

MEETING OF COUNCIL

**Edited Minutes of the meeting held on Wednesday 13 February 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 P Nightingale
Professor J R Sneyd
Dr R Laishley
Professor D Rowbotham
Professor J F Bion
Dr E A Thornberry
Professor R Mahajan
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 R Darling
Dr I Johnson
Dr D Selwyn
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: Dr H M Jones and Dr M Nevin.

PRESENTATION

P/1/2013 *British Journal of Anaesthesia*

The President introduced Professor Nigel Webster, Chairman of the *British Journal of Anaesthesia* (BJA) Board. The Royal College of Anaesthetists (RCoA) and BJA have been associated since 1990 when the BJA became the tied journal to the RCoA. The purpose of the presentation was to discuss the future relationship between the RCoA and BJA.

Professor Webster gave a presentation outlining the history and nature of the relationship between the BJA and RCoA. Professor Webster also described recent changes along with the BJA's strategy and proposals for the future.

Professor Sneyd (declared interest; BJA Board member) urged the two organisations to retain their current constructive relationship. Professor Sneyd, Dr Batchelor and Mr Storey had produced a paper detailing the RCoA's expectations of its tied journal; this would be circulated to Council. Professor Sneyd emphasised the importance of a common strategic view and invited suggestions as to how Council and the BJA Board could devise a proper development strategy. Professor Sneyd suggested that the BJA has not sufficiently exposed other activities in which it is involved

such as research and methods teaching and significant international workshops. Professor Sneyd stated that he would like to see a joint strategy forum resulting in the top 10 aspirations and ideas; such a discussion could take place at the Council Away Weekend and BJA Retreat.

Dr Langton supported increasing dialogue between the two organisations. Much has been done to improve the content of *Continuing Education in Anaesthesia, Critical Care and Pain (CEACCP)* and the Continuing Professional Development (CPD) and multiple choice question (MCQ) aspects. There is a division between those who prefer an electronic or paper version; there are however distinct benefits to an e-version around the use of apps and in-app videos.

Dr J Nolan thought that a move to an electronic version was inevitable. Dr Nolan was surprised that the BJA had not explored the option of charging more for the printed copy or discounting the e-copy. Professor Webster pointed out that there is a separate rate for non-RCoA subscriptions. The publisher's advice is not to undervalue the production costs of an e-version. Other subscribers have purely e-access.

Professor Bion agreed with the need for a strategic overview and also agreed that e-publishing was inevitable. In terms of formulating strategy the link between the BJA and the RCoA could be to lay out the pros and cons or undertake a SWOT analysis from the perspective of each organisation to identify any overlap. Professor Bion asked if consideration had been given to linking the journal more directly to the e-portfolio for trainees and revalidation portfolios. Professor Webster explained that there are dedicated Continuing Medical Education (CME) articles in the BJA and that CEACCP articles are linked to the matrix. Dr Langton pointed out that online MCQs produce CPD points.

Dr Nightingale stated that the RCoA should wholeheartedly support the BJA being the second if not premier anaesthetic journal. There is a price Members and Fellows are prepared to pay to support the BJA in increasing its impact factor. The RCoA should commit to supporting the BJA and academic endeavours and ensure it provides CME and other services to Members and Fellows.

Dr J Nolan asked what proportion of BJA subscriptions come from non-RCoA members. Professor Webster replied that investment income, RCoA subvention and outside subscriptions each generate approximately one-third of income.

Dr Whitaker suggested that if the BJA had a specific project the RCoA could make an initial grant to cover it.

Dr Clutton-Brock stated that the RCoA should expect within reason to pay more for something promoting the specialty of anaesthesia and should support the fact that it would cost more in the future.

Professor Rowbotham (declared interest; BJA Board Member) favoured a meaningful long term arrangement to avoid some of the conflicts which in the past had resulted in only temporary solutions. There is an opportunity to see if the two organisations could move closer together and become more of a unit.

Dr Venn did not wish to see undue pressure put on the *Bulletin* to publish solely in electronic format; it is a public face of the RCoA and specialty and paper copies encourage people to read it.

