasked with organising next year's event.

I hope this gives a flavour of what the SSA are up to, please drop us a line if you want to know more and we look forward to welcoming you to one of our events soon!

A handwritten signature in dark ink, appearing to read 'Katie Lake', written on a light-colored background.

Dr Katie Lake  
Honorary Secretary SSA

# SSA Presidential Address 2024



“I stand here on the shoulders of giants!”

Huge thank you to all the previous councils I have worked with and especially Kerry Litchfield and John Donnelly who have been instrumental in getting the society to where it is today. The oldest national society in the world led by these illustrious names engraved on this chain of office. Since February 1914 it has been customary for incoming presidents to give an address to the society. Topics have included the development of pharmacological agents, the history of paediatric anaesthesia, differences in training, influence of music in their professional lives and even favourite football teams. Included in this list are doyens of the world of anaesthesia, internationally

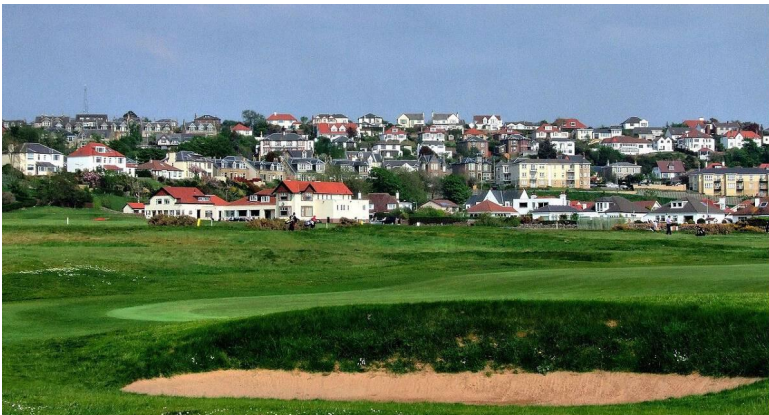
renowned researchers, leaders and the first female leader of any ‘significant’ organisation – Winifred Wood who was our president all the way back in 1931.

I spent eleven months thinking, and frankly, worrying about what to talk about....I thought about running through the entire alphabet (A = anaesthesia or airway, B = breathing or bottles of home brew etc...) or regaling you with famous sporting achievements of the last 110 years but...one thing that was pretty consistent was the idea of ‘How the hell did I get here?’

So, I plan to give a potted life story while sticking to the society aims of education, innovation and socialisation. I will introduce you to who I consider the biggest and most influential people in the world as well as skirting round my passions which include ‘useless’ facts, factoids and QI (not quality improvement but rather quite interesting ‘things’).

It all started with a big bang!

I was born by spontaneous vaginal delivery to a non-diabetic mother at ten pound and 7 ozs(4.8kg). My brother was even bigger at 11 pounds! Neither of us really understood why our wonderful mother never spoke to us until we were about 12 years old.



We were brought up in the wee town of West Kilbride on the north Ayrshire coast – wonderful situation – hills behind us, views over to Arran, lovely golf course and wide stretches of beach and coast line to play on. As with many wee towns it has been through the mill recently but has been reinvented as Craft town Scotland so if anyone is looking for some artisan stuff from jewellery to paintings to willow woven baskets this is your place. However you really need to actively ‘go there’ rather than come across it on your way elsewhere. This has meant that for many generations families neither came nor went leading to some very interesting family trees.

My grandmother was eldest of seven, she married my grandfather who was the middle of five, her younger sister married his older brother and her youngest sister married his younger brother. They all had children who had these ‘double’ cousins. To make matters more complicated he was called

William  
Gemmil  
Jack...as was  
he, and he,  
and his son  
and his father  
etc.....



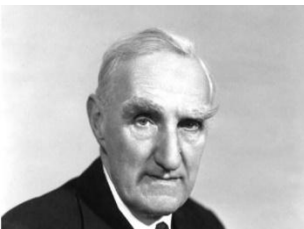
The result of this was that as the youngest within that generation I was ‘protected’ by a huge selection of cousins and relatives. I had the most wonderful upbringing but we did have a share of tragedy when aged 11 my father and then grandfather died.

This is what you really want to see...a family photo of the three of us – chubby blonde blue eyed kid – at least I never had to wear the 1970s matching shirt and kipper tie as my elder brother endured.



The village was a huge part of my life and we always seemed to be doing something to help the village or others. The fact that they named a street after my father and built a view finder in his name brought home to me how much influence certain people can have on the lives of others.

When my grandfather was leaving home there were no available farms for him to take on so he bought a greengrocers shop in the village. My father was born in this shop and our family name was mosaiced onto the front step. This mosaic is still there today. Sadly the shop is no longer a greengrocers, instead it is a wonderful charity bookshop.



Opposite the shop was always a gap site. This had become overgrown over the years.

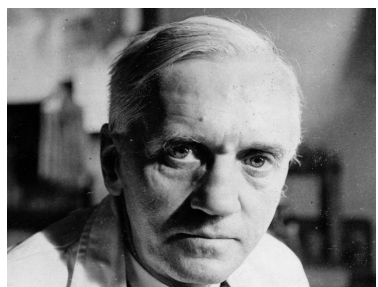
Eventually some village worthies cleared it out and made a memorial garden dedicated to John Boyd Orr.

He was born in East Ayrshire but his family, sensibly, brought him up to West Kilbride to grow up and go to school. He attended the same school that all my relatives had attended or worked at. After primary school he went to Kilmarnock Academy subsequently returning to West Kilbride as a pupil teacher. He also worked in Saltcoats before finishing his teacher training in the east end of Glasgow. It was this exposure that made him make the connection between malnutrition, poor educational achievement and professional development.

A keen interest in public health resulted in Boyd Orr returning to university to study medicine. After graduation he became a physician and nutritionist. He became nationally renowned and was credited with saving the UK during WW2 as it was he that worked out how much food the country produced and could import versus the needs of the population and basically invented rationing. This meant that even in the darkest periods of the war not one single person in the UK suffered from malnutrition and all our front line soldiers remained fit and healthy compared to stories of Germans towards the end of the war being so under fed that they could barely lift a rifle let alone be an effective fighting force.

He continued on to set up and lead the United Nations Food and Agriculture Organisation (UN FAO) as well as becoming President of the World academy of Arts and Science. He was subsequently decorated with the Nobel peace prize in 1949. The fact he lived across the road from my grandfather, was almost certainly taught by my great grandmother and probably taught my grandmother! I believe that this one person has influenced all of us.

Kilmarnock Academy is the only school in Scotland and, as far as I can



gather, one of only two in the UK to have produced not one Nobel prize winner but two! This guy, Alexander Fleming, was born in Darvel, attended Kilmarnock Academy and went onto win the Nobel prize for medicine in 1945.

Alexander Fleming identified, isolated and developed a wonderful chemical known to the majority of us as penicillin – from those early days a whole industry of antibiotics grew and influenced us all. Without this development some of us might not be here and our working lives would certainly be very different....many surgeries would simply not happen, peri operative medicine would be very restricted and intensive care would basically not exist. I would challenge anyone to not agree that this one person has had a huge impact on all of our lives.

My primary school was burnt down in an arson attack and we then spent nine years being bussed around the county to be educated. Throughout all of this was the famous teacher's strikes of the 80s when there was no option of home or online teaching and all co and extracurricular activities were stopped. Despite all of this we got a very comprehensive education.

I didn't go to Kilmarnock academy. After primary school (the same place as John Boyd Orr had been) I went to Ardrossan Academy. Ardrossan Academy is a fine institution which is often ranked in the top 300 secondary schools in Scotland. The fact there are only 355 secondary schools offers an element of perspective.



After my secondary education, I travelled up to Glasgow (the big city!) for university. I was lucky enough to do a two year intercalated Physiology and Sports Science degree and fell in

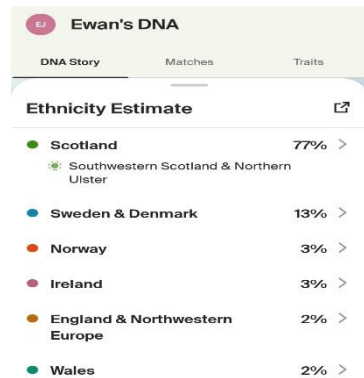


love with physiology properly. I also got involved in the military and the running club facilitating many excellent trips away.

I took a keen interest and am determined that all GU students should know the Glasgow Coma Scale (GCS) back to front. It was not until I had left university that I learnt that the great Bryan Jennett who developed the scale with Graeme Teasdale was a second cousin of my grandmother! Again proving how tiny our country really is.

Anyway, back to me. I recently had my genetics done....now the 77% can easily be explained, indeed you could refine that ‘south western Scotland into “North Ayrshire – never left WK”.

