

MEETING OF COUNCIL

**Edited Minutes of the meeting held on Wednesday 18 November 2015
Council Chamber, Churchill House**

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

Members attending:

Dr L Brennan, President	Dr R Alladi
Dr R J Marks	Dr E J Fazackerley
Dr J A Langton	Dr S Fletcher
Dr P Venn	Professor M Mythen
Professor R Sneyd	Dr G Collee
Dr A Batchelor	Dr J-P Lomas
Dr K Grady	Dr A W Harrop-Griffiths
Professor D Rowbotham	Dr J Pandit
Dr R Verma	Dr K May
Dr T Clutton-Brock	Dr I Johnson
Professor J Nolan	Dr H McLure
Dr J Colvin	Dr S Shinde (representing Dr A Hartle)
Dr N Penfold	

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

In attendance: Mr T Grinyer, Mr C McLaughlan, Ms S Drake, Mr R Ampofo, Mr M Blaney, Ms S Larsen, Mr D Hepworth (Lay Committee) and Ms A Regan.

Apologies for absence: Dr J-P van Besouw, Professor R Mahajan, Dr A Hartle, Dr P Kumar, Dr D Selwyn and Dr R Darling.

STRATEGY

P/5/2015 Strategy

Mr Grinyer gave a presentation, on behalf of himself and the President, on their short, medium and long term vision for the Royal College of Anaesthetists (RCoA). He emphasised the importance of ensuring full engagement with the proposals and the correct structures and resources to implement them. Mr Grinyer also presented an update on the actions arising from the 2015 Strategy Summit.

Council discussed the following:

- A request for regular financial/budgetary reports which would enable Trustees to question the Senior Management Team (SMT) on budgetary matters throughout the year. Mr Grinyer agreed this would be possible.

Action: Mr Blaney to produce regular financial/budgetary reports to Trustees.

- A request for the presentation to be crystallised into a document for Council's consideration and comment. Mr Grinyer agreed to circulate the presentation to Council.

Action: Mr Grinyer to circulate presentation to Council.

- A request that Mr Grinyer deliver a similar presentation to the Lay Committee.

Action: Mr Grinyer to deliver similar presentation to Lay Committee in December.

- Council agreed that the 2016 Strategy Summit should be more focussed on the strategy and less on blue sky thinking.
- A request for an ongoing tracker so Council can see the progress of actions.

COUNCIL IN DISCUSSION

CID/33/2015 President's Opening Statement

- a) Dr Grady left after the strategy discussion to attend the Faculty of Pain Medicine's parliamentary launch of *Core Pain Standards*.
- b) The President wished to record the RCoA's gratitude to Mr Bertie Leigh who would shortly demit from the role of Chairman of the National Confidential Enquiry into Patient Outcome and Death (NCEPOD).
- c) Lt Col Tom Woolley has been appointed Defence Professor of Anaesthesia and Critical Care.
- d) Following the tragic events in Paris, the President and Dean of the Faculty of Intensive Care Medicine have written to Professor Claude Ecoffey, President of the Société Française d'Anesthésie et de Réanimation, expressing the RCoA's condolences.
- e) The President announced the deaths of Dr William Watson, Dr John Young, Dr John Richardson, Dr Timothy Stanton, Dr Cyril Stephens and Dr Ruth Owen. Council stood in memory of the deceased Fellows and those killed in Paris.
- f) The President updated Council on the trainee contract:
 - a. The President had a teleconference with Ben Gummer, Junior Health Minister, who has agreed to a meeting to discuss the wider implications of Seven Day Services.
 - b. The President has met with the Secretary of State for Health who sought reassurance that the specialty would be able to keep patients safe in their sphere of practice if there was industrial action. The President said that it would be able to for urgent and emergency care but there would be pinch points in the ability to maintain that service, particularly in intensive care. The President reiterated the specialty's concerns on recruitment, retention and work/life balance and called for independent arbitration.
 - c. The College's position was misquoted in an article by the *British Medical Journal (BMJ)* on the junior doctor contract dispute. The College issued a rapid response to this.
 - d. Academic trainee concerns have been raised at the Academy of Medical Royal Colleges (AoMRC) as well as being taken up by the National Institute for Health Research (NIHR) and raised with the Chief Medical Officer (CMO).
 - e. The BMA ballot on industrial action will close at 5pm today.
 - f. The AoMRC has drafted a statement which would be shared with Council once it was in the public domain. The RCoA will publish a statement in discussion/collaboration with the Association of Anaesthetists of Great Britain and Ireland (AAGBI) and the Faculty of Intensive Care Medicine (FICM) which will reference the AoMRC statement and add specialty specific issues, such as emphasising that consultants should not be expected to work outside of their normal competencies. It will be shared with Council before publication.

