

NEWS AND REVIEWS SECTION

Farewell to Dr. David Wilkinson and Welcome to Professor David Rowbotham, BARNA President.

Dr. David Wilkinson, the BARNA president has finished his term of office after three years. Dr. Wilkinson has helped BARNA develop and move forward on many national and international forums promoting anaesthetic & recovery nursing, particularly Professor Riley's Scoping study on professional roles in anaesthesia that saw BARNA developing and shaping the future professional roles that would be undertaken in anaesthetic and recovery nursing. Dr. David Wilkinson has seen BARNA through a great deal of change and transition over the three years, with a great deal of hands on work and advice leaving the association professionally enriched as a result. Dr. Wilkinson has handed over to Professor David Rowbotham MB ChB, MD, MRCP, FRCA, FFARCSI, Professor of Anaesthesia and Pain Management at the University of Leicester and Honorary Consultant at the Leicester Royal Infirmary.

BARNA welcomes Professor David Rowbotham to the Association. Professor Rowbotham has previously spoken at the 1999 conference on post operative nausea and vomiting and was delighted to become the next President of BARNA. As well as maintaining a clinical work load and teaching commitments, he is also Course Director for the MSc/Diploma in Pain Management at the University of Leicester. Professor Rowbotham has vast research and clinical experience and wishes to use this to develop practices in anaesthetic and recovery nursing, particularly in terms of post operative pain management.

New BARNA Chairman – Mr. Mark Radford

As many members were aware from previous Chairmans letters Mr. Mike Ellis, stepped down as Chairman of BARNA at the current AGM, following considerable increases in his professional workload. Mike has taken BARNA through the change over following Rose Gulleys departure to Australia, and has worked hard to ensure that BARNA developed and moved in a positive direction. Mike will remain with the executive committee and develop the commercial aspects of the BARNA organisation.

Mr. Mark Radford took over as BARNA Chairperson at the AGM in Birmingham. Mark has been with the BARNA committee for three years, and in the last two years in the position as Vice Chair and Editor of the journal. Mark is the

Clinical Nurse Specialist of Emergency Surgery at Good Hope Hospital NHS Trust, Sutton Coldfield in Birmingham, Mark is also a Visiting Lecturer at the University of Central England in Birmingham. Mark has always wished to develop and enhance the role of anaesthetic and recovery nurses to become more actively involved in the management of the patient as an integral part of the anaesthetic team.

All Change in other Anaesthetic Organisations!

Many new faces will be taking up new posts at various organisations in the world of Anaesthesia in the coming months.

Prof. Peter Hutton, of the University Hospital Birmingham and former President of BARNA will be taking up position as the President of the Royal College of Anaesthetists.

Mr. Roger King, Lecturer in Operating Department Practice at Thames Valley University and formerly Education Officer of AODP will be taking over from Mr. Bill Kilvington as the Chair of the Association of Operating Department Practitioners.

Prof. Leo Strunin will be the new President of the Association of Anaesthetist of Great Britain and Ireland taking over from Dr Morgan.

Historic York

As part of an expansion scheme to provide more critical care beds it is planned that part of the recovery be used for this purpose. It is envisaged that 3/4 beds could be provided.

We'd like to network members who already have this up and running and that would include "fast tracking". We are particularly interested in competencies for recovery staff, admission criteria, pitfalls - all offers of advice will be gratefully received.

EXCITED but HELP,

Replies to : Maureen Whitcher, *Recovery Main Theatres, York District Hospital, York. YO318HE.*
Tel : 01904453258

email: hubydoc@btinternet.com

If anyone would like help in finding information, please send details to the journal and they will be posted at the earliest opportunity in the News and Reviews section. It is best sent in electronic format to theeditor.bjarn@k-2.org.uk. Alternatively please send to the journal address as listed at the back of the journal.

NHS Circular on ODP's

An important NHSE circular was released during May on the employment regulations attached to Operating Department Practitioners which has far reaching implications and is the first real recognition by the NHSE that working practices of ODP's should be more in line with other practitioners in the NHS. The following points were raised during the paper;

- AODP is to be recognised as the primary ODP organisation and the voluntary register is to be used as a benchmark for NHS employment and subsequent disciplinary matters, and that unregistered ODP's are to be supervised under arrangements organised by senior managerial and clinical staff.
- NVQ and City & Guilds qualifications are identified as the qualifications of such practitioners and it is important that these are checked and validated against current standards of practice. Arrangements for those who were assimilated prior to 1979 will be dealt with by the Association of Operating Department Practitioners.
- The question of access, supply and ordering of controlled drugs is dealt with in great detail and is summarised as;

Handling controlled drugs

'Although many operating departments and theatres are now staffed by ODPs, you will wish to note that ODPs are not one of the classes of health professionals authorised under the Misuse of Drugs Regulations 1985 to order, supply and possess controlled drugs. The responsibility for the ordering, possession and supply of controlled drugs in hospital wards and departments rests with the sister or acting sister in charge of the ward or department. This requirement also has implications for the staffing of operating departments and theatres. Annex A gives further information on the requirements relating to the handling of controlled drugs.'

ANNEX A**Handling Controlled Drugs**

1. The Misuse of Drugs Regulations 1985 authorise doctors, pharmacists and certain other (statutorily regulated) health professionals to order, supply, possess, prescribe or administer controlled drugs in the practice of their professions. They do not authorise operating department practitioners to order, supply or possess controlled drugs. However, the 1985 Regulations also authorise any person who is engaged in conveying a controlled drug to have that drug in his possession, provided that the person to whom he is conveying and supplying it may lawfully have that drug in his possession. An ODP is therefore authorised to convey a

controlled drug to a doctor, a registered nurse, or a patient for whom the drug has been prescribed.

