

## MEETING OF COUNCIL

**Edited Minutes of the meeting held on Wednesday 18 May 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 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 G Collee  
Dr J-P Lomas  
Dr J Pandit  
Dr K May  
Professor M Grocott  
Dr D Bogod  
Dr K Ramachandran  
Dr F Donald  
Dr L Williams  
Dr R Darling  
Dr I Johnson  
Dr H McClure (representing Dr Selwyn)  
Dr A Hartle

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

**In attendance:** Mr T Grinyer, Ms S Drake, Mr R Ampofo, Mr M Blaney, Ms S Larsen, Mr G Dallas and Ms A Regan

**Apologies for absence:** Dr Harrop-Griffiths, Dr O'Sullivan, Dr Selwyn and Mr McLaughlan

### **STRATEGY**

#### **S/5/2016 Time from Trusts for College and Other Activities**

Professor Nolan, having declared a conflict of interest, gave a presentation on time away from Trusts for external duties, highlighting the following documents which mention time for external duties:

- Joint British Medical Association (BMA) and NHS Employers 2011 *A Guide to Consultant Job Planning* which specifically mentions reasonable quantities of work for Royal Colleges. Examining, which represents a significant amount of time, is not mentioned in the document.
- NHS Employers May 2014 publication *Consultant Job Planning – Supporting Good Practice* still includes time for external duties.
- Draft Academy of Medical Royal Colleges' (AoMRC) statement on consultants' supporting professional activities (SPA). The document gives no additional strength to recognition of external duties than existed previously but is a year old and a final version has not yet been published.
- January 2012 letter from Chief Medical Officers (CMOs) encouraging Trusts to recognise importance of national work was felt to have had little impact.
- Mr McLaughlan's 2012 summary in the *Bulletin* suggested referring to external duties as national duties, thus reflecting the terminology in the CMOs' letter.

Professor Nolan compared his own Trust's job planning policy to that in Plymouth. Although the policy in Bath includes external responsibilities, including College work and examinations, it is often

left down to individuals to decide if a consultant can have time for external duties. The Plymouth policy is phrased in a more supportive way and recognises the importance of external duties. In addition there is an External Duties Panel which makes decisions about time for external duties.

Professor Nolan suggested potential solutions:

- All Trusts are mandated to set aside a certain amount of time per consultant for external duties with the allocation being determined by a panel.
- Withdrawal of trainees from Trusts refusing to provide external duties funding, although this is felt to be unrealistic.
- Funding provided centrally.
- Accept that all external duties will be done in a consultant's own time (includes annualisation, weekend lists) and "paid" via the successor to the current Clinical Excellence Awards (CEA) scheme.

Council discussed the following points:

- Non-consultants for whom no CEA scheme exists.
- Variation around the country leading to great uncertainty when planning one's career.
- The General Medical Council's (GMC) January 2016 document *Promoting Excellence*. One of its standards is that educators receive the support, resource and time to meet their education and training responsibilities. It is a public statement from the regulator that, at least for educators, there is a requirement that Trusts support them. The process is underway to embed this standard in *Guidelines for the Provision of Anaesthetic Services (GPAS)* and Anaesthesia Clinical Services Accreditation (ACSA).
- The requirement for Colleges to be more explicit and transparent about the time commitment required. It was agreed it would be helpful to be more explicit in the literature accompanying the call for Council candidates. This could be used in discussions about annualised contracts.
- Council candidates' first discussion with their Trust is usually to seek permission to stand for election on the basis of 11 Council meetings each year. Problems can arise with other non-Council work which is unpredictable.
- The need to be more robust in response to the changing nature of contracts; if the government and regulators want input it has to be formally recognised and Trusts have to be told it has to be formally recognised. The only way round that would be for the Secretary of State (SoS) to say that without the support of the Colleges it is not possible to run the health service.
- There is a possibility that only those who are able to afford it will stand for Council and that only those with an independent income will be able to stand for President and Vice-President.
- Charging Trusts to back fill the time for consultants undertaking Anaesthesia Review Team (ART) or ACSA visits.
- The need for organisations, including Colleges and Deaneries, to value the consultant resource and not to use them unnecessarily.
- People are being asked to do more with less resource.
- The need to be mindful about working flexibly with employers, e.g. annualised contracts.
- Smarter ways of working including looking at the number of meetings and the use of teleconferencing and videoconferencing.

