

MEETING OF COUNCIL

**Edited Minutes of the meeting held on Wednesday 10 February 2016
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 L Brennan, President	Dr E J Fazackerley
Dr R J Marks	Dr S Fletcher
Dr J A Langton	Professor M Mythen
Dr P Venn	Dr P Kumar
Professor R Sneyd	Dr G Collee
Dr A Batchelor	Dr J-P Lomas
Professor D Rowbotham	Dr A W Harrop-Griffiths
Dr R Verma	Dr J Pandit
Dr T Clutton-Brock	Dr K May
Professor J Nolan	Dr R Darling
Dr J Colvin	Dr I Johnson
Dr N Penfold	Dr D Selwyn
Dr R Alladi	Dr A Hartle

Mr R Thompson, RCoA Lay Committee
Dr A-M Rollin, Clinical Quality Advisor

In attendance: Mr T Grinyer, Mr C McLaughlan, Ms S Drake, Mr R Ampofo, Mr M Blaney, Ms S Larsen and Ms A Regan

Apologies for absence: Dr J-P van Besouw, Professor R Mahajan, and Dr K Grady.

STRATEGY

S/2/2016 Strategy

Dr Peter Nightingale, Chairman, Medical Healthcare products Regulatory Agency (MHRA) Devices Expert Advisory Committee (DEAC), gave a presentation covering the following areas:

- Overview
- Roles
- Organisational structure
- Business plan
- Regulation overview
- Devices overview
- The MHRA in the European Union
- Proposed integrated reported and learning system for 2016
 - The need to improve online reporting via apps and the Yellow Card, the latter now includes devices as well as drugs
 - The need for Colleges and professional bodies to become involved in the reporting and learning system
 - Phased integrated rollout of access to incident feedback
- Proposals to harmonise directives across Europe
- The need for improved two way communication with the specialties
 - The need for more assessors from the coalface
 - Request for greater use of Yellow Cards by the specialty

Council discussed the following:

- The perception that reporting incidents to the MHRA has no effect and that the MHRA does not respond. This could be attributed to lack of understanding of the processes behind it.
- The preference of many trusts for incidents to be reported through their own risk management processes. It is important to insist that device related incidents also be reported to the MHRA. Additionally, anaesthetists need to ensure incidents are related to the Safe Anaesthesia Liaison Group (SALG).
- CE marked devices approved elsewhere which may not be fit for purpose. Notified bodies are coming under control. Dual inspections have been introduced and when the MHRA goes to inspect it is accompanied by another country's inspectors. This has resulted in an increase in the quality of inspections and a decrease in the number of notified bodies.
- How to engage more assessors. The message needs to be conveyed to those at the coalface asking if they would like to work with the MHRA in a certain area. The MHRA is liaising with the Royal Colleges to update the names of assessors, to ensure they wish to continue, to ensure they are not conflicted and that they have the consent of the College behind them. Dr Nightingale requested that a call for assessors be put in the *Bulletin* or on the website.
- In terms of engaging the young, discussions around regulating apps in the future will generate interest. There are not yet many apps which are therapeutic but they will undoubtedly grow.
- Whether or not computer-based systems such as electronic prescribing are within the MHRA's remit. Electronic patient records and electronic prescribing are not deemed to be a medical device as there is a human step between the prescribing and giving of the drug.