Unfortunately despite trying no one has ever been able to explain the 2% Welsh!



The big chunk (13%) of Scanawegian blood...that needs some explaining....

That comes from my mother's side and partly explains the numerous blond cousins that my kids have! To understand how this came around we need to return to North Ayrshire.



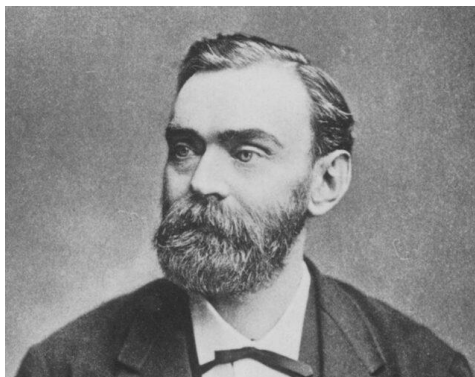
The beautiful coast sports sandy beaches and a beautiful ancient castle. If you look closely you can see some evidence of human interference.

Indeed, there is even a sizeable power station along with sand dunes that have been altered a la Trump in Aberdeenshire.

If you examine further, some of these dunes have buildings inside them containing big bits of old machinery indicating a history of making something substantial....



This is Ardeer and exists all due to this man, Alfred Nobel.



He was born in Sweden where his father was an on/off business man. He and his brothers wanted to be more successful and developed their interest in Chemistry to the world of explosives. At this time in history (1800s) there was massive expansion of construction – railroads, ports, harbours, big houses and coal mines. A of these required areas to be cleared and rocks quarried. This would require explosives.

Nitroglycerin was the only real effective agent but it was incredibly unstable – to the point that the UK government refused to allow it to be transported on land, instead, it had to be delivered by sea. Nobel developed dynamite (amongst other explosives) and was doing well financially in mainland Europe (where the stability of Dynamite was appreciated and respected). However, he wanted to break into the biggest market in the world at the time, the British Empire. He even lobbied the UK parliament by taking MPs down to a quarry in Surrey and juggling sticks of dynamite before throwing them into said quarry. They still refused to allow it in the UK market.

A couple of enterprising Glaswegian industrialists saw the potential and got in touch with him stating how they could circumnavigate some of the restrictions if he made the chemicals on UK soil, somewhere far away from major populations (read London) and beside the sea for

easy transport not just around the UK but across the whole British empire. How about this sandy spit of land in the middle of nowhere for a new factory? Well that is what happened. Nobel came to Scotland and built up his venture at Ardeer. He oversaw the construction and workforce training as well as the fleet of ships built to deliver his dynamite. All these ships were named after his manager's wives except one that was named after him.

He trusted many of his native Swedish employees and brought some of them over from Sweden to help make Ardeer a success story. One of them was my great grandmother who was the housekeeper to one of these managers.

While this was happening he was starting to make a lot of money from not just the civil use of his explosives but more and more militaries around the world were realising the 'usefulness' of his explosives in warfare – and there were plenty of wars happening around the place in the late 1800s.

Back in Sweden he was still developing newer chemicals and unfortunately, sometimes the research or production went wrong and accidents occurred – on one such occasion an explosion killed six workers and his brother. The press ran articles and obituaries but got the wrong brother and headlines read like “merchant of military death killed in Stockholm explosion” where they sensationalised Nobel's influence with the armies of the world and laid at his door the responsibility for the industrialisation of death on the battlefield. Nobel was mortified. He was wanting to be remembered as the person who facilitated civil progress rather than military effectiveness so he wrote his will.

He left the vast majority of his wealth to the Royal Academies in Stockholm and Oslo to peer review and award the highest honours to the most deserving people of the year in the five fields of human endeavour that he was sure brought the biggest improvements to society [Physiology or Medicine, Physics, Chemistry, Literature and Peace]. The Bank of Sweden (who look after this continuing vast fund)

devised their own 'Economics' prize as part of their bicentenary back in the 1970s so that is not classified as a Nobel prize.

I remain convinced that with the exceptions of religious prophets of centuries ago this one man has had the biggest influence in the world as all leaders in the fields of science, literature and political activism strive to gain this un-tarnished and world renowned honour.

After Nobel died in 1896 his company continued to be very successful and Ardeer grew to become the biggest explosive factory in the world and one of the biggest factories in the entire world with over 13,000 employees.

By 1927 it effectively took over another couple of big chemical manufacturers and became Imperial Chemical Industries (ICI) which was one of the biggest companies by value for many decades – think Google and Facebook of the 20th century.

In the 1970s ICI employed this guy.....



A vet who spent many years investigating multiple chemicals before he came across Propofol. Without which our working lives would be very different and undoubtedly less safe.

If you want evidence of one person influencing all of us and you didn't like my Boyd Orr, Fleming or Nobel examples then you've got to accept this one.

The SSA has only ever bestowed two lifetime honorary memberships as far as I can ascertain... I was lucky enough to be at our own SSA centenary celebrations in 2014 when one of these was awarded to Iain Glen for his discovery and development of Propofol.



After university I took on paid employment at various hospitals. Many of them have been knocked down, abandoned or replaced. Eventually I ended up in the wonderful Forth Valley Royal Hospital.

A fantastic place full of the most wonderful people and evidence if ever it is needed that a building and place of work/life is really made up of the people – hence the demolition of all those previous hospitals is almost irrelevant as long as you keep hold of the most precious resource – your people. Forth Valley really benefits from being big enough to do just about everything and yet small enough to get recognised and being able to get things done – yet, again big enough, for support to be right beside you should you need it.

I said right at the start that I would regale you with my passions. I hope I have got across that love of education. I am determined that the next

generation is better than the current one, selfishly, as I want those looking after me in old age to be better than me.

My other passions include exercise, green things, the best football team in the country, and my family.



I have enough insight to know that exercise is not everyone's cup of tea and that I am sad enough to have papered the back of our garage with numerous race numbers and medals I have collected over the years. Exercise has given me the opportunity to travel widely and experience bits of places that many others never get to see.

I also know that there is more than one sport – I don't really care what lights your interests but just be proud of what it is and celebrate it.

Just enthuse and encourage others to share your enjoyment of whatever it is – knitting, guitar building, Munro bagging whatever – it really doesn't matter but definitely makes you a more interesting and positive person. Just appreciate it and share with those that you love and care about.

Seven years ago in Dunkeld, whilst attending the SSA, myself and new Vice President, Ken Barker realised we were aiming for the same things and making the same mistakes. We both value the importance of the environment and sustainability. This led to the formation of the SEAG (Scottish Environmental Anaesthetist Group) then GAS (Green Anaesthesia Scotland) and most recently the NGTP (National Green Theatre Project). Some fairly simple changes have already seen a reduction of approximately 2% in NHS Scotland's greenhouse gas emissions.





Finally my biggest passion and most important thing in existence is my family. My most wonderful wife has given us these three who have given us so much joy and pride over the years and have developed into these three fine young adults.

As the Icelandic elves say “We don’t inherit the earth from our parents but borrow it from our children”

I am confident that the future is bright with people like these taking our society, country and society forward.

[As delivered to the society April 2024 at Peebles Hydro Hotel]

Ewan Jack.

Presidential post script

Many members will have noticed a gap in the production of the annals for the past several years. There are multiple reasons for this and the Society apologises for this. We aim to return to an annual publication. Below we reproduce the immediate previous (2023) address from Dr Kerry Litchfield.

# SSA Presidential Address 2023

“It’s okay to be different!”

I was overjoyed when I was asked to stand as president of Scottish Society of Anaesthetists’. I thought to myself; is 114 year old society is pretty adventurous or controversial, inviting a foreigner to be President of this auspicious society. Have they checked the constitution!

Some of you might have noticed I am not Scottish. Even after living here for 24 years I haven’t lost my South African accent; but Scotland, the Scottish people and indeed this society has embraced me and helped shape me and my career. I feel like an horary Scot.

Next my mind turned to the previous presidents of SSA and what a great presence they were and what they had achieved; PhD’s, peer reviewed seminal papers, scholarly articles, humanitarian work, all leaders in anaesthesia, educators, real influencers, innovators, movers and shakers. That’s not me? And then I thought; ‘damn- am I that old already!’

It is such an honour it is to be giving this address here in Peebles. My first time in Peebles was many years ago; when a colleague encouraged me enter the trainees’ presentations. I even won it a couple of times. Next I went to the trainees meeting in Stirling and as I recall a past president, Pete Wallace said; ‘You seem to know people and are quite outspoken! Why don’t you stand for trainee rep’. I had only worked at Law Hospital by then and felt like I didn’t know much about Scotland but Pete said; ‘Well, what better way to get to know people’ And he was right! After that I was a stalwart supporter of the SSA and later enjoyed my time as treasurer on the executive committee too with Drs McGrady and Runcie. I recall spending hours bundling up 400 printed annals and labelling and posting them out one Tuesday in the

dept with 18 month old daughter 'helping'. Thank goodness we have electronic communications and websites

now. Every year we took a family picture on the balcony here at Peebles and then at Crieff Hydro and seemed to add a child every 2 years. It was the only time I ever got my boys to wear a kilt.

