MEETING OF COUNCIL

Edited Minutes of the meeting held on Wednesday 12 December 2012
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 J-P van Besouw, President
Dr H M Jones
Dr D M Nolan
Dr P Nightingale
Professor J R Sneyd
Dr R Laishley
Professor D Rowbotham
Dr E A Thornberry
Dr P J Venn
Dr A Batchelor
Dr D K Whitaker
Dr S Patel
Dr R Verma
Dr R J Marks
Dr T H Clutton-Brock
Dr L J Brennan
Dr J P Nolan
Dr J A Langton
Dr J R Colvin
Dr N W Penfold
Dr V R Alladi
Dr S Gulati
Dr J R Darling
Dr I Johnson
Dr D Selwyn
Dr M Nevin
Dr A W Harrop-Griffiths

Mrs I Dalton, RCoA Patient Liaison Group (PLG)
Dr A-M Rollin, Professional Standards Adviser

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

Apologies for absence: Professor J F Bion.

COUNCIL IN DISCUSSION

CID/39/2012 President's Opening Statement

(i) The President welcomed Dr David Selwyn, Deputy Clinical Directors' (CD) representative, to Council.

(ii) The President announced the death of Dr Nicholas Wright. Council stood in memory.

(iii) The results of the election to Council had been published. Dr Janice Fazackerley, Dr Simon Fletcher, Professor Michael (Monty) Mythen and Professor Ravi Mahajan have been elected to the consultant vacancies. Dr Peeyush Kumar was elected to the trainee vacancy.

(iv) Professor Wendy Reid has been appointed Medical Director of Heath Education England (HEE). Professor Reid has a good working knowledge of the specialty and its training requirements from her time as Associate Dean for London with responsibility for anaesthesia.

(v) There has been correspondence with Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) regarding the assessment of intensive care medicine (ICM) issues. Dr Thornberry explained MBRRACE-UK had not yet finalised the process for appointing assessors. In the meantime a significant backlog of cases had built up. Dr Clutton-Brock had been looking at the cases but four or five ICM

assessors were required. The Faculty of Intensive Care Medicine (FICM) and the Obstetric Anaesthetists' Association (OAA) were identifying obstetric anaesthetists with an interest in ICM whose names would be given to the President. Dr Thornberry stated that this would be a temporary measure for 12 months to relieve the backlog. The same appointment process would then be employed as for anaesthetic assessors with the addition of input from the FICM.

(vi) The President and Dr Jones had agreed to shortlist National Clinical Assessment Service (NCAS) assessors on behalf of the Royal College of Anaesthetists (RCoA).

(vii) The President and Council thanked Ms Stephanie Robinson, Mr Mohammed Sadek and the Facilities Team for an enjoyable Council Christmas Dinner. Gratitude was also expressed to Dr David Saunders for his enlightening pre-dinner talk on the history of Red Lion Square.

(viii) The Rt Hon Stephen Dorrell MP, Chairman of the Health Select Committee, had accepted the President's invitation to speak at the President's Dinner in February 2013.

(ix) The *British Journal of Anaesthesia* (*BJA*) is the tied journal to the RCoA. The RCoA has paid the *BJA* a subvention which covers in part the cost of the journal to the RCoA's Fellows and Members. The RCoA needs to be more proactive in defining its expectation of the *BJA*. A small working party, chaired by Dr Batchelor, has been convened to examine the issues surrounding the RCoA's requirements from a journal to which it is aligned. The Chairman of the *BJA* would talk to Council in February about planned future development of the journal

(x) Professor Sneyd had represented the RCoA at a meeting with the Hong Kong College of Anaesthesiologists (HKCA). The HKCA had hosted a well attended and well organised national meeting with a very good standard of educational presentation. Professor Sneyd had also attended the HKCA's degree day on behalf of the RCoA. There had been a meeting to discuss greater collaboration between the two Colleges, the details of which had been previously debated by Council. Professor Sneyd recommended that the next step would be for the HKCA to send a small group to observe the FRCA Examination and stay on for a short time afterwards to discuss examinations, postgraduate education etc. The HKCA had invited the RCoA to join its annual meeting in 2013 or 2014. Professor Sneyd had discussed the invitation with Ms Drake. The RCoA could engage in a joint meeting by way of badging it and the HKCA choosing UK and Irish external speakers. Professor Sneyd recommended that the RCoA should engage gently and supportively with the HKCA; this would not require a great deal of resources.

