



RCoA: President's News

February 2016

THE ROYAL COLLEGE
OF ANAESTHETISTS



Tragedy

(Bee Gees, 1979)

Last week, following months of fractious negotiations with the BMA, the government decided to impose the junior doctors' contract in England. We had hoped that the progress made in recent weeks would result in a fair and equitable resolution of the dispute, but this has sadly proved not to be the case.

I would like to once more express my profound disappointment and grave concern at the decision to impose this contract. This unprecedented outcome is detrimental to all parties, and Council and I strongly believe that the Government should rethink imposition and resume constructive negotiations as a matter of urgency.

We have maintained throughout the negotiations that it is essential that anaesthesia's indispensable contribution to the safe and effective care of two-thirds of hospital in-patients is properly recognised and supported in any new contract. We are a seven day specialty – we have and always will deliver 24/7 care for our patients – but unfortunate rhetoric has served to undermine this absolute. What is more, a conflation of complex issues has led to the lowest morale across our profession in a generation. Working at nights and weekends is inescapable for our trainees, and the possible effects of contract imposition on recruitment and retention, in the short and longer term, present a real danger to the future sustainability of safe secondary care.

The last few months have been incredibly tough for our trainee colleagues, and I have responded to many emails from concerned and anxious Fellows and Members. One particularly poignant email received from a trainee made clear the personal impact that the current situation is having on young doctors who chose a career in medicine because they genuinely want to care for patients and contribute to the founding aims of the NHS. The email displayed a love for our specialty, for the ways in which the highs and lows that we experience in our professional lives become part of who we are as people, as well as the huge sense of satisfaction that comes from feeling needed. Sadly, it also expressed how much all this had changed, and that the author now felt 'totally devalued'.

Making highly trained and dedicated doctors feel devalued is a travesty. The dignity with which our trainee colleagues have conducted themselves during this whole dispute has been admirable. [The recent letter](#) from the RCoA Trainee Committee is testament to their continued professionalism. I want to offer absolute assurance that your College, Council and I will continue to support trainees in the current challenging circumstances. We will work with all stakeholders to address the underlying concerns of trainees and, as always, will keep their welfare and the future of our specialty as our paramount concerns.



Delivering perioperative care

The College's [Perioperative Medicine \(POM\) Programme](#) continues to go from strength to strength. Last week the RCoA partnered with other Colleges to hold a highly successful conference at The King's Fund on integrating care throughout the patient's surgical pathway. Exploring ways to harness multidisciplinary working, reduce variation and improve patient outcomes, the event was attended by over 180 delegates across specialties, with contributions from Celia Ingham Clark MBE, NHS England, and patient experts Dr Kate Granger MBE and Fiona Carey, Co-Chair, Coalition for Collaborative Care.

Anaesthesia was extremely well represented, both among delegates and panellists, with Professors Monty Mythen and Mike Grocott prominent in discussions on how to measure and improve surgical outcomes. Dr Ramani Moonesinghe led a conversation on data-driven quality improvement, before a live video link brought contributions from North Carolina's Duke University into the conference hall, with Professors Solomon Aronson and Charles Brudney sharing an international perspective on their experiences with implementing perioperative medicine.

The collaborative nature of the event reflects our continued efforts to embed a coordinated and multidisciplinary way of working across specialties, in order to deliver the best possible outcomes for patients before, during and after surgery.

National Leads

Delivering and developing the POM programme at national and regional level takes expertise, resources and local knowledge. In last month's e-newsletter, I updated you on the College's network of POM Leads, who play a vital role in ensuring their hospital meets the needs of its patients now and into the future. This month, that local network has been boosted by the appointment of two National Leads: Dr Michael Swart, Consultant in Anaesthesia and Critical Care in Torquay, and Dr Chris Snowden, Consultant Anaesthetist in Newcastle upon Tyne, both of whom have been involved in developing and implementing improvements in preoperative and postoperative care for patients over the course of their careers.