So how did I get here?

I trained and worked in South Africa and then wanted to travel and see how first world medicine worked. In the third world it was a bit of a baptism of fire. One week of supervised lists and one month of supervised on calls in anaesthetics and you are good to go.

Luckily for me one of the consultant orthopods had done anaesthetics so when 2 mini buses collided and all casualties came to us; he said; 'You anaesthetise the 5 laparotomies, and then head over to the ortho later and I will get started'. By the time I arrived 12 hrs later; he had fixed the broken arms and some legs and....under block and spinals. Now that's a colleague that adds value!!! Anaesthetics could be stressful as the gynae surgeons were so fast doing 7 hysterectomies in a morning list where the muscle relaxant barely even had time to wear off and you had no time for notes either. The most exciting bit of kit was the new capnograph and all the cool kids wanted it; just like BIS nowadays. I loved the sun and the sea and wearing sandals to work.

Then I ventured to GB for some first world medicine, in the East end of London. I was shocked as it was more like SA but with old Manley ventilators and drug overdoses and stabbings instead of gunshot wounds. I did get danger pay back in SA for a reason. I was remonstrated one day for offering to put in an ICD in a patient with hemothorax as apparently only cardiothoracic surgeons put in ICD in ED as they had the experience. I had put in 100s.

Next I ventured up North. My interview for a SHO post at Law Hospital was a bit of a laugh. I was in sandals and a summer dress as it was July. The rest of the candidates were in suits and thick overcoats. But the consultants overlooked my blue tinged lips and chattering teeth

and gave me a job. I soon realised I loved Scotland and by the time I had done a stint in Rottenrow and been inducted into the West of Scotland training scheme I knew I was here to stay.

In my new job it was quickly apparent to be that language matters. I really struggled to understand some people and they struggled to understand me. For the first time I realised why people thought Mel Gibson didn't sound Scottish in Braveheart. I could never get a black cab home to Caird Drive as the taxi drivers couldn't understand my pronunciation. I was constantly making the theatre staff laugh by referring to my pants and not trousers. Chewing the fat was not funny as I couldn't understand a word.

But how we communicate is not just about words, it's nuanced, and includes expressions and non verbal communication and context. That is why covid was even more difficult for all of us.

There is a lot of evidence that words can hurt and indeed harm. They increase anxiety and pain and can promote disengagement. For example BME women are 4 times more likely to die in childbirth. Is that language barrier alone? I do remember being so frustrated in SA when I had limited Xhosa and Zulu and couldn't talk meaningfully to my patients.

Communication is multifactorial; if it was easy to fix we would have done so. It's about the person who is talking too. Can we trust them, do they represent me. For that we need to have regional voices, and for all to feel represented. I was so pleased when I became involved with LabourPains.org and we able to offer factual, free, unbiased information in almost 40 different languages. LP really came into its own during Covid when we had no interpreters either. Understanding each other and being able to communicate effectively helps to promote the idea of community and being collegiate.

Why is this important? Being part of a team or a community gives us a sense of belonging, a sense of being valued and that makes us happy

and productive. We can be our best selves for our patients, colleagues and families.

I am a woman, I am South African, I am a mother of 4, I am 50 plus! Is it relevant? We should celebrate differences and encourage inclusion in our workplace and our society.

There is plenty of research that suggests there is a ‘diversity bonus’ where businesses are more successful by employing people from all walks of life and experience as we are a sum of all our different experiences. I don’t see why this wouldn’t be the same in the NHS. We should acknowledge our differences but also recognise our similarities and respect both. We can never truly understand each other’s lives; as we haven’t lived them, but we should imagine and try. The old adage of ‘birds of a feather... is no longer applicable. In simple terms if we were all exactly the same we would have a narrow gene pool and would probably not survive. For example, I am often asked how our team in the Princess Royal Maternity work so well together. I think it is because we are all quite different people, from different backgrounds, training, countries and have had varied life experiences. Diversity is a benefit here for us. We recognise our differences and embrace them. We agree and indeed disagree in a respectful and civil way and make sure we are all heard and feel valued. That and we all have big party once a year, much like we are all going to do later tonight.

We all need a sense of community. Understanding, accepting and celebrating our differences as well as our similarities to foster bonds will help grow our great nation, our great NHS, our great specialties and our great Society. I am so proud to be associated with the Scottish Society of Anaesthetists’, proud to be part of NHS, and proud to call Scotland my home and if I can do any small thing to make other people feel included and part of these great organisations and country I will always try and do so.

[As delivered to the society April 2023 at Peebles Hydro Hotel]

Included here due to gap in production of annals from previous years



Kerry Litchfield.

# **2023 SSA/RCoA Joint Winter Meeting, Edinburgh**

## **Day 1**

### **Session 1**

We started two rainy November days in Edinburgh with Dr Rachel Kearns from GRI giving us a whistle stop tour of new developments in obstetric anaesthesia, with many exciting projects from the University of Glasgow. From the developmental effects of incidental surgery during pregnancy, to comparison of analgesic options in labour and recent PROSPECT guidelines for inadequate block during elective section, to ending with research on the use of nitrous oxide on labour ward.

Continuing the obstetrics theme, next up Dr Mairi Crawford from St John's presented a series of subglottic stenosis cases in pregnancy, covering the pathophysiology, classification, aetiology and management (jet ventilation vs thrive).

Dr Dev Srivastava from Aberdeen followed, discussing plans for the VROOM trial- comparing the benefit of using virtual reality to manage perioperative anxiety with standard supportive care. He highlighted the prevalence of perioperative anxiety, and the concept of psychological pre-habilitation for surgery.

### **Session 2**

After an interesting opening session (and the first of many platters of traybake), one of our non- anaesthetist speakers Paul Stretton gave an interesting talk on human factors in health care, bringing comparisons

from other industries into healthcare to initiate systems thinking for risk management.

He was followed by the high octane flurry of Dr Alastair McNarry's journey through post pandemic airway management, and the changes (or lack of) that we have seen in anaesthesia following COVID-19.

Then we had a crash course in critical care research updates from Dr Christopher Nutt, to save any of us having to go to the SICS meeting next year (and keep our study leave budget for the summer SSA meeting 😊). Many aspects of critical care were covered, from out of hospital cardiac arrest outcomes, airway management, ventilation in trauma patients, subarachnoid drains, to COVID 19 and the ICU staples of sepsis- steroids, fluids and vasopressors.

### **Session 3**

Our third session took on more of an exotic twist, with some of our trainees sharing their international experiences. Dr Reema Patel started the session with a thought provoking talk on her experiences with global anaesthesia, and was followed by two previous recipients of the SSA travel grant; Dr Tom Keast shared details of his Yale clinical observership in relation to his research on RV dynamics (and some interesting pizza toppings), and Dr Alistair Rocke discussed his experience as a retrieval volunteer for a 3 week post in Kenya with AMREF flying doctors.

Professor Eddie Clutton closed the session with his Memoirs as a Veterinary Anaesthetist- an enthralling tale of rhinos, Dolly the sheep, worms in propofol, Princess Anne, pandas, French pigs with malignant hyperthermia, and intra-medullary ketamine to anaesthetise an iguana.

### **Session 4**



Dr Daphne Varveris ended the day with the Gillies Memorial Lecture: Shifting Paradigms in Patient Safety. This was a very holistic talk, giving an overview of technological advances in both medicine and anaesthesia over the years with some historical reflections, including 1950s movie references highlighting the danger of green gas cylinders.

She also touched on hot current hot topics such as Artificial Intelligence and its limitations, evidence, guidelines and environmental aspects of modern anaesthesia. She finished by covering wellbeing, teaching and training; a talk that rounded off the day nicely.

We finished day one with a drinks reception followed by a fantastic dinner in the Great Hall of the Royal College of Physicians of Edinburgh- a stunning venue, beautifully decorated with flowers courtesy of our colleagues at the RCoA, and a really delicious meal with equally delicious wine. In true SSA style the night carried on well after dinner....

## **Day 2**

### **Session 1**

Dr Sarah Thornton started off day 2 and began our training themed session with an update from the RCoA on training and recruitment. She covered CT1 recruitment and the utility of the MSRA, exams, and encouraging examiners.

