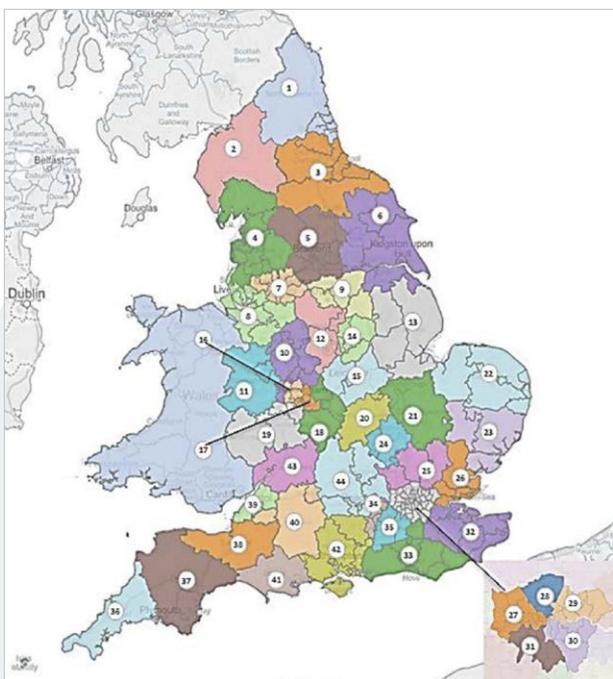




## Sustainability and Transformation Plans

There has been much discussion recently about the new [Sustainability and Transformation Plans](#) (STPs) – the method by which NHS England's Five Year Forward View (FYFV) will be implemented. In short, NHS England's footprint has been divided into [44 regions](#), which differ in terms of size and population. Each area has been asked to find ways to achieve improvements to the ways that health and social care are planned and delivered locally; more person-centred care; and better coordinated care.



Source: NHS England, Sustainability and Transformation Plan footprints

The hope is that, if this is accomplished, the three gaps identified in the FYFV – health and wellbeing, care and quality, and financial sustainability – will be closed. The local STP teams were commissioned to carry out the work in December 2015, as part of the NHS Shared Planning Guidance. For the most part they reported back earlier this month, with some responses being returned to the local STP for further 'refinement.' However, to date, there has been little interaction by the STP process with Medical Royal Colleges, despite the need to ensure an overview of clinical leadership and input. This month, however, I met individually with representatives of NHS England and, through the [Academy of Medical Royal Colleges \(AoMRC\)](#), the Medical Royal Colleges as a group met to

discuss our role in the development of the STPs. All regions face a deadline of 21 October to deliver their final plans, with implementation planned for 31 December 2016. The College is actively working at a national level, however, as the STPs may well be controversial within their locality, I would urge you as clinical leaders to [contact your local STP leads](#) and keep us informed about your input by emailing [presidentnews@rcoa.ac.uk](mailto:presidentnews@rcoa.ac.uk). It is vitally important that anaesthesia, critical care and pain medicine are not neglected and that they are factored into every local Sustainability and Transformation Plan wherever appropriate.

## Junior doctors

I note with regret that the continuing junior doctors' dispute in England, between the government and the British Medical Association (BMA), shows no sign of abating. Earlier this week the group Justice for Health, consisting of five trainee doctors, mounted a legal challenge against the Health Secretary on the grounds that he acted beyond his powers by imposing a new contract on trainee doctors. Coupled with the unprecedented prospect of a series of five-day strikes, this judicial review underlines the strength of feeling of doctors across the country.

As the RCoA stressed earlier this month, in a [joint statement](#) with the Association of Anaesthetists of Great Britain and Ireland (AAGBI) and the Faculty of Intensive Care Medicine (FICM), we believe that all parties need to focus on the lack of resources and consequent low morale at the centre of this dispute. This week a [study](#) from the Royal College of Physicians found that NHS staff 'increasingly feel like collateral damage' in the battle between rising demand and squeezed budgets, with a quarter of doctors in training saying that their working pattern leaves them feeling sleep deprived on a regular basis. Recent comments by Chris Hopson, Chief Executive of NHS Providers, that the NHS

is under the '[greatest pressure for a generation](#)', would have come as little surprise to this College's fellows and members, who are on the frontline of healthcare and acutely aware of the financial strain facing the NHS.

