

## MEETING OF COUNCIL

**Edited Minutes of the meeting held on Wednesday 17 July 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  
Professor J R Sneyd  
Professor D J Rowbotham  
Professor J F Bion  
Professor R Mahajan  
Dr P J Venn  
Dr A Batchelor  
Dr R Verma  
Dr D Whitaker  
Dr R J Marks

Dr T H Clutton-Brock  
Dr L Brennan  
Dr J A Langton  
Dr J R Colvin  
Dr N W Penfold  
Dr R Alladi  
Dr S Gulati  
Dr E J Fazackerley  
Dr S Fletcher  
Dr P Kumar  
Dr D Selwyn  
Dr W Harrop-Griffiths

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

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

**Apologies for absence:** Dr M Nevin, Dr J Nolan, Dr B Darling, Professor M Mythen and Mr R Bryant.

### **PRESENTATION**

#### **P/6/2013 Air Commodore Alison Amos, Lead Dean for Anaesthesia**

The President welcomed Air Commodore (Cdre) Alison Amos, the newly appointed Lead Dean for Anaesthesia. Dr Amos, a General Practitioner (GP), joined the RAF in 1993 and became a GP Trainer in 1995. In September 2012 she was appointed Defence Postgraduate Dean and as well as anaesthesia is also Lead Dean for genetics, acute internal medicine and general internal medicine. Air Cdre Amos explained how she had specifically asked to be considered for the Lead Dean for Anaesthesia role when Dr Fiona Moss demitted office.

Air Cdre Amos emphasised the existing close links between the military and the Royal College of Anaesthetists (RCoA). The number of defence anaesthetic consultants will rise from 66 to 101. There are 68 core and higher specialty trainees and a further 13 will enter in August. This is a reflection of the key role anaesthetists play as part of a multidisciplinary team in the treatment and evacuation of military personnel.

The Lead Dean congratulated the College on sharing an anniversary with the National Health Service (NHS).

Air Cdre Amos described the significant changes in the delivery of medical training. There is an apparent rise in the number of doctors in difficulty. With regards to revalidation recommendations are now being made by Postgraduate Deans who are Responsible Officers for those with a Certificate of Completion of Training (CCT). It has been complex and many questions have arisen about the recording and transfer of information, e.g. what information should pass from Responsible Officer to Responsible Officer, how should the absence of Form R

at the Annual Review of Competence Progression (ARCP) be managed, how should the differences in the devolved nations be managed etc. A knowledge base is being built.

*The Francis Report* identified constant change with loss of corporate memory as a problem. Ongoing change is an issue for Postgraduate Deans. Air Cdre Amos considered the relationship between the Deans and the Colleges in the Health Education England (HEE) environment. Deaneries are now part of Health Education Boards, each of which has a Director of Quality; in some this is the Dean whereas in others they are quite separate roles. The Joint Academy of Medical Royal Colleges (AoMRC) and Conference of Postgraduate Medical Deans (COPMeD) Training Advisory Group (JACTAG) is considering the quality assurance (QA) of the visiting process. Deans will seek to utilise the professional and local expertise of Colleges.

In relation to how HEE will affect the Lead Dean role, COPMeD will publish a review paper in October. The role is to provide support and professionalism, establish relationships with the College and Specialty Advisory Committee, provide guidance on interpretation of *The Gold Guide*, act as a two way conduit of information and act as an advocate for workforce issues. A Lead Dean would not expect to have direct contact with trainees. Air Cdre Amos had contacted the Lead Dean for Intensive Care Medicine (ICM), Professor Mike Bannon, and they would meet in August to discuss how to work together.

The Deans have welcomed the review of postgraduate medical training and believe there is a need to train a workforce fit for the NHS. The Lead Dean had noted that the RCoA shared many of COPMeD's views on the Shape of Training, the only difference being that COPMeD would like to see less reliance on trainees providing service.

Air Cdre Amos concluded by thanking the College for its ongoing support to defence medical services anaesthesia and thanked Council for such a warm welcome. She considered herself immensely privileged to be Lead Dean for Anaesthesia and looked forward to a close association with the College.

Dr Marks queried if the Lead Dean saw any mileage in a light version of Acute Care Common Stem (ACCS) training whereby instead of two years in anaesthesia, six months in emergency medicine and six months in acute medicine, trainees just do six months in emergency medicine. Dr Marks suggested that this might solve some of the problems in emergency medicine by filling some vacant posts. Dr Fletcher pointed out that trainees would need to do acute medicine if they were to become perioperative physicians. Air Cdre Amos responded that Dr Marks' suggestion runs counter to the way the Shape of Training Review is going.

Dr Fletcher stated that training numbers is a major issue compounded by being based upon capitation. Whilst acknowledging that it is not COPMeD's remit, Dr Fletcher stated that it is affecting hospital medicine especially in those areas in the shadow of London.

Dr Brennan pointed out that Deaneries had been encouraged to liaise with Colleges by the middle of July over concerns highlighted by the National Training Survey. Despite the identification of 26 major causes of concern in anaesthesia there had been no contact from the Deaneries. Dr Brennan was concerned particularly in the light of *The Francis Report* when there is a call for triangulation of evidence and sharing of concerns. Dr Brennan urged the Lead Dean to encourage her colleagues to engage with the Colleges as required by the General Medical Council (GMC). Air Cdre Amos agreed to feedback to the Chair of COPMeD.

Dr Brennan asked where externality of QA would come from; the Colleges are in an ideal situation to provide that independent view. Air Cdre Amos replied that COPMeD and JACTAG are discussing how the voice of Colleges can be heard.

Dr Venn suggested that with regards to perioperative physicians the opposite of reducing ACCS would be to make it a compulsory way into anaesthetic training.

Dr Venn asked about the relationship with supernumerary supervision and service provision; does the balance need to be addressed. Air Cdre Amos stated that the view from COPMeD is about less service delivery and more training although she acknowledged that it must be difficult in a specialty with many technical skills.

Dr Colvin highlighted the need to re-strengthen the clinical hands-on service delivery element to complement and support training. He was concerned that the need to increase GP trainees appears to mandate that there must be a reduction in trainee numbers in other specialties, noting that there may be equally valid workforce planning requiring other specialties to maintain or increase trainee numbers. The Lead Dean pointed out that this was within HEE's remit although she was happy to represent the views of the College. Dr Jones reported that at a recent meeting in Wales about the Greenaway Review there was talk of F2 disappearing. With the disappearance of F2 that year would be subsumed into general practice; anaesthesia would expect to have an allocation of those F2s it is losing into core anaesthetic training.

Mrs Dalton pointed out that with a sudden shift from primary to secondary care it would be important to increase the number of potential anaesthetists as they are unique in their understanding of physiology.

The President thanked Air Cdre Amos for speaking to Council adding that the College very much looked forward to working closely with her.

## **COUNCIL IN DISCUSSION**

### **CID/36/2013 President's Opening Statement**

1. Dr Alison Carr has been appointed one of two AoMRC's nominees on the GMC Working Group on Credentialing.
2. Dr Cliff Mann has been elected President of the College of Emergency Medicine (CEM).
3. Dr Tony Falconer has been elected Treasurer of the AoMRC.
4. The President announced the deaths of Dr Laurence Simons, Professor Philip Bromage, Dr Douglas Peebles and Dr Philip Armstrong. Council stood in memory.
5. There would be an additional item not on the agenda; Workforce Planning Strategy Group.
6. To commemorate the 65<sup>th</sup> Anniversary of the NHS the RCoA has produced a short film 'Anaesthesia, Art and Science: 65 Years in the NHS'. The President wished to thank Dr Venn, Dr Helena Smith, Ms Mary Casserly and Ms Drake for producing the film in a relatively short timeframe. The Communications Committee would consider how to make best use of the unused 22 hours of footage. Consideration will be given to using the film to promote anaesthesia as a specialty.
7. 11 of the 14 hospitals subject to Keogh Reviews had been placed into special measures. The report for each trust had been published on the NHS website. Many of the trusts had previously been flagged up to the RCoA and other Colleges. 46 other trusts are potentially under investigation. The Chairman of the Advisory Committee on Clinical Excellence Awards (ACCEA) had stated at a recent meeting that consultants in trusts under review would not have their award renewed until the review had been completed.
8. The cost to the Colleges of the Joint Medical Consultative Council (JMCC) has seen a significant reduction.
9. The Royal College of Physicians of Edinburgh (RCPE) has produced a Charter for Staff and Associate Specialist (SAS) doctors, which the President would forward to Dr Alladi.
10. Council members interested in undertaking media training were asked to inform Ms Steph Robinson. Numbers would be limited but a second course might be offered in conjunction with *The British Journal of Anaesthesia (BJA)*.
11. Dr Ramani Moonesinghe will be running a two day course to introduce academic medicine to anaesthetists in training at the London Deanery on 9 and 10 September. There will be a drinks reception at the College for trainees from 1700 on 9 September which Council members would be welcome to attend.

12. The Jubilee Current Concepts Symposium will be held on 10 and 11 October. Council members would be invited to chair sessions.
13. A question had been received from a Regional Adviser (RA) regarding anaesthetic trainees being asked to provide chemical restraint to non-cooperative patients where physical restraint has failed. The President had taken this up with the President of the Royal College of Psychiatrists (RCPsych) who had subsequently taken it up with Health Minister, Norman Lamb MP.
14. The President, Dr Peter Nightingale and Ms Regan had attended the ACCEA 2012 wash up meeting. The 2013 round was likely to happen if not the 2014 process. Note had been taken of the specialty's concerns about the conduct of the current process especially Domains 1 and 2. Professor Sneyd asked if people should stop writing citations until a round had been confirmed. The President pointed out that there is currently nothing to write against. Dr Whitaker enquired about the future of local awards. The President responded that the meeting had been about national awards. It was noted that the Medical Director had recently resigned and the Chairman's term of office would end in March 2014. The Chairman, Professor Jonathan Montgomery, would address Council in September; this would be about Health Research Authority (HRA) work not ACCEA.
15. Dr Tom Pierce has agreed to take on a role for the College in sustainability in anaesthesia and sustainability of education. The President and Mr McLaughlan had met with Dr Pierce to set out their expectations.
16. Having recently attended a meeting in China the President anticipated further dialogue between the two Colleges. The President also met representatives from Taiwan and Hong Kong including Professor Mike Irwin and has asked Professor Sneyd and Dr Colvin to take the agenda forward. There is a possibility of a joint meeting in October 2014. Professor Sneyd asked to be given the date when Professor Irwin would visit in December.
17. The AoMRC Council met on 9 July 2013. It has honed down the Francis recommendations and the RCoA will work with the AoMRC to meet its aspirations. There was concern that the Government continues to "dodge" issues regarding obesity, minimum unit pricing on alcohol and cigarette packaging. Industry is lobbying and has more money than the medical profession. There was discussion about funding an anti-obesity campaign. There had been debate around the Accountable Clinician "The Name over the Bed". How it will be and should be delivered in a multidisciplinary environment is of interest. In the first six months of revalidation a number of doctors had been deferred or failed to meet the requirement; this might not mean they are bad doctors, they might just not be familiar with what is required.
18. Dr Whitaker gave a verbal report of an Associate Parliamentary Health Group meeting on public health killers: tackling smoking, obesity and alcohol abuse. Dr Whitaker's report would be circulated to Council.
19. The President updated Council on staffing matters:
  - a. Mrs Anita Mattis was retiring after 17 years in post.
  - b. Ms Helen Connolly would be leaving the College in September.

### **CID/37/2013 Clustering Units of Application for National Recruitment**

Dr Langton presented an options appraisal paper. He proposed that the RCoA explores piloting cluster interviews in one or two areas for ST3 recruitment in 2014 with units of application who are keen to develop this and then evaluate the results following the 2014 recruitment round.

Dr Fazackerley agreed that there was a case for clustering at ST3 but at CT1 maybe less so because the numbers would be greater. If trainees were offered posts in regions they do not want then it would encourage them, for example, to go abroad for a year. It would be good if clustering could reward those areas with good administrative processes whilst not over-burdening those who do not.

Dr Nolan enquired where ICM would fit in. Dr Langton explained that the proposal concentrated on anaesthesia.

Dr Marks was opposed to clustering. One of the problems in his cluster is the promotional video encourages working in London but in reality trainees could be offered a post in a non-London hospital which is part of the cluster. Dr Marks also shared Dr Fazackerley's view that trainees would drop out. Dr Langton explained that trainees can preference posts.

Dr Colvin pointed out that Scotland had functioned effectively as a cluster for a few years. It had been a positive experience with the caveat that there is sector preference within it and all regions feel able to participate in the recruitment process as equal active partners.

Dr Gulati asked how it would work with Medical and Dental Recruitment Selection (MDRS) being piloted in 2014. Dr Langton replied that it would be one of the issues for consideration.

Dr Fletcher thought in principle clustering was a good idea but echoed Dr Marks' concerns; consideration must be given to the effect of those on the edge of a large cluster. If London was split into two or three it might work.

Professor Bion pointed out that buy-in would be required from all participants.

Dr Penfold saw no benefit for core training.

Dr Johnson suggested that it should not be forced upon areas where it would not work.

#### **CID/38/2013 Council Away Weekend**

Dr Colvin thanked the Chairmen and Scribes for supplying their notes so quickly. He also thanked Ms Regan and her team for organising and supporting the weekend. Dr Colvin sought Council's agreement that the notes were accurate and that the priorities for strategic direction correct. Dr Colvin also wished Council to consider how it might progress the priorities. It was agreed that safety be amended to safety and quality. Errors in the attendance list were noted with apologies for the omissions.

Dr Clutton-Brock sought an update on perioperative medicine which had been discussed at three Away Weekends. The President would be meeting Professor Mythen to discuss progressing the matter. Dr Batchelor had looked through the anaesthetic curriculum to identify elements relative to perioperative care. With the Shape of Training push towards more broad based training should the RCoA say anaesthetic training is 'anaesthesia light' and there should be broad based training for all anaesthetists.

#### **CID/39/2013 Use of Codeine in Children**

Dr Brennan circulated a press statement from the Medicines and Healthcare Products Regulatory Agency (MHRA). This had produced a hiatus for practice because, despite Dr Sarah Branch's quote, codeine is still being used. Professor Andy Wolf had directly challenged Dr Branch on this. Although the statement from the MHRA is based on issues of patient death there is concern that if people use drugs they not familiar with, especially if formulations are not correct, it might create a greater problem than exists in the first place. Dr Brennan sought Council's agreement to make representation with the Association of Paediatric Anaesthetists (APA) to the MHRA regarding how the issue is handled. Dr Brennan was concerned by the lack of consultation. Use of intermediate opioids is difficult as drugs used in adults do not have children's formulations. Dr Marks pointed out that it would be problematic for those patients in whom non-steroidals are contraindicated.

#### **CID/40/2013 Association of Anaesthetists of Great Britain & Ireland President's Report**

Council received a written report from Dr Harrop-Griffiths who also gave a verbal update on neuraxial connectors.

## **CEREMONIAL**

### **C/7/2013 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 Timothy John Clarke           | Royal Blackburn Hospital                  |
| Dr Carl Louis Hillermann         | Coventry and Warwickshire NHS Trust       |
| Dr Tomas Jovaisa                 | Barking, Havering and Redbridge NHS Trust |
| Dr Andrew Douglas Mitford McLeod | Royal Marsden Hospital                    |
| Dr Kausalya Rao                  | Northwick Park Hospital                   |

## **COMMITTEE BUSINESS**

### **CB/84/2013 Council Minutes**

The minutes of the meeting held on 19 June 2013 were approved subject to the following amendments:

CID/33/2013 replace 'Members' with 'Fellows'.

CID/34/2013 replace 'rigor' with 'rigour'.

Page 6 Dr Clutton-Brock to submit the correct names for inclusion in the minutes.

### **CB/85/2013 Matters Arising**

#### (i) Review of Action Points

All actions were complete or ongoing. It was not possible to receive an update on the action under CB/82/2013 in Dr Darling's absence.

### **CB/86/2013 Regional Advisers**

There were no appointments/reappointments for Council to consider.

### **CB/87/2013 Deputy Regional Advisers**

There were no appointments/re-appointments for Council to consider.

### **CB/88/2013 College Tutors**

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

#### **North West**

\*Dr A Fuloria-Singh (Tameside General Hospital) **Agreed**

#### **North of Scotland**

Dr D Baraclough (Raigmore Hospital) in succession to Dr R Clarke **Agreed**

#### **Wessex**

Dr A D Cowan (University Hospital Southampton) in succession to Dr H Swales **Agreed**

#### **Severn**

Dr M Rees (Cheltenham General Hospital) in succession to Dr S Karadia **Agreed**

Dr N M Wharton (University Hospitals, Bristol) in succession to Dr M Platt **Agreed**

#### **Wales**

\*Dr G J Milne (West Wales General Hospital) **Agreed**

#### **West Midlands North**

Dr A I Augustine (University Hospital of North Staffordshire) in succession to Dr C Srivastava **Agreed**

## **CB/89/2013 Head of School**

There were no appointments/re-appointments for Council to note.

## **CB/90/2013 Training Committee**

### (i) Training Committee

Council received and considered the minutes of the meeting held on 5 June 2013 which were presented by the Chairman, Dr Brennan, who drew Council's attention to the following:

- TRG/19/3(a) Enhanced Recovery
- TRG/38/13(b) ICM Assessment in Anaesthesia
- TRG/38/13(c) Spiral Learning
- TRG/38/13(e) Care of the Elderly
- TRG/48/13(a) Starter Pack for Novice Trainees
- TRG/48/13(b) Membership of Training Committee
- TRG/37/13 KSS Education Research Fellow
- TRG/40/13 Quality Management of Training Data
- TRG/38/13 Curriculum Submission to GMC

### (ii) Certificate of Completion of Training

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

#### **London**

##### **North Central**

Dr Mohammed Ramadan

##### **East Midlands**

##### **Leicester**

Dr Krishnan Subramanian

##### **North West**

Dr Amer Majeed  
Dr Alasdair Howie  
Dr Kodand Vege  
Dr Hilary Eason  
Dr Justin Roberts \*

##### **Severn/Bristol**

Dr Sarah Sanders \*  
Dr Juan Graterol

##### **South West Peninsula**

Dr Juile Lewis

##### **Wessex**

Dr Helen Peet \*

##### **West Midlands**

##### **Birmingham**

Dr Annabelle Whapples

##### **Stoke**

#### **Stoke**

Dr Christy Davis  
Dr Sachin Thavakkara  
Kooloth Valap  
Dr Robert Moss  
Dr Wasimul Huda

#### **Warwickshire**

Dr Christina Baxendale  
Dr Katarina Jarvi

#### **Wales**

Dr Iam Fleming  
Dr Cerys Richards  
Dr Dafydd Evans  
Dr Benjamin Girffiths  
Dr James Tozer  
Dr Adam Crossley  
Dr Arumugam Pitchiah  
Dr Non Morris  
Dr Jayaprakash Patil  
Dr Stuart Gill

#### **Scotland**

##### **East Scotland**

Dr Felix Favel

##### **South East Scotland**

Dr Geoffrey Liew

Dr Christy Davis  
Dr Sachin Thavakkara  
Kooloth Valap  
Dr Robert Moss  
Dr Wasimul Huda

#### **Warwickshire**

Dr Christina Baxendale  
Dr Katarina Jarvi

#### **Wales**

Dr Iam Fleming  
Dr Cerys Richards  
Dr Dafydd Evans  
Dr Benjamin Girffiths  
Dr James Tozer  
Dr Adam Crossley  
Dr Arumugam Pitchiah  
Dr Non Morris  
Dr Jayaprakash Patil  
Dr Stuart Gill

(iii) Chairman of the Training Committee's Update

Dr Brennan had nothing further to report.

**CB/91/2013 Revalidation Committee**

(i) Patient Feedback

Dr Marks reported that the RCoA is piloting a patient feedback questionnaire based on the generic GMC questionnaire but tailored to the needs of anaesthetists. There are four pilot sites and the GMC is positive in principle about it. It has been clarified that the copyright rests with the GMC but it is content for the RCoA to use it in a non-commercial way. Dr Marks hoped the pilot would be finished by the end of the summer and written up by September.

(ii) Minimum Number of Anaesthetic Sessions

Dr Marks asked Council to consider whether there should be a minimum number of anaesthetic sessions required. There is no direct evidence but the indirect evidence is overwhelming. The RCoA is regularly asked what the minimum number of anaesthetic sessions is; should it or should it not make a recommendation. Dr Marks thought the College should recommend a minimum of one day a week. The Revalidation Committee and team have been putting out a standard response. Members of the Revalidation Committee were unhappy that only an appraiser can make a judgement about clinical skills and competencies; it is unlikely to be an anaesthetist doing the appraisal. However the Professional Standards pages on the website give the answer as an average of two sessions per week. There is no firm evidence for this number although there is a lot of indirect evidence from other specialties. In surgery those who do a small number of cases have the worse outcomes. Although there is no direct evidence in anaesthesia one can probably say that as one does less and less it is harder to maintain skills and keep up to date. Casemix comes into it too. The RCoA has also been asked if anaesthesia and intensive care overlap. Dr Marks asked Council to decide whether the RCoA should give a minimum recommendation or should it say it is up to the appraiser.

Professor Bion suggested that in the absence of evidence the only other option is consensus. The advantage of achieving consensus is it gives a position from where one can interrogate. Fellowship of the Faculty of Intensive Care Medicine (FICM) is dependent upon having a contractual relationship with ICM.

Dr Whitaker reported that Papworth Hospital had looked into and found no difference in the number of cases and outcomes for anaesthetists.

Mr McLaughlan pointed out that the statement in the Professional Standards area of the website was aimed at those responsible for job planning.

Dr Clutton-Brock stated there should be a norm which Council believes the majority of people should do.

Dr Harrop-Griffiths suggested it was related to competency, skills and knowledge not the time put in.

The President clarified that time in private practice would count as doctors are revalidated against their whole job plan.

Dr Jones pointed out that appraisal is just one aspect of revalidation. There are systems outside appraisal and revalidation relating to clinical governance. Dr Jones voiced his opposition to only the appraiser being able to make the judgement.

Dr Gulati felt that the recommendation should not be based on just numbers.

Dr Venn suggested the possibility of getting outcomes as far as litigation is concerned from the NHS Litigation Authority (NHSLA). It might be possible to look at grades, experience and job plans of those involved in the cases. Dr Venn also hoped to do the same with the Medical Protection Society and Medical Defence Union to look at patterns in the private sector.

The President sensed that the feeling was there is a need to back up with firm evidence from other areas of clinical practice. He personally thought that a doctor should be able to demonstrate competences and skills for the job they are appointed to do. He was unsure whether it would be possible to answer the question posed today. Dr Marks asked to whom one would have to demonstrate it. Dr Jones stated that it should be demonstrated through the governance process. Professor Mahajan stated as part of his trust's appraisal system there is a Clinical Director's (CD) report which comes to the doctor before appraisal. The report is very structured and tailored to the job plan. Dr Selwyn commented that this is recommended as good practice.

Professor Sneyd's personal experience had shown half a day to be insufficient. On the consensus basis he would support a suggestion from the College that it is likely to be one day a week averaged out. Dr Marks added that those doing less than one day a week would need to discuss this with their appraiser. Council was asked to e-mail comments to Dr Marks. Dr Rollin added that there was no suggestion that anaesthetists coming before the GMC were part-time.

(iii) Guidance on Managing the Poorly Performing Anaesthetist

Dr Rollin thanked those who had submitted comments. The open consultation on the website had resulted in a number of comments. Another useful addition was a paragraph on military anaesthetists. Dr Rollin presented the next draft of the document. The Association of Anaesthetists of Great Britain & Ireland (AAGBI) had not been involved in the document's production but it would be very useful to have direct input. It would also make the document more powerful if it came from both bodies. Dr Harrop-Griffiths suggested taking the proposal to the AAGBI Board and setting up a small joint group before bringing it to both Councils for badging.

Professor Bion suggested the more one does the more the opportunity for complaint. Professor Bion asked if there was any way of speeding up slow processes which are a real problem.

Dr Jones enquired if Appendix A Department of Health (DH) Guidance applied to the devolved nations. Likewise the difference between personal and professional misconduct; Wales has different contractual arrangements. Dr Rollin responded that advice from the representatives of the devolved nations had been incorporated. Personal and professional misconduct came from the DH.

Dr Whitaker echoed Professor Bion's comments about the timetable and asked if anyone was aware of cases that had kept to the trust's timetable. Dr Jones stated that delays were often to do with the individual and their legal representation, not the employers.

(iv) Revalidation Guidance on Patient Outcomes

Mr McLaughlan presented a paper by Dr Ramani Moonesinghe and Dr Sarah Burnett with apologies for its late submission and short deadline for response, i.e. next week. An article would be published in *Anesthesiology* on 24 July 2013. Professor Sneyd suggested that it would only be useful to those devising patient feedback questionnaires rather than as guidance on getting oneself revalidated. Council was asked to e-mail comments to Mr McLaughlan.

### **CB/92/2013 Faculty of Intensive Care Medicine**

Council received and considered the minutes of the meeting held on 23 May 2013 which were presented by the Dean, Professor Bion, who drew Council's attention to the following:

- BFICM/05.13/5 Workforce Advisory Group
- BFICM/05.13/3.1 Advanced Critical Care Practitioners (ACCPs)
- BFICM/05/13/4.2. ICM National Recruitment

There will be an increase in the number of applicants interviewed next year. Professor Bion wished to thank Dr Tom Gallagher, Dr Alison Pittard and Mr Ranjit Kaur.

- BFICM/05.13/6.2 General Provision of Intensive Care Services (GPICS)
- BFICM/05.13/7.2 ICM National Clinical Director and Clinical Reference Group Chair
- BFICM/05.13/7.3 Collaborating for Quality

On 25 July 2013 the Supreme Court will consider an appeal of a case which had previously gone through the Court of Appeal relating to an end of life care decision. FICM and the Intensive Care Society (ICS) have produced an information statement for consideration by the Court. The statement would be circulated to Council after the hearing. The point at issue is the proposal from the family that treatment cannot be withheld or withdrawn from patients on the basis of perceived quality of life.

Professor Bion congratulated Dr Batchelor as the next Dean and Dr Carl Waldmann as the next Vice-Dean.

### **CB/93/2013 Faculty of Pain Medicine**

Council received and considered the minutes of the meeting held on 16 May 2013 which were presented by the Dean, Professor Rowbotham, who drew Council's attention to the following:

- BFPM/05.13/2 Results of the Dean Election
- BFPM/95.13/5.3 SAS Member of the Board

Dr Alladi offered to provide a list of SAS doctors working in or leading in pain.

- BFPM/05.13/6.5 ePain

### **CB/95/2013 Examinations Committee**

Council approved the list of Fellows by Examination June 2013.

Council agreed that Dr David William Hewson (Medway Maritime Hospital) should be awarded the Macintosh Prize for performing at the highest level of distinction in all sections of the Final examination at his first attempt at the June 2013 sitting of the Final FRCA.

### **CB/96/2013 Equivalence Committee**

Council received and considered the minutes of the meeting held on 20 June 2013 which were presented by the Chairman, Dr Fletcher, who drew Council's attention to the following:

- EQC/39/13 Cardiothoracic Reapplication
- EQC/40/13 First Application
- EQC/41/13 Reapplication

### **CB/97/2013 Royal College of Anaesthetists' Advisory Board for Scotland**

Council received and considered the minutes of the meeting held on 5 June 2013, which were presented by the Chairman, Dr Colvin, who drew Council's attention to the following:

- Scottish Anaesthesia Medical Workforce and Trainee Numbers
- Patient Safety
- Public Health
- Patient Safety and inadequate supporting professional activity (SPA) time for New Consultants

The Board is extremely concerned about the negative effects to patient safety and quality of training of the ongoing rigid application of 9:1 consultant contracts and asked that Council consider that the RCoA CDs' Group should give an explicit commitment to the values of non-clinical activities and support for the principles of ensuring adequate SPA time in all consultant

contracts. The President stated that the RCoA's position had always been to support PAs a per pro the document Mr McLaughlan had produced in the *Bulletin*. That support has not changed. Mr McLaughlan added that it is an ongoing debate for everyone.

Dr Colvin asked how the CDs' Board sits within the College. The President explained it is an advisory group to the College and a conduit for the College to express its view to the CDs. Professor Sneyd suggested sharing with the employer *Guidelines for the Provision of Anaesthetic Services (GPAS)*, Mr McLaughlan's article and Dr Sophia Wrigley's paper setting out non-theatre duties of anaesthetists and ask how these commitments would be met with insufficient time. Dr Selwyn expressed the opinion that it would be difficult for the CDs to add significant weight to the national bodies seeking support of the principles of ensuring adequate SPA time in all consultant contracts. Drs Colvin and Selwyn agreed to discuss how to take this forward with the CDs' Group.

### **CB/98/2013 Audit and Internal Affairs Committee**

Council received and considered the minutes of the meeting held on 19 June 2013 which were presented by Mr Storey, who drew Council's attention to the following:

- 3. Complete Internal Financial Controls for Charities Checklist
- 6. Audit Planning

### **CB/99/2013 Patient Liaison Group**

Council received and considered the minutes of the meeting held on 18 June 2013 which were presented by the Chairman, Mrs Dalton, who drew Council's attention to the following:

- PLG/15/2013/i Patient Public Involvement
- PLG/17/2013 Proposed Restructure

Mrs Dalton would welcome comments but requested endorsement from Council for the proposed way forward.

### **CB/100/2013 Anaesthesia Related Professionals Committee**

Council received and considered the minutes of the meeting held on 20 June 2013 which were presented by the Chairman, Dr Batchelor, who drew Council's attention to the following:

- ARPC/07/2013 Clinical Leads Physicians' Assistant (Anaesthesia) [PA(A)] – Update
- ARPC/07/2013 GPAS for PA(A)s
- ARPC/17/2013 Clinical Leads PA(A) – Update

Competency based assessments including using Directly Observed Procedural Skills (DOPS) have been developed for use in extended modules to enable local clinical governance of extended practice but with nationally agreed standards. Dr Whitaker asked if trusts considering these assessments would be made aware that it would not remove the RCoA's 2011 requirement that the supervising consultant "be present during emergence from anaesthesia until the patient has been handed over safely to the recovery staff." These trusts should also be aware that the NAP4 report said one third of major airway events occurred during emergence or recovery and obstruction was the common cause; the treatment of which can involve the safe and skilled use of intravenous drugs, e.g. treating obstruction may require propofol or suxamethonium etc.

- ARPC/18/2013 Clinical Leads Advanced Critical Care Practitioners (ACCP) – Update

Council agreed that FICM would be the professional home for ACCPs.

### **CB/101/2013 Professional Standards Committee**

Council received and considered the minutes of the meeting held on 30 May 2013 which were presented by the Chairman, Dr Venn, who drew Council's attention to the following:

- PSC/46/2013/i Fatigue and the Anaesthetist
- PSC/46/2013/ii CEM report

The President suggested Dr Venn should attend his meeting with Dr Mann and agreed to provide him with the date.

