



### Today and tomorrow

It is no secret that the health service is facing severe challenges. Building on the findings of our [workforce census](#), the RCoA's [membership survey](#) reveals that, due to an all too common lack of resources, one-third of anaesthetists in UK hospitals find it hard to deliver safe and effective patient care. With our work crossing many boundaries within the patient care pathway, it is unacceptable that such a large proportion of anaesthetists report patient care potentially being compromised, and it is clearly a reflection of the challenges facing the NHS more widely.

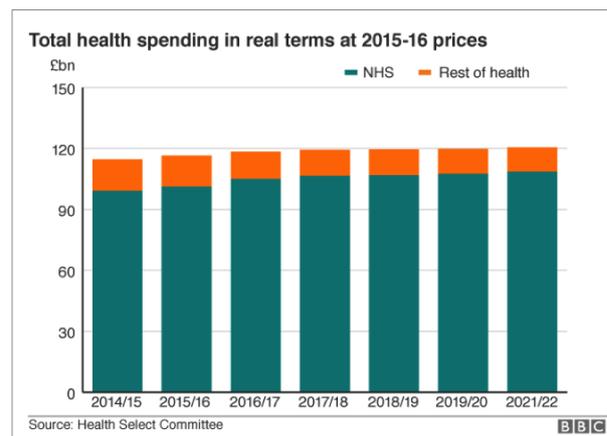
Along with workforce issues and spiralling service pressures, anaesthetists also raised concerns about demoralised and fatigued colleagues, a lack of co-operation by management and inadequate facilities as factors restricting the delivery of safe and effective patient care.

We are committed to working with our members and with hospital leaders on practical solutions to address these critical issues. The RCoA is engaged in a programme of work with the [Academy of Medical Royal Colleges Trainee Doctors' Group \(ATDG\)](#) on the topic of morale and wellbeing, on which we will keep members updated over the coming months. Our [Strategic Plan 2016-2021](#) plays an important role in influencing our response to these issues, and we are working with Health Education England to address training and workforce matters. The findings of our membership survey are particularly timely, with the Safe Anaesthesia Liaison Group's (SALG) annual [Patient Safety Conference](#) taking place later this month on 30 November. HRH The Princess Royal will be addressing delegates on the day, and I am honoured that the College's Royal Patron will join us to hear more about the important patient-focused work that the RCoA and its safety partners within SALG undertake.

### Political engagement

At a political level, the College continues to press government to deliver a more robust and targeted funding strategy for the NHS. In a roundtable meeting between the Presidents of the Medical Royal Colleges and Labour's Shadow Health Team earlier this month, I emphasised the vital role played by anaesthetists in the NHS, who are on the frontline of healthcare and acutely aware of the challenges facing the health service. The RCoA's recent [consultation response](#) to the House of Lords Select Committee inquiry on the long-term sustainability of the NHS reflects our unique position in being able to see the big picture and having a broad understanding of healthcare delivery.

I also met recently with Dr Sarah Wollaston MP, chair of the Health Select Committee, and discussed issues relating directly to the anaesthetic workforce and our patients. We explored the Committee's recent report into [winter pressures](#), which called for additional social care funding to cope with what it anticipates will be a "substantially more difficult" winter this year. Chris Hopson, Chief Executive of NHS Providers, [today said](#) a new financial plan for the NHS is needed, adding that the health service "cannot deliver what is being asked of it on the current budget". The Academy of Medical Royal Colleges (AoMRC), supported by the RCoA, are also [urging the government](#) to address the critical state of health and social care ahead of the Chancellor's autumn statement next week.



As the temperature continues to drop with winter approaching, recent figures reflect the enormous strain the NHS and the wider health and care system is already under. The number of patients in England medically fit to leave hospital but unable to be safely discharged reached a [new high](#) for the sixth consecutive month. The [Quarterly Monitoring Report](#) for July – September 2016, published last week by the King's Fund, confirmed that NHS performance against several key indicators continues to deteriorate.

Across England, the publication of draft [Sustainability and Transformation Plans](#) (STPs) continues. STPs are the method by which NHS England's Five Year Forward View will be implemented, and there are 44 STP regions across the country. It is vitally important that anaesthesia, critical care and pain medicine are not neglected and that they are factored into every local STP wherever appropriate.

Through the AoMRC, we have agreed with NHS England that there should be the opportunity for STP leads to seek advice and input from College regional representatives and equally for College representatives to engage with STP leads. We are currently finalising our RCoA policy position on STPs. However, our broad principles are that the main driver for STPs must be improving patient care and outcomes, and that clinicians should be fully involved in the process to support that aim, ensuring that all STPs have proper regard to anaesthesia, critical care and pain medicine services. We will publish our full policy position in due course.

With the growing pressures on our health system, including an existing unmet need for anaesthetics and intensive care medicine in hospitals 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.

