

## MEETING OF COUNCIL

### Minutes of the meeting held on Wednesday 20 July 2016 Council Chamber, Churchill House

#### Members attending:

Dr L Brennan, President  
Dr R J Marks  
Dr J A Langton  
Professor R Sneyd  
Dr A Batchelor  
Dr K Grady  
Professor R Mahajan  
Professor J Nolan  
Dr J Colvin  
Dr N Penfold  
Dr E J Fazackerley  
Dr S Fletcher  
Professor M Mythen

Dr P Kumar  
Dr J-P Lomas  
Dr W Harrop-Griffiths  
Dr J Pandit  
Professor M Grocott  
Dr E O'Sullivan  
Dr D Bogod  
Dr K Ramachandran  
Dr F Donald  
Dr L Williams  
Dr I Johnson  
Dr D Selwyn  
Dr A Hartle

Mr R Thompson, RCoA Lay Committee

**In attendance:** Mr T Grinyer, Ms S Drake, Mr R Ampofo, Mr M Blaney, Ms K Stillman, Mr A Woods, Professor A Friedman, Dr P McAndrew and Ms A Regan

**Apologies for absence:** Dr G Collee, Dr K May, Dr R Darling, Dr A-M Rollin.

#### STRATEGY

##### S/7/2016

Professor Andy Friedman, Chief Executive, Professional Associations Research Network (PARN), gave Council an overview of governance principles.

Council discussed:

- The role of committees within the structure, specifically whether they would continue to formulate policies for Council's approval or would become implementation rather than policy forming bodies. Professor Friedman explained that it would be up to Council to decide. Micromanagement must be avoided and the strategic group should think about overall strategy and devolve formulating the details to committees or staff.
- Whether or not the word "lay" specifically excludes medically qualified people or whether recently retired officers, for example, could undertake lay roles. Professor Friedman responded that typically lay people are used to provide a perspective different from the members of a professional body. Some are recruited specifically as patients whereas others have experience of governance in other professional bodies or organisations. However if recently retired officers brought a different perspective PARN would be neutral about their involvement. It would be concerning however if they simply repeated the views of others or were out of date in their recommendations. Professor Friedman explained that nominations committees can be used which would set out expectations and requirements of lay trustees. It would however be for the Royal College of Anaesthetists (RCoA) to work out what appropriate lay representation would look like.
- Whether or not member representatives are elected directly by the membership and whether or not they would be considered superior to Council members. Professor Friedman described PARN's view that all member elections are good for the democracy of an organisation but there are also ways of encouraging representation that would not be achieved with a pure election model. In a dual model there is a need to distinguish between those coming onto Council and those that are coming onto the Trustee Board. The model that is usually used for those coming onto the Trustee board is that they would be a mixture of elected from Council and appointed.
- The challenge of reducing the size of the governing body and making processes more effective whilst maintaining representation especially from devolved nations. Dr Hartle explained that the Association of Anaesthetists of Great Britain & Ireland (AAGBI) had decided not to reserve seats in the election for devolved nations. This had resulted in the potential of members of AAGBI feeling out of touch with each other if there was not an elected member from a particular area.

- Reservations about a model where an Executive Board becomes the ultimate authority in an organisation and as such negates the function of Council. Non-executive professionals should be used who have skillsets to deal with areas Council are not trained to deal with e.g. legal, financial and business but responsibility should rest with the elected Council.
- Tension between the nervousness of disempowering Council and a concern that Council members may lack the full skill set to run all aspects of a large complex organisation, specifically balancing the relative power of the Board and Council. Professor Friedman explained that one way of doing that would be for Council to retain the right to dismiss the Board.