Professor Sneyd thought it wrong to think of a move to e-publishing in terms of saving paper and postage. The point of an electronic journal is that it should be an enhanced version. Paper copies should be produced as long as there is demand but an enhanced e-BJA should be produced

including features such as videos and supplementary data. Professor Webster agreed with this viewpoint.

Dr Patel suggested that hospital infrastructure would not necessarily support an e-version and therefore a transitional phase would be required in the move to the removal of paper copies.

The President thanked Professor Webster and Council for the discussion which had enhanced the debate. There is a need for enhanced dialogue about the BJA and its relationship with the RCoA which would be vital to advancing the BJA's proposals and for the RCoA to communicate to Members and Fellows about the direction of travel.

COUNCIL IN DISCUSSION

CID/9/2013 President's Opening Statement

- (i) Dr Dan Martin was listed in the top 10 scientists in *The Times* Top 100 to watch in 2013. The President had written to congratulate Dr Martin and wish him well for the Xtreme Everest 2 expedition.
- (ii) The President formally acknowledged the award of an OBE to Dr Patricia Steane.
- (iii) Dr Ian Roberts had been appointed as the FIA Formula One Medical Rescue Co-ordinator.
- (iv) The President announced the deaths of Dr John Ruston and Dr Geoffrey Parbrook. Council stood in memory.
- (v) The recently published *Francis Report* had been circulated to Council. Dr D Nolan would identify which of the 290 recommendations pertain to anaesthesia, intensive care medicine (ICM) and pain. There would be an Academy of Medical Royal Colleges' (AoMRC) event in April to discuss how the medical profession should address issues in the report. Dr Nightingale agreed to circulate the brief headline summary of the report from the Faculty of Medical Leadership and Management trainee members.
- (vi) The AoMRC would launch its obesity report on 25 February 2013 in the House of Commons. The report identifies 10 points relating to how healthcare professionals can deal with the obesity crisis.
- (vii) Dr Nightingale and Ms Regan had set out the timeline and agenda for the RCoA's clinical excellence awards process in 2013. A decreasing number of senior award holders has resulted in a shortage of potential Regional Assessors. Regional Assessors have therefore been re-named Regional Co-ordinators and those with Bronze awards are being introduced to assist with the process. The process would run electronically as far as possible. Those submitting for a national award would have to be of an exceptionally high standard. Regional Co-ordinators are not being encouraged to submit a huge number of forms given the small number the RCoA can submit. Dr Whitaker suggested that the RCoA should be showing anaesthetists how to fill in local forms to ensure there are those with local awards who can move up through the ranks. The President and Dr Harrop-Griffiths had discussed how as a specialty there should be a concerted effort to ensure those supported by the RCoA have the support of the Association of Anaesthetists of Great Britain and Ireland (AAGBI) and Specialist Societies.
- (viii) The President thanked Ms Steph Robinson, the Facilities Team and Mr Mohammed Sadek for organising an excellent President's Dinner.
- (ix) The President had attended a meeting organised by NHS Employers (NHSE) to set out the renegotiation of contracts as outlined in the Review Body on Doctors' and Dentists' Remuneration's (DDRB) Report. The process will start in April and the meeting was an opportunity to garner what people felt and the impact. The AAGBI has expressed concern about how anaesthesia might fare and had produced a joint statement with the RCoA. Dr Harrop-Griffiths had arranged for the AAGBI and RCoA to meet Mr Martin Sturges. The two Presidents would be happy to share any issues Council members wished to be raised.
- (x) The RCoA had hosted a clinical research networks (CRN) meeting. The CRNs are keen to encourage anaesthesia research and the meeting outlined how it might be done more effectively. The CRNs are keen to continue to engage with the specialty.

