

MEETING OF COUNCIL

**Edited minutes of the meeting held on Wednesday 18 April 2012
Council Chamber, Churchill House**

Items which remain (at least for the time being) confidential to Council are not included in these minutes.

Members attending:

Dr P Nightingale, President
Dr J-P W G van Besouw
Professor J R Sneyd
Professor D J Rowbotham
Dr H M Jones
Dr E A Thornberry
Professor R Mahajan
Dr P J Venn
Dr A Batchelor
Dr D K Whitaker
Dr D Nolan
Dr R Verma

Dr R J Marks
Dr L J Brennan
Dr J P Nolan
Dr J A Langton
Dr J R Colvin
Dr N W Penfold
Dr V R Alladi
Dr J R Darling
Dr I H Wilson
Dr M Clancy
Dr M Nevin

Mrs I Dalton, RCoA Patient Liaison Group (PLG)

In attendance: Mr K Storey, Mr C McLaughlan, Ms S Drake, Mr R Bryant, Ms A Regan and Ms S Robinson.

Apologies for absence: Dr R Laishley, Professor J Bion, Dr S Patel, Dr T Clutton-Brock, Dr S Gulati, Dr I Johnson and Dr A-M Rollin.

STRATEGY

S/1/2012 Developing the NIAA Health Services Research Centre

- (i) Professor Mike Grocott gave a presentation on the development of the National Institute of Academic Anaesthesia (NIAA) and the Health Services Research Centre (HSRC). The President thanked Professor Grocott for his presentation. The President also wished to thank Professor Rowbotham and everyone involved in establishing the NIAA and HSRC.
- (ii) Establishing a Network of Local Audit and Research Coordinators (LARCs)
Council was asked to consider the proposed job description and letter to Clinical Directors (CDs). Professor Sneyd suggested more clarity was required about the appointment process for LARCs. Professor Sneyd also suggested a pilot of the title LARC to ensure inclusion of the word research would not cause problems; in some trusts it might cause difficulties around ethics and trigger referral to the research department. Dr Brennan stated that quality improvement should be emphasised in both documents. Dr Nevin felt that any associated funding should be identified. Dr Colvin commented that the documents should be explicit about quality improvement and how it links with health policy.

Professor Rowbotham thanked Professor Grocott for his work to date for the HSRC adding that he had demonstrated phenomenal progress. The President added his congratulations to all concerned. It was agreed that any further comments should be e-mailed to Professor Grocott.

COUNCIL IN DISCUSSION

CID/9/2012 President's Opening Statement

- (i) The President and Dr van Besouw had met with the National Health Service (NHS) Improvement Board. The President and Dr van Besouw had emphasised the fact that outcome measures and monitoring are required. The President had been asked to join the Improvement Board to provide an external perspective.
- (ii) Representatives from the National Audit Office (NAO) had visited the Royal College of Anaesthetists (RCoA) ostensibly to ask how job planning was going and whether or not consultants were being kept in check by trusts. The discussion moved away from that to the problems of being a consultant in the NHS, particularly the fact that time is required to undertake work for the wider NHS. Mr McLaughlan had agreed to provide written feedback to the NAO by the end of the following week.
- (iii) The President updated Council on staff matters:
 - a. Mr Don Liu has become Revalidation and Continuing Professional Development (CPD) Manager; he was previously Revalidation Project Manager.
 - b. Ms Carly Melbourne would succeed Ms Claudia Moran as Specialty Training Supervisor when Ms Moran takes up her new role as Training Manager.
 - c. Mr Chris Beddoe has joined the College as IT Support Officer.
- (iv) The President thanked Dr Clancy for his kind letter of appreciation following Dr van Besouw's presentation of a silver salver at the official opening of the College of Emergency Medicine's (CEM) new premises. Dr Clancy thanked the RCoA, on behalf of the CEM, for its help in accommodating it over the last five years. Dr Clancy added that the CEM values the close collaboration between the two Colleges in the clinical and education arenas. Dr Clancy personally thanked the President for his sound advice on various matters. Dr Clancy also wished to thank Dr J Nolan, RCoA representative on CEM Council. Dr Clancy finally wished to thank those anaesthetists and intensivists he had worked with when the Acute Care Common Stem (ACCS) programme was being put together. Dr Clancy added that the close effective friendship between the two specialties continued despite the CEM's move to new premises.
- (v) A recently published letter in *The Telegraph* had prompted the President to consider whether new Council members, as part of their induction, should be warned in writing, as well as verbally, that whatever they say to the media is likely to be represented as RCoA policy. The President asked if more formal words should be added to the *New Council Members' Handbook* giving more prominence to this point. The President had planned to discuss with the two Deans whether the RCoA and Faculties should have a combined governance statement. Professor Rowbotham indicated that the Faculty of Pain Medicine (FPM) would be happy to sign up to a joint statement. Council considered this a good idea. Dr Whitaker suggested that the warning should extend beyond involvement with the media to any involvement with external organisations.

