

MEETING OF COUNCIL

**Edited Minutes of the meeting held on Wednesday 17 June 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 R Alladi
Dr L Brennan	Dr E J Fazackerley
Dr P Venn	Dr S Fletcher
Dr A Batchelor	Professor M Mythen
Dr K Grady	Dr Peeyush Kumar
Professor R Mahajan	Dr G Collee
Dr R Verma	Dr J-P Lomas
Dr R J Marks	Dr A William Harrop-Griffiths
Dr T Clutton-Brock	Dr J Pandit
Dr J Nolan	Dr K May
Dr J A Langton	Dr J Bob Darling
Dr N Penfold	Dr I Johnson
Dr J Colvin	

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

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

Apologies for absence: Professor R Sneyd, Professor D Rowbotham, Dr D Selwyn and Dr A Hartle.

STRATEGY

P/3/2015 Strategy Discussion

The President welcomed Dr Platon Razis, Chair of the Examinations Committee, who presented the recent FRCA Examinations Review, highlighting the issues Council needs to be aware of:

- a) Functions of the review.
 - i. Will the review be on the open access part of the website? Dr Razis and Council agreed that it should.
- b) Primary Examination.
 - i. The Primary multiple choice questions (MCQ) will be part of the Computer Based Testing Project (CBT).
- c) Timing of the Final Examination.
 - i. There is a proposal to move the block to career progression from the end of ST4 to the end of ST5 for those without the Final FRCA.
- d) Proposals for Final SAQ paper.
 - i. Change to a controlled response (CR) paper.
 - ii. The Royal College of Anaesthetists (RCoA) should seek advice from other Colleges or educational experts to develop controlled response papers, and should explore the possibility of CR papers being computer based.
- e) Final structured oral examination (SOE).
 - i. There is a proposal to add another examining table to the SOE to increase the number of examiners that each candidate is assessed by
- f) Consideration of Final objective structured clinical examination (OSCE).
 - i. This will be reviewed in the next review of the examinations.
- g) Equality and diversity (E&D) assessment.

Unconfirmed

- h) General Medical Council (GMC) and Lumb Paper findings.
- i) E&D strategy for exam boards.
 - i. There is a need to capture as much data as possible and ensure easy longitudinal interrogation. There are funding implications associated with this.
- j) E&D of Examination Boards.
- k) E&D of Examinations Boards strategy.
- l) Statistical reporting and data capture.
- m) Lay Committee involvement.
- n) Technology and computer based testing.
 - i. Increased use of kiosk stations (I.e. no examiner in direct attendance) in Primary OSCE.
 - ii. Develop e-marking for Primary OSCE.
 - iii. Feasibility of e-marking for Primary SOE.
 - iv. Medium fidelity simulation facility to be considered in future building developments. Certificate of Completion of Training (CCT) project brief already produced.
 - v. Business option – fixed examination delivery with supported question banks.
 - vi. Primary MCQ priority – 3 years.
 - vii. Final delayed by CR development.
 - viii. Timetable for Final is realistically five to six years.
 - ix. Examination versus College provisions.
- o) Quality assurance (QA) of overseas examinations. The Review Group's recommendations are:
 - i. Await GMC decision on cessation of FCAI recognition for training.
 - ii. Await decision on those already in training.
 - iii. Statement regarding the GMC's guidance on approved examinations for UK training added to the regulations – FRCA but no CESR (CP).
 - iv. QA to continue as long as mutually beneficial.
- p) Candidate feedback.

