



Last week saw yet another indiscriminate attack on innocent people in France. The carnage in Nice was truly horrific and undoubtedly tested to the utmost the professional skills and fortitude of the emergency services including anaesthetists and critical care specialists. Together with the President of the Association of Anaesthetists of Great Britain and Ireland (AAGBI), and the Dean of the Faculty of Intensive Care Medicine (FICM) I have sent [a message of condolence](#) and solidarity to our French anaesthetic and critical care colleagues who are still managing the aftermath of this terrible tragedy. The events in Nice led me to reflect on the preparedness of our own emergency services and how they would respond in the event of such an attack on home soil. With more than two thirds of patients in secondary care interacting with anaesthetic services and given our specialty's expertise in major incident response, we are at the forefront of, and take the lead in, disaster management in many circumstances.

Closer to home, and with the College's 25th year Anniversary now less than six months away, I would like to share the [RCoA Strategy 2016 - 2021](#). It reflects our vision for the future of anaesthesia and the College's work. As anaesthetists, we have overall responsibility for patients' wellbeing before, during and after surgery. We are the lynchpin that holds secondary and tertiary care together. Away from the operating theatre, anaesthetists are involved in a broad range of activities, from obstetrics to dentistry, resuscitation to sleep medicine. Our work crosses many boundaries providing anaesthetists with a unique position to see the big picture. This is one of the reasons why anaesthetists are particularly suited to senior leadership roles which require a broad understanding of healthcare delivery. At the RCoA, we champion the work of anaesthetists, and the science that underpins our work. We recruit, train and examine anaesthetists to the most exacting standards. We support you throughout your careers, and help to keep you at the top of your game. We fund research to ensure that anaesthesia continues to advance. We promote the sharing of knowledge and best practice. And we work with government and other stakeholders in the UK and overseas to make sure that anaesthesia and anaesthetists play a central role in shaping and delivering the healthcare agenda. With our fellows and members at its heart, this new strategy defines the values and purpose that will provide a solid, coherent and focused foundation upon which to build our shared future.

It is a living strategy that can be adapted to changing priorities and circumstances, including the new challenges thrown up during the tumultuous four weeks since my last update. The UK's decision to leave the European Union has ushered in a period of significant economic and political

uncertainty and, as we have emphasised in the [national media](#) as well as in a [joint statement](#) with our associated Faculties and the AAGBI, the NHS and social care system simply would not function without the pivotal contributions of our colleagues from the European Economic Area. Despite the still-unknown implications of the referendum outcome on various areas affecting our specialty, we remain committed to supporting the anaesthetic, pain medicine and critical care workforce, and will continue to advocate for expanding the number of training posts in order to meet the unmet need identified in the recent RCoA [medical workforce census](#).

It is no secret that the health service is facing severe challenges, and a [report published](#) by the King's Fund last week confirmed that the NHS is "buckling under the strain of huge financial and operational pressures", warning of risks to patient care and casting doubt over the affordability of a seven-day NHS. The report was published days after the decision by the government to impose a new contract on junior doctors in England and Wales following the vote by British Medical Association members [against accepting the deal](#). Together with our colleagues at the AAGBI and FICM, [our joint statement](#) reiterates our support for our trainee colleagues during these difficult times. Even at this late stage, we call on all parties to work together constructively and urgently to resolve these issues in the interests of junior doctors, their patients and the NHS.

Our five-year strategy will guide our future development and influence our response to these issues. The work underpinning it can be moulded and shaped in light of feedback from you, our members, so please do take the time to read it and share your views with me at presidentnews@rcoa.ac.uk.

With flying colours



The College's examinations are internationally recognised for their fairness and high standards. They have evolved over time to reflect best educational and assessment practice as well as developments in anaesthesia, intensive care and pain medicine. With the College having hosted its final examinations for the 2015–2016 academic year, I am pleased to report some very encouraging results. The May 2016 Primary FRCA OSCE/SOE pass rate was 64 percent and the June Final SOE pass rate reached 71 percent, both representing the highest pass rates recorded for these components since the FRCA exams moved to the new exam structure in September 2009.

This is positive news, and a number of factors will have contributed to the recent rise in pass rates. Despite the very unsettling backdrop, trainees have remained admirably focussed on their exam preparation, aided by the dedicated support of their trainers. The many resources provided by the College, which include Primary and Final Masterclasses, exam videos and [our e-Learning Anaesthesia](#) platform will have made a difference, as well as the provision of a consistently well run and highly organised exam, ensuring that candidates are not unsettled on the day. In addition to the good news from the FRCA, the Fellowship of the Faculty of Intensive Care Medicine and the Fellowship of the Faculty of Pain Medicine of the Royal College of Anaesthetists exams also continue to show good reliability and the pass rates for 2015–2016 remain consistent with previous years.

With the FRCA Examiners and the Examinations Directorate at the College continuing to quality assure processes as well as engaging in research and ongoing development work, preparation for the 2016–2017 exams schedule is already well underway. For more on the FRCA Examinations, including information on the syllabus, regulations and candidate resources, see our [online exams page](#).