COUNCIL IN DISCUSSION

CID/7/2016 President's Statement

- a) The President announced the deaths of Dr William White, Dr Alan McKeag, Dr Jennifer Eaton, Dr Maurice Crocker, Dr Malcolm Tyrell, Dr Pierre Koenig, Dr Sachu Bhattacharya, Dr Robert Park and Dr Joseph Redmen. Council stood in memory
- b) The President thanked all those who had attended the President's Dinner. Thanks were also extended to Mr Mohammed Sadek and Mayfair Catering, and Ms Emma Bennett.
- c) The Capuccini manslaughter trial, involving two anaesthetists, has collapsed and the judgement is in the public domain. General Medical Council (GMC) and potential civil proceedings are still in progress so there will no public comment from the Royal College of Anaesthetists (RCoA) or the Association of Anaesthetists of Great Britain and Ireland (AAGBI). There will be lessons to be learnt in the longer term about the case and the expert testimony. There will be an opportunity in due course to make comment about lessons learnt.
- d) Junior doctors' strike. The stumbling block is out of hours working, especially how Saturdays are recognised. Both sides are entrenched and there is a danger of each side using their nuclear options, i.e. all out strike versus unilateral contract implementation. The Academy of Medical Royal Colleges (AoMRC) had agreed that there was no benefit in it issuing a statement ahead of today's strike.
- e) Fabrik has developed a few versions of a brand mark for presentation to the President's Meeting. Ms Larsen will be discussing various options with Fabrik with a view to then shortlisting a number of options for presentation to Council.
- f) The RCoA and AAGBI will host a dinner for the European Board of Anaesthesiology (EBA) on 27 May 2016, ahead of the European Society of Anaesthesiology (ESA) meeting. A pre-dinner meeting is also planned to exchange information and ideas.
- g) The President will represent Council at the interviews for the Technology Strategy Programme Director on 12 February 2016.
- h) The RCoA will send a delegation to the World Congress of Anaesthesia in Hong Kong and will host a working dinner for College Presidents from other Colleges around the world to share information and ideas. It was noted that the Australia and New Zealand College of Anaesthetists (ANZCA) will also celebrate its 25th anniversary in 2017 and is currently facing many of the issues faced by the RCoA.

- i) The President planned to set up a buddying/mentoring system for newly elected Council members. Thanks were offered to Council members who had already offered to participate.
- j) Council members who took up office in 2015 would soon be invited for an appraisal using the paperwork previously approved by Council. This will become an ongoing process for all new Council members. Appraisals will be conducted by Officers or senior Council members. Appraisals are beneficial for the individual and their employing trust as well as the RCoA. Council members were encouraged to engage with the process.
- k) Scottish Board elections are going well with a 35% turnout to date.
- l) The annual safety conference will take place in Edinburgh in October/November, date to be confirmed.
- m) Three *Guidelines for the Provision of Anaesthetic Service (GPAS)* chapters have been submitted to the National Institute for Health and Clinical Excellence (NICE) for consideration.
- n) 27 applications have been received for the Lay Committee vacancies. Interviews will take place in March.
- o) Council's attention was drawn to a letter from the Deputy Medical Director, Manchester Royal Infirmary, cancelling all professional and study leave for productivity reasons. The President will discuss the letter with the College Tutor and see what the RCoA could do to express its concern about not allowing opportunities for people to develop and for the safety of patients to be preserved. Concern was expressed that this might become a wider issue.

<p>Action: President to discuss letter re: professional and study leave with the College Tutor at Manchester Royal Infirmary.</p>
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- p) The President met with Professor John Wass to discuss steroids, obesity and academic collaborations with the Royal College of Physicians of London (RCPLond).
- q) The President had met Dr Claire Shannon and Dr Cleave Gass, joint heads of the London Academy of Anaesthesia. There was an agreement to work more closely together. The College will be working with the London Academy, possibly in collaboration with Deloitte, to help establish two leadership fellow roles.
- r) Dr Sue Hill, Chair, ESA Examinations Committee had met the President to discuss the ESA's computer-based testing system. There was an agreement to establish a mechanism of exchanging visiting examiners to learn about the respective examination systems.
- s) A meeting had been held with Mr Matt Foster, head of the RCPLond's international programmes. There is potential for collaboration in many areas. The RCoA is very conscious that it needs to focus on particular areas, in which it has expertise, to be effective, i.e. training, education and examinations. The RCoA is keen to work with partners especially the AAGBI. A plan of action is being drafted to take the work forward.
- t) A meeting had been held with Mr Andy Brown and Ms Rachel Yates from Lord Carter's team. There had been no anaesthetic input so far but there will be anaesthetic input into the eleven surgical work streams. The work around patient quality will feed into this.
- u) The President had met with Dr Jonathan Fielden, NHS Deputy Medical Director, who is responsible for specialist commissioning which includes specialist surgery, aspects of intensive care and chronic pain. Specialist commissioning does not go via the Clinical Commissioning Group (CCG) route. There are Clinical Reference Groups which inform the decision making about how the funding is allocated. The anaesthetic voice is not being heard. There will be a refreshing of how the structure works and there may be an opportunity for members of the College and specialty to get involved. Where there is not group membership, there should be associate membership for work streams which involve the specialty and it was agreed to take this forward.
- v) Lt. Col. Tom Woolley, Defence Professor of Anaesthesia and Intensive Care, had met with the President. There was discussion on collaboration around international work and the President suggested that Lt. Col. Woolley should be a corresponding member of the Working Party on International Programmes. There was also discussion about leadership and followership, i.e. how do people in the military understand their place within the structure and how do they raise their concerns. It was thought this could be progressed via the AoMRC's work on valuing junior doctors.