## **COUNCIL IN DISCUSSION**

### **CID/39/2016 Governance Review**

Mr Thompson gave Council an update on the RCoA's governance review, progress made to date and initial thoughts. Council discussed:

- The composition of the Review Group, with a concern that the members were not selected by Council.  
*Post-meeting note: At its March 2016 meeting, Council ratified the proposed membership of the group with the caveat that there should be a representative from the wider membership.*
- The status of the President's Meeting (PM) and Senior Management Team (SMT) needs defining as part of the governance review and a need for explicit mention of where the President, PM and SMT sit within the governance model. Mr Thompson's personal view was that the President would chair both the Board of Trustees and Council, as is the case in many other medical Royal Colleges.
- The importance as a Council member and Trustee of taking a perspective of ensuring that while we are currently a well-organised and financially viable organisation the need to contemplate what it might be like if it became less financially viable. Council needs to ensure that power is not taken away from its members however, it might be useful to look at the other things that elected Council members do and how that could be facilitated by the Board of Trustees running an effective organisation.
- The President reassured Council that the Review Group would bring a range of recommendations and options to Council. There is a need to future-proof the RCoA. The President added that the RCoA is in a good position financially and nobody is suggesting that this process will be to disempower Council from doing the work they are elected to Council to do. It is the role and responsibility of trustees to manage the running of the organisation as a charity and as a business that needs to be addressed. There is a need to manage these aspects better as there are statutory responsibilities as well as responsibility to Fellows and Members.
- The need for the Review Group to consider potential areas of conflict between a Council and Board of Trustees, where they might emerge and how would they be managed.
- The need to have expertise in key areas e.g. finance, business, legal on a Trustee Board along with elected members of Council. A request for confirmation that Council has confidence in the Review Group and for the process to continue.
- A request for a list of scenarios and why they might happen in one structure but not another.

Council agreed the work of the Governance Group should continue and that comments should be sent to the Chief Executive.

### **CID/40/2016 President's Statement**

- a) The President thanked Dr Grady, attending her last Council meeting, for her work on behalf of the Faculty of Pain Medicine. Council looked forward to welcoming her successor, Dr Barry Miller, to Council.
- b) Dr Hartle was also attending his last Council meeting. The President thanked him for his work on behalf of the specialty and in moving the relationship between the RCoA and AAGBI forward. Council looked forward to working with Dr Hartle's successor, Dr Paul Clyburn.
- c) Dr Carl Waldmann and Dr Alison Pittard have been elected Dean and Vice-Dean respectively of the Faculty of Intensive Care Medicine (FICM).
- d) Dr O'Sullivan was congratulated on her election to the Chair of the Forum of Irish Medical Training Bodies.
- e) Congratulations were offered to Dr May who has been elected Chair of the Academy of Medical Royal Colleges' (AoMRC) Staff and Associate Specialist (SAS) Committee.
- f) Mr Charlie Massey has been appointed CEO of the General Medical Council (GMC) in succession to Mr Niall Dickson.
- g) A new UK Health Ministry team has been announced:
  - (i) Philip Dunne – Minister of State
  - (ii) Nicola Blackwood and David Mowat – Under Secretaries

- h) The President updated Council on responses to Brexit.
- (i) Council had previously received a *Bulletin* article by the President in which he considered the implications.
  - (ii) The RCoA, FICM and AAGBI have produced a joint statement regarding Brexit and valuing colleagues working from the EU.
  - (iii) The President was a joint signatory to a letter published in *The Times*.
  - (iv) The AoMRC has produced a list of concerns and areas it urges the Secretary of State and government to focus on in Brexit negotiations. This will be circulated to Council when it has been sent to the Secretary of State.

**Action: President to circulate to Council AoMRC list of Brexit concerns when it has been sent to the Secretary of State.**

- i) The President, Dr Batchelor and Dr Hartle had written to the President of the Société Française d'Anesthésie et de Réanimation following the outrage in Nice.
- j) The President announced the deaths of Dr Tom Boulton, Dr Peter Morris, Dr Anis Baraka, Dr William Cochrane and Dr Geoff Hinchley. Council stood in memory.
- k) The RCoA has published its response to the Health Select Committee report on the government spending review and health spending on the College website.
- l) Congratulations were offered to the AoMRC which had celebrated its 20<sup>th</sup> anniversary.
- m) The RCoA will be hosting a dinner for College Presidents/Chief Executives at the World Congress of Anaesthesia (WCA). Council members were asked to inform Ms Regan if they were attending WCA so they could be included in arrangements.

