machine operating (in which case the lines would be maintained using a manual pump); the ability of the perfusionist to retain control within his or her spectrum of responsibility; or the failure of part of the disposable circuitry of the machine (ie the tubing). This is not to say that this happens regularly, if at all, but it is something the perfusionist needs to be aware of and should be ready for if any problems occur. To this end, the maintenance, preparation and calibration of the equipment by the perfusionist is very important as a factor in patient safety.

25. Throughout the period 1984-1995, my team would generally consist of 3 or 4 senior perfusionists and 1 student. In theatre, I would be working with the assistance of one of the perfusionists from my team; there would also be 2 anaesthetists (consultant and senior registrar) and 2 surgeons (consultant and senior registrar) present, together with a scrub nurse and nurse runner(s). We often had observers, including students.

Comparisons with other units

26. I was keen to go and visit other hospitals to see how my colleagues were working. I would usually go 3 or 4 times per year to visit Birmingham Children's Hospital, The Brompton Hospital or Great Ormond Street. I sometimes travelled abroad to Germany and also once visited the United States. The visits to these centres were pre-arranged and gave me an opportunity to discuss with other perfusionists and surgeons, to compare practices and outcomes. I was not able to secure funding from the BRI to do this. I also received visits from perfusionists from other hospitals on a regular basis.

Keeping up-to-date

27. I attended the Society of Perfusionists' lectures as well as their Spring Seminar meetings - each taking place annually. There would usually be good quality lecturers from a wide spectrum of specialities, eg haematology, pathology and surgery as well as perfusion. The papers that were provided were often an invaluable learning tool