MEETING OF COUNCIL

Edited minutes of the meeting held on Wednesday 20 June 2012
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 P Nightingale, President
Dr J-P van Besouw
Dr R Laishley
Professor D Rowbotham
Professor J R Sneyd (am only)
Dr H M Jones
Dr E A Thornberry
Professor R P Mahajan
Dr P J Venn
Dr A Batchelor
Dr D K Whitaker
Dr D M Nolan
Dr R Verma
Dr R J Marks
Dr T H Clutton-Brock
Dr L J Brennan
Dr J P Nolan
Dr J A Langton
Dr J R Colvin
Dr N W Penfold
Dr V R Alladi
Dr S Gulati
Dr J R Darling
Dr I Johnson
Dr M Nevin

Mr P Rees, RCoA Patient Liaison Group (PLG)
Dr A-M Rollin, Professional Standards Advisor

In attendance: Mr K Storey, Mr C McLaughlan, Mr R Bryant (pm only) Ms A Regan and Ms S Robinson.

Apologies for absence: Professor J Bion, Dr S Patel, Dr I Wilson, Dr M Clancy and Ms S Drake.

COUNCIL IN DISCUSSION

CID/15/2012 President's Opening Statement

(i) The President announced the deaths of Dr Michael Rolfe, Dr Faisal Rasool and Dr Jill White. Council stood in memory.
(ii) Dr Johnson was welcomed to his first Council meeting in Churchill House.
(iii) The current review of committee membership will ensure Council members are exposed to all aspects of Council's activities not just personal areas of interest.
(iv) Mr Ian Cumming has been appointed Chief Executive of Health Education England (HEE). Liaison with Mr Cumming will be through various Department of Health (DH) committees.
(v) The National Commissioning Board team has been put together. College Presidents and the Academy of Medical Royal Colleges (AoMRC) are concerned by the lack of medical representation despite previous promises from the Secretary of State and others. A letter will be sent to the Secretary of State with a copy to Sir Bruce Keogh and Sir David Nicholson.
(vi) The Audit and Internal Affairs Committee will propose the necessary rewording of the *College Regulations* regarding the election process for President and Vice-President.

Council was asked to e-mail comments to Professor Mahajan. Other suggested amendments to the *Regulations* should be e-mailed to Mr Storey. The President suggested co-opting the Chairmen of the Royal College of Anaesthetists' (RCoA) Advisory Boards for Northern Ireland, Scotland and Wales to Council even if there was an existing elected Council member from the nation concerned.

(vii) Volunteers were sought to attend the Keele Course as guest speaker. Council members willing to assist should contact Ms Regan.

(viii) Dr Whitaker had attended a meeting on patient blood management organised by NHS Blood and Transplant as a joint initiative with the DH and the National Blood Transfusion Committee (NBTC). There is a move towards patient blood management which covers the period from the initial appointment with the General Practitioner (GP) to the post-operative period. Dr Whitaker suggested that this is an area the RCoA should be involved with given its interest in perioperative practice. The National Institute for Health and Clinical Excellence (NICE) is going to look at this. The NBTC would try to be involved and the Secretary would welcome a letter from the RCoA to NICE about the matter. Dr Thornberry had previously asked the Patient Liaison Group (PLG) to discuss this with its equivalent at the Royal College of General Practitioners (RCGP); it is not known how much progress has been made. Professor Mahajan reported that the evidence will grow further; there are at least six manuscripts on the *British Journal of Anaesthesia's (BJA)* website awaiting publication.

(ix) The President thanked those involved in organising and chairing the Away Weekend, especially Drs Verma and Clutton-Brock the co-chairs.

(x) Council members were asked to e-mail Ms Regan a short (100 word) narrative style biography for use on the RCoA's website.