**Action: Chief Executive's Office to update literature regarding election to Council, making it more explicit with regards to the time commitment required.**

## COUNCIL IN DISCUSSION

### CID/25/2016 President's Statement

- a) Dr Frank Atherton has been appointed CMO for Wales.
- b) Mr Peter Rees has taken up the position of Chairman of the AoMRC Lay Committee.

- c) Mr Gavin Dallas, Communications Manager, was welcomed to Council. Council members were asked to inform the Communications Team or President's Office of forthcoming news items so plans can be made to convey the College response.

**Action: Council members to inform Communications Team or President's Office of forthcoming news items.**

- d) Ms Larsen was attending her last Council meeting before leaving the Royal College of Anaesthetists (RCoA) in June. The President extended his personal thanks for Ms Larsen's hard work and commitment which had driven forward the College's communications function.
- e) The President announced the deaths of Dr Barbara Williams, Dr David Gilchrist, Dr Donald Fry and Professor Stanley Feldman. Council stood in memory.
- f) Congratulations were offered to Dr Jen Warren, ST4 in Coventry, who had won one gold and eight silver medals in the Invictus Games.
- g) Junior doctors' dispute. An announcement regarding the progress of negotiations was anticipated by the end of the day.
- h) Council members were reminded to provide the President's Office with a comprehensive list of their areas of expertise.

**Action: Council members to email President's Office with a comprehensive list of their areas of expertise.**

- i) The next stage of the members' survey would see priority areas identified for more detailed scrutiny. Council was asked to email comments to the President or Mr Grinyer so they can prioritise areas that fit with the College's strategic aims.

**Action: Council members to email comments on the members' survey to the President or Mr Grinyer so they can prioritise areas fitting in with the College's strategic aims.**

- j) The President updated Council on the branding exercise. The result of the Council vote was a 19:5 majority for option A. Ms Larsen has briefed the agency to develop brand identity guidelines. Workshops will be developed across the organisation to help people use the guidelines and adopt the document as a reference guide.
- k) The RCoA had held its first joint meeting of Regional Advisers (RA) and Clinical Directors (CD) where it had been suggested that the Lead RA should be co-opted to Council to reflect the arrangements for co-opting the CD Network Lead. Council is no longer largely populated by those with an RA background. The President wished to acknowledge the RAs' importance in the College structure and recommended that the Lead RA be co-opted to Council, with the two Lead RAs alternating attendance. It was suggested that this be included in the governance review which may bring about a change in the constitution and function of Council. In addition there is ongoing work looking at rebadging and realigning the role of the RA; it might be that the RA covers the service side of anaesthesia as well and the RA might in time be a rank above the Lead CD. It was noted however that the RCoA has recognised the potential power of the CDs as service leads and the RAs as training leads working together and that alliance should be valued and fostered. It was agreed that whilst the principle was a good one, it should be looked at as part of the governance review once the role of RA has been clarified and refreshed. The President would feed this back to the Lead RAs.

**Action: President to inform Lead RAs that whilst the principle is a good one, it should be looked at as part of the governance review once the role of RA has been clarified and refreshed.**

- l) The European Society of Regional Anaesthesia (ESRA) Statement on Regional Anaesthesia and Non-medically Qualified Healthcare Professionals had been circulated to Council for information. Council's previous comments by e-mail have been passed on. Council discussed whether or not it was an appropriate time to bring the matter of regulation to the attention of the government and/or the press.
- m) The President has co-signed a letter with the President of the Royal College of Emergency Medicine (RCEM) to the Intercollegiate Board for Training in Pre Hospital Emergency Medicine (IBTPHEM) requesting a meeting to discuss the future direction for PHEM. One of the issues to be raised at the meeting will be the national strategy, currently in the early stages, aligned to what is done for children already, about transfer of adult patients between hospitals. This is becoming more of an issue as services are increasingly reconfigured. This could be part of a

discussion of how the skills of those with PHEM training can be used. It was noted that the vast majority of doctors practising PHEM in the UK are GPs who are unable to access the training. The importance of continuing engagement with IBTPHEM was acknowledged.