### Listening events

We are acutely aware of the issues impacting anaesthetists in training within our specialty. In order to continue to effectively represent doctors in anaesthetic training, I am arranging a series of listening events to better understand your needs and the pressures you may be under. A two-way dialogue on these issues is crucial, and whether you have concerns about the workplace or want to discuss wider matters regarding morale and wellbeing, I would like to invite you to meet with me and other members of your Council, who represent you at your College. Please book your free place and join me at the RCoA on [Monday 12 December](#) or [Monday 30 January](#). There will be further events around the UK throughout 2017 which we are currently planning.



### Election to Council 2017

With elections constantly in the news, the election of interest at the RCoA is the [election to College Council](#) in 2017. I am delighted that so many of you have already exercised your democratic right and voted in the election. With 11 candidates on the ballot for the three consultant vacancies and four candidates on offer for the trainee vacancy, I would like to encourage all fellows to participate before 5pm on **Monday 5 December**.

The list of candidates can be viewed [here](#). If you are a fellow and were expecting a ballot paper which has not arrived, please contact Rose Murphy ([rmurphy@rcoa.ac.uk](mailto:rmurphy@rcoa.ac.uk)) citing your college reference number. 2015 saw the highest level of participation in Council elections for more than a decade, and I hope that this sign of active engagement within our fellowship is replicated this year.



### RCoA Scottish Advisory Board vacancies

Last month's newsletter included an update from the RCoA [Scottish Advisory Board](#) in response to the recent Scottish CMO's Annual Report, 'Realistic Medicine'. If you would like to be more involved with the College and the important work undertaken by the Scottish Advisory Board, you are invited to apply for one of the vacancies on the Board for 2017. There is one consultant vacancy and one SAS vacancy, with nominations closing on **Thursday 1 December**. More information can be found [here](#).

Meeting regularly to serve the needs of the local population and to help support services in anaesthesia, critical care and pain medicine, the Scottish Advisory Board also maintains a cohesive approach to all aspects of the College's core business, while interacting with the increasingly divergent healthcare system in Scotland. Prospective candidates can read about the board's work and objectives for 2017 [here](#).



### 25th Anniversary

The countdown to the College's 25th Anniversary year is well underway with less than two months before our programme of activities begin across the country. We have so far held a series of [ARIES Talks](#), a collection of short, entertaining presentations on areas of relevance to anaesthesia, critical care and pain medicine. The first ARIES talk has been uploaded to the College's [YouTube channel](#) and you can hear Commander Surgeon Dr Kate Prior's fascinating short talk, on lessons from the battlefield, [here](#). All the talks were recorded and will be uploaded to the RCoA YouTube channel over the coming months so do keep an eye on this as well as our social media accounts, where we will provide regular updates on activities and live-tweet from certain events.

From national events and special editions of the BJA and Bulletin, our programme of celebrations includes activities in which the public, patients, staff and our fellows and members can be involved. Our programme of events is available [here](#). If you have any suggestions or would like to contribute, please [let us know](#).



### Royal Occasion

In just over a week on 30 November, the [Safe Anaesthesia Liaison Group](#) (SALG), a body jointly led by the College and the AAGBI, will hold the annual [Patient Safety Conference](#) in Edinburgh. SALG aims to highlight potential or existing patient safety issues to those practicing anaesthesia and, as I touched on earlier, it is a great honour that the College's Royal Patron, HRH The Princess Royal, will be joining us in Scotland this year.

The conference is aimed at all doctors engaged in clinical anaesthesia, pain management and intensive care medicine who have a particular interest in improving patient safety. Dr Catherine Calderwood, Chief Medical Officer for Scotland, will open the conference, which will feature experts presenting up-to-date information on a range of patient safety related topics, including the culture of safety, preventing never events and implementing IT systems safely.

While delegates were previously able to book a place for the event until 29 November, due to security requirements relating to The Princess Royal's attendance, please note that bookings will now only be accepted until 27 November – next Sunday – and we will be unable to accept delegate registrations on the days immediately preceding the conference.

It promises to be another engaging, informative and well-attended event, and you can book your place [here](#).



### Research and QI update

The RCoA is committed to delivering world-class research to better improve anaesthetic practice and patient outcomes. With a number of important research projects underway, the College will soon be reaching significant milestones in the development and data-collection processes of various large scale studies. It has been some time since we updated you on the status of some of these projects, so, as much of this month's newsletter is devoted to patient safety, a brief summary of the important research and quality improvement work being undertaken follows.