If you would like to join the College's network of POM Leads you can [view the job description here](#) and contact your Clinical Director to express an interest in the role in your own hospital. The College is also inviting applications for the POM Fellow post, open to trainees at ST5 or above in anaesthesia or dual ICM/ anaesthesia programmes.

The deadline for applications is Monday, 25 April and [further details can be found here](#). For any queries please contact perioperativemedicine@rcoa.ac.uk.



Promoting safety

As advancing patient safety is at the heart of all the College's work, we have launched a new initiative on the Safe Anaesthesia Liaison Group (SALG) website, [Safety Project of the Month](#), which allows members to share projects that have contributed to patient safety or promoted the safety agenda in their hospitals.

February's project of the month features Dr Laure Martin and colleagues at Craigavon Area Hospital in Northern Ireland, [who drew up a list of 93 triggers](#), defined as events, circumstances or departures from acceptable standards of practice which either could have or did lead to unintended or unexpected harm to patients. The team's list of triggers resulted in much higher reporting rates and provided useful data for departmental and individual feedback, which will significantly contribute to keeping patients safer in the short and longer term.

If you wish to learn more or become a member of the RCoA's Safety Network, a well-established body consisting of more than 800 individuals who disseminate information and provide feedback on all aspects of the perioperative care pathway, you can find further information on the [SALG website](#).



Anniversary Meeting

Keeping with the theme of safety, the John Snow Oration at the upcoming Anniversary Meeting on 9–10 March will be delivered by patient safety expert Professor Don Berwick, who in 2013 was asked by the Prime Minister, David Cameron, to consider what needs to be done 'to make zero harm a reality' in the NHS. The Berwick Report subsequently made eight key recommendations for improving patient safety.

The overall focus for this meeting will be innovation and improvement within perioperative medicine, and I hope to see many of you there to join us in celebrating the creation of the Faculty in 1948 and the birth of our Royal College in March 1992.

You can find further information and register for the [Anniversary Meeting here](#).



Workforce

Last week I met with the Centre for Workforce Intelligence (CfWI) and discussed the transfer of responsibility for workforce planning into Health Education England (HEE). News of this move raised concerns within the College about whether HEE will continue to ensure that they receive independent advice and input into workforce planning. I emphasised the requirement for close working relationships with this College and our associated Faculties.

The in-depth CfWI review into anaesthesia and intensive care medicine, published last year, is not referenced in the evidence base for HEE's long term planning for our specialty. We are increasingly hearing of instances of investment into ICM, as a rapidly growing specialty, using funding transferred from anaesthesia training. With approximately 90% of consultant intensivists coming from an anaesthetic background, our view is that investment needs to be directed to both specialties in a complimentary fashion rather than taking posts out of anaesthesia to put into ICM.

We are also carefully monitoring the decommissioning of training posts in anaesthesia, at a time when there are gaps in rotas and a shortage in consultant numbers, as highlighted in the latest [edition of the Bulletin](#). We hope that HEE will continue to adopt an open and transparent process by linking the outputs from our workforce census to the CfWI report. I will be raising these issues and concerns in an upcoming meeting with HEE. If you have evidence or experience of these issues please contact the workforce team (workforce@rcoa.ac.uk) to provide us with details.



New member services: OLS exams

The College is always working to improve the support it provides for Fellows and Members, and one new service aims to make the process of booking exams as quick, easy and efficient as possible. From 23 February 2016, applicants for FRCA, FFICM and FFPMRCA examinations will be able to apply online via [OLS exams](#). Online booking for examinations will operate through a secure payment system, with applicants receiving confirmation of booking and receipt of payment following successful completion of the process.

To ensure the payment process is as seamless as possible, please register using the email address held for you by the College and ensure certificate copies (IAC, BLTC etc) are sent to the Examinations Department (exams@rcoa.ac.uk) at least two working days before making an online application. The paper application and cheque payment process will remain in place for the 2015–2016 academic year.

