



Royal College of Anaesthetists

## MEETING OF COUNCIL

### Minutes of the meeting held on 18 October 2017 Council Chamber, the Royal College of Anaesthetists

#### Members attending:

Dr L Brennan, President	Professor M Grocott
Professor R P Mahajan, Vice-President	Professor E O'Sullivan
Dr J Fazackerley, Vice-President	Dr D Bogod
Dr J Langton	Dr K Ramachandran
Professor R Sneyd	Dr L Williams
Dr A Batchelor	Dr F Donald
Dr J Hughes	Professor J Hall
Dr C Waldmann	Dr C Carey
Dr J Colvin	Dr R Perkins
Dr N Penfold	Dr J Cheung
Dr S Fletcher	Dr D Lowry
Professor M Mythen	Dr S Ramsay
Dr J-P Lomas	Dr A Theron
Dr W Harrop-Griffiths	Dr H McClure
Professor J Pandit	Dr P Clyburn (AAGBI)
Dr K May	

Mr R Thompson, RCoA Lay Committee  
Dr M Nixon, Clinical Quality Advisor

**In attendance:** Dr L Fazlanie, Dr C Pellowe, Mr T Grinyer, Ms S Drake, Mr R Ampofo, Mr M Blaney, Ms K Stillman, Ms A Regan and Ms S Thomas

**Apologies for absence:** Dr D Selwyn (represented by Dr H McClure)

#### STRATEGY

##### S/3/2017

Dr Colin Melville, Director of Education and Standards, General Medical Council (GMC), gave a presentation to Council focussing on:

- GMC's Flexibility review
- New curriculum standards and supporting guidance
- Developments in postgraduate medical training
- Shape of Training
- Credentialing

Council discussed:

- *How Staff and Associate Specialist (SAS) doctors integrate into the GMC's thinking.* Dr Melville acknowledged that SAS doctors undertake an important role but in terms of the GMC their only annotation on the Register is to say they have a licence to practise. Their area and scope of practice including any sub-specialty interest is not documented and this is just one issue that needs to be considered.
- *Competences and the concerns amongst Acute Care Common Stem (ACCS) partners that trainees in their specialties may transfer to anaesthesia.* Competences acquired must not be used to lock doctors into a career track they do not wish to follow in the longer term
- Clarity required from the GMC on the place and scope of credentials. Dr Melville agreed and said that this is work in progress but that the Departments of Health and education bodies agree that a credential must meet a currently unmet clinical need before it is progressed.
- A request from the GMC that Certificate of Eligibility for Specialty Registration (CESR) applicants withdraw evidence from outside the five-year timeframe. Dr Melville asked Dr May to write to him so he could follow-up outside of the meeting.

**Action: Dr May to write to Dr Melville regarding the GMC's request that CESR applicants withdraw evidence outside the five-year timeframe.**

- *Whether or not doctors in non-training grades would be able to obtain credentials.* Dr Melville explained that the original concept was for post-Certificate of Completion of Training (CCT) credentials but this would exclude SAS doctors from obtaining them. The Shape of Training's view is that they should be acquired during training with doctors being potentially able to make up their CCT from a bundle of credentials. Dr Melville acknowledged that there is a lot of exploratory work to do.
- *The GMC's view on part-time undergraduate training in medicine.* Dr Melville replied that it is not at the forefront of the GMC's thinking as there is no feasible way of delivering it yet to ensure students meet the minimum time in training requirements required by current European legislation. There is however a view that there is a demand for part-time undergraduate training.

