

MEETING OF COUNCIL

**Edited Minutes of the meeting held on Wednesday 16 April 2014
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 J-P van Besouw, President
Dr D M Nolan
Dr L Brennan
Professor J R Sneyd
Dr K Grady
Professor R Mahajan
Dr P Venn
Dr D Whitaker
Dr R Verma
Dr R J Marks
Dr T H Clutton-Brock
Dr J Nolan
Dr J A Langton

Dr J Colvin
Dr N Penfold
Dr V R Alladi
Dr E J Fazackerley
Dr S Fletcher
Professor M Mythen
Dr P Kumar
Dr G Collee
Dr J-P Lomas
Dr R Darling
Dr I Johnson
Dr M Nevin
Dr W Harrop-Griffiths (AAGBI)

Mrs I Dalton, RCoA Patient Liaison Group
Dr A-M Rollin, Professional Standards Advisor

In attendance: Mr K Storey, Mr C McLaughlan, Ms S Drake and Ms S Robinson.

Apologies for absence: Dr A Batchelor, Professor D Rowbotham and Mr R Bryant

PRESENTATION

P/3/2014 External Strategy Discussion

The President welcomed Sir Peter Rubin, Chairman of the General Medical Council (GMC). Sir Peter gave a brief overview of the size of the GMC, with 250,000 doctors on the GMC register, and stated what high level issues the GMC is facing. These include the globalisation of healthcare and of medical education. Sir Peter noted that the GMC does not have the power to regulate a doctor who is not on the GMC register. Sir Peter explained that it was not the intention of the GMC to be a global quality assurance agency for medical education. However, there are an increasing number of UK medical schools which have overseas campuses and there are an increasing number of online courses which will result in students being able to do courses that are delivered globally. Sir Peter highlighted that the GMC is determined to be the regulator of doctors and doctors only. Sir Peter explained that the proposed *Law Commission Bill* will introduce changes that will be beneficial to the GMC. One such change will be the ability for the GMC to separate out an overseas campus from its parent university in the UK; currently if an overseas campus is failing the GMC would have to close down the whole medical school in the UK. Sir Peter noted that there is a risk in the Bill; in harmonising the legislation of all the health regulators the Government may decide to merge them all. The GMC is UK wide and this is an increasing issue due to the divergence of health care between the devolved nations.

Sir Peter explained the current position in terms of revalidation and noted that 0.4% of anaesthetists have deferred their revalidation due to fitness to practise issues.

The GMC has to deal with a number of European Union (EU) issues and Sir Peter explained that one of the achievements he is most proud of is winning the battle to achieve the right for the GMC to test the English language skills of doctors both inside and outside the EU. Sir Peter explained that 3,000 doctors a year join the GMC register who are from outside the EU and that while from June the GMC will be able to test their English language skills it still cannot test their medical knowledge or skills. Sir Peter explained that from 2015 all regulators will be required to share information about doctors that have been struck off a register.

Sir Peter noted that the number of complaints received by the GMC from people acting in a public capacity has increased and suggested that this was a result of revalidation which has driven improvement in local governance.

Sir Peter suggested that an important issue for the GMC is the management and leadership role of doctors and highlighted that one of the findings of the Mid-Staffordshire Review was that no one thought that they were ultimately responsible. The public expect someone to be in charge and Sir Peter questioned if the doctor is not in charge then who is. Sir Peter emphasised that the GMC is determined that the Shape of Training (SoT) Review is implemented.

The President noted that the SoT review exercises the Colleges immensely in terms of delivery, which will include redeveloping the curriculum and recognition of post Certificate of Completion of Training (CCT) credentialing. The President explained that the College is unclear as to the vision of the GMC for post CCT credentialing and who will be responsible for setting the agenda and presenting that to the GMC. Sir Peter suggested that there is no reason why the College should not come up with ideas and ask the GMC to take them forward. The President explained that the uncertainty lies in how generalist is a generalist and with all Colleges believing they have primacy over a given section of the curriculum the need to work collaboratively to produce a generalist curriculum.

Dr Brennan highlighted that one of the issues facing the College is the tension between the College, the Post Graduate Deans and the Educational Training Boards regarding the Colleges' involvement in issues such as those surrounding patient safety. Dr Brennan questioned how the GMC can facilitate a useful discussion stating that they are all there for the same purpose. Sir Peter explained that a wealth of knowledge is being lost if Colleges are not actively involved at a local level in quality management of post graduate training and the GMC expects Colleges to be involved.

