

MEETING OF COUNCIL

Minutes of the meeting held on 13 March 2018
Council Chamber, The Royal College of Anaesthetists

Members attending:

Dr L Brennan, President	Dr C Carey
Professor R Mahajan, Vice-President	Dr R Perkins
Dr J Fazackerley, Vice-President	Dr J Cheung
Dr S Fletcher	Dr C Mallinson
Dr W Harrop-Griffiths	Dr S Ramsay
Dr K May	Dr H Johannsson
Professor M Grocott	Dr C Shannon
Professor E O'Sullivan	Dr M Forrest
Dr D Bogod	Dr J Strachan
Dr K Ramachandran	Dr J Hughes
Dr L Williams	Dr A Theron
Dr F Donald	Dr D Selwyn
Professor J Hall	Dr Paul Clyburn (AAGBI)

Ms C Pellow, RCoA Lay Committee
Dr M Nixon, Clinical Quality Advisor

In attendance: Mr T Grinyer, Ms S Drake, Mr R Ampofo, Mr M Blaney, Ms K Stillman and Ms S Thomas

Apologies for absence: Professor M Mythen, Dr J Pandit, Dr C Waldmann

1. CEREMONIAL: New Council Members

The recently elected Council members were admitted to Council:

- Dr Claire Mallinson
- Dr Sarah Ramsay
- Dr Helgi Johannsson
- Dr Claire Shannon
- Dr Mark Forrest
- Dr Jamie Strachan

2. COUNCIL IN DISCUSSION

President's Opening Statement The President announced

- a) Prof Grocott has been appointed to the role of NIHR Senior Investigator, a prestigious appointment, very rare for anaesthesia, a step forward in recognition for anaesthesia by the NIHR and is also a reflection of Mike's standing within the academic community.
- b) Sethina Watson, a trainee anaesthetist was the curator of the @NHS twitter account last week and obtained excellent social media coverage for the speciality
- c) Kirstin May has been invited to join an HEE SAS working party that includes representation from NHS Employers, NHSI and other stakeholders
- d) The deaths of Dr John McKenna, Dr Mirtunjay Kumar Varma and Sir Malcolm Macnaughton. Council stood in memory.
- e) The President reminded Council members that there is an open invitation to attend President's Meetings either in person or by video or teleconferencing. Meetings usually take place on a Tuesday morning from 10.30 am to 12.30 pm. Council members to contact the President's Office to confirm

