



### One year on

It has been a busy and eventful year since my first President's newsletter was sent to you on World Anaesthesia Day last October. Over the last twelve months, the RCoA's programme of work has increased in pace, scope and importance. It is impossible to list all the developments in every area, but of particular note is the launch of our [Strategic Plan 2016–2021](#), which reflects our vision for the future of anaesthesia and the College's work. Our flagship scheme, [Anaesthesia Clinical Services Accreditation](#) (ACSA), has gone from strength to strength over the last year, with 13 sites now accredited and 75 departments working towards achieving the accolade. The blueprint for ACSA, the [Guidelines for the Provision of Anaesthetic Services](#) (GPAS), for the first time contains chapters that have achieved NICE accreditation, further raising its profile with national regulators. In a significant step forward for our [perioperative medicine](#) programme (POM), the Anaesthetics Curriculum submission for 2016/17 received approval by the GMC and now features units of training in perioperative medicine at all levels.

With developing member engagement and the College's wider communications a top priority for Council, we have embarked on a number of initiatives, including this monthly newsletter and, as you may have read last week, the RCoA's first all-member survey. We continue to raise our international profile by developing a [Global Partnerships Strategy](#). Closer to home, we have continued to actively promote the central role that anaesthesia plays in delivering the healthcare agenda with all stakeholders, and we have also organised, run and participated in social media campaigns and awareness days, sharing unique and personal insights from anaesthetists into the specialty.

Marking World Anaesthesia Day 2016 last Sunday, the College encouraged anaesthetists to join us in [celebrating our specialty](#) by posting messages on social media sharing the reasons for your love for anaesthesia. Using the hashtag [#RCoAWorldAnaesthesiaDay](#), our messages reached more than 270,000 separate twitter accounts. With anaesthetists and patients across the world engaging in the campaign, the messages were seen over 400,000 times. Posts were varied and overwhelmingly positive with [#WorldAnaesthesiaDay](#), the broader hashtag for the day that the College contributed to, trended in the UK on Sunday afternoon.

With anaesthetists expressing their love for the specialty, respect for colleagues and a commitment to the values of the NHS, and patients using the campaign to convey their messages of gratitude and appreciation, I am delighted that World Anaesthesia Day represented an opportunity to celebrate our specialty and to showcase its importance. We will soon be sharing a selection of the messages on our website — watch this space.



### Today and tomorrow

Despite the busy and productive programme of work taking place across the College, we are acutely aware that the NHS continues to face severe financial and operational pressures. The Care Quality Commission last week published its [State of Care report](#), confirming that the challenges facing NHS trusts are set to continue as hospitals face increasing demands and deal with ongoing pressures. The report notes that social care services are reaching a ['tipping point'](#), exacerbating the problems for already stretched A&E services. As a specialty on the front line of healthcare, anaesthetists are all too aware of the difficulties facing the health service. With our work crossing many boundaries, 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. Within the response, the College highlights the need for increased

NHS funding as a proportion of GDP from Government, and the importance of funding an adequate number of training posts for the specialty. Although [we welcome](#) the Health Secretary's recent announcement of additional medical training places in England, it is important to note that the increased cohort of medical students would graduate in 2023 and therefore complete specialist training in anaesthesia by 2032. The current acute shortage of anaesthetists, as highlighted in our [workforce census](#), will still need to be addressed in the meantime.

Furthermore, as we have emphasised in the national [media](#) as well as in a [joint statement](#) with our associated Faculties and the AAGBI, the NHS and social care system depends on the contributions of our colleagues from the European Economic Area. We have and will continue to value their expertise and dedication. As we await further details of the Health Secretary's proposals, we remain committed to supporting the anaesthetic, pain medicine and critical care workforce.

## Listening events

We are acutely aware of the issues impacting trainee doctors within our specialty. In order to continue to effectively represent anaesthetic doctors in 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 members of your Council. This is your College and we represent you — 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 and I look forward to seeing you there.