Council thanked Dr Razis and all who had taken part in the review. Council discussed the following points:

- a) Non-training grade doctors sitting the examinations. There is evidence that non-training grade doctors do much worse in the examination, possibly because they do not have the support those in training grades do.
- b) Support for examiners attending overseas examinations and the wider issue of getting time away from Trusts for examining duties. Many examiners have to take annual leave as it is difficult to get time away.
- c) The women and black and minority ethnic (BME) balance in the examining board and whether there should be positive discrimination once females and those from BME groups get through application stage. The Examination Review Group feels that positive discrimination is not required.
- d) Has enough anticipation been built in the strategy of the decreased professional leave being allowed by Trusts to carry out external duties? Will there be a need to increase the numbers of examiners to allow for individuals spending less time examining each year? Dr Razis explained that the number of examiners has been increased and that there has been an attempt to remove any additional meetings and make arrangements for as much work as possible to be done during the SOE examination weeks. This has resulted in a reduction in the time commitment for examiners from 14 to 12 days per year. The letter of support for examiners from the Department of Health (DH) is now over 10 years old. It was noted that in the future Trusts will be receiving Quality and Innovation in Education (EDQUIN) payments. It may be that failure to comply with the need to meet the requirements of training for the broader NHS may result in that money being removed from some Trusts and with it trainees. A document to be published by the GMC in July, *Promoting Excellence*, will include statements which highlight these issues. One of the problems is inconsistency across the country with some Trusts recognising the need for additional professional leave. It was

suggested that the joint four Chief Medical Officers (CMO) and Sir Bruce Keogh letters could be refreshed in conjunction with the current CMOs.

The report will now be taken to the Training Committee and Finance Committee to ascertain how the recommendations can be taken forward within the future curriculum.

COUNCIL IN DISCUSSION

CID/16/2015 President's Opening Statement

1. Congratulations were offered to Dr Brennan on his election as President of the College and to Dr Marks and Dr Langton on their election as Vice-Presidents.
2. Dr Hamish McClure has been appointed Vice-Chair of the Clinical Directors' Network and Deputy Clinical Directors' representative to Council.
3. Dr Kevin Carson has been elected President of the College of Anaesthetists in Ireland (CAI).
4. Professor Mike Grocott has been appointed National Institute for Health Research (NIHR) Clinical Research Network (CRN) Specialty National Lead – Anaesthesia, Perioperative Medicine and Pain Management.
5. Congratulations were offered to Dr Paul Clyburn who has been elected President of the Association of Anaesthetists of Great Britain & Ireland (AAGBI) and Dr Mike Nathanson who has been elected as Honorary Secretary, both with effect from September 2016.
6. Professor Rupert Pearse has been appointed Director of the Clinical Trials Group.
7. It has been proposed that Professor Tim Cook will formally take up the position of Director of National Audit Projects (NAPs). This will go to the July National Institute of Academic Anaesthesia (NIAA) Board and come to the July meeting of Council for discussion and ratification.
8. Dr Mike Blayney has been invited to become a member of the Faculty of Dental Surgery's Education and Training Committee.
9. Dr Kathleen Ferguson has been selected as the Medicines and Healthcare Products Regulatory Agency (MHRA) Specialist Adviser for Anaesthesia and intensive care unit (ICU) equipment.
10. The BOC Chair is up for re-appointment. An Appointments Committee will be convened, chaired by Professor Sneyd
11. Congratulations were offered to Professor Colonel Peter Mahoney and Professor Jennie Hunter who were awarded a CBE and MBE respectively in the Queen's Birthday Honours.
12. The President announced the death of Dr David Rowlands. Council stood in memory.
13. The European Union of Medical Specialists' (UEMS) statement on time to train in specialties had been circulated to Council. The statement is scoping the length of time each nation takes to train specialists and the sorts of curriculum they undertake. It will be sent to the Training Committee for further comment and Mr Ampofo will respond on behalf of the College. Concerns have been expressed that it may be the start of an initiative to have a Europe-wide single curriculum and test of knowledge. Council needs to be aware of some of the pitfalls. The UK is currently at the far end of the time spent to train specialists. The statement will go to the Academy of Medical Royal Colleges (AoMRC) for discussion about the broader issues about the role of the UEMS in determining specialist status in the UK.
14. *Continuing Education in Anaesthesia, Critical Care and Pain (CEACCP)* has been rebranded as *British Journal of Anaesthesia (BJA) Education* in a strategic move to improve its international appeal. The format has changed to bring it more in line with the *BJA* and there are plans to add further international editors to the Editorial Board.
15. There is a Shape of Training scoping exercise taking place led by the AoMRC and the GMC.
16. The 2015 Advisory Committee on Clinical Excellence Awards (ACCEA) round would close later in the day. Thanks were offered to Dr Harrop-Griffiths and Ms Regan for co-ordinating the College response. Thanks were also offered to the Regional Co-ordinators, Council members who had scored applications and to the citation writers. The ACCEA Triennial review report is in draft form and will be submitted to the Cabinet Office for consideration.
17. The AoMRC will move out of 34 Red Lion Square on 26 June 2015 and return to its premises in Dallington Street.