- attendance. From June onwards proposed that we hold a 'PM+' on the fourth Tuesday of each month to which Board Chairs would be invited to regularly attend
- f) Thanked the staff – the President's Office, Facilities and Catering teams – who were involved in organising last night's Anniversary Dinner.
 - g) Dr Jane Tanaka was elected to the consultant board position for Aneurin Bevan University Health Board in Wales. Dr Tanaka received 66.7% of the vote. Impressive engagement with elector turnout of 60.6%. For each of the other Welsh Health Boards there was only one nomination and therefore the following have been elected unopposed:
 - Abertawe Bro Health Board: Dr Christine Range, Morriston Hospital
 - Betsi Cadwaladr Health Board: Dr Declan Maloney, Ysbyty Gwynedd Hospital
 - Cardiff & Vale Health Board: Dr Tessa Bailey, University Hospital
 - Cwm Taf Health Board: Dr Dom Hurford, Royal Glamorgan
 - Hywel Dda Health Board: Dr Alun Thomas, Glangwili General Hospital
 - SAS vacancy: Dr Kevin Draper, Royal Gwent Hospital
 - h) Chris Carey and Andy Smith gave a presentation to the Medical Schools Council Education Leads meeting on 23rd February. The presentation was well received and there was unanimous support for the framework. New council members encouraged to review undergraduate framework
 - i) Applications to the role of Trustee of the RCoA closed 15th March. There has been healthy interest in the vacancies. Interviews will take place on 18 April.
 - j) Thanks to all volunteers and staff who kept the College running smoothly during the severe weather a few weeks ago
 - k) Imperial NHS Trust anaesthetic department hosted shadow health Secretary of State, Jonathan Ashworth. Helgi Johannsson reported he was very engaged. Helgi and his colleagues stressed the importance of training, recruitment, capacity and patient flow. He saw how we train for crises on the labour ward. Visit went well and was well received on social media.
 - l) The president would be conducting patient safety visits in London and the East Midlands with Jeremy Hunt on 15th and 16th March, following on from similar visits undertaken by RCP President Jane Dacre, RCPL president, in February. The president attending in the role of Clinical Expert in Anaesthesia.
 - m) STP Clinical Leads meeting. Attended by Dave Selwyn and Janice Fazackerley. Key action is to revise contacts list for Colleges and STPs.
 - n) RCoA nominations for AoMRC reps for external bodies were submitted - President to represent on FMLM Board, Ramani Moonesinghe on UK Clinical Research Collaboration and Will Harrop-Griffiths on BMA private practice committee
 - o) GIRFT vascular surgery report - recently published; good to see perioperative medicine heavily referenced
 - p) Joint fatigue project between the RCoA, AAGBI and FICM - lots of comms planned for World sleep day on March 16th
 - q) CEO and President travelled to Cardiff on 26th February for a productive meeting with Vaughan Gething AM, Welsh Cabinet Secretary for Health and Social Services along with Welsh Board leadership
 - r) Attended our sixth monthly catch up meeting with Charlie Massey, GMC CEO on 27th February. We discussed the Bawa-Garber case; regulation of PAAs and ACCPs, MTI concerns on seasonal visa applications, expanding MTI, Pearson review on revalidation; curriculum review, next steps for medical licensing assessment, morale and welfare survey, fatigue.
 - s) Academy Officers, including the president, were invited to an extraordinary meeting GMC CEO Charlie Massey on 7th March to discuss Bawa-Garba case.
 - t) We had a useful introductory meeting with Steve Powis, incoming Medical Director of NHS England on 6th March.
 - u) We are planning to meet with incoming President of the RCPCH, Russell Viner when he takes up post on 14th March 2018.
 - v) CEO & President will travel to Belfast on 20th March to attend the Northern Ireland Board where the Permanent Secretary for Health will be attending and to Cardiff on 17th April to attend the Welsh Board.
 - w) The 2018 Presentation of Diplomates Ceremony will take place on 4th May at Central Hall, Westminster. Tor Laedal will give the keynote presentation, Council members urged to attend.
 - x) The inaugural RCoA Summer Reception will take place in July 2018.

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 College strategy. They drew Council's attention to the following:

- Council members are asked to (re)familiarise themselves Charity Commission's eligibility statement, Council code of conduct and declaration of interests and asked even if none are declared, check that is still the case by the end of March 18.
- Governance review. Working on agenda for AGM where the Privy Council have suggested we include a 'latitude clause' to allow any further minor changes to the Charter & Ordinances, with the agreement of RCoA Council without the need to call an EGM.
- Lay trustee appointments – presented rough timetable for the interview day, 18 April. Council endorsed the timetable.
- Strategy. Directors reviewing their areas of the strategy following all staff meeting which was a positive session with good staff engagement. Strategy will be amended. Council asked to send comments by the end of the month.
- Over 50% now engaged with ACSA.
- GPAS – 5 new chapter updates to be published next week
- Advert for NAP 7 topics. To be shortlisted using established methodology. Will come back to Council to endorse in due course.
- Diplomates Day on 4 May, at capacity. 22 & 23 May Anaesthesia 2018 currently 180 delegates and with six weeks to go on target to sell out. Council members should let Event team know they are attending. Record number of abstracts and all sponsorship spaces have been sold.
- Global Partnerships – Following RCoA support Hong Kong curriculum approved by Hong Kong medical council. 11 candidates sit FRCA final MCQ in Hong Kong last week at the same time candidates sitting it here.
- Pleased to announce that first part of user acceptance testing on the Life Long Learning system completed. Positive, constructive feedback. We have a draft implementation plan. National training event for ePortfolio leads in May – first step of cascade training. Go live in August. Further training regionally.
- Media coverage with FICM in the Guardian around critical care capacity, taken up by The Times subsequently.
- Building surveys completed – shared with chair and vice chair of the Finance Committee. Facilities are considering. Surveyor has detailed work which is recommended to make the building more fit for purpose.
- Appraisal cycle for College staff starts in April for completion on June