(xi) The Dana Institute had scheduled three lectures in relation to the Pain Less exhibition. Mr McLaughlan explained that the Faculty of Pain Medicine (FPM) and Patient Liaison Group (PLG) had both been involved with the lectures. Entry to the lectures would be free.

(xii) The President had been the subject of *The British Medical Association* (BMA) *News'* 'who got that job' feature.

(xiii) Dr Fiona Moss would be stepping down as Lead Dean for Anaesthesia from March 2013. Professor Derek Gallen would be asked to nominate a replacement although it was unclear whether or not the Lead Dean would be shared with ICM.

(xiv) Dr D Nolan had attended the National Stakeholders' Forum. The Rt Hon Jeremy Hunt MP had spoken about the two year priority list.

(xv) Dr D Nolan and Dr Brennan had attended a workshop on the shape of training. Discussions and brainstorming at the workshop would be used to inform the RCoA's response and also the intelligence gathering which was being undertaken. Drs Nolan and Brennan would circulate a draft response to Council and Regional Advisers (RAs) early in 2013 with a view to submitting the RCoA's final response by mid-February. Dr Nightingale added that the review was working to a tight timetable with numerous meetings and seminars being held to gather evidence. Dr Nightingale continued to encourage individuals to provide feedback via the Shape of Training website, copying their comments to him. The Expert Advisory Group would meet in the New Year following which it would be known who would be called to give oral evidence. Professor Sneyd was concerned that there was insufficient time for written submissions to be meaningfully considered and turned into oral evidence with the report due so soon after the deadline. Dr Nightingale explained that the report was now anticipated in autumn 2013 and not June as originally intended. The President

added that Council would have the opportunity to question Professor David Greenaway at the College Tutors' (CTs') meeting. Drs D Nolan and Brennan agreed to bring comments to the January meeting of Council.

(xvi) Hospital Episode Statistics (HES) was keen to develop the named anaesthetist and named surgeon for its database. Mr McLaughlan explained that HES data was somewhat thin regarding anaesthesia. There was now an opportunity to get a direct link from who was involved in a procedure and to be able to interrogate data later on. There were local solutions in trusts to gather information locally but this would be an opportunity to engage with national data collection.

(xvii) Dr Harrop-Griffiths would provide an update on neuraxial connectors in his report.

(xviii) The RCoA had already signed up to the Alcohol Alliance's request for minimum unit pricing and had now been asked to endorse the Evidence Based Alcohol Strategy for the UK. Dr Whitaker recommended that the RCoA should endorse the document.

(xix) The President updated Council on College staff changes:

a. Mr Jose Lourtie has joined the College as NELA Project Administrator on a full-time and fixed-term basis.

b. Ms Lorna Kennedy, e-Portfolio Project Manager, would leave the RCoA at the end of the year. The President and Council wished to thank Ms Kennedy for her hard work.

CID/40/2012 Doha Declaration on Climate, Health and Wellbeing

Professor Sneyd explained that individuals and Colleges were being invited to sign the Doha Declaration on Climate, Health and Wellbeing. The President concluded that the majority of sentiments expressed by Council suggested that the RCoA should support the declaration. Council agreed with the majority and it would therefore be appropriate to sign the declaration.

CID/41/2012 Proposed Change to the Scope of Practice of Physicians' Assistants in Anaesthesia