**COUNCIL IN DISCUSSION**

**CID/46/2017 President's Opening Statement**

- a) The President welcomed:
  - (i) Dr Lina Fazlanie, KSS Education Fellow.
  - (ii) Ms Sarah Thomas who will join the College as President's Office Manager on 1 November 2017. The President and Council thanked Ms Regan the current incumbent who will leave the College on 8 November 2017.
  - (iii) Dr Darrell Lowry, Chair of the Royal College of Anaesthetists' (RCoA) Advisory Board for Northern Ireland to his first meeting of Council
  - (iv) Dr Carol Pellowe who will succeed Mr Thompson next spring as Chair of the Lay Committee.
- b) Congratulations were offered to Dr Moyna Bill who took over the Presidency of the Association of Cardiothoracic Anaesthetists and Critical Care (ACTACC) from Dr Nick Fletcher in June 2017.
- c) The President announced the deaths of Dr Donald Moir, Dr John Hicks, Dr Moira Hainsworth, Professor Dame Margaret Turner-Warwick and Dr Mike Weaver. Council stood in memory.
- d) A meeting would take place later in the day with NHS Employers to discuss the issue surrounding anaesthetic CT3 ACCS trainees.
- e) Dr Fazackerley will represent the RCoA at a meeting convened by the Academy of Medical Royal Colleges (AoMRC), NHS England (NHSE) and NHS Improvement (NHSI) to discuss winter pressures.
- f) The Care Quality Commission (CQC) is concerned about safe workload, particularly for trainees, and that doctors in training are protected from being overwhelmed with clinical work, particularly during on call periods. Dr Colvin explained that the Professionalism Compliance Analysis Tool (PCAT) could meet that agenda as it covers the CQC's areas of concern as well as issues arising from the RCoA's trainee survey. PCAT currently covers half the anaesthetic departments in Scotland and it is hoped that all departments in Scotland will be actively engaged by summer 2018. There is a potential to link the work into the delivery of improving junior doctors' working lives in England via the AoMRC. PCAT should be promoted positively as part of a suite of measures to support and improve the working environment rather than being perceived as part of scrutiny or survey work.
- g) The Medical Associate Professionals (MAP) consultation had been announced the week before Council. The RCoA had expressed disappointment and concern that Physician's Assistants (Anaesthesia) (PA(A)s) are not being treated with equity with the physician associates MAPs. Dr Penfold will continue to lead this work on behalf of the College and there will be a concerted campaign to ensure a unified approach to regulation for all MAPs. Dr Penfold reported that HEE's MAP Oversight Board has repeatedly stated to HEE that all MAPs would be treated the same. However, the Department of Health (DH) has said that the largest group, physician's associates, will be treated differently. Dr Clyburn suggested that it was up to the RCoA and Association of Anaesthetists of Great Britain and Ireland (AAGBI) to obtain evidence to support their belief in the level of control PA(A)s and Advanced Critical Care Practitioners (ACCPs) required. It would be necessary to work via the AoMRC to discuss who the regulator should be.
- h) The Department of Health (DH) has announced its response to the never events consultation. The RCoA had stressed that the term "never events" focuses on blame rather than learning from mistakes, that financial penalties should be withdrawn following a never event and that there should be no difference at how never events are investigated and regarded by local governance processes compared to other serious incidents. Dr Harrop-Griffiths reported that the never event framework is to be included in the serious incident framework and that Commissioners will no longer be able to charge Trusts financial penalties if a patient suffers a never event which is to be welcomed. The Secretary of State has announced that the CQC and NHSI will conduct a thematic review to understand what can be done to prevent the occurrence of never events. The review will start before the end of 2017 and report in spring 2018.