- (xi) Professor Bruce Campbell had led a National Institute for Health and Clinical Excellence (NICE) Symposium. It is anticipated that the forthcoming handover of the chairmanship of NICE will see a change in how advice is delivered and the selection method for guideline topics.
- (xii) The President had attended a General Medical Council (GMC) credentialing workshop. There is a belief within some areas of medicine that every-thing a doctor does should be credentialed and be recognised by the GMC. The Shape of Training Review concentrates on generalism but counter to that in order to be a specialist one must be credentialed. The RCoA would have to be wary of the move towards credentialing.
- (xiii) Progress is being made in the area of dental sedation. A productive meeting with Dr Mike Blayney had resulted in an RCoA position statement on operator sedation. The Chairman of the Dental Sedation Committee appreciated the firm line taken by the RCoA.
- (xiv) The Professional Standards Committee was keen to include a chapter on sedation in the *Guidelines for the Provision of Anaesthetic Services (GPAS)*. Dr Venn asked whether it should wait for the AoMRC to publish its guidelines but he was unsure of the timeline. It was agreed that a chapter would be appropriate referencing the latest published guidelines. Council members were asked to suggest suitable authors for the chapter to Dr Venn.
- (xv) The Military Professor of Anaesthesia had discussed succession planning with the President and Mr Storey. The RCoA proposed that it should advise the military on its appointments process in a similar fashion to that used for the BOC Chair. Col Peter Mahoney would feed this back to the military as a suggestion. Once agreed, a committee would be convened to oversee this vital appointment.
- (xvi) Dr Venn asked Council members to inform him if they were available to undertake an Anaesthesia Clinical Services Accreditation (ACSA) pilot visit to Cardiff on 14 March 2013. Dr Selwyn was asked to circulate the request to Clinical Directors.
- (xvii) Ms Paula Carroll has joined the Professional Standards Directorate on a temporary basis.
- (xviii) Paper copies of the Annual Report are available upon request from the Chief Executive's Office.

CID/10/2013 Replacement FRCA Certificate

Council agreed that a replacement FRCA Certificate should be issued to Dr Victoria Jane Hunt.

CID/11/2013 Shape of Training Review

Council received the responses to the Shape of Training Review submitted by the RCoA, Faculty of Intensive Care Medicine (FICM) and Faculty of Pain Medicine (FPM).

Dr Nightingale reported a drive to change the structure of training. There is a move towards much longer core training in a number of specialties resulting in the training of generalists. Dr Nightingale envisaged that most people would be undertaking an extended acute care common stem (ACCS) type of programme in a family of specialties followed by a period of specialist training.

Professor Sneyd was concerned that decisions appeared to have been made prior to proper consideration being given to the detailed responses submitted to the consultation. Dr Nightingale explained that submissions have been made and there will be a call for oral evidence. In the background people are suggesting ideas; that is not to say decisions have been made about the report's content. Dr Nightingale stated that the evidence seems to support having broad-based training for a number of years.

Professor Rowbotham reported that the FPM's main stance was that the substantial amount of training required to be a pain doctor should not be reduced. Professor Bion added that the FICM's response had been that changes occurring both in ICM and hospital practice meant there is likely to be a need to double the number of ICM specialists and training posts over the next 15-20 years.

CID/12/2013 Association of Anaesthetists of Great Britain and Ireland President's Report

Dr Harrop-Griffiths reported that with regards to non-Luer connectors for neuraxial and regional anaesthesia, the Pharmacy Aseptic Services Group (PASG) had published the results of dye intrusion tests; the last two devices had passed. The AAGBI would be issuing its statement to the RCoA and others for comment and hopefully support. A recently circulated neuraxial newsletter demonstrated confusion amongst the Commissioning Board. Dr Harrop-Griffiths had asked the Commissioning Board to amend 5.4 and 5.6 in the frequently asked questions section but this had been met with a refusal. The newsletter would be circulated to Council. Dr Harrop-Griffiths added that there are only two people left driving the process forward and the specialty does not have confidence in the process. The President suggested it was time to make a case to the domain lead for patient safety, Dr Mike Durkin.

CID/13/2013 Proposed Change to the Scope of Practice of Physicians' Assistants in Anaesthesia

Dr Clutton-Brock explained that the document would be brought back to Council following discussion at the Anaesthesia Related Professionals Committee (ARPC).

CID/14/2013 Advanced Critical Care Practitioners' Curriculum

Dr Batchelor had sought volunteers to read the document and advise whether or not it was moving in the right direction. The document was available to Council members upon request.

The President asked how much ownership rests with the ARPC rather than the FICM. Professor Bion explained that it is an activity of shared interest joint exploratory learning. Advanced Critical Care Practitioners (ACCP) are part of the overall strategy for Faculty development. Professor Bion wished to thank Dr Batchelor and Dr Graham Nimmo for developing the curriculum. In the short term a Working Group has been established under Dr Batchelor's Chairmanship; it will report to the FICM Board and the ARPC. A place would be found in the FICM for ACCPs until proper quality assurance measures, such as an examination, are in place.