Dr Clutton-Brock explained that the document had been rewritten following discussion by Council. Dr Harrop-Griffiths reported that there had been no support for the proposed change when it was debated by Council of the Association of Anaesthetists of Great Britain and Ireland (AAGBI). A blanket relaxation would not be in the overall interest of patient safety. Dr Whitaker added that it would be inappropriate for the RCoA to grant approval without knowledge of local circumstances and expertise. Dr Nightingale supported the proposed changes, stating that it was pragmatic to do so. The document referred to the responsibility of the supervising consultant on a patient by patient basis; this covered the concerns expressed. Dr Clutton-Brock stated that the document tried to recognise that extubation does have associated complications but these were unpredictable and relatively uncommon; the same could be said for anaesthesia. It was impossible to guarantee there would be no rare events during a Physicians' Assistant's (Anaesthesia) [PA(A)] practice. Dr Clutton-Brock added that the purpose of the change was to prevent changes in practice occurring by means of a clear statement on what PA(A)s should and should not do depending on different levels of supervision. Providing they were capable and providing there was appropriate patient selection Dr Clutton-Brock would be happy to add wording to the effect that the consultant must be happy that the PA(A) can perform extubation. Dr Clutton-Brock also offered to add that the individual PA(A) must be signed off for each individual patient. Dr Clutton-Brock understood the concerns but explained that the document was trying to address them. The President stated that the issue of availability within two minutes was regarded as particularly contentious when discussed by the AAGBI Council. The President stated the need for more robust wording following which the proposal needed to be brought back to Council for further debate. Professor Mahajan stated that one of the underlying principles of National Audit Project (NAP) 4 was to always have a plan for unpredictable problems. If the principles were followed, the argument over who can do it is a local consultant-based decision on the day. The President suggested that rewording was necessary focussing on the principles running up to the extubation. Dr Batchelor wondered if some of the opposition to any change in the PA(A) role was a result of continued opposition to the role. Dr Patel highlighted the need to

add that the PA(A) must be confident in addition to the consultant. Dr Jones suggested that decisions around individual competency should be a locally managed situation. The sign up of the supervising clinician and PA(A) should be on a situation by situation basis. Dr Nightingale pointed out that if a consultant was worried about a particular extubation they would be there. Dr Thornberry stated that part of the importance of defining it for this group of people was to protect them from those who are anti PA(A). Dr Marks agreed with Drs Nightingale and Batchelor; if nurses, who cannot re-intubate patients, were allowed to extubate patients then PA(A)s should also be allowed to do so. The President summarised that Council was more supportive of the initiative but that there remained caveats which could be added to the document on the basis of the discussion. The President asked that the re-worded document be circulated to RCoA and AAGBI Councils for comment.

CID/42/2012 Options Summary for Anaesthesia Review Teams

The President explained that there had been previous debate about how the Anaesthesia Review Team (ART) programme should progress along with reflection on achievements since gestation. Mr McLaughlan had prepared an options summary for the future development of the process. Dr D Nolan added that she, along with the President and Dr Jones, had inputted into Mr McLaughlan's document; some aspects were straightforward, others were more worthy of discussion. Dr Jones invited Council members' views on whether they agreed with the options, considerations and recommendations. Mr McLaughlan pointed out that there were significant resource implications. The paper had been informed by feedback from reviewers and also took into consideration what other Colleges were doing. Mr McLaughlan asked Council to particularly look at recommendations with resource implications. Dr Harrop-Griffiths sought clarification of the relationship between ART and the Joint Committee on Good Practice (JCGP). Mr McLaughlan explained that the ART process informs the JCGP in its decision on how to issue guidance on good practice for the specialty but answers to RCoA Council. The President asked Council to prioritise the recommendations in the paper.

CID/43/2012 Association of Anaesthetists of Great Britain and Ireland; President's Report

Dr Harrop-Griffiths updated Council on neuraxial connectors. The publication of a joint updated statement had been put on hold because of a position statement from the National Health Service (NHS) Pharmaceutical Aseptic Services Group which had called into question the sterility of drugs stored in syringes with new connectors. It was anticipated that the new ISO standards on medical standards for connectors would not be available until 2015 and the connectors in this country would not be compatible with them. Professor Sneyd asked why those involved did not walk away saying that they recommended that everyone in the NHS only used Luer connections. Dr Harrop-Griffiths replied that the majority of AAGBI Council had thought it would reflect badly to walk away having reached this position. Dr Clutton-Brock supported the notion of being cautious about advice about implementing the current system. There should be a single international standard connector. The President stated that there was widespread concern and nobody was keen to support this. The RCoA should be robust in its defence of saying it cannot support this situation. Dr Harrop-Griffiths pointed out that although both the RCoA and the AAGBI would put patient safety first, there was a legal aspect to this, particularly in respect of the companies who had developed products, if the wrong form of words was used. Dr Harrop-Griffiths suggested there was a need to protect the organisations and suggested working together and perhaps seeking legal advice about the form of words. Dr Nightingale pointed out that the AAGBI and RCoA had responded to a National Patient Safety Agency (NPSA) push but should hold back until the ISO standards were published. The President asked Dr Harrop-Griffiths to circulate a further draft making it clear that the RCoA and AAGBI cannot support this situation.