Association of Paediatric Anaesthetists (APA) fasting guidelines

Dr Perkins presented on the APA Fasting Guidelines seeking Council's view on RCoA support. Council discussed:

- Similar issues with adults and hypoglycaemia.
- Difficult to change behaviour and very difficult to enforce but coming from an organisation like us it might hold more weight.
- Is the evidence base for adults the same as children?
- Due to factors outside our control we risk starving people all day due to bed capacity issues in many hospitals.
- Increasing body of evidence, we can starve people for clear fluids for one hour safely.
- Should be incorporated as a GPAS standard.
- Behavioural difficulties when starved are not exclusive to children.
- Given this is international evidence, what is the adoption of this evidence internationally? If we are going to escalate to adult population. What is everyone else doing? Has been endorsed by the ESA for children.

Dr Perkins summarised that the feeling is that we are behind these guidelines and Council agreed to support, would incorporate into GPAS – with Sharon Drake taking them to chapter development group.

Update regarding Dr Bawa Garba ruling

The president introduced the discussion around Dr Bawa Garba by reminding Council of the events surrounding the case. Most recently the RCoA has met formally with GMC chief executive Charlie Massey. The President had subsequently met as Vice Chair of AoMRC, along with Academy officers, Chair of the GMC Terrence Stephenson and Charlie Massey. During these meetings they had raised the concern that GMC responses have been about impact on the GMC and pressed that the GMC should acknowledge the huge impact, anxiety and distress it has caused to the profession. They had also talked about the issue of documenting reflection on clinical practice. Some comments in the media on this topic had been spurious as what actually was considered in evidence was not reflection, but an

appendix to a witness statement which was deemed inadmissible by the Court. Nevertheless, this had caused anxiety and guidance on reflection has been updated and would continue to be so.

Dr Carey outlined the Academy and CoPMED's interim guidance on reflection. This includes information about what reflection actually is. Reflection is not about detailing mistakes. Anxiety in training community about what reflection actually is. If it is in line with these guidelines, much less risk of this being used in legal proceedings. This applies to all doctors – as part of appraisal/revalidation. AoMRC working group established to look at more definitive guidance. We will have input into this. Looking at how reflection is used in ARCPs. Trainees have flagged inconsistencies.

Council discussed

- The guidance was a sensible doc to be shared with educational supervisors and trainees. Good response that they found it helpful. Important to remember that ARCP can take place a long time after an incident has taken place. Important to support people when a serious incident takes place – understanding what a serious incident is and being involved in the investigation.
- Important to support people in a no blame culture.
- We should also give guidance to the specialty and people should also reflect on excellent practice and positive experiences.
- Important to emphasise that the anaesthetic curriculum does not require a specific number of reflections for successful ARCP sign off.
- Document is useful as reminds us that documenting on the ePortfolio is just part of the process of reflection. Helps to remind that no patient identifiers should be typed in. New Life Long Learning platform will help to reinforce how reflection should be used. Document is helpful in giving specific guidance to what reflection is, not related to regional variations in requirements for reflection. Discussed at trainee committee. Trainees would appreciate more support.
- Need to remember history of MPTS and GMC, which was set up as the GMC was previously acting as 'judge and jury' in FTP cases. Concern that GMC have the right of appeal against MPTS judgements they disagree with which is a right other healthcare regulators do not have. Degrades the reason it was set up – as an independent, arms length body.
- The document lacks worked up examples. This might be a specialty specific area but worked up examples of bad practice in reflection would help. A framework which will help people reflect. In the same format we reflect on serious incidents.
- Need to wait until the generic guidance is out to which we can add specialty related examples. To jump gun and do something ahead of that might not be the best option. Pointed out that all specialties are meant to do a time out and reflect jointly. If you participate – something positive – if you take part actively and have a history of taking part – this will satisfy reflection for the time being.
- The Bawa Garba ruling has had a huge international impact – known everywhere. This could affect recruitment, so important we get this right.