CID/15/2013 Statement to the World Health Organisation Regarding the Alcohol Industry

Dr Whitaker asked Council to consider signing up to the Statement of Concern about the increasing Involvement of the alcohol industry in public health activities throughout the world. Council agreed that the RCoA should support the statement.

CEREMONIAL

C/1/2013 Retiring Council Members

The President presented a certificate to:

Dr Nightingale
Dr Laishley
Professor Bion
Dr Thornberry
Dr Patel

COMMITTEE BUSINESS

CB/13/2013 Council Minutes

The minutes of the meeting held on 9 January 2013 were approved subject to the removal of Dr Selwyn from the list of attendees.

CB/14/2013 Matters Arising

(i) Review of Action Points

CID/11/2013 (i) President's Statement Discussions are ongoing regarding the best way forward for Staff and Associate Specialist (SAS) doctors' representation across the RCoA and AAGBI.

CID/1/2013 (viii) President's Statement Council members who had not yet done so were asked to respond to the invitation to the Anniversary Dinner.

CID/1/2013 (ix) President's Statement The RCoA continues to receive requests for support for external work.

CID/3/2013 Shape of Training Consultation The President agreed to circulate to Council the AoMRC's considered views on the Shape of Training Consultation.

All other actions had been completed.

CB/15/2013 Regional Advisers

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

Anglia

Dr Helen Hobbiger in succession to Dr Simon Fletcher, Regional Adviser for Anglia **Agreed**

North Thames Central

Dr Lila Dinner in succession to Dr Regina Milaszkiwicz, Regional Adviser for North Thames Central **Agreed**

Mersey

Dr Ewan Forrest in succession to Dr Janice Fazackerley, Regional Adviser for Mersey **Agreed**

North of Scotland

Dr Alastair McDiarmid in succession to Dr John Read, Regional Adviser for North of Scotland **Agreed**

South East Scotland

Dr David Semple in succession to Dr Colin Young, Regional Adviser for South East Scotland **Agreed**

East Yorkshire

*Dr Ian Locker, Regional Adviser for East Yorkshire **Agreed**

Wessex

*Dr Jeremy Nightingale, Regional Adviser for Wessex **Agreed**

CB/16/2013 Deputy Regional Advisers

There were no appointments for Council to consider.

CB/17/2013 College Tutors

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

North West

Dr S J Davies (North Manchester General Hospital) in succession to Dr R Bishma **Agreed**

Severn

Dr G B Hosdurga (Weston General Hospital) in succession to Dr P Ray **Agreed**

Wales

Dr J M Hall (University Hospital of Wales) in succession to Dr A Evans **Agreed**

Dr J L Butcher (Prince Charles Hospital) in succession to Dr K Gopakumar **Agreed**

West Midlands South

*Dr C A Stevenson (Hereford Hospitals NHS Trust) **Agreed**

*Dr O Domingo Bosch (The Alexandra Hospital) **Agreed**

Anglia

Dr K A Williams (West Suffolk Hospital NHS Trust) in succession to Dr E A Bright **Agreed**

West Yorkshire

Dr M van Greunen (Leeds General Infirmary) in succession to Dr A L Lansbury **Agreed**

CB/18/2013 Heads of Schools

There were no appointments for Council to note.

CB/19/2013 Training Committee

(i) Training Committee

Council received and considered the minutes of the meeting held on 6 February 2013 which were presented by the Chairman, Dr Brennan, who drew Council's attention to the following items:

- TRG/59/12(a) *Improvement Science Curriculum.*
- TRG/63/12(b) *Enhanced Recovery.*
- TRG/05/13 *KSS Education Research Fellow.*
- TRG/06/13(e) *Out of Programme prior to ST5.*
- TRG/16/13 *Out of Programme Training (OOPT)/Research (R) Reports.*
- TRG/06/13(a) *Guidance on ICM Assessment in Anaesthesia.*
- TRG/06/13(b) *Pain 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 Intensive Care Medicine.