A coroner's inquest had highlighted that patients were still suffering adverse events because dextrose-containing fluids were being used to flush arterial lines in critical care settings. The AAGBI would be supporting the Safe Anaesthesia Liaison Group (SALG) in bringing forward recommendations on how to cease this practice. The President reported that Dr Clutton-Brock

had written a draft reply to the coroner. Dr Clutton-Brock explained it posed a challenge to SALG as it would have to circulate information to groups, such as theatre nurses and operating department practitioners, with whom it did not usually communicate. Dr J Nolan declared an interest before asking what was meant by guidance that will attempt to halt dangerous fluid storage practices on intensive care units (ICU). Dr Harrop-Griffiths explained that the term was used by the coroner's expert at the inquest. To store dextrose containing solutions with materials that can be used to flush arterial lines in the same place was dangerous. They should be stored separately in the ICU.

CID/44/2012 Francis Report

The President reported that the Francis Report was likely to be published in early February 2013. There were extreme concerns across the Department of Health (DH), Colleges etc. in relation to the report. The AoMRC was particularly keen to avoid everyone apportioning blame. The President explained that the proposed Academy statement was overly long and should be shortened. The RCoA must be able to respond to the public and to its own Fellows and Members regarding how it was dealing with potential issues which had arisen. Dr Marks pointed out that Council was being asked to comment on a report it had not read and suggested that it would be more appropriate to say that the RCoA would spend a couple of weeks reading the report and would produce a measured response when the content of the report was known. The President responded that he was asking Council to comment on the strategy the RCoA should adopt. Dr Jones suggested a single-sided A4 response for the press and public domain. The RCoA's strategy should be an immediate response followed by a more detailed response. Dr Brennan asked if there was any intelligence suggesting that anaesthesia and ICM would be the subject of particular criticism. The President thought that surgeons would come under criticism, with the medical profession as a whole criticised for failing to engage in medical management and leadership. In addition there may be generic issues about how doctors interact with others when they see there is a problem. The President agreed with concerns about not focussing on individuals which could result in a blaming exercise. It must be made clear that whatever culpability is admitted any apology the profession makes at large must be done in orchestration with the government and management. The medical profession must not be made the scapegoat. Professor Rowbotham suggested that the RCoA must be able to deal with anaesthetic issues immediately upon publication of the report and have the ability to respond rapidly as a College. The President responded that if there were anaesthetic and ICM issues the RCoA would take a holding position and develop a timely in-house statement. Dr Whitaker proposed that the concept of "learned helplessness" should be introduced into the RCoA's response. Dr Patel suggested that the RCoA should be ready to promote what it was doing in specific areas. Dr J Nolan asked if the response would mention resource limitation or restrictions imposed increasingly by the financial situation. The President responded that the NHS Confederation stated that resource, particularly how it is managed, is important. It may relate to how services are configured and major reconfiguration may be important for the maintenance of good patient care in the UK. Dr Johnson asked if the RCoA had made provision for publishing a statement quickly. The President responded that there would be a first response followed by a more measured response. It would be important to acknowledge recommendations in the report and as an organisation the RCoA would seek to respond appropriately in a timely fashion. Dr Colvin suggested building a response which focused management on more effective spending of the 95% of resources they have rather than focussing on the 5% cut. Mr Bryant informed Council that Mr Robert Francis QC would attend the CTs' meeting in June 2013. The President concluded that the RCoA should be proactive and should use the AoMRC's paper as a template to remain in line with the rest of the medical profession whilst being mindful that the report had not yet been seen.

