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Inside the ESA with Sir Peter Simpson

Sir Peter Simpson is the 2006 - 2007 President of the European Society of Anaesthesiology (ESA). In this interview with Amanda Heggestad, during Euroanaesthesia 2006, Sir Peter Simpson discusses his experiences with the ESA so far, as well as his goals for the ESA going forward.

Can You Briefly Describe How the ESA Came to be?

The ESA formed when three existing European anaesthesiology societies – the European Academy of Anaesthesiology, the Confederation of European National Societies of Anaesthesiologists, and the European Society of Anaesthesiologists – merged into a consolidated organization. The ESA draws on the strengths of these component organizations, so that we are now able to offer quality education, training and professional development initiatives; an impressive annual meeting on anaesthesiology in Europe; a journal covering current anaesthesiology issues; and a means to bring together the various European national anaesthesiology societies. In addition, we are particularly proud of our European diploma in anaesthesiology, a first step toward a coordinated, international standard in anaesthesiology. In uniting these formerly independent organizations and their services, the ESA provides a common platform for Europeans to discuss anaesthesiology education, management and practice.

How Would You Describe the ESA's Role in Anaesthesiology?

The success of any organization lies in its relevance. The ESA promotes high-quality and safe patient care within the constraints of the resources and laws of its member countries. The ESA's job is to support the development of quality anaesthesiology in all countries, no matter what resources are available, and to foster dialogue between member countries about best practices, optimal use of resources and standards of care. Our member country delegates, training opportunities, and the European diploma that we offer, in particular, are key to this international exchange. As the ESA considers expanding and diversifying our activities in the future, we will need to maintain a clear focus on our goals as an organization.

How does the ESA Support Critical Care Medicine?

Critical care is a major subspecialty of anaesthesiology, and the ESA is very supportive of critical care practitioners. There is an inexorable demand for critical care in recent years, and the public often equates critical care with quality care. The ESA needs to continue supporting the place and status of critical care medicine. Much of our work already focuses on critical care. My hope is that we will be able to cater even better to the needs of our member critical care specialists going forward.

What Professional Interests Led to Your Involvement with the ESA?

My clinical interests revolve around anaesthesiology and perioperative care for neurosurgery and invasive neuroradiology. I am also extremely interested in medical training and workforce issues. Due in part to my interest in the postgraduate training of anaesthesiologists, I played a key role in establishing the European Diploma of Anaesthesiology and Intensive Care in 1984, and I continued to support this initiative as Chairman of the Examination Committee until this year. I have also been heavily involved in the Royal College of Anaesthetists' training activities. In addition, during my time as Medical Director with the National Health Service, I developed a major interest in workforce issues, including the causes of and potential solutions for poor performance in medical staff. I am excited about the potential impact that the ESA will have on all these issues during my term as President.

How has Your Experience as ESA President been so Far?

So far, my term as ESA President has been both very exciting and challenging. This position requires a wide range of skills, and I have drawn on them all – from interpersonal communication skills to knowledge of government relations. Most importantly, as ESA President, I must be ready to communicate in an open and constructive way on nearly any issue. I have to be accessible to anybody who wishes to speak with me, and I try to make sure that I do take the time to listen to everyone who approaches me. I even respond to all of my e-mails personally. It is very important to me to maintain open, personal contact with ESA members and the public.

This Sounds Very Demanding. Where do You Find the Time?

Sometimes, it is difficult to balance private life with the demands of this public role, but in the end, it is my duty to take everyone's concerns into consideration. When I committed to serve as ESA President, I committed, within reason, to making myself available at all times. And, I really enjoy the work. So, for the term of my Presidency, my ESA duties come first.

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What are Your Personal Goals for the ESA?

When I assumed my role as ESA President, I produced a strategy paper to guide the ESA through its transition to a consolidated organization. I am keen to try to develop a European identity for anaesthesiology, without sacrificing national identities. We need to establish some consistency in standards and education, particularly given the mobility of healthcare workers within the European Union. I would like to coordinate more in this area with the European Union of Medical Specialists. In addition, we need to encourage academic anaesthesiology. Anaesthesiology is sometimes considered a “safe” service rather than a science, and, as a result, there is not as much research activity in our field as there should be. The ESA can and should take a lead in promoting anaesthesiology research. Finally, I also hope to expand and refine our communication efforts – expand our professional networks, tailor our journal to our readers’ needs, and increase our media involvement to raise public awareness of anaesthesiology.

What are the Biggest Challenges Facing the ESA Going Forward?

The transition to a consolidated organization with an elected board was a difficult process, but I believe it has been a great success. One of the biggest challenges we will face in the future is keeping everyone on board and maintaining people’s enthusiasm for the ESA in its new, consolidated form. We will need to deliver some quick results to maintain the momentum behind our impact on patient care, without forgetting our longer-term initiatives. We will also need to remain accessible to our members and to the public. I feel that we are off to a great start.

What is Your Best Experience as ESA President so Far?

My best experience has been, undoubtedly, the enthusiasm of everyone involved in formation of a consolidated ESA. Everyone wants it to work, and our members have been very generous with their time in order to make it happen. Ultimately, I am very pleased to know that the ESA has something that people want.

And, Finally, What has been Your Worst Experience so Far?

During the merger, we had to make some tough decisions about the consolidated organization. This was particularly difficult, because some people were unhappy with certain decisions, and I do not like to see people upset. I always aim for consensus. In the end, though, everyone involved was willing to embrace the larger goal of a consolidated organization with coordinated objectives. Thanks to everyone’s input and cooperation, I am happy to say I believe that the formation of the ESA has been a complete success.

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