

MEETING OF COUNCIL

Edited Minutes of the meeting held on 21 June 2016 Council Chamber, the Royal College of Anaesthetists

Items which remain (at least for the time being) confidential to Council are not included in these minutes.

Members attending:

Dr L Brennan, President	Professor M Grocott
Dr J Langton	Professor E O'Sullivan
Professor R Mahajan	Dr D Bogod
Professor R Sneyd	Dr K Ramachandran
Dr A Batchelor	Dr L Williams
Dr J Hughes	Dr F Donald
Dr C Waldmann	Professor J Hall
Dr J Colvin	Dr C Carey
Dr N Penfold	Dr R Perkins
Dr J Fazackerley	Dr J Cheung
Dr S Fletcher	Dr B Darling
Dr J-P Lomas	Dr A Theron
Dr W Harrop-Griffiths	Dr H McLure
Dr K May	

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

In attendance: Dr M Nixon, Mr T Grinyer, Ms S Drake, Mr R Ampofo, Mr M Blaney, Ms K Stillman and Ms A Regan

Apologies for absence: Professor M Mythen, Professor J Pandit, Dr D Selwyn and Dr P Clyburn.

STRATEGY

S/2/2017

The Conversation: discussing end of life

The President welcomed Dr David Walker, Dr Cecilia Vindrola and Dr Douglas Blackwood from University College London Hospitals (UCLH) to Council. They are undertaking work with Professor Mythen around end of life discussions inspired by a Harvard initiative, The Conversation Project. The UCLH team had turned the Harvard work around to survey the medical profession, rather than patients, about end of life choices. Before undertaking academic work the team was keen to understand what the profession thought about what they wanted for their own end of life care and that of their family. The Royal College of Anaesthetists (RCoA) was asked to engage as a College to enable the team to begin to understand how its fellows and members feel about end of life, how they feel engagement with patients can be better informed and whether or not it would be possible to develop a resource in the College that would facilitate training in how to better understand patient needs.

Dr Blackwood gave a presentation describing the:

- Objective of the initiative
- Three areas the team is looking at; current knowledge and practice, gaps in educational interventions and professional attitudes
- Questionnaire
- Next steps. The team would like to use the College to survey anaesthetists in the UK to promote the idea of engaging in end of life care discussions and to identify knowledge gaps
- Why anaesthetists are leading the work
- Future of the project

Council discussed:

- The RCoA is charged by the General Medical Council (GMC) with introducing generic professional capabilities into its curriculum. The GMC specifically lists communication and interpersonal skills in complexity and uncertainty and humane interventions. Dr Walker responded that the project team would in the future like to present the RCoA with a teaching/training package.
- Health Education England (HEE) as a potential funding source of additional training.
- The importance of the specialty leading the work.
- Using the RCoA Membership Engagement Panel to initially complete the survey.
- Seeking UK-wide support now rather than waiting until completion of the work with anaesthesia. This would be most effectively done via the Academy of Medical Royal Colleges (AoMRC).
- The importance of fully supporting the project.
- Approaching the AoMRC at an early stage would be the best way of getting all specialties on board.
- A committee convened by the Faculty of Intensive Care Medicine (FICM) looking at clarifying which patients should be admitted to the Intensive Therapy Unit (ITU) and issues around palliative care that should be happening but are not. It was suggested the UCLH team should liaise with Dr Joe Cosgrove who is leading the work.
- Dr Waldmann confirmed FICM would be keen to participate in the project.
- The validity of answering the questions when one is fit and healthy and whether one's views are likely to change when one is actually in the terminal stages of an illness. Dr Blackwood emphasised that it was not intended that views expressed initially would remain the same indefinitely. It is a way of promoting holding conversations that will continue and change over the years. One of the barriers is people feeling it is not relevant to them when young but as they get older it is difficult to discuss with friends and family for fear of upsetting them. Starting the conversation early provides a starting point in the event of an admission to ITU.
- The benefit of communicating directly with the AoMRC Choosing Wisely work stream.
- The benefit of engaging with survey professionals to ensure the survey produces as balanced an answer as possible. Dr Walker responded that the pilot data had identified a skew on some of the questions but not all.
- The Lay Committee has previously tried but failed to discuss this because it is such a tough question. This is a practical way of opening up discussion. Patients need to take more personal responsibility in the future and the Lay Committee would be keen to explore that with the UCLH team. The team accepted Mr Thompson's invitation to the September meeting of the Lay Committee to discuss end of life conversations.
- The benefits of joining up work being undertaken by various specialties on this theme. It would be helpful if all specialties were talking the same language to patients.
- Dr Hughes confirmed that the Faculty of Pain Medicine (FPM) wish to be involved especially from the perspective of chronic pain.
- The President of the Royal College of Emergency Medicine (RCEM) had agreed in principle to be involved with the project. It was recommended that the team should contact RCEM.

