

MEETING OF COUNCIL

**Edited Minutes of the meeting held on Wednesday 11 December 2013
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 D M Nolan
Dr L Brennan
Dr H M Jones
Professor J R Sneyd
Dr A Batchelor
Dr K Grady
Professor D J Rowbotham
Professor R Mahajan
Dr P Venn
Dr D Whitaker
Dr R Verma
Dr R J Marks
Dr T H Clutton-Brock

Dr J Nolan
Dr J A Langton
Dr J R Colvin
Dr N W Penfold
Dr S Gulati
Dr E J Fazackerley
Dr S Fletcher
Professor M Mythen
Dr P Kumar
Dr J R Darling
Dr I Johnson
Dr M Nevin
Dr W Harrop-Griffiths

Mrs I Dalton, RCoA Patient Liaison Group
Dr A-M Rollin, Professional Standards Advisor

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

Apologies for absence: Dr V R Alladi

P/9/2013 External Strategy Discussion

The President welcomed Professor David Haslam, the Chairman of the National Institute for Health and Care Excellence (NICE).

Professor Haslam regarded the Royal Colleges as being central to both the work of the health service and of NICE. Professor Haslam acknowledged that although he was addressing a UK College his talk would relate to England; NICE has a remit in Wales and Northern Ireland as well as a relationship with Scotland but its main remit is England. Since April 1 2013 NICE had taken on responsibility for quality standards in social care as well as health care. Professor Haslam considered the changes brought about by the Health and Social Care Bill to have resulted in a time of real risk for the system. Professor Haslam suspected that NICE would be drawn into the value for money paradigm. One of the challenges for NICE would be that it would now have to consider how to develop a model for patients with multiple co-morbidities rather than single conditions as in the past. Professor Haslam was keen for NICE to address issues around multiple co-morbidities and helping doctors to stop treating guidelines as instructions. The challenge for NICE would be to maintain world class scientific responsibility whilst adopting this shifting paradigm. Professor Haslam requested feedback regarding the perceived usefulness of NICE and whether its existence generated specific problems. One issue of concern was the implementation of NICE guidelines and guidance; gaps exist between NICE approval and subsequent adoption by the system. Another difficult matter was the dissemination of guidelines. Professor Haslam was aware that the dissemination of NICE's recommendations for best practice depended on the Royal Colleges to a large extent. Professor Haslam was deeply impressed by the Anaesthesia Clinical Services Accreditation (ACSA) project; the drive towards

accreditation and recognition of high quality service delivery is extraordinarily important. Input provided by the Royal College of Anaesthetists (RCoA) as a registered stakeholder was essential. Professor Haslam acknowledged that NICE on occasions produces guidelines or guidance which were out of date by the time of publication and the Colleges sometimes sought guidance elsewhere. NICE had been asked post-Francis to look at staffing levels initially in the acute trusts. Professor Haslam thought it unlikely NICE would devise formulae which would have to be applied. NICE would review the evidence base and the available tools to determine staffing needs with a view to accrediting the most effective tools. The latest fluid management guidelines had been published earlier in the week. Future guidance would include management of complex fractures, major trauma, spinal injury assessment and service delivery of trauma services; NICE would aim to publish these in 2016. Professor Haslam explained that scoping was underway for a refresh of the back pain guidance.

The President thanked Professor Haslam for his overview before inviting questions from Council.

Professor Mahajan understood that rather than dealing with problems in a linear fashion NICE would look at quality as a whole. That would present its own challenges and would probably require a change in methodology. Professor Haslam replied that until now NICE and other similar organisations had said this was too difficult for them to do and left it to each individual clinician to do. NICE was seen as one of the world leaders in the analysis of cost effectiveness and equality. Patients wished to be treated more holistically. Bringing it together would be difficult. One of the ways would be to look at mixed methodology where one looks at the evidence base but also harnesses expert opinion information from front line workers. Professor Haslam noted that a great deal of research excluded patients with co-morbidities.

Dr Clutton-Brock, a member of the Interventional Procedures Advisory Committee (IPAC) for many years, highlighted a need to explain how the process works. Buy-in for specialist advisers and consultees was a significant area of potential improvement.

Dr Brennan asked how NICE would turn around the deeply embedded perception that NICE guidance is the law and is used in litigation and by managers. Professor Haslam responded that it had become much clearer that the system had generated an unintended consequence. It would also be heavily emphasised at conferences that they were guidelines and not tramlines!