## Creating supportive environments

Bullying has long been a serious problem in the NHS and one that must be addressed and eradicated. In 2010, Sir Robert Francis said, in his [report](#) into the Mid Staffordshire hospital scandal, that 'an explanation for staff's reluctance to come forward with concerns was that they were scared', with witnesses describing an 'endemic culture of bullying'. The RCoA has always been supportive of its trainees and over the last year in particular has [published advice](#) and publically supported the welfare of trainees and doctors.

The College is also supportive of the important work undertaken by the [Academy of Medical Royal Colleges' Trainee Doctors' Group](#) (ATDG), which has recently published an [interim report](#) exploring the effects of bullying and undermining within the medical workforce in the UK. Outlining the scale of the problem, the report examines the effect that bullying and undermining have on patient safety as well as the implications for staff morale. We know that positive experiences for trainees are important but recognition of the prevalence of bullying and acknowledgement that it is not happening to 'other people elsewhere' are also crucial. We are therefore pleased that the ATDG's work complements that of the RCoA Trainee Committee and remain committed to supporting the welfare of doctors.

### thebmjawards

#### BMJ Awards 2017 – Anaesthesia Team of the Year

The BMJ Awards, now in their 9th year, are the UK's leading medical awards programme, recognising and celebrating the inspirational work undertaken by clinicians and their teams. Once again, the RCoA will be sponsoring the Anaesthesia Team of the Year category in the 2017 BMJ Awards, which will be launched today. The award identifies an innovative project in the field of anaesthesia which has measurably improved care for patients.

Last year the South West Anaesthesia Research Matrix (SWARM) team were recognised as the Anaesthesia [Team of the Year](#), and I would like to encourage as many teams as possible to take part and submit their entries for 2017. Calls for entries are invited between November and January, with the 2017 Awards being announced on 4 May 2017. For more information on this prestigious national commendation, see the [BMJ Awards website](#).



#### Election to Council 2017

I am extremely pleased that the RCoA received a total of 11 candidates for the three consultant vacancies and four candidates for the trainee vacancy. The list of candidates can be viewed [here](#). It is heartening to see such a large and diverse field of candidates standing for election, which is undoubtedly a healthy sign of people's wish to shape the future of their College.

Information and ballot papers will be sent to fellows early next week – please look out for a message from [RCoAvote@electoralreform.co.uk](mailto:RCoAvote@electoralreform.co.uk). If you are a fellow and were expecting a ballot paper and it has not arrived, please contact Rose Murphy ([rmurphy@coa.ac.uk](mailto:rmurphy@coa.ac.uk)) citing your college reference number. All votes must be received by Electoral Reform Services by 5pm on Monday 5 December. Last year saw the highest level of participation in Council elections for more than a decade, and I hope that this positive sign that our fellowship is actively engaged is replicated this year.



#### Scottish Advisory Board update

The recent Scottish CMO's Annual Report, '[Realistic Medicine](#)', is a powerful exposition of how doctors can be hugely influential in improving care in a complex healthcare system. It outlines six specific themes for implementation including shared decision making, building a personalised approach to care, reducing waste harm and variation, balanced risk management and driving innovation and improvement.

The [RCoA Scottish Board](#) has committed to supporting implementation of Realistic Medicine, recognising the synergy that will result from aligning our aims and objectives with these principles. This alignment is being managed through development of a work program based on a mapping analysis by Dr Daphne Varveris and Dr Sarah Ramsay, elected Scottish Board members, of Realistic Medicine against a wide range of RCoA's strategic aims and current activities. This also has considerable value for our wider UK work and aligning with similar aspirations in all our UK health systems.



### A Royal Occasion

The [Safe Anaesthesia Liaison Group](#) (SALG), a body jointly led by the College and the AAGBI, aims to highlight potential or existing patient safety issues to those practicing anaesthesia. SALG's annual [Patient Safety Conference](#) will take place in Edinburgh this year and I am honoured that the College's Royal Patron, HRH The Princess Royal, will be joining us on 30 November to hear more about the important patient-focused work that the RCoA and its safety partners within SALG undertake.

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 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. Please note that, due to security requirements relating to The Princess Royal's attendance, registrations will only be accepted until 29 November. We will be unable to accept delegate registrations on the day of the conference. It promises to be another engaging, informative and well attended event, and you can book your place [here](#).