Actions: President to circulate AoMRC statement once in the public domain.

President to circulate RCoA statement to Council before publication.

- g. Concern has been expressed that this is deeper than contractual and salary issues. There is a feeling trainees are feeling undervalued. Dr Marks reported on a meeting hosted by the AoMRC and Health Education England (HEE) to discuss these issues. Dr Marks reported that the meeting was positive and constructive. He suggested at the meeting that the current trainees' action and culture should be viewed from their Generation Y perspective. Dr Marks also raised the pernicious effect on training of gaps in rotas. Other matters raised at the meeting included intensity of work, professional isolation from other doctors, limited access to training, the effect of service demand on quality of training and that doctors in training do not feel valued by others in the wider system. It was unclear how these issues would be taken forward following the meeting. Dr Marks suggested that the RCoA could look at having longer rotations. It is however necessary to understand why those short rotations have come into being and whether the needs of the trainees can be balanced with the need to deliver the curriculum. Another matter for consideration is whether or not trainees should only rotate to hospitals that deliver high quality training. This raises many issues, including that trainees do prop up service delivery in many places. There is also the question of protected teaching and how we respond when trainees are pulled out of teaching lists to do service work. Council discussed the following:
- i. It would be beneficial to get tangible output from the meeting other than a thank you letter.
 - ii. The Workforce Advisory Group has recognised the need to analyse and better understand the reasons for gaps in service rotas and has proposed some solutions; several are currently being tested in Scotland.
 - iii. Work is being undertaken with the Leadership Fellow in Scotland on leadership compliance of working patterns. The RCoA wants to create a validated framework to use across the system, such that it gives equal weight to contractual issues.
 - iv. Short rotations are included in the Shape of Training review, as is the issue of location of training; neither has been picked up in workshops so far.

Action: Drs Marks, Penfold and Colvin to draft a letter to Professor Dame Sue Bailey and Wendy Reid highlighting the work the RCoA is taking forward and suggesting some tangible outcomes from the AoMRC/HEE meeting.

- g) Council agreed that the dress code for the President's Dinner should be business suits, with effect from 2016.
- h) In the Irish Healthcare Awards 2015, National Audit Project (NAP) 5 won first place in Best Hospital Project and also won the overall award.
- i) The President has signed a letter calling for equality of health care for those with mental health issues.
- j) An organising committee will be convened to discuss the RCoA Silver Jubilee celebrations in 2017. A staff committee will also be convened to support the work.

Action: Council members to submit suggestions regarding the celebrations to Ms Drake.

- k) There are three free places and seven discounted places available for the King's Fund event on Tuesday 9 February 2016 on "Integrated Care throughout the Patient's Surgical Journey".

Action: Council members to inform Ms Drake if interested in attending.