Dr Whitaker explained how NICE's central venous catheter ultrasound guidelines had led to significant development in anaesthesia as the technology was now being utilised in other areas, e.g. local anaesthesia blocks.

Professor Sneyd commended NICE's work but urged it to generate clear documents with fewer caveats, for example algorithms that could be used on wards.

Dr Grady expressed the Faculty of Pain Medicine's (FPM) support for Dr Stephen Ward who was working with NICE on low back pain.

Dr J Nolan suggested that NICE move to a live web-based document as a way of keeping up to date although this would bring its own challenges.

Dr Venn stated that there was a whole industry growing up around the delivery of quality in healthcare such as NICE, the Care Quality Commission (CQC), Medical Defence Organisations (MDO) and the National Confidential Enquiry into Patient Outcome and Death (NCEPOD). Dr Venn asked if these organisations could learn from each other in bringing things together to avoid reinvention of the wheel. Professor Haslam pointed out that NICE had a role in the Health and Social Care Act to set quality standards and was working closely alongside the CQC. NICE recommendations and guidelines should be used unless there was a good reason not to use them. Dr Venn asked if the CQC should be looking at whether NICE guidelines are being

implemented. NHS England should help the health service to implement relevant guidelines and the CQC should provide confirmation of implementation.

Dr Gulati asked whether there was a mechanism to get buy-in from commissioners when evidence changes. Professor Haslam responded that NICE had set up an implementation collaborative, which included commissioners, to look at barriers to implementation. It was becoming very clear that patients were becoming more assertive in their expectations.

The President and Council thanked Professor Haslam for speaking to them.

COUNCIL IN DISCUSSION

CID/56/2013 President's Opening Statement

1. The President announced the deaths of Dr Ian Crawford, Dr G Michael Archer, Dr Guy Jordan, Dr Bertram Perera, Dr David Penney, Dr Geraldine O'Sullivan, Dr Robert Headley and Dr Michael Flynn. Council stood in memory. There would be a meeting in 2014 to celebrate Dr O'Sullivan's work and achievements.
2. The President congratulated Professor Sneyd, Dr Batchelor and Dr Venn on their re-election to Council for a second term. Congratulations were offered to Dr George Collee and Dr John-Paul Lomas who had been elected to Council and who would start their term in March 2014.
3. The General Medical Council (GMC) had announced changes in its structure. Dr Judith Hulf would be the interim Director of Education and Standards for the next six months.
4. The RCoA had agreed to a request from the Academy of Medical Royal Colleges (AoMRC) to support the No Child Born To Die campaign.
5. Thanks were given to Ms Stephanie Robinson, the Facilities team and Mr Mohammed Sadek for organising an enjoyable Council Christmas Dinner. Thanks were also offered to Dr Clutton-Brock for his tuneful renditions after the dinner.
6. The Tri-Service Anaesthetic Society (TSAS) had been pleased to see a number of Council members attending and speaking at its recent meeting. Dr Harrop-Griffiths is the Chairman Elect of TSAS.
7. The *British Journal of Anaesthesia (BJA)* was exploring with the Medical Research Council (MRC) the prospect of funding five clinical research fellows with matched funding from the MRC. This would result in one million pounds per year of funding for the next five years. Professor Rowbotham explained that this very important development would give good support for trainees in an academic career structure. Professor Phil Hopkins had been recognised for his work on this. It was anticipated the clinical research fellows would be appointed in August 2014.
8. The President had met with Dr Tom Pierce the College's representative on climate change. Dr Pierce is very keen to engage trusts in the climate change agenda. The RCoA would promote eco-friendly working for anaesthetists in 2014.
9. The MRCGP examination now faced 42 judicial reviews. In 2014 the RCoA would continue to monitor the examination process to ensure it was not biased in the conduct of examinations.
10. The e-Pain Project had been launched. It was a joint venture between the FPM and the British Pain Society and would provide education for healthcare professionals. Dr Grady credited its success in part to following the e-Learning Anaesthesia project.
11. The Academy of Medical Educators had accredited the Anaesthetists as Educators programme for five years. The RCoA was the first Royal College to have achieved such accreditation.
12. The President had been invited to join the CQC Acute Advisory Group which had been set up by Professor Sir Mike Richards to oversee the governance of the CQC inspection process to ensure it was fit for purpose and effectively delivered. The President had highlighted that the release of clinicians to undertake the inspections would be fraught with difficulty. The CQC would seek triangulation of evidence from a number of sources, not simply during the

visit. In many ways the process mirrored the ACSA process. The President had asked if the CQC would be taking into account established accreditation programmes. The CQC had stated that it would regard them as a marker that it did not need to look at that area of practice. The CQC would like to engage those already trained in inspection processes. Council members interested in taking part in visits could obtain CQC contact details from Mr McLaughlan.