Dr Venn noted that as a result of globalisation doctors who are in other countries can connect via the internet and do work for the National Health Service (NHS) or any other health care agency but are outside the GMC's jurisdiction. Dr Venn stated that this is an unsatisfactory situation and questioned what the GMC is doing with Government to regulate these doctors. Dr Venn also questioned what the GMC is going to do to help the Colleges put doctors back in charge of their patients. Sir Peter agreed that doctors should be in charge and noted that The Right Hon Jeremy Hunt, Secretary of State for Health, has introduced a very simple concept of The Name Over the Bed, initiated in two pilot studies. Dr Venn questioned what the College can actually do to put doctors back in charge. Sir Peter emphasised that the College is in a fantastic position to provide leadership and will have the GMC's support. Sir Peter explained that in terms of globalisation the GMC has no legal jurisdiction in other countries, but noted that the GMC does have legal jurisdiction of the Trusts that contract with the organisations providing the service outside the UK. The GMC can make it clear to those doing the contracting that they have a responsibility to ensure that the individuals that are providing the service have the skills to do so. Sir Peter acknowledged that this is becoming more of an issue with a number of organisations looking to provide consultations via Skype.

Professor Sneyd noted that in terms of manpower planning the Centre for Workforce Intelligence (CfWI) is trying hard but acknowledges that poor quality data is a huge issue. The GMC uniquely has access to everyone who practises medicine in the UK and noted that if medical practitioners were asked questions such as what do they practise, where they work and when were they thinking of retiring, most would answer. Professor Sneyd questioned whether any progress had been made towards the GMC gathering this data. Sir Peter acknowledged that the GMC is the custodian of a vast amount of information and explained that the GMC does publish data on its website. Sir Peter explained that as revalidation gets underway the GMC will have a lot more information which may answer some questions but to go further than that would need to be done on a voluntary basis. Sir Peter assured Council that the GMC is very keen to use data and that the GMC is using its data more effectively every year. The President suggested that the UK Medical Education Database (UKMED) Project is meant to address some of these issues, looking at the longitudinal progress of individuals from sixth form throughout training but noted that the project is bound by data protection issues.

Dr Marks stated that he was comforted to know that for anaesthetists 0.4% of revalidation had been deferred due to fitness to practise issues, as this figure is what was expected. Dr Marks noted his surprise at the number of queries that come into the College revalidation helpdesk regarding the appraisals process from those that do not have a standard portfolio career, for example those who have career breaks. The advice the College gives is that if an individual gives up their licence to practise they can just reapply. Sir Peter clarified that this was indeed the case, if an individual gives up their licence but stays on the GMC register it is then an automatic process to get their licence back.

The President highlighted that the GMC is funded by the profession, and questioned whether this was viable in the long term. Sir Peter emphasised that this ensured the independence of the GMC and leaves them able to take on the Government.

The President thanked Sir Peter for coming and speaking to Council.

COUNCIL IN DISCUSSION

CID/11/2014 President's Opening Statement

1. The President noted the deaths of Dr Sanjay Datta, Dr Andrew Lawson and Dr Patrick Brighten. Council stood in memory.
2. Dr Mary Armitage has been appointed as new Medical Director of the Advisory Committee on Clinical Excellence Awards (ACCEA) and Mr Bill Worth has been appointed the new Chair. The President noted that Dr Armitage will be invited to speak at a future meeting of Council.
3. The Royal College of Surgeons (RCS) has elected Miss Clare Marx as its new President from July.
4. The Royal College of Physicians (RCP) has elected Professor Jane Dacre as its new President.
5. The Finance Committee is reviewing the College's position with the Co-op Bank in light of further adverse publicity.
6. Health Education England (HEE) has published a strategy paper on workforce planning which will be circulated to Council. The President noted that there are concerns regarding the direction of travel of workforce planning and requested feedback on the strategy paper.
7. The CfWI annual report has been published and will be circulated to Council.
8. The President highlighted that there had been a report in the news regarding an incident of accidental awareness, the cause of which was an empty vapouriser. Mr McLaughlan explained that a tentative interview had been arranged between Professor Tim Cook and BBC Radio Five Live.
9. The Joint Royal Colleges Ambulance Liaison Committee (JRCALC) has been reformed and the Heads of Terms are available upon request from the President's Office. The President emphasised the importance of the need to engage with JRCALC.

10. The Care.data proposal which relates to increasing the amount of shared data within the NHS has been rejected by Parliament. The Colleges have supported the collection of data; however, concerns have been raised regarding whether the data is completely secure. The Academy of Medical Royal Colleges (AoMRC) has asked the College for its position on the Care.data proposal so that it can present to Government a joined up response from the medical profession. The College had previously signed a letter published in the Times stating that the College supports the acquisition of data for the greater good of healthcare in the UK.

11. The Judicial Review of the Royal College of General Practitioners' (RCGP) examinations has concluded with the case being dismissed. The British Association of Physicians of Indian Origin (BAPIO) has been asked to pay a percentage of the costs which is quoted to be around £50,000, although the total bill is estimated to be excess of £400,000.