Council was supportive of moving forward with the initiative. It was suggested that a planning meeting be convened to refine the work and discuss how the project would be taken forward with the RCoA and FICM. This would also offer an opportunity to discuss the involvement of RCEM. The President suggested that once the acute specialties' work was underway he would be happy to raise broadening it at the AoMRC once some data is available. The work in the RCoA would be led by the Directorate of Clinical Quality and Research with the involvement of the Membership Department.

Action: Planning meeting to be convened by Directorate of Clinical Quality and Research.

COUNCIL IN DISCUSSION

CID/32/2017 President's Opening Statement

- a. The President welcomed Dr Marie Nixon who will succeed Dr Rollin as Clinical Quality Advisor later in the summer.
- b. Dr Brennan, Professor Mahajan and Dr Fazackerley have been elected President and Vice-Presidents respectively for the year commencing September 2017. The President thanked Council members for their engagement in the process, particularly those who had also stood as candidates for Vice-President.
- c. Congratulations were offered to Dr Ami Jones, Interim Director of the Welsh Air Ambulance, who received an MBE in the Birthday Honours List.

- d. Dr Mike Swart and Dr Chris Snowden have been appointed as the anaesthesia leads for Getting it Right First Time (GiRFT.) Dr Batchelor has been appointed as the lead for ICM. They will take up post in September 2017 and will be invited to present an update to Council in the first half of 2018.

Action: President to invited GiRFT leads for anaesthesia and ICM to present to Council in 2018.

- e. Dr Anne Whaley and Dr Jo Budd will take over as the new lead Regional Advisers Anaesthesia (RAA) with support from Dr Ewen Forrest who will be staying on for an additional six to nine months.
- f. Congratulations were offered to Dr Tom Morgan-Jones who was elected unopposed as Vice-Chair of the RCoA Advisory Board for Wales.
- g. Dr Darling has indicated his intention to step down as Chairman of the RCoA Advisory Board for Northern Ireland. The timescale for electing his successor will be confirmed shortly. The President thanked Dr Darling for his enormous contribution to the specialty in Northern Ireland.
- h. In the recent Association of Anaesthetists of Great Britain and Ireland (AAGBI) elections Dr Kathleen Fergusson was elected President from September 2018 with Dr Tim Meek as Honorary Secretary. Three new Council members have been elected; Dr Mathew Patterill, Dr Ann Harvey and Dr Matthew Davies.
- i. Dr Ted Baker has been appointed Care Quality Commission (CQC) Chief Inspector of Hospitals.
- j. Mr Thompson plans to step down as Chairman of the Lay Committee early next year after three years in the role. The President thanked him for his fantastic support particularly during the governance review, adding that Mr Thompson's calm and wise advice had been absolutely pivotal to the work.
- k. Ms Regan will be leaving the RCoA in September, after thirteen years of service, to relocate to Scotland. Interviews for her successor will take place in early August.
- l. The President announced the deaths of Dr Sebastian Jacob, Dr David Pearson and Dr Paul Charlton. Council stood in memory.
- m. Professor Don Berwick will visit the UK in the autumn when the RCoA will host an event on behalf of the AoMRC and New Models of Care Team. Council members were asked to note 1800, Tuesday 9 November 2017 in their diaries.

