

MEETING OF COUNCIL

Edited Minutes of the meeting held on 19 May 2017 Playfair Hall, the Royal College of Surgeons of Edinburgh

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 J Langton
Professor R Mahajan
Professor R Sneyd
Dr A Batchelor
Dr C Waldmann
Dr J Colvin
Dr N Penfold
Dr J Fazackerley
Dr S Fletcher
Professor M Mythen
Dr J-P Lomas

Dr W Harrop-Griffiths
Dr K May
Professor M Grocott
Dr K Ramachandran
Dr F Donald
Professor E O'Sullivan
Dr L Williams
Dr C Carey
Dr R Perkins
Dr J Cheung
Dr A Theron
Dr D Selwyn

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

Apologies for absence: Professor J Pandit, Dr D Bogod, Professor J Hall, Dr Bob Darling, Dr P Clyburn, Dr A-M Rollin and Mr R Thompson

REGIONAL ADVISER IN ANAESTHESIA INDUCTION

The President welcomed Dr David Semple, Regional Adviser in Anaesthesia (RAA), for South East Scotland, to Council. Although he has been an RAA for some time, Dr Semple was attending a Council meeting as part of the refreshed induction process being implemented for new and existing RAAs.

Dr Semple explained that there are four RAAs in Scotland who work closely as a team. Many of the problems faced by the specialty in Scotland are identical to those faced throughout the UK, e.g. rota gaps. Availability of sufficient political leverage around the time of the last independence referendum had resulted in funding for more core trainees which in turn had overcome recruitment issues that had arisen as a result of there being insufficient core trainees to recruit to specialist trainee numbers. Council noted that whilst it is relatively easy to fill posts in Southern Scotland, those in North East Scotland remain harder to fill.

One of South East Scotland's strengths is the ability to treat almost all cases with the exception of cardiac and advanced paediatric cases that are treated elsewhere.

South East Scotland experiences major issues around recruitment to intensive care medicine (ICM) and pain medicine. For example, a new 36-bed intensive care unit will be opened next year and there are insufficient doctors to fill the consultant vacancies.

Despite the trainee contract not being imposed in Scotland, trainees have joined in with unhappiness expressed by trainees throughout the country although not to the same degree.

The last three years has seen the reinvigoration of the academic department. There is also an undergraduate anaesthesia, critical care and perioperative medicine (POM) programme offered.

It was reported that some trainees had left following the previous independence referendum. If this returns to the political agenda, problems with recruitment may intensify once more.

Council discussed:

- Physician's Assistants (Anaesthesia) (PA(A)s). There are eight PA(A)s in Scotland on the Voluntary Register and whilst they play a valuable role it is not that of a senior trainee or consultant. The PA(A) role was funded as a central project in Scotland approximately seven to eight years ago and was heavily subsidised and promoted. By contrast, the Advanced Critical Care Practitioner (ACCP) work originated from the grassroots and is seen as a positive workforce solution in Lothian, Lanarkshire and Grampian. It is hoped that support can be obtained from the Scottish government and NHS Education for Scotland (NES).
- Funding of PhDs and MScs. 20% of PhDs are funded by the Edinburgh Academic Programme with the remainder being externally funded.
- The value to the Royal College of Anaesthetists (RCoA) of the four Scottish RAAs working together, through the RCoA Advisory Board for Scotland, alongside Regional Advisers in ICM and Pain medicine. This structure provides a strong connection to NES.
- The value of the RCoA structure to RAAs in Scotland. The RCoA Advisory Board for Scotland works well and enables RAAs to convey coherent messages via the Chairman, Dr Colvin, to RCoA leadership.