Professor Alan McFarlane followed this with a discussion of the regional anaesthesia curriculum and relevant training updates, with future developments to improve RA exposure for trainees. He also introduced some promising new technologies in the world of regional

anaesthesia, and shared the results of the recent survey of trainers and trainees, which showed a big deficit in experience with Plan A blocks, notably trunk blocks.

Up next was Dr Gary Rodgers (RCoA Scottish Board trainee rep) who gave a review of training from a trainee perspective, with interesting historical comparisons using the SSA annals. He discussed the recent trainee survey results, and covered satisfaction, study leave, recruitment and simulation opportunities, and left us feeling generally positive about training in Scotland.

## **Session 2**

After the coffee break, Professor Sir Gregor Smith (Chief Medical Officer for Scotland) delivered a public health talk titled “Doing the Right Thing”, covering population health challenges, infectious diseases, health inequalities, climate change and its impact on the health of Scotland.

The RCoA President Dr Fiona Donald then gave a comprehensive update from the college regarding the upcoming council elections, results from NAP7, college fees, and points raised at the recent EGM. She also informed us of the recent exam reviews and changes, and recent research by the college’s education fellows on exam performance.

## **Session 3**

After filling our bellies with another delicious feast from the RCPE, Dr Kevin Fitzpatrick shared his experiences of Bariatric Anaesthesia; issues, comorbidities, pre-op assessment (including useful risk scoring), pre-op optimisation, peri-op management including airway, analgesia, post op care and extubation.

Dr Mark Worrall then terrified us initially with tales of congenital cardiac conditions in paediatrics, and advice on how to manage such patients presenting unwell in a district general hospital. After covering the logistics of ScotSTAR service, how to stabilise a sick child, case discussions and examples of how to manage them, we were a lot less terrified.

## **Session 4**

Dr Andrew Goddard and Dr Ken Barker opened our final session with an overview of the environmental aspects of anaesthesia in Scotland. Together they covered the background of Green Anaesthesia Scotland (formerly SE-AG, Scottish Environmental Anaesthesia Group, established in 2018). They shared some success stories from across Scotland- such as nitrous oxide manifold decommissioning and desflurane usage trends, and closed with a few exciting innovations in the field.

Dr Mark Barley followed this with a talk on “Processed EEG the Paradox of Ageing”, reviewing variations in EEG with advancing age, density spectral array and the patterns for different drugs, the importance of physical, social and intellectual health for ageing brain, and closing with discussing the Safe Brain Initiative.

The final talk of the meeting was from Dr Simon Edgar. This continued the theme of sustainability, but in terms of workforce instead of resources. He highlighted the burden of burn out, and the importance of finding joy in work and compassion for colleagues, as well as the impact of surgeon’s attitudes on anaesthetists.

And that concluded a fantastic two day meeting at the Royal College of Physicians in Edinburgh. We all headed off into a dark and wet November evening, full of new information and after catching up with lots of old friends.

# Scottish Society of Anaesthetists Spring Meeting 2024



The Spring Meeting of The Scottish Society of Anaesthetists was again held at the picturesque Peebles Hydro Hotel in April 2024. Approximately 200 delegates attended an excellent meeting. In addition to a fantastic programme there was the usual SSA Ceilidh. A full house ate, drank and danced into the early hours.

## Day 1

### Session 1 – Protecting Doctors & Patients



We were incredibly lucky to welcome Dr Fiona Donald, President of The Royal College of Anaesthetists and Professor Dame Carrie MacEwan, Head of the General Medical Council to open the first

session of the meeting. Dr Donald gave an excellent update on all aspects of the RCOA. Professor MacEwan then took us through some of the current issues facing us all as doctors and how the GMC is approaching them.

### **Session 2 – Prehabilitation, Leading the way for safer surgery.**

Dr Myra McAdam gave an anaesthetic perspective to prehabilitation. This was followed by the surgical perspective delivered by Professor Susan Moug. The session was closed by two physiotherapists, Katie Booth and Katie Lyons, who spoke on the practical aspects of preparing patients for surgery.

### **Session 3 – Focus on Trauma**



Dr Martin McKechnie, Clinical Lead of the Scottish Trauma Network, provided an update on the STN. This was followed by Dr Eileen Capek who spoke on frailty and how this impacts on recovery following trauma. Dr Fiona Watson then spoke specifically about the trauma service in Nottingham.

## Session 4 – The Past, the Present & the Future



What a session! From one extreme to another. Firstly Dr Matthew Heron's talk was entitled 'Ether or: a brief history of anaesthesia'. This was a detailed history of all things anaesthesia. This was followed by Dr Matthew Aldridge who spoke on the use of artificial intelligence in anaesthesia. Who would have known

that the SSA could have its own theme tune!

After a brief pause for the customary drinks reception, Dr Ewan Jack then gave his Presidential address.

## Day 2

### Session 1 – Around The specialties

Attendees to this session were treated to three excellent talks. We started with paediatric regional anaesthesia, passed by severe maternal morbidity and ended with an update on the management of rib fractures.

### Session 2 – QI & Training

The SSA has always been well supported by our anaesthetists in training. The volume and quality of the quality improvement projects submitted for poster and oral presentations this year was excellent. Four excellent oral presentations opened this session.

Dr Amy Brown was a recipient of an SSA travel grant in 2023. She gave a presentation on her global teaching fellowship in Ethiopia.

From the young to the more mature! Dr Drew Smith updated the audience on the RCOA CESR pathway.



### **Session 3 – Back to Clinical topics**

Dr Ned Gilbert Kawai donned his red trousers to return to the stage at the SSA. He presented on altitude medicine when the SSA/AA meeting was in Aberdeen. This time he spoke about anaesthesia for liver resection. Is there no end to this man's talents!

Dr Marie Davidson from Glasgow Royal Infirmary spoke on the management of burns.

### **Session 4 – Supporting Anaesthetists in Training**



Wellbeing has been a major talking point as we move on from the Covid 19 pandemic.

Dr Prashad Kumar spoke about the importance of psychological safety and the lessons we can learn from simulation training. This was followed by Dr Naomi Freeman from Edinburgh Royal Infirmary who presented the results of her Association of Anaesthetists survey into inequalities in procedural training.

## SSA Spring Meeting 2024 Prizewinners



### Oral Presentations

- 1<sup>st</sup> Martha Morton
- 2<sup>nd</sup> Andrew Lumsden
- 3<sup>rd</sup> Jian Ying Queck
- 4<sup>th</sup> Jamie Morrish

Martha is seen receiving the commemorative Donald Campbell Quaich from President Ewan Jack. Martha also gets a free trip to Peebles 2025!



## Poster Prizes

1<sup>st</sup> Sofia Rosas

2<sup>nd</sup> Johnathan Miller

Dr Ruth Dunn is seen receiving the James McGregor Imray Salver on behalf of Dr Rosas.

Erin McQuillan won the prize for the best poster by a medical student.

# Spring Meeting 2024 Donald Campbell Quaich Winner

## ***‘So you want to be an anaesthetist?’ – A new national teaching event supporting junior doctors in applying to anaesthetic training***

R Boyle<sup>1</sup>, M Morton<sup>1</sup>, A Devine<sup>2</sup>

- 1. Glasgow Royal Infirmary**
- 2. University Hospital Crosshouse**

**Introduction:** Competition ratios for anaesthetic specialty training (ST) have increased by over 80% since 2020<sup>1</sup>, however, there are limited resources available to support doctors in their application. Currently available resources are either generic for ST recruitment, expensive, and/or are hosted in England incurring travel costs for Scottish doctors.

**Methods:** We developed a new, affordable, national teaching event aimed at doctors applying to anaesthetics. The event was hosted in twice in 2023, and was open to all Scottish trainees. The event provided:

- Lectures relating to anaesthetics and subspecialties
- Advice on the application and interview process
- Simulation training in relevant skills

Participants were surveyed at the beginning of the day, and again following the lectures and skills sessions. Questions centered around participants' knowledge of an anaesthetist's job role; understanding of the application process and the teaching quality.

**Results:** Attendance was limited to 25 participants per event, to provide quality teaching in small groups. With each event, there was over 100 applicants on a waitlist.

Results from the survey demonstrated an improved knowledge in all areas, greater confidence in the application process, and overwhelmingly positive feedback regarding the quality of teaching.

**Discussion:** The increase in competition to anaesthetics training and lack of affordable resources for prospective applicants in Scotland has been the catalyst in developing this national teaching event. The excessive numbers on our waitlist demonstrates demand for such a resource, whilst positive feedback suggests that the event was successful in supporting doctors in the application process. We aim to continue to develop this event, with future surveys focusing on whether or not attendance increased the likelihood of successfully securing an anaesthetic training number.

**Acknowledgements:** The events were funded by the West of Scotland Anaesthetic Teaching Bursary.

## **References:**

1. *Competition ratios for 2023. NHS England.* Available at: <https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/competition-ratios/2023-competition-ratios> (Accessed: 21.02.2024).

