

MEETING OF COUNCIL

**Edited minutes of the meeting held on Wednesday 11 February 2015
Council Chamber, Churchill House**

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

Members attending:

Dr J-P van Besouw, President
Dr L Brennan
Dr P Venn
Dr D Nolan
Professor J R Sneyd
Dr A Batchelor
Dr K Grady
Professor D Rowbotham
Professor R Mahajan
Dr D Whitaker
Dr R J Marks
Dr T Clutton-Brock

Dr J Nolan
Dr J A Langton
Dr J Colvin
Dr E J Fazackerley
Dr P Kumar
Dr G Collee
Dr J-P Lomas
Dr R Darling
Dr I Johnson
Dr D Selwyn
Dr A Hartle

Ms I Dalton, RCoA Lay Committee

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

Apologies for absence: Dr N Penfold, Dr R Verma, Dr S Fletcher, Professor M Mythen, Dr V R Alladi and Dr A-M Rollin.

COUNCIL IN DISCUSSION

CID/1/2015 President's Opening Statement

1. There would be a Trustees' meeting immediately after Council to discuss the process for appointing Mr Storey's successor.
2. Drs Fazackerley and Fletcher would chair the Strategy Summit in May.
3. The President announced the deaths of Dr Anastasia Price, Dr Paul Balakrishnan, Dr John Thomas, Dr Avril Charlton, Dr John Ainley-Walker and Dr Clifford Franklyn. Council stood in memory.
4. An additional set of minutes had been tabled for Item 2.9 Faculty of Pain Medicine (FPM).
5. Sir Robert Francis' Freedom to Speak Up Review would be published later in the day.
6. The Academy of Medical Royal Colleges (AoMRC) had circulated a report on comparisons of hospital standardised mortality ratios (HSMR) between the United Kingdom and the United States of America.
7. The Care Quality Commission (CQC) had published guidance on the new fundamental standards regulations and its policy on enforcement, and a new memorandum of understanding with the Health and Safety Executive and local authorities in England. The links would be circulated to Council. The President recommended that those involved in Clinical Quality and Anaesthesia Clinical

Service Accreditation (ACSA) Review Teams should have a look at the documents.

Action: Ms Regan to circulate links to Council.

8. Congratulations were offered to the Royal College of Emergency Medicine upon the granting of its Royal Charter.
9. The President had been invited to participate in the Advisory Committee on Clinical Excellence Awards (ACCEA) triennial review as a critical friend.
10. ACCEA recommendations for 2014 were with Ministers. 37 awards had been withdrawn in 2014 across the country. ACCEA had requested that National Nominating Bodies start to put in place their process for the 2015 round. ACCEA would present the overall results of the 2014 round at a wash-up meeting in March.
11. Council members who had not yet done so were reminded to update their register of interests no later than 20 February 2015.

Action: Register of interests to be updated no later than 20 February 2015 by those who have not yet done so.

12. Thanks were expressed to Council, Mr Mohammed Sadek and particularly Ms Emma Bennett for their contributions to the President's Dinner.
13. Those wishing to attend the Anniversary Dinner who had not yet replied to the invitation were asked to inform Ms Emma Bennett as soon as possible.

Action: Those who have not yet responded to the invitation to the Anniversary Dinner to reply to Ms Emma Bennett as soon as possible.

14. The AoMRC had organised two seminars with Mr Simon Stevens, Chief Executive of NHS England. The first looked at service reconfiguration and new models of care whereas the second focussed on the role of occupational health in ensuring that those working in the health service are healthy, that the environments within which they work are healthy and appropriate and how the health service deals with employees who are unwell. Occupational health should be a support mechanism for staff, not a management tool to deal with dysfunctional employees.
15. The RCoA had met with Professor David Haslam, Chairman of the National Institute for Health and Care Excellence (NICE). The issues surrounding short timelines for consultations had been discussed. The President and Dr Hartle had previously met Professor Bruce Campbell to discuss how recommendations in relationship to devices were put forward by NICE. Professor Campbell had committed to greater engagement with the profession in terms of the introduction of new devices and their assessment.
16. A meeting was held with Dr Clare Gerada and Dr Ruth Mayall to explore how the profession deals with anaesthetists specifically with addiction problems but also with mental health problems. The RCoA had subsequently updated its advice and the relevant section of its website. Similar changes had been made by the Association of Anaesthetists of Great Britain and Ireland (AAGBI). Conflicting information existed regarding whether or not anaesthetists have a high incidence of suicide and an AAGBI Working Party would look at this. In the light of the General Medical Council's (GMC) report the AAGBI had contacted the GMC and planned to work with it to avoid duplication. There had been a publication in *Anaesthesia and Intensive Care* in January 2015 *A Retrospective Survey of Drug Abuse in Anaesthetists in Australia and New Zealand from 2004 – 2013* which would be circulated to Council along with an accompanying editorial about propofol abuse.

