MEETING OF COUNCIL

Edited Minutes of the meeting held on Wednesday 14 December 2011
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 P Nightingale, President
Dr J-P W G van Besouw
Professor J R Sneyd
Dr A A Tomlinson
Dr J D Greaves
Dr A B H Lim
Dr R Laishley
Professor D J Rowbotham
Dr H M Jones
Professor J F Bion
Dr E A Thornberry
Professor R P Mahajan
Dr P J Venn
Dr A M Batchelor
Dr S R Moonesinghe
Dr D K Whitaker
Dr D M Nolan
Dr R Verma
Dr R J Marks
Dr T H Clutton-Brock
Dr L J Brennan
Dr J P Nolan
Dr J R Colvin
Dr J R Darling
Dr I H Wilson

Mr P Rees, RCoA Patient Liaison Group
Dr A-M Rollin, Professional Standards Advisor

In attendance: Mr K Storey, Mr C McLaughlan, Ms S Drake and Ms A Regan.

Apologies for absence: Dr S C Patel, Dr M Nevin, Dr M Clancy and Mr R Bryant.

COUNCIL IN DISCUSSION

CID/56/2011 President's Opening Statement

(i) The President announced the death of Dr Lucien Morris. Council stood in memory.
(ii) The President wished to thank Mr Mohammed Sadek and his team for an enjoyable Council Christmas Dinner. The President also wished to thank Mr Keith Breeden for attending the dinner to present his portrait of the President.
(iii) The President updated Council on staff changes:
   a. Ms Stephanie Robinson would join the College on 19 December 2011 as the permanent President's Office Secretary.

CID/57/2011 College Crest

Dr Marks explained that the crest had been redesigned to ensure it was more readable especially in smaller resolution. Council was content with the design of the crest. Dr Whitaker asked if it was possible to ensure that the redesigned version appeared when people searched Google images for the College's crest. It was agreed that Drs Whitaker and Marks should discuss the matter outside of Council. It was noted that it is not possible to prevent external people from downloading the crest but Dr Clutton-Brock added that it is possible to add a statement that it should not be used inappropriately.

CID/58/2011 Faculty of Intensive Care Medicine

Professor Bion presented the proposed criteria for categories of Fellowship and Membership of the Faculty of Intensive Care Medicine (FICM). It would be necessary for the categories to be available from 1 January 2012 to provide a mechanism for Fellowship following termination of Foundation Fellowship. There was discussion regarding the definition of 'daytime commitment'; Professor Bion agreed to clarify the term in the notes. Council approved the criteria for categories of Fellowship.

Professor Bion explained that of the three Membership categories (Associate Fellowship, Affiliate Fellowship and Membership), Affiliate Fellows would not be assigned post-nominals. Dr Clutton-Brock suggested that the post-nominals for Associate Fellows should be AFFICM not AFICM as written in the document. Council approved the criteria for categories of Membership.

Dr Laishley wished to thank Professor Bion for taking into account Staff and Associate Specialist (SAS) doctors who would be eligible for Membership and enquired if it would be possible for a Fellow of the Royal College of Anaesthetists (RCoA) with intensive care medicine (ICM) competences to apply for Fellowship of the FICM. Professor Bion responded that the document had been written to facilitate movement between categories, e.g. a Member could become an Associate Fellow or Affiliate Fellow through acquisition of an examination.

Professor Bion wished to thank Council for its help and guidance in the process. Professor Bion also wished to thank Mr Daniel Waeland and Dr Patrick Nee who had led the Fellowship and Membership Group.

CID/59/2011 Replacement FRCA Certificate

Council agreed to a request from Dr Naveen Gopal Catakapatri Venu Gopal for the replacement of his FRCA Certificate.

CID/60/2011 Final FFPM Examination Regulations

Item deferred.

CID/61/2011 Review of Physicians' Assistant (Anaesthesia) Practice

The Association of Anaesthetists of Great Britain and Ireland (AAGBI) had conducted a review of the Physicians' Assistant (Anaesthesia) [PA(A)] project. The document provided an interesting and encouraging picture of the way in which PA(A)s are developing within the specialty. Dr Tomlinson informed Council that the only area of surprise and concern was the amount of direct supervision provided in some instances; this however appeared to occur in departments where PA(A)s were regarded as an integral part of the team and there appeared to be no associated patient safety concerns.