## **Spring Meeting 2024 James McGregor Imray Salver Winner**

### **Erector Spinae Plane versus Serratus Anterior Plane Block Intermittent Bolus Catheters in the Management of Chest Wall Trauma patients with Intercostal Chest Drains - a comparative retrospective cohort study**

S Rosas, J Scott, M J Watson, S Hickey, R Hart

Queen Elizabeth University Hospital, Glasgow

#### **Introduction:**

Around 18% of chest wall trauma patients require insertion of intercostal chest drains (ICD) that represent a notorious anaesthetic challenge<sup>1</sup>. Erector Spinae Plane (ESP) Blocks and Serratus Anterior Plane (SAP) blocks emerged as adjuncts for rib fracture management, but it is unclear whether one technique is superior for pain related with intercostal chest drains. We compared use of ESP and SAP catheters in chest wall trauma patients with ICD in situ.

#### **Methods:**

Data was collected retrospectively from electronic health records for all chest wall trauma patients who underwent RA catheter insertion following acute pain referral from October 2018 to August 2022 at a major trauma centre. A subgroup analysis of all patients who had ICD placed and underwent ESP or SAP catheter insertion was conducted.

**Results:**

A total of 64 chest wall trauma patients with ICD in situ received either ESP (n=50) or SAP (n=14) blocks for pain management (Table 1). Both ESP and SAP blocks reduced opioid consumption in 24h after block compared to 24h prior (ESP 11 vs SAP 11.3mg IV morphine equivalents), however this reduction was only significant in ESP (ESP  $p=0.003$ ; SAP  $p=0.262$ ). There was no difference in reduction in opioid consumption between the two groups ( $p=0.580$ ). Lowest recorded saturations in 24h after block were significantly higher than 24h prior to block in both groups (93.6 vs 91.7 in ESP,  $p=0.002$ ; 93.8 vs 90.1 in SAP,  $p=0.037$ ) but there was no significant difference between groups ( $p=0.055$ ). There was no significant difference in need for HDU/ICU admission, need for invasive ventilation, ICU length of stay or survival to discharge between groups.

**Discussion:**

ESP and SAP blocks appear to be similarly effective in management of chest wall trauma patients with ICD in situ and this study supports use of either technique in this patient cohort.

**References:**

1. Bertoglio P, Guerrera F, Viti A, Terzi AC, Ruffini E, Lyberis P, Filosso PL. Chest drain and thoracotomy for chest trauma. J Thorac Dis. 2019 Feb; 11(Suppl 2):S186-S191. doi: 10.21037/jtd.2019.01.53. PMID: 30906584; PMCID: PMC6389558.

## Scottish Society of Anaesthetists Golf Outing 2024



The annual SSA golf outing and complimentary ‘Crosshouse Masters’ goes from strength to strength. 22 of us gathered to play Anstruther Golf Club. On Thursday June 12 and both courses at Crail Golf Society on the Friday.

The dinner in the Balcomie Links Hotel on the evening between was as convivial as ever. The weather was mixed but spirits were undampened.



Our trophy is the ‘Scott Trophy’ in Honour of Dr Bruce Scott of Edinburgh and was presented many years ago by Dr Alistair MacKenzie of Law Hospital.

Dr Stephen Hickey prevailed as a worthy winner and the

runner up was Gavin Scott. Andrea Harvey was top Lady (we always knew that).

Retired members and many past winners rekindled old friendships but most gratifying was the turnout of younger members.

I have had tremendous fun at these outings over the years, so stand by for next June.'



Stephen has already organised the golf outing for 2025! The event will take place on the 12<sup>th</sup> & 13<sup>th</sup> June 2025. The Crosshouse Masters will be played on Thursday 12<sup>th</sup> June @ Erskine Golf club. £58.50 for lunch and golf. The Scott trophy will be played on the 13<sup>th</sup> June at Buchanan Castle Golf Club. Cost will be £90 for golf, morning rolls, lunch and dinner. Excellent value. On the evening of the 12<sup>th</sup> there will be a dinner at The Clachan Inn, Drymen. Well done Stephen! If you are interested in going please contact Stephen Hickey at [Stephen.Hickey2@nhs.scot](mailto:Stephen.Hickey2@nhs.scot) or any SSA committee member.



# **Association of Anaesthetists & Scottish Society of Anaesthetists Meeting 2024**

## **Kingsmills Hotel, Inverness**

This year's joint meeting of the Association of Anaesthetists & Scottish Society of Anaesthetists was held in the lovely city of Inverness on Thursday 21<sup>st</sup> & Friday 22<sup>nd</sup> of November. Despite inclement weather and a chemical spill wreaking havoc with public transport, the meeting was fully subscribed. Those who attended were treated to a fantastic meeting.

### **Day 1**

#### **Session 1**

President Ewan Jack welcomed everyone to the meeting.

The theme of the opening session was Innovation in healthcare. We all know the impact the aging population and Covid 19 pandemic have had on the modern NHS.

The session began with a presentation by Mr Colin McNair, Clinical Director of the NHS Highland National Treatment Centre. The new hospital is situated very close to Raigmore. Colin began by outlining the NHS recovery plan introduced after the Covid 19 pandemic. He then spoke about the design, financing and build of the local NTC. Once built, the leadership group faced further challenges around staffing, interpersonal relationships, patient selection and hospital systems. Despite all of these challenges, the NHS Highland NTC has gone from strength to strength. The mantra of 'Aim High, Aim

Highland' has borne true with the NTC carrying out in excess of 1500 additional cases per year. Patient selection remains difficult with the potential of a two tier system for access to joint arthroplasties being mooted.

Dr Natalie Clark then presented on the anaesthetic perspectives of NTC Highland. Natalie focussed on how preoperative assessment has been streamlined for the NTC. Topics included setting up a new service, patient selection, prehabilitation, optimisation and enhanced recovery. She was keen to emphasise the importance of big picture thinking and innovation.

## **Session 2**

This session featured a 'fireside chat' with Dr Tim Meek, current President of the Association of Anaesthetists. The relaxed interview was carried out by local organiser Morven Wilson. Morven began by asking about Tim's background before asking him about how he became involved in the association. Tim has been involved in a number of projects for the association including local anaesthetic toxicity guidelines and the quick reference handbook. Whilst not planned, Tim is proud to be President of the association. He is keen to forge better links with Scottish anaesthetists and increase their representation within the association. Other topics covered in this session included anaesthetic associates, developments in artificial intelligence and the association's stance on the Assisted Dying Bill.

Jenny Graham, a local adventurer and endurance cyclist, then gave a fascinating talk on her 2018 round the world cycling expedition. This four month unaided cycle saw her cover 18000 miles over 124 days and 11 hours. This saw Jenny break the record by a staggering 20 days. Jenny spoke about her past, how she began cycling and her associations with the Adventure Syndicate. She outlined the route she took, interesting challenges she faced along the way and how she recovered from her epic cycle. She was coy on what her next adventure would be so we will all have to watch this space!

### **Session 3**

Duncan Scott, a local physician, spoke about his role as a member of the Cairngorm Mountain Rescue Team. He outlined the role of independent mountain rescue groups, staffing and activity levels. The main focus of his talk was avalanche management.

Dr Matt Newport then spoke about his 6 month trip to Gaza with UKMed Emergency Response. He spoke about the role of UKMed, logistics around setting up a field hospital, types of injuries encountered and treatments given. He reflected on the successes and challenges during his trip.

### **Session 4**

With SSA Vice President Ken Barker on the local organising committee, there was no surprise that this session focussed on green anaesthesia. The session was opened by Dr Tom Pierce, the Environmental Ambassador to the RCOA. Tome spoke about the pharmacokinetics of greenhouse gases, volatile anaesthesia and atmospheric pollution. Tom also spoke about the behavioural changes required to arrest the global climate crisis.

Caitlin Brennan, a local orthopaedic resident, was a Scottish Clinical Leadership Fellow. Caitlin spoke about what the fellow post entailed, projects she was involved in and her work with the Centre for Sustainable Delivery.

The session was completed by Dr Ian Thompson who gave an interesting talk on paediatric TIVA.

## **Session 4**

The highlight of Day 1 was the Gilles Lecture. The Gilles Lecture is given in memory of Dr John Gilles. John Gilles was a great man who promoted the scientific basis of anaesthesia. The lecture has, by tradition, involved a patient safety theme. This year's Gilles lecture was given by Professor Lindsay Donaldson. Lindsay is the Deputy Medical Director for NHS Education for Scotland. Her presentation was based around the importance of safety and training in anaesthesia. She discussed advances in both including education, simulation and supervision. Lindsay also spoke about the importance of civility, linking it to how we perform as anaesthetists. At the end of her presentation Lindsay was presented with a commemorative Quaich by President Ewan Jack.

