



RCoA: President's News

October 2015

THE ROYAL COLLEGE
OF ANAESTHETISTS



The times they are a-changin

(Bob Dylan 1964)

Today, on World Anaesthesia Day, as I write this first members' e-newsletter, a month after taking up office as President, I feel deeply privileged and acutely aware of the tremendous responsibilities this position brings.

Outgoing College President Dr J-P van Besouw was the epitome of a true leader - inspirational, knowledgeable and decisive. These are crucial qualities for effective leadership in all spheres of life including healthcare. Yesterday I attended the launch of the CQC 2014/15 State of Care report www.cqc.org.uk/StateOfCare. The report highlights concerns that many services do not have the strong leadership and open culture to deliver safe, high-quality care. We are currently at a crossroads where we try to comprehend, evidence and enact the changes to deliver a safe and effective health service for all our patients.

It is my ambition as President to harness our collective experiences to shape the future of the specialty within the wider healthcare landscape. I will work with your Council and the College's staff to develop a strategic focus and direction across all of our work streams to ensure that we are appropriately represented to key decision makers. I want to share progress on this work with you via this new monthly e-newsletter and improve utilisation of the College's other communication pathways. We are a UK-wide College and I have spent my first month visiting the Fellowship across the whole UK to understand some of the issues that are impacting

specific regions. It is crucial that this is a two-way dialogue so please let me have your views on what you see as key priorities for the College. Please email me at presidentnews@rcoa.ac.uk to let me know your thoughts and how you can assist.



Under pressure

We are a specialty under pressure. Anaesthesia, intensive care and pain medicine have always been fully committed to delivering safe and effective care 24 hours a day, seven days a week. Despite this yet more is required. Exactly what that 'more' is remains unclear, but no doubt will include more hours spent working, managing more patients with complex needs, greater efficiency savings and more output for less resource.

The College does not comment on contractual issues but is fully attuned to the welfare and workforce implications for our trainees. We hope that the Secretary of State for Health and the BMA Junior Doctors' Committee continue their dialogue

RCoA: President's News

October 2015

THE ROYAL COLLEGE
OF ANAESTHETISTS



to reach a resolution to the fractious negotiations on the trainee contract. It is inevitable that the current uncertainty will impact on recruitment, retention, motivation and work-life balance of an already hard-stretched medical workforce. [The statement issued on behalf of the College, FICM and AAGBI](#), co-ordinated by JP Lomas, Chair of the RCoA Trainee Committee and other trainee representatives offers support and practical advice to those who may be feeling understandably overwhelmed. Our trainees are the present and future of the specialty and essential to the on-going safe delivery of anaesthesia and critical care; training and service are intrinsically linked. We are here to do all that we can to support you.



Working Smarter

Financial pressures have resulted in an increasing reluctance from employers to support wider medical and professional development. This can only have adverse consequences for the NHS as a whole. We remain concerned at the reticence of some employers to consultants and others working for the College and the wider NHS. We have continued to look at ways of reducing the burden on employers of individuals' absence particularly from their clinical duties on College related work through reviews of our committee structure and working practices, the increased use of video, internet and telephone conferencing, and by offering administrative support from within the College to help lighten the burden. In

the next edition I will expand on how the College is undertaking a comprehensive review of its technology to develop more integrated, intuitive and member focused IT support.



Patients First

Many of you will be aware of our work on developing perioperative pathways for the high-risk surgical patient. Perioperative practice is as much about leading patient-centred care as delivering it. In driving this agenda the College seeks to work collaboratively with primary care, secondary care, other Colleges, specialties and workforce planners. An RCoA/King's Fund event [Integrating care throughout the patient's surgical journey](#) will take place in February 2016 to look at how we can develop and commission new standards of patient care, embed continuous data driven quality improvement into the care of surgical patients, and explore solutions to create an appropriate workforce for a sustainable future. If you have not yet watched the perioperative animation, please take the time to do so, [visit the website and share your views with us](#).



Make your Mark

The College is governed by Council, which is elected by the Fellows and Members. The Council comprises 20 Consultant seats, two SAS seats and two Trainee seats. [Nominations for election to the Council](#) were recently invited and this year we have received 14 nominations for five Consultant vacancies and two nominations for one SAS vacancy (there were no trainee vacancies this year). I am greatly encouraged by the large number of candidates and see it as a healthy sign that people wish to engage positively in shaping the future of their College.

You will shortly receive ballot papers by post to your College registered address. There will also be an option to vote electronically. This is your opportunity to choose the leadership team of the College so please ensure that you use your vote. Remember the ballot closes at **5.00 pm on Thursday, 3 December 2015** with the results declared the next day.



Dr Mark Edsell, clinical lead for anaesthesia and Dr Liz Williams, lead for ACSA at St George's Hospital, receive the commemorative ACSA plaque from Dr J-P van Besouw, past President of the RCoA.

Peer Review

Anaesthesia Clinical Services Accreditation (ACSA), our anaesthetic services quality improvement programme, is now established across the UK with more than 60 hospitals engaged in the process and we continue to refine it to ensure that it is fit for purpose and meets with regulatory approval. This initiative has had specialty wide support and enhances the safety of the environment in which we work. The latest Trust to be accredited this week was St George's Hospital, Tooting which is London's first major trauma centre to be recognised for its anaesthetic service. [Look here](#) to see what fellow anaesthetists have said about the benefits of following the ACSA process.



Safety Agenda

A commitment to uphold the highest standards of patient safety is embedded in the DNA of every anaesthetist. The College's well established Safety Network totalling over 800 individuals disseminates information and provides feedback on all aspects of the perioperative care pathway. Many of you may be members of the network but if you wish to learn more or become a member then visit www.salg.ac.uk. Intelligence from this network is utilised by the Safe Anaesthesia Liaison Group (SALG) a body jointly led by the College and AAGBI which brings together a number of other national organisations that have a stake in the safety agenda. In this newsletter you will see the latest [Patient Safety Update](#), published once a quarter containing important learning related to reported anaesthesia-related untoward incidents. More information on the College's Safety Conference [can be found here](#).

Out in the ether

As I mentioned today commemorates World Anaesthesia Day, the first successful demonstration of ether anaesthesia on 16 October 1846. This ranks as one of the most significant events in the history of Medicine and took place at the Massachusetts General Hospital, home of the Harvard School of Medicine. The discovery made it possible for patients to obtain the benefits of surgical treatment without the pain associated with surgery.

To mark the day, BJA is offering a highlighted [selection of free BJA articles](#) and podcasts for you to download. Amongst them you will see the College and Association's [5th National Audit Project \(NAP5\)](#) on accidental awareness during general anaesthesia: summary of main findings and risk factors. This summary is from the seminal report that was recently awarded BMA Medical Book Award in Anaesthesia 2015.

Finally, College congratulations to a 'rising' star in our midst, Dr Tamal Ray, an anaesthetic trainee based in Manchester who reached the finals of the Great British Bake-off. This major achievement being all the more impressive for Tamal having successfully passed his Primary MCQ at the same time as competing in the show. For those of you are fans of GBBO Tamal follows in the footsteps of Dr Danny Bryden, a Sheffield Consultant who reached the final stages of a previous series. Together they have done a great deal to raise the profile of our specialty with the UK public.