

**Report on 161st meeting of the East Midlands Surgical Society
held at
Leicester General Hospital, Medical Education Centre
on
Monday 26 June 2017**

Sponsored by Ethicon, Mylan and Allergan

I am grateful to Mr Justin Yeung and Mr Neil Bhardwaj, Consultant Surgeons at University Hospitals of Leicester for putting in a great deal of effort to arrange this meeting at Leicester General Hospital. Equally, I am grateful to the sponsors for their generous support for this meeting. Lastly, I would like to acknowledge the support of all the trainees who submitted papers for the meeting and presented their work. I was rather disappointed at the overall poor attendance from the Consultant members of the Society.

Morning presentations:

A total of 15 papers were listed for presentation. However a couple of the presenters were unable to turn up which reduced the number of presentations. I was pleased to note that the presentations were of good quality, and were well received by the audience present. As usual there were questions and answers and discussion following each paper.

At lunch time I gave a very brief overview of the Society and invited additional members to join the Society. The bank details are available for anyone who wishes to join the Society for an annual standing order payment of £15.00p. If you wish to join the Society, please email me at Mukul.Dube@sfh-tr.nhs.uk. At the time of the meeting there was just over £1,000 in the Society's bank account.

Afternoon presentations:

Following lunch there were a couple of very interesting presentations from UHL Consultants.

Justine Yeung and Neil Bhardwaj had themed the afternoon presentations around the phases of a surgeon's career.

Mr Giuseppe Garcea Consultant HPB Surgeon at UHL, first talked about the early years of Surgical Consultant positions. He gave a lot of useful advice based on his own experience in the early years. He talked about training to become a Consultant and the various routes along which one could develop one's career. These were subdivided into areas of a) education b) research and c) clinical management. He elaborated on each of these themes, and I am sure the assembled trainees found his advice very useful. His summary survival guide included the facts that one should actively train juniors, one should have a mentor in the early years, and one should not get involved in politics, or take sides in hospital politics.

Unfortunately Mr Andrew Miller who was listed to be presenting on the middle years was held up in theatre and was unable to attend the meeting.

We did however have an excellent presentation from Mr Adam Scott, Consultant Colorectal Surgeon, entitled “the finer years”. He gave an overview of training and surgical practice as it has evolved over the past years since he undertook his training and first became a Consultant. He gave a picture of training in the old days, which would be somewhat be alien to current-day trainees. For example, the trainees then were always on duty and the appointments process was quite informal. Experienced theatre sisters contributed to surgical training and there was much more of a team structure. He talked about the difficulties in obtaining Senior Registrar jobs, and touched upon the question of research and thesis. The rotas in the old days, however, were much more onerous than they are today.

He talked about the drivers for changes such as new technology, accountability, reduced working hours, and the concept of clinical effectiveness. Current working has also been affected by public expectation. He mentioned the need for simulation in current training, and the limitations of this method of training. He stressed the importance of team work and communication in current-day practice. He also talked about the changes in a Consultant’s life. Currently there is much more involvement of the Consultants when they are on call. He does enjoy the contact with junior doctors and trainees as well as medical students. His key messages were to practice self-reflection and honesty and to keep calm about the frustrations of life as a Surgeon today, which may be caused by the decisions of others. He emphasised the importance of respecting and valuing your colleagues and getting involved in various activities. Lastly he talked about retirement, and the importance of good health and hobbies during that period of one’s life. Finally he informed the audience that the Royal College of Surgeons was organising a meeting entitled, “How old is too old to operate for senior Surgeon”.

Conclusion:

The meeting ended with thanks to the presenters and the declaration of the results. The prize for the best presentation was won by:

Harry Keevil, for his paper entitled “NICE guidance on sepsis is of limited value in post-operative colorectal patients: The scores that cry “Wolf!”.

The second place went to Prita Daliya for her paper entitled “Improving doctor-patient communications – learning from Montgomery.”

The third place went to Debamita Bhattacharjee for her paper entitled “Antibiotic prophylaxis for percutaneous transhepatic cholangiography (PTC): are we adhering to trust guideline in Nottingham University Hospitals NHS Trust?”

I apologise for the delay in sending out this report which was caused by some personal circumstances on my part. I would welcome any offers from members who would wish to organise the next meeting, hopefully in the latter part of November 2017. I look forward to hearing from you. Also please let me know if you wish to take over the running of the Society.

With best wishes

Mr Mukul G Dube
Honorary Secretary
East Midlands Surgical Society