Day 1 finished with an excellent dinner and ceilidh. The event was enjoyed by all who attended.

## **Day 2**

### **Session 1**

The first session of day 2 was devoted to major trauma. Dr Tim Hooper, Clinical Lead for the Scottish Trauma Network gave an

excellent update on how trauma services have been restructured throughout Scotland. Major trauma services are now based around 4 trauma centres in Glasgow, Edinburgh, Dundee and Aberdeen. Tim focussed on the need to improve quality of care, improve equity of access to services, enhance training and education and improve the collection of data and outcomes. Despite a reduction in funding, rehabilitation has a vital role to play if the major trauma mantra of ‘Saving Lives, Giving Life Back’ is to be met.

Following on from Tim Hooper was Rosel Tallach and Mark Hannen. Together they gave a summary of trauma data from the North of Scotland.

## **Session 2**

As a result of a late change to the programme, Dr Pauline Wilson, Consultant Physician, from Shetland spoke on the credentialing for remote and rural doctors. A credential has been developed to provide a structured framework for training remote and rural doctors. The General Medical Council has now approved the credential award. Hopefully the credential will allow doctors to be trained who are fit for purpose with the generalist skills and competencies required for remote and rural practice.

Dr Sine Steele, Chair of the SAS Committee of Royal College of Anaesthetists, then spoke on the recently introduced specialist role. She explained what the role was and how people can be recruited to these posts.

There has been considerable debate around the role of the anaesthesia associate. Dr Jon Chambers from Dorset is the co-chair of the RCoA training committee and has been appointed as the first RCoA Bernard Johnson Adviser for Training. Jon gave a valuable update on the role

of the anaesthetic associate and the development of the RCoA AA Scope of Practice. He spoke on the outcomes of the recent RCoA member survey regarding AAs.

David MacDonald MBE and Roseanne McQueen from the Golden Jubilee National Hospital finished off the session by presenting on how to improve efficiency, sustainability and patient pathways.

### **Session 3**

A particular highlight of the meeting was reserved for the last session of day 2. Firstly Drs Ruth Bennet and Eimear McClenaghan spoke about how being diagnosed with dyslexia in adulthood has affected exam success and training. After several failed attempts at FRCA examinations they were both referred to the professional support unit within NES. After completing an online tool they were both sent for further assessment. Both trainees spoke exceptionally well as they told the attendees how diagnosis affected them, the support systems they have been able to access and how staff can support similar trainees during training.

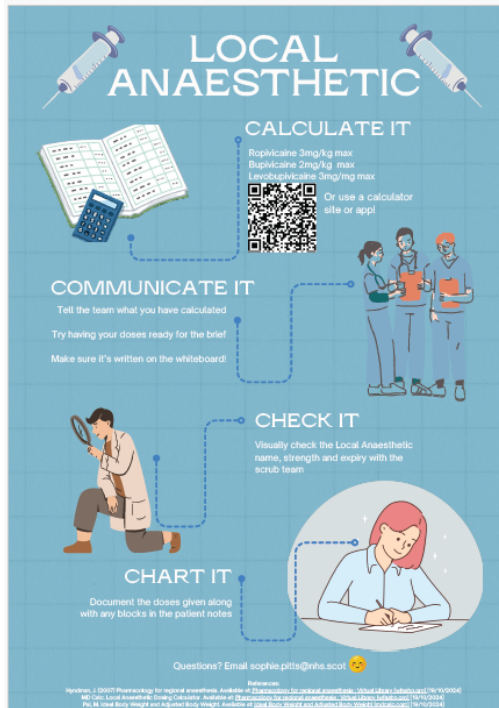
Dr Jenny Guise from Dysguise, who assessed both trainees, then spoke about how trainees with neurodiversity can be assessed and supported.

Thanks must go to the NHS Highland local organising committee, particularly Drs Ken Barker, Morven Wilson, Mike Stallard and Graeme Brown for organising an excellent meeting. They will be a tough act to follow.

# Association of Anaesthetists & Scottish Society of Anaesthetists Meeting 2024

## Infographic Competition Winner

# Sophie Pitts



As part of this event we ran a trainee infographic competition. This was in response to discussions had at the RCOA board and at our own council meetings around supporting more national prizes. Trainees were asked to submit an infographic with a quality improvement, patient safety or similar theme. The winning infographic is shown above.



## **Dr Gray's Hospital, Elgin (Dr Alasdair Ross)**

We have just run a successful anaesthetic specialty doctor recruitment round and hope to be able to announce details of new appointments soon. This is an exciting evolution for Dr Gray's which previously was an exclusively consultant delivered anaesthetic service.

Recent moves-

Dr Iain Macdonald has retired and moved to NHS Highland

Dr Brodyn Poulton has moved to NHS Highland

Dr Thejas Bhari has moved to Aberdeen Royal Infirmary

Dr Venkatesh Pyda has moved to the Isle of Man

Like many parts of Scotland recruitment remains very challenging with 3.5WTE substantive consultant anaesthetists in post. We have been delighted to welcome locum colleagues from across Scotland e.g. Dumfries & Paisley; across the UK; and from overseas.

NHS Grampian has been asked by the Scottish Government to commence a full consultant-led obstetric service on the Dr Gray's site and funding pledged to support this. Much hard work is ongoing to recruit and retain the requisite number of anaesthetists and also consider additional physical infrastructure needed to support such a development. Members of the anaesthetic department have featured in our online recruitment drive here-

<https://www.wishyouworkedhere.scot/> which showcases the local area.



If anyone is interested in living and working in Moray then please get in touch with us be that on a locum or substantive basis. Lots of opportunities available in terms of job planning both at consultant and specialty doctor grades. We are in the process of opening a new clinical skills centre on the site made possible through close collaboration with the University of Aberdeen.

### **Forth Valley Royal Hospital (Dr Katie Maguire)**

In the last 12+ months two of our colleagues have jumped ship- Dr Michael Moneypenny to Kenya and Dr Lizzie Beattie to Stornoway. Dr Martyn Hawkins has officially retired, however has returned and continues to work in ICU, and Dr Fiona McIlveney is stepping back from ICU lead after many years. We've had several additions to our team- Dr Serena Elliott, Dr Kara Bruce-Hickman and Dr Cassie Ferguson. Dr Colin Hall has just been appointed, however he'll be off to the Antipodes first. Hopefully he remembers us. Dr Jelena Skuratova gave birth to a little boy last summer.

Our FV theatre efficiency project has just launched. As the name suggests the project aims to provide timely, efficient, safe and person centred care within our theatre service. It's currently at the brainstorming/planning stage so we look forward to seeing what happens.

The FV anaesthetic band, The Volatile Agents, has had continued success. They played their first 'non-friendly' crowd (not a theatres night out) at Lenzie Mayfest last year. Perhaps they'll be available for hire in the near future...

### **Ninewells Hospital Dundee (Dr Ali Taylor)**

Callum Taylor started his consultant post having completed his training locally and in Glasgow, joining our paediatric team. Matt Casey, who

trained locally, took his consultant position in anaesthesia and intensive care medicine. Also completing training, Kirsty Wright took up a post CCT fellowship in Melbourne, Duncan Hargreaves started his consultant job in Fife, and Will Shankey-Smith moved to Glasgow and Paris for post CCT fellowships.

Ayman Mustafa emigrated to take a consultant post in Riyadh, to be closer to family. Norma Munnoch and Phil Lacoux retired after many many years of service in NHS Tayside.

2023 will be remembered by this department for the arrival of electronic prescribing. Bring on the protocols!

This year saw the successful relaunch of our elective surgical admission unit, complete with a new name!

Particular congratulations are due to some individuals and a team: Nick Record for completing the Cape Wrath Ultra, a very impressive feat indeed; Fiona Cameron, for being appointed Chair of UK Foundation Committee at the Academy of Medical Royal College; and finally, to Grant Rodney and the Children's Theatre Suite team for being awarded the Sustainability in Healthcare Award 2023 for the design and construction of the new Children's Theatre Suite- a remarkable achievement in a 50 year old building.

Congratulations to Andrea Ruscitto, Euan Richardson and Douglas Sharpe for the new additions to their families.

### **Aberdeen Royal Infirmary (Dr David Nesvadba)**

Retrials: Dr Karen Cranfield, Dr Bill Brampton, Dr John Read, Prof Rona Patey (from clinical duties), Prof Alastair Chambers

Appointments: Dr Charles Moore, Dr Katie Hanlon, Dr Thejas Bhari, Dr Stephanie Hii, Dr Jade Liew, Dr Linzi Moir, Dr Piotr Orzylowski, Dr Amrit Singh

There have been some challenging times, especially in paediatric anaesthesia where we have grappled with staffing issues - service continuity only preserved by collegiate working with adult anaesthetic colleagues and paediatric colleagues from across Scotland. There is light at the end of the tunnel and hard work with local and (inter)national recruitment is bearing fruit. Dr Gray's Hospital have similarly seen challenges with recruitment and retention of staff and the loss of National Treatment Centre funding for the ARI site was an unexpected setback.