(xi) The President updated Council on staff changes:

a. Ms Shirani Nadarajah, Revalidation and Continuing Professional Development (CPD) Administrator, has been successful in her application for the position of Faculties Administrator (Professional Affairs).
b. Mr Chris Kennedy will be covering the Revalidation and CPD Administrator role on a temporary basis. All matters relating to CPD and revalidation are now dealt with by Mr Don Liu, CPD and Revalidation Manager, assisted by Mr Kennedy.
c. Ms Natalie Lowry will become the Events and Webcasts Co-ordinator.
d. Ms Fenella Cardwell is covering as PA to Director (Professional Standards) on a temporary basis.
e. Ms Natalie Bell is covering as PA to Director (Education & Research) on a temporary basis.
f. Mr Simon (Si) Scott has been appointed as the College's Media Adviser. He will become part of the Communications Section and the Professional Standards Directorate although his work will predominantly be carried out remotely. Discussions would be held with Mr Scott regarding media training. Mr McLaughlan added that Mr Scott had been engaged to look for articles related to upcoming areas and would provide specific targeted training.
g. Mr Tony Brown has joined the IT team on a fixed-term contract as the new IT Support Officer.
h. Ms Mary Casserly has been successful in her application for the post of Education and Research Manager.
i. Mrs Edwina Jones has left the College to return to Australia.

CID/16/2012 Results of the Election of Officers

Dr van Besouw was congratulated on his success in the election of President.

Drs Jones and Nolan were congratulated on their success in the election of Vice-Presidents.

CID/17/2012 Centre for Workforce Intelligence

Council received Professor Sneyd's report of the Project Reference Group (Medical) meeting held by the Centre for Workforce Intelligence (CfWI) as part of "A strategic review of the future healthcare workforce: informing medical and dental student intakes." Two rounds of Delphi consultation beforehand had focussed on four scenarios. Professor Sneyd was concerned that CfWI had produced a flawed model to which inappropriate emphasis may be given and which will influence key decision making. Profound statements have been made without reference and the projections have no boundary conditions, sensitivity analysis or confidence intervals. Professor Sneyd pointed out that political will is that these are new times with a shortage of money and therefore doctors' jobs must be given to nurses etc; this opinion regarding role change is non-evidenced. Professor Sneyd highlighted the need to point out the inefficiencies of the model and urge the use of common sense. The President thanked Professor Sneyd for attending and producing such a useful report, and agreed to feedback his concerns to the CfWI.

Professor Sneyd left the meeting to attend a prior engagement.

Dr Batchelor had heard it suggested that many decisions in government are influenced by the lack of scientists in the Cabinet; they therefore do not understand about models and just require an end point which supports their point of view. Dr Batchelor agreed to produce a paper for the President articulating that it is not necessarily cheaper to have other grades doing medical jobs.

Dr Whitaker suggested that the AoMRC or another group should produce an alternative model. The President pointed out it would be too expensive and time consuming to duplicate the modelling work of the CfWI.

Dr Marks thought it a shame that the CfWI is taking the approach of micromanaging and prediction; the data and facts are unpredictable and there are too many variables to produce a fixed model. This is delaying decisions regarding the number of medical schools, trainees and the shape of the medical consultant workforce. The President responded that work on those areas is very active and the HENSE Review report on medical student numbers is due soon. The President had recently had a pre-meeting with the British Medical Association (BMA) and CfWI about taking forward the shape of the medical consultant workforce.

Dr Laishley pointed out that Professor Sneyd's report did not mention Staff and Associate Specialist (SAS) doctors which form 20% of the workforce.

Dr Whitaker reported that Dr Judith Hulf had suggested that the General Medical Council (GMC) could collect the data. The President replied that the work is ongoing; the GMC is linking its databases with those of the Conference of Postgraduate Medical Deans (COPMeD) and a number of areas are being pulled together to improve the quality of data.

CID/18/2012 Fellowship ad Eundem

Council discussed the application process for Fellowship ad Eundem.

CEREMONIAL

C/4/2012 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 Philip Bolton	Royal Hospital for Sick Children, Glasgow
Dr John Greer	Manchester Royal Infirmary
Dr Andrew Hall	Leicester General Hospital
Dr Prashant Kakodkar	Northampton General Hospital
Dr Jamie Macdonald	Aberdeen Royal Infirmary
Dr Alan McGlennan	Royal Free Hospital, London
Dr Cyprian Mendonca	University Hospitals Coventry

COMMITTEE BUSINESS

CB/72/2012 Council Minutes

The minutes of the meeting held on 18 May 2012 were approved subject to rewording by Dr Clutton-Brock of *CB/69/2012 Workforce Planning Strategy Group* on page 11 and 12.