- n) The College intranet, RoCI, has been launched. Staff members could give demonstrations to Council members upon request.
- o) The President thanked Council members for their support at Diplomates' Day. A number of improvements had been identified for next year.
- p) The Strategy Meeting had been successful and had already generated an output in the form of an editorial arising from Dr Collee's presentation. The President thanked Ms Regan and Ms Bennett for their assistance in organising and supporting the event.
- q) The RCoA had supported 17 applicants for bronze CEAs, 9 for silver (plus 3 President's citations) and 2 for gold.
- r) The President updated Council on College staff changes:
  - a. Mr Gavin Dallas has joined the RCoA as Communications Manager.
  - b. Ms Maria Burke has been appointed Global Partnerships Supervisor.
  - c. Ms Claire Gilmour has joined the RCoA as Events Coordinator on a fixed term basis for six months.
  - d. Ms Anne Marie O'Donnell, interim HR Manager, has left the RCoA to pursue consultancy options nearer to home.

### **CID/26/2016 College Strategy Update**

Firstly, Mr Grinyer reminded Council that the election process for President and Vice-Presidents would start later that day, reminding them of the key times to look out for emails. As previously agreed, a threshold of 20 voters would need to be reached for the election to be quorate.

The Lay Committee had welcomed the strategy document and is reforming itself around the strategy. It was hoped that the Committee would be able to support overall strategies of the College in a way it has not previously done, e.g. allocating two or three people to work on perioperative medicine for a sustained period of time. The Committee had challenged the exclusion of ethics from the strategy. Whilst the Lay Committee members did not view themselves as being experts in ethics there may be occasions when the College may want them to consider a particular ethical issue. It was therefore proposed that the President's foreword would state that the College operates in an ethical framework.

A major change to the strategy was the addition of a section building on supporting College volunteers and members.

Mr Grinyer sought Council's approval of the strategy. Once approved, the President's foreword would be completed and the strategy would be designed in the new brand for use at the College Tutors' (CT) meeting. The President has written an article for the July *Bulletin* and Communications plans are being formulated for a launch at the end of June/beginning of July. Council approved the strategy.

Mr Grinyer then gave an update on the RCoA's short, medium and long term vision:

22 applications have been received for the Silver Jubilee regional bursaries for regional meetings. Patient and public engagement events are progressing. The RCoA is looking to have a drop in area at the House of Commons where MPs and the public can understand more about its work. Small prizes will be awarded to encourage contributions from trainees and medical students. A Silver Jubilee branded edition of the November *Bulletin* will start the 25th anniversary events and will include details of the various jubilee-related activities.

Mr Aaron Woods is looking at the RCoA's IT applications internally and externally along with penetration testing results. Mr Woods will update Council regularly on progress.

It was agreed that Mr Grinyer should produce a monthly Chief Executive's report for Council. The report will focus on the internal workings of the College, leaving the President to deal with external matters in his monthly statement.

**Action: Mr Grinyer to produce monthly Chief Executive's report for Council.**

#### **CID/27/2016 Governance Review**

Mr Thompson, Chairman of the Governance Review, gave a presentation to Council. Five groups have been established, all of whom will be dependent on a steer from the Representation Group consisting the President, Dr Harrop-Griffiths and Dr Paul McAndrew. The Representation group would meet twice before the next Council meeting and will flesh out the two or three options. The proposed timetable would enable Council's approval in January 2017 of a motion to go to the 2017 AGM.

#### **CID/28/2016 Visitor Expenses for ACSA and ART Visits**

Dr Fletcher informed Council that the current expenses allowance for ACSA and ART visits needs reviewing to avoid visitors being out of pocket. Dr Fazackerley reported that the Finance Committee had discussed expenses the previous day and felt it was possible to eat in an equivalent way to how one would eat at home for the current £35 allowance. It was noted that there are currently two tiers of dinner allowance, the usual £35 and the speaker's dinner allowance, which is £75 and rewards people for travelling and lecturing. It had been suggested that the latter should be reduced. £35 is not unreasonable compared to what other organisations offer. Many people work on behalf of the RCoA and a consistent and equitable policy is required on how they are recompensed. Whilst some considered it divisive to have a differential rate for paying evening expenses, others thought it reasonable to offer higher reimbursement to those undertaking ARTs and ACSA visits.

