MEETING OF COUNCIL

Edited Minutes of the meeting held on Wednesday 9 January 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 H M Jones
Dr D M Nolan
Dr P Nightingale
Professor J R Sneyd
Dr R Laishley
Professor D Rowbotham
Dr E A Thornberry
Dr P J Venn
Dr D K Whitaker
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 I Johnson
Dr M Nevin
Dr A W Harrop-Griffiths

Mrs I Dalton, RCoA Patient Liaison Group (PLG)

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

Apologies for absence: Professor J F Bion, Dr A Batchelor, Dr S Patel, Dr S Gulati and Dr A-M Rollin.

COUNCIL IN DISCUSSION

CID/1/2013 President's Opening Statement

(i) Dr Suzanne Boyle is no longer able to join Council as a co-opted member representing Staff and Associate Specialist (SAS) doctors. The President would discuss the best way forward with Drs Laishley and Alladi to avoid minimal representation of SAS doctors across the Royal College of Anaesthetists (RCoA) and the Association of Anaesthetists of Great Britain and Ireland (AAGBI).

(ii) Her Royal Highness the Princess Royal will attend the launch of the e-learning DVD for the developing world during the afternoon of 29 April 2013.

(iii) The President announced the deaths of Dr Imogen Ketchley and Colonel James McEwan. Council stood in memory.

(iv) Congratulations were offered to Professor Judith Hall and Mrs Anne Murray who were awarded an OBE and MBE respectively in the New Year Honours List.

(v) The Sunday Telegraph had published an article about the *Francis Report*. Criticism of health service managers had come to the fore in the article.

(vi) The Royal College of Surgeons of England (RCSEng) has produced a document on reshaping of surgical services, which the President agreed to circulate to Council. Although it focuses on surgical services the President thought that the RCoA would probably endorse some of the suggestions. Dr Nightingale pointed out that the document fitted in well with the Royal College of Physicians' (RCP) Future Hospital Commission, adding that there is a feeling that in order to sort out training it needs to be carried out over fewer sites.

(vii) The Department of Health (DH) has announced that it will be investing £120million in health research to the benefit of patients over the next five years. This is part of a commitment to put the UK at the forefront of health research. The money will be going to the National Institute for Health Research (NIHR). The President agreed to circulate the press release to Council.

(viii) Council members who had not already done so were asked to inform Ms Stephanie Robinson whether or not they would be attending the President's Dinner and Anniversary Dinner.

(ix) The RCoA, AAGBI, Faculty of Intensive Care Medicine (FICM) and Faculty of Pain Medicine (FPM) have produced a joint letter supporting non-trust related work. The letter along, with the letter from the four Chief Medical Officers (CMOs) supporting work for the wider National Health Service (NHS), would be circulated to Council and published on the RCoA's website.

(x) CT1 recruitment is currently underway. Mr Bryant reported that there had been 1145 first preferences for 544 posts for anaesthesia and acute care common stem (ACCS). Twelve applicants were not allocated an interview in their preferred area and had not expressed a preference for more than one area. The longlisting process had eliminated sixteen applicants following which 83.84% were allocated their first preference for interview. Interviews will be held over the next few weeks.

(xi) Dr Andrew Morley had requested support for an arts related project to publicise National Audit Project (NAP) 5. The President had written a letter of support to Dr Morley and the grant awarding authorities. The launch of the event was timed to coincide with the NAP 5 report publication.

(xii) Dr Kerri Jones would represent the RCoA on the interview panel for the National Clinical Director for the Enhanced Recovery Programme.

(xiii) Mr Storey was invited to update Council on the e-Portfolio for revalidation project.

(xiv) The President updated Council on College staff matters:

a. Mrs Katya Boyd had left the College to work for the Commonwealth Games in Glasgow.

CID/2/2013 Review of Compensation Levels, Incentives and the Clinical Excellence and Distinction Award Schemes for NHS Consultants

The President reminded Council that the Review Body on Doctors and Dentists Remuneration (DDRB) had published its report in late December 2012. The recommendations from the 2012 clinical excellence awards round would be sent to Dr Dan Poulter at the end of January/early February 2013. The feeling from the Advisory Committee on Clinical Excellence Awards (ACCEA) is that the 2013 round would proceed.

Dr Jones had circulated an early commentary based on comments from himself, Dr Brennan, Dr Richard Griffiths (on behalf of the AAGBI) and Mr McLaughlan. The Secretary of State (SoS) had issued an initial response to some of the points raised in the report. The DDRB had taken the opportunity to raise the total renegotiation of consultant and GP contracts. In addition a parallel review of contracts for doctors in training had been introduced. Although the report discusses performance related pay (PRP) it was not clear what is meant by performance. Dr Jones suspected that it would be locally driven and concerned with productivity, efficiency and balancing the budget rather than extended roles for the good of the health service. The report indicated a reduction in the number of national awards which would no longer be in perpetuity or pensionable. Although principal consultants could earn up to an additional £20000, which would be pensionable, this could be removed if the local process no longer deemed a doctor to be principal consultant material. The main concern is that the consultant body will disengage from activities for the good of the NHS. Whilst the RCoA cannot comment on terms and conditions of service it can comment on the impact on wider activities.

Dr Nightingale was disappointed that the government had not taken the opportunity to explain that awards are not PRP but are recognition of contributions over many years by a maximum of

10% of consultants. The Shape of Training Review's position would probably be that there will be fewer consultants in the future. Dr Nightingale was concerned that medicine was becoming unattractive to the best and brightest sixth formers.

Dr Nevin stated that it was not surprising that trusts wish to have greater control over what their consultants do or do not do. The lifetime allowance is going in advance not parallel to these changes which means that the ability to get a bigger pension will be limited. Dr Nevin stated the need to be aware that trusts are driving this and want to look at alternative inputs for contributions.

The President suggested that the report was all part of the seven day working agenda.

Dr Jones pointed out that anaesthesia had been treated as an equal specialty since the inception of the National Health Service (NHS). There is however nothing to say that the 10% of the consultant workforce who are principle consultants should be equally divided across specialties.

Dr Brennan was concerned about the potential loss of a whole generation of local and national leaders. The national awards process which had worked to become transparent would become more opaque as it moves to a locally led system. Dr Brennan added that it should be emphasised to the SoS how disastrous it would be if pay progression was seen as part of bullying in a trust.

Dr J Nolan was concerned by the push to local decision making stating that trust targets would be used as criteria. Dr Nolan asked if the Academy of Medical Royal Colleges (AoMRC) planned a formal structured response. Dr Nolan added that young consultants have already become disengaged from work for the wider NHS. The President explained that the AoMRC would respond in relation to the impact on education, research and other elements which the Colleges provide to the health service. The British Medical Association (BMA) would renegotiate with the DH (England) although it was unclear what would happen in the devolved nations.

Dr Whitaker congratulated the RCoA on engaging with the report. The major thrust was the input of management and the RCoA should emphasise that management is not fit for purpose for organising this sort of scheme. Whilst he was not in favour of it, Dr Whitaker considered splitting the consultant grade into two grades better than having a sub-consultant grade.

Professor Rowbotham suggested that the RCoA should illustrate the effects of no incentivisation, no innovation and no medical leadership rather than talking about pensions etc.

Professor Mahajan pointed out that there is conflict within the outputs from the DH and the *Francis Report*. The DH is trying to suggest more local control and the *Francis Report* would suggest that local controls are not always in the best interest of patient and workforce. It would be very important to say that in view of the *Francis Report* the RCoA does not have much faith in local management to always look at the best interest of the patient.

The President thanked those who had contributed to the summary and asked Council members who wished to add to it to e-mail comments to Dr Jones. The President also encouraged the AAGBI to build on it. The document would be used as a starting block to take to the next AoMRC meeting.

CID/3/2013 Shape of Training Consultation

Dr D Nolan explained that there had been a series of engagement activities over the last few months. The final date for evidence is 8 February 2013. Dr Brennan had collated responses from Drs D Nolan, Clutton-Brock, Patel and Nevin. Dr Brennan pointed out that the headline message was point 11 relating to the length of training. Dr Brennan apologised for the late distribution of the

document and invited comments from Council. Dr Brennan explained that he would like the document to be circulated to the wider Training Committee for comment.

Dr Nightingale reported that there is a strong feeling that seven years for a Certificate of Completion of Training (CCT) is too long when training in Europe takes much less time. It should be stressed that there are differences between the health systems. Dr Nightingale suggested that if research and mundane work were removed the CCT training programme could probably be reduced to five years if trainees were supernumerary and being supervised and trained and learned to do things while being paid and mentored. Dr Nightingale was under pressure from the Shape of Training Review to get the CCT down to three or four years but was pushing to increase that to five. Point 11 would need to be elaborated upon quite considerably.

The President pointed out that craft specialties need craft training.

Dr Jones counselled against saying that service and training would need to be separated as it could be taken out of context. Dr Jones firmly believed that service is training. The only mention of the European Working Time Directive (EWTD) is in point 15. The RCoA should recommend to the government that the number of hours trainees are able to do is increased in order to gain that package of experiential learning. Continuity of care is also damaged by the EWTD; this in itself is a lack of experiential experience.

Professor Sneyd reported that MEPs are debating an increase in medical training from five to six years by law; the Medical Schools Council is petitioning against this.

Dr Clutton-Brock pointed out that with regards to craft training reasonable evidence exists that training people in practical procedures can be done quite quickly. The higher level elements, such as more complex decision making, actually take longer.

Dr Marks strongly supported the RCoA training doctors as generalists not specialists. There are no criteria for training someone as a specialist. Dr Marks questioned what would happen to a specialist who was unable to get a job in their specialist field or had to cover other areas on call.

Professor Mahajan stated that there needed to be time for those who are going to become future clinical leaders to have exposure to academia, management, innovation etc to explore further and see if they are suited to it.

Council was asked to e-mail further comments to Dr Brennan.

CID/4/2013 Shape of Training Expert Advisory Group

Dr Nightingale reported that the Shape of Training Expert Advisory Group had met on 19 December 2012 when it had spent time considering what the training programme could look like allowing flexibility across specialties. Several diagrams had been produced but they were currently embargoed. One of the proposals is to abolish curricula and go back to a syllabus, another is to do away with the CCT completely. The Group is waiting to see what the GMC comes up with for recommendations for getting onto the Specialist Register. Doing away with the split between training and non-training grades is gaining support. This would do away completely with training programmes, specialty doctors etc. with individuals progressing through a portfolio based system, taking assessments as and when they wish to and working with local supervision doing jobs the Foundation Trust wants them to do.

Dr Brennan was concerned that decisions, including radical solutions, were being discussed and made when the consultation phase is still ongoing. Professor Sneyd shared Dr Brennan's concerns. Dr Nightingale assured them that it was not a done deal and the ideas were being mooted by employers who wish to control their workforce.

Dr Nevin pointed out the need to make massive savings in healthcare and suggested that the specialty had to contribute things to it that it thinks are of benefit to patients, e.g. anaesthesia has a tremendous patient safety record and should emphasise that. There is also a need for flexibility in considering a way of moving to a seamless pathway and how the specialty contributes towards that.

Dr Marks suggested a move towards simplification of the curricula; this would make transferable competencies much easier to define.

Dr Colvin enquired regarding the way of meaningfully engaging with employers in England. Dr Nightingale explained that historically it had been through Medical Education England (MEE) and the Medical Programme Board which had worked well as a communication forum. Locally it would be through Local Education and Training Boards (LETBs) in England. If the RCoA wished to speak directly to employers it would be via Mr Bill McMillan or Mr Dean Royles of NHS Employers. The President suggested inviting a representative of the NHS Confederation to speak to Council about their view of training.

Dr Jones stated that the Review Group must seriously look at the product at the end of day and ensure that there is going to be no detrimental effect on patient care. It must be mindful of not making outcomes worse. Dr Jones suggested that another drive for specialisation is that medical science has changed; it may not be possible to focus on all the expanded information available. In response to a question from Dr Jones, Dr Nightingale stated that the Review Group is looking at foundation training. Dr Nightingale had a feeling that F2 would be subsumed into longer general training. The feeling from Professor Greenaway and the Future Hospital Commission is that the profession should be training more generalists to look after the elderly but super specialists will also be required. One of the difficult things will be how to train people to work in remote locations and incentivise them to do so.

CID/5/2013 Prehospital Emergency Medicine

Dr J Nolan reported that the Intercollegiate Board for Training in Prehospital Emergency Medicine (IBTPHEM) had met on 13 December 2012.

The RCoA would need to nominate a Vice-Chairman towards the end of the year.

CID/6/2013 Advanced Critical Care Practitioners' Curriculum

This item was deferred.

CID/7/2013 Replacement FRCA Certificate

(i) Council agreed to a request from Dr Laila Abdalla Mohamed for the replacement of her FRCA Certificate.

(ii) Council agreed to a request from Dr Christopher John Parnell for the replacement of his FRCA Certificate.

CID/8/2013 Association of Anaesthetists of Great Britain and Ireland President's Report

Dr Harrop-Griffiths informed Council that the AAGBI would launch a new online case report journal the following week. Council members were asked to encourage trainees to submit case reports.

Dr Harrop-Griffiths updated Council on the issue of new spinal connectors and the possibility that some syringe cap combinations may be biologically unsound. Dye intrusion tests had been commissioned; all syringes had passed with flying colours. The results will be included in an updated draft statement which would be shared with the RCoA, Obstetric Anaesthetists' Association (OAA) and Association of Paediatric Anaesthetists (APA). It was agreed that the FPM should be included in the statement.

COMMITTEE BUSINESS

CB/1/2013 Council Minutes
The minutes of the meeting held on 12 December 2012 were approved.

CB/2/2013 Matters Arising
(i) Review of Action Points
CID/41/2012 Proposed Change to the Scope of Practice of Physicians' Assistants in Anaesthesia The reworded document would be brought to the February meeting of Council.

CID/42/2012 Options Summary for Anaesthesia Review Teams Mr McLaughlan had received no objections to the recommendations within the paper.

CID/29/2012 The Future Hospital Commission Council members were asked to look at the website and consider how it could affect the specialty. The President and Dr Nightingale would both attend the next meeting.

All other actions were completed.

(ii) CID/39/2012 (vi) President's Statement
Dr Jones and the President had shortlisted ten applications for National Clinical Assessment Service (NCAS) Assessors according to NCAS rules. There had been no feedback yet about the outcome. Dr Marks thought the low number of applicants may be because the interview date coincided with major conferences. Dr Brennan reported that one of his colleagues who is advising on a case is concerned that two of the other advisors are not in active clinical practice. Dr Thornberry suggested emphasising to the DH, and others who think that work for the wider NHS can be done by those not in clinical practice, that it should be done by those in clinical practice.

(iii) CB/165/2012 Education Committee
Dr Nightingale asked if there would be an index of available webcasts. Dr Marks responded that there would be a central repository linked to individual pages.

CB/3/2013 Regional Advisers
There were no appointments for Council to approve.

CB/4/2013 Deputy Regional Advisers
Council considered making the following appointment:
West of Scotland
Dr Caroline Whymark **Agreed**

CB/5/2013 College Tutors
Council considered making the following appointments:
Anglia
Dr D G Ignatov (Hinchingbrooke District General Hospital) in succession to Dr M T Memon **Agreed**

KSS
Dr F I M Wiggins (Conquest Hospital) in succession to Dr G Gould **Agreed**

Wales
Dr M E Absolom (The Royal Glamorgan Hospital) in succession to Dr R A Roberts **Agreed**

West Midlands North
Dr S M Watkins (Good Hope Hospital) in succession to Dr K A Pottinger **Agreed**

CB/6/2013 Heads of Schools

Council noted that Dr Simon Fletcher had succeeded Dr Penfold as Head of School for the East of England School.

CB/7/2013 Training Committee

(i) Medical Secretary's Update

Dr Brennan informed Council that the job description for the Bernard Johnson Adviser (International Programmes) had been revised to take into account the wider international perspective of the RCoA.

The Joint Royal Colleges of Physicians Training Board (JRCPTB) had agreed the RCoA's amendments to its statement on practical procedures.

CB/8/2013 Professional Standards Committee

Council received and considered the minutes of the meeting held on 29 November 2012 which were presented by the Chairman, Dr Venn, who drew Council's attention to the following items:

- *PSC/38/2012 Matters Arising not Covered Elsewhere and Chairman's Report*
  - The Working Party to respond to the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Report *An Age Old Problem* is making progress and would meet in the very near future. It had been suggested that the Working Party should aim to have a proactive outcome around the time of publication of the *Francis Report*.
  - Dr Whitaker would lead on consent for blood transfusion.
  - Meeting with the Right Honourable Jeremy Hunt regarding patients with dementia.
  - Pain Less.

- *PSC/36/2012 Welcome and Apologies*

There would be more flexibility about future meetings dates to maximise attendance.

CB/9/2013 Patient Liaison Group

Council received and considered the minutes of the meeting held on 29 November 2012 which were presented by the Chairman, Mrs Dalton.

CB/10/2013 Faculty of Pain Medicine

Council received and considered the minutes of the Faculty Board meeting held on 13 December 2012 which were presented by the Dean, Professor Rowbotham, who drew Council's attention to the following items:

- *BFPM/12.12/9.1 Wessex Concerns*

The Board raised concerns relating to the decommissioning of pain services in the Wessex Region which may have an effect on not only advanced pain training but also intermediate pain training which is an integral part of the CCT in anaesthetics. Dr Brennan informed Council that the matter had been discussed at the Regional Advisers' meeting. The RCoA would do everything it could to facilitate pain training within Wessex either by deferring it to Year 5 or through cross-boundary working between schools.

Dr Douglas Justins had attended his last Board meeting. Council acknowledged the massive contribution Dr Justins had made to pain and anaesthesia in general.

CB/11/2013 Quality Management of Service Committee
Council received and considered the minutes of the meeting held on 29 November 2012 which were presented by the Chairman, Dr Venn, who drew Council's attention to the following items:

- *QMSC/42/2012 Actions Arising from the Last Meeting.*
  - Update on second pilot project

  The pilot is running quite well. The next step will be to learn from visits and work out how departments show the RCoA the evidence that they are compliant with the standards.

  - Anaesthesia Clinical Services Accreditation (ACSA) Clinical and Lay Reviewers

  Meetings are planned to train reviewers. More lay reviewers will probably be required than can be provided by the PLG.

- *QMSC/43/2012 Weighting of Standards*

Standards have now been weighted as core and aspirational. Meetings are planned to train reviewers.

Dr Venn explained that there would obviously be differences between very large and small hospitals. Anaesthetic departments will be accredited in certain areas but it would be made clear that this did not yet extend to specialist areas such as cardiac, neuro and specialist paediatrics. Dr Brennan reported that the APA has a well established way for accrediting departments and he had reassured APA Council that the RCoA would work with rather than in competition with the APA.

CB/12/2013 Royal College of Anaesthetists' Advisory Board for Scotland
The minutes of the meeting held on 5 December 2012 will be circulated for Council's information at the next meeting of Council.

MATTERS FOR INFORMATION

I/1/2013 Publications
Council received, for information, the list of publications received in the President's Office.

I/2/2013 Consultations
Council received, for information, a list of the current consultations. The President thanked those who had contributed to consultation responses.

I/3/2013 New Associate Fellows, Members & Associate Members
Council noted, for information, the following:

New Associate Fellows
Dr Nicoletta Catteruccia - Moorfields Eye Hospital
Dr Joan Elizabeth Reid - Belfast Health & Social Care Trust
Dr Anil Soni - Central Manchester Foundation Trust

New Members
Dr Chackiparamban Mehboob - DA (UK)
Dr Nicky Ka Ho Lau- FCAI Primary

New Associate Members
Dr Chakralvar Narasimhachar Sathyanarayana - University Hospitals of Coventry and Warwickshire
Dr Olga Passmore-Szilagyi - Royal Preston Hospital
Dr Eliahu Horowitz – Furness General Hospital, (Barrow in Furness)
Dr Renata Klopotowska-Arszulowicz - Hillingdon Hospital NHS Foundation Trust
Dr Nadeem Azeez - Tunbridge Wells Hospital

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

Dr Balazs Ittzes – North Devon District Hospital
Dr Samuel Anthony Benham-Mirando – University Hospital of Wales
Dr Ahmed Zaki Mahmoud – Stepping Hill Hospital, (Cheshire)
Dr Vikas Gulia - Heart of England NHS Trust
Dr Syed Altaf Hussain Bukhari - Manchester Royal Infirmary
Dr Rekha Gupta - Milton Keynes Hospital
Dr Anura Bandara Abeysundara - The Whittington Hospital
Dr Alina Bucata - Wye Valley NHS Trust

Forced into this category as doctor no longer in training:

Category	Name	Hospital or Qualification
Associate Fellow	Dr Vinesh Vincent Brahmakulam	Doncaster & Bassetlaw NHS Foundation Trust
Member	Dr Jameel Ahmed Khan	FRCA Primary
Member	Dr Yasser Majid Butt	Irish Primary and Final

PRESIDENT'S CLOSING STATEMENT

PCS/1/2013 President's Closing Statement

(i) NCEPOD is about to launch a review into tracheostomy care. The RCoA has nominated two anaesthetists for NCEPOD's consideration regarding their suitability to participate in the review.

(ii) The President had received a comprehensive curriculum for modernising scientific careers. Dr Clutton-Brock would take a look at this.

MOTIONS TO COUNCIL

M/1/2013 Council Minutes

Resolved: That the minutes of the meeting held on 12 December 2012 be approved.

M/2/2013 Deputy Regional Adviser

Council considered approved the following appointment:

West of Scotland
Dr Caroline Whymark

M/3/2013 College Tutors

Resolved: Council approved the following appointments:

Anglia
Dr D G Ignatov (Hinchingbrooke District General Hospital)

KSS
Dr F I M Wiggins (Conquest Hospital)

Wales
Dr M E Absolom (The Royal Glamorgan Hospital)

West Midlands North
Dr S M Watkins (Good Hope Hospital)