Lord Justice Green, who heard the legal challenge earlier this week, plans to issue his judgment on 28 September. The BMA's newly elected junior doctor committee will meet this weekend to review the latest developments. Regardless of the next chapter in this dispute, the RCoA recognises that the on-going uncertainty has been incredibly challenging for our trainee colleagues. The updated welfare statement, issued on behalf of the College, AAGBI and FICM, offers [support and practical advice](#) to those who may be feeling understandably overwhelmed by the events of recent months. While we do not yet know what the future holds, we can be certain that our trainees are the present and future of the specialty, and that they are essential to the on-going safe delivery of anaesthesia and critical care.

Your College, Council and I will continue to support trainees in the current challenging circumstances, and my recent election as Vice-Chair of the AoMRC offers another avenue with which to support and represent the specialty on a variety of issues. One of my key aims in this post is to prioritise a national debate on the future of healthcare in the UK. With the growing pressures on our health system, including an existing unmet need for anaesthetics and ICM in trusts across the UK, as reported in [our medical workforce census](#), it is clear that an honest conversation is required if we are to secure a sustainable future for the NHS.

### Engaging global partners

Meeting every four years, the 2016 gathering of the [World Congress of Anaesthesiologists](#) in Hong Kong couldn't have been better timed, taking place just two months after the launch of your College's [new strategy](#). This is our first corporate strategy, setting a bold vision for our work in the UK and globally. I'm pleased to say that it was warmly received by Congress delegates, while existing partners in collaborative societies and other Medical Royal Colleges have also welcomed and supported our vision.



*RCoA President Dr Liam Brennan hosted a working dinner for College Presidents at the World Congress of Anaesthesiologists in Hong Kong, September 2016. Represented were Thailand, Sri Lanka, Malaysia, Hong Kong, Australia and New Zealand, Ireland and South Africa, along with Paul Clyburn, incoming AAGBI President*

Attracting over 6,000 attendees, the major theme of the Congress was [The Lancet's 2015 Commission on Global Surgery](#), which found that more than five billion people lack access to safe and affordable surgical and anaesthetic care, and that a further 2.2 million anaesthetists, surgeons and obstetricians will be required worldwide to satisfy this demand. The College agrees this is an important issue and we state in our strategy that we are 'committed to working in partnership with organisations to improve healthcare provision across the world'. During a packed Congress programme, I was pleased to sign a [memorandum of understanding](#) with the Hong Kong College of Anaesthesiologists, on working in partnership on curricular and examinations developments for Hong Kong, which is one step towards achieving that strategic goal. We also convened a successful meeting with the Presidents of eight anaesthetic Colleges around the world, to discuss improving partnership working. Through our attendance at the Congress and our collaborative activities around its fringes, the College ensured that UK anaesthesia was well represented on the global stage.

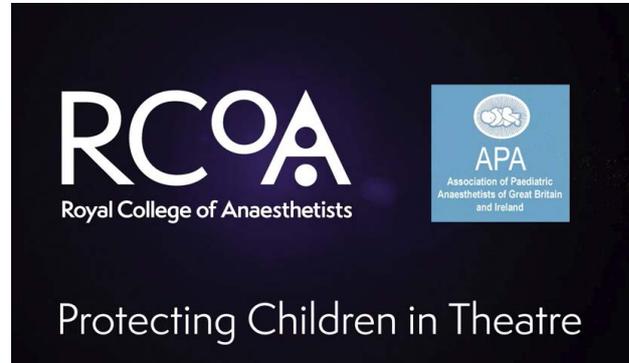
If you are interested in getting involved in our growing Global Partnerships work or want to receive further updates on our international projects as they progress, please email [global@rcoa.ac.uk](mailto:global@rcoa.ac.uk) and let us know. We would particularly like to hear from individuals who are currently involved in anaesthetic training both in the UK and overseas, as these experiences will be invaluable to our expanding international work.