- l) The second edition of the President's e-newsletter has been circulated and, like the first issue, has seen high opening figures.
- m) The Patient Safety Conference held in Birmingham was well attended with excellent speakers and delegate feedback.
- n) The President met with Professor Stephen Smye to discuss sponsoring research awards that would be jointly badged with the National Institute of Academic Anaesthesia (NIAA) and NIHR. The awards would be focussed on rewarding people in NHS consultant practice, not in academic posts, for their contribution to research. There would be one award for consultants and one for trainees.
- o) The President attended the launch of National Pathology Week at the House of Commons. A similar event could be considered by the RCoA in 2017.
- p) The Regional Advisers (RA) meeting was well attended with lots of engagement from RAs. In order to break down the barriers between service and training there will be a joint event in 2016 with RAs and the Clinical Director (CD) network.
- q) The President met with Mrs Vicky Ford MEP. Mrs Ford has provided contact details for the UK group who contribute to the healthcare portfolio in the European Parliament.
- r) The President has been asked to lead on AoMRC work on people with learning disabilities in secondary care.
- s) More than 4000 people have already voted in the Council election.
- t) A branding review meeting would take place later in the day for Council members.
- u) Gratitude was expressed to the AAGBI for hosting the recent Joint Councils' meeting and dinner.
- v) With regards to the Junior Doctors' contract issue, the dates of potential days of action have been announced and may impact on College activities.

Action: Council members to inform President's Office if they are unable to attend College commitments on those days.

- w) The President updated Council on staff changes:
- Mrs Clare Young, NIAA Administrator and Association of Cardiothoracic Anaesthetists (ACTA) Co-ordinator, will be leaving the College to take up a post as a school administrator at a further education college.
 - Mrs Maddy Bell, Perioperative Medicine Co-ordinator, will be leaving the College to join the University of Kent as REF Impact Co-ordinator.
 - Ms Harriet Allen is providing temporary cover in the Research department.

CID/34/2015 Census 2015 Data

Miss Afsana Choudhury, RCoA Workforce Planning Coordinator, presented the main findings from the census regarding the anaesthetic workforce.

Council discussed:

- The definition of unfilled posts and the possibility that the number of unfilled posts could be an underestimate.
- The need to look more closely at the Staff and Associate Specialist (SAS) grade in future.

- SAS doctors' contribution to direct clinical care given that 90% of them work 10 or more PAs and generally have fewer SPAs.
- The criteria used by CDs to decide if a vacant post is a consultant post or an SAS post. Should more jobs be vacant consultant jobs with resident on call?
- Ways to provide more accurate data regarding retirement. The Workforce Advisory Group wants to undertake modelling of retirement prediction as a starting point.
- The various groups wishing to use the database and the need for a prioritisation framework for this, within the resources available.
- The need to pull together various data sources.
- Work around recruitment at the CT/ST interface.
- Plans to look at choices at Certificate of Completion of Training (CCT).
- The need for bespoke reports for the devolved nations and each region.
- The need to pull together sources of data, create a strong position based on that and use it at different levels within the system.
- Some regions have been informed that if there is a requirement to expand ICM numbers this will be at the detriment of anaesthesia numbers, but data suggests that both need to increase. It would be useful to collate information to take to HEE. FICM has been clear that it does not see an increase in ICM numbers and workforce as reducing the requirement for anaesthesia. A number of those taking up ICM training posts are not anaesthetists so cannot contribute in both areas.

CID/35/2015 Vote on Election Methodology of President and Vice-Presidents

Dr Clutton-Brock summarised options before asking Trustees to vote for their preferred option. Assurance was requested and given that elections would be by secret ballot. Council voted 14 to 7 that the Vice-President Election should be conducted by one election for both posts, using the single transferable vote system.

CID/36/2015 Strategy Summit Update

Discussed under P/5/2015.

CID/37/2015 Clinical Quality Adviser's Update

Dr Rollin informed Council that the Chief Dental Officer has asked who had given the Intercollegiate Committee on Sedation in Dentistry permission to produce the document on safe sedation in dentistry. Until it is clear who gave permission the CDO has decreed that the 2003 guidance would remain extant. A meeting took place the previous day to find a way forward. It was explained that it is the business of the Colleges to set standards and for the Department of Health (DH) to give guidance on their implementation. It is hoped that a form of words has been found that will make it clear that this is an inappropriate stance. If this does not work then it will have to go to the AoMRC for very robust clarification. The President suggested that the next step would be for the Presidents of the sponsoring Colleges to write to the CDO.

The RCoA was the only College mentioned on the General Medical Council's (GMC) blog relating its rewritten letters on fitness to practise.