However, we have celebrated significant successes too. We've fostered research and growth in various areas. The SSA Winter Meeting was hosted in Aberdeen and was a great success. Many colleagues continue to have impact with academic and committee work nationally and internationally. Our commitment to trainee development is clear, with new fellowship programmes in paediatric retrieval and academic anaesthesia. We have also focused on enhancing skills through various CPD courses, including those on advanced airway management, ultrasound-guided vascular access, "rib rescue" and single lung ventilation. Finally, we are proud to have a reputation to support trainees develop subspecialty experience with some of our excellent trainees going to Great Ormond Street, Australia and even the even more exotic Shetland!

A significant development in anaesthesia and broader healthcare services is the ongoing construction of the Baird Family Hospital. Once completed it will house advanced Maternity Services, including a Community Maternity Unit, alongside Gynaecology, Breast, and Neonatology services. Additionally, it will host the Aberdeen Centre for Reproductive Medicine. The Baird is shaping up to be an important addition to our healthcare landscape.

Many dedicated colleagues continue to work hard and contribute significantly across multiple disciplines in Anaesthesia. I highlight a few colleagues for their exceptional work.

Dr Kathleen Ferguson, distinguished by the Association John Snow Silver Medal, exemplifies her excellence and dedication in our field. Prof Patrice Forget is nurturing academic activity within our department and extends influence internationally. Dr Jolene Moore's persistent efforts in global health initiatives continue to have a far-reaching and profound impact. We are grateful that they are part of our dynamic and welcoming department.

### **Belford Hospital, Fort William (Dr Steven Gilbert)**

Steve Gilbert due to retire at the end of November 2024

We are a small department with 4 consultants. Our trainee doctors are usually at quite a junior level, so we have frequent on call and need to support the trainees and our fellow consultants in Medicine and Surgery, with resuscitation of critically ill patients and often with children. This is quite variable in intensity, with quite a large increase in population during the summer months. It is a very rewarding job, with a great team spirit in the hospital, among Consultants, Rural Emergency Practitioners, trainees and Advanced Nurse Practitioners.

The majority of surgical patients are day cases, though with the appointment of a colorectal surgeon and re-establishment of HDU, we plan to do some more complex cases. We are part of the green theatres initiative, with Sam Spinney reading on this. Steve Gilbert is lead consultant for the Chronic Pain Management Service in Highland.

Over the last two years, we have been planning for the new Lochaber Rural general Hospital, however, the suspension of new capital projects was announced at the beginning of the year, which was a great disappointment to all of the hospital staff and the local community, especially as the Belford is aging, with increasing maintenance

requirements and limited space. There has been a very active campaign to get the process of planning completed and we will have to see whether there is any change of mind from the government.

With Fort William being the outdoor capital of the UK, it is a great place to live for mountaineering, hill running, water sports or just being in nature. There is a great community here as well with a cinema, fantastic restaurants and other social activities.

### **St. John's Hospital, Livingston (Dr Pamela Milligan)**

Like all hospitals during the pandemic, our St. John's Hospital ship navigated the unpredictable and turbulent challenges of the time with true heroism, with every single worker truly earning that Thursday evening Clap for Carers..

Our helm was admirably steered by our then incoming new CD Dr. Murray Geddes, who took over from the long-serving Dr Mike Brockway, who had decided he'd herded cats (very successfully!) for long enough, and it was time to focus on the more important things in life such as skiing and sailing (while still making occasional cameo appearances at SJH – although mainly to check that nobody had chucked out the sofa in his office).

Mike's able co-pilot, Dr Jeremy Thomas, also handed over his baton to Dr. Claire Caesar after many years of ably managing the trainee rota, plus the many other unspoken jobs of the CD co-pilot. Dr. Casear, like Dr Geddes, took over the role at the most challenging time, and have done such an amazing job keeping us not only afloat, but flourishing. On behalf of our department, we say an enormous thank you to Drs Brockers, Thomas, Geddes and Caesar for all your momentous efforts.

Another huge thank you goes to our official Social Secretary Dr Joanna Renee, who has organised many morale boosting parties and nights out for us over the years, the most notable of which was the mammoth effort of the 'Party in the Park'. Recognising the stress and

impact the first wave of the pandemic had on everyone, Jo wanted to address this with a huge thank-you party for the whole of the Directorate of Anaesthetics, Theatres and Critical Care. On 21<sup>st</sup> August 2021, Howden Park played host to a festival-esque extravaganza of live music, silent discos, paintballing (courtesy of the army!), a kids dance workshop, photo booth, food & drink vans plus other stalls, complete with festival levels of rain, and was attended by around 400 DATCC staff and their families. The party went on from afternoon to the wee small hours, and I believe there were a few interesting journeys home that night...A hundred million thank-yous' to Jo and her organising team, for an event the like of which we may not see again in our working careers.

In other news, we have said bon voyage to some legends of our department who have retired to pursue life after the NHS – Dr Lachie Morrison, Dr Donald Galloway, Dr Shona Neal, and Dr Ulrike Damerow, you are all missed in the department and we wish you well for the next chapter. Retirals who can't quite bring themselves to say a full goodbye to us just yet include Dr Brockers, Dr Armstrong, Dr Watson and Dr Stewart...we are happy to continue benefitting from their combined wealth of experience until they decide to see the light for real!

We have warmly welcomed some new additions into the fold too – Dr Catherine Stretton, Dr Nicola Hogan, Dr James McKinlay, and Dr Andrew MacAlister Hall have joined us as Substantive Consultants, and Dr Faraz Saleem, Dr Giulio Allori and Dr Ella Bennett have joined our merry band in the SAS role. We also welcome a new airway fellow Dr Jane Orrock who has come over from South Africa for a year to deal with all the difficult airways none of the rest of us want to touch...

The last few years has seen SJH leading the way on the sustainability front, as part of the Green Theatres Project. There have been a number of notable achievements including the complete phasing out of Desflurane (in everywhere except neuro), and the complete decommissioning of the nitrous oxide manifolds, following testing

which showed huge leaks and inefficiencies, and which have now been replaced by small cylinders in the areas deemed essential. SJH has also managed to test and demonstrate the same with Entonox manifolds. We have also been pioneers in Scotland for using volatile capture technology in theatres, and had the first baby born in Scotland to a mum using nitrous oxide cracking in our labour ward in September 2021.

The Lothian Green Theatre group, which includes Dr Sarah Cross (SJH), Dr Andy Goddard (SJH), Dr Andrew Grant (RIE), Dr Matt Royds (WGH) and Dr Alistair Partridge (WGH) have done truly exceptional work, recognised by winning the Chair's Award at the NHS Lothian Team awards, and being finalists in the NHS Scotland Team Awards. Huge congratulations to all involved, and the nice wooden heart-shaped trophy makes a great ornament for the theatre coffee room.

I'm sure there are many other achievements within the department that have been missed, and of course the odd challenge (nobody mention Hepma please...), but for now folks, that's all from St. John's!

### **University Hospital Crosshouse 2024 (Dr Izzy Neale)**

I follow in the footsteps of my esteemed colleagues Drs Tim Geary and Janie Collie, to bring you last year's report from University Hospital Crosshouse. So, with minimal literary expertise and a smattering of help from chatGPT, here it goes!

It has been a year of change with a big welcome to our new colleagues, Dr Gavin Crawford, Dr Sarah Meredith, Dr Jamie Wardlaw and Dr Graham White. I congratulate them on successfully completing NHS Ayrshire and Arran's version of the Krypton factor, and achieving IT access!

A big congratulations goes to Dr Laura Hunter on the arrival of Poppy, and Dr Aileen Clyde on the arrival of Andrew. It only seems like yesterday but Aileen is already back with us, and Laura will be returning soon. We look forward to having her back in the department along with a heavy dependence on coffee. Luckily, after much deliberation and formal business meeting discussion, we have our fancy new coffee machine. Much thanks goes to the espresso extraordinaire of the department, Dr Gordon Houston.

Sadly, we have said goodbye to our much treasured colleague, Dr Neil Brown, who has embarked on a Canadian adventure along with his dog Bramble. He is having a great time, and not making us at all jealous with pictures of his fabulous outdoorsy life, poutine and monster truck.

Dr Martin Watson has passed the Clinical Director baton to Dr Chris Johnstone along with two new deputy Clinical Directors Dr Sunny Bhat (Ayr) and Dr Ian Anderson. Unfortunately for Ian, despite his best efforts, there appears to be no willing participant to pass his rota role to he remains the last bastion of defence between the somewhat irate consultant body and Allocate e rostering system.