The President suggested that the Finance Committee should reconsider the matter of expenses

**Action: Finance Committee to reconsider the matter of expenses.**

#### **CID/29/2016 Association of Anaesthetists of Great Britain and Ireland's President's Report**

Council received Dr Hartle's report.

#### **CID/30/2016 Dental Sedation Practice**

The President explained that April 2015 had seen the publication of *Standards for Conscious Sedation in the Provision of Dental Care*, a multidisciplinary document which was the first attempt to set standards for anyone providing sedation for patients in dental surgeries. There has been confusion as the document is one year old and people were already implementing it. The Chief Dental Officers (CDO) had recently written to all general dental practitioners in the UK saying that they now had reservations about the document and its implementation. The letter also called into question whether Colleges and Faculties have the authority to write clinical guidance. The President and Deans of the Dental Faculties had agreed they were prepared to engage with the CDOs but would not revisit the entire guidance document. They would however be prepared to discuss the issues around implementation and how to take it forward. The President has ensured that the Presidents of the parent Colleges are aware of the situation although a response has not yet been received from the CDOs.

### **COMMITTEE BUSINESS**

#### **CB/52/2016 Council Minutes**

The minutes and website minutes of the meeting held on 20 April 2016 were approved.

#### **CB/53/2016 Matters Arising**

##### Review of Action Points

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

### **CB/54/2016 Regional Advisers**

There were no appointments this month.

### **CB/55/2016 Deputy Regional Advisers**

Council considered making the following appointment:

#### **North Thames East**

Dr Lionel Davis **Agreed**

### **CB/56/2016 College Tutors**

Council considered making the following appointments:

#### **West of Scotland**

Dr G Y K Tong (Inverclyde Hospital) in succession to Dr M A Staber **Agreed**

#### **Leicester & South Trent**

Dr B M M Cagney (Leicester Royal Infirmary) in succession to Dr S Francis **Agreed**

### **CB/57/2016 Head of Schools**

There were no notified appointments this month.

### **CB/58/2016 Training Committee**

#### (i) Training Committee

The Chairman, Dr Penfold, presented the minutes of the meeting held on 6 April 2016, drawing Council's attention to the following:

- Version 7 of the curriculum has been accepted by the GMC.
- TRG/24/16 Curriculum Annexes Review
- TRG/22/16 Perioperative Medicine
- TRG/25/16 Junior Doctors
- TRG/03/16a Exam Review Report
- TRG/20/16 RCoA/KSS Education Fellow

#### (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.

#### **East Midlands**

Dr Andrew Donald McKechnie #

#### **Leicester**

Dr Susan Kim Dashey\*

Dr Pramila Rani Giri

#### **St George's**

Dr Srinivasulu Chitty #

#### **Nottingham**

Dr Rama Ramachandran Natarajan#

Dr Sarah Louise Linford\*

Dr Victoria Jean Cooper

#### **Northern Ireland**

Dr Darryl George James Stewart\*

#### **KSS**

Dr Claire Elizabeth Phillips\*

#### **Northern**

Dr Malcolm Ewan Smith\*

Dr Ansuman Datta

#### **London**

#### **North Central**

Dr Martin Alan Rooms

#### **North West**

Dr Kar Yee Carolynn Wai

Dr Simon John Forrington\*

#### **South East**

#### **Tri Services**

Dr Richard Joseph Bruce Allan

**Wessex**

Dr Indrani Banerjee  
Dr Duncan Chamblor\*

Dr Stephen Thomas Murphy

**Sheffield**

Dr Shanali Julia Thirunavukkarasu

**Yorkshire and Humber****Leeds / Bradford**

Dr Claire Alexandra Tuffin

(iii) Chairman of the Training Committee's Update

Dr Penfold reported that Dr Fazackerley is producing *External Adviser Guidance for Hospital Visits related to Training*. A draft will be brought to the June Training Committee meeting with the intention of discussing it with the RAs at their breakout session at the CT meeting.