COMMITTEE BUSINESS

CB/158/2012 Council Minutes
The minutes of the meeting held on 21 November 2012 were approved with the following amendment:
CID/38/2012 Association of Anaesthetists of Great Britain and Ireland: President's Report
Insert "detailed" before understanding in the final sentence.

CB/159/2012 Matters Arising
i. Review of Action Points
CID/35/2012 Clinical Directors' Network
Dr Jones had not had an opportunity to speak to Dr Tony Turley about engaging with Welsh CDs.

CID/36/2012 Academy of Medical Royal Colleges' Seven Day Consultant Present Care
The President thanked Council for its comments. The RCoA had issued a statement in respect of the report.

CID/29/2012 The Future Hospital Commission
Dr Nightingale reported that most of the comments from Council and around the country were similar but there had not been many responses. Council members were asked to encourage colleagues to look at the questions on the website and provide feedback.

CB/147/2012 Communications Committee
Archiving of old documents would be discussed in January.

All other actions had been completed.

CB/160/2012 Regional Advisers
There were no appointments for Council to approve.

CB/161/2012 Deputy Regional Advisers
There were no appointments for Council to approve.

CB/162/2012 College Tutors
Council considered making the following appointments/re-appointments (re-appointments marked with an asterisk):
Anglia
*Dr P Linga Nathan (James Paget Hospital, Great Yarmouth) **Agreed**

Oxford
Dr H Hann (John Radcliffe Hospital) in succession to Dr D A C Wilkinson **Agreed**

Mersey
*Dr H N Raj (Royal Liverpool Children's Hospital) **Agreed**

South West Peninsula
*Dr S M Boumphrey (Derriford Hospital) **Agreed**

Nottingham & Mid Trent
Dr R Basu (Nottingham City Hospital) in succession to Dr H Skinner **Agreed**

West Midlands South
Dr Y Poonawala (Queen Elizabeth Hospital Birmingham) in succession to Dr K Hasan **Agreed**

CB/163/2012 Heads of Schools

There were no appointments for Council to note.

CB/164/2012 Training Committee

(i) Medical Secretary's Update

Dr Brennan reported that the General Medical Council (GMC) had issued an edict that Locum Appointments for Training (LATs) would be embargoed from 2015 and possibly from 2013 onwards.

A survey of less than full time trainees would be conducted.

The Trainee e-Portfolio User Group had met for the first time.

Discussions were being held with the FICM in relation to the ICM curriculum and a pragmatic approach towards assessment of competence for anaesthesia trainees undertaking ICM training.

(ii) Certificate of Completion of Training

Council noted recommendations made to the GMC for approval, that CCTs/CESR [CP]s 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 ICM.

Anglia
Dr Gagan Kohli
Dr Nandlal Bhatia
Dr Kapila Liyanapathirana
Dr Christiane Kubitzek
Dr Liza Tharakan
Dr Rajinikanth Sundararajan

Bart's and The London
Dr Norman Kufakwaro

Kent, Surrey, Sussex
Dr Edward Walter *
Dr Susan Calderbank
Dr Gihan Abuella *

Northern
Dr Chandrasekar Janarthanan

South West Peninsula
Dr Nila Cota
Dr James Brown
Dr Vanthana Jayaraj

Warwickshire
Dr Lucie Linhartova *

Wales
Dr Danniella Seddon

South East Scotland
Dr Colin Baird

North Scotland
Ravi Nagaraja

Yorkshire
West Yorkshire (Leeds/Bradford)
Dr Suzanne Taylor
Dr Vinod Goponathan
Dr Nicola Ross

East Yorkshire (Hull/York)
Dr Krishna Matty Srinivasa Rao

CB/165/2012 Education Committee

Council received and considered the minutes of the meeting held on 28 November 2012 which were presented by the Chairman, Dr Clutton-Brock, who drew Council's attention to the following items:

- *EC/44/12 BJA Delphi Meetings*

A special issue would be produced around the project.

- *EC/45/12 Terms of Reference and Objectives for the Education Committee*

- *EC/47/12a Webcasting Presentations*

Dr Marks commented that when the website was set up it was anticipated there would be four webcasts; there are currently ten. With that in mind, the RCoA needed to consider how webcasts were put on the website. It did not make sense to have a separate section for webcasts. Signposting them from relevant pages would make them more accessible.