CID/10/2012 Obstetric Anaesthetic Update

Dr Thornberry had attended a meeting of the Royal College of Obstetricians and Gynaecologists' (RCOG) Safety and Quality Committee. It had previously been planned that the confidential enquiry would move to the National Perinatal Epidemiology Unit (NPEU) in Oxford; this was subsequently put on hold by the Government. It has now been confirmed that it will move to NPEU although its name is yet to be confirmed. There will probably be a

gap in the data. The RCOG planned to hold a safety day, probably at the beginning of 2013, and is introducing safety awards within its own specialty. It was reported that they considered that the pregnancy testing in children issue had been finalised; Dr Thornberry had pointed out to the RCOG that this was not the case. There is a hazard warning about remifentanyl patient controlled analgesia in obstetrics; the warning has also come through the Safe Anaesthesia Liaison Group (SALG). Professor Mahajan pointed out that there is no regulatory body behind the hazard warning, adding that trusts would not take them into consideration unless they came through the Department of Health (DH). With the demise of the National Patient Safety Agency (NPSA) there is little that can be done apart from raising awareness. Dr Thornberry had reported to the Committee her involvement with the Association of Anaesthetists of Great Britain and Ireland (AAGBI) on guidance for the provision of obstetric anaesthetic services which will feed into the *Guidelines for the Provision of Anaesthetic Services (GPAS)* update. The RCOG would be shown a draft before the guidance was completed.

Dr Thornberry had attended the Obstetric Anaesthetists' Association (OAA) Committee. The draft endorsement policy was unanimously supported; the OAA wished to use the same principle. The collapse of the Welsh neuraxial trials had been discussed; Bristol was probably going to provide the best information. The AAGBI would take over the OAA's administrative work following the retirement of the current secretariat members. Dr Thornberry had refused a request to use the RCoA's trainee database for a survey.

Dr Thornberry reported that there had still been no response from the Intensive Care National Audit & Research Centre (ICNARC). Dr Thornberry agreed to write to the President to enable him to take it up with ICNARC.

CID/11/2012 Supporting Professional Activity

Mr McLaughlan thanked Drs van Besouw and Thornberry for their contributions to his discussion paper *Supporting Professional Activity (SPA) – A Cause of Confusion*. Mr McLaughlan explained that the old, i.e. 2003, contract seemed to be the main document referred to; the contract had been revised eight times since then with the latest version being dated September 2009. The contract still included main headings which mirror those used in the discussion paper. Confusion was leading to concerns at individual and organisation level and was also causing conflict between employers/employees and amongst employees. With regards to job descriptions there is confusion over the terminology of PA, list, session and their actual meaning.

