

MEETING OF COUNCIL

Edited minutes of the meeting held on Tuesday 8 March 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 A W Harrop-Griffiths
Dr R J Marks	Dr J Pandit
Dr J A Langton	Dr K May
Professor R Sneyd	Professor M Grocott
Dr A Batchelor	Dr D Bogod
Professor R Mahajan	Dr K Ramachandran
Professor J Nolan	Dr F Donald
Dr J Colvin	Dr E O'Sullivan
Dr N Penfold	Dr L Williams
Dr E J Fazackerley	Dr R Darling
Dr S Fletcher	Dr I Johnson
Dr P Kumar	Dr D Selwyn
Dr G Collee	Dr P Clyburn representing A Hartle
Dr J-P Lomas	

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: Professor M Mythen, Dr K Grady and Dr A Hartle.

CEREMONIAL

C/2/2016 Election to Council

- (i) The President gave a verbal report of the election.
- (ii) The recently elected Council members Professor Grocott, Dr Bogod, Dr Ramachandran, Dr Donald, Dr O'Sullivan and Dr Williams were admitted to Council.

STRATEGY

S/3/2016 Strategy

Professor Sir Malcolm Grant, Chair, NHS England (NHSE), described the work of NHSE. He described the formation of NHSE and its complex relationship with government which is maintained via an annual mandate set by the Secretary of State. NHSE has direct responsibility for commissioning specialised care and for directly commissioning primary care. It is embedded in primary legislation and hopes to bring a sense of stability to the provision of clinical care across England. In October 2014 NHSE published the five year forward view which identified three critical areas:

- Bending the demand curve which is rising in every aspect of NHSE's work. There is a sense of greater dependency upon healthcare as a patch and repair service rather than thinking more generally and holistically about the promotion of health across society.
- The financial crisis currently faced by the NHS. The accumulated deficit across the provider sector is almost out of control.
- New models of care. The ideologies of NHS reform have created distinctions between institutions, between primary, secondary and tertiary care, between physical and mental

health, and between health care and social care. The institutional distinctions and the fragmentation by having foundation trusts and competitive models, and encouraging in 2013 new models of competition, almost fragments the service at a time when it would be more beneficial to break down boundaries and barriers to effective working between organisations by asking what works best for patients in these environments.

Council discussed:

- NHSE's contingencies to manage the fallout should junior doctors decide not to sign a new contract in August or decide not to progress to the next stage of training. Skills in anaesthesia are not generic and there is a major concern on call rotas will collapse, consultants will bear the brunt of supporting them and there will be a significant impact on elective care. Sir Malcolm responded that a well-motivated workforce is required to deliver the changes proposed by NHSE.
- The need for commissioners responsible for primary care commissioning to include commitment to training in contracts. Failure to do so will mean it is impossible to provide the workforce required for the future.
- The overloading of trusts in relation to centralisation of services. Sir Malcolm explained that it has been proposed that commissioning is done by looking at the footprint of populations rather than by institution. NHSE is insisting on considering dysfunctions of current provision and how things can be improved in the interest of patients.
- Is it an optimal situation that foundation trusts which were created on the premise of competition are now being asked to do the reverse? Sir Malcolm responded that the business of foundation trust creation remains incomplete and there are a number of question marks about its future as a model. In the current climate there is much less emphasis on autonomy and competition and much more on collaboration and co-operation.
- Lack of awareness amongst patients that locum consultants in NHS hospitals are not required to be on the specialist register. Sir Malcolm replied that Sir Bruce Keogh's review of trusts where there were concerns about outcomes highlighted a commonality of problems such as a high incidence of locums, poor training for junior doctors, relatively small throughput of new blood coming through the hospitals and ultimately a low proportion of full time appointments to clinical specialties. There remains a high dependence upon locums which is a deeply undesirable situation; how does a locum develop a commitment to an institution and its excellence when their attachment to it is short-term.

