

GUEST EDITORIAL

Since the mid 1980's I have been working in the perioperative area, a speciality I find challenging and rewarding. Over the years I believe that although the care we have provided as perioperative nurses for our patients has remained similar even throughout change in our hospitals. Nurses have always work in the right direction for their patients, working with the many pressures and changes in the health services.

In the late 1970s the Lewin report (1) affected how theatres were to be run and how nurses were to work. In the 1980s the management of theatres was changed again. In England in particular, whilst perioperative nurses began to work in theatres with the implications of the Bevan report (2). This report suggested that theatres should work in different ways and in collaboration with their Operating Department Practitioner colleagues.

More recently there have been discussions in perioperative environments regarding Health Care Assistants undertaking different roles. Nurses have been considering what that means to them if the Health Care Assistant takes on greater responsibility. All over the four countries of the United Kingdom expanded perioperative nursing roles are developing, especially in theatre practice, essentially again, change is around us.

But what of anaesthetic and recovery nurses? The latest discussions have considered whether the role of the nurse anaesthetist should be considered in the United Kingdom. With the move in the NHS Plan (3) for greater collaboration between the health care disciplines in England, the structure for change is stronger than ever before. There have been many articles in the media over the years regarding nurse anaesthesia and there have been recent discussions at the Royal College of Anaesthetists and the Association of Anaesthetists as to the feasibility of non-medical anaesthetic roles. It could be an exciting time for anaesthetic and recovery nursing and a time when the nursing



*Melanie Oakley,
Editor of the
BJARN and
Melanie Van
Limborgh chair of
NATN*

profession needs to decide how it wishes to develop. It is particularly important that as a profession and speciality we are united in our views and keep the interests of our patients close to us in any developments in the future.

Perioperative associations already work together in many ways and it will be important we continue to do so in the future. Your views are important, let your association know how you think new roles should develop it is important we all go forward together and decide the way ahead.

Melanie van Limborgh
Acting Chairman
National Association of Theatre Nurses

References

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2. The Bevan report, 1989, The NHS Management Executive, The Study of the Management and Utilisation of Operating Departments, Department of Health, London
3. The NHS Plan, a Plan for investment, a Plan for reform, July 2000, HMSO