If you have any queries, you can [view our online exam FAQ page](#) or contact the [Exams Department](#).



National Institute of Academic Anaesthesia (NIAA)



Annual Meeting

The RCoA was 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. The NIAA also supports training and continuing professional education in academia, and this year will hold its inaugural Annual Scientific Meeting, on Thursday, 14 April.

The meeting will focus on the launch of the UK Perioperative Medicine Clinical Trials Network and will provide an opportunity for those wishing to participate in the network to discuss the art and science of clinical trials. The NIAA will also launch a new Research Award at the meeting, which has been approved for 5 CPD points.

More information on the NIAA and details on how to register for the meeting [can be found here](#).

Fellowship Vacancies

The NIAA's Health Services Research Centre (HSRC) conducts important research to improve patient outcomes and is [currently inviting applications](#) for clinical research fellows. A number of posts are available with successful candidates gaining exposure to national research and quality improvement programmes, opportunities for academic publication and the chance to develop leadership and management skills. Fellowship opportunities range from implementing and supporting QI training to evidence synthesis, data analysis and report writing on the next stage of the NELA project.

With posts commencing in August 2016 or shortly thereafter, **deadlines for applications is Monday, 7 March**. Candidates can view the range of fellowships available and details of how to [apply on the College website](#).

BOC Awards

Many congratulations go to the two outstanding recipients of recent British Oxygen Company (BOC) Awards, which are in the gift of the College. Daqing Ma has been awarded a BOC Award to support his research into the effects of anaesthesia on cancer progression, and Gareth Ackland received his BOC Award to contribute to his research on angiotensin mediated cellular dysfunction and perioperative morbidity.

The BOC Chair of Anaesthesia Fund was created in 1958, using a charitable donation from the British Oxygen Company, to support excellence in anaesthesia-related research which advances patient care.



In celebration of distinguished colleagues



Dr Liam Brennan and Mr John Mumford

Celebrating Mr John Mumford

I was delighted to award John Mumford a President's Commendation.

John will be well known to many younger Fellows as the Commissionaire who has welcomed exam candidates to the College over the past 12 years. John regularly receives glowing accolades from exam candidates in their feedback and we were delighted to honour him in this way at the College earlier this month.



Dr Aileen Adams (image © The University of Sheffield)

Recognising the life's work of Dr Aileen Adams

I would like to offer my congratulations to Dr Aileen Adams, who recently received an Honorary Doctorate from the University of Sheffield (her Alma Mater). Aileen, who demonstrated great strength of character by sitting medical examinations during the Sheffield blitz of the Second World War, was the first woman to hold the post of Dean of the Faculty of Anaesthetists, from 1985 to 1988, and prior to her retirement was Consultant Anaesthetist at Addenbrooke's Hospital in Cambridge, where I continue to practice. She was closely involved in the development of the neurosurgical unit at Addenbrooke's and has written more than 60 publications in peer-reviewed journals. Aileen was awarded the Queen's Silver Jubilee Medal in 1977, a CBE in 1988 and delivered our Golden Jubilee Lecture in 1998.

And finally...

Annual General Meeting 2016 and Annual Report 2014–2015

The agenda for the College AGM, which will take place at our annual Anniversary Meeting on Wednesday, 9 March at 3.35 pm at The Mermaid Theatre, London, has been finalised and [can be found online](#).

The Annual Report 2014–2015, which summarises what was a year of considerable change for the College, has also [been published online](#). Hard copies of both items will be sent to each anaesthetic department in the UK, and copies of the Report and AGM agenda will be available at the meeting in March. If you wish to receive an individual hard copy of either item, [please contact the Communications team](#).

Any other comments on the issues highlighted in this newsletter, or thoughts on any other matter, can be sent via presidentnews@rcoa.ac.uk. I look forward to hearing from you.

Best wishes,
Liam