COUNCIL IN DISCUSSION

CID/11/2016 President's Statement

- a) Mr John Mumford has received a President's Commendation in recognition of his work as examinations' commissionaire.
- b) Dr Bogod will succeed Dr Ranjit Verma as the Royal College of Anaesthetists' (RCOA) representative on the Obstetric Anaesthetists' Association (OAA) committee.
- c) Dr Penfold will represent the RCoA on Health Education England's (HEE) Quality of Training Environments Working Party.
- d) BOC awards were given to Professor Daqing Ma and Dr Gareth Ackland. Consideration is being given to approaching some of the other funders to discuss making the next awards in two years' time instead of four and also offering a slightly larger amount of money.
- e) The President will meet the Chief Medical Officer (CMO) for Northern Ireland in September.
- f) Dr Alastair Thomson was recently elected to the Scottish Board. There was a 46% turnout in the election.
- g) The President announced the deaths of Dr Rodney Morgan, Dr Khalil Khalil, Dr Elizabeth Stephen, Dr Philip James, Dr Amal Bose, Professor Pdraig Keane, Dr Walter Slack, Dr Phulchand Raj, Dr David Morris and Dr Sukhdev Mehta. Council stood in memory.
- h) Thanks were expressed to those who had volunteered to mentor new Council members.
- i) The RCoA has become a member of the Obesity Health Alliance.

- j) The College was a signatory to a Royal College of Surgeons of England (RCSEng) letter to the Chancellor urging him to make adequate provision for social care funding.
- k) Action on Smoking for Health (ASH) and the Royal College of Surgeons of Edinburgh (RCSEd) have invited the RCoA to co-author a patient information leaflet on smoking cessation before surgery. Dr Chris Snowden has agreed to take on this task.
- l) The RCoA, Association of Paediatric Anaesthetists (APA) and Royal College of Paediatrics and Child Health (RCPC) met to discuss paediatric practice, focussing specifically on district general hospital (DGH) management of the sick child, paediatric input into the National Emergency Laparotomy Audit (NELA), international collaboration, paediatric patient perspectives, quality improvement and research collaborations. The meeting will be repeated on an annual basis.
- m) The President met representatives of the Centre for Workforce Intelligence (CfWI). CfWI will be subsumed into Health Education England (HEE) which has raised concerns about provision of independent workforce advice to decision makers. The President will raise this in a forthcoming meeting with Professor Wendy Reid.

<p>Action: President to raise concerns about the provision of independent workforce advice with Professor Wendy Reid.</p>
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- n) Dr Natalie Silvey, a Keogh Fellow, had presented her work to the President's Meeting. Discussion took place about how the RCoA can co-ordinate the work of those from anaesthesia in Fellowship roles.
- o) The Regional Advisers' (RA) meeting had focussed on the development of the RA's role going forward. It was suggested that the RCoA's job descriptions should use the terminology of the General Medical Council (GMC) and the *Gold Guide*. Sufficient points were gathered to draft a new job description.
- p) The President and Mr Grinyer met Professor Andrew Friedman, Chief Executive of the Professional Associations Research Network (PARN), which has helped facilitate governance reviews of other large organisations.
- q) The President met the President and Chief Executive of the British Society for Immunology which will move into 34 Red Lion Square on 11 April. This will provide an opportunity to consider wider issues for cross working with immunologists.
- r) When the Secretary of State announced the imposition of the junior doctors' contract he also announced a review of junior doctors' morale and wellbeing which will be chaired by Professor Dame Sue Bailey, Chair of the Academy of Medical Royal Colleges (AoMRC). This will be a personal review not an AoMRC one. College Presidents have expressed concern about the timing and terms of reference which specifically exclude terms and conditions. The AoMRC Trainee Representative Group shares the concerns and will not engage in the review. The NHS Patient Safety Lead, Dr Mike Durkin, has written a letter saying that he does not think there is anything unsafe in the contract. The RCoA will monitor recruitment figures for anaesthesia very closely. The RCoA may need to undertake modelling to highlight the potential impact in different parts of the country.
- s) The 2016 round of the Advisory Committee on Clinical Excellence Awards (ACCEA) will open on Friday 11 March 2016 and close on Monday 16 May 2016. Dr Harrop-Griffiths will lead the gold, silver and bronze process on the President's behalf and Professor Sneyd will lead on the process for platinum. Dr Harrop-Griffiths reported on the 2015 round wash-up meeting which he and Ms Regan had attended. It is expected that the 2016 round will be the final one to operate under its current guise. The RCoA process will change for 2016 to enable bronze ranking and scoring to be brought in-house. Regional Co-ordinators will continue to play an important role in liaising with national award holders, identifying suitable applicants, supporting those completing applications and feeding back to the Ranking Committee. Those applying for a renewal will have the opportunity to request a College citation and this year will be offered the opportunity to have their application scored and benchmarked against those applying for new awards. This will allow the RCoA to offer feedback and guidance to those applying for a renewal. There will probably be a new system in 2017 but no decision has been taken and will almost certainly depend upon the consultant contract negotiation. The British