Mr McLaughlan explained that subject to Council's discussion, and further revision, he would like to produce the paper as a *Bulletin* article. The President asked whether the current version could go to the Academy of Medical Royal Colleges (AoMRC) for discussion or whether Mr McLaughlan would prefer the final document to be submitted. Dr Jones pointed out that as the Welsh contract is different there should be a supplementary paragraph targeting the Welsh contract. Dr Jones agreed to send Mr McLaughlan a copy of the Welsh contract. Dr Wilson stated that local negotiating committees should be involved; it would be beneficial, when defending SPAs in anaesthesia, to work together with other specialties. Dr J Nolan suggested that the document needed to be taken further than the *Bulletin*. Mr McLaughlan pointed out that this was his paper for guidance on where to take it and how to promote it; it is not College direction. The President stated that wider discussions with the Commissioning Board and others regarding protecting work for the wider NHS are ongoing. The President stated that it would be useful to get the paper out fairly soon but he would like the views of other Colleges before its publication in the *Bulletin*. Dr Nevin considered it to be a good paper; it is reasonable for trusts to know what they are paying for and what they

want to pay for. Whatever happens the process must be transparent and preferably across specialties. The RCoA should be setting standards through the agreed accreditation process which allows people to deliver against that; as a specialty it is not possible to tell trusts what they will pay for but it is possible to develop the argument in a way which wants them to have the College kite mark. There is a need for management and leaders of departments of anaesthesia to work in tandem and look at job plans which, Dr Nevin felt, should be published on the hospital intranet. The RCoA should support that openness and the standardisation of the way people apply PAs in general. Dr Colvin pointed out that the Scottish contract is similar to the English one in its terminology; the document would be very much valued in Scotland given the pressures on SPA time. Dr Colvin added that publication in the *Bulletin* would be beneficial as education for the consultant body. Dr van Besouw described the online job planning programme used by his own trust and recommended that approach rather than allowing individuals to negotiate on an individual basis with their CD. Dr Whitaker stated that the document should emphasise that SPAs are the essence of professional practice.

Council was asked to e-mail further comments to Mr McLaughlan.

CID/12/2012 Intercollegiate Board for Training in Prehospital Emergency Medicine

Dr J Nolan gave a report of the meeting held on 11 April 2012. National recruitment to prehospital emergency medicine (PHEM) posts was now on hold; it was originally scheduled to happen to enable new posts to start in August 2012. The plan had been for deaneries to recruit locally. Three deaneries had submitted PHEM programmes to the Intercollegiate Board for Training in Prehospital Emergency Medicine (IBTPHEM) for approval but there are serious problems with the approval mechanism for these training programmes. The General Medical Council (GMC) would be responsible for approving the programmes but has said it has no mechanism for approving sub-specialty training programmes. Instead it has indicated that deaneries do not need formal approval for this sub-specialty training if they already run training programmes for either of the two parent Colleges (RCoA and CEM). IBTPHEM is very concerned that the potentially diverse local education providers (LEP) could result in training of highly variable quality. Sir Keith Porter intended to communicate with the RCoA and CEM with a view to trying to put a block on those programmes saying they should not be recognised for the time being for sub-specialty training. Mr Craig Williamson cannot see a reason for postponement and suggested that for the purposes of quality assurance it would not be unreasonable to conduct a review of the training delivered in the first year to ascertain if there were any problems affecting deliverability of the curriculum, both in content and quality. Dr J Nolan explained that there will be trainees applying for these posts in August 2012 who will not know whether they would get formal recognition for their training. Dr J Nolan was keen to obtain a view from Council. Dr Clancy explained that he would like to explore the issues and perhaps take a collective view. The President and Dr Clancy agreed to meet to discuss the matter. The President considered the GMC's statement rather odd; Dr J Nolan agreed to provide the President with the name of the contact at the GMC.

COMMITTEE BUSINESS

CB/46/2012 Council Minutes

The minutes of the meeting held on 13 March 2012 were agreed subject to the following amendments:

CB/35/2012 (i) Medical Secretary's Update Third paragraph, final sentence to be amended to 'Dr Jones suggested that it was helpful to still have the trainees in post who had completed the GMC survey in order to address any local issues.'

CB/45/2012 Examinations Committee It should be clarified that Dr Jonathan Thompson and Dr Jeffrey Handel had stepped down as examiners for one year.