12. The College has met with three firms of architects regarding the redevelopment of 34-35 Red Lion Square. It was agreed that the College might consider one of the proposals and a further meeting will be arranged. The plans are available from Mr Storey.

13. The *Medical Innovations Bill* is not wholly supported by the AoMRC but does have the support from the legal experts in the House of Lords and the Bill is likely to be passed.

14. Dr Fletcher has been nominated as the College's representative on the GMC Equivalence Advisory Group.

15. The College has received a request from Durham University to observe the National Clinical Excellence Award (CEA) process. The College has yet to be advised whether there will be a 2014 ACCEA round but can see no reason not to take part and the College has asked for terms of reference.

16. Safeguarding Children has been updated by the Royal College of Paediatrics and Child Health (RCPCH) in conjunction with input from the College and the Association of Paediatric Anaesthetists (APA).

17. The Nuffield Trust publication on UK Health Systems has been published and circulated to Council.

18. The AoMRC commissioned a company called Thirsty Minds to develop international strategy. Following the first meeting it has been decided that AoMRC Council will be asked to delay this work.

19. The Law Commission report on regulation in healthcare has been published.

20. The College has written to the Prime Minister's office in support of the standardised packaging of tobacco products but stating there should be no further delay in the introduction of the legislation.

21. The RCS has produced a report on the impact of the Working Time Regulations. It was noted that there has been no real press interest in the report.

22. The Medical and Healthcare Products Regulatory Agency (MHRA) has published a report on the regulation of devices. Mr John Wilkinson OBE, Director of Devices MHRA, will be coming to speak to Council in June.

23. The curriculum review process is underway with over 2,000 responses received so far. The President offered his thanks to Dr Aiden Devlin for putting the survey together.

24. Dr Rollin, Dr Michael Blayney and Dr Richard Ibbetson have been developing the Conscious Sedation in Dentistry guidance. Dr Rollin noted that Dr Ibbetson is drafting what is hoped to be the final version and is confident that it will achieve most of what anaesthetists might request.

25. The Anniversary Meeting was very well received and the College of Emergency Medicine (CEM) is keen that there should be more multi-disciplinary, multi-College meetings in respect of major issues.

26. The *British Journal of Anaesthesia (BJA)* is exploring going to open access. Professor Mahajan noted the distinction between open access and electronic only. It was explained that the BJA Directors will be looking at options for moving to electronic only and no longer having a paper copy or the possibility of a hybrid version for the paper version of the two journals. As a first step there has been overwhelming support for *Continuing Education in Anaesthesia, Critical Care and Pain (CEACCP)* becoming open access and this will be discussed at the next BJA Directors' Meeting in May.

27. The RCGP's new building was officially opened by HRH Prince Philip.
28. The Regional Advisers' meeting was very successful and the new format with breakout sessions well received.
29. The GMC and others are keen to track the progression of individuals into Medical School and through training. The UKMED Board is seeking a new Chairman to see this process through.
20. There is a lot of activity from Clinical Commissioning Groups (CCGs) in respect of the provision of service and the College has received a number of consultations. The College will increasingly be asked to comment on service provision within Trusts and how CCGs are commissioning those services.
21. UK Transplant has published a proposal that women of child bearing age should undergo pregnancy testing following diagnosis of Brain Stem Death (BSD). This raises a number of ethical issues and concerns have been expressed to UK Transplant. The Royal College of Obstetricians and Gynaecologists (RCOG) had not previously been aware of this proposal and the College has put them in contact with UK Transplant.
22. The President thanked Ms Stephanie Robinson for organising the Anniversary dinner at Clothworker's Hall and noted that a venue for next year has already been booked.
23. Mr McLaughlan asked for a representative to attend an Advisory Appointments Committee (AAC) at Northwick Park on 28 April 2014. Mr McLaughlan explained that this was a specific problem finding a representative for Northwick Park, which is not a Foundation Trust, and so requires a College representative. However Mr McLaughlan also noted that there is a general issue of individuals being able to get the time off to attend AACs.
24. The President updated Council on staff changes:
- Mr Arnold Mdege had joined the College on a full-time permanent basis as Accounts Administrator.
 - Mr Tony Roche had been appointed as the Quality Management of Training (QMT) and e-Portfolio Coordinator.
 - Ms Val Perkins had accepted a full-time permanent appointment as PA to the Director of Training and Examinations.
 - Ms Deborah Hale had joined the College on a part-time and permanent basis as Membership Secretary.
 - Ms Hollie Brennan will be leaving the College on 2 May 2014.
 - Mr Steve Mackinley had joined the College on a full-time, permanent basis as IT Support Officer.