Action: President to circulate documents to Council.

Council was informed that a physician had written to the Chief Constable of Manchester requesting an investigation into the 28 deaths associated with the work of the GMC. Council heard that the burden put on doctors under investigation was raised when the College Presidents had met with the GMC in December. There had been discussions about the ACSA process looking at how departments support staff in terms of physical and mental health. The College had also asked the CQC as part of its inspection process to look at how trusts treat their staff.

17. The President congratulated those involved in the perioperative medicine stakeholder event, particularly Ms Drake and Professor Mythen. It had generated a lot of support globally. Other Colleges and the Department of Health (DH) had expressed an interest in taking the agenda forward. Ms Sonia Larsen was credited for her fantastic work in promoting the perioperative medicine work. The RCoA would need to maintain the momentum of the project which fits in well with the UK agenda on better integrated care, reducing variability in the provision of healthcare and reducing the burden of morbidity.
18. The GMC is undertaking a piece of work looking at the career progression of doctors from school through to medical school, into foundation and then into specialties. It is currently focussing on entry into medical schools and output into the foundation year.
19. The President had met with Professor Liz Hughes, Director of Education and Quality (DEQ) for London and the South East.
20. Council discussed the principle of dealing with poorly performing trusts. Council debated the concept that deaneries have nothing to do with the provision of service:
 - The devastating effect on service of effectively suddenly removing half a hospital's workforce and replacing it with a workforce imported at short notice.
 - The issues were related to trainees and patient safety and in particular concerns about trainee welfare; this had to be the responsibility of those in charge of training.
 - The RCoA had previously identified the need for a strategy to connect with hospitals with no trainees to maintain service quality.
 - The RCoA also has a responsibility to the patient.
 - Whilst everything was interlinked, it would be up to the management to decrease clinical service provision if it could not be safely maintained.
21. The AoMRC Council had met. The Academy would be actively promoting the Choosing Wisely programme and had sought nominations from Council to deliver this. Integrated care is high on the AoMRC's agenda and the RCoA had signed up to a statement on integrated care. A statement on the Shape of Training Review was to be released imminently from the four health nations which had agreed to develop the sentiments laid down in the *Shape of Training*. Colleges would be asked to identify how they might deliver a curriculum which maps to the recommendations as laid down in the *Shape of Training*. A lack of transparency remained regarding the funding of change management. There was also lack of transparency surrounding the impact on service and how the various specialties would work together in order to deliver it.
22. Council members were asked to indicate whether or not they intended to attend the Anniversary Meeting and/or Spring Symposium.

23. The President updated Council on staff changes:
- a. Ms Klaudia Rakasz had joined the College as Accounts Administrator.
 - b. Dr Aiden Devlin had completed his time at the College as Research and Education Fellow.
 - c. Mr Shamim Ullah had been appointed e-Portfolio Co-ordinator in succession to Mr Andy Leabourne who had left the College after four years to undertake a role at Care-UK.
 - d. Mr Richard Bryant had left the College to become Executive Director of eIntegrity.

CID/2/2015 Technology Strategy Review

Dr J Nolan presented a report of the Technology Strategy Review (TSR) Day held on 20 January 2015. Council was asked to grant approval for the project to go ahead within a timeframe of approximately 18 months. The Finance Committee had approved the fixed term administrator cost.

Council discussed:

- Whether or not the RCoA had sufficient expertise to produce a specification.
- The need for a seamless personalised system.
- Integration with work on the Continuing Professional Development (CPD) matrix.
- The integration of *BJA Education*.
- The availability of in-house project management expertise.