The President commended the AAGBI on its review. Dr Wilson explained that the report would be left as written with the provision of a commentary by Council, particularly on the issue of PA(A)s inducing anaesthesia without a consultant present in the room. One of the recommendations of the review was to ensure that there is strong medical leadership and supervision of the role. There was also a need to continue working with PA(A)s to help them obtain appropriate regulation. There was a necessity to ensure that specialist societies have input into a list of reasonable tasks which could be taken on as the role develops. Dr Batchelor was very supportive of specialist organisations becoming involved in standard setting for areas of extended practice that PA(A)s have moved into and explained that the Clinical Leads for PA(A)s are working together to produce common documentation. Dr Batchelor added that she would find it alarming if a specialist organisation opposed to PA(A)s should take a line from the document and use this as justification for stating that PA(A)s could never perform certain tasks. Dr Wilson responded that the

AAGBI had stated that where role extension is developed, it should be through the local anaesthesia department with clinical governance considerations, taking guidance from specialist societies in anaesthesia.

Dr Clutton-Brock suggested that the document contained some factual inaccuracies and agreed to e-mail details to Dr Wilson by the end of the following week. Dr Clutton-Brock added that the review did not convey the fact that PA(A)s are keen to be regulated and that the RCoA wants them to be regulated. Mr McLaughlan reported that Baroness Finlay had tabled an amendment to the *Health Bill* specifically related to PA(A)s.

Dr Whitaker stated that it would be interesting to know what processes local departments had gone through to justify extensions of the role. Dr Wilson responded that the information was not available.

Dr Greaves described some of the work purportedly undertaken by an intensive care practitioner which included inducing anaesthesia in the intensive care unit (ICU) without a consultant present. Dr Greaves used this as an example to point out that anaesthetists and PA(A)s are not the only ones who induce anaesthesia. Dr Batchelor responded that the critical care practitioner competency document had been written in line with the PA(A) document adding that the person in question was experienced, and whilst there may be no-one standing over her there would be other people in the ICU. Dr Wilson agreed to obtain further information. Dr Wilson added that there should be a medical anaesthetist in the room with PA(A)s. Professor Bion thought that the document referred to anaesthesia practice in the confines of the operating theatre. Critical care practitioners are individuals he would wish to see as part of the ICM team going through the training programme; this is separate to PA(A) activity. Professor Bion did however share the concerns with practitioners such as PA(A)s or ACCPs inducing anaesthesia in the ICU.

Dr Whitaker said that patients requiring intubation on intensive care were often amongst the sickest that had to be treated and recent research from Europe recommended that two doctors should be present.

Professor Sneyd highlighted the need for reminding people about the line of responsibility, 'passing off' and the true rate of disaster.

CID/62/2011 Royal College of Anaesthetists and College of Emergency Medicine Working Party on Sedation, Anaesthesia and Airway Management in the Emergency Department

Dr Greaves asked Council to accept the document as presented. Dr Rollin enquired whether the RCoA wished the document to be the gold standard or whether it would accept different standards for dentists. For example, the requirement for pulse oximeter, ECG, non-invasive blood pressure monitor and continuous quantitative capnography are higher standards than those practised by dentists. Dr Greaves felt that it would not be possible to provide a uniform standard across a variety of operators dealing with a variety of procedures. The President suggested that once the document had been published other specialties would look at local practice and benchmark it against the practice recommended in the report. It was agreed that Dr Rollin could forward the document to the dentists so they could be made aware that standards are much higher in other areas.

Dr Tomlinson considered the document excellent but, having spoken to gastrointestinal doctors, questioned the need for two physicians and a nurse for moderate sedation/analgesia especially as they have very clear guidelines regarding the amount of drugs to be delivered. Dr Tomlinson suggested that the standard should be the same across all disciplines; from deep sedation

onwards three people is appropriate but not for moderate sedation. Dr Greaves stated that the availability and practice of nurse sedationists in the Emergency department is hugely variable. Often the nurse is not trained in sedation and the doctor is an operator anaesthetist; this is unacceptable.

Dr Batchelor enquired whether there were areas where sedation takes place that the RCoA has not considered. The President responded that there is a list which includes procedures such as egg retrieval in fertility clinics. Professor Sneyd explained that is intended that the Academy of Medical Royal Colleges' (AoMRC) work, which he is leading, will produce a minimum standard for sedation applicable everywhere with statements appended to it covering various areas of practice.

Dr Jones suggested that the RCoA should be concerned with patient safety and quality of care rather than worrying about what other specialties do; it is up to them to either ignore the guidance or respond. Dr Jones added that the RCoA should not drop standards for other specialist groups.