- *EC/47/12b Events Online Services (bookings and feedback)*

- *EC/47/12e Education and Events Pages of the College Website*

Dr Marks pointed out that with regards to links for external education resources there was a problem regarding editorial control and governance in terms of what is put on and when it is removed. Dr Marks added that he would like the Education Committee to consider quality assuring and setting standards for editorial standards. Dr Clutton-Brock pointed out that the Education Committee should review links on a regular basis. In addition a disclaimer should be used.

Miss Drake reported that a piece of the website hosted the RCoA's educational content from a separate server. Some of the videos had been linked to the website. Ms Drake explained that bandwidth was not a problem although the number of current users was; there was a way of overcoming this.

The President asked Professor Mahajan whether BJA podcasting would only be available from the *BJA* or whether it would be streamed through the RCoA's website. Professor Mahajan responded that they would be available on the *BJA*'s website and also via apps. Professor Mahajan saw no reason why they could not be accessed through the RCoA website.

CB/166/2012 Workforce Planning Strategy Group

Council received and considered the minutes of the Workforce Planning Strategy Group meeting held on 27 November 2012 which were presented by the Chairman, Dr Colvin, who drew Council's attention to the following items:

- *WFP/19/12 Terms of Reference*

- *Centre for Workforce Intelligence (CfWI)*

The President explained that the CfWI was aware of the RCoA's concerns about previous lack of engagement. Mr Bryant and Mr Daniel Waeland (FICM) had met with CfWI to discuss the in-depth review. They had emphasised that one size does not fit all. The bulk of the work would be undertaken in May 2013 with the report due in December 2013. Input would come from other sources, not just the RCoA.

- *WFP/23/12 Trainee Committee and Workforce Planning*

- *WFP/22/12 Campbell-Lange Workshop*

CB/167/2012 Royal College of Anaesthetists' Advisory Board for Scotland

Dr Colvin thanked the President and Mr Storey for attending the meeting held on 5 December 2012. No further cuts were expected in trainee numbers in anaesthesia in Scotland. There would probably be a need to increase core numbers.

The introduction of a modified Datex system should allow critical incident report in Scotland to move forward.

There had been a very successful joint meeting with the Scottish Society of Anaesthetists. The Director General of NHS Scotland had attended. The meeting had opened up avenues for dialogue about 9+1 contracts.

The RCoA Advisory Board for Scotland had been invited to take part in the Scottish Society's centenary meeting in Edinburgh in 2014.

CB/168/2012 Examinations Committee
Council received and considered the minutes of the meeting held on 6 November 2012 which were presented by Dr Brennan who drew Council's attention to the following:

- *EX/69/12 Election of New Examiners for Academic Year 2013-2014*

Council agreed that examiners retiring from clinical practice during, or immediately on completion of their 10 year examinership, be allowed to complete up to a maximum of one year as an FRCA Examiner, beyond their clinical practice retirement date.

- *EX/59/12 Update on the FCAI*

Council approved that the Fellowship be awarded to those who were successful at the December 2012 Final Examination.

CB/169/2012 Equivalence Committee
Council received and considered the minutes of the meeting held on 22 November 2012 which were presented by the Acting Chairman, Dr Clutton-Brock.

CB/171/2012 Continuing Professional Development (CPD) Board
Council received and considered the minutes of the meeting held on 13 November 2012 which were presented by the Chairman, Dr Marks, who drew Council's attention to the following:

- *CPDB/4/12 RCoA Guidelines for CPD, and the CPD Matrix*

It was hoped that the revised guidance would be available before Christmas.

- *CPDB/7/12 Composition of the CPD Board*

The CPD System had been well received by users. Dr Marks wished to credit Mr Don Liu and Mr Chris Kennedy for the huge amount of work they had undertaken.

A Working Party would look at what was required to make the CPD matrix structure updatable. Dr Langton stated that if the matrix evolved in the future the present version must remain available for reference otherwise there would be an ongoing process of re-referencing.