**Action: Council members to inform Ms Regan if they are attending WCA.**

- n) Recent media coverage had quoted Mr Jim Mackey, CEO, NHS Improvement, as saying that financially stretched trusts should not automatically spend money on staffing or facilities on the basis of what the Care Quality Commission (CQC) says or on the basis of meeting Royal College standards. The AoMRC had sought an urgent meeting with Mr Mackey to state that the Royal Colleges did not support his position. The President circulated Mr Mackey's response to Council.
- o) The Ageing Anaesthetist document will be published next week and is likely to attract media interest. The Press Statement will be circulated to Council in advance. Council members were asked to liaise with the Communications Directorate if they were approached to give comment.
- p) Representatives from Iceland are keen to open negotiations for the RCoA to provide aspects of its curriculum and the primary FRCA to support that for the 25 anaesthetists they train each year.
- q) The Scottish Chief Medical Officer and Chief Nursing Officer had circulated a letter regarding their expectation that health boards would ensure physician's assistants (anaesthesia) (PA(A)) and physicians' associates in general are on the voluntary registers and that there is robust local governance in place.

#### **CID/41/2016 Branding**

Ms Stillman gave a presentation on the new College branding.

Council discussed:

- The lack of an RCoA UK brand but the inclusion of different brands for the devolved nations. The President explained that the devolved nations' branding did not have to be used but in some circumstances it would be more appropriate to do so. Ms Stillman added that the devolved nations' branding was intended for internal correspondence or for letters from the Advisory Board Chairman to their country's government rather than major public documents.
- Variation in colour across different devices.
- The website will be reskinned shortly, at which point the brand will be highly visible in the public domain.

Council thanked the communications team for their excellent work on the re-branding.

#### **CID/42/2016 Chief Executive's Report**

Mr Grinyer and the SMT presented an update on the work of the directorates in relation to the strategy. This was the first time the SMT has provided an update to Council other than via committee reports. The report also included elements previously included in the President's Statement thus enabling the President to focus on external events.

Council election nominations will open on 18 July. This year the electorate will be offered the opportunity to receive online only communication about the election.

The Education, Training and Exams Directorate is working with the Communications Directorate to develop career resources and branded materials for medical schools and undergraduates.

The Summer Symposium and College Tutors meeting will be run back to back again in 2017 and will be held in Belfast.

The NELA 2<sup>nd</sup> Patient Report, published on 5 July 2016, had not generated the media interest generated by the first report. However it was pleasing that local leads had responded saying the report would help them in pushing through improvements.

Council members were asked to indicate if they would be able to represent the RCoA at each 25th Anniversary regional meeting.

**Action: Council members to email [silverjubilee@rcoa.ac.uk](mailto:silverjubilee@rcoa.ac.uk) indicating which regional meetings they are able to attend.**

Council discussed:

- Anaesthesia Review Team (ART) and Anaesthesia Clinical Services Accreditation (ACSA) assessors are currently unpaid for such work. It was noted that the National Clinical Assessment Service (NCAS) is advertising for reviewers who will be paid £500 per day plus expenses reimbursed to the Trust.

### **CID/43/2016 Strategy Weekend**

Dr Fletcher expressed his thanks to Ms Regan and Ms Emma Bennett for organising the weekend and for producing a written commentary of the meeting.

Unlike previous years the meeting had not generated a multitude of actions but instead had produced a blueprint for the long-term direction of travel. Dr Fletcher suggested that the 2017 strategy meeting should look at where the College is against the long-term plans.

Council discussed:

- The Royal College of Obstetricians and Gynaecologists (RCOG) is now funding a session each for office holders which is making it easier for them to take time away from Trusts. It was suggested the RCoA needs to consider payment for office holders. It was noted that AoMRC Council has discussed time for external activities and has agreed to produce a document around working for the wider NHS.
- Regional involvement. Engagement in general could be promoted more effectively with improved engagement with the regions. Mr Grinyer explained that the RCoA had received a 112 page report of the member engagement survey which meant it was possible to cross-reference by career stage, gender, region etc.

Dr Fletcher agreed to provide Council with an update on the actions in November 2017.