### Safety Update

Keeping with the theme of safety, SALG has issued their quarterly [Patient Safety Update](#), containing important learning regarding reported anaesthesia-related untoward incidents. With anonymous case studies from April to June 2016, including items relating to safe and effective handover, the management of major haemorrhage and the inadvertent injection of residual anaesthesia drugs in intravenous cannulae, the RCoA and AAGBI would like to bring these important updates to the attention of as many anaesthetists as possible, so please do read and circulate the document as widely as you can. More information on the work undertaken by SALG can be found [here](#).



### Attend our ARIES Talks

With the temperature dropping and the summer months now a distant memory, I am reminded that the College's 25th Anniversary is now a little over two months away. Our first event marking the milestone, last month's [ARIES Talks](#), were very well received, with more than 70 delegates in attendance to hear a collection of entertaining short presentations on areas of relevance to anaesthesia, critical care and pain medicine.

All talks were recorded and will be uploaded over the coming months to the College's [YouTube channel](#), where you will also be able to find a selection of the various lectures and discussions that will take place across the country in 2017. If you were unable to join us last month, our [second ARIES Talks](#) take place on 26 October, when you can hear from an array of talented speakers including:

- 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](#).



### With flying colours

The College's examinations are internationally recognised for their rigour and high standards. In July's newsletter, I shared the news that the May 2016 Primary FRCA OSCE/SOE pass rate was 64% and the June Final SOE pass rate was 71% – both results representing the highest pass rates recorded for these components since 2009.

With the 2016–2017 exams schedule now well under way, I am pleased to report that the trend of encouraging results has continued. More than 400 candidates sat the FRCA Final written exam last month with an overall pass rate of 71%, compared to 58% in March 2016. The pass rate for the SAQ component was particularly encouraging with 75% of candidates, compared to 62% in March, succeeding in this area alone. In terms of the MCQ component of the examination, the pass rate of 57% represents a marked improvement on the March exam, where 37% of candidates succeeded. In addition, it is encouraging that the mean score in the SBA section rose from 59% in March to 71% in September, and that candidates performed equally well in both sections of the MCQ, with the MTF section maintaining a 75% mean.

Overall, the results represent extremely positive news, and a number of factors will have contributed to the recent rise in pass rates. Despite the uncertain backdrop, trainees have remained admirably focussed on their exam preparation, aided by the dedicated support of their trainers. The many resources provided by the College, including [Primary and Final Masterclasses](#), exam [videos](#) and our [e-Learning Anaesthesia platform](#) will have made a difference, as well as the provision of a consistently well run and highly organised exam, ensuring that candidates are not unsettled on the day. With the FRCA Examiners and the Education, Training & Examinations directorate at the College continuing to quality assure processes as well as engaging in research and ongoing development work, I am encouraged that the trend towards stronger pass rates in all FRCA examinations will be maintained for the remaining part of the academic year and beyond. For more on the FRCA Examinations, including information on the syllabus, regulations and candidate resources, see our [online exams page](#).

### Update on FRCA Final

The RCoA's examinations have evolved over time to reflect best educational and assessment practice as well as developments in anaesthesia, intensive care and pain medicine. The College is committed to maintaining the highest possible standards for its exams and has recently had approval from the GMC that the requirement to complete the Final FRCA exam in its entirety has moved from the end of ST4 to the middle of ST5 (i.e. 30 months after commencing ST3).

With effect from August 2016, all trainees commencing ST3 are subject to the new regulation. While trainees should still work to clear the FRCA by the end of ST4, they will still be able to progress to ST5, providing that they have satisfactorily completed all intermediate level units of training. This extension in the block of progression without the Fellowship examination will allow trainees at least one further attempt at the Final SOE component whilst undertaking higher level training. Please note, this change will not be applied retrospectively and all trainees who commenced intermediate training before August 2016 will be expected to complete their CCT under their original conditions. If you have any queries, please contact the [Examinations department](#).