Medical Association (BMA) has made it clear it will legally oppose the removal of a clinical excellence award system.

- t) The President updated Council on staff changes:
- a. Mr Aaron Cockburn-Woods has been appointed as Technology Strategy Programme Director and will join the College on 16 May 2016.
 - b. Mr Renante Toca (Facilities) has left the College.
 - c. Mr Yves Nicolas (Finance) has left the College.

CID/12/2016 National Audit Office Report Managing the Supply of NHS Clinical Staff in England

Mr Ampofo explained that the report highlights how the supply of clinical staff is determined in England. Council's attention was drawn to figure 3 on page 17 which is the figure HEE has been using and looks at the investment into a multi professional workforce over the last ten years. It shows a much larger increase in the consultant workforce compared with other professional groups. The report highlights the role that HEE will play around workforce planning. It also demonstrates the pressures on trusts and how they engage in workforce planning debates, as well as giving an indication of the large number of bodies with which the RCoA will need to engage with in terms of its workforce strategy.

CID/13/2016 Annual Specialty Report

Mr Ampofo presented the Annual Specialty Report (ASR) 2015. A strong theme will be time for clinicians to undertake education supervisory and examination roles for the RCoA and many other Royal Colleges. One of the concerns raised in the ASR is that examinations data outcome reports produced by the GMC could be presented to facilitate better understanding and interpretation by lay readers. Some of the areas put forward by the RCoA in terms of quality assurance and good practice are the quality management of training and e-portfolio. The RCoA has run its first Medical Training Initiative (MTI) induction programme, the outcome of which is that the College would like to establish a network of doctors who are new to the NHS in the UK. Over the next few years this will be expanded into a wider day for anyone who is new to the NHS working in anaesthesia. Ongoing support in respect of North Middlesex Hospital has been highlighted as an ongoing area of good practice. The ASR will be put into a more readable format for publication on the RCoA website.

CID/14/2016 Governance Review

The President presented a paper setting out the scope of the RCoA's governance review. Council was asked to endorse the proposal outlined to set up a governance review.

Council discussed:

- Representation of the wider Fellowship and how to recruit external input.
- The role of the Audit and Internal Affairs Committee. It was suggested that the Audit and Internal Affairs Committee could be an entity referred to in a difficult situation.
- The benefit of the group starting with a clean sheet of paper and not being part of the existing governance process.
- Lines of reporting. The group will report to Council.

Council agreed that, with the caveat of the representation of the wider Fellowship, the proposal represented the right direction of travel.

The President agreed to contact Council electronically regarding how to take forward representation of the wider Fellowship.

Action: President to e-mail Council regarding how to take forward representation of the wider Fellowship.

CID/15/2016 Strategy Weekend

Professor Nolan presented the near final agenda. Council was asked to inform Professor Nolan and Dr Fletcher if they felt an important topic had been omitted. It was agreed the trainees should be given a 20 minute slot in the morning.