18. Council members were asked to return completed technology strategy review questionnaires to Ms Regan or Mrs Nicola Wood.
19. Lord Saatchi is trying to force the Medical Innovation Bill through the House of Lords on a Single Day Motion. The medical profession continues to be opposed to the Bill. The British Medical Association (BMA) has invited the College to sign a letter in support of its opposition which has been sent to the *Independent*.
20. The GMC has produced guidance for doctors undertaking cosmetic surgery procedures. One of the major issues for anaesthetists may be that of consent. One of the recommendations is that patients undertaking aesthetic surgery be given informed consent and a cooling off period before the procedure takes place.
21. The AoMRC has written to the Secretary of State outlining what it thinks are the key issues in regard of health service provision and policy in England.

Action: President to circulate letter to Council for interest.

22. Council was encouraged to read and take note of the findings in the Association of British Healthcare Industries' (ABHI) letter regarding disclosure of payments for pharmaceutically conducted research.
23. The RCoA had held its quarterly meeting with Professor Wendy Reid from HEE where one of the items discussed was the issue of physician assistant anaesthetists (PA(A)s). Dr Collee reported that the previously expressed support by the government for statutory regulation of PA(A)s is more qualified and less robust than originally hoped. In addition a diversity of opinion regarding the future of PA(A)s in the UK exists amongst the wider specialty. The RCoA has started discussing the programme with Professor Reid in terms of co-operation with the physician's associates programme that the Royal College of Physicians is developing. The invitation by HEE to contribute to its workforce planning document offers an opportunity to move this issue forward. Comments on the draft response were requested and should be sent to Dr Collee before the next HEE Medical Advisory Group meeting.

Action: Council members to email comments to Dr Collee.

24. The President attended the College of Anaesthetists of Ireland (CAI) Annual Conference and Conferring Ceremony where he was awarded Honorary Fellowship.
25. Concern has been raised over the National Maternity Review. The initial panel did not include any anaesthetists. A meeting has been held with Baroness Julia Cumberlege and Sir Cyril Chantler who agreed that Dr Roshan Fernando will represent the interests of obstetric anaesthesia.
26. The Congenital Heart Disease Review's Clinical Advisory Panel is putting together its final proposals for the delivery of services to support congenital heart disease in the UK. The Panel has devised a set of standards for units to adhere to. There will be a gap analysis and the units that will be amalgamated or closed will be those furthest away from the standards.
27. A meeting was held with Ms Samantha Jones, NHS England, to discuss the NHS Vanguard Sites. There was discussion about how work in the College around perioperative medicine and other initiatives might be supported within the vanguard sites.
28. The College has signed up to ASH's Smoking Still Kills agenda.
29. The President attended the 2020 Health post-election reception attended by Simon Stevens, NHS England (NHSE) CEO. Now there is a majority government it is apparent that there is a much harder line in the way government wishes to progress the health agenda in the UK. The issue of finance for healthcare is still a major problem.
30. The recent College Tutors' meeting had been excellent with a very good turnout. The President expressed his thanks to those who had organised the meeting.
31. The President attended the International Symposium of perioperative medicine: Strategies for improving patients' outcome in Beijing which coincided with the 100th anniversary of Peking University Hospital. The President had talked about awareness and the results of NAP 5.
32. The President updated Council on staff changes:
 - a. Mr Medhi Juma has joined the College on a full time, permanent basis as the new Communications Officer.