The President agreed to incorporate some late corrections submitted by Dr Whitaker.

CB/47/2012 Matters Arising

i. Review of Action Points

CID/7/2012 President's Statement Dr Whitaker would represent the RCoA on the AAGBI's Out of Hours Committee.

CB/30/2012 Matters Arising Review of Action Points Dr Jones had mistakenly reported that the Medicines and Healthcare products Regulatory Agency (MHRA) had been communicated with regarding an incident with the Mindray anaesthetic machine. It is currently still part of the internal process and would be reported to the MHRA in due course.

CB/36/2012 National Institute of Academic Anaesthesia Professor Mahajan would meet Professor Phil Hopkins on 19 April 2012.

CB/37/2012 Quality Management of Service Committee The President would circulate the current Education Outcomes Framework.

CB/40/12 Equivalence Committee The requested figures are being collated.

CB/44/2012 Professional Standards Committee Dr Venn reported that there is clearly a problem with a reduction in time allocated for morbidity and mortality meetings. A more formal survey would now be carried out and the data will be presented to the College Tutors' meeting in Bristol. Part of accreditation will require a formalised structure for morbidity and mortality meetings.

CB/48/2012 Regional Advisers

Council considered making the following appointments and re-appointment (re-appointment marked with an asterisk):

North Thames West

Appointment of a successor to Dr Peter Brodrick. Council was asked to approve the appointment of Dr Michelle Hayes **Agreed**

Leicester & South Trent

There have been three nominations to replace Dr Christopher Leng; a ballot will be held.

Nottingham & Mid Trent

Appointment of a successor to Dr Andrew Norris. Council was asked to approve the appointment of Dr Grainne O'Dwyer **Agreed**

Mersey

*Dr Janice Fazackerley, Regional Adviser for Mersey **Agreed**

CB/48/2012 Deputy Regional Advisers

There were no appointments or re-appointments for Council to consider.

CB/49/2012 College Tutors

Council considered making the following appointments:

West of Scotland

Dr R Fairgrieve (Royal Hospital for Sick Children) in succession to Dr P W Bolton **Agreed**

Wessex

Dr B R C Siggers (Salisbury District Hospital) in succession to Dr J M Onslow **Agreed**

West Midlands North

Dr C Srivastava (University Hospital of North Staffordshire) in succession to Dr P V Lalitha Vedham **Agreed**

Dr J C Wright (Princess Royal Hospital, Telford) in succession to Dr S Jurai **Agreed**

West Midlands South

Dr D J Turfrey (Selly Oak Hospital) in succession to Dr F A levins **Agreed**

CB/50/2012 Heads of Schools

There were no appointments for Council to note.

CB/51/2012 Training Committee

(i) Training Committee

Council received and considered the Chairman's Summary of the meeting held on 4 April 2012 which was presented by the Chairman, Dr D Nolan, who apologised for the non-availability of the full minutes. A conciliatory letter had been sent to Regional Advisers and Heads of School regarding higher training in the 2007 curriculum. Responses had been received from almost everyone and the Training Committee was content that they are able to deliver across the board. It has been agreed that if necessary trainees on the 2010 curriculum may defer neuro and cardiac training to ST5 in order to free appropriate capacity.

The Out of Programme Training (OOPT) proposal from Dervan in India, despite offering excellent experience, was deemed inappropriate for trainees because of inadequate supervision arrangements.

The points discussed at the March meeting of Council regarding alcohol and other drugs have been incorporated into the 2010 curriculum although it cannot be submitted to the GMC until next year.

The Training Committee had approved the draft syllabus for improvement science.

International programme policies had been discussed in some detail. There were some questions in relation to funding which Dr Jones would lead on at the next Finance Committee. Essentially all the issues Dr Kate Wark wanted to develop were approved. Mr Bryant confirmed that contacting the European Society of Anaesthesiology (ESA), as requested by Professor Sneyd, was in hand.