Dr Penfold and Dr Batchelor are both members of the Health Education England (HEE) group which is considering quality of training environments.

Comments were invited on the Regional Specialty Adviser in Anaesthesia so the final document could be discussed with RAs at the CT meeting.

**Action: Council to email comments on the Regional Specialty Adviser in Anaesthesia to Mr Ampofo.**

**CB/59/2016 Examinations Committee**

Item deferred to June Council.

**CB/60/2016 Continuing Professional Development (CPD) Board**

The Chairman, Dr Penfold, presented the minutes of the meeting held on 19 April 2016, drawing Council's attention to:

- CPDB/03/16 Updated Terms of Reference of the CPD Panel
- CPDB/08/16 CPD Event Recognition at the RCoA and at the AAGBI
- CPDB/09/16 Reappointment of CPD Assessors

**CB/61/2016 Staff and Associate Specialist (SAS) Committee**

The Chairman, Dr May, presented the minutes of the meeting held on 19 April 2016, drawing Council's attention to:

- SAS/06/16 SAS Joint Working Party

Council approved the motion as listed under M/23/2016.

**CB/62/2016 Equivalence Committee**

A survey has been instituted to follow up on CESR applicants over the last two years.

Mr Chris Scorer had reported that, following a meeting with the GMC, the RCoA may be able to have much more influence about how applications are put together for consideration by the College. For example, summaries of logbook experience often run to several hundred pages. Being able to change the way this is presented should make the Committee's work a little easier.

**CB/63/2016 Professional Standards Committee**

The Chairman, Professor Mahajan, presented the minutes of the meeting held on 19 April 2016, drawing Council's attention to:

- PSC/19/2016 Update from ACSA
- PSC/16/2016 Update from Patient Information Sub-group
- PSC/6/2016 Providing General Anaesthesia for Healthcare Professionals

- *PSC/5/2016 Safe Storage of Drugs*
- *PSC/18/2016 GPAS NICE Accreditation Update.*
- *PSC/9/2016 Methoxyflurane.* Council discussed the potential for abuse and potential for off-licence use. The Professional Standards Committee had agreed that people need to be trained in its use. It was suggested that if Council members are asked about it they should direct people to the already published *Bulletin* article.

The President requested an update on paramedic rapid sequence induction (RSI). Professor Nolan reported that there is some paramedic RSI going on in the pre-hospital sector at the moment. There are moves afoot from the College of Paramedics to do this more independently. An Association of Anaesthetists of Great Britain and Ireland (AAGBI) glossy on pre-hospital anaesthesia is out to consultation. The College of Paramedics has expressed its displeasure at not being part of the working group. A short life working party will be established, in conjunction with RCEM, to address this matter. The President and Professor Nolan agreed to discuss out of Council whether or not the RCoA-led working party should include a paramedic representative.

**Action: President and Professor Nolan to discuss paramedic representation on the working party.**

#### **CB/64/2016 Quality Management of Service Group**

The Chairman, Dr Fletcher, presented the minutes of the meeting held on 20 April 2016, drawing Council's attention to:

- *5/2016 Domain 5 Neuro*
- *6/2016 ACSA Governance*
- *7/2016 Site Re-visits*
- *9+11/2016 Role of RA in ACSA process*

It is anticipated that in five years' time the majority of Trusts in the country will be participating in ACSA. Peer review will remain part of the scheme but the question is how frequently it takes place as one of the main drivers for the RCoA is the opportunity to get back into the hospitals.

Mr Thompson stated that all eight new Lay Committee members are keen to be trained as lay reviewers.

#### **CB/65/2016 Safe Anaesthesia Liaison Group**

The Chairman, Dr Pandit, presented the minutes of the meeting held on 5 April 2016, drawing Council's attention to:

- *SALG/24/2016 Directions and Priorities for the Safe Anaesthesia Liaison Group (SALG)*
- *SALG/25/2016 SALG Terms of Reference*
- *SALG/27/2016 a) National Audit Project (NAP)5 Work*

#### **CB/66/2016 Faculty of Pain Medicine**

Congratulations were offered to Dr Barry Miller and Dr John Hughes who have been elected Dean and Vice-Dean respectively with effect from September 2016.