- w) A request had been received from the AoMRC Remediation Group for assistance from the RCoA in attending responsible officer network meetings, the idea being to give a short presentation and collect feedback on how Colleges can help and support responsible officers in the remediation process. Further information will be circulated and anyone interested in attending should inform the President's Office.

Actions: President's Office to circulate further information.

Council members interested in attending to inform President's Office.

- x) The President updated Council on staff changes:
- Ms Alexandra Brent has joined the College as the new Perioperative Medicine Programme Coordinator.
 - Dr Jamie Strachan has joined the College as Technology Strategy Fellow.

CID/8/2016 Registration and Regulation of PA(A)s

Dr Collee urged Council to decide how to move the physician's assistant (anaesthesia) (PA(A)) programme forward. To facilitate this, Mr McLaughlan had produced a SWOT analysis of the options. In the next couple of weeks the Anaesthesia Related Professionals Committee (ARPC) will offer Council, for consideration, a statement regarding PA(A) development which it believes is the way forward. It will allow the RCoA to define PA(A)'s scope of practice on initial qualification and to begin discussions on registration of PA(A)s within the College. The aim is to define a process of registration within the RCoA which does not make it a regulator and does not make the RCoA liable to accusations of limitation of a PA(A)'s work but does allow the College to collect the relevant data which will form the basis of moving towards formal regulation by an independent body. Council was advised that if it supported the position statement the RCoA would embark on a process which would be an irreversible situation in that the RCoA will have publicly stated its support for the PA(A) programme which leads to its regulation by an independent body which the RCoA will be able to influence, but not dictate or control the further development of the PA(A) workforce. The President and AAGBI President are supportive of the way forward. Dr Collee specifically asked Council members demitting office to provide feedback on the document to him. The President and AAGBI President both emphasised the importance of the RCoA and AAGBI being in agreement on this issue both internally and externally. The options paper recognises that there is a significant proportion of anaesthetists who oppose PA(A)s.

Action: Council members demitting office to submit comments to Dr Collee.

The GMC is aware of the issue and is potentially in the frame for taking this on. There is quite a lot of pressure from other specialties for the GMC to do this but its view is that it will require legislation to make it happen. The President's discussions with Ministers had made it clear that obtaining voluntary registration from a recognised and respected body is the first step towards statutory regulation. Dr Clutton-Brock would represent Dr Collee at a meeting with Health Education (England) (HEE) later in the week. HEE has produced a document suggesting that one of the blocks to registration is the educational component of the various programmes meeting. The President asked Dr Clutton-Brock to report back after the meeting.

Action: Dr Clutton-Brock to report back after the HEE meeting.

CID/9/2016 NCEPOD Steering Group

Dr Fazackerley drew Council's attention to the following items in the *NCEPOD Steering Group Newsletter*:

- Gastrointestinal bleed report launch
- Sepsis report launch
- Topic selection
- Investigators being recruited for the non-invasive ventilation study
- Acute pancreatitis study
- New Chair, Professor Lesley Regan

Dr Batchelor's six year term will come to an end at the May meeting. Council agreed that the Faculty of Intensive Care Medicine (FICM) should nominate her replacement.

CID/10/2016 AGM Agenda

No motions had been received from fellows and members.

Council agreed the motion as set out in M/8/2016.