**Action: Dr Fletcher to update Council on Strategy Weekend actions in November 2017.**

### **CID/44/2016 Association of Anaesthetists of Great Britain and Ireland President's Report**

Dr Hartle was delighted that the RCoA and AAGBI now enjoy a good relationship and paid tribute to the President, Immediate Past President Dr J-P van Besouw, RCoA Council and staff who he had worked with during his term of office. Dr Hartle wished the RCoA well as it moves towards celebrating its Silver Anniversary.

The President drew attention to the late Dr Tom Boulton's significant contribution to the specialty. Dr Boulton was instrumental in both organisations at a crucial time and the RCoA would wish to contribute if an event to celebrate his life were to be held. A memorial event in celebration of trainees and the journal would be appropriate as these were the main recurring themes in peoples' memories of Dr Boulton.

## **COMMITTEE BUSINESS**

### **CB/85/2016 Council Minutes**

The minutes and website minutes of the meeting held on 15 June 2016 were approved.

### **CB/86/2016 Matters Arising**

Review of Action Points

- *CB/79/2016 Workforce Advisory Group* Access to Health Education England (HEE) data had generated more disquiet in the RCoA than some other Colleges. Whilst recognising the sensitivity around the junior doctors' referendum on the contract, it was the President's understanding that the data should already be in the public domain. The President agreed to follow up why it had not yet been made available and report back to Council in the interim.

**Action: President to follow up why HEE data is still not in the public domain and to report back to Council in the interim.**

All other actions were ongoing or completed.

**CB/87/2016 Regional Advisers  
West Midlands North**

Result of ballot to be reported in September.

**Action: Dr Langton to report result of ballot in September.**

**CB/88/2016 Deputy Regional Advisers**

There were no appointments to consider.

**CB/89/2016 College Tutors**

Council considered making the following appointments/re-appointments (re-appointments marked with an asterisk)

**North Thames Central**

Dr C Kidel as acting Tutor (Royal Free Hospital) in succession to Dr T Jones **Agreed**

**West of Scotland**

Dr K Kerr (University Hospital Ayr) in succession to Dr KI Walker **Agreed**

**Wessex**

Dr T Madamombe (Southampton University Hospital) in succession to Dr A Cowan **Agreed**

\*Dr M Girgis (Poole Hospital) **Agreed**

**South West Peninsula**

Dr L Alderson (Derriford Hospital) in succession to Dr J Elliott **Agreed**

**Severn**

Dr J Tuckey (Royal United Hospital, Bath) in succession to Dr C Seller **Agreed**

**CB/90/2016 Head of Schools**

Council noted the following appointment:

Dr P Anderson Head of School at KSS in succession to Dr C Carey

**CB/91/2016 Training Committee**

(i) Training Committee

The Chairman, Dr Penfold, presented the minutes of the meeting held on 1 June 2016, drawing Council's attention to:

- *TRG/42/2016 Quality Management of Training/Service* 'External Adviser Guidance for Hospital Visits related to Training' is available on the RCoA website.
- *TRG/41/16 GMC* The report of the standard curriculum assessment review (SCAR) is expected in January or February 2017.
- Dr Claudie Sellers will be working with the London Deanery and RCoA looking at novice training and the curriculum for Physician's Assistants (Anaesthesia) (PA(A)).
- *TRG/36/16 KSS Education Fellow* Dr Jonathan Sadler will be seconded to the RCoA for twelve months commencing August 2016.

Dr Penfold reported significant problems with ST3 fill rates across the country.

The GMC has approved the military units of training update and curriculum 1.7 document. The GMC has also approved the perioperative medicine unit of training. CT1 and ST3 will start in August 2016 and an advanced unit of training for ST5 will be available in August.