The President thanked Council for a useful discussion and said we would feed these comments into Dame Clare Marx, who was holding an independent inquiry into gross negligence medical manslaughter (and the equivalent in Scotland) commissioned by the GMC. He invited Council if anything else they feel needs to be raised, to contact him via email.

BJA / RCoA Liaison Group

Dr Fazackerley presented the notes of the first meeting of the BJA/RCoA liaison group.

The group will meet twice per year. BJA are chairing this year, we chair the next year's meetings.

A further matter was discussed that that required a decision from Council. The meeting had suggested a system where a College representative is co-opted to the BJA Board of Directors and in return a BJA representative would be co-opted to the College's Council. Both would not have voting rights. This was to be a better arrangement that avoided the conflict of interest problem.

Dr Bogod highlighted that there is still a question of what exact print copy members of the college will be getting. Discussion around increasing online presence and reducing print output. We have a separate working party looking at this.

The President suggested that the proposed new arrangements should be reviewed after one year.

Motion: Council approval is requested for the proposals regarding role of the RCoA in BJA structure set out in the attachment (5a. and 5b.). **Motion AGREED**

Association of Anaesthetists of Great Britain and Ireland President's Report

Council received a written report from Dr Clyburn who drew Council's attention to:

- *AAGBI experimenting with webinars and rolling out a programme of regular webinars. Can bring in international speakers at zero cost*
- *Scottish GAT on 4-6 July. Please encourage and facilitate trainees to attend.*
- *New database and website launch in August together with new brand for the AAGBI.*
- *Fruitful meeting with ESA executive. They are looking at revalidation processes*
- *Fatigue project- please join in with social media campaign.*

3. COMMITTEE BUSINESS

Council Minutes

The minutes of the meeting held in February 2018 were approved with minor amendments.

Matters Arising

Review of Action Points

- Speakers at council meetings moving forward, in particular leaders in healthcare, the President reminded Council members to send these through.
- Council members were asked to make appointments with the president's office for their appraisals
- All other tasks were ongoing or complete.

Regional Advisers

Council **agreed** the following appointments and re-appointments (re-appointments marked with an asterisk):

Mersey

Dr Omar Al Rawi to succeed Dr Ewen Forrest with effect from August 2018.

St George's

*Dr Rene Suite to serve a 2nd term as Regional Adviser Anaesthesia for St George's

Deputy Regional Advisers

There were no appointments or re-appointments this month.

College Tutors

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

Scotland

West of Scotland

Dr S K Timalapur (Royal Alexandra Hospital) in succession to Dr P O'Neil

KSS

Dr H Thanuvan (Queen Elizabeth, the Queen Mother Hospital) in succession to Dr R Poddar

London

Imperial

Dr C Chan (Central Middlesex Hospital) in succession to Dr A Prabhu

Barts & the London

Dr A Mosharaf (King George's Hospital) in succession to Dr V Patil

Head of Schools

There were no appointments to note this month.

CB/86/2017 Training Committee

(i) Chairman of the Training Committee's Update

Dr Carey reported:

- That Brigadier Robin Simpson, lead dean for anaesthesia at HEE, had indicated a number of trainees in dual CCT programmes had dropped one or other of the components. HEE have flagged as a matter for concern.
- RCPL has Chief Registrar programme, which it set up a few years ago and has now been taken up by a number of Trusts. It is clear that there is a substantial financial investment in this area. While this is something we are not looking to replicate we are looking at the details. SMT is working on reviewing fellowship posts
- College Tutors meeting on 14 and 15 June in Leeds. All Council members encouraged to attend.