CID/11/2016 Silver Jubilee Update

Dr Langton reported that the Silver Jubilee Committee had met and had agreed its terms of reference and objectives. The Committee had outlined its target audience, i.e. colleagues, patients and the public. Although there will be some looking back, the main focus will be looking forward. The Committee is keen to create a legacy. The Committee will look at the College calendar and will look at events, activities and publications with a view to branding them as part of the Silver Jubilee celebrations in 2017. The Committee is keen for engagement from regional societies and will use the Regional Advisers in this. A toolkit will be compiled to assist regions in running Silver Jubilee events. Efforts will be particularly targeted around the Anniversary Meeting in March and in public events around World Anaesthesia Day in October 2017. Consideration is being given to Silver Jubilee awards which will recognise local unsung heroes of the specialty. A large number of suggestions have been received for events. The Committee wants to set some Jubilee goals for the next ten years. It has been suggested that an animated film be created to showcase developments and key themed messages. The hundredth issue of the *Bulletin* in November 2016 will start off the Jubilee preparations. There are also discussions around Silver Jubilee editions of the *British Journal of Anaesthesia (BJA)* and *BJA Education*. World Anaesthesia Day in 2017 would be particularly appropriate for engaging international partners around the Silver Jubilee. The President's e-newsletter will be used to raise awareness of the Silver Jubilee. It was noted that whilst the RCoA should be proud of, and take credit for, its work, celebrations should not be too extravagant. It was pointed out that most events would be based on events already planned.

CID/12/2016 Association of Anaesthetists of Great Britain and Ireland President's Report

Dr Hartle suggested that the RCoA's Jubilee celebrations could commence with a joint session at the Winter Scientific Meeting in London. The AAGBI will be celebrating its 85th anniversary in 2017 and this would provide an opportunity to celebrate both organisations.

Dr Hartle reported that it is thought that on two occasions reflective notes made by trainees in their annual review of competence progression (ARCP) record have been subsequently used in criminal trials. There is concern that this will discourage trainees from making honest and frank reflective notes after serious incidents. This could also apply to consultants completing appraisal paperwork. Dr Hartle asked how it would be possible to protect the records or encouraging doctors to make honest reflective notes. The President explained that it had been discussed by the AoMRC Council. Some legal opinion had been sought. Providing honest reflection on practice is a GMC requirement but it was acknowledged that trainees and consultants would benefit from having better education in how to phrase reflective notes. In terms of access to notes, if they are required by the court and are subpoenaed, doctors have to provide anything they have. The President agreed to share further information from the AoMRC when available. A shared AoMRC position would be the way forward.

Action: President to share with Council further information from the AoMRC, when available.

COMMITTEE BUSINESS

CB/14/2016 Council Minutes

The minutes and website minutes of the meeting held on 13 January 2016 were approved.

CB/15/2016 Matters Arising

Review of Action Points

- *CID/2/2016 International Programme* Mr Ampofo attended a workshop to discuss the future of the AoMRC's Global Health Action Group. The options would be to exist as an internal forum or to develop a fund, jointly funded by all the Colleges, in order to do a scoping exercise which would involve potentially sending a delegation overseas. The RCoA would find it most useful for it to be an informal free flowing network of officers and clinicians involved in international work. A number of options will be worked up for AoMRC Council around developing an informal network or developing a network with stronger links to the governance of the AoMRC.
- *CID/5/2016 AAGBI Guidelines Perioperative Corticosteroids for Patients with Adrenal Insufficiency* Discussions are ongoing. The document the endocrinologists would like to see written lacks pragmatism and may be unacceptable to the profession. The AAGBI is trying to find a solution which is acceptable to both sides.
- *CB/12/2016 Anaesthesia Related Professionals Committee* Dr Collee reported that the documentation circulated for the next Council meeting would include a final version of the guidance for departments considering employing PA(A)s.

All other actions were completed or are ongoing and will be carried forward.

Professor Sneyd asked the President for an update on the Centre for Workforce Intelligence's (CfWI) future within HEE. Mr Ampofo reported that the work of CfWI would be subsumed under Mr John Stock's team in HEE.

CB/16/2016 Regional Advisers

Council considered making the following reappointments:

North Thames Central

Dr L Dinner Regional Adviser for North Thames Central **Agreed**

Mersey

Dr E Forrest Regional Adviser for Mersey **Agreed**

West Midlands South

Dr J Budd Regional Adviser for West Midlands South **Agreed**

CB/17/2016 Deputy Regional Advisers

North Thames Central and North Thames East

Discussions are ongoing.

CB/17/2016 College Tutors

Council considered making the following appointments/reappointments (reappointments marked with an asterisk):

North Thames Central

Dr J Phillips (Princess Alexandra Hospital, Harlow) in succession to Dr R Sethuraman **Agreed**

Mersey

Dr A Roitberg-Henry (Royal Liverpool University Hospital) in succession to Dr M R Diwan **Agreed**

South East Scotland

Dr L Peacock (Edinburgh Royal Infirmary) acting Tutor covering Dr S A Thompson **Agreed**

Wales

Dr J Dougherty (Glan Clwyd Hospital) in succession to Dr R Shobha **Agreed**

*Dr J Butcher (Prince Charles Hospital) **Agreed**

*Dr J Hall (University Hospital of Wales) **Agreed**

*Dr K Woods (Royal Gwent Hospital) **Agreed**

CB/18/2016 Head of Schools

There were no notified appointments this month.