- (ii) Certificate of Completion of Training (CCT)  
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 Gokulnath Rajendran\*  
Dr Andrew Holder\*  
Dr Edmund Keng Yee Quak  
Dr Anna Margeret Jane Hutton  
Dr Kim James Wild

**East Midlands**

**Nottingham**

Dr Vaidyanathan Ramanathan

**East of Scotland**

Dr Andrew John Dalton  
Dr Lawrence Lok Man Li

**KSS**

**South East**

Dr Smitha Honnesh

**Mersey**

Dr Rebecca Mary Maureen Gale\*  
Dr Richard Lewis Dodwell  
Dr Emma Jane Jackson  
Dr Sianedd Bethan Elliott  
Dr Gerald Francis Smith  
Dr Andrew Robert Prenter

**Northern Ireland**

Dr Denver Glasgow

**North of Scotland**

Dr Sheila Clarke #

**North West**

Dr Leanne Marie Dawin  
Dr Richard Ramsaran\*  
Dr Anthony Joseph Wilson\*  
Dr Saravanan Shanmuganathan

**South West Peninsula**

Dr Thomas Paul Lawson

**Severn**

Dr Catherine Frances Bryant  
Dr Kate O'Connor

**West Midlands**

**Stoke**

Dr Rajeev Kumar Aggarwal

**West of Scotland**

Dr Andrew Clark  
Dr William Dominic Strachan  
Dr Anne-Louise Welsh

**Yorkshire and Humber**

**East Yorkshire (Hull / York)**

Dr Vivek Kumar Sinha

**Leeds and Bradford**

Dr Michal Luniewski

**Sheffield**

Dr Kris Benjamin Bauchmuller\*  
Dr Tomasz Grzegorz Bendinger  
Dr Helen Elizabeth Ellis\*

**CB/92/2016 Examinations Committee**

Council received and approved the list of Fellows by Examination June 2016. It was noted that the pass rate had been the highest for some time.

**CB/93/2016 Equivalence Committee**

The Committee agreed that the GMC's Specialty Specific Guidance should be updated to include a Chair's statement for applicants to follow. It was hoped this would be finalised at the Committee's July meeting.

It was acknowledged that should Brexit come to fruition the number of applications might increase dramatically. The President agreed to give the AoMRC the heads-up about the potential implications of Brexit on equivalence applications. Committee chairmen were asked to consider the impact of Brexit on their respective committees' work.

**Action: Committee chairmen to consider impact of Brexit on their committees' work.**

The Chairman is keen to spread the workload by utilising members who are unable to attend a particular meeting, suggesting they could undertake an assessment and report back to the Committee by email.

#### **CB/94/2016 National Institute of Academic Anaesthesia Research Council**

Professor Sneyd presented the minutes of the meeting held on 28 June 2016, drawing Council's attention to:

- *NIAARC/06.2016/4 Governance* Council received the National Institute of Academic Anaesthesia (NIAA) Strategy for information.
- *NIAARC/06.2016/5 NIAA Grants*
- *NIAARC/06.2016/9 Health Services Research Centre*
- *NIAARC/06.2016/10 Clinical Trials Network*

Council discussed:

- The implications of Brexit for anaesthesia research. Anaesthesia is a relatively minor player in Research Council funding. There is no reason why engagement through the European Society of Anaesthesiology (ESA) research network should not continue and membership of the EU is not necessary to undertake collaborative research with European colleagues. It was noted however that non-EU members have affiliate status which means they have no involvement with decision making and obtaining funding is more complicated.

#### **CB/95/2016 Technology Strategy Programme**

Professor Nolan explained that the meeting on 29 June 2016 had agreed that the Technology Strategy Review Steering Committee would be disbanded.

Mr Woods presented the proposed future structure drawing Council's attention to the following:

- *TSR/69/16 Technology Strategy Programme (TSP) Delivery*
- *TSR/70/16 e-Portfolio Proposal*
- *TSR/71/16 Next Steps* Council was asked to approve the proposed governance model.
- Timescale for the work.

The President suggested that, as Trustees, Council would be interested in the cost of the programme and whether, on the basis of start-up work, adjustments would be required to the budget.

Council discussed:

- Phasing of the proposed governance model in relation to when the RCoA might move towards a Trustee Board. If the College moved to a smaller group of Trustees with financial responsibility that group might want to be part of the decision making process. The President anticipated that these decisions would be made by the current constitution of trustees.

Council approved the motion as listed under M33/2016.