COUNCIL IN DISCUSSION

CID/26/2017 President's Opening Statement

- a) The President welcomed attendees to the meeting. It was a historic occasion in that it was the first RCoA Council meeting to take place outside England. This was an important landmark for the RCoA as an organisation representing the whole of the UK.
- b) Professor David Jones has been appointed National Institute for Health Research (NIHR) Dean for Faculty Trainees. Professor Jones had spoken at the National Institute of Academic Anaesthesia's (NIAA) Annual Scientific Meeting where he had articulated quite clearly that "acute care" (anaesthesia, emergency medicine and critical care) is deemed to be a priority area for expansion.
- c) Getting it Right First Time (GiRFT) Adviser interviews have been completed for anaesthesia and ICM. Recommendations for appointment have been made but the successful applicants cannot be announced during purdah.
- d) Congratulations were offered to ABM Health Board from Wales who had won the *British Medical Journal (BMJ)* Anaesthesia Team of the Year award for an initiative on alleviating preoperative anxiety. Congratulations were also offered to Imperial NHS Trust for winning both the Surgical Team and Patient Engagement awards for the 'Prepare for Surgery' initiative led by anaesthetists.
- e) Dr Lila Dinner has been appointed to a senior management position within her Trust and will therefore be resigning as Lead RAA.
- f) The President announced the deaths of Dr Morag Bastable and Dr Eric Holmes. Council stood in memory.
- g) Dr Harrop-Griffiths updated Council on negotiations with the *British Journal of Anaesthesia (BJA)* regarding the subvention paid by the RCoA.
- h) There are continuing delays to the *BJA* mailing. This has been ongoing for several months and is causing reputational damage to the RCoA. It has been agreed that the *Bulletin* will be distributed separately as it is not subject to any delays as these are the responsibility of OUP. It will continue to be distributed separately whilst the delays continue. The College continues to lobby the *BJA* to hold Oxford University Press (OUP) to account over the ongoing delays.
- i) The President and members of the RCoA Advisory Board for Scotland had met the Chief Medical Officer (CMO) for Scotland, Dr Catherine Calderwood earlier that day. Topics discussed included:
 - a. Promoting safety and quality in Scotland through ongoing dialogue with Health Improvement Scotland by way of joining up learning from adverse events work with the Safe Anaesthesia Liaison Group (SALG) and the rest of the UK.
 - b. Collaborative working.
 - c. Recognition of the Anaesthesia Clinical Services Accreditation (ACSA) process in Scotland.
 - d. Realising the *Realistic Medicine* report and the RCoA's alignment with and support of that, especially around the POM programme.
 - e. The RCoA's support for the Scottish POM Leads' Group.
 - f. Workforce issues in anaesthesia and ICM including College support for areas with recruitment issues.
 - g. Contractual aspects of job planning, contracts and issues regarding assistance for anaesthetists in Scotland.

- j) The RCoA has published a non-partisan College manifesto ahead of the forthcoming general election. The document focuses on the priorities for healthcare in general and anaesthesia specifically. The manifesto has been circulated to all the major political parties with representation at Westminster and has also received *BMJ* coverage.
 - k) The RCoA has co-badged an NHS Confederation general election debate on healthcare issues scheduled for 24 May 2017. The Secretary of State will attend along with representatives from other major parties. The President hoped to attend the meeting in person.
 - l) There have been a few informal gatherings at international meetings to compare POM curricula as they develop around the world. The informal group is gaining momentum and has started to meet on a more regular basis with the aim of working towards producing an international position on what it means to be a POM physician with a background in anaesthesia. The President was asked if the RCoA would host the next meeting in July 2017 when many of the key representatives would be in London for another meeting. The President agreed that the RCoA will host the next meeting as doing so will be a positive stance in confirming the RCoA as international leaders in POM.
 - m) The Privy Council has agreed the change for trainee member voting in Council elections.
 - n) The malware attack on the National Health Service (NHS) had not affected the RCoA. All College PCs and laptops have been checked and updated anti-virus software has been installed. Thanks were offered to the IT Department for their swift intervention.
 - o) The recent listening event in Dunkeld, Scotland was well received and attended by approximately 40 anaesthetists in training. It was preceded by a shorter event which included consultants. Questions were received on a range of issues including the implications of a yes vote in a second Scottish independence referendum.
 - p) The Trainee Committee, in conjunction with the Group of Anaesthetists in Training (GAT), has launched a "Knock it out" campaign on social media which is aimed at highlighting the problem of bullying and undermining. As far as the College is aware it is not a major issue within the specialty but it is important not to be complacent. It was noted that this belief is based on the GMC trainee survey and it has recently been shown that 85% of trainees would not use the survey as a way of highlighting the problem. Frequently asked questions (FAQs) are available on the RCoA website.
 - q) The RCoA is co-authoring a sustainability statement with the AAGBI. Dr Williams and Dr Tom Pierce have provided input on behalf of the College.
 - r) The President had met with Dr Taj Hassan, President of the Royal College of Emergency Medicine (RCEM). Topics discussed included pre-hospital emergency medicine. It was agreed that regular meetings between the RCoA (including the Faculty of Intensive Care Medicine (FICM)) and RCEM would be mutually beneficial. The President sought volunteers from Council to represent the RCoA at the meetings. *Post-meeting note: Professor Grocott has agreed to represent the RCoA although a second representative would be helpful.*
 - s) Diplomates' Day had been very successful. The President expressed his gratitude to all involved in the event. Council members were asked to email either himself or Mr Grinyer with suggestions regarding improvements for future Diplomates' Days.
- Action: Council to email Mr Grinyer or the President with suggestions regarding improvements for future Diplomates' Days.**
- t) The President thanked Ms Regan, Ms Emma Bennett, Dr Colvin, Professor Mythen and Dr Fletcher for organising the Council and strategy meetings in Edinburgh.