Anglia

Dr Narendra Siddaiah

London

South East

Dr Catherine Stack

Dr Ravi Ramaiah *

North Central

Dr David Dugdale

Dr Mark Edwards

Imperial

Dr Sunil Grover *

Nottingham

Dr Mutasim Aldory

Mersey

Dr Sarika Rathi

Dr Jane Snell *

North West

Dr Arun Kuppuswamy

Mohanraj

Dr Victoria Barlow

Dr Elizabeth Thomas *

Tri-Services

Dr Catriona Bentley

Wessex

Dr Timothy Hanham
Dr Narmatha Thiagarajan

West Midlands**Birmingham**

Dr Rebecca Paris

Stoke

Dr Zaiti Kamarzaman

Warwickshire

Dr Ruth Chiware

South East Scotland

Dr Joanne Irons
Dr Raghavendra Kulkarni *

West Scotland

Dr Alistair May
Dr Judith Ramsey
Dr Moutaz Burwaiss

Yorkshire**West Yorkshire
(Leeds/Bradford)**

Dr Kate Bradshaw
Dr Rashmi Menon

(iii) Medical Secretary's Update

Dr Brennan had no other matters to raise.

CB/20/2013 Audit and Internal Affairs Committee

Council received and considered the minutes of the meeting held on 9 January 2013 which were presented by the Chairman, Dr J Nolan, who drew Council's attention to the following items:

- *4 Election to Council.*

Requests had been received that details of candidates' place of work should be available prior to the election. Dr Whitaker felt that the place of work should be listed but not included in the word count. The President suggested that it should be at the individual's discretion.

- *3 Review of Simulated Electronic Election of President and Vice-Presidents.*

Council was asked whether SAS members of Council should be eligible for election to President or Vice-President. Dr Nightingale suggested that it was premature to hold such discussions until the future constitution of Council had been discussed and agreed.

Dr Patel pointed out that as more of the RCoA's work is related to new consultants and locums it would be good to see the incorporation of newer consultants, who may become future Council members, onto committees. The President responded that it is difficult to get more recently appointed consultants to stand for Council.

The President asked that constitutional matters be an item for discussion at the Away Day.

There was widespread support for any Council member to have the right to stand for President or Vice-President for the time being. It was agreed that the anomaly in wording of the constitution which suggests that a trainee could be elected President or Vice-President did not need to be changed and that it was anticipated that common sense would prevail.

Council agreed to the Committee's suggestion that the first elected Vice-President should be identified as Acting President should the President be incapacitated to the extent that he or she were unable to perform their duties.

CB/21/2013 Joint Revalidation Delivery Committee

Council received and considered the minutes of the meeting held on 15 January 2013 which were presented by the Chairman, Dr Marks, who drew Council's attention to the following items:

- *Processes for the Revalidation Helpdesk and Specialty Advisors.*

Processes have been agreed. The AoMRC is setting up a project to look at how well specialty advisors are working. This may be premature; the RCoA has only had three enquiries so far.

- *Revised Guidance on CPD.*
- *Reduced frequency of M and M meetings.*
- *Patient feedback and questionnaires.*

It is evident that there is lack of clarity in relation to patient feedback and the essential difference between this and patient outcomes. The RCoA has suggested that trusts will need to devise a methodology for matching the patient to the form to the doctor in the context of a busy operating list. Dr Marks circulated the standard GMC patient feedback form; it had been commented that this was more appropriate for general practitioners and not anaesthetists. Equiniti's questionnaire, also circulated to Council, was similar. Patients do not realise the form relates to their anaesthetist; a surgical patient will interpret 'your doctor' as meaning the surgeon. Dr Marks proposed leaving the central core of the form as it is but changing the wording to clearly refer to 'your anaesthetist'. Dr Thornberry suggested that some trusts have probably already done that. Professor Mahajan was of the opinion that having clear cut guidance and enforcing it is crucial. Dr Clutton-Brock thought that the form was less important than the concept that anaesthetists should have patient feedback. Dr Brennan pointed out that the GMC's only requirement is that a GMC validated tool is used. A form of words introducing your doctor is what the RCoA should be writing. The form should be devolved to local decision making and the RCoA should not endorse a commercial provider. Mr Storey asked if it would be possible to craft the words emphasising that the anaesthetist is a doctor. Professor Bion stated that the purpose of this is reflective learning and there are various ways in which this may be achieved. The value of feedback, to a department for example, is underestimated. Mrs Dalton sought advance notice of any debate by the committee so she could manage the Patient Liaison Group's (PLG) contribution. Dr Marks stated the importance of conveying the message that patient feedback relates to "bedside manner"; and the ambiguity of the term. The President pointed out that this is only one aspect of the revalidation agenda.

