

Report of the XIXth Annual Continuing Medical Education Conference

Association of Anaesthesiologists of Mauritius

24 – 25 September 2011

Le Victoria Hotel, Pointe au Piments, Mauritius

This annual meeting, which is designed primarily for medically qualified anaesthetists, attracts many doctors from other specialties, as well as nurses and paramedical personnel. There are about 40 anaesthetists in Mauritius, yet the meeting was attended by approximately 100 people on each of its two days. Given that CME is not compulsory, that attendance is self-financed and that the meeting is held at the weekend, these are impressive figures. The organisers admitted to some anxiety about attendance before the conference, given the economic situation and the fact that the meeting was being held, for the first time, in a luxurious (and therefore more expensive) seaside hotel, away from the major hospitals. They need not have worried. The attendance was as high as ever, and the venue was perfect.



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The conference was opened by Mr Lormus Bundhoo, Rt Hon Minister of Health and Quality of Life. The Association of Anaesthesiologists of Mauritius is the only specialty organisation on the island to hold an event of this nature, a fact remarked

upon by the Minister who expressed his admiration for the high standard and innovative nature of the work of Mauritian anaesthesiologists.

The welcome address was given by Dr R Soondron, President of the Association. This year, there were four invited lecturers: Dr Angela Enright, President of the World Federation of Societies of Anaesthesiologists (WFSA), Prof. Krzysztof Kuczkowski from the USA, Dr Eric Hodgson from South Africa, and myself.

The days were very full, running from 08.00 to a nominal 16.45 on the Saturday, and from 08.30 until 13.30 on the Sunday. On both days, inevitably, the programme overran, but it was noticeable that the audience did not diminish, either in size or in attentiveness.

There was effectively a 'relay' system for the guest lecturers, with the lapel microphone being passed like a baton between the speakers.

Dr Enright spoke on 'The Global Anaesthesia Crisis', 'The Global Oximetry Project', (close to the heart of British anaesthetists) and 'Things I have learned as President of the WFSA'. Her global view was much appreciated, and she urged Mauritian anaesthetists to engage in outreach to less developed nations on the African continent.

Prof Kuczkowski provided an update in his specialty of obstetric anaesthesia, speaking on 'Medicolegal issues in obstetric anaesthesia and perinatal medicine', 'Trauma in pregnancy: a situation pregnant with danger', 'Caesarean section for abnormal placentation: words of wisdom', 'Labour analgesia for the morbidly obese parturient: an old problem – new solutions' and 'Obstetric anaesthesia 2011: the state-of-the-art. A review of practice guidelines'.

Dr Hodgson, as an intensivist, spoke on 'ICU sedation for the anaesthesiologist', 'New airway devices – where do they fit?', 'Blocks for the head, neck and airway', 'Perioperative bleeding and clotting' and 'Perioperative nutrition to improve patient outcome.'

My subjects were 'Sedation - risks and benefits in various procedures', 'The enhanced recovery programme' and 'Anaesthesia and the developing brain'.

The invited Guest Speaker was Prof Surendra Bissoondoyal, who spoke on 'Education and training: changing perspectives.' As an educationalist, he discussed the difference between the two, in a talk which was pertinent to the philosophical basis of training not just in Mauritius but anywhere in the world.

In addition to the guest lecturers, local anaesthetists spoke on 'The WHO Surgical Safety Checklist' (Dr Vinod Nundloll) and 'Postoperative cognitive dysfunction – an update' (Dr Sundaresan),

There was time for questions at the end of each of the sessions, and a panel question and answer session at the end of the academic part of the meeting. The visitors were warned in advance that this was usually a robust affair, as indeed it was. There were no holds barred, and it was obvious that the local clinical staff were abreast of the current literature, and had firm views which they did not hesitate to test out with the visitors. For the first time, a conference booklet was published, edited by Dr M D Moraby. This is a large (A4, 88 pages), full-colour, beautifully illustrated production, containing a wealth of educational, historical and professional material which will be of value long after the conference is over.

The scientific programme was followed by an awards ceremony. The meeting is subsidised by pharmaceutical and equipment companies, who mounted a small, high-quality exhibition. Traditionally, the overseas speakers act as judges for the best stand award. We decided to award the prize to the stand with the best educational content. It was a difficult decision, since most of the stands offered postgraduate educational material or samples of patient information rather than simple advertising.

This was followed by local Mauritian Association awards, and gifts were given to each of the speakers.

I was able to make presentations on behalf of the Royal College of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland to the Association of Anaesthesiologists of Mauritius, as a mark of friendship and in recognition of the admirable work of the AAM in raising and maintaining the standards of anaesthesia on the island.

The hospitality shown to the visitors was warm and generous. We were housed in the beautiful hotel where the conference was held, and the organisation was faultless.

Thanks and credit for the high standard and smooth running of the conference must go to the Association of Anaesthesiologists of Mauritius, its President Dr R Soondron and the organising committee (Drs. Soondron, Hemoo, Dinassing, Moraby, Paray, Goordyal, Seetapah, and Nundloll).

I was assured, and saw for myself, that this annual postgraduate weekend is of great importance to the maintenance of standards of anaesthetic practice in Mauritius. The tradition of inviting three lecturers from three different continents is a way of maintaining a presence and links in the international professional community as well as ensuring a broad view in the presentations. On this occasion, the conference was honoured by the presence of the President of the WFSA.

I am privileged to have been invited three times to speak at this meeting, and always come away having learned a great deal. The standard of the local speakers was always high, but continues to rise and the meeting provides a forum for local consultants. The audience was attentive and appreciative, and there was a great deal of active audience involvement. Many of the questions were challenging.

Like all health systems, Mauritius has its problems, but in anaesthesia they are not the same as in other parts of Africa with which I am familiar. Anaesthesia is delivered by fully trained physician anaesthetists. International contributions to the annual weekend postgraduate conference are a valuable, and I believe cost-effective, means of helping to sustain this high standard, as well as raising the profile of anaesthesia within the local medical community.

I am very grateful to the Royal College of Anaesthetists, the National Institute of Academic Anaesthesia (via the Stanley Rowbotham Fund) and to the Association of Anaesthetists of Great Britain and Ireland for their contributions to my expenses, and to the Association of Anaesthesiologists of Mauritius for inviting me, and for their warm hospitality.

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