



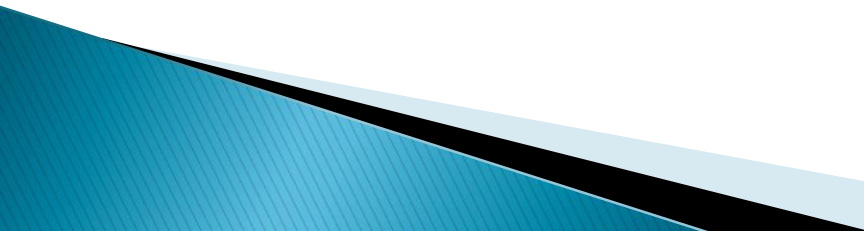
# The role of the Chairman

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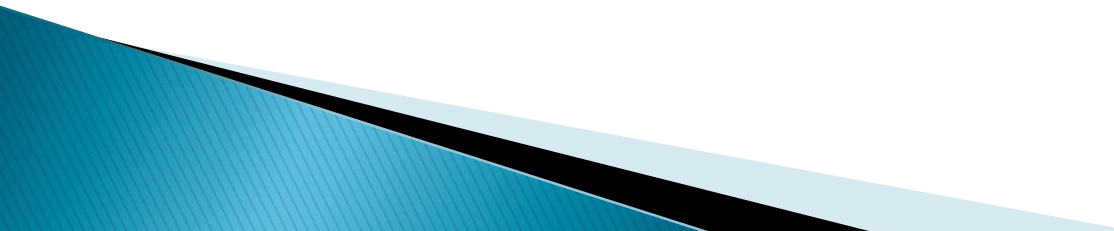
# The people

- ▶ Our patients
- ▶ “The dept.”


# Our patients

- ▶ Patients for peri-operative care for elective and emergency procedures. Main theatres 330 operations per week
  - ▶ Resuscitation, stabilisation and transfer where appropriate eg head injuries, stroke patients, paediatric ITU cases
  - ▶ Pre assessment, facilitate on day admission
  - ▶ Acute pain service
  - ▶ Intensive care at UCH and Heart hospital
  - ▶ Sedation service in Xray dept.
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# Obstetrics

- ▶ 5,200 deliveries annually
  - ▶ Approximately 60% epidural rate
  - ▶ Caesarian section rate almost 30%
  - ▶ Tertiary referral centre both for obstetric or neonatal complications
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# Some more about our patients

- ▶ Radio-therapy in children
  - ▶ Many patients at UCH are tertiary referrals so higher proportion are ASA 2 or above than in district general hospitals
  - ▶ The UK population is getting bigger!!
  - ▶ Co morbidities more complex as more patients are surviving with chronic diseases
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# How else do we get involved in patient care?

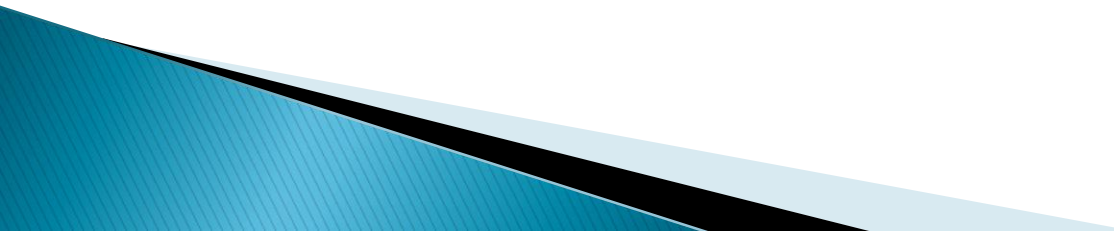
- ▶ Central line insertion service
  - ▶ “Tricky vein” service
  - ▶ Audit commission showed that 70% of all patients in UK hospitals had required the care of an anaesthetist at some stage of their admission.
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# The department

