

# Presidential Letter

MR DOUG MCWHINNIE



**The festive season provides** a momentary pause in the workings of council – offering a time for both reflection and planning. Without doubt, the obvious highlight of 2008 was the BADS annual meeting at Scarborough in June. The meeting was successful for its high quality content, delegate attendance and well planned trade exhibition. This enabled a small profit to be made, continuing the slow but steady improvement in BADS finances. Membership has also continued to increase – but will our target of 500 members falter due to the credit crunch? Time will tell.

The autumn period saw much BADS activity with representation on various NICE committees, the 18 week Department of Health advisory group, ASGBI scientific committee, the AAGBI Specialist Societies group, the AFPP annual meeting at Harrogate and further visits by BADS council members to various hospitals up and down the country to provide expert consultative visits for pathway improvement.

Our council meeting in November was entirely devoted to the publications group, led by Anna Lipp. The concept was to

divide into working groups for detail planning of a new series of BADS booklets to be published over the next year. Fresh ideas were provided by a number of guests at council selected by the response to my last newsletter asking for ordinary members to volunteer for specific council tasks. Anna reliably informs me that booklets on Clinical Dilemmas in Preoperative Assessment and Local Anaesthetic Inguinal Hernia Repair will soon be ready to go to the printers and will be published shortly thereafter, while an extensively revised version of Nurse led Discharge should also be ready soon. The day was an overwhelming success and is likely to be repeated in the future!

Two significant day and short stay surgery conferences were held in October (Birmingham) and November (London) organised by SBK Health Care and Health Service Journal (HSJ), respectively. Many of the presentations were provided by BADS members and council members. Delegate rates for such one-day conferences are often expensive (far exceeding the cost of the BADS two day annual meeting!) and we are often asked why we support such ventures rather than holding them

ourselves. The point here, I believe, is the target audience. The BADS ASM is mainly supported by front line clinical personnel and the content of the conference is clinically based. In contrast, the target audience for SBK and HSJ tends towards health service managers such as operational managers or finance managers – people who do not usually attend the BADS annual meeting. Several years ago, BADS held a series of one day spring conferences in London to attract such specialist managers, but these were financially high risk meetings due to the high costs of “central” locations. Indeed, a single disastrous conference could have bankrupted BADS. It is also worth considering that specialist managers often have a high turnover rate as they progress up the NHS ladder and few remain long enough in the day and short stay surgery domain to become BADS members. We therefore feel that involvement in the SBK and HSJ meetings allows us to spread the BADS message of quality care to a new target audience without the financial risk.

2009 is shaping up to be another exciting year for BADS – but more of that later!

DOUG MCWHINNIE