

# CHAIR'S LETTER

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Pat Smedley

The conference season has come and gone! Trips to ASPAN, IFNA and finally BARNA have proved interesting and fruitful. Some clear ideas have been formulated from these experiences. First, that we have to build on our *association*. It is interesting to compare particularly the ASPAN and BARNA conference organisation. Cultural differences in style aside – the ASPAN conference provided a degree of collegiality, which far surpasses our own. How has this been achieved in a country as vast as the US? I think part of the answer must be in the component (state) structure of the mother organisation. Talented future leaders emerge from the grass roots ranks of component members. Healthy component competition and friendly rivalry give local groups a sense of pride and purpose. The day given over to discussion of the association's constitutional issues, (where position statements are approved) and new national officers elected helps fosters democratic discussion and further develops the association. The 45 minutes we devote within the BARNA conference to the AGM certainly pales by comparison! How can we improve this? The clear answer of course is that we need to reach out to the regions. The link scheme has not really addressed this problem. We will look again at how we attract key nurses within this highly specialised field to contribute to our organisation from all quarters of the UK.

While ASPAN proved an exciting national model the IFNA proved to be just as dynamic within the international sphere. It is always salutary to look outside ones homeland and see what goes on elsewhere. On this occasion I gained the clear impression that although we do not have practicing Nurse Anaesthetists within the UK, we are

otherwise well ahead in developing RGN's up to specialist nurse, nurse consultant level --- *across a very wide field of practice*. Not many overseas countries (aside from the US) have developed a code of professional conduct to match that defined within the NMC document. Our post registration educational courses are excellent, while the NHS Plan has shaken up traditional ideas on specialist roles and quality assurance. I had several requests from other European Country Representatives for information on all the above points. The issue of introducing nurse anaesthesia within the UK remains controversial. There has been interest within the DOH on this topic and we are aware that it might come to public attention again. We are preparing a position statement on this.

Coming back to more prosaic matters we have challenges ahead for the next year in BARNA. How to increase revenue – and pay for our management service. The recent increase in membership fees was inevitable. Membership income only pays for the production of the journal. The profit from the conference is the revenue we earn on which to develop projects within the association. Generally speaking it is more difficult in this day to attain money from companies, some of whom are amalgamating. So too –NHS Trust hospital budgets are tighter and managers are more reluctant to send nurses to conferences which include travel and overnight stay. So - we have to fight harder for our share in the market. There is one clear message from this. We must increase our membership and develop our partnerships within the commercial world. Reader, this is *your* association – can you recruit another member for BARNA?