CB/73/2012 Matters Arising

i. Review of Action Points

CID/10/2012 There had still been no response from the Intensive Care National Audit & Research Centre (ICNARC). Dr Thornberry had discussed the matter with Dr Audrey Quinn of the Obstetric Anaesthetists' Association (OAA). ICNARC would be given another week to respond otherwise a letter would be sent to the relevant person.

CID/11/2012 Mr McLaughlan's document on Supporting Professional Activities (SPA) would be taken to the AoMRC once it had been published in the *Bulletin*.

CID/12/2012 will be actioned when the finer detail of committee membership had been decided.

The President agreed to circulate the next version of the Education Outcomes Framework to Council.

CB/71/2012 Dr Verma reported that the GMC has provided statistics showing how well Colleges respond to Equivalence requests; the RCoA is rated as one of the top Colleges.

The President will raise the issue of the Specialist Register and Cardiothoracic Anaesthesia listing at the GMC Postgraduate Board.

CB/74/2012 Regional Advisers

Leicester & South Trent

Dr N A Leslie, Regional Adviser for Leicester & South Trent, in succession to Dr C Leng. **Agreed**

CB/75/2012 Deputy Regional Advisers

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

CB/76/2012 College Tutors

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

Oxford

Dr C M Skinner (Royal Berkshire Hospital) in succession to Dr A Gregg **Agreed**

Northern

*Dr P Krishnan (Darlington Memorial Hospital) **Agreed**
*Dr J Morch-Siddall (Royal Victoria Hospital) **Agreed**
*Dr E M E Rodger (Sunderland Royal Hospital) **Agreed**
*Dr M K Varmar (Newcastle General Hospital) **Agreed**

East Yorkshire

*Dr J D Pettit (Hull Royal Infirmary)**Agreed**

Northern Ireland

*Dr G Turner (Belfast City Hospital)**Agreed**

North Thames Central

Dr R K Verma (University College Hospital) in succession to Dr S Chieveley-Williams **Agreed**
Dr R Sethuraman (Princess Alexandra Hospital) in succession to Dr A K Krishnamurthy **Agreed**
*Dr L Zsisku (Colchester General Hospital) **Agreed**

Mersey

Dr S H McClelland (University Hospital Aintree) in succession to Dr D A Raw **Agreed**
*Dr T G Mahalingham (the Walton Centre for Neurology and Neurosurgery **Agreed**

West of Scotland

*Dr K Morley (Victoria Infirmary) **Agreed**
*Dr M A Staber (Inverclyde Royal Hospital) **Agreed**
Dr G A Gallagher (Glasgow Royal Infirmary) in succession to Dr S M Geddes **Agreed**

Wessex

Dr S A Townley (Royal Hampshire County Hospital) in succession to Dr R C Thomas **Agreed**
*Dr J Chambers (Dorset County Hospital) **Agreed**
*Dr I R Taylor (Queen Alexandra Hospital) **Agreed**

South West Peninsula

Dr E Hartsilver (Royal Devon and Exeter Hospital) **Agreed**

South Thames West

*Dr S Dhileepan (University Hospital of Croydon) **Agreed**

CB/77/2012 Heads of Schools

Council noted the following appointments:

a) Dr Helen Drewery, Bart's and the London School, in succession to Dr Edward McAteer.
b) Dr Eluned Wright, Wales, in succession to Dr Christopher Callander.

CB/78/2012 Training Committee

(i) Training Committee

Council received and considered the minutes of the meeting held on 6 June 2012 which were presented by the Chairman, Dr D Nolan. Dr Carolyn Evans' document on returning to work/recommencing training would be included in the Annexe for clarification.

Although Dr Nolan and Mr Bryant consider that most of the points raised by the Society for Bariatric Anaesthesia (SOBA) are covered in the curriculum they would meet with SOBA to discuss items it feels need clarification.

The Assessment Guidance was presented to the Regional Advisers' (RA) meeting although it did not receive approval from everyone. A revised version will be brought to Council. One of the tensions is the requirements of the GMC. Although the RCoA would want to simplify it as much as possible this is a restricting factor.

