CONFERENCE NEWSLETTER

VOLUME 1, ISSUE 3 DECEMBER 2006

AIM Annual Conference November 2006

I am delighted to report that the 4th Annual AIM Conference, held at the new Royal College of Anaesthetists at Churchill House, Red Lion Square, London was an outstanding success, judging by the feedback, participants enjoyed the educational and networking opportunities the day provided. The organising committee can now have a (brief) period of respite before the work of organising the next conference and continuing the series of seminars at Portland Place.

Thanks to all, participants, speakers, trade partners, staff of the Royal College of Anaesthetists and to Busola Adesanya-Yusuf and Thomas Heiser at the Association of Anaesthetists for their able assistance in bringing the conference together.

AIM is a vibrant and progressive specialist society which thrives on the commitment of its committee, but also on the ideas and energy of all members who participate through the web site (www.aimgbi.org), Portland Place Seminars, newsletter and through fostering links with other specialist societies and our industry partners. Do get involved! All feedback most welcome! Help us to continue to provide the support required by leaders, and would-be leaders, in our speciality.

Dr Pamela Bell,
in-coming Chair of AIM

Dr Pamela Bell
Editor

INSIDE THIS ISSUE:

Report on the Annual Conference 2

Full copy of the prize 4

AGM 5

MEET THE AIM COUNCIL

Left to Right: Dr Ramana Venkata Alladi, Dr Pamela Bell, Dr Melanie Jones, Dr Grainne O'Dwyer, Dr Barbara Thornley, Dr Bill Rawlinson and Dr Ted Dichmont

The fourth annual conference was held at the Royal College of Anaesthetists, Churchill House, Red Lion Square, London. This proved an excellent choice as the event proceeded without a hitch and the higher than expected number of delegates were well catered for.

A Cross section of delegates

After the meeting was opened by Dr Melanie Jones, Chair of AIM, Dr David Whitaker, President of the Association of Anaesthetists Great Britain and Ireland, gave an indication of the difficulties that face the speciality of anaesthesia in gaining recognition for the wide range of services it provides throughout hospitals. Anaesthesia is not a 'bed holder' speciality and is perceived as an overhead rather than an income generator. These two factors mean that it has little in the way of levers for change in recognition of its contribution. This is most apparent in the inequities that are perpetrated in recompense for work in some independent treatment centres which have perpetuated the differential fee structure for anaesthetists and surgeons that was started by the private sector. He explained the lack of logic behind this and then went on to explore the way in which the speciality lags behind in the ACCEA league tables.

Dr David Whitaker

The session before morning tea was concluded by Professor Sir John Lilleyman, Medical Director of the National Patient Safety Agency. He described the path that had been taken in getting the concept of safety introduced into healthcare. It has taken ten short years from inception of the NPSA to it now being due for its first review. A major credit is that it has been able to debunk the myth that tens of thousands of deaths are caused per year by medical errors. After exploring some of the case studies and outcomes he summarised the Agency's position: solutions must be constructive and common sense. A question from the audience at the end prompted the concession that although data collection was now established, quality of data could be improved and that the most difficult part was to introduce improvement in processes.

Prof. Sir John Lilleyman

After the break, Dr Jonathan Fielden, BMA, gave a thorough analysis of the effect that Independent Sector Treatment Centres (ISTCs) have had on consultant workload and on training of new doctors. The categories he selected for judgment were those set out by the government itself when it established a new player in the health delivery field and he chose equally august bodies such as the Health Select Committee as the judges. He demonstrated that there had been no increase in capacity, no in-crease in best practice and no reform in the NHS as a result of the ISTCs and that the gains in unit price reduction and patient choice were questionable.

Dr Jonathan Fielden

Furthermore, this had come about at a massive cost in destabilisation of the established NHS and deterioration in training opportunities. It is likely that if the members of the profession had been consulted and the treatment centres been integral to expansion of the existing NHS, this situation would not have developed.

Coming up to the podium for his lecture, Nigel Edwards, Director of Policy for the NHS Confederation, set the tone for his lively lecture on reforms in the NHS by contending that if one measured the success of the ISTCs by the erosion of the health trade unions, it had been extremely successful! His highly entertaining lecture unravelled the management principles behind the vagaries of the present reforms in the new NHS.

Mr Nigel Edwards

Prof. David Whitney

Before lunch, Dr Seema Quasim, Specialist Registrar in Anaesthesia at the Warwickshire School, gave a presentation of her essay on the ten management competencies that she will require as a consultant, that won her the first prize in AIM's trainee by essay competition. *(see essay in full on page **4**).*

Dr Seema Quasim

Dr Allan Cole, Medical Director, Leicester, started the afternoon with a sobering perspective of the new disciplinary procedures for doctors. Much of what had been reported previously in the day was repeated here- the Government had hoped to drive down the costs of the former system of disciplining doctors, however, whilst the time frame had reduced this was achieved at a greatly increased infrastructure. Some changes were window dressing, with exclusion replacing suspension. Hopes that the blame culture will be eliminated have not yet been realised. Whilst the new procedures are more flexible and effective, this will not be as important as staff protecting the safety of patients by using procedures which are trusted.