- *AoMRC Implementation Group.*
- *Difficulties around revalidation for locums.*

Mr Storey reported that a very strong testing regime had demonstrated that the functionality of the revalidation e-portfolio is good enough but the speed is not. The cohort had agreed it cannot sign off the e-portfolio and make the final payment as the system is too slow. Equiniti is working on speeding it up.

CB/24/2013 Faculty of Intensive Care Medicine

Council received and considered the minutes of the Board meeting held on 10 January 2013 which were presented by the Dean, Professor Bion, who drew Council's attention to the following items:

- *BFICM/01.13/7.1 Collaborating for Quality.*

The report will be ready towards the end of March and will be presented to Council if so requested. It is anticipated that any impact on the FICM and Trustees will be beneficial.

- *BFICM/01.13/8.2 FFICM and Private Sector Applicants.*

Council agreed that the Faculty of Intensive Care Medicine Regulations be amended to permit applications from doctors who previously trained in ICM in the NHS but now work exclusively in the private sector.

CB/25/2013 Trainee Committee

Council received and considered the minutes of the meeting held on 20 December 2012 which were presented by the Chairman, Dr Patel, who drew Council's attention to the following items:

- *TRE/33/12 Trainee e-newsletter.*
- *TRE/38/12 Joint RCoA Trainee Committee and Group of Anaesthetists in Training (GAT) Survey.*

- *TRE/40/12 Trainee Issue of College Bulletin.*

- *TRE/37/12 Terms of Reference.*

Council agreed that the Committee's Membership be expanded to include trainee representatives from Intensive Care and Pain Faculties.

CB/26/2013 Safe Anaesthesia Liaison Group

Council received and considered the minutes of the meeting held on 15 January 2013 which were presented by the Chairman, Dr Clutton-Brock, who drew Council's attention to the following items:

- *SALG/4.III/2012 Centralised Safety Function.*

The President and Dr Harrop-Griffiths had discussed inviting Dr Mike Durkin to speak to the May meeting of Council.

- *SALG/29/2012 Use of Remifentanyl Outside Theatres.*
- *SALG/66/2012 MRI Machines.*
- *SALG/11/2013 Oxygen Cylinder Safety.*
- *SALG/17/2013 Arterial Infusion Packs.*

Professor Mahajan asked about the recent survey. Dr Clutton-Brock reported very positive results in relation to morbidity and mortality (M and M) toolkits and safety alerts. The major task would be to persuade people that reading safety information is very important. The President suggested that cascading information through the Clinical Directors' Network might prove more effective than publishing it on the website or sending it via the Medicines and Healthcare Products Regulatory Agency (MHRA). Dr Brennan suggested the inclusion of a slot for discussing safety when building the M and M template.

CB/27/2013 Royal College of Anaesthetists' Advisory Board for Scotland

Council received the minutes of the meeting held on 5 December 2012 which had previously been presented by the Chairman, Dr Colvin.

MATTERS FOR INFORMATION

I/4/2013 Publications

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

I/5/2013 Consultations

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

I/6/2013 New Associate Fellows, Members & Associate Members

Council noted, for information, the following:

Associate Fellow

Dr Maryam Ramay – Tameside General

Dr Grainne Patricia Nicholson – St George's Hospital, (London)

Member

Dr Tina Elizabeth Hillman – Primary FRCA

Associate Member

Dr James Ayrton – Poole Hospital

Dr Leonard Anthony Goosen – Worthing Hospital

Dr Chibuzo Ngozi Hemeson – Croydon University Hospital

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

Dr Fabian Arno Gavin Plaatjies – St Bartholomew's Hospital, London

Dr Catherine Jennifer Bounds – St Helier Hospital

Dr Maria Dolores Rivero-Bosch – Charing Cross Hospital

Dr Joanne Mary Perkins – Evelina Children's Hospital

Dr Lucia Urgenia Misquita – Princess Royal Hospital, (West Sussex)