#### **CB/96/2016 Lay Committee**

The Chairman, Mr Thompson, presented the minutes of the meeting held on 14 June 2016, drawing Council's attention to:

- Improving patient information areas of the website as part of the TSP.
- Evidence base for work improving communication skills.
- New Lay Committee members are being integrated into other College Committees.

Mr Thompson requested feedback from Chairmen to identify if any further training was required to help them contribute to committees.

**Action: Committee Chairmen to inform Mr Thompson if new Lay Committee members require further training to assist them in contributing to committee work.**

Council discussed:

- The number of clinical members required for the Lay Committee to be quorate. It was suggested that three clinical members for quorum was too high. Mr Thompson explained that the Lay Committee would wish to use clinical members' time more judiciously and invite them along to discuss specific topics rather than relying on them to be quorate. It was agreed the President and Mr Thompson would have further discussions out of Council and bring a proposal to Council in September or October.

**Action: President and Mr Thompson to discuss Lay Committee quorum and bring proposal to Council in September or October.**

#### **CB/97/3016 Audit and Internal Affairs Committee**

The Chairman, Professor Nolan, presented the minutes of the meeting held on 15 June 2016, drawing Council's attention to:

- *A10/2016 The use of the title "Professor"*
- *A10/2016 President and Vice-President Elections* Although the minutes suggest that the process worked absolutely fine, there is a technical issue with the process. The Committee had requested that Mr Grinyer contact the Electoral Reform Service (ERS) to ascertain if there are alternative methodologies to conduct an election for two posts. Dr Fletcher, who had chaired the meeting, explained that if two people are being elected there should be two votes, not one single transferable vote. If there are only three people standing a transferable vote is not required because the top two would automatically win. If there are more than three people standing there should still be a transferable vote. Mr Grinyer explained that the ERS had ratified the election results and was satisfied with the conduct of the election. Council would need to decide if it wanted a single transferable vote or two votes. Two votes would require a rewrite of the Regulations. ERS is currently reviewing the RCoA's regulations. It was agreed at the meeting that the governance review will also consider the matter along with stability at the top of the organisation in terms of President and Vice-Presidents.

Council received a proposed process for handling Fellows and Members of the College who receive a sanction from the GMC. It was suggested the proposal needs more work as it is not consistent with the current Regulations which say that Council should make some of the decisions the paper proposes are made by others. The document as written does not make clear the distinction between those who are informed, those who make recommendations and those who make decisions. The President asked the Audit and Internal Affairs Committee to undertake further work on the paper with legal opinion if required and present it to a future meeting of Council. It would also be useful to find out other Colleges' processes.

**Action: Audit and Internal Affairs Committee to undertake further work, seeking legal opinion if necessary, and present a proposal to a future meeting of Council.**

#### **CB/98/2016 ATRG**

Dr Lomas reported that the recent meeting had been positive with engagement from those present. Although the British Medical Association (BMA) vote was to reject the negotiated settlement there is very little appetite for any further industrial action. The opportunity had been taken to offer trainees tours of the building and reinforce the fact that it is their College.

The President informed Council that he planned to introduce listening events during the forthcoming academic year. Council members were encouraged to engage and attend the events to provide a group who can take questions either from those present or via social media.

#### **MATTERS FOR INFORMATION**

##### **I/31/2016 Financial Training**

Deferred to September Council.

##### **I/32/2016 Clinical Quality Enquiries**

Council, received for information, a list of enquiries received by the Clinical Quality team.

**I/33/2016 Publications**

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

**I/34/2016 Consultations**

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

**I/35/2016 New Associate Fellows, Members and Associate Members**

Council noted, for information, the following:

**Associate Fellows:**

Dr Miklos Szappanos – Bronglais General Hospital

Dr Derick D'Souza – United Lincolnshire NHS Trust

Dr Marc Gimenez Mila – Papworth Hospital

**Associate Member:**

Dr Abhijeet Rajan Mishra – Queen's Hospital, Romford

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

Dr Marcel Kubler – University Hospital Coventry and Warwickshire

Dr Subramanian Vishnampettai Vaidyanathan – Ipswich Hospital

Dr Fatma Mohamed Farid Ibrahim Lahloub – Prince Charles Hospital

Dr Chandra Shekhar Joshi – Freeman Hospital

Dr Sreyashi Sen – St James University Hospital

Dr Shweta Patro – Bedford Hospital

Dr Mahamandige Saman Anthony Annesly Mendis – Hull & East Yorkshire NHS Trust

Dr Moulali Rajasaheb Hadimani – Glenfield Hospital

Dr Amit Sudhir Deshmukh – Northampton General Hospital

Dr Sivarupan Selvanayagam – Queen Elizabeth Hospital

Dr Ivan Angelov Angelov – Yeovil District Hospital

Dr Ruvini Jayanimali Koggollawatta Walimanna Gamage – Northwick Park Hospital

Dr Sameera Khaliq – Leeds Teaching Hospital

Dr Wilson Ariel Fandino Parra – The Walton Centre NHS Foundation Trust

Dr Shashank Shivarama Danndhiganaahalli – Northampton General Hospital

Dr Colombage Muditha Prabath Peiris – Medway Maritime Hospital

Dr Tarandeep Singh – James Cook University Hospital, Middlesbrough

Dr Adedayo Olufisayo Adeyeye – Queen's Hospital, Romford

Dr Suganan Sabaretnam – Luton & Dunstable Hospital

Dr Claus-Juergen Gemballa – Guy's and St Thomas' NHS Foundation Trust

Dr Marek Stanislaw Frenkiel – Medway Maritime Hospital

Dr Tarni Duhre – Glasgow Royal Infirmary

Dr Dominika Marta Kurec – Princess Alexandra Hospital, Harlow

Dr Lorena Iftime – Royal Wolverhampton HNS Trust

Dr Manoj Kumar Bhavaraju – Newcastle-upon-Tyne Hospitals

**Membership Progression:****Members:**

Dr Elliott Theodrose Worku – Primary FRCA

Dr Sailakshmi Murugesan – Irish Final

**Associate Members:**

Dr Robert Neil Schofield – Hospital unknown

Dr Graham John Newton – Hospital unknown

Dr Ian Mark Brown – Hospital unknown

## **PRESIDENT'S CLOSING STATEMENT**

### **PCS/7/2016**

- a) The President thanked Council for their discussion around governance as it was important to hear the full range of views in such a crucially important debate.
- b) The President thanked Council for their engagement during a busy first year of his Presidency.

## **MOTIONS**

### **M/31/2016 Council Minutes**

**Resolved:** That the minutes and website minutes of the meeting held on 15 June 2016 be approved.

### **M/32/2016 College Tutors**

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

#### **North Thames Central**

Dr C Kidel as acting Tutor Royal Free Hospital

#### **West of Scotland**

Dr K Kerr (University Hospital Ayr)

#### **Wessex**

Dr T Madamombe (Southampton University Hospital)

\*Dr M Girgis (Poole Hospital)

#### **South West Peninsula**

Dr L Alderson (Derriford Hospital)

#### **Severn**

Dr J Tuckey (Royal United Hospital, Bath)

### **M/33/2016 Technology Strategy Programme**

**Resolved:** That Council approves the governance model.

### **M/34/2016 Audit and Internal Affairs Committee**

**Not resolved:** That Council approves a process for handling Fellows and Members of the College who receive a sanction from the GMC.

## **CEREMONIAL**

### **C/5/2016 Admission to the Board of Examiners**

The following Fellows were admitted as examiners to the Primary Fellowship Examination of the Royal College of Anaesthetists:

Dr Sarah Bakewell, Gloucestershire Royal Hospital

Dr Packianathaswamy Balaji, Hull and East Yorkshire Hospitals

Dr Victor Francis, Royal Gwent Hospital, Newport

Dr Sridhar Gummaraju, Robert Jones and Agnes Hunt, Oswestry

Dr David Jones, Queen Alexandra Hospital, Portsmouth

Dr Siddharth Nene, Worthing Hospital

Dr Sudhansu Pattnaik, Queens Hospital, Romford

Dr Christopher Seller, Royal United Hospital, Bath