Action: Council members to note RCoA event on behalf of the AoMRC and New Models of Care Team on 9 November 2017, 1800 hrs.

- n. The Summer Symposium and College Tutors' (CT) meeting held in Belfast the week before had been very successful and were the RCoA's first national events in Northern Ireland. The President offered his thanks and congratulations to the Events and Training Teams, Dr Darling, Dr Darrell Lowry and Professor Rajinder Mirakhur.
- o. The President has hosted two more listening events, one in Cardiff, one in Belfast. The events generated constructive comments and ideas regarding moving issues forward from the morale and wellbeing survey.
- p. The first RCoA/HEE workforce stakeholder event in regions with recruitment problems will be held in the East Midlands on 16 September 2017.
- q. The AoMRC strategy meeting was used to discuss the long term sustainability of the AoMRC financially and from a governance perspective and how it can provide an improved offer for its members. There will be further discussion by the AoMRC Council following which the President will report back to Council.
- r. A paper by Dr John Carlisle in *Anaesthesia* suggested that a significant number of papers in leading anaesthetic journals (including the *British Journal of Anaesthesia (BJA)*) and other high impact publications e.g. NEJM, JAMA, contain potentially dubious data. Council discussed the issues and potential consequences for academic anaesthesia of the conclusions from this paper.
- s. The President reflected upon the recent terrorist attacks in London and Manchester as well as the tower block fire in West London. The College received condolence letters from the College of Anaesthetists of Ireland (CAI), The Australia and New Zealand College of Anaesthetists (ANZCA) and the European Board of Anaesthesia. The President has written to the anaesthetic departments that received casualties and has also expressed his thanks and support via social media. The College has promoted the CitizenAID app via social media and the President's e-Newsletter.
- t. Following the recent general election an opinion piece by the President was published in *British Medical Journal (BMJ) Online*. The paper focussed on the priorities for healthcare in alignment with previous RCoA and AoMRC documents. The Secretary of State for Health has been reappointed with Philip Dunne MP as Minister of State for Health and Steven Brine MP and Jackie Doyle-Price MP as his junior Ministers.
- u. Philip Dunne MP has written to the President, following their meeting earlier this year, regarding the regulation of PA(A)s. The Department of Health (DH) will only consider the extension of statutory regulation to currently unregulated groups where there is a solid body of evidence demonstrating a level of risk to the public which cannot be addressed. The RCoA will continue to lobby for regulation

but the primary concern is the availability of legislative time to move the agenda forward in the run up to Brexit in 2019.

- v. Dr Jasjot Singhota's parents had written to the President after receiving her posthumous FRCA at Diplomates' Day. They were appreciative of the understanding and emotional support on the day and described the College as a "truly great bunch of people who can fully comprehend the pain and loss of others".
- w. Council was asked to distribute flyers in their departments regarding the photographic competition.

Action: Council to distribute flyers in their departments regarding the photographic competition.

CID/33/2017 Chief Executive's Report

Mr Grinyer and the Senior Management team (SMT) presented an update on the work of the directorates in relation to the strategy. They drew Council's attention to the following:

1.1 Privy Council & Charter and Ordinances The President's meeting will be cancelled on Tuesday 1 August 2017 to accommodate a review the Charter and Ordinances, and Regulations. Council members were invited to attend or to submit comments or questions.