Actions: Council to inform Professor Nolan and Dr Fletcher if any important topic has been omitted. Professor Nolan and Dr Fletcher to add 20 minute trainee slot to the morning agenda.

CID/16/2016 Physicians' Assistants (Anaesthesia)

Dr Collee asked Council to consider a multi-badged guidance document for departments wishing to consider employing or training Physicians' Assistants (Anaesthesia) (PA(A)). It was noted that the joint statement, scope of practice and Appendix E were all the same document and had been signed off by the AAGBI together with the toolkit. Council was asked to choose one of the five options in the options paper which would dictate how to move forward in terms of managing PA(A)s beyond the current Anaesthesia Related Professionals Committee work. In order to make progress with voluntary registers at a national level, the profession and organisation will need to be seen to have put its own house in order. The RCPLond's Faculty of Physicians Associates has moved the agenda forward. One of the issues the specialty can move forward is taking the register of PA(A)s in house and managing it within the RCoA. This would give greater confidence to Fellows and Members of the RCoA and AAGBI and is not the same as saying PA(A)s will be required to become Affiliate Members of the RCoA or the AAGBI. The President recommended that Council support option 2 which is not about regulating practice but will provide a register of those currently engaged in practice through the UK approved training scheme. This would allow the RCoA to progress the matter of getting PA(A)s regulated by an independent body. Dr Collee emphasised that in approving the guidance document and joint statement, the RCoA will be publicly saying that it supports the development of PA(A) with a view to making them into a workforce that usefully augments the delivery of the specialty.

Council discussed:

- That the long term trajectory should be to get PA(A)s bundled in with other Physicians' Assistants nationally.
- Why should Council not go straight to option four which is to seek partnership with the Faculty of Physicians' Associates (RCPLond).
- The need to work with other groups of Physicians' Associates given that HEE is strongly behind the idea of some common training.
- Mr McLaughlan reported that the College had received a joint letter from the GMC and Healthcare Professions Council calling a joint meeting to look at regulation of the various physicians' associate roles.
- A request to remove "on qualification" from pages 1 and 3 to reassure those who are concerned about progression of the role. It was noted that point 12 in the document acknowledges that enhanced roles are a controversial issue.
- Council's role is to support and develop a workforce that works with Fellows and Members of the College to the benefit of patients. If Council and the practitioners can demonstrate that what they are doing is safe and supported by their employers it would be wrong not to recognise enhanced practice. It has to be made clear that it needs to be safe and supervised.

Following Council's decision, a communications plan would be required and the Presidents of the RCoA and AAGBI would issue a joint letter to complement the documents. There will also be advance communication with those organisations which disagree with the proposed way forward.

Council agreed the motion as listed under M/14/2016.

CID/17/2016 Association of Anaesthetists of Great Britain and Ireland President's Report

Dr Clyburn presented Dr Hartle's report drawing Council's attention to the following:

1. Recent Group of Anaesthetists in Training (GAT) statement which is critical of Professor Dame Sue Bailey's review of trainees' morale.
2. The consultant contract.
3. Clinical Excellence Awards.
4. Meeting about the future of IPSIS (Independent Patient Safety Investigation Service), which has been renamed the Healthcare Investigation Board.
5. PA(A)s.
6. Other matters decided by AAGBI Council.
7. RCoA Anniversary Meeting and RCoA new Council members.

COMMITTEE BUSINESS

CB/24/2016 Council Minutes

The minutes and website minutes of the meeting held on 10 February 2016 were approved.

CB/25/2016 Matters Arising

Review of Action Points

CID/7/2016 President's Statement (n) The President had previously discussed the letter regarding professional and study leave at Manchester Royal Infirmary. A meeting of the local negotiating committee was taking place today. An examiner's study leave to undertake examining duties had been declined. The President would make forceful representation that this is not acceptable, with a copy to Sir Bruce Keogh if required.

Action: President to make forceful representation about the refusal of study leave

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

CB/26/2016 Regional Advisers

There were no appointments this month.