Dr Laura McGarrity has taken on a new role as Associate Medical Director for Crosshouse, and is setting her sights on making the rest of the hospital as wonderful as our department is.

It is all change on the education front too, with Dr Julie Robertson taking over from Dr Ker Wei Tan as College Tutor. Fortunately, Gavin was appointed at the same time as Julie had to give up her position as social chief and has taken this on, in addition to his wellbeing role, with gusto. We have a newly established, and not at all stereotypical, run club with plans for a 5 a side football team and social netball team. Gavin has also introduced a weekly theatre quiz which has injected some friendly competition into the theatre complex.

Speaking of socials, we have embraced the post Covid era and enjoyed a cracking Christmas night out (thanks Andy, I mean Karin) as well as



a suitably raucous bon voyage party for Neil and Ker Wei. Janie and family also hosted their yearly BBQ complete with bouncy castle and chocolate fountain. This was a great opportunity to come to together as a department with our families and big thank you to them for continuing to welcome us all into their lovely home. Janie must have bribed the weather gods as we were lucky to have it on the only sunny day of the week.

ICU have significantly expanded and we look forward to having Drs Chris Leddy, Samantha Gaw, Laura Barry and Callum Taylor join the department. Recent service developments and workforce restructuring, has seen more cross site working with our colleagues in Ayr Hospital.

So whilst it has been a year of change, the department continues to move forward despite the ongoing challenges that I am sure we are all facing throughout the NHS.

And last, but by no means least (and probably a bit early), I am sad to report that we will be saying goodbye to Dr Ker Wei Tan as she leaves for Singapore in December. Ker Wei is an integral and valued member of the department, and has held many roles including Trauma lead and College Tutor, and has been the primary instigator of many a departmental lunch. She will be sorely missed. We wish her, Victor and their children the best of luck on their new adventure.

Here endeth the report. See you next year.

### **University Hospital Ayr (Dr Phil Hamilton)**

2024 has seen a few staffing changes within the department at University Hospital Ayr. We have been joined in the department by Dr Khurram Shazhad and Dr Judy Todd who have joined the department as new or returning consultant colleagues. Unfortunately Dr Rose McRobert (2024) and Dr Amadeusz Ziarkowski (2022) have left the department to seek new adventures in Hairmyres Hospital and Lindau Hospital, Germany respectively. We wish them well.

Dr Sue Livingstone has retired from the department after 28 years of service, we would like to wish her well for the future in hopefully many years of happy retirement.

Another two of our SAS doctors, Dr Maxine Bunton and Dr Rupert Vidion have unfortunately left the department. We wish them well. They have been replaced by three new specialty doctors. Dr Mohammed Hasan, Dr Kumar Mrinal and Dr Anup Bista are currently settling in to the department.

Over the past year we have seen changes to critical care services across Ayrshire with the move of Intensive Care beds to the Crosshouse site. This has led to the development of a combined medical and surgical HDU level unit on the Ayr site. This has also led to us all becoming a bit more experienced in ICU level transfers between sites!

Trauma surgery has also moved to the Crosshouse site, with the majority of elective lower limb arthroplasty surgery occurring now on the Ayr site. This has enhanced the position of UHA as a centre of excellence for elective orthopaedics.

In addition to recruitment and service development, Dr Joellene Mitchell authored the national guideline for anaesthesia and sedation in breast feeding women. Dr Kevin Walker has been appointed to the role as Head of School for the West of Scotland School of Anaesthesia and Drs Kenny Kerr and Sunny Bhat are now members of the CESR committee for the RCOA.

Congratulations must also go to Dr Vadim Sizov and his family on the new arrival of baby Robbie.

Finally a mention to Dr Derek McLaughlan who, despite his advancing years, managed to climb to Everest base camp. Well done Derek!

Everyone at UHA would like to wish you all the best for 2025.

## **Glasgow Royal Infirmary 2024**

Since the last annals many things have come to pass in GRI and I have endeavoured to fit as much in as I can. Any omissions or error are purely my own!

We said goodbye to Dr Bill Macrae after over 10 years of excellent service to the department in his role as clinical director. His replacement Dr Kerry Litchfield, immediate past president of SSA has taken up the gauntlet with gusto. The indomitable King of the Rota Dr Ken James also hung up his laryngoscope last year.

Other retirals who are sorely missed include Dr Shanaz Hamid, Dr John Dolan, Dr Mike McNeill, Dr Alison Kilpatrick, Dr Fiona Bryden and most recently Dr Mike Basler.

Before Mike retired he led a very successful trip to the Burns centre in Ghana along with Dr Adam Capek, Dr Kathryn Hill, Dr Geraldine Gallagher and Dr Matt Baynham. Along with anaesthesia trainees and plastic surgery colleagues they undertook some major cases and most importantly, led education workshops to leave a legacy and links for future trips. For the commitment to this project over since 2017 he received a well deserved NHS GGC Chair's award for excellence.

An array of dazzling recent appointments to our consultant body include Dr Kathryn Norman, Dr Jen Willder, Dr Jim Mcguinness, Dr Sarah Barton and most recently Dr Jack Hollinghurst.

Under the watchful eye of the CD for ICM North Dr Barbara Miles new appointments to our critical care team are Dr Chris McGovern, Dr Kyle Dick, Dr Fiona Christie, Dr Claire McCue and Dr Ashleigh Taylor. We said goodbye to Dr Malcolm Booth and Dr Malcolm Daniel as they retired after their long and distinguished critical care careers.

As well as working hard at their day jobs, GRI anaesthetists have spread their wings and hold several influential roles across the country. Professor Alan Macfarlane was president of RA-UK in 2022-23, and is now the RCOA clinical lead for the NAP 8 project. Professor Rachel

Kearns and Dr Malcolm Broom currently sit on the board of the OAA. Dr Lindsay Hudman has recently joined the British Day Surgery board and I along with Dr Niels Weidenhammer and Dr Kathryn Hill as the Scottish Society of Anaesthetists Executive. Dr Myra Macadam continues to fly the flag for Prehabilitation as the regional clinical lead for the Macmillan West of Scotland Cancer Network and Dr Sonya Mckinlay sits on the RCOA Scottish Board and has been working the Scottish Government as clinical lead for the periop anaemia workstream.

Clinical successes include introduction of Same Day Discharges from GRI theatre recovery to facilitate throughput of cases as bed pressures mount. The piloting of a block room at Stobhill which it is hoped will become a permanent fixture. Successful joint replacement pathways in our day surgery unit with vastly reduced length of stays for the hip and knee arthroplasties in suitable patients.

Challenges faced here like in many other departments include pressures on pre assessment pathways to assess patients close to TCI dates. Teams working tirelessly to get patients done and keep them safe who simply need more resources. Bed pressures starting in the autumn with no let up in sight as we head towards the winter.

But against the backdrop of mounting pressures on our colleagues there continues to be a strong camaraderie amongst our department and outside of work there continues to be plenty of team building with the Great Scottish Run, outdoor swimming pursuits, hill walking, and of course legendary nights out!

K Lake

*Please note; If your hospital is not represented above then get involved and ensure that a report is submitted via your regional rep or direct to our editor Dr Gavin Scott for our next publication. We are very keen to ensure that all areas are represented.*

## Announcements & Future Events

The SSA continues to provide travel grants to trainees wishing to pursue educational opportunities abroad. Details can be found on our website: [www.ssa.scot](http://www.ssa.scot)

As usual we will host our annual spring meeting at Peebles Hydro from 24<sup>th</sup>-25<sup>th</sup> April 2025. Details can be found below.

We plan to finish 2025 with the joint RCOA / SSA meeting in Perth from 17<sup>th</sup>-18<sup>th</sup> November. The event will be held at Perth Concert Hall. Details can also be found on our website.

# Scottish Society of Anaesthetists

## Annual Spring Meeting

Thursday 24 – 25<sup>th</sup> April 2025

Venue: Peebles Hydro in the Scottish Borders, reduced rates for conference delegates

Great value CPD and a chance to network with colleagues from across Scotland and beyond

Dinner and Ceilidh 24<sup>th</sup> April



[www.ssa.scot](http://www.ssa.scot)



Key Note Speaker: Dr James Robson MBE, A life in sports medicine

Topics will include Periop Medicine across the British Isles, obstetrics topics, paediatric emergencies, periop care for transgender patients, organ donation, top 10 papers and much much more

For full details and booking link head to our website [www.ssa.scot](http://www.ssa.scot)

Trainee abstract competition will open in January: email [ssatrainee@rep@gmail.com](mailto:ssatrainee@rep@gmail.com)