The prestigious Joint Services Command and Staff College (JSCSC) once again hosted this year’s meeting of the Society of Tri-Service Anaesthetists in Training. This conference, welcoming both regular and reserve anaesthetists as well as those General Duties Medical Officers (GDMOs) contemplating a career in Defence anaesthesia, aims to bring together anaesthetic trainees from across all three services and provides a platform for specialty specific updates and presentation of work done by the cadre.

The first day was started with the Defence Professor of Anaesthesia, Colonel Mahoney, updating the cadre on recent research emanating from the Department of Military Anaesthesia, Pain & Critical Care, in view of the changing patterns of injuries encountered in recent conflicts. With current conflicts occurring more in closed environments with greater usage of formed explosive devices, research has included examination of the microvascular effects of blast injury, long term cardiorespiratory changes following multiple amputations, and the chronic pain burden of these injuries.

The Major Claim Ackroyd Memorial Lecture was given by Professor Mike Grocott, lead investigator of Caudwell Xtreme Everest, who presented findings of his expeditions to the summit of the world’s highest peak. Interestingly this may have significant implications for the future with liberal oxygen therapy possibly leading to a poorer outcome, the clinical implications of which may mean a strategy of ‘permissive hypoxaemia’ is adopted in critically-ill patients in intensive care.

The Commanding Officer of 3 Medical Regiment, Lt Col De Rouffignac, gave an enlightening talk on the non-clinical challenges of deployed care outlining the logistical, equipment, maintenance, manning and the environmental health burdens of deployed operations, all of which are essential contributors to an effective mission and can be all too often forgotten unless the resource required is notable by its absence.

The first day closed with a presentation from Dr Liam Brennan, Chair of the Royal College of Anaesthetists (RCOA) training committee, who gave a talk relevant to many on making the most of the final few years of training and highlighted the value that military personnel brought to the NHS in terms of leadership and management of personnel. These key non-clinical skills are now more than ever required in the light of national press reports on the poor management of some hospitals. There was also discussion on the future of fellowships and post-Certificate of Completion of Training (CCT) fellowships in particular, with the feeling that an ‘expert’ requires 100+ cases in their chosen field of sub-specialisation. These fellowships are felt to provide valuable experience, and the RCOA is looking to ensure their high quality by examining the possibility of accrediting them.

The first day ended with the Society’s annual dinner held in the JSCSC Officers’ Mess, an evening thoroughly enjoyed by all, which allowed the cadre to chat informally not only amongst themselves but also with their single-Service Consultant Advisors and the Defence Consultant Advisor (DCA).

The second day saw trainees compete for the David Hughes Prize, presenting audits performed during the course of training. The winner of this year’s prize was Capt Kumar with his presentation entitled “Laryngoscope light failure: The importance of incident reporting”. The runner-up prize was awarded to Surg Lt Cdr Mellor for his presentation “Revisiting the Acute Surgical Patient: The view from the patient’s end”.

This was followed by updates from the Regional Advisor, Surg Cdr Birt, as well as updates from each single-Service Advisor on the current situation within their Service. With a return to contingency, on the cessation of combat operations on Op HERRICK, the focus of Defence anaesthesia is likely to alter from that seen at present. There were also specific updates relating to critical care training in light of the alteration of the training scheme and the extended time required to dual-CCT in anaesthesia and critical care. The session also included an update from the DCA, Surg Capt Burgess, on the challenges facing the cadre as a whole, echoing the change in focus from current operations, returning to core business for each Service, and delivering this in light of the recent DMS 20 report.

The meeting closed with the Society’s Annual General Meeting, with the reins handed over from the RAF to the Army for the running of next year’s meeting.