Dr Wilson considered it a good document and asked whether it would be reasonable to consider having a sedation course looking at the airway, the use of capnography etc. The President responded that it is in the RCoA's curriculum and there are quite a few courses around the country; one of Professor Sneyd's tasks is to draw people together to agree a minimum standard.

Dr Whitaker congratulated the RCoA and College of Emergency Medicine (CEM) and suggested adding a line that airway competence is the number one competence for safe sedation. Dr Whitaker suggested that clarification should be made that a tipping trolley needs to tip head down.

The President was keen to publish a paper which would not need to be retracted and therefore asked those who had commented to e-mail their comments to himself and Dr Greaves so they could discuss them with Professor Jonathan Benger of the CEM. It was agreed that the President and Dr Greaves could proceed without bringing the document back to Council given the importance of publishing it as soon as possible. Comments should therefore be e-mailed to the President and Dr Greaves by the end of next week.

The President thanked Dr Greaves for his hard work and congratulated the Working Party on its document.

It was agreed that Professor Bion could share the document with the Board of the FICM.

COMMITTEE BUSINESS

CB/170/2011 Council Minutes

The minutes of the meeting held on 16 November 2011 were approved subject to minor amendment.

CB/171/2011 Matters Arising

i. Review of Action Points

CID/54/2011 The Health and Security Perspectives of Climate Change Dr Stuart White would make a presentation to the AAGBI in February 2012.

CB/155/2011 Revalidation Development Committee

Dr Brennan thanked Council members for their responses to the General Medical Council's (GMC) consultations; draft comments would be circulated to Council prior to submission.

Professor Sneyd agreed to forward to Dr Brennan a notice he had received about it being possible to revalidate without doing any clinical medicine.

CID/49/2011 (iv) Dr Venn reported that progress is being made with the potential media opportunity.

CB/172/2011 Regional Advisers
There were no appointments or re-appointments this month.

CB/173/2011 Deputy Regional Advisers
Council considered making the following appointment:
Wessex
Dr J M Onslow to succeed Dr S Hill as Deputy Regional Adviser for Wessex **Agreed**

CB/174/2011 College Tutors
Council considered making the following appointments:
Oxford
Request for extended term of office for Dr Anne Gregg to July 2012 **Agreed**

Mersey
Dr A Olusunmade (Liverpool Women's Hospital) in succession to Dr S Mallaiah **Agreed**

Severn
Dr K M Zander (Southmead Hospital) in succession to Dr J Wills **Agreed**

South Thames East
Dr M H Hendricks (Epsom General Hospital) in succession to Dr M Akioyame **Agreed**

Nottingham & Mid Trent
Dr T Shah (Royal Derby Hospital) in succession to Dr R Caranza **Agreed**

Wales
Dr M E Lewis (Singleton Hospital) in succession to Dr S J Catling **Agreed**

CB/175/2011 Heads of Schools
There were no appointments for Council to note.

CB/176/2011 Training Committee
(i) Medical Secretary's Update
Dr Thornberry had circulated notes from the AoMRC's Specialty Training Committee meeting held on 24 November 2011; they were very much an update for information as few decisions had been made at the meeting.

The Academic e-Portfolio had been scotched; there was no support for another e-Portfolio.

The GMC had changed its emphasis from audit to quality improvement. Areas were identified which would need rewording such as curricula, Annual Review of Competence Progression (ARCP) forms etc. The President added that Dr Tim Swanwick would be invited to speak to the Training Committee about his proposals regarding the need to change emphasis from audit to quality improvement projects. Dr Thornberry explained that the next *Bulletin* would include an article explaining Quality, Innovation, Productivity and Prevention (QIPP). Dr Colvin reported that in Scotland the RCoA Advisory Board for Scotland had