13. Dr Verma tabled a summary of a meeting "Healthcare in the 21st century: Technology and data in the modern National Health Service (NHS)". Dr Venn asked how hospitals were progressing with introducing the electronic patient record. Dr Marks stated that his trust was moving to "paper light" records although some aspects would remain as paper records. Dr Venn pointed out that the RCoA had never made a statement on the use of the electronic patient record for anaesthesia and asked whether it was something the College should consider promoting. Dr Marks stated that a proposal for a national document for theatre records would be made at a meeting with NHS England the following week; this would need to be paper-based. Dr Clutton-Brock supported a single perioperative record. Dr Nevin thought it was unrealistic to think everything would be achieved by 2015 but there was a need to prioritise it. Anaesthetists in their role as perioperative physicians would need greater access to information between primary and secondary care. Dr Fazackerley informed Council that a survey of e-Portfolio users was expected to highlight a lack of access to computers in theatres and intensive care units in order to undertake workplace assessments.
14. The President updated Council on matters related to the Intercollegiate Board for Training in Pre Hospital Emergency Medicine (IBTPHEM). The RCoA and College of Emergency (CEM) medicine agreed that this funding request was inappropriate. The CEM shares the RCoA view that a precedent should not be set where Colleges back fill payments to a trust for what is the core business of a Faculty or College.
15. A worrying development in the European Union (EU) regarding data protection would require patients to sign up to allow their data to be used in studies. This would mean that if a patient died their data could not be used. The legislation was currently going through the European Parliament. The President added that the medical research fraternity had been quite late in realising that this would be a problem and would severely compromise the ability to conduct population research and outcomes research.
16. The President updated Council on staffing matters:
 - a. Ms Dawn Pace has joined Professional Standards as Advisory Appointment Committee (AAC)/ACSA Co-ordinator.
 - b. Mr Dimitri Papadimitriou had joined as Research Team Administrator – National Emergency Laparotomy Audit (NELA), Education and Research.

CID/57/2013 Trainee Representation

Dr Langton thanked Drs Kumar and Gulati, and other Council members involved so far in the development of a proposal for the restructuring of the Trainee Committee. If Council approved the proposal it would move to the implementation phase in 2014. Dr Marks suggested that Council should support the proposal. The President added that given the potential changes in the delivery of training it was vital to have effective two way communication with the schools.

Dr Gulati thanked Council for supporting the proposal so far. Mr Bryant explained that an email had been sent out before Council seeking agreement in principal from schools. All but five had responded, all of whom had supported the proposal.

CID/58/2013 Paediatric Matters

(i) Guidance for the Administration of Codeine and Alternative Opioid Analgesics in Children

Dr Brennan explained that the RCoA had collaborated with the Association of Paediatric Anaesthetists (APA) and Royal College of Paediatrics and Child Health (RCPCH) to produce guidance for the administration of codeine and alternative opioid analgesics in children. Professor Andrew Wolf was instrumental in producing the guidance and would write an editorial on the matter for the *BJA*.

(ii) Royal College of Paediatrics and Child Health's Proposal for a Foundation of Child Health

Dr Brennan circulated a draft response to the RCPCH's proposal for a Foundation of Child Health. Dr Brennan noted that there were governance issues around the Foundation structure and asked Council to e-mail any additional comments to him within the next three or four days.

CID/59/2013 NCEPOD Steering Group Newsletter

Dr Batchelor had circulated the NCEPOD Steering Group Newsletter December 2013. Dr J Nolan noted a trend whereby NICE and NCEPOD worked on the same topic but did not communicate with each other. For example, NICE would be producing Sepsis Guidelines as would NCEPOD.

CID/60/2013 Progressing the Hospital Episode Statistics (HES)

Dr Verma presented an update on progressing the Hospital Episode Statistics (HES). It was noted that this related only to NHS England.

