

**U B H T**  
TEACHING CARE

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**Our ref** RNB/SJD.

**Your ref** 15th February 1993  
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Sally Masey  
 Audit Co-Ordinator  
 Department of Anaesthesia  
 BRI

Dear Sally

Following your letter, I met with Chris Monk and Trevor Thomas to discuss the service implications of any change in the scheduling of the Friday afternoon Clinical Audit Sessions in Anaesthesia.

As far as the surgical workload is concerned, I should be very reluctant to return to the rolling system of the previous year for two main reasons. These are firstly that any rolling system causes a major disruption to weekly timetable commitments of everyone's job plan. Secondly, the impact of the loss of anaesthetic cover for all scheduled operating lists every 6 weeks on The Trust is vastly less on Friday afternoons than for any other session during the week except for Saturday mornings. Indeed the impact of the loss on Friday afternoons is little more than the loss of operating time from Bank Holidays for those of us who have theatre sessions on Mondays.

A further consideration is that in surgery we have found it rather a marathon to devote a 3½ hour session entirely to audit. In General Surgery and Urology, also on a Friday afternoon, we start with statistics followed by morbidity and mortality, then a tea break, and finally a topic. I just wonder whether the time is approaching for each consultant's job plan to include a weekly 1-1½ hour slot into which could be consolidated an audit element and an administrative element to include a Directorate/Divisional meeting. I appreciate that a radical solution of this sort would require a considerable degree of cross directorate liaison. Failing this, any solution other than to remain with Friday afternoons will cause considerable difficulty.

With good wishes

Yours sincerely

Roger N Baird  
 Consultant Surgeon  
Clinical Director of Surgery

cc Dr C Monk, Clinical Director of Anaesthesia, BRI.  
 ✓ Dr T Thomas, Consultant Anaesthetist, BRI.