(ii) Certificate of Completion of Training

Council recommendations made to the GMC for approval, that CCTs/CESR (CP)s be awarded to those set in the enclosure, 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 Jennifer Briggs*

Kent, Surrey & Sussex

Dr Smita Gosavi

Dr James Hayward *

Dr Simon Hill *

London

Imperial

Dr Edward Costar

Dr Anoop Patel

Dr Kate Tatham *

North Central London

Dr Sarah Ciechanowicz

Dr Kathryn Flavin *

Dr Danielle Reddi

Dr Hannah Scott

Barts & The London

South East

Dr John Coombes

St George's

Dr Natasha Woodman

North West

Mersey

Dr William Gauntlett

Dr Marc Lyons

North West

Dr Leila Nasser

Dr Dzmitry Zabauski

Northern

Dr Thomas Cairns *

Dr Athanasia Chatziperi

Dr Ramappa Mudimadagu

Northern Ireland

Dr Rosalind O'Reilly

Oxford

Dr Philip Duggleby *

Scotland

South East Scotland

Dr Mark Howley *

West of Scotland

Dr Juliana Sisk

Dr Miriam Stephens

Wales

Dr Agnieszka Ganska

Wessex

Dr Thomas Hutley

Dr Laura Wood
West Midlands
Warwickshire
Dr Mahul Gorecha
Dr Mark Pais
Yorkshire & The Humber
West Yorkshire
Dr Owen Boyle *
Dr Neil Roy

Examinations Committee

Dr Perkins presented the minutes of the meeting held on 8 February 2018 drawing Council's attention to:

- There has been a debate with the Equivalence Committee on 'test of knowledge' for CESR applications. The Exams Committee will liaise with equivalence committee on QA of external exams as a valid test of knowledge for CESR applications
- Exams review due in 2018 – a lot of changes proposed, i.e. CRQs and change of structure to SOE
- Problems with recruitment and retaining examiners – an obstruction is certain groups who work less than full time want to examine. Decided to consider more flexible examiner working.
- CRQ pilot exam taken place – was well received by candidates and standard of answers in line with current SAQs
- Welfare and Morale report – looking at the section concerned with exam concerns. This will be covered under the curriculum review..

Council **approved** the following motions:

Motion: Council approval is requested for Dr Chris Leng to take up the position of Chair of the Primary FRCA examinations from 1st August 2018. (Chris will succeed Dr Mark Blunt who will stand-down as Chair at the end of the current academic year).

Motion: Council approval is requested that the Primary and Final FRCA Examinations (Selection and Appointments of Examiners) Regulations are amended to include 'flexible working' see Appendix A.

Motion: Council approval is requested that the examiner applicants listed at Appendix B are selected as examiners elect for academic year 2018-2019.

Motion: Council approval is requested for Dr Geraint Briggs to continue his term as an FRCA examiner with effect from 1 September 2018.

National Institute of Academic Anaesthesia Board

Council received and considered the minutes of the meeting held on 17 January 2018. Professor Grocott spoke to this item:

- Research council chair will be Dr Mike Nathanson
- Strategy away day in July

Finance Committee

Council received and considered the minutes of the meeting held on 7 February 2018. Dr Donald introduced this item:

- Now have two committees to sit under finance board; General Purposes Committee and Investment Committee
- Proposed investment policy tabled for discussion by Council.
- 2018-2019 budget setting, including a timeline for how the process goes forward for next college financial year starting in summer.
- Financial regulations, including expenses discussed at length

Motion: Council approval is requested for the updated Investment Policy. **AGREED**

4. MATTERS FOR INFORMATION

Consultations

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

New Associate Fellows, Members and Associate Members

Council noted the information circulated electronically with the papers.

5. PRESIDENT'S CLOSING STATEMENT

The President updated Council on debate in Australia and Ireland on the name of the specialty, who are considering renaming the specialty as 'anaesthesiology' in the title of their respective colleges. Agreed to monitor but Council expressed no desire at present to change as there are many more pressing priorities.

6 CEREMONIAL: To admit Fellows ad eundem:

- **Dr Richard Laird**
- **Dr Peter Merjavý**