CID/61/2013 Obstetric Anaesthesia Update

Dr Verma updated Council on obstetric anaesthesia matters. Professor Sneyd welcomed the transformation of the Royal College of Obstetricians and Gynaecologists' (RCOG) Safety and Quality Committee into a NHS Women's Health England Patient Expert Group. The President noted however that this was very much an NHS England agenda; how did the RCOG respond to the notion that the College remit was held across four nations. Dr Verma agreed to raise this at the next meeting.

It was noted that the RCOG had launched its Global Health Strategy. Council was asked to consider whether the RCoA had any global message to disseminate. The President explained that through the International Relations Committee there was work ongoing which helped to support anaesthesia in the less developed world.

CID/62/2013 Association of Anaesthetists of Great Britain & Ireland's President's Report

Dr Harrop-Griffiths drew Council's attention to the NHS England draft Patient Safety Alert on the use of non-Luer spinal needles for chemotherapy and lumbar puncture.

Dr Marks wished to reassure the Association of Anaesthetists of Great Britain & Ireland (AAGBI) that with regards to the CPD matrix the Working Group was working as quickly as possible but it had taken longer than anticipated. Dr Harrop-Griffiths agreed it would be an excellent idea to provide clarification in relation to the matrix and expressed his willingness to work with the RCoA on future modification.

COMMITTEE BUSINESS

CB/152/2013 Council Minutes

The minutes of the meeting held on 20 November 2013 were approved.

CB/153/2013 Matters Arising

(i) Review of Action Points

All actions had been completed.

CB/154/2013 Regional Advisers

There were no appointments/re-appointments this month.

CB/155/2013 Deputy Regional Advisers

There were no appointments/re-appointments this month.

CB/156/2013 College Tutors

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

North Thames West

Dr K Rao (Northwick Park) in succession to Dr J W Harris **Agreed**

North West

Dr S Dolling (Salford Royal NHSTF) in succession to Dr P Ruether **Agreed**

*Dr D Fines (Royal Manchester Children's Hospital) **Agreed**

West of Scotland

*Dr K J Walker (Ayr Hospital) **Agreed**

*Dr S Gambhir (Hairmyres Hospital, East Kilbride) **Agreed**

KSS

Dr H J Burdett (Maidstone & Tunbridge Wells NHS Trust) in succession to Dr M Sinden **Agreed**

West Midlands

Dr J M Stansfield (Birmingham Children's Hospital) in succession to Dr E Carver **Agreed**

CB/157/2013 Head of Schools

There were no appointments for Council to note.

CB/158/2013 Training Committee

(i) Chairman of the Training Committee's Update

Dr Penfold reported concern about the reduction in ST3 posts in North Yorkshire and Humber. There was little the College could do except ensure that all the trainees in Yorkshire received the required training to College standards.

The Centre for Workforce Intelligence's in-depth review would now be published in September 2014.

The Acute Care Common Stem (ACCS) programme for emergency medicine would be run through from this year. There had been 758 applicants for 248 posts. A proposal to increase the number of posts by 75 would have an impact on anaesthetic departments.

Dr Fletcher reported that Health Education England (HEE) had told the East of England that it must provide the required number of general practice posts although there was no money to do so. 60% of training posts would be in general practice. The President informed Council that the RCoA was actively engaged with Professor Wendy Reid over this issue. HEE's position was that the total number of trainees in the UK matched the perceived requirement for consultant posts but that individual Local Education and Training Boards (LETB) were applying local measures to meet local requirements for workforce. Dr Jones reported that in Wales foundation posts were very popular and provided excellent training but were essentially supernumerary. From the service point of view it would be a major loss if foundation rotations were stripped of

anaesthesia and intensive care. Mr Bryant reported that the RCoA would engage from May onwards regarding initial findings of the Centre for Workforce Intelligence's (CfWI) report. Dr Colvin reported that the delay of the CfWI report gave the RCoA time to action what was agreed at the last Recruitment Workforce Group meeting to quickly get a feel for where the RCoA feels the future numbers should be located. Dr Brennan questioned how more trainees would help the emergency medicine crisis which had arisen because there were too few doctors at the top end to deliver training. Existing anaesthetic trainees would be disadvantaged by this; rotas would no longer be compliant and would fall apart. Trainees have been pushed to undertake e.g. 1 in 5 and 1 in 6 rotas and the RCoA had previously agreed that this was not conducive to delivery of the training scheme.