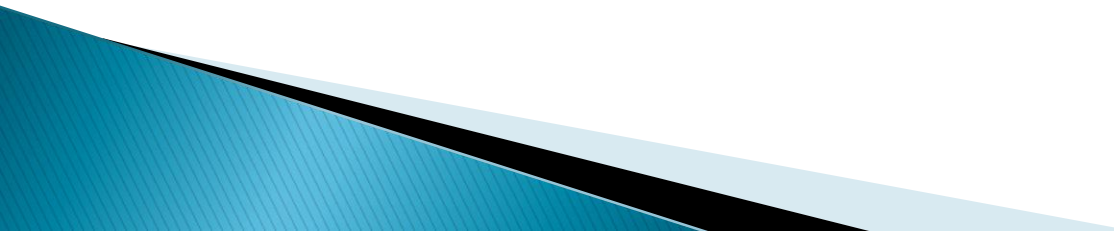


# Who are we?

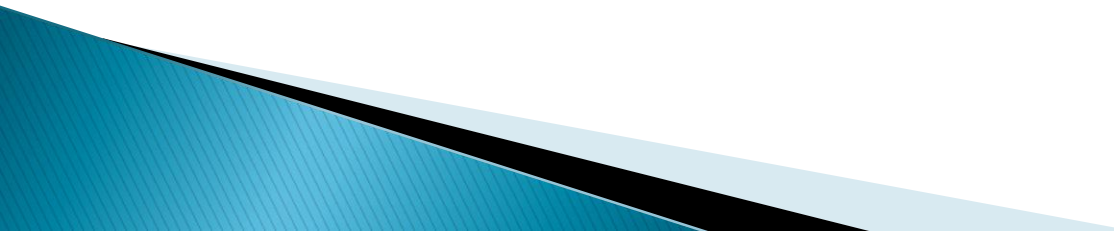
- Consultants over 60 in number (very few over 50 years!!). Some part time at UCH
  - Trainees
  - 40 North Central Thames School, some movement of trainees every 3 months. FY1 in anaesthesia CT and ST all years. Academic trainees.
  - 4 Physicians assistants in anaesthesia (PAAs)
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# “The rota”

- ▶ We have an “APP” for our rota
  - ▶ Allocated on basis of sub specialty interest and some matching of skills to patient requirements
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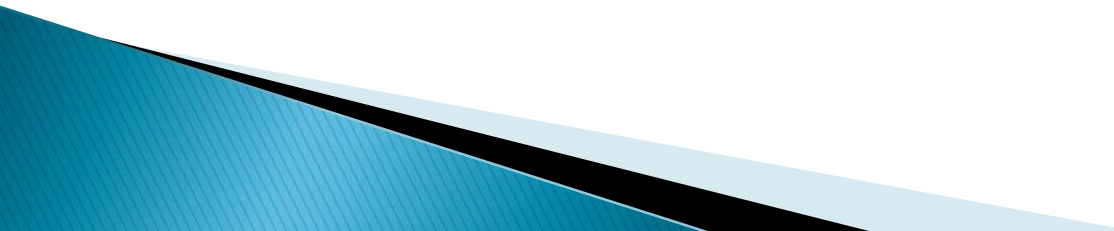
# What else do we do?

- ▶ Celebrities of the anaesthetic world!
  - ▶ Academics, Researchers, Examiners (RCOA and European)
  - ▶ Research; outcomes, quality
  - ▶ Run exam and many other courses
  - ▶ Teach medical students, trainee doctors
  - ▶ Audit activities
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# Appraisals

- ▶ All consultants, trainees and PAAs have an annual appraisal
- ▶ Log book. Achievements. Continuing professional development. Annual mandatory training.

# Chairman's role in all this?

- ▶ Not the clinical lead or clinical director!! I have no “power”
  - ▶ Look after the people. Morale will have a huge impact on patient safety.
  - ▶ Run the consultants meetings approx every 6 weeks.
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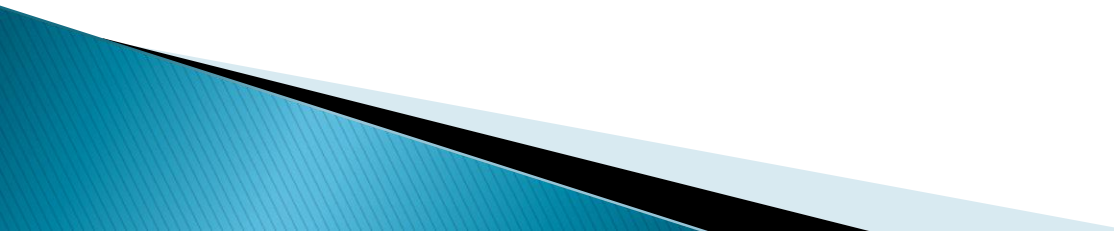
# Chairman's role continued

Set a good example in terms clinical care, teaching, being an “early adopter” of new policies or “positive deviant”

Atul Gwande encourages us to write

Try to find agreeable compromises between the need for change in the way things are run and the dept. resistance to change.

# Recent consultants meeting

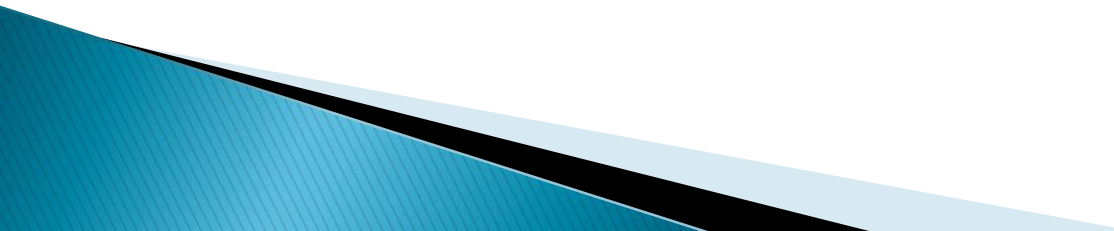
- ▶ Annual leave
  - ▶ Trainee concerns about the pain service at the weekend
  - ▶ Recovery reaching capacity and slowing patient throughput
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# Trainees

- ▶ Often a good source of information
- ▶ Trainee rep and PAA rep join with consultants meetings

# Summary

- ▶ To have a good dept. of anaesthesia
  - ▶ You need to appoint good people
  - ▶ You need to look after them to keep patients safety the focus of all activity
  - ▶ You need good leadership from both the clinical lead and the chairman
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