

**BMA CCSC Anaesthetics Subcommittee Meeting**  
**27<sup>th</sup> March 2009**

**1. Matters from previous meeting 10<sup>th</sup> October 2008**

**Criminalisation of Medical Errors**

In 2004 Memorandum of Understanding about police style investigations of clinicians. HM Coroner said there was no increase in investigations. Still police style investigation rather than NPSA serious incident review/root cause analysis. Most incidents referred to the police were made not by members of the public but Trust CEOs. The committee felt that an air accident style of investigation was the best model. The AAGBI is going to pursue this. It was reminded that the AAGBI can provide moral and welfare support.

**Structure of Consultant Interviews**

Some Trusts have been trying new types of interviews for consultant posts. These have included structured references, chosen by the potential Trust, psychometric testing (but thought to be expensive and time consuming), OSCE style (eg critique a paper, explain an anaesthetic disaster, explain how to teach a certain topic). Of note some Foundation Trusts are trying not to have a Royal College representative at the interview process. This is not a legal requirement for Foundation Trusts but it was felt that there should be College representation.

**2. Other Committees**

**Speciality and Associate Specialist**

Currently their contract is at the job planning stage. Main issue that still needs to be addressed is being resident on-call which isn't superannuable. £12 million has been given for training which is trickling down to Trust level.

**British Pain Society**

CMO has written that there should be development of pain assessment and that chronic pain is increasing and affecting quality of life. There is no tariff at present for pain team visits to an inpatient. It was also felt that they should visit medical wards. The BPS and Dr Foster are commencing a 3 year audit of pain services. An All-Party Parliamentary Group for Chronic Pain has been established. There are very few GPs with Specialist Interest in pain management. Multidisciplinary work is still lagging with shortage of clinical psychologists and pain physiotherapists.

**3. Clinical Excellence Awards**

In 2008 National CEA Round, 26/342 Bronze awards, 11/159 Silver awards, 3/41 Gold awards and 0/31 Platinum awards went to anaesthetists. Anaesthetists represent 15% of the workforce but only got 7% of the

awards. Ways to improve the success of anaesthetists is to be looked at including:

- Guidance for completing domains 1 to 3 and hence improve application
- Local panel involvement may be looked at – are anaesthetists represented sufficiently
  - Teamwork often omitted
  - Demand for pro-rata distribution of awards

**4. Revalidation**

Anyone in specialist practise will need to revalidate (eg SASG). This should be based on an individual assessment or not a departmental assessment. At present there is a lack of info but it is thought that an e-portfolio is going to be fundamental and probably based on the model for STs.

**5. EWTR**

Consultants should not feel obliged to breach EWTR.

**6. NHS work at Private Hospitals**

Concern was raised that for some NHS work performed at private hospitals, anaesthetic consultants were getting paid less than the surgical consultants. This is despite the NHS having pay parity for rank. This was based on the private tariffs. This was strongly opposed and Industrial Relations Officers are available if required.

Nicholas Love  
GAT Committee Member