



An interview with Rosie Winterton

Rosie Winterton MP is the Minister of State at the Department of Health and was appointed by the Prime Minister in June 2003. She has been Member of Parliament for Doncaster Central since 1997. Rosie was educated at Doncaster Grammar School and Hull University receiving a BA Hons in History.

From 1980–86 she was Constituency Personal Assistant to John Prescott MP; she was Parliamentary Officer for Southwark Council from 1986–88 and for the Royal College of Nursing from 1988–90; Managing Director of Connect Personal Affairs from 1990–94; and, was Head of Office from John Prescott MP, Deputy Leader of the Labour Party from 1994–97. Between 2001 and June 2003 Rosie Winterton was Parliamentary Secretary at the Lord Chancellor's Department.

Are you enjoying the health portfolio?

Yes, it's busy and very exciting. I meet lots of dedicated and committed people who I know are providing a service which is improving. I think people understand that extra investment is going in. Although it's always difficult I think the public are seeing the changes to a certain extent—particularly in things like getting waiting times down. I know people are seeing that and appreciate it.

Do you think the 100% target is really achievable, even with 2% clinical exemptions?

Well certainly there are some areas getting close to it already and I am confident we can if we can put in the right sort of support as we are doing

with things like the collaboratives, making sure emergency networks work well, making sure of appropriate bed management. When you look at the leaps that have been made already, they are quite dramatic, and now we have a world class service in terms of A&E. Nationally we are already at 90% which means 100 000 more patients in and out of A&E within four hours every month compared with a year ago.

I think you are right, there have been huge changes—do you think that over perhaps five years the 98% will be sustainable?

Yes, because you are talking about getting new ways of working into place, and when these are working properly there is no reason why people should move away from those once they see the advantages. I think people see the advantages of being able to develop their skills to the maximum, being part of a team that works effectively.

We often feel that it is a whole systems issue, and that we can sort out the front door but there are still problems with bed numbers

There are lots of ideas about people getting the right treatment for them. There are many places where if a patient gets advice from a GP at the right time, they are less likely to be admitted through A&E. You need to be sure people are going into hospital simply because all the facilities aren't there for them to stay in their own homes. The whole issue with chronic disease management is to make sure that people can manage, and get to the right person when they need help.

Many of us feel nervous about GPs and how much out of hours work they may or may not do under the new contract. Do you think this may have an impact on emergency attendances?

Well, there is bound to be an implication for attendances, it is important that PCTs look at this and put some provision into practice. I have seen some very encouraging examples in different parts of the country, for example at Lewisham there is an out of hours service being run next to A&E in a separate dedicated building. Though it's not easy in every instance there are lots of opportunities that could come with the changes and we feel PCTs are getting on with looking at these.

Do you have a feel about where the future lies for A&E?

What I get are very clear messages that people want to see the boundaries between primary and secondary care broken down. We want to see greater integration of the emergency element of primary care into emergency care. This is an issue about GPs and pharmacists. It is a mental health issue about crisis resolution teams in the community.

Given that A&E waiting times are improving, what target will you go for next? Is there a measure more directly related to quality you could use?

We have been very anxious not to overburden with targets. However we want to set priorities in line with the shifting balance of power, and in emergency care we are very keen on improving the patient experience. There is a

lot of work that Jonathan Asbridge [Patient Champion] is doing about making sure environments are right. We must have adequate facilities for children, we must make sure that the maximum information is given to people, for example about why they are waiting. In a sense that is something we are increasingly devoting attention to.

Do you worry about our dependence on nurses from countries like the Philippines? Do you think that in time our retention and recruitment of home-grown nurses will improve?

I'm sure you know, we have agreements with overseas countries—we don't recruit if they say it will deplete their health service. I think we welcome people here, they provide a good service,

and they take their experiences back. This exchange of information will happen increasingly as people move around the globe. People want a good health service and we have to make sure we deliver that. What we are actually doing is adding to the capacity we know that we need to provide. It would be very difficult to do this without the input we get from people trained overseas.

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The Emergency Medicine Society (EMS): do you have what it takes?

Founded on an enthusiasm for the field of A&E medicine, EMS was established in 2001 and is just celebrating its second birthday. As a student interest specialty based society, EMS is unique in existence and attracts members from medical schools nationwide. Our current president is A&E consultant Dr Zul Mirza. Mehreen Mirza (not known to be related) from Imperial College School of Medicine is student president of the 2004 EMS committee.

Membership of EMS confers on students the privileges of a wide selection of academic and informative activities as well as access to those already established in this specialty. Members are able to gain advice on careers, electives, and training schemes through which one can plan a career in A&E medicine. As a relatively young specialty, exciting developments in post-graduate training, research, and accreditation are currently underway and EMS provides students with an

insight into what lies in a future in this field.