Dr Allan Cole

A lecture on the management competencies available to SpRs followed. This was given by Professor David Whitney, formerly of the Clinical Management Unit, Keele University, who started with an historical perspective which highlighted the increasingly important role medical management played in providing organisational memory for the hospitals as the turnover of chief executives got faster and faster. He then demonstrated different models used by a variety of schools to categorise skills as well as elegantly defining the differences between leadership and management.

Dr Griselda Cooper

It was left to Dr Griselda Cooper, Vice President of the Royal College of Anaesthetists, to keep the audience interested during the final session. This she succeeded in doing with an up-to-the-minute report on the new IT based recruitment tool (MTAS) being introduced to select trainees onto the specialist training path. The talk came with a health warning because the final version is not yet available and that despite the closing date for the first group being February 4th 2007!

Judging by the number of questions at the end of each session, the topics were well chosen and the speakers had the audience's attention throughout. The 4th AIM Conference lived up to the high standards set by its predecessors.

Dr Ted Dichmont
Secretary
AIM

AIM TRAINEE PRIZE WINNING ESSAY

by: DR SEEMA QUASIM

10 management competencies I will need as a consultant (and why)

1. Time management
2. Information technology
3. Searching out the evidence
4. Managing a team
5. Committees/negotiation
6. Handling complaints
7. Managing a budget
8. Project management
9. Clinical governance
10. The 10th competency

The modern NHS demands competency. The Royal College of Anaesthetists seems to be well ahead of most specialties in that it has had a "management competency" for several years, recognising that the clinical competency is not the only thing necessary to be an effective and successful consultant. I am going to outline the competencies that I perceive are necessary to be a leading consultant and manager.

Broadly speaking there are four areas of management:

1. Managing oneself
2. Managing others
3. Managing resources
4. Managing knowledge

Effective time management and proficiency in information technology are my top two competencies to achieve. You may ask why I have chosen these and it is for the selfish reason that these are the two things that can make my life in management much easier. Making the best use of time available is essential to maximise output as a manager. From what I have already seen in my training, clinician managers do find it difficult to juggle clinical commitments with meetings and management business. Prioritisation and planning are essential in time management. There is no place for procrastination. Just like exams, leaving work until the last minute is not only very stressful, but also more likely to lead to mistakes creeping in. Managing one's time will sometimes mean saying "no", firmly and politely. Offer an alternative if you can, and delegate – choose the right person for the task and then empower them.

Information technology is central to the smooth running of the NHS, but so far we have been plagued by multiple unfriendly systems and an expensive program (CFH), which has yet to yield what it was designed to deliver. Communication, planning, audit, literature searching and patient management are just some of the daily uses of IT and let us not forget that the speed of electronic communication is second to none.

The next management competency is that of searching out the evidence. Evidence should form the basis of decisions. A new departmental guideline (clinical or non-clinical), dealing with a complaint, or appraising colleagues are all examples of situations in which evidence must be gathered in order to complete the process. IT can aid this information collection, and without the backup of the evidence, we leave ourselves open to criticism.

The next three competencies involve what could be termed "people skills". Managing a team is what anaesthetists and critical care physicians do every day, usually very effectively. Managers and successful clinicians are only successful if part of a team. The team needs to be enthusiastic, dynamic and balanced in personality types. Team members need defined roles and targets, and effective management of a team (whether a theatre team, departmental team, or a team with a specific purpose) is paramount to team achievement.

Dr Quasim receiving her prize

On a similar theme, consultants need committee skills. Few of us will have sat on committees during our university days, or even before that. As trainees, one must create opportunities to sit in on committees in order to understand the complex dynamics which can arise amongst different personalities that make up the committee. Learning how to lead and negotiate on a committee are vital skills for a consultant.
The final so called "people skill" is handling conflict. Conflict is a natural disagreement resulting from individuals or groups that differ in attitudes, beliefs, values or needs. But it can also originate from past rivalries and personality differences. Conflict must be understood and effectively managed by reaching a consensus that meets the needs of both the individual and the organisation. This results in mutual benefits and can strengthen relationships. If handled badly, conflict can cause lost time, resources, and efficiency in any work team. Managed well, conflict can result in new ideas, more informed decision making, and better performance. Communication is the key to resolving conflict.

Finally, the sensitive and timely handling of patients' complaints can avoid costly litigation.

The next two competencies are about managing resources. Managing a budget is something most trainees will never be exposed to (apart from the problems related to a personal lack of study budgets due to deanery cuts). As a manager, one needs to know what the budget is, where it comes from, what it is for and how it is set. Efficiency and budget control are essential in any business. The medical manager must learn the tools and techniques for procurement, purchasing, commissioning and contracts – none of these skills are taught at medical school. Planning and executing new projects is another competency and one which trainees are exposed to on a smaller scale (planning audits and the like). However, as a manager, one must embrace change on a much larger scale. The impact of even the smallest project should never be underestimated.