## CONFIRMED

- i) The RCoA had held workforce stakeholder events in Loughborough and Leeds. A third will be held in Newcastle.
- j) The President had responded on behalf of Council to the Faculty of Forensic and Legal Medicine that wishes to become a medical specialty in its own right. It was felt that medico legal medicine could cause problems for those already practising in that area in terms of grandfathering issues, how it would be regarded by the judiciary and legal profession in general, and how the training would be structured.
- k) Council's RCoA email addresses will soon be migrated to a new system. Exact timings will be confirmed over the next couple of weeks.
- l) *The Times* had published a letter from the President relating to the use of the title junior doctor.
- m) The third National Emergency Laparotomy Audit (NELA) report has been published with an exclusive article in the *Health Services Journal (HSJ)*.
- n) A working party has been convened and led by Dr Harrop-Griffiths to discuss end of life choices. There is a lot of overlap between the work of the Faculty of Intensive Care Medicine (FICM) end of life working party as well as the work being undertaken by Dr David Walker at University College London (UCL). Dr Harrop-Griffiths and Professor Grocott will attend the FICM working party to coordinate with its work. The RCoA will engage with Dr Walker from UCLH in surveying members and fellows on their views regarding end of life issues. It was agreed that the Health Services Research Centre (HSRC) will scrutinise the academic quality of the survey. There is recognition that anaesthetists as well as intensivists play an important role in initiating and conducting end of life discussions with the patients with whom they interact.
- o) Professor Mythen and Dr Perkins will co-chair the 2018 strategy meeting.
- p) The Global Partnerships Event on World Anaesthesia had been very successful with in excess of 100 delegates. HRH The Princess Royal had attended in the afternoon and had found it a very interesting and engaging event. She was also very pleased with the College's expansion of its international work. The President thanked all involved in making the event a success but in particular Mr Ampofo and Ms Maria Burke, Global Partnerships Manager.

### **CID/47/2017 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 College strategy. They drew Council's attention to the following:

- 1.1 Charter, Ordinances and Regulation review
- 1.2 2018 Council elections Council members were asked to encourage members and fellows to vote.

**Action: Council members to encourage members and fellows to vote in the Council elections.**

- 2.2.2 Global partnerships
- 3.1.1 Anaesthesia Clinical Services Accreditation (ACSA) Six visits are scheduled between now and the end of the year.
- 3.3 Perioperative Medicine (POM) programme The President had met Professor John Middleton, President of the Faculty of Public Health and had invited him to send a representative to the POM Advisory Board.
- Patient Information Operational Update
- 4.2 Policy and Public Affairs
- 2016/17 accounts
- 5.1.1 2017-18 forecast
- 6. Technology Strategy Programme (TSP) Nomensa has been responsive in terms of tightening up project management processes and reporting weekly to the RCoA. Between now and February there will be up to four instances when Nomensa will provide the College with a working link to the e-Portfolio to undertake user testing and check on the status of development. Some College Tutors have indicated that they would like to move all their trainees to the new system in August.

Council discussed:

- Whether or not the RCoA had maximised opportunities from a public relations perspective following the publication of the NELA report especially as NELA had resulted in over 300 patients not dying. It was noted that the RCoA cannot control what the media publishes. The President assured Council that the good work done by NELA is reflected back to him at the highest level and that the Comms team would continue to seek opportunities to promote this excellent on going project.

### **CID/48/2017 Safe Anaesthesia Liaison Group Options Appraisal**

Professor Pandit presented an options appraisal outlining three ways in which the RCoA, AAGBI and Safe Anaesthesia Liaison Group (SALG) could potentially work together in future. There is a need to avoid

duplication of work in the safety arena and importance for the specialty to speak with one voice in the current political landscape. Whilst SALG has played an increasingly proactive role on safety issues there is clearly more to be done.

Council discussed:

- The need to involve the devolved nations in the current discussions.
- Safety is such a fundamental issue to the specialty that miscommunication around safety issues must be avoided at all costs.
- Convergence of work to ensure a coherent strategy and communications on safety issues is important.
- Discussions at the AAGBI Board had raised similar issues to Council. The Board concluded that option 2 was the optimal course of action at this stage.

Council **unanimously agreed** Option two "move towards a more inclusive collaboration with shared responsibility for the inputs and outputs of SALG including a shared approach to admin, finance, chairing and communications. "

#### **CID/49/2017 Faculty of Pain Medicine Introduction of Affiliate Fellowship**

Dr Hughes asked Council to approve a proposal to introduce:

- a route of Affiliate Fellowship for Acute/Inpatient Pain Medicine consultants
- a Second Phase of Foundation Fellowship for Non-Anaesthetic Pain Medicine Specialists

Both proposals had been unanimously approved by the Board of the Faculty of Pain Medicine (FPM).