CID/12/2014 Replacement FRCA Certificate

Council agreed that a replacement FRCA Certificate should be issued to Dr Sophie Elaine Liu. Dr Brennan questioned whether it was necessary for requests for replacement certificates to come to Council. Mr Storey noted that it was a requirement of the Charter and Ordinance but that the Ordinance is currently under review so it is possible that this task could be devolved to Vice-Presidents.

CID/13/2014 Annual Specialty Report

Dr Penfold noted that the Annual Specialty Report (ASR) is now available on the website. Dr Penfold explained that this is the fourth different template that the GMC has issued for the report which makes comparisons with previous years difficult but noted that the report is a useful summary of what the College does. Professor Sneyd welcomed the report and acknowledged that it includes more information than it has before but highlighted that the report does not answer the master question; if a person's skin colour is not white and they are British trained are they less likely to pass? Dr Collee suggested that a two page summary of the report could be included in the *Bulletin*. Dr Penfold explained that it would be hard to condense the report but suggested that it could be highlighted within the Chairman's summary and a link to the report included. Dr Fazackerley explained that the report has already been released to Regional Advisers and has been well received. Professor Sneyd suggested that the *Bulletin* article could be a reflective piece on the experience of the RCGP and what the

College has done to tackle the same issues and include a link to the report. The President questioned how this information was distributed to trainees. Dr Lomas explained that it can be cascaded through the Anaesthetic Trainee Representative Group (ATRG) forum which is gradually increasing membership. Dr Brennan questioned whether the report was distributed to the Clinical Director network. Mr Storey suggested that as this was an important report it could be emailed to every trainee and Fellow, which was agreed. The President thanked Mr Bryant for his hard work in producing the report.

CID/14/2014 Association of Anaesthetists of Great Britain and Ireland President's Report

Dr Harrop-Griffiths presented a paper on a report into private healthcare by the Competition and Market Authority (CMA). Dr Harrop-Griffiths noted that the Federation of Independent Practitioner Organisations (FIPO) had spent £300,000 on this and got nothing while Anaesthesia spent a tenth of that and got two big results. One result is that anaesthetic groups were found not to be anti-competitive and the other is that the report found that payments to consultants for National Health Service (NHS) work done in private hospitals should not be excessive or disproportionate such that they constitute a concealed incentive for private patient referral. Dr Harrop-Griffiths noted that Hospital Corporation of America (HCA) and FIPO will be appealing the findings of the report. FIPO will be appealing the fact that the report does not say that Consultants can charge whatever fee they want and allows the Private Medical Insurers (PMIs) to restrict the fees that they charge. The AAGBI will be offering FIPO financial support to lodge this appeal. Dr Harrop-Griffiths noted that pending an appeal the remedies cannot be enacted and the AAGBI will be asking the CMA to enact the incentive remedy in order to ensure that consultants from any specialty are paid the same for treating NHS patients in private hospitals.

Dr Whitaker said Council should thank and congratulate Dr Harrop-Griffiths, Dr Sean Tighe and the team at the Association for all their hard work on this. To get the CMA to make a recommendation to stop the disparity in pay for NHS work in the Independent Sector is a remarkable achievement. Anaesthetists should never forget that the principle reason for the establishment of the College of Anaesthetists was to achieve equal status for anaesthetists working within the National Health Service. It was not set up to produce education and professional standards directly, some were already in existence, but something much more fundamental, the equal status with other specialities that would deliver all that and make our recommendations credible throughout Medicine. In 1947 it was the President of the Royal College of Surgeons Sir Alfred Webb-Johnson who offered us a Faculty within the College of Surgeons and said to the BMA if you do not give anaesthetists equal status "they will be rag and bottle men and the specialty of anaesthesia will not develop." This has been a great success, exceeding all Sir Alfred Webb-Johnson's expectations and until the NHS Plan in 2000 remained largely unchallenged. The NHS Plan endorsed nationally agreed contracts for NHS work which paid anaesthetists as little as 40% of surgical hourly rate and now the Competition and Markets Authority, an independent body, agrees this disparity is wrong. This issue goes right back to the very roots of this College and we should do all we can to support and see this CMA recommendation implemented and certainly do nothing to undermine it.

COMMITTEE BUSINESS

CB/45/2014 Council Minutes

The minutes of the meeting held on 11 March 2014 were approved with minor amendments.

CB/46/2014 Matters Arising

(i) Review of Action Points

P/2/2014 External Strategy Discussion The President noted that Dr Mark Wittenburg will be talking at the July Council Meeting. Meetings have been arranged between Faculty of Pain Medicine (FPM) and BMJ and between the BJA and BMJ, both of which will take place in June.

CB/44/2014 *Communications Committee* Dr Marks explained that discussion surrounding the information architecture of the website and the potential inclusion of a trainee landing page has been delayed so that this can be discussed at the trainee meeting in July.