1.2 President and Vice-President elections The Audit and Internal Affairs Committee will undertake a review of the President and Vice-President elections. The Electoral Reform Services (ERS) system was considered to have worked well. It had been suggested that the process should include email confirmation that a vote has been submitted. It had previously been proposed that a threshold for the minimum number of voters be set; if this is to be implemented it needs to be included in the Regulations. Consideration will also need to be given as to what will happen if the threshold is not met. Further points for debate include whether or not links should be permitted in statements and whether there should be an option to actively abstain. It was questioned whether or not, following discussion at the strategy meeting, a move to four Vice-Presidents should be part of the deliberations. The President suggested that the Board structure should be embedded and allowed to mature with a review of the situation after 2-3 years before that proposal was more actively considered.

1.3 Moving to electronic balloting for Council elections, with an opt in for postal ballots A letter will be sent to those with voting rights for whom the RCoA believes it has an email address. The letter will set out the move to online only voting unless fellows and members opt in to a postal vote and will also verify the email address that they would like the RCoA to record as their principal email address. A second letter will be sent to the 680 members, fellows and trainees for whom the College has no email address.

2.1.1 Anaesthesia 2018 The Education Committee will discuss how to best promote the event both in the UK and overseas. Dr Carey is leading the programme.

2.2.1 Trainees ST3 fill rates for anaesthetics are 86%, a decrease on last year's 89%. There are less favourable fill rates for Northern, Yorkshire and Humber, East Midlands and West Midlands both at ST and core training. Mr Ampofo will follow up to see if there is an issue the College needs to be aware of in the West Midlands. Council discussed HEE's request that the data is not published in view of election purdah. This was considered unreasonable given that trainees will be starting in post in four weeks' time and the election has now been completed several weeks ago. Council discussed if any pressure could be applied to HEE regarding the request. It was evident at a workforce meeting six weeks ago that regional leads in the UK knew the recruitment figures but HEE would not provide the College with the national picture. The President agreed to seek a view from AoMRC Officers in relation to challenging the HEE leadership directly. It was noted that in some regions the fill rates were potentially inaccurate as not all posts had been advertised.

Action: Mr Ampofo to investigate if there is a specific issue the College needs to be aware of in the West Midlands.

Action: President to seek a view from AoMRC Officers in relation to the HEE embargo on publishing fill rates.

2.2.1 Trainee wellness and morale Data was presented at the CT meeting, some of which has been released to RAAs and CTs. Mr Ampofo will now discuss the formal report and publication with Drs Lomas and Carey along with the Communications Directorate.

2.2.3 SAS Survey This has now been published. It is hoped that by the end of the year the joint working party with the British Medical Association (BMA) and AAGBI will produce concrete proposals from each organisation to take forward. Mr Ampofo agreed to send an electronic copy of the report to Council. Discussions are underway regarding whether the College should undertake proactive visits in some of the regions with large concentrations of SAS doctors. It is hoped that a visit to some hospitals in the northern region can be factored in around the workforce event.

Action: Mr Ampofo to circulate SAS report to Council electronically

3.1.1 Anaesthesia Clinical Services Accreditation (ACSA) There are now 94 registered departments, 44 of which have been invoiced.

3.1.2. *Invited Reviews* A draft of the Cumbria report has been sent to the Medical Director.

3.1.3 *Maternal critical care document*

3.1.4 *Guidelines for the Provision of Anaesthetic Services (GPAS)*

3.2.1 *National Emergency Laparotomy Audit (NELA)* RCoA is not required to attend the tender moderation meeting on 20 June 2017 due to the comprehensive nature of information supplied so far.

3.2.2. *Patient Quality Improvement Project (PQIP)* Council was encouraged to share details of the PQIP podcast and YouTube channel.

3.2.3 *SNAP-2*

3.2.4 *National Audit Projects (NAPs) and SNAPS*

3.3 *Perioperative Medicine (POM) programme* It was confirmed that the Massive Open Online Course (MOOC) endorsed by the RCoA will open shortly and will bring no financial benefit to the College.

