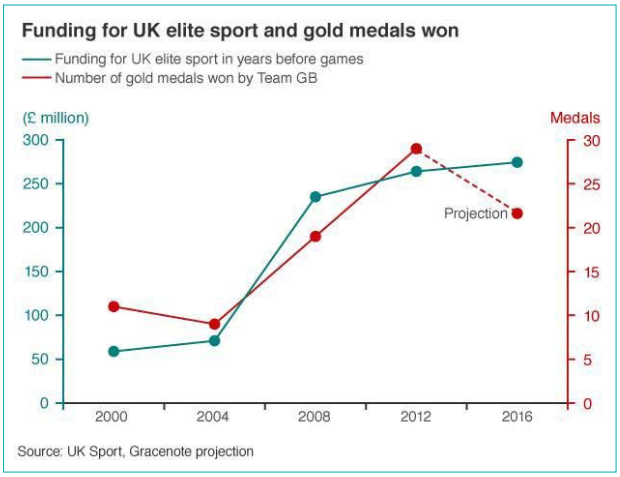
Royal College of Anaesthetists

President's News
August 2016

Like many of you, I have been avidly following the fortunes of Team GB at the Rio Olympic Games. Ahead of the final weekend of events, Britain remains second in the overall medal table with an incredible haul of 56 medals representing the team's most successful ever overseas Games. A number of factors have contributed to this recent success, with the team's directors crediting as the main reasons national lottery funding and the legacy of London 2012. Considering that Team GB won five gold medals at each of the four Olympic Games between 1980 and 1992, it is worth considering how increased and targeted funding in British sport has paid such great dividends.

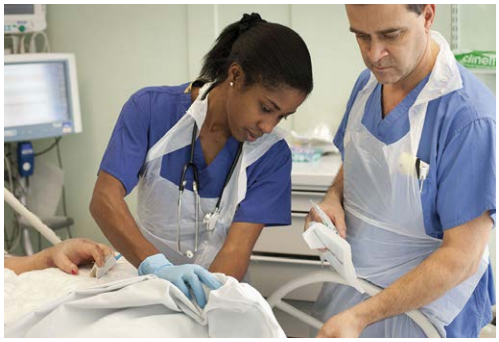
UK Sport, the organisation which determines how public funds are allocated to elite-level sport, pledged almost £350m to Olympic and Paralympic sports between 2013 and 2017 – an increase of 11% compared to the run-up to London 2012. Most experts agree that the organisation's "no compromise" funding approach has underpinned Team GB's rise from 36th in the medal table in 1996 to third at London 2012, and possibly as high as second in Rio. Simon Timson, UK Sport's director of performance, is unequivocal in stating that Team GB's successes can be linked to the increased investment, claiming that the medal haul is "the result of 18 years of consistent, coherent and targeted National Lottery investment."



In this context, the success of our well-funded British athletes in Rio puts the challenges facing our National Health Service into sharper focus. Earlier this month, the Nuffield Trust published a report analysing the implications of the £22bn of annual savings that have to be made in England by 2020, concluding that curbing the growth in demand for services will be required for the NHS to survive. As a specialty on the front line of healthcare, we are all too aware of the intense financial pressures facing the NHS. The recent publication of recruitment data by Health Education England reflects the difficult financial climate in which we are operating, with anaesthesia among other specialties continuing to experience problems in filling posts in parts of the UK. With entry at ST3 level dropping to 90 percent for anaesthesia and fill rates for intensive care medicine lower still, at 89 percent, the RCoA believes that one of the fundamental causes of the failure to fully recruit at these levels is an inadequate supply of suitably qualified trainees, which could be attributed to insufficient funding of new trainee posts. Coupled with the data from our recent medical workforce census, the RCoA believes there is a strong case for an increase in Core/Acute Care Common Stem (ACCS) trainee posts, in order to secure a sustainable anaesthesia and intensive care workforce.

With the 2016 Olympics drawing to a close this weekend, I hope that the success of our British athletes, who have shown great skill, determination and persistence to succeed on the world stage, inspires decision-makers closer to home to deliver a more robust and targeted funding strategy for the NHS and its patients.