- b. Ms Rose Murphy has been appointed as the full time, permanent PA to the Chief Executive.
- c. Mr Martin Prosser has left the College.
- d. Ms Cheryl Marasigan has joined the College as the new Health Services Research Centre (HSRC) and NAP Administrator on a full time, permanent basis.
- e. Ms Anna Ripley has been appointed as the Faculties Supervisor.

CID/17/2015 Health Education (England) Call for Evidence: Physicians' Assistant (Anaesthesia) Contribution

Discussed under CID/16/2015.

CID/18/2015 Association of Anaesthetists of Great Britain & Ireland President's Report

Dr Hartle was unable to attend the meeting but had submitted a written report.

COMMITTEE BUSINESS

CB/62/2015 Council Minutes

The minutes and website minutes of the meeting held on 20 May 2015 were approved.

CB/63/2015 Matters Arising

Review of Action Points

There were no action points to review.

CB/64/2015 Regional Advisers

Council considered making the following appointments:

Anglia

Dr Nicola Barber in succession to Dr Helen Hobbiger **Agreed**

East Yorkshire

Dr James Pettit in succession to Dr Ian Locker **Agreed**

CB/65/2015 Deputy Regional Advisers

There were no appointments this month.

CB/66/2015 College Tutors

Council considered making the following appointments:

Sheffield & North Trent

Dr M Feast (Royal Hallamshire Hospital) in succession to Dr A Davidson **Agreed**

A request from Dr Gill Hood, Regional Adviser for a second College Tutor post at Royal Hallamshire Hospital. **Agreed**

Dr O Mateszko (Royal Hallamshire Hospital) for second Tutor post **Agreed**

West Midlands North

Dr C E Brennan (Russell Hall Hospital) in succession to Dr W Thomas **Agreed**

CB/67/2015 Head of Schools

There were no appointments this month.

CB/68/2015 Training Committee

(i) Chairman of the Training Committee's Update

Dr Penfold wished to thank the Training Department for organising what he considered to be the most successful College Tutors' meeting he has attended. The flyer regarding the changes to the Work based assessment strategy was very well received and will be on the website in due course. The supporting changes to the e-portfolio should be in place by the end of August.

The GMC statement on overseas examinations is already on the GMC website but is rather confusing. Dr Vicky Osgood, GMC Director of Training, has agreed that the RCoA can send questions directly to her to obtain clarification to facilitate publication of frequently asked questions (FAQs) on the RCoA's website.

(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.

East Midlands

Nottingham

Dr Alex David James

KSS

Dr Michele Frances Bossy *

Dr Dumindu Chamikara Karangoda*

London

Imperial

Dr Betsy Jane Dwyer

Dr Hadi Bedran

Dr Thomas Stephen Dolphin

Dr Elisa Pui Ying Kam*

North Central

Dr Upeka Surangi Ranasinghe

Barts and the London

Dr Laura Anne Fulton

Severn

Dr Robert Axe

Dr Mark Aubrey Turner

Dr Ian Kerslake*

Dr Emma Clare King*

Dr Alastair James Keith

Dr Anoushka Leyla Sancaktar Winton

Dr Timothy Howes

Dr Clinton Alexander Lobo*

West Midlands

Stoke

Dr Parual Chandra

Dr David Colin Porter

Dr Niamat Aldamluji

Dr Awini Gunasekera

West of Scotland

Dr Naomi May

Dr Liam Robert O'Neill

Dr Lindsay Hudman

West

Dr Anne-Mair Hammond-Jones

Sheffield

Dr Mari Eleri Walters

Dr Rama Pothireddy

CB/70/2015 Revalidation Committee

The Chairman, Dr Marks, presented the minutes of the Board meeting held on 15 April 2015 drawing Council's attention to the following:

- *The revalidation section on the RCoA's website will be reviewed by Dr Marks and Mr Chris Kennedy.*
- *Patient feedback as it currently exists is not as effective as it could be and needs to be looked at again. In future iterations of revalidation patient feedback might take a slightly different role.*
- *Return to practice issues will be reviewed and is also being looked at through the AAGBI Welfare Committee.*
- *The GMC is launching its own Continuing Professional Development (CPD) app which is generic and aimed at all specialties.*
- *The future of the Revalidation Committee. Revalidation has gone remarkably well. There are some issues around revalidation where some people are finding it difficult to comply with the regulations because of their personal circumstances and contractual arrangements with their employers. It was suggested that in the future that the need for a separate*

Revalidation Committee should be reconsidered but that there should remain a designated member of Council who has a revalidation brief. should however be

CB/71/2015 Technology Strategy Review

The Chairman, Dr Nolan, presented the minutes of the meeting held on 20 May 2015 drawing Council's attention to the following

- *TSR/23/15 Recruitment of Technology Strategy Review Fellow.*
- *TSR/21/15 Merits of owning the code for systems procured by the College.*

CB/72/2015 Education Committee

The Chairman, Dr Nolan, presented the minutes of the meeting held on 20 May 2015 drawing Council's attention to the following:

- *EC150520.3 Those teaching on Sixth Form Open Days do not need to be Criminal Records Bureau (CRB) checked.*
- *EC150520.5 VII Proposal to run a course on sedation for non-anaesthetists. It was noted that careful wording would be required on the attendance certificate.*
- *EC150520.1 Professor Rajinder Mirakhur had attended his last meeting before retiring as Education Programme Advisor.*
- *EC150520.5 1 Guidance on copyright for speakers at the College events.*
- *EC150520.5 VI Difficult Airway Society (DAS) Airway Revalidation Course.*

CB/73/2015 Quality Management of Service Group

The Chairman, Dr Fletcher, presented the minutes of the meeting held on 20 May 2015 drawing Council's attention to the following:

- *Anaesthesia Clinical Services Accreditation (ACSA) reviewers. There are sufficient reviewers to meet the need for the next 6-12 months but looking 18-24 months ahead there is a need to extend the pool of clinical, lay and admin reviewers. It was suggested that all members of Council should be trained as ACSA reviewers and participate in QA reviews.*
- *Sub-specialty standards.*
- *4 year accreditation cycle. Concern was expressed that the biggest threat with ACSA is the feeling of a loss of partnership between the anaesthetic departments engaged with ACSA and the College. Asking them to do a self-assessment compliance each year is not enough and an attempt should be made to visit all accredited hospitals each year. Council discussed various ways of reducing the burden such as working in networks, geographic spread of reviewers and the use of teleconference and videoconference.*
- *ACSA microsite.*
- *Pricing of Domain 5 reviews.*

CB/74/2015 Advisory Board for Northern Ireland

The Chairman, Dr Darling, presented the minutes of the meeting held on 24 March 2015 drawing Council's attention to the following:

- *2 Regional Guidelines to reduce the risk of hyponatraemia during transurethral resection (TUR) procedures in urology and transcervical resection of the endometrium (TCRE) procedures in gynaecology.*
- *3(i) Annual CPD Day.*
- *5(i)d The Board will continue to support local consultants in their efforts to be appointed to the Board of Primary FRCA examiners.*
- *3(iii) The Donaldson Review: The right time, the right place.*
- *4(iv) Clinical excellence awards.*
- *5(i)a. Consultant posts.*
- *Anaesthetics and intensive care medicine (ICM) have been earmarked by the Public Health Authority for workforce planning over the next six months. The Faculty of Intensive Care Medicine offered to work with the Board on this.*
- *Survey of staff and associate specialists (SAS) anaesthetists in Northern Ireland.*

- *Reasons behind Northern Ireland not currently being part of the National Emergency Laparotomy Audit (NELA) project.*

Action: Dr Darling and Ms Drake to discuss further.