Successes of our inaugural year include the symposium "Revival—management of the unconscious patient", attended by over 150 people. Relevant talks were delivered by A&E consultants followed by an afternoon of practical stations aimed at exposing students to simulated scenarios. Students were facilitated through the initial protocols and thought processes of managing acutely ill patients. First year students benefited from new clinical knowledge, while finalists found having to respond under pressure useful practice for looming examinations and house jobs. Aims of the afternoon were to enjoy the hilarity of wannabe thespians acting out various scenarios such as the raving clubber on ecstasy who collapses, the hysterical flatmate of the unconscious epileptic, and the concussed rugby player. Encouraging basic skills of teamwork under pressure and awareness of the initial management of the unconscious patient were a prime goal—detailed knowledge was not required nor assessed. Feedback from participants included comments such as "Brilliant. I wish med school was more like this!".

EMS members have exclusive access to the web based "Adrenaline", our newsletter which provides information regarding latest developments in A&E, topics of interest, advice on electives, literature reviews, and social gatherings. Members are actively encouraged to submit elective reports and share views and experiences.

As well as discounts on various trauma and pre-hospital courses, EMS members have also had the opportunity

to ride alongside paramedics during ambulance call outs. We were fortunate to visit HEMS (the Helicopter Emergency Medical Services) based at the Royal London Hospital.

Access to ALS and ATLS courses as student volunteers have also resulted in the ALS certification of some of our committee members.

Up to date information of the society's activities can be found on our website www.geocities.com/emergencysoc.

Future events to be organised include our 3rd Annual EMS Symposium and the establishment of links with other A&E student societies worldwide. This is with the aim of improving links for the purposes of electives, discussions, and to promote the specialty as a whole. Harnessing the imagination and interest of medical students and training doctors is a primary goal.

Emergency medicine remains one of the most varied and exciting specialties in which clinical skills and diagnostic acumen are at the forefront of management. A working knowledge of both medicine and surgery can lead to ventures into pre-hospital care, expedition medicine, trauma, intensive care, and paediatric emergencies. By getting involved in the Emergency Medicine Society, as a member or by contributing to the committee, the pursuit of interests from any branch of medicine is almost endless.

So—encourage your brightest and best students to join the EMS today!

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www.geocities.com/emergencysoc



Round up of forum news from FASSGEM

I would like to start by thanking all those who participated in our mail-shot campaigns to highlight the problems we have been experiencing over remuneration and also over representation at the BMA. At the time of writing we are still awaiting a formal response on both issues (however, I have it on good authority that the BMA Negotiating Committee has managed to achieve a favourable degree of representation on achieving an interim correction to staff grade pay in advance of the complete overhaul of the pay structure which will occur with reformation of the grade itself).

The FASSGEM Annual Conference has now been booked and will take place at the Kensington Close Hotel in London from Wednesday 24th November to Friday 26th November inclusive. A draft programme and a booking form will be circulated with a summer newsletter (spaces at the conference will be limited because of the need to specify accommodation numbers at an early stage of the booking process and therefore if you wish to attend this conference you are advised to book your study leave now and notify

Dr Caroline Hargreaves of your intention to attend the conference as soon as possible).

The FASSGEM Spring Meeting will be held in Weston-Super-Mare on Friday 14th May at the Beechlands Hotel. The academic programme is as follows:

- Narrow-complex tachycardias (Dr Gavin Lloyd).
- Time critical presentations in paediatrics (Dr Ian Higginson).
- An update on the acute management of asthma and COPD (Dr Grahame Gould).
- Non-invasive ventilation and its role in preventing ITU admissions (Dr Peter Glew).
- ECG quiz.
- Child protection in the A&E department (Dr Deborah Barff and Dr Andrew Newton).
- Bullying in the workplace (The Andrea Adams Trust).
- CT examination of the head (Dr Chris Cook).
- Emergency medicine in New Zealand. A view from the opposite side of the world.

The course fee for attendance at the Spring Meeting is £55, which will

include lunch and refreshments (and free use of the hotel leisure facilities after the meeting). Spaces are limited to 30. Early booking is advised: email the conference organiser Dr Andrew Newton at apnewton@fairviewshipham.fsnet.co.uk and then confirm your booking by mail, enclosing a postdated cheque for £55 made payable to FASSGEM and dated 1/5/04.

I would like to thank our two new committee members, Dr Bethany Threlfall and Dr Caroline Shaw, for jointly taking on the role of secretary (their contact details are on the website).

Finally, I would once again like to promote the presence of our website: www.fassgem.org.uk. We are using this medium more and more as a way of spreading information about meetings and general news of relevance to staff grades and associate specialist doctors in emergency medicine. As of this year, we will only have two mailed newsletters, and so if you wish to keep up to date it is imperative that you access the website on a regular basis.

ANDREW NEWTON

Chair of FASSGEM (Forum for Associate Specialists and Staff Grades in Emergency Medicine); apnewton@fairviewshipham.fsnet.co.uk

ACUTE project

The Acute Care Undergraduate TEaching (ACUTE) project aims to develop recommendations for a national curriculum for healthcare students to promote teaching in the safe care of acutely ill patients, including cardiopulmonary resuscitation. It has the formal support of the Resuscitation Council, and the Intercollegiate Board for Training in Intensive Care Medicine.

