

A joint meeting between the AAGBI and the RCoA

JOINT CLINICAL DIRECTORS MEETING – THURSDAY 22ND APRIL 2010

This meeting is aimed at Clinical Directors, Lead Clinicians and any Intensivist or Anaesthetist in a managerial role

Programme

0930 Registration and refreshments

1000 *Welcome/ Overview of the specialty*
Dr Pete Nightingale, President RCoA

Session I: Anaesthetic Services and the economic downturn

Chair: Dr David Greaves, Vice President RCoA

1020 The effect of the WTR on service and training; on-going College monitoring
Dr Anne Thornberry, Council Member RCoA

1040 Trainee numbers: are we over-training?
Dr Debbie Nolan, Council Member RCoA

1100 Questions

1110 Refreshments

1125 Consultant job plans and SPA's
Dr Richard Birks, President AAGBI

1145 How am I going to deliver a service?
Dr David James, St Thomas' Hospital, London (tbc)

1205 Is a sub-consultant grade the answer?
Dr Iain Wilson, President Elec, AAGBI

1220 Questions

1300 Lunch

Session II: Revalidation

Chair: Dr Iain Wilson, President Elec, AAGBI

1340 Revalidation update
Dr Andy Tomlinson, Vice President RCoA

1400 The role of the CDs
Dr Fiona Lloyd-Jones, St Peter's Hospital, Chertsey

1420 Questions

Session III: The productive theatre, quality and safety

Chair: Dr Andy Tomlinson, Vice President RCoA

1430 The productive operating theatre programme
Speaker tbc

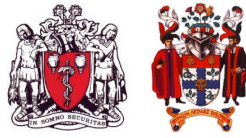
1450 The Safety Agenda: The AAGBI network
Dr Les Gemmell, Hon Sec AAGBI

1510 Questions

1540 A formal CD Liaison Group is overdue
Dr David Greaves, Vice President RCoA

1600 End of meeting and Refreshments

Meeting will be held at the Royal College of Anaesthetists, Churchill House, Red Lion Square, London



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REGISTRATION FORM

CLINICAL DIRECTORS MEETING - THURSDAY 22ND APRIL 2010

(Please tick relevant box)

- Please register me for the CLINICAL DIRECTORS MEETING
- I cannot attend this meeting, please inform me of the next meeting

PLEASE WRITE CLEARLY IN BLOCK CAPITALS

Title..... Surname..... First Name.....
Region.....Hospital.....
Job Title.....
Email.....
Contact Number..... Special dietary requirements.....

**Please return this form to:
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