CB/44/2014 *Communications Committee* Dr Marks presented a Facebook options appraisal at a President's Meeting. The President noted that the College is in the process of appointing a Media Manager on a sixth month contract and Dr Marks' Facebook options appraisal will be discussed once they are in post.

CB/47/2014 Regional Advisers

Council considered making the following re-appointments:

West of Scotland

*Dr L Newman, Regional Adviser, West of Scotland **Agreed**

South Thames East

*To receive a request for an extension for Dr C Shannon, Regional Adviser, South Thames East

Agreed

CB/48/2014 Deputy Regional Advisers

Council considered making the following re-appointments:

North Thames Central

*Dr J Lockie, Deputy Regional Adviser, North Thames Central **Agreed**

North West

*Dr R Perkins, Deputy Regional Adviser, North West **Agreed**

CB/49/2014 College Tutors

Council considered making the following appointments:

East Yorkshire

Dr J C Dilley (York Hospital) in succession to Dr P S Smith **Agreed**

Dr L Harvey (York Hospital) in succession to Dr K Robins **Agreed**

North Thames West

Dr E L Morecroft (Hillingdon Hospital) in succession to Dr M Stevens **Agreed**

North Thames Central

Dr P O Suaris (Royal National Throat, Nose & Ear Hospital) in succession to Dr C N Ferguson

Agreed

Dr A F W Mann (North Middlesex Hospital) in succession to Dr M Siv arajaratnam **Agreed**

West of Scotland

Dr P G W Harrison (Western Infirmary) in succession to Dr W G Hilditch **Agreed**

Dr J McGhie (Gartnavel Royal Hospital) in succession to Dr B J McCreath **Agreed**

South Thames West

Dr A Tredray (St George's Hospital) in succession to Dr R A C Suite **Agreed**

Sheffield and North Trent

Dr M Shekar (Rotherham General Hospital) in succession to Dr R Kumar **Agreed**

CB/50/2014 Head of Schools

Council noted the following appointment:

Dr K Torlot (Wessex School) in succession to Dr P Spargo

CB/51/2014 Training Committee

(i) Training Committee

Council received and considered the minutes of the meeting held on 2 April 2014 which were presented by the Chairman, Dr Penfold, who drew Council's attention to the following:

- TRG/09/14(b)(i) *Minutes*
- TRG/03/14(a) *Care of the Elderly Undergoing Emergency Surgery*
- TRG/05/14(b) *Cardiothoracic Anaesthesia*
- TRG/05/14 *Out of Programme Training*
- TRG/23/14 *MTI*
- TRG/37/14(a) *Anaesthetists as Educators*
- TRG/04/14(ii) *International Programme*
- TRG/26/14(b) *ICM Assessment in Anaesthesia*

Dr Collee raised concerns regarding the advanced modules in anaesthesia noting that the Care Quality Commission (CQC) has begun to ask for evidence to demonstrate that individuals have completed these advanced modules and while a lot of trainees have a lot of experience it is hard to quantify it as a module. The concern is that the more specialist modules that are created the harder it becomes to justify specialisms to the CQC. Dr Penfold explained that one of the aims of the curriculum review is to look at these areas and that the majority of the responses that have been received in response to the curriculum survey so far have commented on higher and advanced level so give a good idea of which areas the review should focus on. The President highlighted that whether trainees have completed these modules is part of the appraisal process for their Trust and outside of the CQC's remit. Dr Brennan noted that the College's responsibility is to sign people off to say that they are ready to be awarded their CCT in its entirety, the College does not provide sub-specialty accreditation and stated that post CCT credentialing and ongoing learning is down to local appraisal and is beyond the remit of the curriculum development.

(ii) Certification of Completion of Training

Council noted recommendations made to the GMC for approval, that CCTs/Certificate of Eligibility for Specialist Registration (Combined Programme) [CESR(CP)] be awarded to those set out below, who have satisfactorily completed the full period of higher specialist training in anaesthesia. The doctors whose names are marked with an asterisk have been recommended for Joint CCTs/CESR (CP)s in Anaesthesia and Intensive Care Medicine.

Anglia

Dr Tamsin Poole

St. George's

Dr Leigh Kelliher

London

South East

Dr Daniel Abell

Kent, Surrey, Sussex

Dr Janet Ezihe-Ejiogor

North Central

Dr Rola Hallam

Dr Kate Adams

Dr Kate Blightman

East Midlands

Nottingham

Dr Gerrie Van Der Walt

Mersey

Dr Helen Langrick *

Bar's and The London

Dr Mark Catolico

Dr Sohini Sengupta

North West

Dr Rhys Clayton

Dr Natalie Cooper

Northern Ireland

Dr Catriona Kelly

Wessex

Dr Ruth Thomas *

Oxford

Dr Caroline Janes

West Midlands**Stoke**

Dr Balaji Velayudam

Severn/Bristol

Dr Helen Cain

Warwickshire

Dr Priya Nair

Dr Tendai Ramhewa

South West Peninsula

Dr Kathryn Sharpe *

Dr Cathryn Matthews

Dr Claire Ward

South Yorkshire (Sheffield)