- PSC/46/2013/iii Patient Consent for Blood Transfusion

- PSC/15/2013 Update on Patient Information Issues and Leaflets  
Confusion after an operation is on the media agenda. Areas of concern are consent measures and whether a patient should have regional or general anaesthesia.
- PSC/26/2013 Future Meeting Dates

### **CB/102/2013 Workforce Planning Strategy Group**

Council received and considered the minutes of the meeting held on 14 May 2013 which were presented by the Chairman, Dr Colvin, who drew Council's attention to the following:

- WFP/35/13/b Centre for Workforce Intelligence (CfWI) In-Depth Review Update  
Dr Colvin was particularly concerned about the paucity of data to support future workforce modelling in England. The Workforce Planning Strategy Group agreed a number of strategies to improve the College position on this to ensure it can engage strongly and effectively with the CfWI review. An in-depth review meeting date has been set. Dr Marks reported that there is a proposal by one of the surgical specialties to set up a rotation through trust funded jobs which would lead people to a CESR.
- Anecdotal evidence of requests to cut anaesthesia training numbers within some individual deaneries is of concern, given that there is no national workforce strategy to inform this. The Workforce Planning Strategy Group's action to alert and support RAs around this was supported by Council.

### **MATTERS FOR INFORMATION**

#### **I/21/2013 Publications**

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

#### **I/22/2013 Consultations**

Council received, for information, the list of current consultations. The President thanked those who contributed to consultations.

#### **I/23/2013 New Associate Fellows, Members and Associate Members**

Council noted, for information, the following:

##### **New Associate Fellow**

Dr Joanne Marie Colgan - Mater Hospital, Belfast

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

Dr Zuraini Md Noor - Freeman Hospital

Dr Augusta Narcisa Balea - Broomfield Hospital

Dr Despoina Liotiri - Royal Victoria Infirmary, Newcastle upon Tyne

Dr Teodora Orasanu - Lincoln County Hospital, ULHT

Dr Palitha Bopitiya Gamaethige Lakshman Bopitiya - Northwick Park Hospital

Dr Pak Chung Yu - The Royal Hospital for Sick Children, Yorkhill, Glasgow

Dr Champika Sujeewani Mohottige Dona - The Queen Elizabeth Hospital, King's Lynn

Dr Amila Singankutti Arachchige Irantha Gunawardhana - Whittington NHS Trust

Dr Abhilash Das - Nevill Hall Hospital, Abergavenny

Dr Malintha Eranthi Balasoriya - Addenbrookes Hospital, Cambridge

Dr Sean Ryan McLean - Royal Brompton Hospital, London

Dr Christos Angelis - Queen's Hospital, Romford

##### **Moved into this category as doctor was in wrong membership category**

| <b><u>Category</u></b> | <b><u>Name</u></b>       | <b><u>Hospital or Qualification</u></b>         |
|------------------------|--------------------------|---|
| Associate Fellow       | Dr Rachel Joanne Mathers | Southern Health & Social Care Trust, N. Ireland |

### **PCS/6/2013 PRESIDENT'S CLOSING STATEMENT**

The President thanked Council members for their support during his first year in office.

## **MOTIONS TO COUNCIL**

### **M/26/2013 Council Minutes**

**Resolved:** That the minutes of the meeting held on 19 June 2013 be approved with the following amendments:

CID/33/2013 replace 'Members' with 'Fellows'.

CID/34/2013 replace 'rigor' with 'rigour'.

Page 6 Dr Clutton-Brock to submit the correct names for inclusion in the minutes.

### **M/27/2013 College Tutors**

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

#### **North West**

\*Dr A Fuloria-Singh (Tameside General Hospital)

#### **North of Scotland**

Dr D Baraclough (Raigmore Hospital) in succession to Dr R Clarke

#### **Wessex**

Dr A D Cowan (University Hospital Southampton) in succession to Dr H Swales

#### **Severn**

Dr M Rees (Cheltenham General Hospital)

Dr N M Wharton (University Hospitals, Bristol)

#### **Wales**

\*Dr G J Milne (West Wales General Hospital)

#### **West Midlands North**

Dr A I Augustine (University Hospital of North Staffordshire)

### **M/29/2013 Examinations Committee**

**Resolved:** That the under-mentioned doctor be awarded the Macintosh Prize for performing at the highest level of distinction in all sections of the Final examination at his first attempt at the June 2013 sitting of the Final FRCA.

**Dr David William Hewson, Medway Maritime Hospital**

### **M/30/2013 Anaesthesia Related Professionals Committee**

**Resolved:** That the Faculty of Intensive Care Medicine becomes the professional home for ACCPs.