Dr Carolyn Evans had produced a paper on return to work/recommencement of training which would be discussed again at the next meeting. Mr McLaughlan informed Council that the AoMRC's recent document on returning to practice related mainly to career grades not trainees.

With regards to completion of optional units at higher and intermediate level, Mr Craig Williamson is rewording some of the curriculum. Some trusts and programme directors are having difficulty delivering some sub-specialty training because it is being interpreted as if it is optional it does not have to be done.

The issue of Annual Review of Competence Progression (ARCP) outcomes for examination failure has been resolved.

The sub-specialty status of pain training would be discussed at the Council Away Weekend.

(ii) Medical Secretary's Update
Dr D Nolan had nothing further to report.

CB/52/2012 Royal College of Anaesthetists' Advisory Board for Scotland

Council received and considered the minutes of the Board meeting held on 26 March 2012 which were presented by the Chairman, Dr Colvin. Dr Colvin reported that 2012 recruitment for core training (CT) was complete with specialty training (ST) recruitment finishing today. ST posts would probably be filled. A key point to monitor is that as part of the national reshaping programme there is a cut of 17 posts in the West of Scotland; the Board is watching closely how the service responds in terms of reprovision. The Board has started to input into 2013 recruitment. The Workforce Directorate is acknowledging attrition and the length of time people take to complete training and appeared to be applying a rule of one third to all specialties; i.e. one third of trainees will complete in minimum programme time of seven years, one third take one extra year and one third take two or more extra years.

Critical incident reporting in Scotland is now supported by Healthcare Improvement Scotland (HIS). The Board's input into this, to work on clinical outcome indications and contribution to Scottish Surgical Profiles work by HIS, will be managed by a subgroup led by Dr Heather Hosie.

There is some concern about Anaesthetic Assistance Nurses; approximately only one third have completed the core competences to national HIS standards. Dr Colvin agreed to feedback to Dr Heather Hosie Dr Whitaker's suggestion that The Clinical Negligence and Other Risks Scheme (CNORIS) be involved.

The President asked Dr Darling for an update on assistance for anaesthetists in Northern Ireland. There have been several meetings with the Department of Health, Social Services and Public Safety (DHSSPSNI). Dr Darling considered the most pragmatic approach would be to meet with CDs to draw up processes as it was unlikely the DHSSPSNI would come up with anything soon.

CB/53/2012 Intercollegiate Committee for Training in Paediatric Intensive Care Medicine

Dr D Nolan presented revised terms of reference. It was noted that the Committee was very large and suggested much of its business could be conducted by corresponding members. The President would review anaesthetic and ICM input to the Committee. The President would raise directly with the Committee the need for clarification of what the visiting programme involves.

CB/54/2012 Trainee e-Portfolio Working Party

Council received and considered the minutes of the meeting held on 2 March 2012 which were presented by the Chairman, Dr Brennan. There are now more than 10,000 user

accounts; overall 58% of trainers/administrators and 66% of eligible trainees have logged onto the system. There is now only one school in the red zone with regards to engagement; all others are amber or green. Usage data will be circulated on a regular basis to Regional Advisers and Heads of School.

The Working Party had concluded that face to face meetings were unlikely to be required beyond June 2012. It would however remain constituted for ad hoc e-mail, tele/videoconference discussions and to provide support as required to the Training Department.

Trainer functionality to allow workplace based assessments (WPBA) to be completed alongside the trainee is now available.

A bespoke logbook for the e-Portfolio is too expensive. The Working Party is working with the Training Committee to agree the content of a logbook summary page which can be uploaded to the e-Portfolio for ARCP purposes.

The skills mix matrix has been simplified to include a set of good practice statements that are to be included on the back of all WPBA forms.