### National Audit Projects

The College's National Audit Projects (NAPs) continue to contribute important Quality Improvement learning in key areas of the specialty. Examining perioperative anaphylaxis, [NAP6](#) will facilitate collaboration between anaesthetists and allergy specialist communities to better manage and investigate this life-threatening condition. As the reporting period for NAP6 ended on 4 November, cases occurring beyond this date will not be included in the final report, but all cases occurring up to this date should be reported by local coordinators – so please do ensure that all outstanding cases of Perioperative Anaphylaxis are reported appropriately. I would like to offer my gratitude to the cohort of anaesthetists who took part in the recent Organisational Survey – your feedback provided a wealth of data which will inform our work going forward. More information can be found on the NAP6 [website](#), and any queries should be submitted to [nap6@rcoa.ac.uk](mailto:nap6@rcoa.ac.uk).

### National Emergency Laparotomy Audit

This summer the College published the [Second Patient Report](#) of the National Emergency Laparotomy Audit (NELA), 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. On 30 November, the third year of NELA data collection will end, with year four data collection commencing on 1 December. Work is ongoing with local NELA leads to log all cases for the year three reporting period, but any queries can be submitted to [info@nela.org.uk](mailto:info@nela.org.uk). More information on NELA can be found [here](#).

### Perioperative Quality Improvement Programme

The the College's [RCoA Five-year Strategic Plan](#), outlines our commitment to deliver a Perioperative Quality Improvement Programme (PQIP) pilot and support the wider adoption of PQIP by the medical profession. This is a multidisciplinary initiative supporting local Quality Improvement to benefit patients undergoing major surgery. I am pleased to announce that PQIP began data collection on 7 November with a 'soft' launch. Sites will only begin participating as and when they are able to and once all the relevant regulatory paperwork has been completed. For more information visit the PQIP [website](#) or contact [pqip@rcoa.ac.uk](mailto:pqip@rcoa.ac.uk).

### Sprint National Anaesthesia Project

The 2nd Sprint National Anaesthesia Project: Epidemiology of Critical Care provision after Surgery (SNAP-2: EpiCCS), will launch in March 2017. SNAP-2 will describe the epidemiology of perioperative risk and outcome, as well as critical care referral and admission after inpatient surgery in the UK. It also aims to examine whether planned postoperative critical care admission is effective as an intervention to reduce postoperative morbidity. Local investigators who worked on SNAP-1 are being contacted to confirm participation in SNAP-2 – if you were involved with SNAP-1 and have not yet heard from us, please do get in touch by contacting [snap2@rcoa.ac.uk](mailto:snap2@rcoa.ac.uk). Full details of the study and supporting documentation can be found on the [SNAP-2 website](#).



### RCoA Fellows and Members room

The new RCoA Fellows and Members Room offers an accessible place for fellows and members to meet and collaborate whenever they are in London. Recently renovated and now offering tea and coffee-making facilities, as well as a selection of the latest RCoA publications and event brochures, the new room features Wi-Fi and desks with charging points to enable fellows and members to work at the College.

The room is located on the second floor at the College and is open for fellows and members to use between the hours of 7.30am and 6.20pm. Upon arrival, please inform Reception that you are a fellow or member of the College and you will be given directions to the room. If you would like to give feedback on the facilities offered, please let me know by emailing [presidentsnews@rcoa.ac.uk](mailto:presidentsnews@rcoa.ac.uk).



### Applications to join Q initiative

Aiming to foster sustainable improvement in healthcare by connecting people with expertise, the [Q initiative](#) was co-designed to include representation from anaesthesia, intensive care and perioperative medicine within its 231 founding members. Led by the Health Foundation and supported and co-funded by NHS Improvement, Q is [inviting applications](#) from those working in the North East and North Cumbria, the South West and the West of England as part of its objective to connect people with improvement expertise across the UK.

With applications as part of this phase closing on Monday 5 December 2016, I would like to encourage members to apply to join the Q initiative by applying via the [Health Foundation website](#). Individuals interested will need to demonstrate their commitment to, expertise in and experience of collaborative improvement. A strong cohort of members with an anaesthetic or perioperative care background will help to facilitate and enhance the spread of local improvements, and will aid collaboration on important issues within and outside the specialty.



### And finally

#### The Royal Medical Benevolent Fund

I am delighted to support the latest appeal of the [Royal Medical Benevolent Fund](#) (RMBF). As you may know, the RMBF does excellent work to support doctors and their families through times of adversity and hardship, but it is reliant on support from the medical profession and others for its funding. The organisation has been at the heart of the medical profession for over 175 years, providing help to hundreds of doctors, medical students and their dependants.

Offering invaluable support, from financial assistance in the form of grants and loans to a telephone befriending scheme, the RMBF relies on voluntary donations. Your financial contributions can make a real difference to the lives of colleagues and their families in need. If you would like to make a donation please visit the RMBF [website](#).

If you have any comments on any of the issues raised in this *Newsletter* or you would like to express your views on any other matters, I would like to hear from you. Please contact me via [presidentnews@rcoa.ac.uk](mailto:presidentnews@rcoa.ac.uk).

Best wishes, Liam