Council discussed:

- Welcoming the proposal as pain management is a multidisciplinary issue and the FPM should be much more inclusive in its membership.
- The hope in the future that this might be a way of progressing pain medicine as a specialty in its own right.
- Why is a second phase of foundation fellowship for non-anaesthetic pain medicine specialists being proposed rather than fellowship ad eundem? Dr Hughes explained that the barrier to entry is much higher for fellowship ad eundem.
- Whether or not there is a requirement for applicants to have passed a relevant postgraduate examination from a relevant medical Royal College. It was agreed that "by examination" be added to the rules to give assurity.
- Whether or not affiliated membership has been considered for psychologists, physiotherapists, nurses etc. Dr Hughes explained that it has not yet been considered by FPM although the British Pain Society is multidisciplinary and offers membership to these groups.
- Whether or not intensive care medicine should be included on the list of potential affiliates given the increasing crossover with palliative medicine and intensive care medicine.

**Resolved: That Council approves the regulatory change with the provision of adding the requirement for applicants to have passed a relevant postgraduate examination from a relevant Medical Royal College.**

#### **CID/50/2017 Faculty of Intensive Care Medicine Regulations**

Dr Waldmann explained that the FICM Board had revised its Regulations. The Board is now at the end of being a transitional board and by 2018 will be a fully elected board. Council received a list of suggested changes to the Regulations that had been approved unanimously by the FICM Board.

Council discussed:

- Inconsistency in the document in terms of whether FICM fees would be considered by the College's Finance and Resource Board and then to Council or whether they would be brought straight to Council for consideration and approval.
- The requirement to explicitly state that the use of post-nominals is limited.
- Non-consultant career grade to be amended to career grade to reflect current nomenclature.
- The need to add 'other regulators' to section 12.1 referring to regulators for ACCPs.

**Resolved: Council accepted the revised Regulations subject to incorporation of the additional items as discussed.**

#### **CID/51/2017 Association of Anaesthetists of Great Britain and Ireland President's Report**

Dr Clyburn presented a written report drawing Council's attention to:

- *Further update on Fatigue project* Resources are now available on the AAGBI's website.

## CONFIRMED

- *Charity bicycle ride* Dr Clyburn thanked those who had supported the AAGBI's charity bicycle ride.
- *Group of Anaesthetists in Training (GAT) – Coffee and a GAS.* Council was asked to support this initiative that would be launched on Stress Awareness Day.

### COMMITTEE BUSINESS

#### CB/107/2017 Council Minutes

**Resolved: That the minutes of the meeting held on 20 September 2017 be approved subject to clarification of Dr Whaley's point about the merger of Severn with the Peninsular Deanery.**

*Post meeting note: Dr Donald has confirmed that this sentence should read "Severn has joined with the Peninsular Deanery and there may be pressure to merge back to one school as well, which would be a retrograde step" and that Dr Whaley is content for it to appear in the public domain.*

#### CB/108/2017 Matters Arising

(i) Review of Action Points

- *CB/36/017 Finance Committee* Mr Grinyer updated Council on AoMRC work on backfilling senior roles. The AoMRC is pleased that the recent letter from Sir Bruce Keogh and the Chief Medical Officers specifically mentions work for the medical Royal Colleges. The AoMRC will discuss the matter further with Sir Bruce's successor. Currently the Royal College of Physicians and the Royal College of Obstetricians and Gynaecologists offer backfill for senior roles. It would be important for College Officers and Chief Executives to keep the conversation active in Council, at the AoMRC and with the incoming Medical Director for NHSE.