CB/27/2016 Deputy Regional Advisers

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

North Thames Central

Dr C Shaw in succession to Dr J Lockie as DRA for North Thames Central **Agreed**

Defence

Surg Cdr S Mercer in succession to Surg Cdr K Prior as DRA for Defence Services **Agreed**

Lt Col M Wyldbore in succession to Lt Col P Moor as DRA for Defence Services **Agreed**

East of Scotland

*Dr F Cameron DRA for East of Scotland **Agreed**

West of Scotland

*Dr C Whymark DRA for West of Scotland **Agreed**

CB/28/2016 College Tutors

Council considered making the following appointments:

East Yorkshire

Dr J Stevenson (Scarborough General Hospital) in succession to Dr A M Sladkowski **Agreed**

North West

Dr L E Evans (Stepping Hill Hospital) in succession to Dr M S M Abdullatif **Agreed**

South Thames East

Dr H Statham (Princess Royal University Hospital) in succession to Dr G Mukadam **Agreed**

KSS

Dr C Scanlan (Conquest Hospital, Hastings) in succession to Dr F I M Wiggins **Agreed**

Leicester & South Trent

Dr R Jaganathan (Pilgrim Hospital) in succession to Dr S Panjawani **Agreed**

CB/29/2016 Head of Schools

There were no notified appointments this month.

CB/30/2016 Training Committee

(i) Training Committee

The Chairman, Dr Penfold, presented the minutes of the meeting held on 3 February 2016 drawing Council's attention to:

- TRG/04/16 RCoA/KSS Education Fellow
- TRG/06/16 Perioperative Medicine
- TRG/06/16 Undergraduate Curriculum Subgroup
- TRG/09/16a GMC Pinnacle Competencies
- TRG/16/6 b Trainee Committee Co-optees

(ii) Chairman of the Training Committee's Update

The GMC work on generic professional capabilities was discussed at the joint AoMRC training forum. That group is being charged by the AoMRC and the GMC to work out how to develop and integrate generic professional capabilities into curricula and produce a handbook to provide a framework for the competencies, how they will be assessed and possible assessment methods.

(iii) 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 August Gordon Butchart*

London

East Midlands

Imperial

Dr Susanna Teresa Walker

Leicester

Dr Veena Sunil Kumar Daga

Dr Ruchira Patel

Dr Mac Andre Cohen

Nottingham

Dr Arani Veluda Pillai

Dr Deepak Babu Subramani #

Dr Subha Arunachalam

Dr Sriram Gurumoorthi

Dr Lewis Dylan Gray*

North Central

Dr Jignasa Modha

Barts and the London

Dr Alana Frances Kirkwood

Dr Catherine Mary Spoor*

KSS

Dr James Robert Evans

South East

Dr Pranab Kumar

Dr Jennifer Ruth Maclean
Dr Mark Ibrahim

St George's

Dr Ravishankar Jakkala Saibaba*
Dr Daniel Simon Owens*

Mersey

Dr Eleanor Ruth Stock
Dr Andrew Michael Langdon

Northern Ireland

Dr Claire Louise Martin

Northern

Dr Joanne Louise Clements*
Dr Amy Louise Holley
Dr Katherine Clare Roberts

North West

Dr Peter James McDermott*

South West Peninsula

Dr Nicholas Joseph Boyd

Tri Services

Dr Daniel James Willdridge
Dr Rex Geoffrey Kinnear-Mellor

Wales

Dr Syed Shahood Ali

Wessex

Dr James Philip Montague

West Midlands

Birmingham

Dr Naga Murali Krishna Vallabhaneni

Yorkshire and Humber

Hull, York and East Coast

Dr Guy David McNulty*
Dr David Anthony Wright

Leeds / Bradford

Dr Alexander William Scott*

Sheffield

Dr Andrew James Leeson*

CB/31/2016 Finance Committee

The Chairman, Dr Fazackerley, presented the minutes of the meeting held on 9 February 2016 drawing Council's attention to:

- *F08/2016 Pay Progression Underpin*
- *F09/2016 Director Restructuring*
- *F10/2016 National Institute of Academic Anaesthesia (NIAA) strategy*
- *F12/2016 Cancellation Policy*
- *F04/2016 College's Financial Position*
- *F07/2016 Perioperative Strategy*
- *F13/2016 Travel and Subsistence*. The electronic form will be the preferred method of claiming expenses and would be circulated to Council.