New beginnings



Every August, with thousands of newly qualified doctors taking up posts in hospitals across the country, I think back to my own first day as a trainee in 1983. It has always been a huge leap progressing from being a medical student to becoming a junior doctor but, in recent years with increasing pressure on the health and social care system, new FY1 doctors arguably face greater challenges than their predecessors. Anaesthetists have always been at the forefront of secondary care and our scope of practice in today's NHS goes well beyond clinical responsibilities – we are also educators, communicators and medical leaders. To play our part in supporting the NHS in attracting and retaining strong and confident leadership, the College's Leadership and Management workshops explore the development needs of those undertaking managerial roles. The skills learned at these workshops will ultimately be of benefit to patients and I cannot recommend them highly enough.

As I wrote in the Guardian recently, recalling a chance encounter with a patient I treated 16 years ago, our unique abilities make a profound difference to our patients every single day. To all newly qualified doctors training in anaesthesia, I would like to wish you a very warm welcome. As you progress through your career as anaesthetists, be assured that your medical Royal College will be here to support you every step of the way.

Make your mark

Summer may soon be drawing to a close but nominations for election to Council are open until the end of September. Elected by you, our fellows and members, the College's Council is comprised of 20 Consultant seats, two SAS seats and two Trainee seats. 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.

In 2015, the College received a considerable number of nominations for Council elections and we hope this enthusiasm to stand for election is replicated this year. A voluntary 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 this link.

Something to chew over

While patients are asked to refrain from eating or drinking before anaesthesia in order to reduce the risk of vomiting and pulmonary aspiration, the topic of chewing gum usage before surgery is a more contentious area. Following the recent cancellation of a patient's operation because she had chewed gum shortly before her surgery, RCoA Vice-President Dr Richard Marks featured on BBC Spotlight, the regional news programme for the South West of England, earlier this month to help clarify the matter.

Explaining that chewing gum is not a food in the traditional sense, because it is not swallowed, Dr Marks explained that there is a theoretical risk, albeit of equivocal clinical significance, that chewing gum could increase residual gastric volumes and acid secretion. The European Society of Anaesthesiology recommends that patients should not normally have their operation cancelled or delayed solely because they are chewing gum, sucking a boiled sweet or smoking immediately prior to induction of anaesthesia. The Team Brief before the start of an operating list may be a good time to consider when a patient should stop drinking, as good hydration prior to surgery is important in improving patients' well-being.

With attitudes changing and a more liberal approach being adopted towards fluids before surgery, for many patients, the issue of fasting before anaesthesia is likely to remain a keenly debated topic in the coming years.

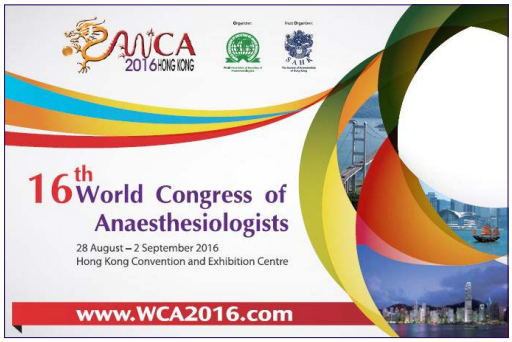
Record ACSA engagement

ACSA
Anaesthesia Clinical Services Accreditation
Royal College of Anaesthetists
ACCREDITATION

I am delighted to share news that the College's anaesthetic services quality improvement programme, Anaesthesia Clinical Services Accreditation (ACSA), continues to go from strength to strength, with 13 accredited sites and an unprecedented 75 departments currently working towards accreditation. Reflecting the College's recent rebrand and ACSA's exciting direction of travel, the scheme now has a new logo, so do look out for the updated design. I am also pleased that our first regional ACSA event recently took place at St Helens and Knowsley Hospitals NHS Trust.

With the scheme a little over two years old, ACSA has enjoyed remarkable growth and I am heartened by the way our specialty has embraced the peer review programme. I look forward to seeing the number of accredited departments grow even further in the coming months. More information about the ACSA process and accredited sites can be found here.