Clinical governance is the responsibility of managers and clinicians working at all levels within trusts. It is the main vehicle for continuously improving the quality of patient care. There are several areas that exist under the broad banner of clinical governance and they are all important in their own right:

Education
Clinical audit
Clinical effectiveness
Risk management
Research and development
Openness
Clinical governance has rightly become embedded in the culture of the modern day NHS.

So what is my tenth competency? It is a personal one, I admit, but I think others would agree that it is just as important: achieving a satisfactory work-life balance. It is about having a measure of control over when, where and how I work and feeling fulfilled in my career. The business world acknowledges that without this balance, job satisfaction wanes and productivity diminishes rapidly. Life as an NHS consultant is certainly demanding and stressful, and I feel that pursuing this balance is just as important as some of the other competencies mentioned.

Dr Seema Quasim
Specialist Registrar in Anaesthesia
Warwickshire School of Anaesthesia

References:

Young A. *The medical manager: a practical guide for clinicians*. London: BMJ Books, 1999.
Department of Health. *Creating a patient-led NHS: delivering the NHS improvement plan*. London: The Stationery Office, 2005.
The Institute of Healthcare Management. http://www.ihm.org.uk/ accessed 28/09/2006

Annual General Meeting

The AGM was held following the successful 4th Annual Conference. The meeting was informed of the achievements of the Society over the past 12 months – 2 well attended seminars were held at AAGBI, presentation made at SAS section of Annual Congress of the AAGBI, contributions written for SAS and GAT handbooks, and a section on Healthcare Management was drafted for the new curriculum of the Royal College of Anaesthetists. Another initiative of the past year has been the introduction of the Newsletter which has generated much positive feedback and has been made possible by educational grants from our colleagues in industry, Pfizer, Janssen-Cilag and Napp.

The first trainee essay prize had submissions of exceptional quality and presented a true challenge to the judges, who eventually selected Dr Seema Quasim as a worthy winner.

The results of the recent ballots were announced. Pamela Bell from Belfast becomes Chair in January 2007 as Melanie Jones reaches the end of her 3 year term of office. Bill Rawlinson, from Haywards Heath, becomes secretary following on from Ted Dichmont. A new member joining the committee in 2007 is Tony Turley from Cardiff.

The Treasurer, Barbara Thornley was able to report that AIM finances are stable and much improved over the past 2 years. The annual subscription rate for 2007 remains unchanged at £30, but a new rate for trainees of £20 will be introduced.

Our thanks go to Grainne O'Dwyer who has acted as Education Lead over the past 2 years and has organised our AAGBI seminars with such skill and innovation.

Finally, thanks must go to Busola Adesanya-Yusuf, the Specialist Societies Coordinator, who is a source of constant advice and support in the office at the Association of Anaesthetists of Great Britain & Ireland.

Since the AGM, further new committee members have been identified – they are Asha Chatwani from St Mary's Hospital, London, Louise Vella from the Royal Free Hospital, London, Pieter Bothma from James Paget Hospital, Norfolk and Ash Wagle from Royal Glamorgan Hospital, Pontypridd.

Dr Melanie Jones

SNAPSHOTS OF THE CONFERENCE

Dr Quasim presenting the winning Essay

Delegates networking during the conference

Hard at work, registering delegates

The Trade Exhibition

A cross-section of delegates at lunch

More networking

All photography by Dr Bill Rawlinson

Conference 2006 Newsletter

21 Portland Place
London
W1B 1PY

Phone: 0207 631 8891
Fax: 0207 631 4352
E-mail: aim@aagbi.org

AIM is a growing society of enthusiastic anaesthetists who wish to have or already fulfil a leadership role. We come together for mutual support and to identify common issues.

As an organisation we are informal and rely on personal networking. The Education Subcommittee takes care of the running of our events and the Strategy Group is a wider, less well defined core of members to which all are welcome which maintains the momentum and sets the agenda and policies. The Society is still growing actively and your interest is welcomed. Please contact us if there are skills you can bring to the group or if you have suggestions or comments.

SUDOKU PUZZLE

H	G						B	A
			F	H	B			
	I						C	
		F	G		D	C		
		I				B		
		H	B		C	D		
	F						I	
			D	A	I			
I	B						D	H

Solutions to this puzzle will be in the next issue of the newsletter.

Answers to Autumn Sudoku

A	H	E	G	B	F	D	C	I
C	G	D	H	I	E	F	B	A
B	F	I	A	C	D	E	H	G
H	D	A	I	F	G	B	E	C
E	B	C	D	H	A	I	G	F
G	I	F	B	E	C	H	A	D
D	C	B	E	A	I	G	F	H
I	A	H	F	G	B	C	D	E
F	E	G	C	D	H	A	I	B

AIM would like to thank the following organisations for their continued support and sponsorship:

JANSSEN-CILAG Ltd