CID/27/2017 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
- 1.3 President and Vice-President elections
- 2.1 e-Learning Anaesthesia
 - 2.1.1 Education strategy
 - 2.1.1 Planning for flagship and large meetings
 - 2.2.2 Global partnerships Officers and SMT had been concerned by communication from Buckingham University and Edgehill University regarding the Medical Training Initiative (MTI) programme. A response had been sent to Buckingham University which had published misleading information regarding the MTI scheme on its website. The College continues to link in with the GMC to ensure it is aware of the situation. It is understood that Health Education England (HEE) will be taking on responsibility for the MTI programme. It is not yet known what impact this will have on managing applications.
- 2.3 Examinations Work is in process to align Angoff standard setting processes across the FRCA, Faculty of Pain Medicine (FPM) and FICM examinations.

- *Recruitment fill rates* Publication has been put on hold because of purdah. It was stated that the College should ensure fill rates are published immediately following the end of purdah.
- 3.1.2 ACSA The pilots for the independent hospitals in May has been postponed at their request.
- 3.1.4 *Quality Improvement (QI)/Audit Recipe Book* 51% of respondents to the QI survey currently use the *Audit Recipe Book*. 84% would welcome a new revision with more emphasis on QI.
- 3.2.1 *National Emergency Laparotomy Audit (NELA)*
- 3.2.2 *Perioperative Quality Improvement Programme (PQIP)*
- 3.2.3 *SNAP-2*
- 3.2.4 *National Audit Projects (NAP) and SNAPS*
- 3.4 *25th Year Anniversary*
- 4.1.1 *Strategic communications*
- 4.1.1 *Operational communications*
- 4.2.1 *Policy*
- 4.2.2 *Public affairs*
- 4.3.1 *Transition of the membership team*
- 4.3.2 *Membership engagement panel* It was noted that the RCoA had committed to email questionnaires to the panel three to four times per year.
- 5.1.1 *Financial forecast* Month 10 surplus projected for the College during 2016-17 was £625k.
- 5.1.2 *2017 – 2018 Budget* The budget will be presented to Council in June.
- 5.1.3 *Investment review*
- 5.1.4 *Membership subscription review* To be discussed further by Finance Committee.
- 5.2.1 *Facilities strategy*
- 5.3.1 *Job descriptions*
- 6 *Technology Strategy Programme (TSP)* The work with Nomensa is ongoing. A survey has been sent to RAAs and College Tutors (CTs) for user feedback. There are new terms of reference for the TSP. A meeting had been held to look at priority areas across the College in terms of the new systems.

CID/28/2017 Updating College Regulations to Allow for Electronic Only Voting in RCoA Council Elections

Mr Grinyer reported that the update to Regulations was to bring forward a recommendation from the Audit and Internal Affairs Committee that the College should move to an electronic only voting option.

Council discussed:

- When those opting in for a postal vote would be automatically opted out for an electronic vote. The view of the Audit and Internal Affairs Committee was that this was a clear move to probably having electronic only voting in two to three years' time but was also an attempt to look at the scale of how many fellows and members want to do that. It would also be an appropriate exercise to confirm current email addresses. Mr Grinyer suggested that this should be revisited in a year's time after the Council election to look at how many people had opted in for a postal vote.
- Whether or not there would be scope to use the mass communication to update College databases by asking questions such as "do you hold a managerial role". Mr Grinyer explained that this would be discussed with Electoral Reform Services (ERS) and Member Engagement Services (MES), particularly how many questions should be included.

Council approved the motion as listed under M/17/2017.