2. Under the 1985 Regulations, the responsibility for the ordering, possession, safe custody and supply of controlled drugs in hospital wards and departments rests with the sister or acting sister in charge of the ward or department. To ensure controlled goods are readily available when needed, the sister or acting sister in charge may delegate control of access to another registered nurse, medical practitioner or an operating department practitioner. This access should be strictly controlled in practice and set out in locally agreed written guidelines, eg through the Drug and Therapeutics Committee. A registered nurse or an ODP may only remove controlled drugs from a controlled drug cabinet and return them to the cabinet on the specific authority of either the sister or a medical practitioner. However responsibility for the requisitioning, possession, safe custody and supply of controlled drugs remains with the most senior registered nurse on duty in the department even if the nurse decides to allow access by others.

3. In relation to the administration of controlled drugs, the 1985 Regulations provide that any person other than a doctor may administer to a patient, in accordance with the directions of a doctor, any drug specified in Schedule 2,3, or 4. An ODP may therefore administer a controlled drug to a patient in accordance with the directions of a doctor. The 1985 Regulations also provide that any person may administer to a patient any drug specified in Schedule 5. ODPs, in common with other staff handling or administering medicines should be properly trained and competent to do so.'

Further details of this circular can be gained from:

Joan Arnott

*Education and Regulation Unit,
2E56 Quarry House Hill, Leeds LS2 7UE*

Tel: 0113-2545789 **email:**

joan.arnottdoh.gsi.gov.uk

**'Occasional Paediatric Surgery is Unacceptable'
– Children's Surgery – A First Class Service –
Published by the Royal College of Surgeons of
England.**

This document developed by a team of paediatric surgeons identified that almost one quarter of children will present to a casualty departments in any one year, and approximately 500,000 children will be seen as an inpatient or day case in one year. However the report highlights that the majority of surgeons in England and Wales operate on both adults and children, with only 2% specialising in paediatric surgery.

The report recommends that occasional paediatric surgery is now unacceptable and if paediatric surgery is undertaken, services should

be in place for the pre and post operative care of the child. The report makes several key recommendations:

- That children's surgery should be concentrated in the hands of an appropriately designated and trained surgeon whose workload is of a significant enough volume to maintain a level of surgical competence.
- An appropriate workload level in general paediatric surgery is a minimum of one paediatric session per fortnight.
- In patient surgery should only be undertaken in those centres who have the ability to provide comprehensive paediatric support services.
- In those District General Hospitals who provide paediatric surgery then a multi-disciplinary group should be responsible for overseeing the services for children. The services of a DGH must include a dedicated 24 hour paediatric ward, with an on call paediatric medical cover supported by a consultant paediatrician.

Further details of the report can be obtained from the Royal College of Surgeons Website at www.rcseng.ac.uk

Study day – Advanced Peri-Anaesthetic Skills Study Day – Lady Anne Middletons Hotel, YORK – November 11th 2000

After the feedback generated from the Basic skills study. The BARNA Conference and Study Day Planning team have developed a comprehensive study day aimed at the more experienced practitioner in anaesthetics and recovery. The aim of the study day is to provide a high level of practical and theoretical advice on a variety of topics. A fantastic venue has been found in York, that has been chosen to allow greater access for individuals around the UK.

The seminar programme includes:

- 8.30 Registration
- 9.30 Pre and Post Operative Management of the Adult Difficult Airway
- 10.30 Coffee
- 11.00 Pathophysiology and Treatment of Cardiac Failure in the Surgical Patient
- 12.00 Lunch
- 13.30 Management of Intraoperative Hypothermia in the Surgical Patient
- 14.30 Coffee
- 15.00 Applied Physiology and Pharmacology of Pain Management in the Elderly surgical patient.
- 16.00 Evaluation and Close

Details and application forms are available in this edition of the journal or alternatively contact: Hazel Bateman, 51 Darnford Close, Walsgrave, Coventry, CU2 2EB, UK or Inge Bateman, 3 Wallis Way, Burgess Hill, West Sussex, RH15 8UJ, UK

British Journal of Anaesthetic & Recovery Nursing to be included in the British Nursing Index

The development of the Associations Journal has taken many years of planning by the editorial and design team. The journal has always prided itself on the fact that the content of the editorials and articles has been of the highest standard, this has only been achieved with the hard work of contributors. This hard work has finally been recognised as the Journal has been invited to be included in the British Nursing Index, a database of articles run in conjunction with Bournemouth University and the Royal College of Nursing. This will mean that the journal will become more widely accessible and know in hospitals and libraries in the UK and abroad.

Waiting Lists and Times

The following report has been issued from the Department of Health regarding the waiting lists in England and Wales.

- The total number of patients waiting to be admitted to NHS hospitals in England fell by 800 (0.1%) between the end of April and the end of May and stood at 1,052,900;
- The total number waiting fell by 43,200 (3.9%) between May 1999 and May 2000;
- The number of English residents waiting over one year at the end of May rose by 202 (0.4%) since April to 50,900; and was 2,600 (5.3%) higher than May 1999 when the total was 48,300;
- 15 patients had been waiting for longer than 18 months at the end of May 2000.