The President reported that the AoMRC Specialty Training Committee would meet later in the week; it was likely that the supervised learning events (SLE) used by the Foundation Curriculum would be discussed. The President asked how difficult it would be to put a new type of assessment process into the e-Portfolio. Dr Brennan responded that it would be expensive. The President enquired what the strategy was for changing from WPBA to SLE if the GMC wished to go that way. Dr Brennan felt that it had taken long enough for people to get accustomed to WPBA; another change would not be popular within the training community. Mr Bryant reported that there had not yet been any formal guidance from the GMC regarding whether SLEs are to be adopted. Mr Bryant added that it would perhaps be detrimental to change what exists currently which is embedded and has support. The President informed Council that the change to SLEs in the Foundation Programme is a pilot for specialty training; if Foundation Programme assessors like the system it is likely it will be introduced for specialty training assessment. Dr Batchelor thought that using the Foundation type Supervised Learning Events (SLE) for assessment would be a good thing and supports the College moving over to using SLEs. Professor Mahajan reported that the WPBA Committee would conclude its final report in a month or two. The President recommended that Council Members read the Foundation Programme Curriculum if they had not already done so. Dr Thornberry stated that the formative aspects of WPBA were in the e-Portfolio project and expressed her disappointment that the matrix had been reduced again. There was originally the opportunity to say that someone had passed an assessment but with room for improvement; a lot of these entries for one trainee would be flagged as a problem. This had disappeared because of the cost. Dr Thornberry added that the RCoA would have had the flexibility to move to a different type of assessment but had been driven by IT providers making it difficult.

CB/55/2012 Patient Liaison Group

Council received and considered the minutes of the meeting held on 12 March 2012 which were presented by the Chairman, Mrs Dalton. Mr Rees had, as mandated, informed Council that the Lay Members' view was that the RCoA should continue to engage with the government on the Health and Social Care Bill.

The Short Life Working Party on 'Getting the Information Out there' had met for the first time. It had been agreed that any outcomes should be cost neutral.

Dr Andrew Morley had briefed the PLG on the Senseless exhibition.

The PLG had discussed the recent report *Knowing the Risk* published by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD).

The PLG wished to continue to be involved in the process leading to the use of Multi Source Feedback.

Council received and approved the revised Terms of Reference and Standing Orders for the PLG.

CB/56/12 Joint Committee on Good Practice

Council received and considered the minutes of the meeting held on 8 March 2012 which were presented by the President. The Committee had accepted Dr Andrew Hartle's paper on badging, endorsement and support. The Intensive Care Society (ICS) would like to see the paper before it is circulated to specialist societies and associations. Once it has been finalised it would be published in the *Bulletin*.

A letter to the ICS questioned the implications of the increased pension age on the staffing of intensive care units. This question also applies to other specialties so the President had agreed to take it further with the AoMRC and British Medical Association (BMA).

The delivery of anaesthesia and general surgery for children remains problematic for many hospitals but it appeared that the Royal College of Surgeons of England (RCSEng) was not addressing the matter. The President sought Council's view on a strategy for encouraging the RCSEng to put general surgery for children back into the curriculum. Dr Brennan explained that there is no requirement within general surgical training for trainees to engage at other than basic level in providing surgery for children; it is an optional unit. It is not the case for other surgical sub-specialties where operating on children's conditions is embedded in the curriculum. The number of both senior and newly appointed consultants comfortable with managing children is diminishing. Dr Marks suggested that the RCoA could do nothing to influence surgeons but should instead get its own house in order by reversing the direction of travel over the last 10-15 years. Dr J Nolan stated that there is guidance on how many children anaesthetists should anaesthetise per year. Many of those in district general hospitals would not meet the figures because children are put on the same list with the consequence that many anaesthetists do not anaesthetise them at all. Regionalisation is irreversible; it needs to be made more efficient. The President added that it may be necessary to go to the commissioners.

MATTERS FOR INFORMATION

I/13/2012 Publications

Council received, for information, the list of publications received in the President's Office.

I/14/2012 Consultations

Council received, for information, a list of the current consultations. The President reminded Council to contribute to consultations and thanked those that had done so.