#### CB/109/2017 Regional Advisers

Council considered making the following re-appointment:  
Dr A P Whaley, Regional Adviser Anaesthesia, Severn

**Resolved: That Council approves the re-appointment of Dr A P Whaley, Regional Adviser Anaesthesia, Severn.**

#### CB/110/2017 Deputy Regional Advisers

Council considered making the following re-appointment:

##### South London

Dr Sarah Leonard

**Resolved: That Council approves the re-appointment of Dr Sarah Leonard as Deputy Regional Adviser for South London.**

#### CB/111/2017 College Tutors

Council considered making the following appointments:

##### England

##### Mersey

Dr C Grassmann (Liverpool Women's Hospital) in succession to Dr A Olusunmade  
Dr D Jumani (Warrington and Halton Hospitals NHS Trust) in succession to Dr B Neary

##### North West

Dr A Lalkhen (Salford Royal Hospital) in succession to Dr O Pratt

**Resolved: That Council approves the appointment of College Tutors as listed above.**

#### CB/112/2017 Head of Schools

There were no notified appointments or re-appointments this month.

#### CB/113/2017 Training Committee

(i) Training Committee

Dr Penfold presented the minutes of the meeting held on 6 September 2017 drawing Council's attention to:

- *Eportfolio*
- *TRG/50/2017 Anaesthesia Curriculum: Generic Professional Capabilities and GMC Standards for Curricula and Assessment*
- *TRG/53/2017 National recruitment*

(ii) Certificate of Completion of Training

To note 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**

**East Midlands North**

Dr John Lewis  
Dr Mohd Mohd Yusof

**Kent, Surrey & Sussex**

Dr Melanie Bloor

**London**

**Imperial**

Dr Stefan Gurney <sup>Joint ICM</sup>  
Dr Abigail Richardson  
Dr Rajan Saini  
Dr Sonia Shah  
Dr Penelope Tinga  
Dr Judith Tomlinson

**Bart's & The London**

Dr Kavita Poply

**South East**

Dr Desire Onwochei

**Northern**

Dr Andrew Robertson  
Dr Karen Smallshaw

**Northern Ireland**

Dr Laura McNulty

**Oxford**

Dr Anna Costello  
Dr Rebecca Wilde

**Scotland**

**West of Scotland**

Dr Lisa Gemmell <sup>Joint ICM</sup>

**South West**

**Peninsula**

Dr Ross Vanstone

**Wales**

Dr Jon Holland  
Dr Phillippa Jones  
Dr Geraint Rees

**Wessex**

Dr Alexandra Belcher <sup>Joint ICM</sup>  
Dr Paul Stevens

**West Midlands**

**Birmingham**

Dr Samir Nazir

**Stoke**

Dr Anush Gnanamuttu  
Dr Shivarajan Thanuskodivelar  
Alagarsamy

**Yorkshire & the Humber**

**East & North Yorkshire**

Dr Pandithurai Umashankar

**CB/114/2017 Examinations Committee**

Dr Donald presented the minutes of the meeting held on 7 September 2017 drawing Council's attention to:

- *EX/39/17 Examinations Review 2018 – To consider the focus of the forthcoming review*
- *EX/23/17 Examiners working less than full time (flexible working)*
- *EX/45/2017 Reasonable adjustments for disabled candidates in high stakes assessments* It was agreed that as this is an area of high reputational risk for the College that Mr Blaney should take it to the Public Sector Equality Duty (PSED) Group for discussion in November.