3.4 *25th Year Anniversary* Council received analytics for the ARIES talks. Viewing figures are not as high as desired. Some promotional work including postcards and posters is planned. Linking an ARIES talk to a specific event has proved an effective way of encouraging viewers.

4.1 *Communications* Results of the internal communications audit are being analysed. The public awareness survey will cost approximately £3,000 + VAT, two-thirds of the original budget. It was noted that not all Council members were supportive of the public awareness survey, believing the College would learn nothing new from it. The President explained that engagement with the public is in the strategy and is one of the objects in our Charter and that the new Communications Directorate needs a baseline, especially as the last survey was undertaken 14 years ago.

4.1.1 *Strategic communications* Filming for the One Show has been scheduled for 3 July 2017. The film will shadow and follow the work of trainees particularly in obstetrics and ICM. This will be an opportunity to raise the profile of anaesthetists' work in clinical areas other than the operating theatre.

4.2.1 *Policy* The Queen's speech will include a draft patient safety bill giving statutory powers to the Healthcare Safety Investigation Branch (HSIB). A College response will be drafted.

4.3.1 *Transition of the Membership team*

4.3.4 "25 reasons..." membership benefits booklet

4.4.5 *Review of College membership engagement*

4.4 *President's Office*

5.1.1 *2016-17 Forecast*

5.1.3 *Designated funds transfer*

5.1.4 *Investment review*

5.1.5 *Investment policy*

5.1.6 *Membership subscription review*

5.2.4 *Building works*

5.2.3 *Catering contract*

5.2.4 *34 Red Lion Square rentals*

5.3.1 *Job descriptions*

6.1 *Infrastructure work stream* There is now a preferred supplier for the unified communications project.

6.2 *Architecture work stream* The TSP Council Sub Committee has approved the proposed re-planning/prioritising of TSP projects.

6.3 *Life Long Learning work stream* The President asked that the event run for CTs be repeated for Council in July.

Action: Pilot of new life-long learning platform to be presented to Council by TSP team.

Mr Blaney was asked if there had been any changes to the risk register. Mr Blaney explained that there had been no movement or additions but that the Audit and Internal Affairs Committee would look at the register later that day. The current risk register will be on the agenda for the September Council meeting.

CID/34/2017 Association of Anaesthetists of Great Britain and Ireland President's Report

Council received a written report from Dr Clyburn who had sent apologies for the Council meeting.

COMMITTEE BUSINESS

CB/68/2017 Council Minutes

The minutes of the meeting held on 19 May 2017 were approved with minor amendments.

CB/69/2017 Matters Arising

(i) Review of Action Points

All tasks were ongoing or complete.

CB/70/2017 Regional Advisers in Anaesthesia

There were no appointments or reappointments this month.

CB/71/2017 Deputy Regional Advisers

There were no appointments or re-appointments this month.

CB/72/2017 College Tutors

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

Northern Ireland

Dr C Turkington (Altnagelvin Hospital) in succession to Dr R Laird **Agreed**

England

KSS

Dr A Barakat (Frimley Park Hospital) In succession to Dr G Sridhar **Agreed**

Dr M Sange (Darent Valley Hospital) in succession to Dr Darshinder Sethi **Agreed**

North West

Mersey

*Dr S Swaraj (Royal Liverpool University Hospital) **Agreed**

North West

*Dr K Beresford (East Lancashire Hospital) **Agreed**

Yorkshire and the Humber

East & North Yorkshire

Dr S Price (Hull Royal Infirmary) in succession to Dr M Mallick **Agreed**

West Yorkshire

*Dr K Melarkode (Pinderfields Hospital) **Agreed**

CB/73/2017 Head of Schools

There were no appointments to note.