CID/3/2015 Hong Kong College of Anaesthesiologists

Dr Colvin reported on a meeting with the Hong Kong College of Anaesthesiologists (HKCA) held on 23 November 2014. An action plan would be put together on the basis of the discussions at the meeting. The next steps would be around curriculum development support and training the trainers. Dr Colvin would co-ordinate taking that forward in collaboration with Professor Mike Irwin.

CID/4/2015 Council Appraisal

Drs Brennan and Fazackerley had put together and trialled documentation to support appraisal of Council members. There is an increasing requirement to evidence what one does not only for revalidation purposes but to justify to employers time away from the work place. The intention was that the document would address those issues whilst helping individuals focus on their College career and develop it further.

Council discussed the following:

- A year's notice should be given to Council members before using the new documentation.
- The appraisal of Council's corporate behaviour and how past behaviour and decisions could inform its future behaviour.
- 360 degree appraisal and multi-source feedback could come from other Council members.
- Council members interact with College staff, the wider Fellowship and Trust colleagues, all of whom could input into the appraisal process.
- Encouraging Council members to undergo such an appraisal at least once during each term of office.
- Making the process optional would not attach the necessary strength to it.

- Regional Advisers had requested something similar for their work on behalf of the College.
- Care should be taken not to create an unnecessarily burdensome process.
- New Council members should be informed of the process as they join Council and have an appraisal 18-24 months later. This would afford them the opportunity to collect relevant data from the outset.

CID/5/2015 Council Meeting Date

The cancellation of the January meeting of Council had led Dr Marks to consider the process of decision making in the College and Council's role in that process. Dr Marks had considered:

- The January meeting could have been used for Council to discuss strategic matters.
- Would no decisions be made for two months or would they be made outside of Council.
- Is Council's role to endorse decisions or to make them.
- Are Council meetings at an appropriate frequency.
- Does Council discuss appropriate matters.

Council discussed the following points:

- Council exceeds the requirements for meetings set out in the Ordinances.
- The need to debate the responsibility of Council members and how the College should function, e.g. how much of running the RCoA and its authority comes from Council and how much from the Executive.
- The President's view that it is incumbent upon committees to deliver recommendations in terms of policy and for Council to be the scrutinising body.
- It would be difficult for Council to conduct all the business of the College.
- Ways of working in order to reduce demands on Council members' time, such as task and finish groups.
- The decision making process behind the cancellation of the January meeting of Council.
- Committees benefit from external experts.
- Council does sometimes approve decisions without discussion.
- The use of the Chairman's Summary to highlight items requiring discussion or a decision by Council.
- Council members are informed of decisions made at the President's Meeting following the introduction of brief notes of each weekly meeting.
- The need for clarity regarding motions to Council, specifically what requires a motion and what does not.
- The length of Council meetings.

CID/6/2015 Minutes of the Meeting of Council 13 March 2012

Discussed under Item CB/12/2015 Audit and Internal Affairs Committee.

CID/7/2015 Association of Anaesthetists of Great Britain and Ireland President's Report

Dr Hartle asked Council to consider whether, and in what way the RCoA might lobby to preserve ketamine's current regulatory status. Council agreed the College should support the AAGBI and tasked Mr McLaughlan with drafting a response.

Action: Mr McLaughlan to draft a response.

In addition to his written report, Dr Hartle raised the following points:

- National Audit Project (NAP) 5 recommendations from the Safe Anaesthesia Liaison Group (SALG). Two AAGBI working parties would like to consider SALG's recommendations and had hoped they would be available by now. Mr McLaughlan added that all of the recommendations from NAP5 should be considered by individuals and departments and should not be held back or delayed in any way by SALG's recommendations.
- AAGBI property strategy review.
- The AAGBI had been given inadequate time to consider two requests for endorsement from Regional Anaesthesia United Kingdom (RA-UK) around consent and supervision for regional anaesthesia. The RCoA had not been asked to endorse the documents but it was important it received the information to ensure mixed messages were not conveyed from different organisations in anaesthesia.

COMMITTEE BUSINESS

CB/1/2015 Council Minutes

The minutes of the meeting held on 10 December 2014 were approved with a minor amendment to External Strategy.

CB/2/2015 Matters Arising

Review of Action Points

- *CID/51/2014 President's Opening Statement.* SALG would consider whether or not a statement is required in relation to the use of Thiopental in obstetric anaesthesia.
- *CB/158/2014 Matters Arising.* A volunteer is still required for Tuesday 2 June 2015.

Action: Council members to inform Ms Regan if they are available to attend the Keele Course on 2 June 2015.

- *CB/158/2014 Matters Arising.* There is an ACSA standard related to critical care. The Faculty of Intensive Care Medicine (FICM) had been asked to include obstetrics in *Guidelines for the Provision of Intensive Care Services (GPICS)*.
- *CB/152/2014 Faculty of Pain Medicine* The Board felt that register was the correct word to use but would make it clear that it did not imply any form of endorsement from the Faculty.
- *CB/167/2014 Quality Management of Service Committee* Dr Collee and Professor Mahajan had not yet discussed reference to Physician's Assistants (Anaesthesia) [PA(A)] in the 2016 edition of *Guidelines for the Provision of Anaesthetic Services*.

CB/3/2015 Regional Advisers

Council considered making the following re-appointments:

Northern Ireland

Dr D W Lowry, Regional Adviser for Northern Ireland **Agreed**

Nottingham & Mid Trent

Dr C A O'Dwyer, Regional Adviser for Nottingham & Mid Trent **Agreed**

CB/4/2015 Deputy Regional Advisers

Council considered making the following re-appointments:

North Thames West

Dr S Jaggar, Deputy Regional Adviser for North Thames West **Agreed**

Dr R Bacon, Deputy Regional Adviser for North Thames West **Agreed**

CB/5/2015 College Tutors

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

Mersey

*Dr K E Brodbelt (Arrowe Park Hospitals, Wirral) **Agreed**

*Dr A O Olusunmade (Liverpool Women's Hospital) **Agreed**

Wessex

Dr M Pearson (St Mary's Hospital, Isle of Wight) in succession to Dr I Rice **Agreed**

*Dr P Mackie (Southampton University Hospital) **Agreed**

South West Peninsula

Dr N J Hollister (North Devon District Hospital) in succession to Dr G Rousseau **Agreed**

Dr S M K Nash (Royal Cornwall Hospital, Truro) in succession to Dr R Langford **Agreed**

Dr N B Marshall (Royal Cornwall Hospital, Truro) vacant post **Agreed**

*Dr P Thomas (Royal Devon and Exeter Hospital) **Agreed**

South Thames East

Dr V Ponnaiah (Guy's & St Thomas' NHS Foundation Trust) in succession to Dr M P Rao

Agreed

Dr M Kurup (Kings College Hospital) in succession to Dr S A Leonard **Agreed**

Nottingham & Mid Trent

*Dr T Shah (Derby Hospitals NHS Foundation Trust) **Agreed**

Sheffield & North Trent

Dr R Dobson (Doncaster Royal Infirmary) in succession to Dr M Denton **Agreed**

CB/6/2015 Head of Schools

There were no appointments to note.

CB/7/2015 Training Committee

(i) Chairman of the Training Committee's Update

There was nothing to report.

(ii) Certificate of Completion of Training

Council noted recommendations made to the GMC for approval, that CCTs/Certificate of Eligibility for Specialist Registration (Combined Programme) [CESR (CP)] be awarded to those set out below, who have satisfactorily completed the full period of higher specialist training in anaesthesia. The doctors whose names are marked with an asterisk have been recommended for Joint CCTs/CESR (CP) s in Anaesthesia and Intensive Care Medicine.

December 2014

Anglia

Dr Suhas Santhosh Kumar*
Dr Natasha Louise Lawrence*

KSS

Dr Paul Douglas Everett Smith
Dr Sinan Adnan Bahlool*

London

North Central

Dr Jamie Gross*
Dr Pradeep Rajkumar
Madhivathanan*
Dr Selvakumar Panchatsharam*

Barts and the London

Dr Peter Brendon Sherren*

Mersey

Dr Deepa Bansi Jumani

North West

Dr Papari Deka
Dr Redmond Paul Tully*
Dr James John Leedham

South East Scotland

Dr Alastair James Morgan*

Severn

Dr Emma Margaret Bennett
Clow

Sheffield

Dr Sireesha Aluri

Wales

Dr Ausama Hassan
Mohammed*

West Midlands

Stoke

Dr R. Anil Kumar
Dr Rajkumar Thangaiah

Birmingham

Dr Radhu Pandrangi
Dr Ramy Adel Samy Labib

West of Scotland

Dr Ryan Laurie Campbell

Yorkshire and Humber

Hull, York & East Coast

Dr James Edward Stevenson

Leeds and Bradford

Dr Hayley Victoria Kemp
Dr Saravanan Varadharajan
Prakasam

January 2015

Anglia

Dr Abigail Louise Hallett

Nottingham

Dr Anna Louise Davey

South East

Dr Chima Alexander Oti
Dr Mark Nicholas Oliver
Dr Abigail Jane Medniuk
Dr Shaima Elnour
Dr Claire Louise Barker
Dr Syed Moshin Qureshi
Dr Edwardina Mary Mae
Alexandra Lillie

Mersey

Dr Edwin Crossley Clitheroe
Dr Tanja Beaument
Dr Jessica Brown Griffith

North of Scotland

Dr Douglas Andrew Coventry*
Dr Ian William Scott*

North West

Dr Helen Ruth Simmons

Oxford

Dr Andrew Skog
Dr Prabir Patel*
Dr Diane Hue Dung Tran

South West Peninsula

Dr James Cockroft

South East Scotland

Dr Rachel Louise Smith

Dr Edward Alexander Mellanby

Severn

Dr Izreen Rozana Mohamed

Iqbal

Dr Lucy Ann Miller

Sheffield

Dr Pumali Nisha Gunasekera*

Dr Julie Lucy Hui

Wales

Dr Robert Jonathan Dawes

Dr Lowri Bowen

Dr Asha Anil Naik

Dr Benjamin Holst

Birmingham

Dr Bhadraj Kumar Basu

Dr Nicholas John Cowley*

Hull, York & East Coast

CB/8/2015 Recruitment Committee

The Chairman, Dr Langton, presented the minutes of the meeting held on 28 October 2014 drawing Council's attention to:

- *RC/75/14 Question Bank.*
- *RC/78/14 Self Scoring Assessment and BSc Wording.*
- *RC/80/14 Recruitment 2015 Process & Changes*

The application ratio for CT1 recruitment had been 2:1 with 1294 applications for just over 600 posts. ST3 applications would open on 17 February 2015. Although there had been local reductions, the total number of posts in anaesthesia Acute Care Common Stem (ACCS) had increased by six.

Council was asked to consider what the College could do to attract more people into anaesthesia. It was noted that anaesthesia's application ratio for CT1 compared favourably with other specialties. It was acknowledged that the RCoA already offers a career day as well as providing, upon request, support to local undergraduate societies wishing to promote the specialty.

CB/9/2015 Faculty of Pain Medicine

The Dean, Dr Grady, presented the minutes of the Board meeting held on 11 December 2014 drawing Council's attention to the following:

- *4.6 FPM Representatives on RCoA Committees.*
- *5.3 Pain in Secure Environments.* The pilot in January had been postponed and the first two pilots would now go ahead in March and May.
- *7.1 Acute Pain.*
- *7.2 Pain Summit: Complex Pain.*
- *7.4 Undergraduate Training.*

Dr Grady presented the minutes of the Board meeting held on 6 February 2015 drawing Council's attention to the following:

- *BFPM/2.15/3 Pain Medicine in Wales.*
- *4.1 RCoA Vice President Position on Board.*
- *4.2 Dr Beverly Collett's award of an OBE.*

CB/10/2015 Professional Standards Committee

The Chairman, Professor Mahajan, presented the minutes of the meeting held on 12 December 2014 drawing Council's attention to the following:

- *Subgroup with the AAGBI to review the Good Practice Guide.*
- *Subgroup to review and update patient information leaflets.*
- *Gradual movement away from audits to quality improvement projects.*
- *Working out a way of recognising research as a quality indicator standard.*
- *GPAS editorial board for ongoing review and update of GPAS documents.*
- *AAGBI subgroup to address the issue of consent for anaesthesia.*
- *The requirement for a proper strategy for the Clinical Quality Directorate.*

Council agreed the motion as listed under M/7/2015.

A Council member's Trust had identified a requirement for a leaflet from the RCoA which could be given to every patient laying out the main risks and incidences. It was suggested that a leaflet can only be a general document that does not cover each patient's specific requirement; that is the responsibility of the anaesthetist.

Council debated the issue of research and supporting professional activity (SPA) time:

- A Council member's chief executive was keen to support research in the National Health Service (NHS) which translated into the concept that SPA time would be given for research

as long as the individual brought in sufficient money to cover it. If that was the national position there would be a dramatic reduction in anaesthesia research.

- If a Trust does not invest in research it cannot expect a return.
- Local leadership is crucial.
- One way of funding research is to take a portfolio to the regional network.
- There is a mechanism through trust research and development departments.
- Disparities across the country regarding funding.
- Rather than complaining, a more strategic approach would be to campaign for more equal funding approach across the country.
- There is confusion between SPAs as opposed to research PAs.
- Worked examples could be used to give guidance about how the process works.

CB/11/2015 Quality Improvement and Outcome Measures Group

The Chairman, Professor Mahajan, presented the minutes of the meeting held on 19 November 2014 drawing Council's attention to the following:

- *The requirement for a quality improvement strategy for the Clinical Quality Directorate and RCoA.* The Outcomes Measures Group, chaired by Dr Ramani Moonesinghe, was being urged to come up with some guidance regarding outcome measures that every trust should be able to demonstrate.

CB/12/2015 Audit and Internal Affairs Committee

The Chairman, Dr Clutton-Brock, presented the minutes of the meeting held on 14 January 2015 drawing Council's attention to the following:

- *2. Title of Professor.* It was agreed that the wording should be amended to "The College should reserve the official use of "Professor" for individuals who have a substantive appointment as a Full or Honorary Professor with a recognised Higher Academic Institution. This would include Emeritus Professors and individuals who retain an Honorary Chair having moved from a substantive post."
- *4. Revised Letter of Representation.*
- *5. Membership ad eundem.*
- *6. Financial Regulations Update.*
- *7. Election to Council 2015.*
- *7. Software Testing for Internal Elections.* Assurance was given that testing would be undertaken to ensure the process was confidential.
- *3. Council Minutes.* Council discussed whether or not the full minutes of the meeting of Council held on 13 March 2012 should be published on the website.
 - The meeting had included a discussion about the Health and Social Care Bill during which various views were expressed. Although a motion had been submitted to Council by a Fellow, there had been no vote.
 - The Audit and Internal Affairs Committee had discussed the decision making process around what should and should not appear on the website. The discussion in question did not come into any of the categories which are routinely edited.
 - The minutes could be referred to by the electorate when individuals stand for re-election.
 - The President had sought the view of Dr Peter Nightingale, President at the time of the meeting. Dr Nightingale had explained that in order to have a broad ranging discussion it was decided that Council would have a full and open discussion which could only be held on the understanding that it would not be broadcast.
 - If Council wished to overturn the decision not to publish the minutes it would be necessary to write to those who were involved in the discussion asking if they wished to do so.

After full debate, it was agreed that from now onwards minutes for publication on the website should be brought to Council for ratification at the same time as the full set of minutes.

CB/13/2015 Faculty of Intensive Care Medicine

The Dean, Dr Batchelor, presented the minutes of the Board meeting held on 21 January 2015 drawing Council's attention to the following:

- *BFICM/01.15/6.3 Guideline Development Groups.*
- *BFICM/01.15/7.2 Regional Advisors in Intensive Care Medicine.*
- *BFICM/01.15/4.1 FICM Training and Assessment Committee.*
- *BFICM/01.15/4.2 Intensive Care Medicine National Recruitment.*
- *BFICM/01.15/6.2 GPICS.*

CB/14/2015 Lay Committee

The Chairman, Ms Dalton, presented the minutes of the meeting held on 9 December 2014 drawing Council's attention to the following:

- *Presentation by Dr Caroline Mawer on "CPR or a natural death?"*
- *Items for future discussion by the Committee.*
- *New approach to "Anaesthesia Explained".*
- *Paper from Dr Adam Low.*

CB/15/2015 Workforce Advisory Group

The Chairman, Dr Colvin, presented the minutes of the meeting held on 6 November 2014 drawing Council's attention to the following:

- 2015 training numbers. There is an overall net effect of a slight increase in ACCS/core training posts of 15. The overall net effect for specialist training is a reduction of 16 anaesthesia posts and an increase of 16 ICM posts.
- One of the key priorities is to improve data. The census will be run this year and there is also a wish to work more actively with CLWRota. Work is being undertaken with CLWRota to use its aggregated data. The President reported that there is a national theatre benchmarking collaborative and that its data should be incorporated into the RCoA's workforce planning.
- The Group wished to develop a formal active communications strategy within its own networks as well as the Clinical Directors' Forum to ensure active and informed engagement at regional level.
- The Group is looking at service pressures on training rotas.
- Engagement events would now be held after the Census.

CB/16/2015 National Institute of Academic Anaesthesia

(i) Professor Sneyd presented the minutes of the Research Council meeting held on 29 January 2015 drawing Council's attention to the following:

- *NIAARC/06/2015 (i) National Institute of Anaesthesia (NIAA) Grants Officer.*

(ii) Professor Sneyd presented the minutes of the Board meeting held on 29 January 2015 drawing Council's attention to the following:

- Professor Martin Leuwer would be stepping down as National Institute for Health Research (NIHR) Lead. Council members were asked to encourage suitably qualified colleagues to apply.

MATTERS FOR INFORMATION

I/1/2015 Publications

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

I/2/2015 Consultations

Council received, for information, the list of current consultations. A Council member had expressed concern about the short timeframe given to Council to consider large documents. It was highlighted that timelines are often set externally and that the RCoA sometimes refused to offer a response on the basis that there is insufficient time to provide a well-considered response.

1/3/2015 New Associate Fellows, Members and Associate Members

Council noted, for information, the following:

New Associate Fellows

Mortimer Colm Kelleher – Royal Infirmary of Edinburgh

New Members

Dr Sandro Geretto – Primary RCoA

New Associate Members

Dr Sathiyabama Kanagasabai – Bristol Royal Infirmary

Dr Robert Rudner – Broomfield Hospital, Chelmsford

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

Dr Koteswara Rao Chava – Lincoln County Hospital

Dr Gamini Pannila Vithana – Worcestershire Royal Hospital

Dr Daniele Arces – Kingston Hospital

Dr Ritwik Ranveerchand Bhandari – North Devon District Hospital

Dr Dilip Kumar Agarwal – Manchester Royal Infirmary

Dr Jan Man Wong – Awaiting confirmation of hospital

Dr Rafik Sameh Bushra Sedra – Christie Hospital

Dr Petrus Daniel Roux Fourie – Addenbrooke's Hospital

Dr Denislava Chavdarova Slavova – Harrogate District Hospital

Dr Yegnaram Shashikant – Epsom & St Helier University Hospitals

Dr Olorunfoba Jamiu Adeyemi – Kent and Canterbury Hospital

Dr Khaled Osman Mohamed Elnady Ellisy – Heatherwood & Wexham Park Hospitals

Dr Laura Paula Sarmiento Valero – University College London Hospital

Dr Diana Pascu – Alexandra Hospital Redditch

Dr Renuka Hemant Joshi – Manor Hospital

Dr Ranjila Nelum Kumari Weerasekera – Musgrove Park Hospital

Dr Joseph Salvatore Bellon – Locum, no permanent hospital at present

Dr Freda Amoakwa-Adu – Nottingham University Hospital

Dr Theodora Petkova Vassileva – Southend University Hospital

Dr Michaela Herchi – Princess Alexandra Hospital, Harlow

Dr Lauren Brown – Royal Victoria Hospital, Belfast

Membership Category Progression

New Associate Fellows

Dr Sabah Mohamad Omar Munshi – Lancaster Royal Infirmary

Dr Arif Hasan – United Lincolnshire Hospitals NHS Trust

Dr Gauri Bhaskar Dashputre – Shrewsbury and Telford Hospital Trust

Dr Subramanian Satish Kumar – Royal Stoke University Hospital

Dr Rahul Bhansali – Chesterfield Royal Hospital

Dr John Adam Strange – Hospital unknown

Dr Mruthunjaya Narayana Swamy – Central Manchester Foundation Trust

Dr Marco Scaramuzzi – Royal Brompton NHS Trust

Dr Subramanian Satish Kumar – Royal Stoke University Hospital (formerly City Hospital)

New Members

Dr Shaun O'Connor – Final FCARCSI

Dr Emma Elizabeth Totten – Final FCARCSI

Dr Paul Thomas Alexander – Final FCARCSI

Dr Asis Kumar Behura – Final FCARCSI

Dr Emma Louise Hayes – Primary RCoA

Dr Aimee Meechan – Primary RCoA

New Associate Members

Dr Christopher Richard Collin – Hospital unknown
Dr Mark William Southworth – Hospital unknown
Dr Ian MacInnes – Royal Hallamshire Hospital, Sheffield
Dr Liang Kim Ong – Medway Maritime Hospital
Dr Usamah Imtiaz Kidwai - hospital not known
Dr Binu Ravindran – hospital not known
Dr Janarthana Reddy Poonur –hospital not known
Dr Maria Nicoleta Juganaru – St Bartholomew's
Dr Olivia Teodora Babaua – Croydon University Hospital
Dr Feby Korandiarkunnel Paul – hospital not known
Dr Yahya Javed Ahmed Khawaja – Royal Glamorgan Hospital
Dr Abimbola Olabisi Ojuolape – St Richard's Hospital, Chichester
Dr David Juan Blackman – Hospital unknown
Dr Imran Jehangir Sharieff – Hospital unknown

PRESIDENT'S CLOSING STATEMENT

PCS/1/2015 President's Closing Statement

1. Dr Gethin Pugh had been appointed Chairman of the AoMRC's Trainee Group.

MOTIONS TO COUNCIL

M/1/2015 Council Meeting Dates

Motion withdrawn.

M/2/2015 Minutes of the Meeting of Council 13 March 2012

Motion withdrawn.

M/3/2015 Council Minutes

Resolved: That the minutes of the meeting held on 10 December 2014 be approved with a minor amendment to External Strategy.

M/4/2015 Regional Advisers

Resolved: That the following re-appointments be approved:

Northern Ireland

*Dr D W Lowry, Regional Adviser for Northern Ireland

Nottingham & Mid Trent

*Dr C A O'Dwyer, Regional Adviser for Nottingham & Mid Trent

M/5/2015 Deputy Regional Advisers

Resolved: That the following re-appointments be approved:

North Thames West

Dr S Jaggar, Deputy Regional Adviser for North Thames West

Dr R Bacon, Deputy Regional Adviser for North Thames West

M/6/2015 College Tutors

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

Mersey

*Dr K E Brodbelt (Arrowe Park Hospitals, Wirral)

*Dr A O Olusunmade (Liverpool Women's Hospital)

Wessex

Dr M Pearson (St Mary's Hospital, Isle of Wight)

*Dr P Mackie (Southampton University Hospital)

South West Peninsula

Dr N J Hollister (North Devon District Hospital)

Dr S M K Nash (Royal Cornwall Hospital, Truro)

Dr N B Marshall (Royal Cornwall Hospital, Truro)

*Dr P Thomas (Royal Devon and Exeter Hospital)

South Thames East

Dr V Ponnaiah (Guy's & St Thomas' NHS Foundation Trust)

Dr M Kurup (Kings College Hospital)

Nottingham & Mid Trent

*Dr T Shah (Derby Hospitals NHS Foundation Trust)

Sheffield & North Trent

Dr R Dobson (Doncaster Royal Infirmary)

M/7/2015 Professional Standards Committee

Resolved: That the Quality Management of Service Committee should become the Quality Management of Service Group.

CEREMONIAL

C/1/2015 Retiring Council Members

The President presented a certificate to Dr D Nolan and Dr Whitaker.