Action: Finance Directorate to circulate electronic expense form to Council.

Council received, for information, the Financial Regulations Version 16.

CB/33/2016 Anaesthesia Clinical Services Accreditation (ACSA)

A number of trusts are moving towards formal engagement.

The annual review of ACSA standards would take place the following week.

There is a move towards accrediting the College as a credentialing authority. With the Care Quality Commission (CQC) having its budget slashed, if ACSA becomes a recognised credentialed process formally recognised by CQC those departments

which are ACSA accredited will not be assessed by the CQC. This will be taken forward through the UK Accreditation Services (UKAS) which has now combined with the Healthcare Quality Improvement Partnership (HQIP). It is proposed that UKAS/HQIP will accredit certification schemes in tandem with the British Standards Institute. This will also open the door into international standards' qualification. The RCoA would be required to rebadge its standards as criteria. The RCoA would still be able to undertake reviews, take feedback and engage directly with trusts and health boards. The fee for seeking accreditation from UKAS/HQIP is approximately £10-15,000 per annum. The proposal is out to consultation until 21 March 2016.

CB/34/2016 Examinations Committee

Dr Penfold presented the minutes of the meeting held on 9 February 2016 drawing Council's attention to:

- *EX/03/16 Differential Attainment*
- *EX/03/16 Irish Examiner Exchange*
- *EX/03/16 Progress on the GMC Submission for Examination Changes*
- *EX/03/16 Constructed Response Questions*
- *EX/17/16 Election of New Examiners*

Council approved the motion as listed under M/13/2016.

CB/35/3016 Safe Anaesthesia Liaison Group (SALG)

Mr McLaughlan presented the minutes of the meeting held on 20 January 2016, drawing Council's attention to: SALG/04/2016

- *SALG/06/2016 Review of Oxygen Related Incidents Reported to the National Reporting and Learning System (NRLS)*
- *SALG/07/2016 Learning from a Recent Never Event Involving Intrathecal Injection of Tranexamic Acid*
- *SALG/11/2016 Wrong Route Medication*
- *SALG/14/2016 ENFit Connector Safety Issues*
- *SALG/15/2016 AAGBI Magnetic Resonance Imaging (MRI) guidance*
- *SALG/18/2016 Excessive Paracetamol Administration*
- *SALG/13/2016 Update: locking drug cupboards* A guidance document about this issue should soon come to a conclusion. Dr Marks reported he had just received an email from the CQC supporting the position statement.
- *SALG/18/2016 V Any Other Business* Work continues with the RCSEng to produce a statement on front of neck access.

MATTERS FOR INFORMATION

I/13/2016 Publications

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

I/14/2016 Consultations

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

I/15/2016 New Associate Fellows, Members and Associate Members

Council noted, for information, the following:

Associate Fellow:

Dr Mark Arthur Allford – Addenbrooke's Hospital

Member:

Dr Nigel John Keegan – DA (UK)

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

Dr Janine Marcella Anoushka Thomas – William Harvey Hospital, Ashford, Kent

Dr Ann-Marie Mekhail – Royal London Hospital

Dr Asfir Esa Lebbe – Worthing Hospital

Dr Dhanushka Rangana Liyanagunawardana - King's College Hospital, London

Dr Madlena Ivanova Vrazhalska – Luton and Dunstable Hospital

Membership progression:

Associate Fellows:

Dr Valeria Kaszasne Dr Vasadi - Cumberland Infirmary

Dr Amer Georges Iskandar - UCLH

Dr Barbora Parizkova

Dr Michael Leggate

Dr Chidanand Chanabasappa Hullur - Heart of England Foundation Trust

Members:

