Board/Council Elections - Examples of supporting statements

These were the successful candidates in the 2019 Board/Council elections

Dr Robert Fleming

My name is Robert Fleming, and I have been a specialty doctor based in Nottingham since 2012. Prior to this, I was a specialty trainee within the North West and East Midlands deaneries. Within clinical anaesthesia my main areas of interest are obstetrics and regional anaesthesia. I also have an interest in education.

I have broad experience working with committees to achieve shared goals. Nationally, I represent the interests of SAS anaesthetists as a member of both the RCOA SAS committee and the education programme group. I also represent all SAS doctors and anaesthetists within my trust on the local negotiating committee. I recently shared my experiences in an article for the March 2019 issue of the college bulletin, which was very well received.

I am enthusiastic about both Anaesthesia and the SAS grade, especially about opportunity for professional development and extended roles for SAS doctors. It is therefore gratifying to see the association advertise a vacancy specifically for an SAS anaesthetist. I would be delighted to join the team in that role.

There are many challenges faced by our specialty, including a workload of increasing scope and complexity which is not matched by an increase in the number of anaesthetists. To meet this demand, there is an ever greater need to recruit, retain and develop all grades. If elected, my focus and priority would be working with the council, trainee and SAS committees to help achieve this.

Dr Chris Mowatt

I am a Consultant Anaesthetist working in a DGH with sessions in anaesthesia and critical care. There are two areas I would seek to contribute to the Association of Anaesthetists and represent my colleagues.

**NHS Reconfiguration**

I have worked in two centres trying to reconfigure DGHs. The problems are Universal. When systems are stressed it is important we represent ourselves strongly and with a good understanding of the pressure points within the NHS. As a profession we have always maintained our standards and been vocal; calling out failings and injustice. I would seek to continue this and make our voices well heard improving conditions for future colleagues. I cannot imagine talking to new consultants in 20 years and explaining why we did nothing to protect the NHS.

**Wellbeing**

Trainees are our consultant colleagues of the future; providing and seeking to maintain high quality training environments is crucial to protecting the future of our profession. The wellbeing of my colleagues is of fundamental importance to me, and I think our patients. As Foundation Programme Director I have developed doctor’s accommodation utilising novel sources of funding and engaging local partners – bringing to bear community power on the NHS. We are now able to offer free housing for F1s and ring-fenced rest rooms. I have sought to restore agency to trainees to improve their own working conditions removing the interface between execs and front facing junior doctors.

Ensuring managers and key players clearly understand the needs of NHS doctors are keys to success.
As a Consultant and Clinical Director, I have held posts in Australia, Nottingham and Bournemouth; this has given me a great breadth of clinical and managerial experience, where my common sense shines through!

In 2017, I lead our Trust through the RCoA’s ACSA process; gaining accreditation including vascular and ophthalmic anaesthesia (my clinical interests include vascular anaesthesia). In 2018, our Acute Pain Team won the BMJ “Anaesthesia Team of the Year” for a project managing complex surgical pain – this reflects one of my principles – always trying to do our best for patients. I hope at all times to make life “smarter, simpler & better”!

If elected to the Association of Anaesthetists Council I would like to support and address many issues that concern our professional lives including the fee fixing that PMIs do to Anaesthetists (mandating “fee assured” providers) – something I consider is a restriction in rights to practice resulting in imbalance in remuneration / loss of pay parity.

I would support all SAS doctors in our speciality – recognising these important roles and I would hope to invigorate these doctors in their professional lives.

We need to address the predicted work force imbalance. More training places are required; as many reasons are causing senior doctors to find it simply doesn’t pay to work.

Finally, we need to support all initiatives aimed at improving patient AND staff safety. I hope you can support me to represent anaesthetists from all areas; something I have the enthusiasm to do with the utmost energy.