CID/38/2015 Process for Responding to Consultations

Dr Marks presented proposed changes for the process for responding to consultations which will increase Council engagement and improve clinician support.

Council discussed:

- That it would be acceptable for co-opted members of Council to be the lead for some consultations.
- That the lead Council member should approve the final response. It was suggested that Council should approve the final response or delegate that approval to a College officer or Council member as it deemed appropriate.

CID/39/2015 Association of Anaesthetists of Great Britain and Ireland President's Report

Dr Shinde presented Dr Hartle's report drawing Council's attention to:

- *2. Trainee Contract* Dr Lomas was thanked for attending the Group of Anaesthetists in Training (GAT) meeting and for drawing attention to the RCoA's Social Media Guidance Policy. The AAGBI has drafted statements for release upon publication of the result of the ballot.

COMMITTEE BUSINESS

CB/126/2015 Council Minutes

The minutes and website minutes of the meeting held on 21 October 2015 were approved.

CB/127/2015 Matters Arising

Review of Action Points

- *P/4/2015 Reimbursement of Medical Professional's Time Commitment* The President has received only one further comment from Council which will be anonymised and circulated to Council. The President will raise the matter at the AoMRC. Mr Blaney reported that three years ago the Royal College of Pathologists estimated that the cost to it of reimbursing all the clinicians' time it received on a voluntary basis from the NHS equated to 60-70% of its outturn. Treasurers and Finance Directors at the other medical Royal Colleges are supportive of the position which the RCoA is taking to the AoMRC.

**Actions: President to circulate anonymised comment to Council.
President to raise at AoMRC.**

- *CID/117/2015 Education Committee* Suggestions for the Silver Jubilee should be made to Ms Drake.

CB/128/2015 Regional Advisers

There were no appointments for Council to consider.

CB/129/2015 Deputy Regional Advisers

There has been no nomination for North Thames East so another advertisement will be circulated.

CB/130/2015 College Tutors

Council considered making the following appointments:

Oxford

Dr A McGill (John Radcliffe Hospital) in succession to Dr H Hann **Agreed**

Dr J M Chantler (John Radcliffe Hospital) in succession to Dr M Speirs **Agreed**

North West

Dr K Srirangadarshan (Royal Bolton Hospital) in succession to Dr A J Putland **Agreed**

Severn

Dr N Harvey (University Hospital Bristol) in succession to Dr R Craven **Agreed**

Dr H Hunton (Cheltenham General Hospital) in succession to Dr M Rees **Agreed**

Nottingham & Mid Trent

Dr A Kathirgamanathan (Kingsmill Hospital) in succession to Dr S Narra **Agreed**

Sheffield & North Trent

Dr S Moss (Barnsley Hospital) in succession to Dr S Siddiqui **Agreed**

West Yorkshire

Dr S Lotia (St James' University Hospital) in succession to Dr B Duncan **Agreed**

CB/131/2015 Head of Schools

Council noted the appointment of Dr S Marshall (West of Scotland).

CB/132/2015 Training Committee

(i) Chairman of the Training Committee's Update

- Dr Penfold attended a GMC Shape of Training mapping meeting with other colleges. No college showed appetite for reduction in the length of training. The report will go to the Minister in December. A *Bulletin* article will be published in January and the RCoA now has a website page relating to Shape of Training.
- Dr Penfold will continue to meet with the heads of the London Academy of Anaesthesia to discuss issues around service reconfiguration and the interface between the two deans.
- There are very few trainees wanting to do single specialty ICM. There are a number of anaesthetic trainees taking up the additional advanced programme.
- The Perioperative Medicine Group has completed the core, intermediate and higher core competencies. The next element of work is to develop the advanced module and to look at the undergraduate curriculum. It was noted that Royal College of Surgeons of England has released a document on the undergraduate curriculum.
- Curriculum assessment change, as approved in the examinations review, will be submitted to the GMC.