1/15/2012 New Associate Fellows, Members & Associate Members

Council noted, for information, the following:

Associate Fellows – March 2012

Dr Craig Michael McGrath – University Hospitals Birmingham Foundation Trust
Dr Ajith Vijayan – Castle Hill Hospital, Hull & East Yorkshire NHS Trust
Dr Niranjana Liladhar Chogle – Ulster Hospital
Dr Monica Dawn Georgina Springfield – North East London NHS Treatment Centre
Dr Ryszard Palugniok – Sunderland Royal Hospital
Dr Debkumar Pandit – William Harvey Hospital, Ashford, Kent

Associate Fellow – April 2012

Dr Adrian Eradio Lopez Pradere – Luton & Dunstable Hospital

Member – March 2012

Dr Rehan Quraishi – University of Wales MSc

Member - April 2012

Dr Gemma Louise Dyson – RCoA Primary

Associate Members – March 2012

Dr Indranil Majumder – Rochdale Infirmary
Dr Andrew Wilmot Ody – Monklands Hospital, Glasgow
Dr Mark Kay-Worrall – University Hospital of North of Durham
Dr Asim Quddus – Maidstone & Tunbridge Wells NHS Trust
Dr Emma Jane Norman – Royal Hampshire County Hospital

Affiliate – Physicians' Assistants – March 2012

Miss Jennifer Ann Hingley – Russell Hall Hospital, Dudley
Mr Christopher Paul Sanders – Northern General Hospital

Affiliates –Veterinary – March 2012

Mrs Sarah Marilyn Thomson
Miss Alesandra Mathis
Miss Elizabeth Ann Armitage-Chan

To receive for information, the following doctors have been put on the Voluntary Register– March 2012

Dr Sivaprakash Vaitheeswaran – Queen Elizabeth II Hospital, Welwyn Garden City
Dr Manjunath Rangappa – Watford General Hospital
Dr Ram Prasad Lakshmi Varaham – West Suffolk Hospital
Dr Lorraine Elise Apps – Norfolk & Norwich University Hospital
Dr Manfredas Liutkus – Glan Clwyd Hospital, Rhyl
Dr Piniidiya Pathirage Chaminda Prageeth – James Paget University Hospital

PRESIDENT'S CLOSING STATEMENT

PCS/4/2012 President's Closing Statement

- (i) The President had asked Dr Whitaker, with the assistance of Dr D Nolan, to draft a response to the Health Committee's consultation on the government's alcohol strategy.
- (ii) The President tabled a list of his commitments since the last Council meeting.
- (iii) Further to Professor Mike Grocott's presentation Dr Venn had arranged to meet with him to discuss how to implement change in the NHS.

(iv) All were welcome to attend the CDs' meeting on 20 April 2012.

MOTIONS TO COUNCIL

M/13/2012 Council Minutes

Resolved: That the minutes of the meeting held on 13 March 2012 be approved with the following amendments:

CB/35/2012 (i) Medical Secretary's Update Third paragraph, final sentence to be amended to 'Dr Jones suggested that it was helpful to still have the trainees in post who had completed the GMC survey in order to address any local issues.'

CB/45/2012 Examinations Committee It should be clarified that Dr Jonathan Thompson and Dr Jeffrey Handel had stepped down as examiners for one year.

Incorporation by the President of late corrections submitted by Dr Whitaker.

M/14/2012 Regional Advisers

Resolved: That the following appointments and re-appointment be approved (re-appointment marked with an asterisk):

North Thames West

Dr Michelle Hayes, Regional Adviser for North Thames West

Nottingham & Mid Trent

Dr Grainne O'Dwyer, Regional Adviser for Nottingham & Mid Trent

Mersey

*Dr Janice Fazackerley, Regional Adviser for Mersey

M/15/12 College Tutors

Resolved: That the following appointments be approved:

West of Scotland

Dr R Fairgrieve (Royal Hospital for Sick Children)

Wessex

Dr B R C Siggers (Salisbury District Hospital)

West Midlands North

Dr C Srivastava (University Hospital of North Staffordshire)

Dr J C Wright (Princess Royal Hospital, Telford)

West Midlands South

Dr D J Turfrey (Selly Oak Hospital)