CB/19/2016 Training Committee

(i) Chairman of the Training Committee's Update

Dr Penfold reported that interviews for the next KSS education fellow would be held in March. The RCoA is in discussion with the London Academy about two fellowship posts.

The Training Committee has been looking at its work plan for the next year. One thing it will be particularly looking at is the role of the Regional Adviser. The next Regional Advisers' meeting will be devoted solely to that. The Training Committee will finish off its curriculum development work. It will also look at guidance for external advisers on the quality management of training. This will have to take note of the *Gold Guide*, the revised edition of which is awaited.

The Examinations Committee has received positive comments from the GMC on the proposed changes it submitted last year.

Dr Penfold will meet Dr Ian Barker to discuss pinnacle clinical competencies in relation to equivalence applications as per request from the GMC.

Certificate 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 Jenny Elizabeth Brooke
Dr Birte Feix*
Dr Nazneen Sudhan*
Dr Kiran Babu Dasri

Dr Enrique Collantes Celador

South East

Dr Wessam Nabeih #
Dr Alexander James Czech

East Midlands

Leicester
Dr Matthew Timothy Woods*

St George's

Dr Luke Banks*
Dr Mark Fleet

KSS

Dr David John Golden*

Mersey

Dr Benjamin James Morton*

London

Imperial
Dr Abhik Bhattacharjee
Dr James Kayan Ip

Northern Ireland

Dr James Gerad Patrick Quinn
Dr Poppy Jane Stewart

North Central

Dr Mary Claire Julia Avanis
Dr Kirstie Jane McPherson

North of Scotland

Northern
Dr Lukasz Lech Badek*
Dr Jonathan William Brand*

Barts and the London

Dr Jessica Jane Hoyle
Dr Stephen John Shepherd*
Dr Victoria Jane Tidman
Dr Mansoor Nawaz Bangash*

North West

Dr Phillippa Anne Shorrocks
Dr Hassan Ahmad
Dr John-Paul Lomas*

Oxford

South West Peninsula
South East Scotland
Dr Euan Christopher McGregor

Sheffield

Dr John Andrew Roberts
Dr Jamie Alistair Douglass

Wales

Dr Anthony Edward Funnell
Dr James Mitchel Farrant
Dr Daniel Bruynseels
Dr Rutton Noshir Hilloowalla
Dr Vincent George Hamlyn
Dr Christopher Todd Lambert

Wessex

Dr Benjamin Marshall
Dr James Julius Gray
Dr Xantha Victoria Louise Holmwood

Stoke

Dr Nageswar Rao Bandla*
Dr Arun Chakkravarthy Kannan
Govindaswamy
Dr Anil Nanjundeswara Rao
Dr Dinish Kumar Meessala #

Birmingham

Dr Laura Tulloch*

Warwickshire

Dr Deepak Rangappa

Hull, York and East Coast

Dr Harish Lad #
Dr Rajasekar Ramachandran

Leeds / Bradford

Dr Ruth Elizabeth Barbour
Dr Sunish Joy

CB/20/2016 Anaesthesia Clinical Services Accreditation (ACSA) Update

Dr Fletcher presented an ACSA update. The first site has been accredited in Domain 5, for the sub-specialty for neuroanaesthesia. section four accreditation has been completed. The ten outstanding hospitals are making good progress and many are very close to accreditation. Three review visits are scheduled for 2016 but there are 40+ engaged hospitals and Dr Fletcher anticipated a busy workload in the second half of the year.

CB/21/2016 Audit and Internal Affairs Committee

The Chairman, Dr Clutton-Brock, presented the minutes of the meeting held on 13 January 2016, drawing Council's attention to the following:

- *A04/2016 Post-nominal use* Council approved that it is only possible to call oneself a Fellow of the College if one is in good standing as per the current College Regulations. The FRCA certificate can be used as proof of passing the examination as and then required by prospective employers.
- *A05/2016* Council approved the recommendations to improve the Council election process as set out in the minutes and attached paper.
- *A07/2016* There is a potential role for the Committee to provide oversight to the Governance Review. This would mean summarising the main points to enable Council to make decisions, rather than make decisions on Council's behalf. A paper will be brought to Council in March to facilitate discussion.