- *Anaphylaxis guidelines are out for discussion.*
- *The Board wishes to record its thanks to Mr Storey for his support over the years.*

CB/75/2015 Faculty of Pain Medicine Board

The Dean, Dr Grady, presented the minutes of the meeting held on 15 May 2015 drawing Council's attention to the following:

- *3.3 Communications strategy.*
- *3.6 RCoA Fellowship.*
- *4.2 Core standards for pain management.*
- *4.3 Pain in secure environments.*
- *6.4 Undergraduate training.*

CB/76/2015 Examinations Committee

Council agreed the motions as listed under M/26/2015.

MATTERS FOR INFORMATION

I/13/2015 Publications

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

I/14/2015 Consultations

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

I/15/2015 New Associate Fellows, Members and Associate Members

Council noted, for information, the following:

Associate Membership:

Dr Alicja Joanna A'Court – Queen Alexandra Hospital, Portsmouth

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

Dr Erandi Malika Siriwardena – Diana, Princess of Wales Hospital, Northern Lincolnshire & Goole, NHS Trust

Dr Abhimanyu Bhattacharya – Queen's Hospital, Burton-on-Trent, NHSFT

Dr Ugonna Ihuaku Chukwumaife – Central Manchester NHS Foundation Trust

Dr Tejal Jitendra Kothari – South Warwickshire NHS Foundation Trust

Dr Tammay Rajanikant Patil – Barnet & Chase Farm Hospital

Dr Elda Maria De Carvalho Camacho – Leicester General Hospital

Dr Joyce Nilima James – Chesterfield Royal Hospital NHS Foundation Trust

Dr Syed Khalid Ahmad Shah – North Middlesex University Hospital

Dr Amer Georges Iskander – University College London Hospital

Dr Tejal Vivek Desai – Doncaster Royal Infirmary

Dr Mohamed Mostafa Radwan Mohamed – Cumberland Infirmary

Dr Michael Axel Stephan – Oxford University Hospitals

Dr Nitish Ramachandra Desai – Royal Victoria Infirmary

Dr Aaqid Umar Akram – Foundation Doctor

Dr Waruni Rangika Samaranayake – Royal Victoria Infirmary

Dr Ashoka Kumara Deshapriya Wijayananda – Basildon and Thurrock University Hospitals

Dr Vikrant Singh Pathani – Freeman Hospital

PRESIDENT'S CLOSING STATEMENT

PCS/5/2015 President's Closing Statement

1. Mr Storey was attending his last Council meeting as Chief Executive.

MOTIONS TO COUNCIL

M/23/2015 Minutes

Resolved: The minutes and website minutes of the meeting held on 20 May 2015 were approved.

M/24/2015 Regional Advisers

Resolved: That the following appointments be approved:

Anglia

Dr Nicola Barber, Regional Adviser for Anglia

East Yorkshire

Dr James Pettit, Regional Adviser for Yorkshire

M/25/2015 College Tutors

Resolved: That the following appointments be approved:

Sheffield & North Trent

Dr M Feast (Royal Hallamshire Hospital) in succession to Dr A Davidson

Dr O Mateszko (Royal Hallamshire Hospital) for second Tutor post

West Midlands North

Dr C Brennan (Russell Hall Hospital)

M/26/2015 Examinations Committee

Resolved: To approve the appointment of Dr Tina McLeod as Vice Chairman of the Primary FRCA examination with effect from 1 September 2015.

Resolved: To approve the appointment of Dr Fiona Donald as Vice Chairman of the Final FRCA examination with effect from 1 September 2015.

CEREMONIAL

C/3/2015 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 Bolaji Ayorinde	Leicester Royal Infirmary
Dr Lynne Campbell	Brighton and Sussex University Hospital NHS Trust
Dr Satya Francis	Leicester Royal Infirmary
Dr Michael Girgis	Poole Hospital NHS Trust
Dr Megan Eleri Jones	Addenbrookes Hospital
Dr Karen Kidner	Lancashire Teaching Hospitals NHS Foundation Trust
Dr Manisha Kumar	Aberdeen Royal Infirmary
Dr Darrell William Lowry	Craigavon Area Hospital