Council received an analysis by CPD matrix codes of events approved in the last year. Dr Marks pointed out an anomaly towards the end of Level 3 if other/clinical and other/non-clinical are lumped together. Dr Marks asked Council to be mindful that there are great difficulties in interpreting this.

- *CPDB/3/12 Quality Assurance of the CPD Approval Scheme*

Dr Nevin suggested that the value of courses could be assessed by looking at feedback from previous courses to assess the success of that meeting and the value to attendees. Ms Drake explained that courses which were run regularly were reviewed each year and feedback was sampled. Dr Harrop-Griffiths considered there to be too much bureaucracy in the scheme. The President explained that when establishing a system across specialist societies it was necessary to ensure the same level of quality assurance. With the introduction of revalidation it was important that the quality of meetings across anaesthesia was signed up to the same set of standards. It

was an evolutionary process which was becoming more flexible as people became more accepting of it.

MATTERS FOR INFORMATION

I/36/2012 Publications
Council received, for information, the list of publications received in the President's Office.

I/37/2012 Consultations
Council received, for information, a list of the current consultations. The President thanked those who had contributed to consultation responses.

I/38/2012 New Associate Fellows, Members & Associate Members
Council noted, for information, the following:

New Associate Fellow
Dr Vivek Yadav – Fairfield General Hospital, (Bury)

New Members
Dr Sarika Goel – FRCA Primary
Dr Babu Rao Pitta – FCARSI
Dr Emma Kate Short – FRCA Primary
Dr Eva Helga Biczo – European Diploma in Anaesthesiology and Intensive Care
Dr Farzana Ashraf – FRCA Primary

New Associate Members
Dr Saad Abdul Karim Kanna – Queen Elizabeth The Queen Mother Hospital (Margate)
Dr David Forbes Hamilton – Gloucestershire Royal Hospital (Gloucester)
Dr Mutale Theresa Katema – South Warwickshire NHS Trust

To receive for information the following doctors have been put on the Voluntary Register
Dr Martin Bursik – Alexandra Hospital, (Redditch)
Dr Faezeh Godazgar – Chelsea and Westminster Hospital (London)
Dr Agnes Kun – University Hospital of North Tees and Hartlepool (Hartlepool)
Dr Nabeel Sultan – Queen's Hospital (Burton)
Dr Claudia Loredana Variu– Glan Clwyd Hospital (Rhyl)
Dr Mythilli Mahendran – Homerton University Hospital (London)
Dr Miklos Tibor Gal – Wrexham Maelor Hospital

PRESIDENT'S CLOSING STATEMENT

PCS/11/2012 President's Closing Statement
The President had nothing further to raise.

MOTIONS TO COUNCIL

M/45/2012 Council Minutes
Resolved: That the minutes of the meeting held on 21 November 2012 be approved subject to the following amendments:

CID/38/2012 Association of Anaesthetists of Great Britain and Ireland: President's Report
Insert "detailed" before understanding in the final sentence.

M/46/2012 College Tutors

Resolved: Council approved the following appointments/re-appointments (re-appointments marked with an asterisk):

Anglia

*Dr P Linga Nathan (James Paget Hospital, Great Yarmouth)

Oxford

Dr H Hann (John Radcliffe Hospital) in succession to Dr D A C Wilkinson

Mersey

*Dr H N Raj (Royal Liverpool Children's Hospital)

South West Peninsula

*Dr S M Boumphrey (Derriford Hospital)

Nottingham & Mid Trent

Dr R Basu (Nottingham City Hospital) in succession to Dr H Skinner

West Midlands South

Dr Y Poonawala (Queen Elizabeth Hospital Birmingham) in succession to Dr K Hasan

M/47/2012 Examinations Committee

Resolved: That examiners retiring from clinical practice during, or immediately on completion of their 10 year examinership, be allowed to complete up to a maximum of one year as an FRCA Examiner, beyond their clinical practice retirement date.

Resolved: That the Fellowship be awarded to those who were successful at the December 2012 Final Examination.

M/49/2012 Doha Declaration on Climate, Health and Wellbeing

Resolved: That Council calls the President to endorse on behalf of the College the Doha Declaration on Climate, Health and Wellbeing.