agreed that there could be specific acknowledgement of improvement projects in the ARCP process. Dr Jones added that quality improvement would be at the forefront of engagement and getting people into leadership and management. Professor Sneyd was unable to accept a situation whereby every trainee would be required to undertake quality improvement initiatives. Dr Colvin responded that improvement methodology is about implementing meaningful change. Professor Bion stated that conveying the impression that trainees would no longer undertake audit but would instead demonstrate improvement in quality would be mostly unachievable. Dr Colvin considered this a rather defeatist attitude quoting recent papers demonstrating that there is a way of incorporating methodology into something meaningful that junior trainees can do in a short period. Professor Bion stated that it needs to be anchored within quality improvement science; it should not be interpreted that trainees must have to demonstrate that their project resulted in quality improvement; it should be participation in a programme that will result in quality improvement. Professor Mahajan pointed out that it is down to local interpretation; having an understanding of quality improvement science should be the aim. How one obtains that should be partly by participation, partly by reading and partly by attending courses; the RCoA should not mandate that trainees have to participate in a project. The President added that he would expect ARCP panels to want to see some action and suggested it might be worth compiling the documents from the Royal College of Physicians and Royal College of Paediatrics and Child Health (RCPCH) as a pack for Council. Professor Sneyd suggested that worked examples of how it would work in a department would be useful. Dr Thornberry added that it would be necessary to write guidelines for the ARCP process regarding what the RCoA might expect to be successful achievements. The President suggested that the Training Committee should be provided with further information before its next meeting.

The President informed Council that the final draft of the Future Forum's report was almost agreed; it had been delayed pending Sir Ian Carruthers' report on innovation and the Future Forum's wish to link in with Sir Ian's recommendations.

CB/177/2011 Education Committee

Council received and considered the minutes of the meeting held on 23 November 2011 which were presented by the Chairman, Dr Clutton-Brock. Dr Verma would take over the management of Continuing Professional Development (CPD) Study Days. Dr Ed Hammond had suggested that the reverse of programmes should include the CPD matrix highlighting the areas targeted by the course.

The Final FRCA Revision Course would go ahead in January despite Dr Jeremy Cashman's resignation as course organiser. Dr Clutton-Brock would ensure that he was available for most of the course week. A former examiner had expressed an interest in running the July course.

The main issue around the MediaSite lecture capture system is the legal agreement the RCoA requires speakers to sign. The author would retain the intellectual property and copyright issues would remain the author's responsibility. The RCoA would provide guidance to speakers on how to obtain appropriate permissions. Professor Sneyd pointed out that many other organisations have tackled the same issues regarding copyright in different ways and the worst scenario would be a cease and desist letter. Dr Clutton-Brock added that a doctor is currently being sued for using Getty images in a lecture that was being recorded.

There has been unfavourable feedback regarding audiovisual facilities in the Galleries. The Facilities department would cost the options before further discussion takes place.

CB/178/2011 CPD Board
Council received and considered the minutes of the meeting held on 21 November 2011 which were presented by the Chairman, Dr Brennan. It had been agreed that the RCoA would convene a Board with specialty wide representation; 14 organisations plus the Patient Liaison Group had been represented at the first meeting. It was agreed by consensus that Dr Brennan should continue as Chairman. Most of the Board's work would be conducted by e-mail, with a maximum of one face to face meeting each year. The Board would produce an annual report of its activities. Dr Brennan added that the emphasis would be on the Board being specialty wide and that he would welcome the AAGBI's involvement.

With regards to quality assurance issues it had been concluded in the first instance that event providers could be required to obtain feedback from delegates regarding whether or not the learning outcomes set for the event had been met.

The CPD matrix would be locked until 2013 although comments would continue to be logged.

Specialist societies were asked to provide a web link to their relevant list of level three recommendations if they had not already done so.

In order to ensure that research/academic anaesthesia is better represented the Anaesthetic Research Society (ARS) and Health Services Research Centre (HSRC) would be encouraged to apply for approval for their research methodology workshops.

CB/179/2011 Finance Committee
Council received and considered the minutes of the meeting held on 15 November 2011 which were presented by the Chairman, Dr D Nolan. The Committee had approved increasing examination, and courses and meetings fees by an average of 2%.

Council agreed that the College and Faculty subscription rates for 2012/2013 be recommended for approval at the Annual General Meeting (AGM) in March 2012.

There had been discussion about whether or not to publicise legacies. Dr Thornberry suggested that the RCoA should provide guidance on how individuals can give legacies.

CB/180/2011 Equivalence Committee
Council received and considered the minutes of the meeting held on 17 November 2011 which were presented by Dr Clutton-Brock. There were two first applications, one of which was recommended for the Specialist Register. The Committee also reviewed a second application; this was not recommended for the Specialist Register.

CB/181/2011 Examinations Committee
Council received and considered the minutes of the meeting held on 8 November 2011 which were presented by the Chairman, Dr Brennan. There is a need to ensure that all exempting qualifications for the Primary FRCA are appropriately quality assured against GMC standards for assessment. A standard proforma with an explanatory covering letter would be sent to all existing jurisdictions with exemption status to gather the required information.