### Engaging global partners

In September's newsletter I shared some of the highlights from the 2016 gathering of the World Congress of Anaesthesiologists, including a [memorandum of understanding](#) signed with the Hong Kong College of Anaesthesiologists on working in partnership on curricular and examinations developments for Hong Kong. As our [Global Partnership Strategy](#) continues to be developed, I am pleased to announce a new collaboration between the RCoA and [eIntegrity](#). This will provide RCoA fellows and members based overseas with discounted access to the anaesthetic, pain and intensive care content on the [e-Learning for Healthcare](#) online programmes. These have been developed by the College and are used extensively by trainees, fellows and members based in the UK. Further details on discounted access have been sent via email to fellows and members overseas, but if you would like more information please email [global@rcoa.ac.uk](mailto:global@rcoa.ac.uk).

We are still keen to hear from individuals who are involved in anaesthetic training both in the UK and overseas, so if you are interested in getting involved in our growing Global Partnerships work or want to receive further updates, please email [global@rcoa.ac.uk](mailto:global@rcoa.ac.uk) and let us know.



### Guardians of safe working

The new [junior doctor contract](#) which is now being rolled out across the NHS includes the introduction of a [guardian role](#) within each Trust. This role is to monitor safe working hours and address staff concerns. The College would like to hear from members who have been appointed to the role as their Trust's guardian. We're keen not only to understand how many anaesthetists hold these new positions, but also to hear their thoughts on how they envisage the roles and their responsibilities developing.

To enable cross-Trust collaboration, the College is looking to develop a virtual group through which the opportunities and challenges of this role can be raised and addressed amongst members who hold these posts. Please email your details (name, position and Trust) to [presidentnews@rcoa.ac.uk](mailto:presidentnews@rcoa.ac.uk) if you are a guardian and would like to join this virtual group.



### Perioperative medicine FAQs

As I mentioned last week, in the membership survey edition of the newsletter, the College's [perioperative medicine programme](#) enjoys a considerable degree of support, with three-quarters of respondents to our survey in favour of the initiative. With new units of training in perioperative medicine having recently been introduced at core,

intermediate, higher and advanced levels, I am pleased to share that the College has published some [Frequently Asked Questions](#) (FAQs) relating to these new modules of the CCT in Anaesthetics. The FAQs cover various topics including how the units fit into the training programme, where the best learning opportunities are and who will sign off the units of training. The FAQs have been developed with you, our fellows and members in mind, so if you any further queries please email [training@rcoa.ac.uk](mailto:training@rcoa.ac.uk) to let us know.



### Undergraduate Training Leads Day

Last Thursday an Undergraduate Training Leads Day was held to explore the different approaches to the teaching of anaesthesia, critical care, intensive care medicine and perioperative medicine within the 32 Medical Schools around the UK. Representatives from 18 schools attended the event and discussed their current challenges, developments to the local teaching programme and how the College may be able to support their work.

It was a productive and informative session, with suggestions for future work including the creation of a framework document suggesting approaches to the teaching of Anaesthesia/CC/ICM/POM to medical students and the development and sharing of e-learning resources, possibly via a specially developed website. The development of a network similar to the College Tutor network was also discussed and the idea of further engagement events was also explored. With a great deal of enthusiasm from those present about how this area of teaching could be developed, including sharing best practice, this is an exciting area of development and we will keep you apprised of further updates.



### Heritage Committee

Although the RCoA is soon to mark 25 years since gaining its Royal Charter, the College's history stretches back much further than a quarter of a century. The origins of the RCoA are explored on our [website](#) in great depth, by tracing the major milestones in the establishment of the College as well as the growth and development of the [specialty](#).

The RCoA's Heritage committee played an integral role recently in establishing the [Heritage](#) section on the College website, an area dedicated to our past, the history of anaesthesia and the home of our anaesthetic fellows' biographies. The committee is seeking new members and, with recent areas of activity including contributions to the 25th Anniversary programme, I would like to invite fellows to join the group in their important work. If you are interested in finding out more about Heritage committee membership, contact [archives@rcoa.ac.uk](mailto:archives@rcoa.ac.uk).

### And finally...

#### BJA Update

Please note that due to a production delay, the dispatch of the October issue of the [British Journal of Anaesthesia](#) (BJA) has been delayed. UK members can expect to receive the October issue by the end of this month while international subscribers will receive the latest issue in early November.

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