(ii) Certificate of Completion of Training (CCT)

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.

London

South East

Dr Akuratiyage De Silva
Dr Priya Krishnan
Dr Ranjan Guha
Dr Gunjeet Dua

North Central

Dr Ioanna Mavridou
Dr Vidhya Nagarathnam
Dr Imratpal Sohanpal
Dr Charlotte Moss

Bart's and The London

Dr Fiona Murray
Dr Nurhayati Lubis

St. George's

Dr Michele Kigozi *
Dr Barbara Lattuca

Kent, Surrey, Sussex

Dr James Bennett

East Midlands

Nottingham

Dr Lisa Sharp
Dr Nicola Coverdale

Mersey

Dr Anurodh Bhawnani

North West

Dr Peter Sandbach
Dr Gregg Cook *
Dr Rachael Croft
Dr Stephen Jermin

Northern

Dr Hilary Turner
Dr Erin Chuter

Northern Ireland

Dr Peter Fee

Severn/Bristol

Dr Kajan Kamalanathan
Dr Edward Scarth *

West Midlands

Birmingham

Dr Sian Bhardwaj *

Warwickshire

Dr Vasudha Misra
Dr Jitin Sharma

Wales

Dr Asif Ahmad
Dr Stuart Jenkins
Dr Benias Mugabe
Dr Saeda Nair

Scotland

West Scotland

Dr Jeremy Musgrave
Dr Diana Raj
Dr Alyson Calder

Yorkshire

West Yorkshire (Leeds/Bradford)

Dr Heather Gallie
Dr Kesava Venkatra
Dr Ronan O'Leary

South Yorkshire (Sheffield)

Dr Kristy Wagstaff

Dr Surya Kasa

CB/159/2013 Professional Standards Committee

Revision of Guidelines for the Provision of Anaesthetic Services (GPAS)

Dr Venn reported that all chapters had been revised or updated and published on the website for consultation. Authors had agreed to incorporate comments from the Fellowship into their chapters and the final version would be published on the website in January 2014.

Work would now be required to update the ACSA standards based on the 2014 GPAS document. The main area of work next year would be working with Specialist Societies in developing the domain five standards; all Specialist Societies had agreed to take responsibility for writing standards for the fifth domain. It was noted that many hospitals were engaged with the ACSA process with two having paid.

CB/160/2013 Education Committee

Council received and considered the minutes of the meeting held on 27 November 2013 which were presented by the Chairman, Dr J Nolan, who drew Council's attention to the following:

- *EC/39/13 III Facebook for Events.*

Dr Marks reported that he and Ms Mary Casserly had attended a useful meeting about Facebook with the Royal College of Surgeons of England (RCSEng).

- *EC/37/13e Outcomes of the Jubilee Training Meeting.*
- *EC/39/13 Webcasting Presentations.*
- *EC/37/13 I b Giving Anaesthesia Safely Again (GAS Again) Course.*

Council was asked to consider the implications of the College endorsing this course which could be seen as a mandatory requirement for employees returning to work, rather than intended best practice. Professor Sneyd stated that it would put the College in a pseudo regulatory position. Dr Brennan suggested it would be about how the course was described and how the RCoA engaged with individuals seeking its support. The point would need to be made that it was part of a suite of activities to assist people returning to work.

CB/162/2013 Finance Committee

Council received and considered the minutes of the meeting held on 12 November 2013 which were presented by the Chairman, Dr Batchelor, who drew Council's attention to the following:

- *F92/013 National Audit Projects.*
- *F93/2013 Signage.*
- *F94/2013 On Line Services (OLS) for Examinations.*
- *F85/2013 Matters Arising; Eric Green Legacy.*
- *F86/2013 College's Financial Position.*
- *F90/2013 E-integrity.*
- *F91/2013 e-Learning for Health.*

CB/163/2013 Royal College of Anaesthetists' Advisory Board for Northern Ireland

Council received and considered the minutes of the meeting held on 1 October 2013 which were presented by the Chairman, Dr Darling, who drew Council's attention to the following:

- *4.2 Constitution.*
- The Committee wished to record thanks to Mr Sidney Ewing for his service to the Board.
- *6 College of Anaesthetists of Ireland.*
Dr Darling had been invited to represent the RCoA Advisory Board for Northern Ireland on the College of Anaesthetists of Ireland's Board.
- *4.1 Core Topics Day.*
- *4.5 Manpower.* There were suggestions that anaesthetics might lose numbers to general practice.
- *4.3 Clinical Excellence Awards.*

- 5.1 National Recruitment Interviews.
- 5.1 FRCA Examinations.
- 8.0 Consultant Locums.