The necessity to visit all current overseas examinations for quality assurance purposes on an annual or more frequent basis is questionable and difficult to justify to employers for professional leave purposes. There is a proposal to revise the current visiting arrangements in parallel with the quality assurance documentation processes outlined above. Professor Mahajan pointed out that overseas visits allow the RCoA to calibrate its own examinations; that mechanism must stay. Dr

Brennan responded that the RCoA has a role as a major organisation internationally in anaesthesia; it wants to share its best practice elsewhere but it is a two way process.

Examiners had attended equality and diversity training. Dr van Besouw explained that the RCoA is experiencing an increasing number of complaints; it is therefore imperative that the RCoA ensures that examiners and those representing the College have had the necessary training.

Council accepted the recommendations made in the FRCA Examinations Review Document, November 2011.

Council agreed the proposal to change the Primary examination sittings from academic year 2013 - 2014 to allow successful multiple-choice questions (MCQ) candidates to apply for the next scheduled Objective Structured Clinical Examination (OSCE)/Structured Oral Examination (SOE).

Council agreed that the following Examiners should have their terms of examinership extended by one year to July 2013:

Dr Liam Brennan	(Chairman, Examinations Committee, Chairman, Final Examination).
Dr Andrew Bowhay	Primary Examiner
Dr James Murray	Final Examiner
Dr Nigel Matthews	Final Examiner

Council agreed that the following Examiners should have their terms of examinership extended by one further year (12 in total) to July 2013:

Dr K-L Kong	Final Examiner
Dr Gillian Hood	Final Examiner

Dr Wilson had received a communication from his Medical Director stating that examining would no longer be considered as part of Supporting Professional Activity (SPA) time. Dr Brennan thought it would be useful to invite trust Chief Executives to visit the examinations. It was suggested that the matter be raised with Dr Nevin and the Clinical Directors' network. The President added that for a trust Chief Executive to deny leave for an examiner to examine at a national level would be a retrograde step. Dr van Besouw pointed out that the issue is lack of support from middle management; the Chief Executive and Medical Director may be supportive but the block occurs when it comes to physically releasing people. Dr Wilson reported that the issue was discussed at the recent Clinical Directors' meeting; Clinical Directors were largely supportive but one or two commented that perhaps the College should start paying for people to be released. It was noted that there is a degree of sensitivity around how many people are released; this is addressed by taking into account specialty and source hospital when appointing examiners. Professor Sneyd informed Council that Dr Andrew Hartle has a collection of letters supporting national activity; it was suggested that the RCoA should co-ordinate with Dr Hartle so there is a joint collection of documents which can be given to those having difficulty obtaining trust support.

Council approved that the Fellowship be awarded to those who were successful at the December 2011 Final Examination.

CB/182/2011 Royal College of Anaesthetists Advisory Board for Wales

Council received and considered the minutes of the meeting held on 14 September 2011 which were presented by the Chairman, Dr Jones. The process of amalgamating the National Specialty Advisory Group (NSAG) with the RCoA Advisory Board for Wales was nearing completion; the first meeting would take place in February 2012. The RCoA had agreed to part fund secretarial

support for the group and is in negotiation with the RCPCH to share support with them. The Welsh Government would continue to fund travel and catering costs.

Dr Jones wished to formally thank Mrs Vivian Stoddart for her work and advice. The Board was very sorry to lose her as the Patient Liaison Group representative.

Dr Jones had attended a Working Group on behalf of the Academy of Royal Colleges Wales looking at creating Health Education Wales (HEW) which would bring together Cardiff and Swansea Medical Schools, the NHS and Bangor University with overarching responsibility for undergraduate and postgraduate education in Wales.

MATTERS FOR INFORMATION

I/38/2011 Publications
Council received, for information, the list of publications received in the President's Office. The President drew Council's attention to *Brief Interventions for Heavy Use of Alcohol, December 2009* in *Evidence Based Medicine Guidelines and Evidence Summaries*.

I/39/2011 Consultations
Council received, for information, a list of the current consultations. The President encouraged Council to respond to consultations.