NELA – Second Patient Report



The [Second Patient Report](#) of the National Emergency Laparotomy Audit (NELA) was published earlier this month, providing a comprehensive analysis of the care received by more than 20,000 emergency bowel surgery patients treated in NHS hospitals in England and Wales between December 2014 and November 2015.

Commissioned by the Healthcare Quality Improvement Partnership and carried out by the Health Services Research Centre on behalf of the College, the report confirms that emergency laparotomy carries an 11 percent mortality rate. NELA's first patient report, published last year, revealed that more patients die from emergency bowel surgery than from any other type of high-risk planned surgery. From implementing care pathways for emergency surgical patients to ensuring consistent medical staffing at all times, the report makes 12 key recommendations aimed at commissioners, hospital chief executives and clinicians in a bid to reduce variation in the care of patients undergoing the surgery.

More information on NELA [can be found here](#).

New College brand



I am delighted to announce that the College has finalised and is in the process of rolling out a new logo and brand. Since being made public at our College Tutors' meeting and Summer Symposium a few weeks ago, the Communications Team has been developing the new brand's guidelines and communicating them to College staff.

Produced after a consultation period of several months, the new brand and logo have been designed to instil a sense of trust in the fact that, as a professional specialty, anaesthetists are all doctors and have the patient's needs at heart. The capital 'A' symbol within the new logo contains two circles, inspired by the relationship between patient and anaesthetist. This suggests that we are 'by your side' and represents the vital supportive and collaborative role which the College plays for our members, patients and healthcare in general. For those who value the traditional, the College crest will not be forgotten but will be retained for ceremonial uses, including examination certificates and other formal documents.

The brand clearly communicates what we do as a medical Royal College, why we do it and how we do it. It makes clear our pursuit of excellence, our focus on supporting our membership, the value we place on collaboration, our vision of the central role anaesthesia plays in the future of healthcare and the fact that we are always developing ourselves. Over the next few months you'll start to notice the new brand being rolled out at conferences and events and on publications, social media and websites. Supporting our new five-year strategy, the new brand will be a platform for the continued success of the RCoA. We hope you like it.

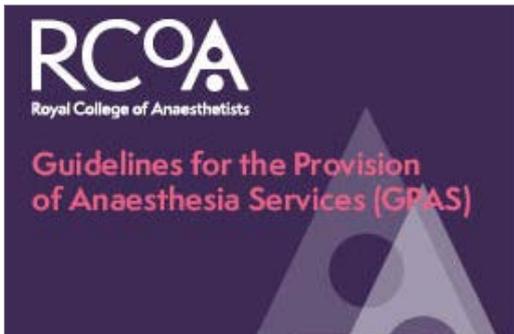
Make your mark



Elected by you, our fellows and members, College Council governs the RCoA's activities and is comprised of 20 Consultant seats, two SAS seats and two Trainee seats. Nominations for election to Council are now open and prospective candidates are invited to apply for the three consultant vacancies and one Trainee vacancy by [completing a nomination form](#) before the closing date of 30 September 2016.

I was greatly encouraged by the large number of nominations for last year's Council elections, and hope that this healthy sign of people's wish to shape the future of their College is replicated this time around. Although attendance is not a prerequisite for standing for election, an information session outlining the College's structure, activities and various committees and work streams will be held for prospective candidates on 13 September. For more information on eligibility criteria, terms of office and the full election timetable visit the [this link](#).

College guidelines accredited



I am delighted to announce that the initial tranche of the College's [GPAS chapters](#) have received official NICE accreditation, further boosting the credibility of these comprehensive anaesthetic guidelines. GPAS has been in existence since 1994 and sets out the College's recommendations on what a high quality anaesthetic service should look like, covering areas such as staffing requirements, equipment and facilities.

Developed in collaboration with clinical and lay stakeholders, the new process, incorporating a systematic literature search, multidisciplinary development groups and greater stakeholder consultation will be rolled out for all 18 GPAS chapters by 2019. This is a tremendous accomplishment for the College and a ringing endorsement of our robust guidelines - many congratulations to everyone involved in achieving this feat!

You can find out more about GPAS and the new rigorous [evidence-based process here](#).

Good to talk



Dr Ramana Alladi

Last month I shared some of the highlights from the annual College Tutors' meeting and Summer Symposium in Brighton, as well as an account of the first regional ACSA meeting at St Helens and Knowsley Hospitals NHS Trust. This month we've reached out more locally, and I am pleased that former Council member Dr Ramana Alladi, the College's Education Programme Advisor, spoke last week at a Patient Participation Group at Oxted Health Centre, Surrey.

Delivering a wide-ranging introduction to anaesthesia, with a particular focus on how the specialty has developed over the years, Dr Alladi outlined the anaesthetist's crucial role in areas such as pain medicine and intensive care.

As well as discussing the College's role in educating, training and setting standards in the specialty, Dr Alladi helped dispel some of the myths around anaesthesia and cited findings from the [National Audit Project 5](#) (NAP5) and its findings on the rare occurrence of accidental awareness. I have always supported the idea of fellows and members reaching out to patients and the public, and am looking forward to the series of talks we have lined up as part of our 25th Anniversary celebrations starting in November this year. From national, regional, patient, public and staff events, to special editions of the [BJA](#) and [Bulletin](#), a year-long programme of celebrations is being developed in which all members can be involved. If you have any suggestions or would like to contribute to this, [please let us know](#).