We are asking doctors, nurses, professionals allied to medicine, undergraduate and postgraduate teachers,

medical and other healthcare students, to contribute up to 10 competencies that they think should be included in the curriculum. We are also keen to receive suggestions about how this teaching would be best delivered in practice.

We would like as many people as possible to contribute to this programme and are very keen to receive recommendations from individuals regarding topics for inclusion in the curriculum. To submit your recommendations please visit the Resuscitation Council Website (www.resus.org.uk) and click on the ACUTE initiative link.

Thank you for supporting this project.

ANDY LOCKEY

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Research Fellow in Intensive Care Medicine, Birmingham Heartlands Hospital, Bordesley Green East, Birmingham

JULIAN BION

Reader in Intensive Care Medicine, University of Birmingham, Queen Elizabeth Hospital, Birmingham

News from BAETA

This time of year always brings with it a dearth of courses and events, making the supplement column particularly difficult to write. This year, however, is pleasantly different as by some stroke of good fortune there is quite a lot that trainees should be aware of.

Firstly, the website. Regular readers will be uncomfortable with the fact that in almost every supplement I mention that a "new" BAETA website is being developed. Well, after much flailing of limbs and gnashing of teeth the "new" website has finally appeared. The site is soon to have sections for undergraduates, basic trainees (including pre-registration house officers), and higher trainees. The topics will eventually cover areas such as how to get jobs (including CV tips), advice about examinations, and information about courses. It can and should only cover what you feel is necessary to help you along in the specialty, so if you think that we have not covered an area that is important to you then do let us know.

When you visit the site, you may notice that there has been a subtle name change too. In keeping with the impending re-branding of BAEM (to BAEM!) we too are looking forward and anticipating a change ourselves, probably to the British Emergency Medicine Trainees' Association. This is by no means set in stone so let us know what you think.

For some senior trainees springtime may mean exam fever as the next diet of the FFAEM approaches. It goes without saying that your training programmes will provide you with all the knowledge

necessary to pass the exit examination. Should you feel the need for a revision course, however, there are plenty out there. One of note is a one day course in South Wales on Tuesday the 6th of April. For more details contact Mr Ahmed Kamal, A&E Consultant at Royal Glamorgan Hospital on 01443 443550 or email ahmed.kamal@pr-tr.wales.nhs.uk.

In January's *News from BAETA* I mentioned the shortcut review method of BestBets and the fact that the group have for the first time made their courses available to trainees at large. The courses teach the basics of question formulation, evidence retrieval, and critical appraisal and can be highly recommended. The dates for courses this year are April 29th/30th, May 26th/27th, July 1st/2nd, and October 7th/8th. For more information and further contact details take a look at the website (www.bestbets.org).

The BAEM annual conference is being held from the 29th March to the 1st April in the capital of culture, Liverpool. It is the first, big UK emergency conference of the year and the first opportunity of the year for trainees to present posters of research and audits. There will be a BAETA meeting at the end of the second day and you are all warmly encouraged to attend. This will be followed by a (subsidised) meal at the highly regarded St Petersburg Russian restaurant and some high level "networking".

The EMTEL (the Emergency Medicine Trainees E-mail List) messages continue to provide core information for trainees nationally. To be included

on the list to receive the quarterly messages contact me at the address below. In the email please provide your grade, region and (if appropriate) expected year of CCST.

If there are any other matters that you want to raise please do not hesitate to contact me. I hope to be able to reply reasonably promptly. All the very best.

STEVE JONES

President of BAETA; steve.r.jones@bigfoot.com

Are you a "junior" consultant?

We are planning to set up a "young consultants" group for those in their first five years of consultancy. The idea would be to primarily provide a forum for discussing day to day problems specific to the initial years of consultancy. There will be a discussion group on the internet at the website below and if required there will be the facility to post anonymously. Responses to problems can be provided confidentially by senior clinicians or others within the group.

If you're interested, register on the web address from 1 April 2004: <http://www.emergencydepartment.org/youngconsultant>

Email peterjaye@emergencydepartment.org or andyparfitt@emergencydepartment.org

Peter Jaye and Andy Parfitt

Consultant appointments November 2003 to January 2004. The information for the consultant appointments is provided by the Faculty and any errors should be notified to them and not the journal

Name	Hospital	Previous post
Paul R T Atkinson	Addenbrooke's Hospital	SpR, Eastern
Simon A Cope	Torbay Hospital	SpR, South Western
Olaolu T Erinfolami	Birmingham Heartlands Hospital	SpR, West Midlands
Mark J Gillett	Good Hope Hospital	SpR, North Staffordshire
Robert D Jarman	Gateshead Health (Queen Elizabeth Hospital)	SpR, Northern
Richard J Kendall	Addenbrooke's Hospital	SpR, Eastern
William J K Townsend	Hull Royal Infirmary	Locum consultant, Leeds