Dr Rajesh Shankar – Watford General Hospital, (Watford)

Dr Imran Usmani – Great Western Hospital (Swindon)

Dr Jahan Tab Hashmi – Weston General Hospital (Somerset)

Dr Fridrik Thor Sigurbjornsson – Ealing Hospital

Dr Sofia Erythropoulou – Royal United Hospital, Bath

Dr Aideen Brid Callaghan – Craigavon Area Hospital

Dr Radek Stetina – Worcestershire Royal Hospital

Dr Vani Narayanan – Ealing Hospital

Dr Dorina-Elena Pausan – Glan Clwyd Hospital

Dr Muhammad Nasiruddin – Bedford Hospital NHS Trust

Moved into this category as doctor was in wrong membership category

<u>Category</u>	<u>Name</u>	<u>Hospital or Qualification</u>
Associate Member	Dr James Barclay Weir	Crosshouse, Ayrshire
Associate Fellow	Dr Pavol Palcovic	Medway Maritime Hospital
Associate Fellow	Dr Raghavendra Prakash Kulkarni	Kettering General Hospital
Associate Fellow	Dr Brenda Mary Daly	Glasgow Royal Infirmary
Associate Fellow	Dr Lajos Szentgyorgyi	Wythenshawe Hospital, Manchester

1/7/2013 Academy of Medical Royal Colleges

Council received, for information, a summary of the meeting held on 30 January 2013. The full minutes are available from the President's Office upon request.

PRESIDENT'S CLOSING STATEMENT

PCS/2/2013 President's Closing Statement

- (i) The President thanked Council members for their support at the President's Dinner.
- (i) The President and Vice-Presidents have been looking at the RCoA's committee structure. One of the proposals is that the three main committees reflect the RCoA's directorates, i.e. Professional Standards Committee, Education Committee and Training Committee. The title of Medical Secretary would be replaced by Chairman of the Training Committee since these offices are held by the same person. Some minor changes would be required to incorporate new Council members.

MOTIONS TO COUNCIL

M/4/2013 Council Minutes

Resolved: That the minutes of the meeting held on 9 January 2013 be approved with the removal of Dr Selwyn from the list of attendees.

M/5/2013 Regional Adviser

Resolved: That the following appointments/reappointments (reappointments marked with an asterisk) be approved:

Anglia

Dr Helen Hobbiger, Regional Adviser for Anglia

North Thames Central

Dr Lila Dinner, Regional Adviser for North Thames Central

Mersey

Dr Ewen Forrest, Regional Adviser for Mersey

North of Scotland

Dr Alastair McDiarmid, Regional Adviser for North of Scotland

South East Scotland

Dr David Semple, Regional Adviser for South East Scotland

East Yorkshire

*Dr Ian Locker, Regional Adviser for East Yorkshire

Wessex

*Dr Jeremy Nightingale, Regional Adviser for Wessex

M/6/2013 College Tutors

Resolved: That the following appointments/reappointments (reappointments marked with an asterisk) be approved:

North West

Dr S J Davies (North Manchester General Hospital)

Severn

Dr G B Hosdurga (Weston General Hospital)

Wales

Dr J M Hall (University Hospital of Wales)

Dr J L Butcher (Prince Charles Hospital)

West Midlands South

*Dr C A Stevenson (Hereford Hospitals NHS Trust)

*Dr O Domingo Bosch (The Alexandra Hospital)

Anglia

Dr K A Williams (West Suffolk Hospital NHS Trust)

West Yorkshire

Dr M van Greunen (Leeds General Infirmary)

M/8/2013 Faculty of Intensive Care Medicine

Resolved: That the Faculty of Intensive Care Medicine Regulations be amended to permit applications from doctors who previously trained in ICM in the NHS but now work exclusively in the private sector.

M/9/2013 Trainee Committee

Resolved: That the Committee's Membership be expanded to include trainee representatives from Intensive Care and Pain Faculties.

M/10/2013

Statement to WHO regarding Alcohol Industry

Resolved: That the RCoA should sign up to the Statement of Concern about the increasing Involvement of the alcohol industry in public health activities throughout the world.