Sad news



Dr Tom Boulton OBE

We mourn the passing of all fellow anaesthetists, but there are a few recent deaths which I particularly wish to highlight here. Firstly, it is with great regret that I report the death of former Vice-President and Council member Dr Peter Morris. Elected to the Board of the Faculty of Anaesthetists in 1988, Peter played an integral role during a crucial period of our history as we negotiated the separation from our colleagues at the Royal College of Surgeons and subsequent move to the then-new premises in Russell Square.

Peter was a prominent figure during this time of change for the newly formed College, elected Vice-President of the RCoA in 1993 and re-elected the following year. Chair of the Board of Examiners for Part One of the Fellowship examination during much of the 1990s, Peter's distinguished career also included a period as President of the APAGBI, between 1991 and 1993.

The passing of Dr Tom Boulton OBE is also a cause of great sadness. Tom was a tall, imposing figure who worked at Barts and, later in his career, at the Royal Berkshire Hospital. A former President of the AAGBI from 1984 to 1986 and founder of the History of Anaesthesia Society, he was elected to the Board of Faculty of Anaesthetists in 1975 and involved in the negotiations that led to the creation of the College of Anaesthetists. His obituary [can be read here](#).

As we celebrate the 25th Anniversary of the award of our Royal Charter in 2017, we will remember with fondness and gratitude the significant contribution made by Peter and Tom to the development of our specialty.

I am also saddened to note the statements at the inquest into the recent death of Dr Ronak 'Ronnie' Patel, an ST3 trainee working in Norwich who was tragically killed whilst driving home after completing a night shift. Taking regular breaks during shifts is crucial and I am encouraged [by comments this week](#) from Professor Sir Mike Richards, Chief Inspector

of hospitals at the Care Quality Commission, that NHS trusts should consider best practice guidelines on rest for hospital staff. I continue to liaise with colleagues from the AAGBI and, via their Support and Wellbeing Committee, we will ensure that the issues raised by this tragedy, including access to rest facilities post-call, are considered in more detail and appropriately addressed.

Our deepest condolences go to Peter's, Tom's and Ronnie's families.

Perioperative medicine



It has been some time since we updated you on our [perioperative medicine programme](#), the practice of integrated and collaborative perioperative care that the College believes is the route to effective and sustainable surgery for patients. Perioperative practice is as much about leading patient-centred care as delivering it, and I would like to congratulate the Perioperative Team at Freeman Hospital, Newcastle upon Tyne Hospitals NHS Foundation Trust, for being recognised as outstanding in the Care Quality Commission's (CQC) recent [Quality Report](#).

Highlighting several areas of exemplary practice, the CQC report notes that 'the perioperative care team at the Freeman were national leaders in pre-operative assessment, [and] cardiopulmonary exercise testing after major intra-abdominal surgery (including shared decision making in the pre-operative counselling process)'. This is a significant achievement and the RCoA continues to encourage hospitals to share their best practice case studies with us, and to build on efforts to develop existing aspects of perioperative care. To send us examples of perioperative care at your hospital, email perioperativemedicine@rcoa.ac.uk

Safety Update



Keeping with the theme of safety, the Safe Anaesthesia Liaison Group (SALG) is a body jointly led by the College and AAGBI, and aims to highlight potential or existing patient safety issues to those practicing anaesthesia. The group has issued the [latest Patient Safety Update](#), published once a quarter and containing important learning regarding reported anaesthesia-related untoward incidents.

With anonymous case studies this quarter including wrong route injection and complications relating to central venous catheters, the RCoA and AAGBI would like to bring these important updates to the attention of as many anaesthetists as possible, so please do read and circulate the document as widely as you can.

More information on the work undertaken by SALG [can be found here](#).

And finally...

Later life career planning

ACADEMY OF MEDICAL ROYAL COLLEGES

There have been a number of articles this year on ageing doctors, including my piece in our own [Bulletin](#) in March, which complements a soon-to-be published report by the AAGBI on 'Age and the Anaesthetist', which has been endorsed by the RCoA Council. The theme was also picked up in the RCoA [medical workforce census](#) and the implications of an ageing workforce in an acute, high pressure specialty such as ours are perhaps more pertinent than for some other specialties. With the planned increase in retirement age, the Academy of Medical Royal Colleges (AoMRC) is inviting views on the issue of later life planning, in order to gauge exactly what options and opportunities doctors would find attractive in the later stages of their careers.

To participate in the anonymous questionnaire, please visit [the AoMRC page](#) before the closing date of 16 September. The results will be used to develop evidence-based recommendations to present to NHS Employers which can be used both to inform changes in the terms and conditions and to assist in workforce planning.

As ever, if you have any comments on any of the issues highlighted in this newsletter, or thoughts on any other matter, please let me know using presidentnews@rcoa.ac.uk. I look forward to hearing from you.

Best wishes,
Liam