### Landmark agreement

As part of a working group of anaesthetists and ENT surgeons, led by the RCoA, I am delighted to announce that a [new research paper](#) has been jointly published by the *British Journal of Anaesthesia* and *Clinical Otolaryngology*. The paper outlines recommendations by the working group that, based on the most recent [guidelines](#) by the Difficult Airway Society and supported by RCoA [research](#), the scalpel-bougie cricothyroidotomy technique is the most efficient method of obtaining emergency front of neck access (FONA) in a 'can't intubate, can't oxygenate' scenario (CICO).

CICO events occur approximately 100 times per year in the UK and, as one of the most feared emergencies in clinical medicine, anaesthetists and surgeons need to work quickly and collaboratively to ensure the survival of the patient. Good team communication, correct choice of FONA techniques and timing of interventions are all crucial to this end. Although CICO events are fortunately still rare, this recommended approach is significant and represents an important collaboration between anaesthetists and our surgical colleagues that will help to save lives.



### Protecting children in theatre

Like all healthcare professionals, anaesthetists have a responsibility to ensure the safety of children under their care, and to act if they have any safeguarding – child protection – concerns. Safeguarding children is a complex area of practice which those who work outside of paediatrics sometimes find particularly challenging. To help with this, the College, supported by the [Association of Paediatric Anaesthetists of Great Britain and Ireland](#), has developed a [short film](#) to provide guidance should safeguarding and child protection concerns arise in the perioperative period.

The film simulates a parent and child interview after a safeguarding issue has arisen and where a senior paediatrician is not immediately available to attend and assist in person. It provides general advice about how to structure such a conversation.

The College will soon launch a new safeguarding and ethics section on its website for anaesthetists working in the perioperative period in pain medicine and intensive care. We will be sharing more detail about this guidance and the new video next week, so please look out for more on the College website and social media networks.



### Attend our ARIES Talks

With the College's [25th Anniversary year](#) just over three months away, I am delighted to invite you to the first of our [ARIES Talks](#), a collection of informative and entertaining short speeches delivered by high profile speakers on areas of relevance to anaesthesia, critical care and pain medicine. The first series of talks will take place at the College next week, on Thursday, 29 September, and will feature an array of talented speakers including:

- Professor Donal Buggy – Cancer and anaesthesia technique
- Mr Simon Denegri – Public and patient involvement in research
- Colonel Peter Mahoney – Gelatine and silicone
- Professor Hugh Montgomery – Climate change and anaesthesia
- Dr Tim Cook – National Audit Projects
- Professor Jerry Nolan – Resuscitation medicine
- Surgeon Commander Kate Prior – Lessons from the battlefield

To join the celebrations on 29 September, book your place for the event [here](#) or keep an eye on the College's [YouTube Channel](#), where we'll be uploading a selection of the various speeches, lectures and discussions taking place across the country to mark the Anniversary year. I would also like to invite you to join us for our second series of talks, taking place [on 26 October](#), when speakers and topics include:

- Dame Carol Black – Improving welfare of working people
- Dr Rachael Craven – Anaesthesia in disaster zones
- Dr Ramani Moonesinghe – Will anaesthetists be necessary in 25 years?
- Dr Suellen Walker – Do children feel pain?

From national, regional, patient and public events, to special editions of the *BJA* and *Bulletin*, our year-long programme of celebrations is wide-ranging and includes activities in which everyone can be involved. Our programme of events, which is continually being updated, is [available here](#). If you have any suggestions or would like to contribute to the celebrations, [please let us know](#).



### New e-ICM resource

I am pleased to inform you that a new e-learning for Intensive Care Medicine (e-ICM) resource has been launched. A joint venture between the Faculty of Intensive Care Medicine, e-Learning for Healthcare (eLfH) and the Department of Health, e-ICM is an interactive web-based learning resource that brings together important and relevant content in existing eLfH resources into a structured learning programme.

Useful for ICM trainees, particularly those preparing for the FFICM examination, the new resource provides ten modules covering Stage 1 of the CCT in ICM including e-learning sessions, links to open access review articles and clinical guidelines. To access this new resource, first [register with e-LfH](#). Further information on registration, module content and the other new sessions that are in development can be [found here](#).