CB/74/2017 Training Committee

(i) Chairman of the Training Committee's Updates

Dr Penfold reported that the GMC had published a suite of documents *Excellence by Design*. At the same time *Designing and Maintaining Postgraduate Assessment Programmes* had been published which links with the generic professional capabilities framework (now approved by GMC Council) and the AoMRC's work on how to embed it into the curriculum. It also links with *Adapting for the Future* published in March 2017. All Colleges have until 2020 to produce a new outcomes framework for their curricula. A list of proposed members of the Core Curriculum Working Group will be submitted to the President's Meeting. Representation will be sought from FICM and FPM.

HEE had issued three proposals for changing the recruitment process across all specialties. The Recruitment Committee had concluded that, of the three options proposed, the RCoA should probably support the single transferable score system. Trainees in the four regional geographies in England would be interviewed where they choose, usually in their own area, their single score would be put into a national pot and then be linked to their preferences thus eliminating the need for a clearing system. The two other options were to retain regional recruitment with a clearing system, or a national centre. Whilst the consensus is probably to support a single transferable score there are some issues around who will support consultants travelling considerable distances for potentially several days of interviews. There is also the question of whether or not the devolved nations would all wish to continue to be separate recruitment centres. Drs Colvin and Darling confirmed that this was the desired position in Scotland and Northern Ireland. Council discussed:

- Quality assurance of scoring across the recruitment centres. It was understood that members of the Recruitment Committee had visited centres to assure standardisation of the scoring system and it was felt that a smaller number of centres will make it easier to produce a more

standardised result. In addition training packages are provided for those involved in the process.

- If the devolved nations retained their own centres, would they then feed into the single transferable score. It was understood that their scores would be fed into a UK-wide list and applicants would have preferred jobs they would or would not take. It was difficult to see the benefit of devolved nations having separate lists.

The College recommends that dual anaesthetic trainees who receive an outcome 3 for examination failure at the end of ST4 (or or ST4½ if appointed from August 2016) should stay in that specialty until an outcome 1 or outcome 4 has been achieved. Therefore, an anaesthetic trainee who has not passed the Final FRCA exam by the end of ST4 should go into a remedial post within the anaesthetic rotation.

(ii) 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. Those names marked with a # have also been recommended for sub-specialisation in Pre-Hospital Emergency Medicine.

London

Dr Iain Thomson
Dr Sriram Naithilath

North Central London

Dr Judith Cheong-Leen

South West

Bart's & The London

Dr Anna Malik

Peninsula

Dr Mark Pauling

South East

Dr Caroline Pocknall

Wessex

Dr Lucy Marshall
Dr Timothy Martindale ^{Joint ICM}

Northern

Dr Mark Worrall

West Midlands

Scotland

Stoke

Dr Mohan Vellalapalayam
Sathyamoorthy
Dr Elizabeth Willetts
Dr Gurinder Malhi

West of Scotland

Dr Andrew Grant
Dr Mark Patek
Dr Rajib Ahmed
Dr Kim Flatman
Dr Stuart Hannah
Dr Alistair Maddock
Dr Jill Selfridge ^{Joint ICM}

Yorkshire & The Humber

West Yorkshire

Dr Sheila Black
Dr Ossian Auckland-Child

CB/75/2017 Examinations Committee

Dr Donald presented the minutes of the meeting held on 4 May 2017, drawing Council's attention to:

- EX/12/17 Chair/Vice Chair of Examinations selection process
- EX/23/17 Examiners working less than full time

Council discussed:

- The possibility of a challenge against FICM's expansion in its examination of the number of questions from 90 to 100 without additional time. It was reported that this had come from a recommendation from the GMC and comments are awaited on FICM's submission to the GMC.