I/40/2011 New Associate Fellows, Members & Associate Members
Council noted, for information, the following:

New Associate Fellows - November 2011
Dr Tiina Tamm - Wexham Park Hospital
Dr Ravikumar Marthis - Fairfield Hospital
Dr Edward William Curtis - Nevill Hall Hospital
Dr Petr Martinovsky - Blackpool Teaching Hospitals NHS Trust
Dr Sinead McGuirk - Belfast Health & Social Care Trust

New Members – November 2011
Dr Aneesul Islam Shakir - Final FCARCSI
Dr Elizabeth Deidre Millar Manson - Primary FRCA

New Associate Member – November 2011
Dr Sean Rice Santos - Dorset County Hospital
Dr Sriranganathan Varathan - West Middlesex University Hospital
Dr Ferdinand Dela Cruz - Castle Hill Hospital

To receive for information, the following doctors have been put on the Voluntary Register– November 2011
Dr Elia Del Roasario Usoles - Southern General Hospital
Dr Ruoyi Sun - Chelsea and Westminster Hospital
Dr Manoj Christopher Medagama - Worthing Hospital
Dr Aikaterini Belia - Darlington Memorial Hospital
Dr Yasir Azad Rashid - Croydon University Hospital NHS Trust
Dr Birgitte Marianne Krogh - Darlington Memorial Hospital
Dr Vijay Kumar Venkatesh - Good Hope Hospital
Dr David Betak - Bedford Hospital NHS Trust
Dr Mirjana Cvetkovic - Great Ormond Street Hospital
Dr Syed Nasir Imran - Scarborough General Hospital

Dr Fatima Fazal - Epsom & St Heliers NHS Trust
Dr Ajeeth Nelliparambil Baburajan - Brighton & Sussex University Hospital
Dr Marc Santacana Vives - Harefield Hospital
Dr Krasimira Georgieva Hristova - Watford General Hospital
Dr Teodor Petrov Stefanov - Watford General Hospital
Dr Candauda Arachchige Gihan Senarath - Worthing Hospital
Dr Ionadi Golumbeanu - St James's Hospital, Leeds
Dr Conor Joseph McQuillan - Belfast City Hospital
Dr Umesh Ramesh - Lincoln County Hospital
Dr Claudia Elena Ros - Yeovil District Hospital
Dr Natalie Sara Gray - Airedale General Hospital

New Affiliate Physicians' Assistants – November 2011
Mr Phillip Cawkwell - Heart of England NHS Foundation Trust
Dr Christopher Charles Winter - Western General Hospital, NHS Lothian

I/41/2011 Academy of Medical Royal Colleges
Council received, for information, an executive summary of the meeting of the AoMRC held on 29 November 2011.

I/42/2011 Annual Specialty Report
Council received, for information, the Annual Specialty Report as submitted to the GMC.

PRESIDENT'S CLOSING STATEMENT
PCS/11/2011 President's Closing Statement
(i) The President and Council congratulated Dr Colvin and Professor Rowbotham who had been elected to serve a first and second term respectively on Council.

MOTIONS TO COUNCIL

M/49/2011 Council Minutes
Resolved: That the minutes of the meeting held on 16 November 2011 be approved subject to minor amendment.

M/50/2011 Deputy Regional Advisers
Resolved: That the following appointment be approved:
Wessex
Dr J M Onslow to succeed Dr S Hill as Deputy Regional Adviser for Wessex

M/51/2011 College Tutors
Resolved: That the following appointments be approved:
Oxford
To extend Dr A Gregg's (Royal Berkshire Hospital) term of office for 5 months to July 2012.

Mersey
Dr A Olusunmade (Liverpool Women's Hospital)

Severn
Dr K M Zander (Southmead Hospital)

South Thames East
Dr M H Hendricks (Epsom General Hospital)

Nottingham & Mid Trent
Dr T Shah (Royal Derby Hospital) in succession to Dr R Caranza

Wales
Dr M E Lewis (Singleton Hospital) in succession to Dr S J Catling

M/52/2011 Finance Committee
Resolved: That the College and Faculty subscription rates for 2012/13 be approved by Council and recommended for approval at the AGM in March 2012.

M/53/2011 Examinations Committee
Resolved: That Council accepts the recommendations made in the FRCA Examinations Review Document, November 2011.
Resolved: That Council approves the proposal to change the Primary exam sittings from academic year 2013 - 2014 to allow successful MCQ candidates to apply for the next scheduled OSCE/SOE exam.
Resolved: That the following Examiners have their terms of examinership extended by one year to July 2013:

Dr Liam Brennan	(Chairman, Examinations Committee, Chairman, Final Examination).
Dr Andrew Bowhay	Primary Examiner
Dr James Murray	Final Examiner
Dr Nigel Matthews	Final Examiner

That the following Examiners have their terms of examinership extended by one further year (12 in total) to July 2013:

Dr K-L Kong	Final Examiner
Dr Gillian Hood	Final Examiner