The President thanked Dr Clutton-Brock as he demits Council for his work chairing the Committee.

CB/22/2016 Faculty of Intensive Care Medicine

The Dean, Dr Batchelor, presented the minutes of the meeting held on 14 January 2016, drawing Council's attention to:

- 2.2 *Strategy work streams*
- 3.1 *AoMRC Shape of Training Mapping exercise*
- 3.3 *Letter to Lord Carter – ICM savings review*
- 3.4 *Board election*
- 3.5 *Learning disabilities document*
- 3.6 *FICM National Institute for Health Research (NIHR) prize*
- 3.7 *Intensive Care National Audit & Research Centre (ICNARC) refresh*
- 3.8 *Problems with Recruitment/Retention of NIHR academic trainees*
- *BFICM/01.16/4 National Organ Donation Committee update*
- 5.2 *Recruitment*
- 5.3 *Quality*
- 5.4 *Careers*
- 7.1 *Workforce*
- 7.3 *Smaller units*
- 8.2 *Regional Advisers in ICM*
- 8.3 *Defence medical services*
- 10.1 *Critical Eye*

The President requested an update on the regulation of Advanced Critical Care Practitioners (ACCP). Dr Batchelor explained that someone can only enter the ACCP programme if they are already under the jurisdiction of a healthcare regulator. The question of whether the regulator is appropriate for the role they take up is significant as they are practising in a different role to that in which they have been registered or are being regulated. There has been no opposition to the continued growth and use of ACCPs. As they grow regulation will become increasingly important because they are working on the same rota as junior doctors in many ICUs around the UK. There are approximately 150 ACCPs. There is an Association of ACCPs which maintains a list of names but in the absence of regulation there is no compulsion to do so. There is a formal curriculum defined by the College and to become an Associate Member, ACCPs must have sign up from the consultants in their department that they have gone through the training programme that maps directly across to the Faculty curriculum and that they are functioning at the level that the curriculum describes. Dr Batchelor has spoken to the GMC about regulation but it would require legislation. It is important that the profession keeps consistent pressure to achieve this goal. One of the possible risks from is that HEE would potentially like ACCPs to pay for their training and this would bring about the end of the programme.

Professor Sneyd stated that there are at least four groups needing support with regulation and that there is a live consultation about a sub-state registered nurse (SRN) grade. It is critical that all responding organisations make it explicit that all these groups must be regulated.

MATTERS FOR INFORMATION

1/7/2016 Publications

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

1/8/2016 Consultations

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

1/9/2016 New Associate Fellows, Members and Associate Members

Council noted, for information, the following:

Members:

Dr Eric Vreede – Hospital Nacional Dili (East Timor)

Associate Members:

Dr Mohamed Elsayed Mahmoud Yossef Elzayat – Good Hope Hospital

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

Dr Theodore Rupert William Floyd – Maidstone Hospital

Dr Panagiota Alexopoulou – North Middlesex Hospital

Dr Sandeep Achalraj Seth – Addenbrooke's Hospital

Dr Arun Venkitaramanan – Basildon and Thurrock University Hospital

Dr Ahmad Ramzy Elsayed Shaaban – University Hospitals of Leicester

Dr Peduru Ranepura Hewage Deepika Amaraweera – Queen Elizabeth The Queen Mother Hospital

Dr Suruchee Dattatray Sathe – Newcastle Upon Tyne Trust Hospitals

Dr Robert George Normanton – University Hospital Aintree

Dr Neha Singal – Royal Preston Hospital

Dr Michelle Glover – Hillingdon Hospital

Dr Padmanabhan Vatsala – Bedford Hospital NHS Trust

Dr Michelle Jakubickova – Kettering General Hospital

Dr Hassan Zeeshan – Pilgrim Hospital, Boston

Dr Emily Hatton-Wyatt – Royal Devon & Exeter Hospital

Dr Palani Prabavathy – Peterborough City Hospital

Dr Engy Wagdy Megalley Samuel – Luton & Dunstable Hospital Foundation Trust

Dr Viktorija Cerniauskiene – Walsall Manor Hospital

Dr Mandeep Dhankhar – Northwick Park Hospital, Harrow

Membership Progression:

Associate Fellows:

Dr Barbora Parizkova – Papworth Hospital NHS Foundation Trust

Dr Michael Leggate – Raigmore Hospital, Inverness.