CB/76/2017 Workforce Advisory Group

The Chairman, Dr Colvin, presented the minutes of the meeting held on 16 May 2017, drawing Council's attention to:

- Workforce census
- Communication with HEE regarding trainee recruitment and fill rates
- Work with GMC and UKMED on supply/demand and progression
- International recruitment options

Council discussed:

- Plans to follow up on supportive regional visits. The visits had been well received and it had been appreciated that the College was showing an interest. It was suggested that follow-up would be useful to find out what had happened, if the regions concerned had taken advice and what had proved useful for them. Dr Colvin reported that there had been discussions about using some of the lessons picked up in these regions in terms of generic support. Follow-up reports will be requested from RAAs and lessons learnt will also feed into stakeholders events to be held in the three regions in England with low fill rates.
- It was suggested there is a need to see what is on the Shortage Occupation List in relation to the RCoA's specialties and consider supporting the membership by making a submission to the Home Office. It was suggested that unfilled ST3 posts was not a basis for a submission but was more of a case to strengthen the ACCS/CT supply. It was agreed the RCoA should have a strategy ready to implement should its specialties be included on the list. It was agreed that the Workforce Advisory Group should consider what the pitch would be if there is a case for making a submission. The timescale for annual submissions would also need to be identified.

CB/78/2017 National Audit Projects (NAP) and Sprint National Anaesthesia Projects (SNAP) Task and Finish Meeting

The Chairman, Professor Mahajan, presented the minutes of the meeting held on 24 April 2017 drawing Council's attention to:

- *NAPs-SNAPs/04.2017/5 1st Breakout Session: SWOT Analysis*
- *NAPs-SNAPs/04.2017/7 2nd Breakout Session: National Priorities*

Council received the HSRC's recommendations on the future of RCoA NAPs and SNAPs. Council discussed:

- The importance of enabling fellows to be involved in the selection of the topic and be part of the output.
- NAPs have had a major impact on the RCoA's national and international standing
- 28 separate topics were submitted last time suggestions were sought for NAPs.
- NAPs have done a fantastic service to the specialty but the College needs to be clear on whether it is going to produce topics that are relevant to the wider patient population and will produce measurable benefits for patients. Aligning 'big ticket' public health issues with what is important to the specialty will enable the College to maintain the pre-eminence of its quality improvement portfolio.
- The role of NAPs and SNAPs, especially the latter, in engaging anaesthetic departments and especially trainees in College-related activities other than examinations.
- The need to increase support to consultants leading NAPs and SNAPs.
- Council should take the leadership in the process alongside the HSRC.

Council agreed in principle to the recommendations as stated in the HSRC document.

CB/79/2017 Finance Committee

The Chairman, Dr Fazackerley, presented the minutes of the meeting held on 19 May 2017 drawing Council's attention to:

- *F/19/2017 Income, Fees and Charges*
- *F20/2017 Designated Funds 2016-17* Profits from the previous year will be transferred primarily to the TSP Fund and RCoA Research Fund. It was noted that these funds could not be put into reserves.
- *F24/2017 Investment Policy* The RCoA will need to consider very soon how to crystallise the funds in order to pay for the TSP. Portfolio Review Services will produce a report recommending the best way to do this. Consideration also needs to be given to the level of risk the RCoA is willing to undertake in its investments.
- *F25/2017 Estates Strategy*
- *F/18/2017 Proposed budget 2017-2018* Mr Blaney described the budget setting process. The pay policy has impacted on the budget with a transition of funds required. In the long-term the pay budget should stabilise or even reduce as staff turnover. Some non-pay budgets have been cut. In terms of efficiencies, the RCoA's existing expenditure has been considered and the College is reviewing its procurement. One of the items included in the budget is work with LUPC which enables the College to access an advanced level of procurement including access to a procurement officer.

Council discussed:

- The surplus of 0.21% amount to be put into the reserves is smaller than the amount previously put into reserves. One of the RCoA's historical cultural anomalies has been to underestimate income and

overestimate expenditure in terms of budget setting. The planned procurement exercise will drive value into non-pay budgets. There is however a risk in setting a more realistic budget and it is the responsibility of Trustees to monitor that. This should be the last year with such a small surplus. The College needs to build up a reserve equivalent to three months' expenditure as per its previously agreed policy and will be looking for a budget to aspire to that next year. It was agreed when setting the five-year strategy in 2016 that the College would have two relatively break-even budgets.