### Regional ACSA engagement

The summer was a fruitful period of growth and development for the College's anaesthetic services quality improvement programme, [Anaesthesia Clinical Services Accreditation](#) (ACSA). Last month, I introduced the scheme's new logo and shared the good news that 13 sites are now accredited, with 75 more departments currently working towards achieving the accolade.

As we head into autumn, the ACSA scheme continues to evolve and will soon hold its second regional event, this time in Portsmouth. The event, taking place on 24 November, will include information on the ACSA process and how to prepare for accreditation. For more information, the programme for the day and to book your place to attend, [visit this link](#).



### Marie Stopes International

Last month's news that Marie Stopes International (MSI), one of England's main providers of terminations of pregnancy, have suspended surgical abortions using anaesthesia or sedation for under-age girls and vulnerable women, made headlines across the country. The move to suspend these services came after the Care Quality Commission (CQC) [raised concerns](#) about patient safety following inspections at MSI's corporate headquarters and its call centre.

While the CQC raised 'specific immediate concerns' at MSI relating to the lack of assurance in areas such as consent and safeguarding, it is particularly alarming that the health watchdog was not satisfied about training and competence for terminations taking place under general anaesthesia or conscious sedation. As I highlighted [on Sky News](#), anaesthetists are highly trained doctors with a unique skillset that is essential to the safe provision of surgery wherever it is being delivered, whether that is in the NHS or any other environment. The CQC has said that abortion services at MSI will not restart until the necessary actions have been taken to ensure the safety of all women.



### Council calling

There is just a week to go until nominations for election to Council close on 30 September. The College's Council is comprised of 20 Consultant seats, two SAS seats and two Trainee seats, all elected by you, our fellows and members. Prospective candidates are invited to apply for the three Consultant vacancies and one Trainee vacancy by completing a nomination form.

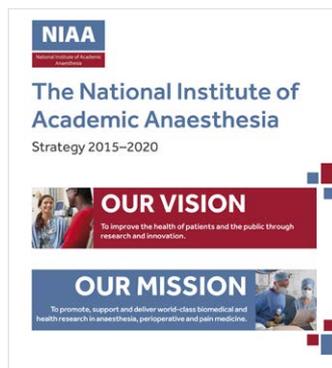
I was greatly encouraged by the large number of nominations for last year's Council elections, and hope that this healthy sign of people's wish to shape the future of their College is replicated this year. For more information on eligibility criteria, terms of office and the full election timetable, and to download the nomination form, [visit this link](#).



### Joint Clinical Research Network award winner

Founded in 2015, the joint Royal College of Physicians (RCP) and Clinical Research Network (CRN) [awards](#) celebrate the outstanding contributions of NHS clinicians to the National Institute for Health Research CRN Portfolio. Dr Tom Abbott, a Medical Research Council/BJA Clinical Research Training Fellow in perioperative medicine at Queen Mary University and Barts Health NHS Trust, was a recent winner of the joint RCP/NIHR CRN Trainee award and I would like to congratulate him on this significant achievement. The award was presented to Dr Abbott in recognition of his contribution to two NIHR portfolio studies, and in particular for his work in helping to implement innovation locally to develop and improve the accessibility of research to patients.

With the increasing pressure on the health and social care system contributing to the many competing demands facing clinicians, I am delighted to see such dedication to research, and that our doctors are leading clinical studies to improve outcomes for patients in the NHS.



### And finally...

#### NIAA publishes review of activity

The RCoA is one of four founding partners of the National Institute of Academic Anaesthesia (NIAA), a body that seeks to improve patient care by promoting the translation of research findings into clinical practice. I am pleased to share the [NIAA's Comprehensive Review 2014 – 2015](#), celebrating the successes of the organisation and its related projects over the past two years. The review features important updates on research grant funding, academic anaesthesia and National Audit Projects, as well as the National Emergency Laparotomy Audit. The NIAA has also published its five-year strategy, which sets out the vision of the organisation's work up to 2020. For more information and to download copies please visit [the NIAA website](#).

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](mailto:presidentnews@rcoa.ac.uk). I look forward to hearing from you.

Best wishes, Liam