

MINUTES FOR AGM 13/06/17

Present: IH, DL, AW, GM, DHe, RE, VV, TK

Apologies: TS, LA, FS, CF, MS, DHa, LM, JS, DH, DM, NW

1. Welcome

IH welcomed those present to the AGM. There were two non-committee AWAG members present in addition to committee members

2. Chairman's report

IH thanked the committee and AWAG members for their activities of the past year.

IH initiated discussion about the CICO training audit that TK had presented during the trainee oral presentations at the Annual Meeting.

There was agreement that the findings show that trainees in Wales want standardised CICO training, and that in a 6-month period, 50% of trainees had received some training. DL suggested that AWAG is in a position to offer training to *all* trainees, as it has a network of accredited CICO trainers (who have attended CICO instructor's courses, approved by DAS).

IH asked how many hospitals have AWAG CICO packs set up in theatres/anaesthetic rooms. DL believes all hospitals except UHW/Llandough have signed up to this, though he is not sure whether Merthyr, Royal Glam and Wrexham have completed this yet.

There was agreement that if AWAG offers CICO training we should teach the AWAG CICO approach, as this includes training in both scalpel and needle techniques. Trainees encountering a CICO situation can then use the appropriate approach, depending on whether they have scalpel-bougie equipment available (Cardiff) or AWAG CICO packs (elsewhere).

DL pointed out that the training should highlight that DAS *supports* the use of the AWAG CICO approach (and thus there is medicolegal support) as long as there is training and equipment available. Many anaesthetists are still not aware of this.

It was agreed that AWAG should approach the Deanery to ask for support in this training project.

ACTION: DL to draft a letter to be sent to Eluned Wright, Sarah Harries, Caroline Evans and Graeme Lilley.

TK suggested that the CICO training audit could be repeated at the forthcoming GAT conference, to gauge the training situation and training needs across a snapshot of trainees from across the UK. It was agreed that this would be an interesting audit.

ACTION: TL to adapt the survey monkey questions accordingly.

3. Secretary's report

DL reported that Louise Allman (additional officer) and Jess Walding (core trainee rep) have left the committee. All other committee members applied to return to their position; there were no new applicants. Thus all remaining officers were re-elected.

Daniel Helme will take Louise Allman's place as additional officer as he is no longer a senior specialist trainee.

Thomas Kitchen is now a senior specialist trainee rep.

Thus there is one vacancy for junior specialist trainee rep and one vacancy for core trainee rep.

It was agreed that we will advertise for these positions in August, once the new cohort of trainees has started.

ACTION: DL to send out request for trainee reps in August.

DL summarise AWAG events and activity over the past 12 months

- EMAC Oct 2016
- CICO Instructors' Course Nov 2016
- Nasendoscopy course Mar 2017
- Annual Meeting
- CICO trainee survey
- CICO data collection tool
- Facilitating CICO training (Linkmen, Website, Equipment)
- Reciprocal arrangement with AIDAA
- EAMS link
- Supporting ODPs
- Supporting students

DL outlined AWAG's agreed planned activities for the following year:

- Continue courses (CICO course at GAT; CICO Instructor's Course in London; Awake VL course; EMAC; Nasendoscopy course in North Wales)
- Annual Meeting 2018 ?JAW/PAGW
- CICO data collection tool
- Trainee / medical student bursary

DL noted that as agreed at the last AGM, no formal database of members is kept as membership is free, and anaesthetists move place of work and so change email addresses frequently.

It was agreed that we will continue to use the list of anaesthetic secretaries in Wales, deanery contacts, AWAG Linkmen and Facebook to communicate with AWAG members.

GM pointed out that he has a database of AWAG members who have registered via the website. He agreed that we can use this database for communicating with AWAG members.

DL asked whether AWAG can formalise the work and commitment that committee members put in, the way that committee members of other bodies such as RCoA do. If AWAG receives some recognition and funding for committee work, it will allow all committee members to devote some SPA time to AWAG duties, rather than a few committee members trying to squeeze an ever-increasing AWAG workload into spare time.

There was agreement that this is worth exploring, as AWAG has growing influence and activity. There was discussion about how this could be achieved.

ACTION: IH to contact DAS committee to ask how they achieve recognition for committee work

ACTION: DL to ask RCoA

ACTION: TK volunteered to use his contacts to explore this.

IH suggested that AWAG could also employ an anaesthetic secretary to do much of the organising for courses, going forward. AW agreed that AWAG has funds to explore this.

ACTION: VV to enquire about how much is reasonable to pay for this.

ACTION: DL to ask his department secretary to consider doing this work.

4. Treasurer's report

AW gave a summary of the assets and liabilities for the past 12 months.

The main assets are the Frova crico-necks and Airsim manikins. The balance in the bank account is £11 781 not including the assets.

The main liabilities are sponsoring of medical student (£500), website maintenance (£300), insurance (£318), Annual Meeting expenses (£1900).

All the AWAG events this year have at least broken even.

AWAG therefore has a comfortable buffer. It was agreed AWAG should aim to keep at least \$5000 as a buffer.