The President introduced Ms Davina Walter and Ms Thomasina Findlay from Portfolio Review Services (PRS). The RCoA has an investment portfolio of just under £10 million and PRS had been appointed by the Finance Committee on behalf of Council to conduct a governance review of the current portfolio. As part of the review PRS had visited the RCoA's four investment managers. Assets at the time of the report were valued at just under £10 million but are currently worth approximately £10.3 million. Despite that, PRS had several recommendations to put Trustees in better oversight of the assets as well as some housekeeping points.

Council discussed:

- Why it is recommended that the RCoA remains with four investment managers rather than one which would be cheaper and easier. PRS responded that, excluding Mayfair which is invested in property, the other three managers are all doing the same sort of work.
- Investment managers' structures and on costs.
- The possibility of a fund manager investing some of the portfolio in safe products and others in higher risk higher return products.
- Is the RCoA as a charity obliged only to invest in funds that are managed for charities or can it invest in non-charitable investment funds if they meet its ethical stipulations.
- Despite the Finance Committee's decision three or four years ago to diversify its holdings the RCoA has not really done so but instead has spread them across three different managers.
- An Investment Committee supporting the Finance and Resources Board would enable the College to use its investment managers more effectively and take advice from them.
- The suggestion that the RCoA does not need an investment committee as the current set-up is working.
- The College has never set a level of risk it is willing to take and that needs to be added into the investment policy.

Council approved the motion listed under M/26/2017.

MATTERS FOR INFORMATION

I/14/2017 Consultations

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

I/15/2017 New Associate Fellows, Members and Associate Members

Council noted the information circulated electronically with the papers.

PRESIDENT'S CLOSING STATEMENT

PCS/6/2017

- a) The July meeting will commence with a Trustee only discussion around intensive care issues.
- b) The Queen's speech will include a Health Safety Bill that will establish the Healthcare Safety Investigation Branch (HSIB) formally in statute. As part of that there will be prohibition of disclosure of information to allow participants who give information to be as candid as possible. The Queen's Speech also indicates that parliament will look at mental health legislation and the digital economy in terms of data protection.

MOTIONS TO COUNCIL

M/23/2017 Council Minutes

Resolved: That the minutes of the meeting held on 19 May 2017 be approved subject to minor amendment.

M/24/17 College Tutors

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

Northern Ireland

Dr C Turkington (Altnagelvin Hospital) in succession to Dr R Laird

England

KSS

Dr A Barakat (Frimley Park Hospital) In succession to Dr G Sridhar
Dr M Sange (Darent Valley Hospital) in succession to Dr Darshinder Sethi

North West

Mersey

*Dr S Swaraj (Royal Liverpool University Hospital)

North West

*Dr K Beresford (East Lancashire Hospital)

Yorkshire and the Humber

East & North Yorkshire

Dr S Price (Hull Royal Infirmary) in succession to Dr M Mallick

West Yorkshire

*Dr K Melarkode (Pinderfields Hospital)

M/26/2017 Finance Committee

Resolved: That Council approves the proposed budget for 2017-2018.

CEREMONIAL

C/4/2017 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 Manasi Bhagwat, Norfolk and Norwich University Hospital

Dr Simon Chau, Barnsley Hospital, NHS Foundation Trust

Dr Stuart Dolling, Salford Royal Foundation Trust

Dr Manab Haldar, Queen's Hospital

Dr Billing John, Nevill Hall Hospital

Dr Sumitra Lahiri, The Royal London Hospital

Dr Andrew Lindley, Leeds Teaching Hospital NHS Trust

Dr Visweswar (Nat) Nataraj, The Royal Surrey County Hospital

Dr Judith Nolan, Bristol Royal Hospital for Children

Dr Jeremy Stone, Northampton General Hospital