Programme

08:30  Registration/Tea & Coffee
09.25  Introduction

Chair Dr Upma Misra

09:30  Bariatric Surgery: Why we do it Domain 1: Knowledge, skills and performance, Domain 3: Communication, partnership and teamwork, 2A03, 3A13
Mr Neil Jennings, Consultant General Surgeon, Sunderland Royal Hospital

10:00  Anaesthesia for bariatric surgery service Domain 1: Knowledge, skills and performance, Domain 2: Safety and quality, 1H02, 1I05, 3J00
Dr Peter Evans, Consultant Anaesthetist, Sunderland Royal Hospital

10:30  Discussion
10:40  Tea & Coffee

Chair Dr Peter Maguire

11:15  Managing pre-op anaemia in the pre-assessment clinic Domain 1: Knowledge, skills and performance, Domain 2: Safety and quality, Domain 3: Communication, partnership and teamwork, 1A01, 2A03
Dr Matthew Checketts, Consultant Anaesthetist, Dundee

11:45  Top tips for the occasional obstetric anaesthetist Domain 2: Safety and quality, Domain 3: Communication, partnership and teamwork, 2B01, 2B02, 2B03, 1F01
Dr Nuala Lucas, Consultant Anaesthetist, Northwick Park Hospital

12:15  Discussion
12:30  Lunch

Chair Dr Matthew Checketts

13.30  Anaesthesia for the ASA 6 patient - Its everybody's business Domain 1: Knowledge, skills and performance, Domain 2: Safety and quality, Domain 3: Communication, partnership and teamwork, Domain 4: Maintaining trust, 1F05, 2A07, 2A12, 2C06
Dr Dermot McKeown, Consultant Anaesthetist, Edinburgh

14:00  Using NELA data to improve the quality of care Domain 1: Knowledge, skills & performance, Domain 2: Safety and quality, Domain 3: Communication, partnership and teamwork, 1I05, 3J00
Dr Dave Murray, Consultant Anaesthetist, James Cook University Hospital, Middlesbrough

14:30  Discussion
14:40  Tea & Coffee

Chair Dr Nuala Lucas

15:00  Job planning - The new consultant contract and pension matters Domain 3: Communication, partnership and teamwork, 1A02, 1I02, 1H02, 1H01
Dr Peter Maguire, Specialty Lead for Anaesthesia, British Medical Association Consultant Committee, Belfast

15.30  Anatomy and aftermath of an anaesthetic disaster Domain 2: Safety and quality, Domain 3: Communication, partnership and teamwork, Domain 4: Maintaining trust, 1F01, 1I01, 1I03, 1I04, 1I05
Dr David Bogod, Consultant Anaesthetist, Nottingham

16:00  Discussion
16:10  Close
Learning Objectives

Bariatric Surgery: Why we do  
Mr Neil Jennings
To give an overview of the obesity epidemic
To inform about current bariatric practice
Predicting futures trends in bariatric surgical practice

Anaesthesia for bariatric surgery service  
Dr Peter Evans
A brief overview of obesity related comorbidities and the physiology of the obese
To understand the value of preoxygenation and induction with head up tilt in the bariatric patient
Choosing a reliable induction and maintenance recipe for general anaesthesia
Pitfalls in anaesthesia for bariatric surgery

Managing pre-op anaemia in the pre-assessment clinic  
Dr Matthew Checketts
Show the evidence that preoperative anaemia is associated with increased post operative mortality
Show the evidence that allogenic blood transfusion is associated with increased post operative mortality
Make a case for identifying & treating all preoperative anaemia in the pre-assessment clinic
Discuss clinical pathways for treating preoperative anaemia

Top tips for the occasional obstetric anaesthetist  
Dr Nuala Lucas
Update of strategies to optimise labour analgesia
Update on best management of obstetric haemorrhage
Update on management of obstetric GA

Anaesthesia for the ASA 6 patient - Its everybody’s business  
Dr Dermot McKeown
Appreciate the value of implementing ‘bundles’ of care to BSD
Update knowledge of value of general critical care and specific donor treatments
Understand the need to apply some priority to retrieval procedures
Understand the need for appropriate ‘anaesthesia’ support.
Learn of potential new organ preservation and reconditioning techniques

Using NELA data to improve the quality of care  
Dr Dave Murray
Present some of the early patient data from 20000+ patients
Clarify the key difference between “audit” and “quality improvement”
Look at how to use your own data for quality improvement in your own hospital

Job planning - The new consultant contract and pension  
Dr Peter Maguire
Latest information on Pension Changes for all doctors
Latest contract negotiations updates
The probable impact of working arrangements on anaesthetists / NHS
How to make sure your job plan is current and accurate

Anatomy and aftermath of an anaesthetic disaster  
Dr David Bogod
To understand the trajectory of an anaesthetic disaster, illustrating the ‘Swiss cheese’ model of patient harm.
To appreciate the workings of the Coroner’s Court.
To explore the boundaries between civil negligence and criminal negligence.
To appreciate the concept of the ‘second victim’ in a medical catastrophe.
To consider strategies to better ‘risk-proof’ our own services.