**Action: Mr Blaney to take disability policy to PSED Group for discussion in November.**

**Resolved: That Council approves the following amendments to the FRCA Examinations Regulations:**

**Appendix 3 - Normal exam judgements for dyslexic candidates policy is removed.**

**Appendix 9 – Disability policy is removed following approval by PSED Group.**

**New Appendix 3 is added to replace both policies:**

**“Appendix 3: Disability and Reasonable Adjustments Policy”**

**CB/115/2017 Education Committee**

Professor Grocott presented the minutes of the meeting held on 20 September 2017 drawing Council's attention to:

- *Difficult Airways Society (DAS) Front of Neck Access (FONA) workshops*
- *The proposed education strategy*
- *Anaesthesia 2018*

**CB/116/2017 Staff and Associate Specialists Committee**

Dr May presented the minutes of the meeting held on 2 October 2017. Dr May explained that she would like to expand the committee by three or four members to improve UK wide representation. It was noted that SAS doctors are less likely than others to be able to take time off from clinical duties to attend meetings in person and that it should be re-emphasised to them that options such as tele and videoconferencing are available.

**CB/117/2017 Global Partnerships Committee**

Professor O'Sullivan presented the minutes of the meeting held on 19 September 2017 drawing Council's attention to:

- *GBL/22.1/17 World Anaesthesia Day 2017*
- *GBL/13/17 International Membership Engagement*  
*GBL/07/17 Committee Terms of Reference* The AAGBI will be invited to nominate a representative.
- *GBL/06/17 Bernard Johnson Adviser/ Deputy Global Partnerships Chair role*

**CB/118/2017 Safe Anaesthesia Liaison Group**

Professor Pandit presented the minutes of the meeting held on 28 July 2017 drawing Council's attention to:

- *SALG/28/2017 Flushing cannulae*
- *SALG/30/2017 Endorsement policy* The President reminded Council that the RCoA has a clear endorsement policy and that a coherent approach to endorsement is important.

**CB/119/2017 National Institute of Academic Anaesthesia**

Professor Mythen presented the minutes of the Board meeting held on 13 September 2017 drawing Council's attention to:

- *4 NIAA Research Council*
- *5 Clinical Trials Network*

**CB/120/2017 Lay Committee**

Mr Thompson presented the minutes of the meeting held on 19 September 2017 drawing Council's attention to:

- *LCFull/24/2017 UCL End of Life Conversations*
- *LCFull/22/2017 Welcome and opening remarks*

**CB/121/2017 Finance Committee**

Dr Fazackerley presented the minutes of the meeting held on 19 September 2017 drawing Council's attention to:

- *F34/2017 Annual Accounts – restricted creditor balances*
- *F35/2017 Annual Accounts – overhead apportionment & allocation methodology*
- *F36a/2017 Medical Student & Foundation Doctor Membership*
- *F37/2017 Subscription Fees 2018-2019*
- *F38/2017 Supporting staff with access to funds on visits*

**Resolved: That Council approves the revised Reserves Policy.**

**CB/122/2017 Audit and Internal Affairs Committee**

Dr Batchelor presented the minutes of the meeting held on 20 September 2017 drawing Council's attention to:

- *A15/2017 Matters arising, Council election update*

## CONFIRMED

- *A/19/2017 Risk Register* In future at each Council meeting, any risk that is getting worse or any new risks added will be flagged up. A full risk register will be available upon request from Mr Blaney. Risk register will be a standing item at future Trustees' meetings.
- *A16-18/2017 External Audit Annual Findings Report, Report of Council & Financial Statements and Letter of representation* A summary sheet of headline figures was tabled during Council.

Council thanked Mr Blaney and his team for their work.

**Resolved: That Council approves the College accounts and management representation letter.**

### **MATTERS FOR INFORMATION**

#### **I/21/2017 Consultations**

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

#### **I/22/2017 New Associate Fellows, Members and Associate Members**

Council noted the information which had been circulated electronically.

#### **PCS/9/2017 PRESIDENT'S CLOSING STATEMENT**

- a) The Women in Medicine Exhibition had been launched at the Royal College of Physicians in London. Dr Batchelor and Dr Ramani Moonesinghe both featured in the exhibition.
- b) The memorial event for Dr JP van Besouw was likely to take place on a Saturday in early February. The event will be invitation only to ensure numbers are manageable. A full obituary for Dr van Besouw had featured in the *British Medical Journal (BMJ)*.