(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. The doctors whose names are marked with an asterisk have been recommended for Joint CCTs/CESR (CP) s in Anaesthesia and Intensive Care Medicine:

CB/133/2015 Technology Strategy Review

The Chairman, Professor Nolan, presented the minutes of the meeting held on 21 October 2015, drawing Council's attention to:

- *TSR/60/15* The project is now moving from review towards implementation and will be renamed the Technology Strategy Programme. The Leadership Group will become the Technology Strategy Steering Group and will provide strategic direction and governance. A Technology Programme Director will be recruited to oversee the project. If approved by Council, it will go to advert as soon as possible.
- *TSR/61/15 Penetration testing.*

Council discussed the following:

- Strategy for controlling the budget. It was explained that the College is seeking to appoint a technology and change management specialist who will demonstrate experience of managing technological change. The appointment will be for two years subject to successful completion of a probationary period.

Council approved the appointment of a Technology Programme Director.

CB/135/2015 National Institute of Academic Anaesthesia Board

The Chairman, Professor Mythen, presented the minutes of the meeting held on 5 November 2015 drawing Council's attention to:

- *Part A Proposal for a framework for NIAA approval of research fellowships hosted by regional trainee research networks.*
- *NIAAB/32/2015 Approval of the NIAA Strategy for publication.*
- *NIAAB/34/2015 Macintosh Professorship and Payne Stafford Tan Award.*
- *NIAAB/35/2015 (ii) Development of a gold medal award for the NIAA.*
- *NIAAB/35/2015 (ii) Proposals from RAFT relating to IT and engagement with the NIAA.*
- *NIAAB/38/2015 Proposal for an NIHR portfolio research award scheme.* The NIAA would prefer this to be badged as an NIAA award rather than a College award.

CB/136/2015 National Institute of Academic Anaesthesia Research Council

Professor Mythen presented the minutes of the meeting held on 5 November 2015 drawing Council's attention to:

NIAARC/21/2015 (i) Members voted in favour of encouraging, but not mandating the signing of external peer reviews. The President suggested this should be revisited in 12 months' time and asked that Council be kept informed.

CB/137/2015 Faculty of Intensive Care Medicine

The Dean, Dr Batchelor, presented the minutes of the meeting held on 15 October 2015 drawing Council's attention to the following:

- 4.1 Trainee Contract
- 4.2 Sepsis Meeting
- 4.3 Meeting with the Intensive Care National Audit & Research Centre
- 4.4 Choosing Wisely
- 4.9 Renal Units
- 4.10 e-ICM
- 5.2 Recruitment
- BFICM/10.15/8 Advanced Critical Care Practitioners

CB/138/2015 Examinations Committee

Council noted that the Nuffield Medal for the Primary FRCA Examination in November 2015 has been awarded to Dr Sophie Forster Lane (St George's).

CB/139/2015 Anaesthesia Related Professionals Committee: an update regarding the PA(A) programme

The Chairman, Dr Collee, reported that the Committee was close to agreeing on wording for guidance to departments wishing to employ PA(A)s, which he hoped to present to Council in December or January. Meetings with some stakeholders have suggested that there is significant resistance to the development of PA(A)s. There is however agreement that the specialty needs to take control of PA(A)s and that the RCoA should take the lead and define their scope of practice. The President added that there is a perception that the College is trying to build capacity in the workforce with this group, whereas it in fact wishes to ensure that a group that already exists is properly regulated. If that fundamental message can be conveyed then others may see that the College is trying to regulate the grade, not promote it.

CB/140/2015 Royal College of Anaesthetists' Advisory Board for Scotland

The Chairman, Dr Colvin, presented the minutes of the meeting held on 27 October 2015.