CID/29/2017 Annual Specialty Report

Mr Ampofo presented for information the annual specialty report which the College submits to the GMC to feed into its quality assurance and monitoring processes. The 2016 report included an additional question based on equitable training pathways and the training provided to examiners in this regard.

The President and Dr Penfold thanked everyone who had contributed to this significant piece of work, especially Mr Ampofo. The President added that it acts as a useful focus for the College to put together its data for these key areas each year

Council discussed:

- What action the GMC takes as a result of the report and the opportunity to engage at senior level to follow up on the report's content. Dr Colin Melville, GMC Director of Education, appeared to be open to feedback from Colleges and other educational bodies.
- The report includes areas which are within HEE's domain, not the GMC's. The President explained that he meets regularly with HEE representatives including Professor Wendy Reid where the opportunity is

taken to continue to express the same frustrations that are shared by others. The President will continue to address these concerns via College discussions and via the AoMRC.

- The order in which the initial information is presented. It was suggested that the RCoA might wish to highlight issues such as workforce and trainee morale and place less emphasis on topics such as IT related content. Prioritising issues would make a different statement and could prove to be a more useful document that could be used as a vehicle to speak to other agencies.
- The RCoA publishes its annual specialty report each year on its website as a signal to the training community with regards to what the College is doing and concerns the specialty has. It was suggested that an easy to read summary of key issues would be useful for publication on the website.

CID/30/2017 National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Steering Group

Dr Fazackerley presented a report on current NCEPOD news and work programmes drawing Council's attention to:

- *Articles have been changed to allow FICM to join as a full member of the Steering Group.* The College has retained two representatives with the specialty having a third representative from the AAGBI.
- *Trainee champion scheme* This has been introduced as an effective way of spreading NCEPOD's work.
- *Non-invasive ventilation project launch* This has been delayed because of election purdah and will now take place at the RCoA on 13 July 2017. The Lead Co-ordinator will be presenting at the Summer Symposium in Belfast as planned but will be limited in what he can say. NCEPOD is concerned regarding its independence and why a launch on such an apolitical subject is affected by election purdah.

CID/31/2017 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.

Council welcomed the fact that the AAGBI has seen an uplift in the number of applications for its Board elections.

It was noted that the AAGBI had undertaken a survey of trainees' attitudes towards PA(A)s. The RCoA is undertaking ongoing work around the experience of those working with PA(A)s in hospitals where they are actually based. The first site visit had taken place earlier in the week in Falkirk.

COMMITTEE BUSINESS

CB/52/2017 Council Minutes

The minutes of the meeting held on 19 April 2017 were approved.

CB/53/2017 Matters Arising

(i) Review of Action Points

- *CID/57/2016 Fee structure review* The paper has been deferred.
- *CB/138/2016 Royal College of Anaesthetists' Advisory Board for Northern Ireland* It was hoped there would be an opportunity to meet informally with the CMO during the forthcoming meetings in Belfast.

All other tasks were ongoing or complete.

CB/54/2017 Regional Advisers in Anaesthesia

Council considered making the following appointment:

East of Scotland

Dr F Cameron in succession to Dr W McClymont **Agreed**

CB/55/2017 Deputy Regional Advisers

There were no appointments or re-appointments this month.

CB/56/2017 College Tutors

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

England

East of England

Dr H Gooneratne (Colchester General Hospital) in succession to Dr P Bishop **Agreed**

*Dr H C Goddard (Norfolk and Norwich University Hospital) **Agreed**

London

Barts & the London

Dr S P Murray (Homerton Hospital) in succession to Dr A Shah **Agreed**

Imperial

Dr G D Frunza (Chelsea & Westminster Hospital) in succession to Dr N Barker **Agreed**

Dr P B Williamson (St Mary's Hospital) in succession to Dr R K Dhesi **Agreed**

South East

Dr M A Sicinski (Guy's and St Thomas' NHS Foundation Trust) in succession to Dr P Kelly **Agreed**

Mersey

Dr S J Ridler (Countess of Chester Hospital) in succession to Dr A Troy **Agreed**

North East

Northern

Dr N Hirschauer (Freeman Hospital) in succession to Dr V J Addison **Agreed**

South West

Severn

Dr M J McDonald (Royal United Hospital, Bath) in succession to Dr J Tuckey **Agreed**

CB/57/2017 Head of Schools

There were no appointments to note.

CB/58/2017 Training Committee

(i) Chairman of the Training Committee's Updates

Dr Penfold had nothing to report that was not discussed elsewhere on the agenda.

