



## CHAIRMANSHIP OF THE MANAGEMENT COMMITTEE

After 5 years at the helm of the Management Committee, Peter Stonebridge is demitting office in 2006. Applications from the participants in SASM to take on this vital, sometimes frustrating but never boring post are invited. The duties of the SASM Clinical Director include leading the clinical strategic planning of SASM and working with the National Coordinator, the Board and the Management Committee to produce reports on the data gathered by the audit. The successful applicant will be appointed on a three-year contract, renewable annually for up to a further three years. The post is offered on the basis of two sessions per week with reimbursement to the successful applicant's main Employer. Previous experience in the management structure of SASM is not essential but energy, vision and drive are. It is hoped that the successful applicant will be able to take up post by the middle of 2005 to facilitate the handover process. Person specification and a job description are available on the College website at [www.rcpsg.ac.uk](http://www.rcpsg.ac.uk) or from Helen Burton at [Helen.Burton@isd.csa.scot.nhs.uk](mailto:Helen.Burton@isd.csa.scot.nhs.uk). Interested individuals are invited to contact Professor Stonebridge informally at [p.a.stonebridge@dundee.ac.uk](mailto:p.a.stonebridge@dundee.ac.uk). Formal applications in writing should be made by **1st July 2005** to Professor Graham Teasdale, Chairman, Board of SASM, Royal College of Physicians and Surgeon of Glasgow, 232-242 St Vincent Street, Glasgow, G2 5RJ.

## How do I become a first line assessor?

The process for selection is changing this year as a result of the successful First Line Assessors meeting in Stirling in 2004. The Surgical and Anaesthetic Co-ordinators will identify vacancies later this year and invite consultants who may wish to become First Line Assessors and to attend the First Line Assessors Meeting at Stirling Conference Centre on Thursday 8th September 2005. This is important but not essential.

Assessors are selected on the basis of speciality and hospital. As most of the deaths occur in the biggest hospitals, the audit relies on Consultants in the smaller hospitals participating as First Line Assessors as deaths are sent for assessment to Consultants in the same specialty but different Health Board.

At present the First line Assessors are selected from two separate pools - the West covers hospitals in the West and South of Scotland and the East covers the North and East. This will probably change in 2006 when the SASM database changes. Currently we have a shortfall in First Line General Surgical Assessors in the West of Scotland and Second Line General Assessors in the East. First Line Assessors in anaesthesia are sent about 30 cases per year whereas First

Line Assessors in general surgery are sent 50 - 60 deaths per year. Volunteers for First Line Assessors in General Surgery in the West of Scotland should contact George Gray at [patricia.wilson@gvic.scot.nhs.uk](mailto:patricia.wilson@gvic.scot.nhs.uk). Second Line Assessors undertake Case Note Reviews of cases identified by the First Line Assessor and Co-ordinators. They undertake fewer cases per year but these may be time-consuming to carry out thoroughly.

This is clearly a significant amount of medical audit undertaken on an individual basis which should be appropriately recognised by Divisions and Health Boards.

## RITAS AND DEATHS

Increasingly trainees are being asked about patient outcomes in cases which have been included in their log book (including deaths). SASM has been asked to review its process to provide feedback for the trainees involved. In the first instance, it would be helpful if the trainee could be identified to allow the SASM office to feedback information to them. On the inside front cover of the Surgical and Anaesthetic forms there is space to fill in the names of any trainees who were involved in the patient's care. This page is removed to preserve anonymity before being sent to First Line Assessors.



# Individual Annual Reports

You will all have received the draft copy of the individual annual report for General and Vascular Surgeons. Thanks to all who took the time to complete and send back the questionnaires. The mock report was well received with most respondents finding the report useful, interesting and understandable. There are clearly difficulties in producing this type of document in some of the smaller surgical specialties where the total number of deaths per year is low. The Liaison Group chaired by David Smith will be looking at ways to address these specifically - see the report on the Liaison Group later.

Extreme concerns were expressed by participants relating to confidentiality. The Board, Advisory and Management Committees of SASM share these concerns and are currently seeking clarification of the Freedom of Information Act in relation to the Audit. No actual data will be produced until clarification is obtained. If there are any changes in the current status then the issue will be put to participants. The importance of candid, confidential, peer review and self critical analysis in clinical practice is a key part of the audit. We are concerned that the general release of information, given in confidence and reviewed anonymously, will result in the information submitted being heavily edited and that the reviews will become bland. Until the question of release of individual data is resolved, we will not produce individual reports. SASM has always produced an informed annual report which has been released to the public, highlighting areas of concern and will continue to do so. It is unfortunate that the introduction of greater access to records has resulted in delay to the development of specific

individual reports which had been designed to identify issues locally and at an early stage in keeping with guidance from the GMC.

Many anaesthetists have commented on the lack of an anaesthetic report. A draft report based on exemplar data has been produced, demonstrating the proposed anaesthetic format. Depending on feedback, and the results of the Board's investigations, it would be hoped that a report based on 2003 data at a hospital level would be sent out to participating

consultants in the autumn.

Real individual surgical reports for general and vascular surgeons and a draft orthopaedic report were expected to be sent out in Spring 2005, based on 2003 data with reports based on 2004 data being issued at the beginning of 2006. The long delay in providing reports is due to the very long response times in completing forms by some individuals. SASM would like to minimise these delays and invites suggestions from participants.

## Liaison Group

The SASM Liaison Group had its second meeting in January. The primary purpose of this group is to provide a link between SASM and all the surgical and anaesthetic specialties who participate in the audit. All the specialty associations have nominated representatives to sit on the Group, which meets twice annually. The Chairman is Mr David C Smith, Consultant Surgeon at the Victoria Infirmary in Glasgow and a past chairman of the SASM Advisory Group.

The individual members of the group are now consulting with their associations about the specific design of Individual Annual Reports

for specialties with small numbers of deaths. Future consultations will be about the design of specialty specific data collection forms.

In addition to the nine surgical and one anaesthetic specialty representatives, the Liaison Group also has representatives from SASC, BOTA and GAT. A nomination from ASIT is also being sought.

If there are any specialty specific issues which you would like SASM to discuss, consider or debate, then please contact your specialty representative, details of whom are given below. The next scheduled meeting of the group is on August 29th.

<b>General Surgery</b>	John Duncan	John.Duncan@haht.scot.nhs.uk
<b>Orthopaedics</b>	Graeme Foubister	Jacqueline.mcgurty@tuht.scot.nhs.uk
<b>Urology</b>	Les Moffat	Uro-oncology@abdn.ac.uk
<b>Plastic Surgery</b>	John Holmes	John.Holmes@nhs.net
<b>Paediatric Surgery</b>	Fraser Munro	fdmunro@rcsed.ac.uk
<b>Oral &amp; Maxillofacial</b>	Joe McManners	Joseph.McManners@fvah.scot.nhs.uk
<b>Cardiothoracic Surgery</b>	Alan Faichney	Alan.Faichney@northglasgow.scot.nhs.uk
<b>Neurosurgery</b>	Bill Taylor	Brenda.Bryden@sgh.scot.nhs.uk
<b>Anaesthetics</b>	Harry McFarlane	Harry.McFarlane@arh.grampian.scot.nhs.uk
<b>SASC</b>	Syed Kazmi	syedkazmi@btinternet.com
<b>BOTA</b>	Alastair Murray	Scottish@bota.org.uk
<b>GAT</b>	Rory Mayes	rorymayes@hotmail.com
<b>ASIT</b>	(Not yet appointed)	