World Congress of Anaesthesiologists 2016



At the RCoA we are committed to forging and nurturing relationships with doctors from other countries. The 2016 World Congress of Anaesthesiologists (WCA) takes place in Hong Kong later this month, and I will be attending along with other members and senior staff of the College.

By working closely with professional organisations and national health ministries across the world, we aim to strengthen international healthcare systems to help ensure the long term stability and access to healthcare for previously-excluded patient groups. With a significant UK contingent among the expected 9,000 delegates, I am looking forward to this year's comprehensive and wide-ranging programme on the latest standards and innovations in anaesthesia, pain medicine and intensive care.

With the Olympic Games in Rio drawing to a close this weekend, it is perhaps apt that the WCA, often dubbed 'the Olympics of the anaesthesia world', is right around the corner. The event is a wonderful opportunity to engage with international practitioners of our specialty. With lectures, workshops and industry symposia held over the four-day event, there will be plenty for us to report back on via our Twitter feed and in next month's newsletter. If you are among the delegates at the WCA, please look out for the RCoA stand in the exhibition hall, where you can find out more about the College's international strategy. Further information on the College's expanding global partnerships programme can also be found here.

Perioperative medicine in the curriculum

Last month, I congratulated the Perioperative Team at Freeman Hospital, Newcastle upon Tyne Hospitals NHS Foundation Trust, after they were recognised as outstanding in the Care Quality Commission's recent Quality Report. In this month's update, I am pleased to share news that the Anaesthetics Curriculum submission for this year has received approval by the GMC and will for the first time feature units of training in perioperative medicine at all levels. These units have been carefully devised to reflect developments in clinical practice and are designed to be delivered alongside other existing units of training. The changes, which are reflected on the trainee e-Portfolio, mark another significant step forward for our perioperative medicine programme.

Physicians' Assistant (Anaesthesia) register

As an issue that has elicited considerable debate within our specialty for some time, the RCoA and AAGBI issued a joint statement earlier this year agreeing that statutory registration and regulation is essential for the future of Physicians' Assistants (Anaesthesia) (PA(A)s). Following on from the agreed scope of practice for PA(A)s on qualification, which acknowledges and addresses many of the concerns expressed by fellows and members, the RCoA now administers the existing voluntary register as a prelude to achieving statutory regulation for PA(A)s by a national healthcare regulatory body.

With the College and AAGBI only recognising and recommending PA(A)s who have completed the approved UK training programme and subsequently been entered on the voluntary register, we would like to encourage PA(A)s to sign up to the free voluntary register. The registration form can be found here, and further information on the College's position is also available here.

College approved posts

Royal College of Anaesthetists
APPROVED
POST

An important aspect of the College's work is to strongly encourage that an RCoA assessor is in attendance at all Advisory Appointments Committee (AAC), the interview panels for Consultant and SAS grade anaesthetists applying for posts at hospitals across England, Wales, and Northern Ireland.

Since 2014 all posts approved by the College have displayed an RCoA-endorsed logo as a quality marker for applicants to both consultant and non-consultant roles. Following our ongoing rebrand, I am pleased to share the updated logo that will feature on all approved posts in future – do keep an eye out for this when applying for your next role. For more information on AACs, visit this link.

And finally...

Safety first, last and always

The Safe Anaesthesia Liaison Group (SALG) is delighted to host the annual Patient Safety Conference, which this year will be held in Edinburgh on 30 November. Last year's conference, held in Birmingham, was extremely well attended, with topics ranging from the improvement of clinical systems to how Formula One and commercial air travel offer lessons that can be applied to healthcare. The meeting this year is aimed at all doctors engaged in clinical anaesthesia, pain management and intensive care medicine that 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. It promises to be another engaging, informative and well attended event, and you can book your place here.

As ever, if you have comments on any of the issues highlighted in this newsletter, or thoughts on any other matter, you can contact me using presidentnews@rcoa.ac.uk. I look forward to hearing from you and hope that you enjoy the rest of the summer.

Best wishes, Liam