Dr Matthew Faulds *

CB/52/2014 CPD Board

Council received and considered the minutes of the meeting held on 14 February 2014 which were presented by the Chairman, Dr Langton, who drew Council's attention to the following:

- CPDB/3/14 *Updated Terms of Reference for the Continuing Professional Development (CPD) Board*
- CPDB/4/14 *Short-Life Working Party on CPD*
- CPDB/5/14 *Review of the CPD Matrix –Immediate Issues*
- CPDB/6/14 *Quality Assurance of the CPD Approval Scheme*

Dr Marks drew Council's attention to the Final Report of the Working Party on CPD emphasising that the report is a distillate of three meetings that involved strongly debated and opposing views. Dr Langton noted that the CPD Board had accepted the recommendations and he would produce an options appraisal regarding the CPD Matrix which will be brought to Council.

Dr Collee suggested that the current process of approving courses needs to be revised as it is neither robust nor watertight. The President noted that the process of approving courses is evolutionary and that the GMC has set no rules. There is a move to show what has actually been learnt rather than how many hours have been logged. Dr Fazackerley acknowledged that the process needs to evolve into a reflective practice but suggested that in the interim the codes that are applied should become more general. Professor Mythen suggested that the College should consider separating the matrix coding from the CPD coding. The President noted that while a programme can be provided the important aspect is what an individual gets out of that programme. The College needs to be evolutionary in its approach and is mindful of maintaining public faith in terms of what the College does.

CB/53/2014 Professional Standards Committee

Council received and considered the minutes of the meeting held on 6 March 2014 which were presented by the Chairman, Dr Venn, who drew Council's attention to the following:

- PSC/03/2014 *Chairman's Report*
- PSC/06/2014 *Relationships Between Anaesthesia and Emergency Medicine*
- PSC/09/2014 *Storage of Intravenous and Spinal Anaesthesia Drugs*
- PSC/10/2014 *Guidance on the Provision of Sedation Services by Anaesthetic Departments 2014*
- PSC/11/2014 *Avoidance of Cancelled Theatre Activity for Meetings*

The President noted that the College has recommended to the CQC that they include governance arrangements with Trusts in their inspection routine and that this would include Morbidity and Mortality meetings.

Dr Whitaker suggested that when recommendations were being issued to departments regarding the storage of local anaesthetic drugs and those for intravenous use they also include a basic statement stating that all syringes should be labelled.

CB/54/2014 Patient Liaison Group

Council received and considered the minutes of the meeting held on 10 March 2014 which were presented by the Chairman, Mrs Dalton, who drew Council's attention to the following:

- *PLG/07/2014 Lay Involvement in Examinations*

Mrs Dalton noted that the introduction of subject leads is working well and has made the Chairman's job much easier.

CB/55/2014 Examinations Committee

Council agreed that, following her approval by Council to become a Fellow ad eundem in March 2014, the Fellow listed below should be appointed as a probationary examiner with effect from September 2014:

Dr Katharine Susan Gregory Heartlands Hospital, Birmingham

Council agreed that the Primary FRCA examiners listed below should move to the Final FRCA Board with effect from September 2014:

Dr Arun Krishnamurthy
Dr Sameh Abdullatif
Dr Cindy Hardy
Dr Alexander Ng
Dr Lawrence Azavedo
Dr Shanka Nagaraja
Dr Andrew Klein
Prof. Jonathan Hardman

CB/56/2014 Quality Management of Service Committee

Council received and considered the minutes of the meeting held on 11 March 2014 which were presented by the Chairman, Dr Venn who drew Council's attention to the following:

- *QMSC/14/2014 Progress Update*
- *QMSC/17/2014 Pricing For ACSA*
- *QMSC/19/2014 Timeline for ACSA Engagement*
- *QMSC/20/2014 ACSA Feedback Forms*
- *QMSC/26/2014 Any Other Business- ACSA Reviewers day*

Dr Venn noted that he had attended an RCS meeting regarding accrediting accreditation schemes. There are concerns that if there are too many different schemes that they will become too complex for a hospital to administer. Dr Venn explained that it had been agreed that it is not possible to accredit pathways as there are too many service specialties, the accreditation should be for a specific department.

Dr Penfold highlighted that the Patient Liaison Group (PLG) article in the next issue of the *Bulletin* is regarding their top ten standards.

Dr Brennan questioned where ACSA was in terms of sub-specialties. Dr Venn explained that a department should be looked at as a whole in the first instance and then bolt on sub-specialties as they become available. Dr Venn noted that sub-specialty societies have agreed to write their own standards and take them forward.