Council received the list of successful candidates at the FFPMRCA/DFPMRCA examination on Tuesday 12 April 2016.

Dr Grady presented a proposal to add a new eligibility route that allows doctors undertaking pain medicine training in Trust Fellowships (and equivalent roles) to apply for the examination. Council approved the motion as listed under M/24/2016.

#### **CB/67/2016 Royal College of Anaesthetists' Advisory Board for Wales**

The Chairman, Dr Johnson, presented the minutes of the meeting held on 12 April 2016, drawing Council's attention to:

- Approach to be made to Royal College of Paediatrics and Child Health (RCPCH) regarding placing an RCoA plaque within its facilities in Cardiff as they already provide administrative support to the Welsh RCoA Advisory Board.
- There are plans for a Welsh version of the RCoA Branding.
- A Welsh Board newsletter will be produced.
- Royal College of Physicians of Surgeons of Edinburgh's request to join the Welsh Academy of Medical Royal Colleges noted.
- HEE policy and its effect on trainee recruitment in Wales.
- Dr Penfold and Ms Carly Melbourne will give a presentation on ACSA to a Welsh government meeting.

There was discussion around the size of the group and noted that it consisted of two groups joined together. The President pointed out that the governance review would hopefully result in similar terms of reference across all the devolved nations and so produce more consistency for the size of the respective Boards.

#### **CB/68/2016 Silver Jubilee Committee**

The Chairman, Dr Langton, presented the minutes of the meeting held on 12 April 2016, drawing Council's attention to:

- *SJOC1604.12.6 Jubilee Goals* Dr Langton thanked Council members for their contribution in finalising the Jubilee goals.
- There are discussions around the possibility of a photographic competition during the Jubilee year.
- *SJOC160412.14 Publications/Communications*

#### **MATTERS FOR INFORMATION**

##### **I/23/2016 Financial Training**

Mr Blaney gave a training session on RCoA Trading Ltd.

##### **I/24/2016 Publications**

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

##### **I/25/2016 Consultations**

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

##### **I/26/2016 New Associate Fellows, Members and Associate Members**

Council noted, for information, the following:

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

- Dr Premalatha Sharavanan – Broomfield Hospital
- Dr Arun Menon – Kent & Canterbury
- Dr Antony Perera – North Middlesex University Hospital

## **Membership Progression**

### **Associate Fellow:**

Dr Rebecca Jane Owen – Addenbrooke's Hospital, Cambridge

### **Members:**

Dr Elizabeth Ann Lewis –Primary of the RCoA

Dr David Thomas Murphy – FRCA Primary

### **Associate Members:**

Dr Zahra Abdulrasul Fazel – Queens Medical Centre, Nottingham

Dr Antony Sanjiev Ratnasingham – East Surrey Hospital

## **PRESIDENT'S CLOSING STATEMENT**

### **PCS/5/2016**

a) The President reported that the Queen's speech stated that "my government will continue work to deliver NHS services over seven days of the week in England" and that "legislation will be introduced to ensure that overseas visits pay for the health treatment they receive at public expense"..

## **MOTIONS**

### **M/19/2016 College Strategy**

**Resolved:** That the strategy be approved.

### **M/20/2016 Council Minutes**

**Resolved:** That the minutes and website minutes of the meeting held on 20 April 2016 be approved.

### **M/21/2016 Deputy Regional Advisers**

**Resolved:** That the following appointment be approved:

#### **North Thames East**

Dr Lionel Davis, Deputy Regional Adviser, North Thames East

### **M/22/2016 College Tutors**

**Resolved:** That the following appointments be approved:

#### **North Thames West**

Dr James Armstrong (West Middlesex University Hospital)

#### **West of Scotland**

Dr G Y K Tong (Inverclyde Hospital)

#### **Leicester & South Trent**

Dr B M M Cagney (Leicester Royal Infirmary)

### **M/23/2016 SAS Committee**

**Resolved:** That the Terms of Reference for the SAS committee be changed to increase membership by 2 further doctors (ideally one to be identified by Welsh Board, one by Scottish Board).

**M/24/2016 Faculty of Pain Medicine**

**Resolved:** That Council approves the new eligibility clause for the FFPMRCA Examination.