(ii) Training Committee

The Chairman, Dr Penfold, presented the minutes of the meeting held on 5 April 2017 drawing Council's attention to:

- TRG/20/17 RCoA KSS Education Fellow It was agreed that the final draft undergraduate framework be sent to Professor Sneyd.

Action: Drs Penfold and Carey to send final draft undergraduate framework to Professor Sneyd.

- The Medical Schools' Council is keen to include more anaesthesia and critical care questions in the common multiple choice questions (MCQ) used in all undergraduate final MB examinations. It is hoped that a question setting session will take place in November 2017.
- Discussion is still taking place regarding whether the GMC's Medical Licensing Assessment (MLA) should be a graded or pass examination and whether or not it should include an objective structured clinical examination (OSCE). The GMC plans to run a pilot in 2021 with wider rollout proposed for 2022.
- There are a lot of new medical school places coming up including the potential for new medical schools. There has been a lot of interest from those setting up courses who would like a framework to work with when setting up anaesthetic, POM and critical care undergraduate courses.
- KSS has obtained funding for another Education Fellow who will be based at the College and start in August 2017. This is the third year of this initiative and the College welcomes the continuation of this on-going collaboration.
- TRG/22/17a Curriculum updates – higher pain training
- TRG/22/17b Dual trainees and specialist modules

- TRG/22/17c Transition to the new Generic Professional Capabilities (GPC) curricula The GMC will be releasing its Standards for Curricula and Assessment Review (SCAR) and GPC documents on 22 May 2017.

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

Defence

Dr Peter Lax Joint ICM

East Midlands

East Midlands South

Dr Mahadevappa Lohit

Kent, Surrey & Sussex

Dr Neeraj Singh Joint ICM

London

North Central London

Dr Bindiya Varma

Dr Kavitha Aravinth

Dr Ioannis Ioannou

Dr Nathalie Stevenson Joint ICM

Bart's & The London

Dr Joana Neves

South East

Dr Iain Carroll Joint ICM

St George's

Dr Thomas Breen

Dr Samantha De Silva

North West

North West

Dr Jessica Chapman

Dr Pandurangam Yadagiri

Dr Craig Brandwood Joint ICM

Northern

Dr Feras Eljelani

Dr Andrew Lowes Joint ICM

Scotland

North of Scotland

Dr Claire Wallace

Wales

Dr Sabeen Tufail

Yorkshire & The Humber

West Yorkshire

Dr Stephanie Jinks

CB/60/2017 Staff and Associate Specialists (SAS) Committee

The Chairman, Dr May, presented the minutes of the meeting held on 25 April 2017, drawing Council's attention to:

- SASC/01/17 New member, Dr Graeme Brannan, representing the RCoA Advisory Board for Scotland

Appreciation was expressed regarding the amount of work Dr May and Dr Williams had put into producing a summary of the SAS Survey for consideration by the President's Meeting. Dr Williams is re-drafting the final draft to present the information in a more appealing and attractive manner. It is intended that the report will be available for the Summer Symposium in Belfast. It would be pre-circulated to Council in advance.

Action: Dr Williams to circulate SAS Survey report to Council in advance of the Summer Symposium.

CB/61/2017 Revalidation Committee

The Chairman, Dr Colvin, presented the minutes of the meeting held on 18 April 2017, drawing Council's attention to:

- REVAL03/17 "Taking Revalidation Forward" – Sir Keith Pearson's Review Council was invited to approve the proposed response from the RCoA.

Council discussed:

- What major issues the College would have to deal with arising from the Pearson Review. One issue will be strengthening the feedback systems, especially the patient feedback and the opportunity to consider other specialty-specific aspects of that. Much of it is generic and the RCoA is actively participating in an AoMRC group looking at patient feedback. There is also a need for more active

management of doctors with non-conventional career paths, especially locums, by means of extending the Responsible Officer model to all doctors.

CB/62/2017 Continuing Professional Development (CPD) Board

The Chairman, Dr Williams, presented the minutes of the meeting held on 25 April 2017, drawing Council's attention to:

- CPDB/04/17 CPD matrix/CPD framework
- CPDB/05/17 CPD event approval at the RCoA
- CPDB/06/17 CPD approval for events being held outside of the UK
- CPDB/08/2017 CPD recognition for College examiners There were opposing views in Council regarding whether or not increasing the maximum CPD credits per year for College Examiners would make it easier to take study leave for examining.