MATTERS FOR INFORMATION

I/33/2013 Publications

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

I/34/2013 Consultations

Council received, for information, the list of current consultations. The move to publishing responses on the website had been a positive one. The President thanked Council for continued input.

I/35/2013 New Associate Fellows, Members and Associate Members

Council noted, for information, the following:

New Associate Fellow

Dr Mauro Arrica – Norfolk & Norwich University Hospital

New Affiliate Physicians' Assistant

Mr Atul Nayak – Loughborough University

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

Dr Kayode Saheed Johnson – East Surrey Hospital

Membership Category Progression

Associate Fellows

Dr Elsabe Dekker – Leicester Royal Infirmary

Dr Monica-Iuliana Popescu – Hospital unknown

Members

Dr Ashwini Umakant Keshkamat - European Diploma of Anaesthesiology Parts I and II

Dr Sarvesh Pralhad Zope - European Diploma of Anaesthesiology Part I

Dr Suzanne Clare Brabazon Grenfell – Primary of the RCoA

Associate Members

Dr Bharath Kumar Narayanan – Walsall Manor Hospital

Dr Tatyana Ivanova Blagova – Hillingdon Hospital

Dr Yasir Asad Rashid – Peterborough City Hospital

Dr Ivana Carnogurska - Redditch, Worcestershire Acute NHS Trust

Dr Claudia Elena Ros – Yeovil District Hospital

Dr Gulbakhor Suleymanova – Airedale General Hospital

Dr Alina Monica Popon – Heart of England NHS Trust

Dr Lina Bruzaite – Chase Farm Hospital

Dr Raj Ravindran – Hospital unknown

Dr Tashfiq Alam - Hospital unknown

Dr Mageshwaran Sivashanmugavel - Hospital unknown

Dr Mirjana Cvetkovic - Hospital unknown

Dr Shahnawaz Ali - Hospital unknown

Dr Vijay Kumar Venkatesh - Hospital unknown

Dr Helga Elisabeth Rohwer - Hospital unknown

Dr Nikki Mepham - Hospital unknown

Dr Shelly Agarwal - Hospital unknown

Dr Mugurel Catalin Dumbrava - Hospital unknown

Dr Kate Mary Wilkinson - Hospital unknown

Dr Rebecca Jane Owen - Hospital unknown
Dr Mihaela Tirca - Hospital unknown
Dr David Betak - Hospital unknown
Dr Magdalena Cerna - Hospital unknown
Dr Stefania Ramona Ienasoni - Hospital unknown
Dr Amina Sajid - Hospital unknown
Dr Riaz Mohammed Karukappadath - Hospital unknown
Dr Amy Bhatia - Hospital unknown
Dr Hemant Deshpande - Hospital unknown
Dr Khurram Naveed Niazi - Hospital unknown

PCS/10/2013 PRESIDENT'S CLOSING STATEMENT

1. Dr Marc Wittenberg had shadowed the President the previous day and would be involved in the RCoA's work on perioperative care. He would also be speaking to Council about his experience of being a Keogh Fellow and would write a piece for the *Bulletin*.
2. The January meeting of Council would take place on the second Wednesday, i.e. 8 January 2014.

MOTIONS TO COUNCIL

M/43/2013 Council Minutes

Resolved: That the minutes of the meeting held on 20 November 2013 be approved.

M/44/2013 College Tutors

Resolved: That the following appointments and re-appointments be approved (re-appointments marked with an asterisk):

North Thames West

Dr K Rao (Northwick Park) in succession to Dr J W Harris

North West

Dr S Dolling (Salford Royal NHSTF) in succession to Dr P Ruether

*Dr D Fines (Royal Manchester Children's Hospital)

West of Scotland

*Dr K J Walker (Ayr Hospital)

*Dr S Gambhir (Hairmyres Hospital, East Kilbride)

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Dr H J Burdett (Maidstone & Tunbridge Wells NHS Trust) in succession to Dr M Sinden

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