

The Minutes of the meeting of the Derby Medical Society

Held on 11th November 2014 in the Derby Medical School

Apologies: none received

Welcome: Mr S Iftikhar, President

Minutes for the meeting 28th October: Read by Mr S Milner, Junior Secretary, and approved.

Guest Lecture: Mr Amir Khan, Medical Director, Manor Hospital, Walsall
“Metabolic Surgeon’s Transition to a Medical Manager”

Mr Khan was initially appointed as a General Surgeon to Walsall Hospital with a practice that encompassed at various times general, vascular, breast and latterly bariatric / metabolic surgery. He reflected that his career development had been influenced by extrinsic factors (NHS reconfiguration and subspecialisation) and intrinsic (personal) factors.

In the first part of his lecture gave an account of the development of surgery for obesity. Whilst the prevalent public view is that obesity is a ‘self-inflicted’ problem, there is robust evidence that it is a cost effective treatment. On average, obesity surgery pays for itself in the first 26 months post surgery. Obesity is associated with an increased prevalence of disorders of almost every body system, and treatment of obesity improves health outcomes in many ways:

- 50% reduction in risk of a cardiac arrest
- Improvement or resolution of type 2 diabetes
- 89% reduction in 5 year mortality risk
- Improvement in quality of life measures in 95% of individuals

Surgical procedures for obesity have varied and evolved over the years:

- 1965 – jejunioileostomy – achieves excellent weight loss but results in biochemical abnormalities and high stool frequency
- 1979 – biliopancreatic diversion – can result in malabsorption
- 1981 – silastic ring vertical gastroplasty
- 1983 – Roux-en-Y bypass plus gastric stapling, so called ‘gastric bypass’
- 1993 – Laparoscopic gastric band – which is adjustable
- 1994 – Laparoscopic Roux-en-Y bypass – long learning curve but has become the ‘gold standard’ operation against which others are compared
- Sleeve gastrectomy – removing the greater curve of the stomach, which reduces Ghrelin secretion and reduces appetite

In the second part of his lecture, Mr Khan described his managerial development culminating in his current role as Medical Director of Manor Hospital, Walsall. This was driven by a desire to make change for the better that reached beyond his surgical practice. He advocated that all doctors should get involved in management to some degree, from early in their consultant careers. Some of the things he has learned as Medical Director include:

- That hospital managers do not have an easy life!
- That there are many conflicting pressures on a medical manager, such as targets, capacity, finance, Department of Health, the Chief Executive, and colleagues. He felt that continuing some clinical work as the Medical Director is vital to maintain credibility with colleagues
- That the new consultant contract has overall had a detrimental effect by altering doctors’ behavior, reducing continuity of care. This has been exploited in the media to reduce doctors’ credibility
- That CQC has a licence to demand the impossible, and that this may have raised public expectations to a level that cannot be met by current NHS resources

The Medical Director role consists of many sub-roles and responsibilities, such as quality of care, infection control, Caldicott guardian, medical workforce, medical education, job planning, national targets, clinical governance, complaints. Some of these are more rewarding than others!

Mr Khan concluded by saying that the post of Medical Director gives a unique opportunity to effect change, and suggested that the 'surgical personality' is well suited to the role. However, surgeons relatively rarely become Medical Directors for a variety of reasons.

Questions from the audience included:

- The role of NICE in regulating implants such as gastric bands
- Prevention of obesity with public policy change
- The effect of technology on the cost-effectiveness of medical interventions – particularly laparoscopic surgery
- The pre-operative psychological assessment of patients undergoing obesity surgery
- The effects on NHS management of decentralisation of care
- The role of CQC versus Royal Colleges in quality assurance

Vote of thanks: given by Mr Paul Leeder

Register: signed by 28 members and 6 trainees

Next meeting: 25th November, 2014

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SY Iftikhar, President

Date: