MEETING OF COUNCIL

Edited Minutes of the meeting held on Wednesday 15 July 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
Professor R Sneyd
Dr A Batchelor
Professor D Rowbotham
Professor R Mahajan
Dr R Verma
Dr R J Marks
Dr J A Langton
Dr N Penfold
Dr J Colvin
Dr E J Fazackerley
Dr S Fletcher
Professor M Mythen
Dr G Collee
Dr J-P Lomas
Dr J Pandit
Dr K May
Dr I Johnson
Dr D Selwyn
Dr A Hartle

Ms I Dalton and Mr R Thompson, RCoA Lay Committee
Dr A-M Rollin, Clinical Quality Adviser

In attendance: Mr T Grinyer, Mr C McLaughlan, Ms S Drake, Mr R Ampofo, Mr M Blaney, Ms S Larsen and Ms A Regan.

Apologies for absence: Dr K Grady, Dr J Nolan, Dr R Alladi, Dr P Kumar, Dr R Darling and Mr K Storey.

STRATEGY

P/4/2015 Strategy Discussion

The President welcomed Dame Julie Mellor DBE, Parliamentary Commissioner for Administration and the Health Service Commissioner for England, aka the Health Service Ombudsman.

Research recently published by the Ombudsman shows that 90% of people think someone should complain when they feel something has gone wrong, but only one in three do so. Reasons cited for not complaining include a belief that it would not make a difference or it would be too complicated to do so. Two-thirds of those who have complained said it did not make a difference. There is an unfortunate mix of reluctance to complain and a fear that complaining will affect treatment.

The Ombudsman is half way through a review of 150 cases related to avoidable death or avoidable harm. One-third of local investigations are of inadequate quality to establish if something went wrong and, if so, what and why. The Ombudsman considered that 28 cases met the criteria for reporting as serious incidents; 19 were not reported as serious incidents. In light of this under-reporting of incidents the Ombudsman will be taking a tough stance on the quality of local investigations. A tough stance will also be taken regarding clinical records and care plans. Current areas of concern are particularly around end of life care and unsafe discharge.

The Ombudsman is concerned that in the aftermath of the *Francis Report* there was a lot of commitment to change but it was difficult to gauge if it would make a difference to NHS service users if they had to complain. The Ombudsman worked with the Local Government Ombudsman and Health Watch England to ask the public what a good experience of

complaining would look like. NHS England and the Ombudsman are developing measurement tools which will enable every NHS provider to measure against the same criteria. The reaction so far has been positive. The Care Quality Commission (CQC) has adopted it as part of one of its five domains which is to be flexible and responsive.

There is a lack of understanding of the Ombudsman's role. The Ombudsman makes final decisions on complaints that have not been resolved with the local NHS organisation, i.e. when the complainant and the service provider are in dispute and deadlock has been reached. The Ombudsman looks at what the dispute is, i.e. has someone experienced injustice or hardship due to maladministration or service error, and whether or not it has been put right. If people approach the Ombudsman who have not yet made a complaint locally or have not received a response the Ombudsman will provide them with information on how to complain or get a response. 78% of the Ombudsman's work is related to health and 22% to central government. The number of cases where people are in dispute is approximately 7000. If there is any indication that someone has suffered injustice that has not been put right the Ombudsman will investigate.

The Ombudsman is not a consumer champion. Organisations use the service as much as individuals. The Ombudsman is not an arbitrator or adversarial. The Ombudsman gathers the evidence but then says what happened, what should have happened under the relevant guidance for the issue in dispute and considers if what happened is within the bounds of reasonableness. The Ombudsman's clinical team do not provide second opinions on clinicians' actions.

In terms of the Ombudsman's own developments, there is a radical journey to modernise the service. They now meet demand. One of the unforeseen consequences of the higher volume of cases is that there would be a lot more people who are not satisfied with the Ombudsman's service because their complaint was not upheld. There is a need therefore to ensure that people can be confident in the quality of decision making regardless of the outcome. People can be confident of the quality of decision making if the Ombudsman can demonstrate the quality assurance of decision making authority, investigating method, how the Ombudsman treats people and transparency/accountability. There will be a consultation on the Service Charter from the end of the summer and it will be introduced next year when the Ombudsman is confident it can be achieved. Feedback from organisations mirrors that from individuals. Other feedback has included that the Ombudsman has not used people who are sufficiently specialist to give advice. Organisations also would like greater clarity on how the Ombudsman calculates financial remedy. The Ombudsman does not award financial compensation; it is more of a token remedy to recognise distress or lost earnings.

It was announced in the Queen's speech that draft legislation would be presented in this session for reforming public ombudsman services.

Council raised the following points:

- How will the duty of candour impact on the way people interact with the Ombudsman. If it works well then it should mean fewer complaints coming to the Ombudsman because they should be resolved locally.
- How the Ombudsman relates to the NHS Litigation Authority (NHSLA), specifically the difference between the routes and what determines which route is taken. When the Ombudsman service was established it was made clear that people should not expect to have the chance to get two verdicts. If people have access to a legal remedy and that is the most appropriate for their case then the Ombudsman would not investigate. If the Ombudsman feels that it would not be reasonable to expect someone to go through the courts then the Ombudsman can look at the case. The vast majority of people who come to the Ombudsman want to prevent what happened to them happening to someone else.
- How the Ombudsman relates to the CQC. The CQC notifies the Ombudsman of the next round of inspections and the Ombudsman provides information on each of those

organisations which informs what the CQC inspects. Where the Ombudsman thinks there are concerns around an individual's fitness to practise then referral will be made to the appropriate regulatory body but this is very unusual.

- How the Ombudsman shares learning from the cases it manages. This is a fundamental part of the Ombudsman's strategy. Hundreds of searchable case histories are now available online. In addition the Ombudsman works closely with stakeholders to ensure there is a step change. The Ombudsman is accountable to parliament not to government. The National Audit Office will publish value for money reports. The Ombudsman also publishes thematic reports, e.g. end of life care.

COUNCIL IN DISCUSSION

CID/19/2015 President's Opening Statement

a) Mr Tom Grinyer, Chief Executive, was welcomed to his first Council meeting.
b) Mr Rob Thompson, incoming Chairman of the Lay Committee, was welcomed to Council.
c) Council thanked Ms Dalton for her work during the last four years with the Lay Committee.
d) An NHS Innovations Accelerator Award has been given to Dr Marianne Mariyaselvam who has developed a non-injectable arterial connector.

Action: President to write letter of congratulations to Dr Mariyaselvam.

e) The President announced the deaths of Professor Derek Cope, Dr Marianne Evans, Dr Bruce Foster, Dr John Hinds, Dr Imre Redai and Professor Thomas Pasch. Council stood in memory. Dr Hinds actively campaigned for an air ambulance service in Northern Ireland. Council members were encouraged to sign the ongoing online petition in support of this.
f) There has been a lot of media coverage regarding a paper published in a special edition of the *British Journal of Anaesthesia (BJA)*. Professor Mahajan explained that the *BJA* had published a special issue on memory and awareness which contained editorials and review articles from all over the world. One of the articles dealt with 123 patients with BChE deficiency and how when they were interviewed 90% were paralysed and awake. The story was picked up by the media and was reported widely. There was concern around how the media might spin the story. Most of the articles and media coverage were asking that neuromuscular monitoring be mandatory and asking the organisations to do something about that. After taking everything into consideration it might be that a joint RCoA, BJA and Association of Anaesthetists of Great Britain and Ireland (AAGBI) response would be required explaining what the organisations are already doing and how they already take patient safety into consideration as a priority. The President added that the issue was that there was no denominators, just the global incidence, and it was not backed up against the background of three million operations in the UK in a year. This needed to be put into context and a letter sent to the Times making that point would probably have that effect.
g) Thanks were offered to all those involved in making the previous night's dinner such a success.
h) The General Medical Council (GMC) has sent out two consultations; one on generic professional capabilities and one on credentialing. College and Faculty Officers felt that the consultations required a robust response and were keen for Council's input. The President encouraged all Council members to respond.
i) There has been much discussion about Supporting Professional Activities (SPAs) after the Academy of Medical Royal Colleges (AoMRC) produced a draft letter stating what it considers to be appropriate SPA allocation. There had been no concrete view at the AoMRC's meeting as to what constituted SPAs apart from the fact that time sensitive SPAs in contracts was a very difficult thing for people to work through. How much a doctor needed and whether or not they needed six, eight or ten hours a week was almost impossible to justify. The AoMRC has produced a key points list which will be circulated to Council. It is unlikely there will be a one size fits all response from the AoMRC. The AoMRC was also mindful of the fact that the contract negotiations will look at the issue of SPAs in contracts. There was general agreement that most appointments must have a minimum of 1.5 SPAs for purposes of maintaining safe, assured personal practice. There are issues surrounding the

fact that the Welsh contract is currently a 7+3 contract, that Scotland has an increasingly inconsistent application of 9+1 contracts and there is an increasing move in England to 9+1 contracts.

Action: President to circulate key points list to Council.

j) The President had circulated an update on National Safety Standards for Invasive Procedures (NatSSIPs) to Council. Further information is awaited regarding how to take it forward. Much of the content could be put into *Guidance for the Provision of Anaesthetic Services (GPAS)*.Input is also required from other stakeholders, not just doctors. Where the work goes in future will be very much dependent upon what happens in January 2016 when the CQC, Trust Development Authority (TDA), Monitor and patient safety are combined into one single entity.

k) The *Health Service Journal (HSJ)* has produced a report on patient safety.

l) The content of the Scottish Academy report's *Learning from Serious Failings in Care in Scotland* has given cause for concern. The report came about at the request of a lay member of the Scottish Academy to review what each College has done in relation to a number of reports about failings in care. The report has generated much concern in the media about provision of healthcare in Scotland, much of it unfounded.

Action: President to circulate Scottish Academy Report to Council.

m) Professor Sneyd would chair the appointment process for the BOC Chair to find a successor for Professor Mike Grocott. The terms of the endowment from BOC need to be reviewed. The President and Professor Sneyd have discussed whether it should be restricted to being the BOC Chair or whether a BOC Senior Fellowship might be considered; the latter would increase the pool of potential applicants.

n) The AoMRC has written to the Secretary of State expressing concern that many physician associates posts are not currently regulated. The UK Association of Physician Associates (UKAPA) wound itself up on 2 July 2015 to be fully incorporated as a Faculty within the Royal College of Physicians of London (RCPLond). RCPLond Council concluded that it was better to shape the way that physician associates interacted with physicians, other clinicians and the general health service from within rather than having them grow organically. The RCPLond holds a self-declared register and is currently in discussion with the GMC and the Health and Care Professions Council regarding how best to take it forward. The Department of Health (DH) is taking a keen interest. It was suggested that this is completely decoupled from Physicians' Assistants (Anaesthesia) (PA(A)s) and is about helping general practitioners in surgery, inpatient management and front of house areas such as the Emergency Department. The Royal College of Anaesthetists' (RCoA) interest was in the regulatory framework surrounding the non-medical delivery of medical care. It was suggested that Dr Collee and Mr Grinyer discuss the processes within RCPLond before Dr Collee took the matter to the Anaesthesia Related Professionals Committee for further discussion. It was noted that Mr McLaughlan was scheduled to meet RCPLond to discuss this.

Action: Dr Collee and Mr Grinyer to discuss the processes within the RCPLond. Dr Collee to take back to Anaesthesia Related Professionals Committee for further discussion.

o) The NHS has released a Safeguarding Accountability Framework which will be circulated to Council and put on the RCoA website.

Action: Ms Regan to circulate Safeguarding Accountability Framework and ensure it is published on the RCoA website.

p) The Trainee Group held a successful meeting on 1 July which included a robust question and answer session with a panel. The President thanked Drs Kumar and Lomas for facilitating the meeting.

q) Discussion continues with Deloittes regarding the clinical secondment program for management training. The Faculty of Medical Leadership and Management (FMLM) will be involved as will Health Education England (HEE).

r) College Presidents held a frank conversation with Sir Bruce Keogh about the future of healthcare and the financial issues surrounding the provision of healthcare.

s) The President had attended the Lancet Commission on Health and Climate Change Launch.

t) The National Emergency Laparotomy Audit (NELA) Launch has gained a lot of media interest. There is still a long way to go to get the message across in respect of the variability in the provision of care for emergency laparotomy in the UK. There is a roll out programme and more NELA data will be presented to the Association of Anaesthetists of Great Britain and Ireland's (AAGBI) Conference in September. NELA has been funded for an additional two years.

u) The Emergency Laparotomy Quality Improvement Initiative (ELPQuiC) project has been given a step up grant of half a million pounds to run a "scaling up" project. The launch will take place in Reading on 29 September 2015.

v) Dr Selwyn summarised the key points of the FMLM Council meeting. Faculty membership is currently at its highest level with just over 2150 members, 43% of whom declare themselves as doctors in training. The RCoA has the greatest representation. The Faculty has produced a series of glossy documents aimed primarily at trust chief executives and medical directors to publicise the Faculty's work and what it can bring to organisations, in particular in the form of bespoke programmes. Other glossies are being released around the professional standards documents, the 360 degree appraisal tool which is due to be released in the autumn and accreditation which will take medical leaders and test them against the professional standards with a series of levels of accreditation. The FMLM has asked Colleges to help publicise documents. The Fellows Scheme continues to progress and is now across all four nations. One of the deaneries has developed a training programme which it intends to roll out for all trainees in its area to provide training in medical leadership and management. There are still a number of places available on the College Officers' Programme. The tariff has been reduced to make it more accessible. The next national conference will be in October/November 2016.

Action: President to circulate Dr Selwyn's summary to Council.

w) The RCoA continues to support the Alcohol Health Alliance and has recently paid the annual £1000 subscription.

x) The College has received the summary report of the clinical excellence awards study undertaken last year.

Action: Ms Regan to circulate summary report to Council.

y) The Advisory Committee on Clinical Excellence Awards (ACCEA) has published a newsletter giving an update on the 2015 round. It is available on the RCoA website.

z) The Cabinet Office report into the future of ACCEA is with the Cabinet Office for approval before publication.

aa) As part of the College's work on heritage, name labels have been sewn in to Council gowns.

CID/20/2015 Strategy Summit

Dr Fletcher planned to ask each directorate to prioritise actions in terms of time to delivery and would seek progress updates in the New Year.

The President thanked Drs Fletcher and Fazackerley for a good meeting which bodes well for taking forward the agendas Council and the College wish to progress.

Action: Council to feedback to Dr Fletcher regarding which actions they wished to become engaged in.

CID/21/2015 Association of Anaesthetists of Great Britain & Ireland President's Report
Dr Hartle drew Council's attention to the following items in his written report:

- *2. The British Medical Association's (BMA) Annual Representatives Meetings' support for a motion commending recent progress in promoting improved access to global surgery and anaesthesia, welcoming the prominent role played by the AAGBI and supporting the work of Lifebox.*
- *3. AAGBI policy with respect to PA(A)s, the scope of practice and other aspects.*
- *4. Meeting with the Chief Executive of the National Confidential Enquiry into Patient Outcome and Death (NCEPOD).*
- *6. AAGBI's Past President's lunch.*

COMMITTEE BUSINESS

CB/77/2015 Council Minutes
The minutes of the meeting held on 17 June 2015 were approved. The web version would be circulated for approval when available.

Action: Ms Regan to circulate website minutes for approval when available.

CB/78/2015 Matters Arising
Review of Action Points
All actions had been completed.

CB/79/2015 Regional Advisers
Council considered making the following re-appointment.
North Thames West
Dr M Hayes, Regional Adviser for North Thames West **Agreed**

CB/80/2015 Deputy Regional Advisers
There were no appointments this month.

CB/81/2015 College Tutors
Council considered making the following appointments/re-appointments (re-appointments marked with an asterisk):
East Yorkshire
Dr L Vestarkis (Hull Royal Infirmary) in succession to Dr I Ahmed **Agreed**

Northern Ireland
Dr R C S Davies (Mater Hospital) in succession to Dr J O'Hanlon **Agreed**
Dr C D McConkey (Royal Group of Hospitals) Vacant Post **Agreed**

North West
Dr M S Riaz (Tameside Hospital) in succession to Dr A Fuloria Singh **Agreed**

KSS
Dr R Menzies (Ashford and St Peters Hospital) in succession to Dr A Kuttler **Agreed**

Leicester & South Trent
*Dr S Panjwani (Pilgrim Hospital) **Agreed**

Sheffield & North Trent
Dr A L Nair (Northern General Hospital) in succession to Dr S Sanghera **Agreed**
Dr E C Shepherd (Sheffield Children's Hospital) in succession to Dr E Wilson Smith **Agreed**

Wales
Dr J Ignatova (Bronglais General Hospital) post put in abeyance September 2005 **Agreed**

West Midlands South
To note that Dr S Naresh has agreed to become Acting Tutor at Heartlands Hospital, covering for Dr S Watkins' sick leave **Noted**

CB/82/2015 Head of Schools
There were no appointments this month.

CB/83/2015 Training Committee

(i) Training Committee

The Chairman, Dr Penfold, presented the minutes of the meeting held on 3 June 2015, drawing Council's attention to:

- *TRG/36/15 a Lead Dean for Anaesthesia.*
- TRG/36/15 b *GMC draft about overseas examinations.* Dr Collee reported that the Equivalence Committee works to an old list of overseas examinations which are accepted as evidence of knowledge base and asked if a request could be made of the GMC to update the list. It was acknowledged this was unlikely to happen and those assessing for equivalence have to make a value judgement.
- *TRG/36/15 c Military anaesthesia*.
- *TRG/36/15 dii National recruitment involving Intensive Care Medicine Dual Certificate of Completion of Training (CCT) programmes.*
- *TRG/39/15 a Workplace Based Assessments.*
- *TRG/39/15 c Simulation Survey.*
- *TRG/39/15 d Quality Improvement Science Survey.*
- *TRG/40/15 a Shape of Training Matching Exercise.*

(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.

Anglia
Dr Benjamin Luke Fox
Dr Louise Oduro-Dominah
Dr Sibtain Anwar
Dr Monica Hue Yee Liu

East Midlands
Nottingham
Dr Matthew John O'Meara*

East of Scotland
Dr Alison Kearsley

London
Imperial
Dr Louisa Po-Sim Pavlakovic

North Central
Dr Jennifer Louise Price*
Dr Anamika Agrawal

South East
Dr Jacqueline Anne Fox Murphy
Dr Jonathan Edward Linzner

Mersey
Dr Iestyn Daniel Harrod
Dr Shyahani Rukmali De Silva
Dr Clare Quarterman
Dr Rajiv Kumar Malhotra
Dr Dominic Cliff

Northern Ireland
Dr Rachel Alexandra McKendry
Dr Julie Ann Colgan
Dr Grace Helen McClune
Dr Rachel Copeland
Dr Heather Catherine Gillespie
Dr Robert Graham McNeilly
Dr Jenny Cosgrove
Dr Liam Daniel Quinn

North of Scotland
Dr Adele Elizabeth King
Dr Naveen Ullal Kirodian
Dr James Campbell MacBrayne*
Dr Satish Kumar Gopa Narasimhula

Northern
Dr Mohammed Majid Saleem
Dr Vaishali Atul Nalawade
Dr Thomas Edward Sams*
Dr Andrew Michael Pollard
Dr Simon James Jones

North West
Dr Aditya Rungra
Dr Hannah Jane Lonsdale
Dr Devjay Datta
Dr Andrew John Heck
Dr Amy Louise Hobbs
Dr Chinmay Patvardhan
Dr Jacques Diacono
Dr Andrew Stephen Brammar

South West Peninsula
Dr Katherina Emily Sarah Tober

South East Scotland
Dr Helen Mary Emma Usher
Dr Susan Jennifer Irvine

Wales
Dr Muthuraja Marimuthu
Dr Najia Hasan
Dr Gethin Stephen Pugh*
Dr Alun Wyn Thomas
Dr Arivazhagan Sampath #
Dr Hari Sankar Ankireddy
Dr Anthony James Short
Dr Rhodri Glyn Birtchnell #

Wessex
Dr Adam Rhys Edwards
Dr Claire Joannides

West Midlands
Birmingham
Dr Jaison Thattarukunnel Paul
Dr Singaraselvan Nagarajan

Warwickshire
Dr Nageena Hussain

West of Scotland
Dr Katherine Jane Armstrong Lake
Dr Kathryn Anne Bennett
Dr Jocelyn Claire Erskine
Dr Susan Halliday
Dr William John Scott

Yorkshire and Humber
Leeds and Bradford:
Dr Pierre-Antoine Laloe
Dr Muhammad Faisal Ehsan
Dr Henry Charles Reynolds
Dr Alexander Wycherley
Dr Chetan Srinath
Dr Amit Surah
Dr David Michael Pegg
Dr James Beck*

Sheffield:
Dr Vinu Paul*

(iii) Chairman of the Training Committee's Report
Dr Penfold had no further report.

CB/84/2015 Examinations Committee
Council received and approved the list of Fellows by Examination June 2015.

CB/85/2015 Lay Committee
The Chairman, Ms Dalton, presented the minutes of the meeting held on 16 June 2015 drawing Council's attention to:

- *LCFull/18/2015 Draft diagram for restructuring committee representation.*
- *LCFull/15/2015 Ms Haywood's presentation on PA(A)s.*
- *LCFull/15/2015 Public education on healthcare costs.*
- *LCFull/19/2015 Lay Committee Work Plan.*

The President thanked Ms Dalton for her work with the Lay Committee and on behalf of the College.

CB/86/2015 Workforce Advisory Group
The Chairman, Dr Colvin, presented the minutes of the meeting held on 19 May 2015 drawing Council's attention to:

- *Key messages to HEE in its annual call for evidence.*
- *RCoA Census.*
- *CT/ST3 interface.*
- *Understanding current supply/demand and reasons for choices at CCT.*

CB/87/2015 Recruitment Committee
The Chairman, Dr Langton, presented the minutes of the meeting held on 2 June 2015 drawing Council's attention to:

- *RC/86/15 Requests for help to update and develop the question bank.*
- RC/86/15 *Recruitment briefing document.*
- *RC/86/15 Video clips for online assessor training.*
- *RC/87/15 Changes to self-scoring framework.* It was suggested that quality improvement be put in as an equally weighted alternate to audit.
- *RC/87/15 Exact scoring of intercalated degrees.*
- RC/91/15 The RCoA's continued support for locum appointment for training (LAT) recruitment
- *RC/92/15 2015 recruitment fill rates.* It was noted that the under-fill in the North East was occurring in other specialties too.

CB/88/2015 Nominations Committee
The Chairman, Professor Sneyd, presented the minutes of the meeting held on 28 May 2015. Council members were urged to respond to requests for nominations.

Council approved the motions as listed under M/28/2015.

CB/89/2015 Audit and Internal Affairs Committee
Dr Fletcher presented the minutes of the meeting held on 17 June 2015 drawing Council's attention to:

- *A12/2015 External audit planning report.*
- A14/2015 *Charity Commission Checklist.*
- *A16/2015 Election of President and Vice-Presidents.* Council was asked to consider the duration of time to vote and whether or not there was a need for two Vice-President elections.

Action: Council members to email comments on election of President and Vice-Presidents to Dr Clutton-Brock.
Action: Dr Clutton-Brock to present firm proposals to September Council.

CB/90/2015 National Institute of Academic Anaesthesia Board
The Chairman, Professor Mythen, presented the minutes of the meeting held on 8 July 2015 drawing Council's attention to:

- NIAAB/19/2015 (ii) Research and Audit Federation of Trainees (*RAFT).* Council members were asked to encourage their trainees to become involved.
- *NIAAB/20/2015 Free resource on combat anaesthesia.*
- *NIAAB/22/2015 Recognition of NHS clinicians involved in National Institute for Health Research (NIHR) Clinical Research Network Portfolio Studies.*
- *NIAAB/23/2015 National Institute of Academic Anaesthesia (NIAA) education meeting April 2016.* Suggestions for the programme were encouraged.

Council formally ratified Professor Tim Cook as Director of National Audit Projects.

CB/91/2015 Royal College of Anaesthetists' Advisory Board for Scotland
The Chairman, Dr Colvin, presented the minutes of the meeting held on 15 June 2015 drawing Council's attention to the following matters decided by the Board:

- *To work with the AAGBI Scottish Standing Committee to monitor new employer guidance on job planning.*
- *To prepare a position for 2016 trainee recruitment to maintain current ST numbers.*
- *To actively promote collaborative working between Anaesthesia Clinical Services Accreditation (ACSA) and NHS Improvement Scotland.*
- *To support the Scottish government initiative on promoting professionalism through trainee working patterns.*
- *To support in principle the Scottish Academy's report on learning from serious failings in care.*
- *To support the new trainee representative with a new Scottish trainee forum to support the work of the Board and to improve communication with the trainee community.*
- *To seek confirmation that the RCoA's Medical Training Initiative (MTI) scheme is open to all nations within the boundaries of ethical recruitment.*
- *Clinical leadership fellow.*

CB/93/2015 Anaesthesia Related Professionals Committee
The Chairman, Dr Collee, presented the minutes of the meeting held on 18 June 2015 drawing Council's attention to:

- *ARPC 17/2015 strategy for registration of PA(A)s to try to find common ground with the physician associates and work towards a combined approach.*

MATTERS FOR INFORMATION

I/16/2015 Publications
Council received, for information, the list of publications received in the President's Office.

I/17/2015 Consultations
Council received, for information, the list of current consultations.

I/18/2015 Clinical Quality Directorate Enquiries
Council received, for information, a list of enquiries received by the Clinical Quality Directorate.

I/19/2015 New Associate Fellows, Members and Associate Members
Council noted, for information, the following:

Associate Fellows:
Dr Teresa Chila' – Freeman Hospital
Dr Cherilyn Fenech – Guys and St Thomas'

Associate Members:
Dr Lynne Elizabeth Prophet – Borders General Hospital
Dr Madiha Abbas – Croydon University Hospital

Affiliate – Physicians' Assistant:
Miss Sophie Elizabeth Nuttall – Hull and East Yorkshire Hospitals NHS Trust

To receive for information the following doctors have been put on the Voluntary Register:
Dr Anil Kumar Arenahalli Neelakanta – Lancashire Teaching Hospitals
Dr Vasanth Karthik Ramachandran – Walsall Manor Hospital
Dr Karen Verma – James Paget University Hospital
Dr Christina Balaka – Guy's and St Thomas' Hospital

Membership Category Progression
Members:
Dr Eleanor Cromarty – Rotherham Hospital
Dr Afshan Ghani – Primary of the RCoA

Associate Member:
Dr Wojciech Skorzynski – Hospital unknown

PRESIDENT'S CLOSING STATEMENT

PCS/6/2015 President's Closing Statement
a) This would be the President's last Council meeting before demitting office.

MOTIONS TO COUNCIL

M/27/2015 Minutes
Resolved: The minutes of the meeting held on 17 June 2015 were approved.

M29/2015 Regional Advisers
Resolved: That the following appointment be approved:
North Thames West
Dr M Hayes, Regional Adviser for North Thames West

M/30/2015 College Tutors
Resolved: That the following appointments/re-appointments be approved (re-appointments marked with an asterisk):
East Yorkshire
Dr L Vestarkis (Hull Royal Infirmary) in succession to Dr I Ahmed

Northern Ireland
Dr R C S Davies (Mater Hospital) in succession to Dr J O'Hanlon
Dr C D McConkey (Royal Group of Hospitals)

North West
Dr M S Riaz (Tameside Hospital) in succession to Dr A Fuloria Singh

KSS
Dr R Menzies (Ashford and St Peters Hospital) in succession to Dr A Kuttler

Leicester & South Trent
*Dr S Panjwani (Pilgrim Hospital)

Sheffield & North Trent
Dr A L Nair (Northern General Hospital) in succession to Dr S Sanghera
Dr E C Shepherd (Sheffield Children's Hospital) in succession to Dr E Wilson Smith

Wales
Dr J Ignatova (Bronglais General Hospital)

M/31/2015 Examinations Committee
Resolved: That the list of Fellows by Examination June 2015 be approved.

CEREMONIAL

C/4/2015 Admission to the Board of Examiners

The following Fellows were admitted as examiners to the Primary Fellowship Examination of the Royal College of Anaesthetists:

Dr Rose McRobert	University Hospital Ayr
Dr Tara Quasim	Glasgow Royal Infirmary
Dr Benjamin Shippey	Ninewells Hospital
Dr Nirmala Soundarajan	Hull and East Yorkshire Hospitals NHS Trust
Dr Seshapillai Swaraj	Royal Liverpool and Broadgreen University Hospitals NHS Trust
Dr Mark Tindall	The Dudley Group of Hospitals NHS Foundation Trust
Dr Jason Walker	Ysbyty Gwynedd
Dr Elaine Wilson-Smith	Sheffield Children's Hospital NHS Trust