Dr Jaffar Sade Butt - University of Wales MSc in Anaesthesia & Intensive Care

Dr Rosalind Jane Wigglesworth - Primary FRCA

Dr Alexandra Eleanor Reeve - Final FCARCSI

Dr Rekha Ramachandra - Primary FRCA

Dr Robin James Butterfield - Primary FRCA

Dr Thomas Patrick Kelly - Primary FRCA

Dr Ross Thomson – Primary of the RCoA

Dr Jonathan Moore Dawson – Primary of the RCoA

Associate Members:

Dr Tracey Leanne Fitchat

Dr Kim Michelle Porter

Dr Pamela Louise McGibbon

Dr Thama Varga

Dr Harriet Charlotte Alice Gardiner

Dr Marc James Whitehouse

Dr Amit Bhagwat

Dr Marat Singatullin

I/16/2016 College Strategy Update

Mr Grinyer asked Council to consider if there was anything missing from the strategy. There would be opportunity to discuss the document in more detail at the April meeting of Council. This would facilitate further debate at the Strategy Meeting in May. Council members were asked to email comments to Mr Grinyer.

Action: Council members to email comments on the strategy to Mr Grinyer.

I/17/2016 Financial Training

Mr Blaney gave Council a training session on the financial reports of the College.

Dr Collee requested a detailed analysis of why the RCoA loses so much money on running courses and events. Ms Drake agreed to provide this.

Action: Ms Drake to provide a detailed analysis of the cost of running courses and events.

PRESIDENT'S CLOSING STATEMENT

PCS/3/2016

- a) The President encouraged Council to consider perceptive questions for Professor Don Berwick who would be delivering the John Snow Oration at the Anniversary Meeting.
- b) A celebratory photo of female Council members would be tweeted later in the day to mark International Women's Day.

MOTIONS

M/10/2016 Council Minutes

Resolved: That the minutes and website minutes of the meeting held on 10 February 2016 be approved.

M/11/2016 Deputy Regional Advisers

Resolved: The following re-appointments were approved:

North Thames Central

Dr C Shaw, DRA for North Thames Central

Defence

Surg Cdr S Mercer, DRA for Defence Services

Lt Col M Wyldbore, DRA for Defence Services

M/12/2016 College Tutors

Resolved: The following appointments were approved:

East Yorkshire

Dr J Stevenson (Scarborough General Hospital)

North West

Dr L E Evans (Stepping Hill Hospital)

South Thames East

Dr H Statham (Princess Royal University Hospital)

KSS

Dr C Scanlan (Conquest Hospital, Hastings)

Leicester & South Trent

Dr R Jaganathan (Pilgrim Hospital)

M/13/2016 Examinations Committee

Resolved: That Council approves the appointment of those listed below as examiners elect for academic year 2016-2017:

Dr Sarah Bakewell	Gloucestershire Royal Hospital
Dr Packianathaswamy Balaji	Hull and East Yorkshire Hospitals
Dr Meera Bryant	George Eliot Hospital, Nuneaton
Dr Victor Ajitkumar Francis	Royal Gwent Hospital, Newport
Dr Sridhar Bhaskar Gummaraju	Robert Jones and Agnes Hunt, Oswestry
Dr David Jones	Queen Alexandra Hospital, Portsmouth
Dr Siddharth Anil Nene	Worthing Hospital
Dr Sudhansu Kumar Pattnaik	Queens Hospital, Romford
Dr Christopher Seller	The Royal United Hospital, Bath
Dr Simon Tomlinson	Salford Royal Hospital NHS Trust
Dr Jonathan Wills	North Bristol NHS Trust

M/14/2016 Physician's Assistants (Anaesthesia)

Resolved: That Council supports the guidance document and joint position statement.

CEREMONIAL

C/3/2016 Fellowship ad eundem

Fellowship ad eundem was awarded to Dr Muhammad Ashfaque.