Dr Venn explained that in order to gain National Institute for Health and Care Excellence (NICE) accreditation for GPAS all chapters need to have input from all stakeholders and this will make

the revision process more complicated. Mr McLaughlan clarified that to receive NICE accreditation GPAS would need to have patient involvement from the start and the College would need to include detail regarding what has been included and what has been excluded. Mr McLaughlan noted that it would be a lot of work but that accreditation would only be sought for three or four chapters to start with. Mr McLaughlan explained that CQC accreditation of ACSA may require NICE accreditation of the guidelines.

Dr Grady explained that in its previous iteration there were two GPAS chapters, acute and chronic and these are being re-written to reflect the change towards pain medicine. Dr Grady explained that the Faculty of Pain Medicine (FPM) was also looking at dovetailing secondary and primary care standards. FPM will be meeting with the RCGP, which does not currently have any standards for pain medicine, to try and take this forward. Dr Grady highlighted the application of ACSA to hospital departments is currently difficult due to the vast changes in pain medicine.

Dr Nevin emphasised the need for caution with accreditation of a department rather than a pathway noting to importance for all disciplines to work together. Dr Venn explained that it was not the intention to accredit a department in isolation from the patient pathway.

CB/57/2014 Anaesthetists as Educators Group

Council received and considered the minutes of the meeting held on 14 March 2014 which were presented by the Chairman, Dr J Nolan, who drew Council's attention to the following:

- AEG/03/2014 *Simulation Unplugged- Next Steps*
- AEG/04/2014 *Development of a Training Course for Anaesthetists' Non-Technical Skills (ANTS) as Part of the AaE Programme*
- AEG/05/2014 *Academy Of Medical Educators- Accreditation of Courses*
- AEG/08/2014 *AaE Faculty Development Day December 2013*

CB/59/2014 Education Committee

Council received and considered the minutes of the meeting held on 14 March 2014 which were presented by the Chairman, Dr J Nolan, who drew Council's attention to the following:

- EC/53/14 I *E-Learning Anaesthesia (e-LA)*
- EC/51/14 II *Physicians' Assistant (Anaesthesia)(PA(A)s*

The President noted that the College has received the recommendations of the future of the Medicines and Healthcare Products Regulatory Agency (MHRA) Devices Division and one of the items in that report is training in the use of medical devices. The President highlighted that defining a medical device is difficult. Dr Clutton-Brock stated that the current definition for a medical device is anything that is used to treat a patient that is not a medicine. Dr Clutton-Brock noted that at a recent AAGBI Safety Committee meeting one of the topics was checking anaesthetic equipment. The AAGBI is keen to produce some educational material surrounding using the checklist and Dr Clutton-Brock suggested that a tripartite group take this forward. Dr Clutton-Brock also questioned whether at the Objective Structured Clinical Examination (OSCE) station for checking anaesthesia machines the individual is allowed to hold the checklist in their hand.

CB/60/2014 Scottish Advisory Board

Council received and considered the minutes of the meeting held on 5 March 2014 which were presented by the Chairman, Dr Colvin, who drew Council's attention to the following:

- 1 *Staff and Associate Specialist(SAS) Representative*
- 3.2 *Consultant Recruitment and CCT Choices*
- 7.3 *RCoA Departmental Accreditation – Collaboration with Health Improvement Scotland*
- 8 *Professionalism and Excellence on Medicine: Update*

- 1 Welcome/Introductions
- 3.1 Reshaping the Medical Workforce- Proposals from 2014-15
- 9 Anaesthesia Meeting with CMO 2014
- 7.4 Scottish Academy Patient Safety Declaration

Dr Colvin clarified that the Patient Safety Declaration would be badged as a Scottish Advisory Board document that is supported by the College.

CB/61/2014 Anaesthesia Meeting with Scottish CMO Scotland

Council received and considered the notes of the meeting held on 19 February 2014 which were presented by the Dr Colvin.

MATTERS FOR INFORMATION

I/11/2014 Publications

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

I/12/2014 Consultations

Council received, for information, the list of current consultations.

I/13/2014 New Associate Fellows, Members and Associate Members

Council noted, for information, the following:

Associate Fellows:

Dr Tuhin Goswami – Eastbourne District General Hospital
 Dr Francis Michael James O'Brien - Barts Health NHS Trust

Members:

Dr Sanjaya Varuna Arampatta – European Diploma in Anaesthesiology and Intensive Care
 Dr Erica Jane Dibb-Fuller – RCoA Primary
 Dr Vikram Simha Pandrapragada – Primary of the Faculty of Anaesthetists of the RCSI

Associate Members:

Dr Fahad Abdul Waheed – Fairfield Hospital
 Dr Alessandro Lilla – Brighton and Sussex University Hospital
 Dr Pradeep Rajashekar – South Tyneside District Hospital
 Dr Lakshmi Koneru – Southend University Hospital
 Dr Munir Ahmad Khan – Countess of Chester Hospital