MATTERS FOR INFORMATION

1/27/2015 Publications

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

1/28/2015 Consultations

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

1/29/2015 New Associate Fellows, Members and Associate Members

Council noted, for information, the following:

New Associate Fellows:

Dr Sami Omran – Scarborough Hospital

Dr Anastasia Aslani – John Radcliffe Hospital

New Associate Members:

Dr Tamas Varga – Barts Health NHS Trust
Dr Pamela Louise McGibbon – Poole Hospital
Dr Temenuzhka Yaneva Radeva – North Middlesex University Hospital
Dr Christopher Frik Van Wyk – Broomfield Hospital, Chelmsford

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

Dr Hazem Essat Ahmed Elahmedawy – Leeds Teaching Hospitals Trust
Dr Su Lin Maureen Cheng – Harefield Hospital
Dr Arshiya – University Hospital Ayr
Dr Ivelin Petrov Uzunov – Guy's & St Thomas' Hospitals NHS Trust
Dr Abhishek Jha – Royal Liverpool & Broad Green University Hospitals
Dr Muhammad Farooq Aslam – Leeds Teaching Hospitals Trust
Dr Nicola Attoe – Basingstoke North Hampshire Hospital
Dr Stephen Kieran Duncan Hamilton – Western General Hospital Edinburgh
Dr Senthilvelrajan Ramalingam – Heartlands Hospital
Dr Bhamini Tharmalingam – North Middlesex Hospital
Dr Nimali Lochanie Puwackwaththa Arachchige – Newcastle upon Tyne NHS Foundation Trust
Dr Hina Saleem Lodhi – University Hospitals Leicester
Dr Ashraf Sami Hassan Mohammed – Northwick Park Hospital & Central Middlesex Hospital
Dr Chetan Reddy – Queens Medical Centre, Nottingham
Dr Syed Ali Mazhar Rizvi – Queen Elizabeth Hospital, Birmingham
Dr Mohammad Aamer Asad – Princess Alexandra Hospital
Dr Kristof Racz – North Middlesex University Hospital
Dr Issa Mutee Shaheen Ashhab – Southampton General Hospital
Dr Islam Abdelaziz Eisawy Hamed – North Middlesex University Hospital
Dr Syed Ali Mazhar Rizvi – Queen Elizabeth Hospital, Birmingham
Dr Ahmed Mohamad Amin Nasr – Victoria Hospital, Kirkcaldy
Dr Marc Gimenez Mila – Papworth Hospital
Dr Usha Nagavara Kalegowda – Basildon & Thurrock University Hospital
Dr Premala Nadarajah – Royal London Hospital
Dr Tom Jones – New Cross Hospital
Dr J Van Schoor – University College Hospital, London
Dr Kushmandinie Goonetilleke – St Richard's Hospital, Chichester
Dr Mohamed Naeim Mohamed Ahmed – Wexham Park Hospital

Membership Category Progression**New Members:**

Dr Devesh Ramsohok – Primary of the RCoA
Dr Sarah Elizabeth Davidson – Primary of the RCoA

New Associate Members:

Shashidhar Sakkaragoudra – hospital unknown
David Ian Cegielski – hospital unknown
Dr Anita Fejer – Royal Glamorgan Hospital

To receive for information, the following doctor(s) has been put on the Voluntary Register:

Dr Evangelia Matiaki – Ayr Hospital

PRESIDENT'S CLOSING STATEMENT

PCS/10/2015 President's Closing Statement

1. The College will work with the AAGBI to publish a response to the result of the BMA ballot, taking into account the AoMRC statement and GMC guidance.

MOTIONS TO COUNCIL

M/43/2015 Vote on Election Methodology of President and Vice-Presidents

Resolved: That both Vice-Presidents should be elected in one election using the single transferable vote system.

M/44/2015 Minutes

Resolved: The minutes and website minutes of the meeting held on 21 October 2015 were approved

M/45/2015 College Tutors

Resolved: That the following appointments be approved:

Oxford

Dr A McGill (John Radcliffe Hospital)

Dr J M Chantler (John Radcliffe Hospital)

North West

Dr K Srirangadarshan (Royal Bolton Hospital)

Severn

Dr N Harvey (University Hospital Bristol)

Dr H Hunton (Cheltenham General Hospital)

Nottingham & Mid Trent

Dr A Kathirgamanathan (Kingsmill Hospital)

Sheffield & North Trent

Dr S Moss (Barnsley Hospital)

West Yorkshire

Dr S Lotia (St James' University Hospital)