Dr Parveen Kaur Dhillon – Ipswich Hospital

Dr Anurag Singh – Queen Elizabeth University Hospital, Glasgow

Dr Nabeel Sultan – University Hospital Leicester

Members:

Dr Susan Adelle Hanson – FRCA Primary

Dr Rachael Olivia Louise Tomlin – FRCA Primary

Dr Venkat Sundaram – FCAI Final

Dr Emma Rebecca Louise Flewers – RCoA Primary

Dr Edward James Clapham – RCoA Primary

New Associate Members:

Dr Muhammad Nasiruddin – Fairfield General Hospital

Voluntary Register:

Dr George Perrett – Homerton University

I/10/2016 College Strategy Update

Mr Grinyer would bring a more detailed review of the revised structure to Council in April/May when more staff moves would have taken place. An all staff meeting was scheduled for later in the week.

In terms of the strategy the Senior Management Team is looking at the new areas. Mr Grinyer intended to bring to the next Council meeting a very rough draft that could be worked through in advance of the strategy summit.

By the beginning of next week a first draft of the membership survey will be shared with the President's Meeting. There will be discussion about the best way to share it with Council for sign off. There will be a report on the full research findings at the May Strategy Summit. This will be very much a baseline survey.

More suitable audio-visual equipment is being sourced for the Council Chamber.

I/11/2016 Financial Training

Mr Blaney gave Council a training session on the regulation of charitable accounting. Council was asked to email suggested future topics to Mr Blaney.

Action: Council to email suggested future topics to Mr Blaney.

I/12/2016 Enquiries received to Clinical Quality

Dr Rollin reported that the RCoA has received more queries from the police and more from solicitors than previously. The increase in medico-legal enquiries needs to be watched.

PRESIDENT'S CLOSING STATEMENT

PCS/2/2016

The President had nothing further to raise.

ANY OTHER BUSINESS

AOB/1/2016 Shape of Training

It was agreed that the RCoA's response to the Shape generic competencies should be recirculated to enable Council to convey the RCoA's view.

Action: Mr Ampofo to circulate to Council the RCoA's response to the Shape generic competencies.

AOB/2/2016 ICM Training in Cambridge

Dr Batchelor described a threat to training from an ICM training programme being offered by the University of Cambridge. The programme offers two years of training to include management, leadership and research at a cost of £19k for UK graduates or £30k for foreign graduates. There is concern about the effect of the posts on other trainees. The organisers have been invited to present to the FICM Training Committee.

MOTIONS

M/7/2016 AGM Agenda

Resolved: That the agenda and motions to the AGM be approved.

M/8/2016 Council Minutes

Resolved: That the minutes and website minutes of the meeting held on 13 January 2016 be approved.

M/9/2016 Regional Advisers

Resolved: The following reappointments were approved:

North Thames Central

Dr L Dinner Regional Adviser for North Thames Central

Mersey

Dr E Forrest Regional Adviser for Mersey

West Midlands South

Dr J Budd Regional Adviser for West Midlands South

M/10/2016 College Tutors

Resolved: That the following appointments/reappointments be approved (reappointments marked with an asterisk):

North Thames Central

Dr J Phillips (Princess Alexandra Hospital, Harlow)

Mersey

Dr A Roitberg-Henry (Royal Liverpool University Hospital) in succession to Dr M R Diwan

South East Scotland

Dr L Peacock (Edinburgh Royal Infirmary) acting Tutor covering Dr S A Thompson

Wales

Dr J Dougherty (Glan Clwyd Hospital) in succession to Dr R Shobha

*Dr J Butcher (Prince Charles Hospital)

*Dr J Hall (University Hospital of Wales)

*Dr K Woods (Royal Gwent Hospital)

CEREMONIAL

C/1/2016 Retiring Council Members

The Council presented a certificate to:

Dr Peter Venn

Professor David Rowbotham

Dr Ranjit Verma

Dr Tom Clutton-Brock

Dr Ramana Alladi

As Dr J-P van Besouw was unable to attend Council, alternative arrangements had been made for him to receive his certificate.