CB/64/2017 Council Technology Strategy Programme Sub Committee

The Chairman, Dr Langton, presented the minutes of the meeting held on 18 April 2017 drawing Council's attention to:

- 2.1 Lifelong learning
- 3 Technology Steering Group update One member has decided to leave the group but it is hoped they will continue to contribute as a subject matter expert. The TSP Sub Committee agreed that the Technology Steering Group is required but that there should be better clarity around its role. Renaming it TSP Quality Assurance Group to reflect its QA role would be a useful thing to do.
- 4 Lifelong learning update
- 2.4 Facilities/IT hardware project Improvements are being made to video and tele conferencing facilities within the RCoA with a number of Council members participating in trials.

Council discussed:

- Issues arising from the TSG rebranding. The RCoA has been working with an external consultant taking best practice advice.

CB/65/2017 Professional Standards Committee

The Chairman, Dr Harrop-Griffiths, presented the minutes of the meeting held on 18 April 2017 drawing Council's attention to:

- PSC/6/2017 Application form for Advisory Appointment Committee (AAC) assessors Council was invited to comment on the Committee's decision that SAS doctors on the Specialist Register with support from their Clinical Directors could act as College assessors on AACs.

CB/66/2017 National Institute of Academic Anaesthesia

The Chairman, Professor Mythen, presented the minutes of the Board meeting held on 3 May 2017 drawing Council's attention to:

- NIAAB/05.2017/4 NIAA appointments – Research Council Chair

Council discussed:

- The recently published annual specialty figures. Last year the specialty had 34,791 patients recruited into studies, much of which was underpinned by NIAA activity. This placed the specialty fourth nationally. It was agreed that Professor Grocott and Ms Stillman should ensure this good news was publicised.

Action: Professor Grocott and Ms Stillman to ensure annual specialty figures are publicised.

CB/67/2017 Royal College of Anaesthetists' Advisory Board for Wales

The Chairman, Dr Theron, presented the minutes of the meeting held on 4 April 2017 drawing Council's attention to:

- 5 (i-vii, ix, x) Terms of reference devolved nations' Boards
- 6 (I, iii) Academy of Medical Royal Colleges of Wales update regarding HEW
- 9 (iv) New tripartite agreement

Council approved the motion listed under M/22/2017.

MATTERS FOR INFORMATION

I/12/2017 Consultations

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

I/13/2017 New Associate Fellows, Members and Associate Members

Council noted the information circulated electronically with the papers.

PRESIDENT'S CLOSING STATEMENT

PCS/5/2017

- (a) The Royal College of Surgeons of Edinburgh (RCSEd) was kindly hosting a pre-dinner drinks reception for Council. Dr Judy Evans would be attending the reception and dinner representing the President of RCSEd.
- (b) The President asked Council members to suggest potential guest speakers for future Council meetings to either himself or Ms Regan.

Action: Council members to suggest potential guest speakers for future Council meetings to President or Ms Regan.

MOTIONS TO COUNCIL

M/17/2017 Updating College Regulations to Allow for Electronic Only Voting in RCoA Council Elections
Resolved: That Council endorses the regulation change to enable electronic only voting in RCoA Council elections.

M/18/2017 Council Minutes
Resolved: That the minutes of the meeting held on 19 April 2017 be approved.

M/19/2017 Regional Advisers Anaesthesia
Motions: That the following appointment be approved:
East of Scotland
Dr F Cameron

M/20/17 College Tutors
Resolved: That the following appointments/re-appointments be approved (re-appointments marked with an asterisk):
England
East of England
Dr H Gooneratne (Colchester General Hospital)
*Dr H C Goddard (Norfolk and Norwich University Hospital)

London
Barts & the London
Dr S P Murray (Homerton Hospital)

Imperial
Dr G D Frunza (Chelsea & Westminster Hospital)
Dr P B Williamson (St Mary's Hospital)

South East
Dr M A Sicinski (Guy's and St Thomas' NHS Foundation Trust)

Mersey
Dr S J Ridler (Countess of Chester Hospital) in succession to Dr A Troy

North East
Northern
Dr N Hirschauer (Freeman Hospital)

South West
Severn
Dr M J McDonald (Royal United Hospital, Bath)

M/22/2017 Royal College of Anaesthetists' Advisory Board for Wales
Resolved: That the revised terms of reference be approved.