To receive for information the following doctors have been put on the Voluntary Register:

Dr Keith Donald Green – Preston Royal Hospital
 Dr Riddhi Kunal Rathod – Queen's Hospital
 Dr Diviya Dharmu – Epsom General Hospital
 Dr Amr Hassan – Manchester Royal Infirmary
 Dr Dipak Raj Niroula – Epsom General Hospital
 Dr Mohamed Moustafa Ibrahim Sayed Mahmoud – Central Manchester University Hospitals
 Dr Andras Janos Husz – Great Ormond Street Hospital
 Dr Istvan Koczca – East Lancashire NHS Trust
 Dr Martin Adam William Ince – John Radcliffe Hospital
 Dr Spiro Kostadinov Gerdzиков - Homerton University Hospital
 Dr Syed Nadeem Abbas Zaidi – Royal Bournemouth & Christchurch Hospital
 Dr Marco Scaramuzzi – Hammersmith & Charing Cross Hospital
 Dr Emma Elizabeth Mann – Craigavon Area Hospital
 Dr Amr Hassan – Manchester Royal Infirmary

Membership Category Progression

Associate Fellows:

Dr Seelanere Thimmappagow da Nandini – Royal Bolton Hospital

Members:

Dr Stefania Licari - Primary FCARCSI

Dr Beverly Ann Matthews – Primary FRCA

Dr Kathleen Shelley – FRCA Primary

Dr Raja Abd Rahman – FRCA Primary

Dr Umair Ansari – Irish Primary

PCS/4/2014 PRESIDENT'S CLOSING STATEMENT

1. The Revalidation Committee has come to an agreement on specific anaesthetic related patient feedback. This will be available for everyone to use but there does need to be some discussion with the major providers as to how this feedback will be accepted within their own appraisal systems within Trusts.
2. A meeting will be taking place after Council with NHS Innovation, who are keen to see progression in the uptake of intra-operative fluid management (IOFM) strategies. The President noted that there is an editorial in the latest edition of *Anaesthesia* by Dr Gary Minto which reviews the current evidence. The College is not currently in a position that it would support a financial incentive to Trusts to pursue IOFM.
3. Dr Brennan and Dr Nolan will be undertaking a review of the College committees.
4. Diplomates' Day takes place on Friday 2 May 2014.
5. LED lights have been installed throughout the College as an energy saving measure.

MOTIONS TO COUNCIL

M/13/2014 Council Minutes

Resolved: That the minutes of the meeting held on 11 March 2014 be approved subject to minor amendments.

M/14/2014 Regional Advisors

Resolved: That the following re-appointment be approved:

West of Scotland

*Dr L Newman, Regional Adviser, West of Scotland

South Thames East

*To receive a request for an extension for Dr C Shannon, Regional Adviser, South Thames East

M/15/2014 Deputy Regional Advisers

Resolved: That the following re-appointments be approved:

North Thames Central

*Dr J Lockie, Deputy Regional Adviser, North Thames Central

North West

*Dr R Perkins, Deputy Regional Adviser, North West

M/16/2014 College Tutors

Resolved: That the following appointments be approved:

East Yorkshire

Dr J C Dilley (York Hospital) in succession to Dr P S Smith

Dr L Harvey (York Hospital) in succession to Dr K Robins

North Thames West

Dr E L Morecroft (Hillingdon Hospital) in succession to Dr M Stevens

North Thames Central

Dr P O Suaris (Royal National Throat, Nose & Ear Hospital) in succession to Dr C N Ferguson
Dr A F W Mann (North Middlesex Hospital) in succession to Dr M Siv arajaratnam

West of Scotland

Dr P G W Harrison (Western Infirmary) in succession to Dr W G Hilditch
Dr J McGhie (Gartnavel Royal Hospital) in succession to Dr B J McCreath

South Thames West

Dr A Tredray (St George's Hospital) in succession to Dr R A C Suite

Sheffield and North Trent

Dr M Shekar (Rotherham General Hospital) in succession to Dr R Kumar

M/17/2014 Examinations Committee

Resolved: That following her approval by Council to become a Fellow ad eundem in March 2014; the Fellow listed below should be appointed as a probationary examiner with effect from September 2014:

Dr Katharine Susan Gregory Heartlands Hospital, Birmingham

Resolved: That the Primary FRCA examiners listed below should move to the Final FRCA Board with effect from September 2014:

Dr Arun Krishnamurthy

Dr Sameh Abdullatif

Dr Cindy Hardy

Dr Alexander Ng

Dr Lawrence Azavedo

Dr Shanka Nagaraja

Dr Andrew Klein

Prof. Jonathan Hardman