Council agreed with the Training Committee's recommendation that the Quality Management of Training Committee should be incorporated into the Training Committee. Core membership will be retained with corresponding members as required. The President indicated that, budget permitting, a Standing Committee could be formed if necessary.

One of the issues with the improvement science syllabus is a need for a critical mass of people able to deliver it; Dr Colvin is looking into this. Although material is produced by a group of consultants through the UK, expertise in some regions is patchy.

With regards to revalidation for trainees, there is a degree of anxiety and perhaps over-emphasis on looking at serious untoward incidents rather than looking in a positive light. The Tutor representative had asked who would manage the process; Dr Nolan thought it would probably fall to the College Tutors (CT).

Professor Mahajan pointed out that the National Confidential Enquiry into Patient Outcome and Death's (NCEPOD) report on bariatric surgery, due in the autumn, may comment on education in bariatric medicine.

(ii) Certificate of Completion of Training

Council noted recommendations made to the GMC for approval, that CCTs/CESR (CP)s 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 (ICM).

Anglia
Dr Sabita Sreevalsan
Dr John Mitchell

London
North Central
Dr Kathryn King
Dr Nicholas Schofield
Dr Ganga Liyanage

Bart's and The London
Dr Fauzia Mir *

Imperial
Dr Rebecca Hull

Kent, Surrey, Sussex
Dr Peter Isherwood

Mersey
Dr Elizabeth Clark

Dr Benjamin Chandler
Dr Vyacheslav Seppi

North West
Dr Cally Burnand
Dr Keirarash Kazemi-Jovestani
Dr Stephen Clements
Dr Lucy Bates *
Dr Darshan Boregowda
Dr Daniel Cottle *
Dr Mruthunjaya Narayana Swamy
Dr Shreekar Yadthore
Dr Daniel Mallaber
Dr Jamila Mulla

Northern Ireland
Dr Martin Duffy *
Dr Omair Malik

Oxford
Dr Simon Raby *

Severn/Bristol
Dr Yelisava Horswill
Dr Tessa Bailey
Dr Rachel Alexander
Dr Mala Cathiavadi Greamspet
Dr Benedict Huntley
Dr Christopher Marsh
Dr Nicholas Preston

South West Peninsula
Dr David Pappin

Tri-Services
Dr David Beard
Dr Edward Allcock

Wessex
Dr Frances Haigh
Dr Richard Isaacs
Dr Elizabeth Shewry

West Midlands
Birmingham
Dr Hugo Hunton
Dr Colin Morton
Dr Michael Clarke

Warwickshire
Dr Rachel Lawton

Scotland
South East Scotland
Dr Harinda Goonesekera
Dr Anhish Satapathy
Dr Marc Janssens
Dr Matthew Royds

North Scotland
Dr Andrew Bayliss

West Scotland
Dr Katherine McDowall *
Dr Nicholas Crutchley
Dr Timothy Geary
Dr Hari Kalagara
Dr Vishal Uppal **(CESR) (CP)**
Dr Andrew Harvey
Dr Wesley Edwards
Dr Satyawan Bhat
Dr Simone Rowell
Dr Tom Pettigrew
Dr Philip Rae
Dr Rachel Kearns
Dr Shubhranshu Gupta
Dr Pravin Dandegaonkar
Dr Zoey Dempsey

Yorkshire
West Yorkshire (Leeds/Bradford)
Dr Sarah Sherliker
Dr Anurag Vats

South Yorkshire (Sheffield)
Dr Olena Mateszko
Dr Michael Moncreiff
Dr Mark Smith *
Dr Martin Diacon

(iii) Medical Secretary's Update

Dr D Nolan had noted that despite great efforts on behalf of the FICM there was a degree of hostility at the RAs' and CTs' meetings in relation to their understanding the process. The President had been disappointed by comments from the audience which demonstrated they had not assimilated information made available to them. Dr D Nolan reported that before Christmas there had been a very vocal meeting where people had issues within their own region. She hoped those with specific queries had been able to access the training department and get sensible responses to their enquiries. The President stated that information is sent to RAs and CTs. Of concern from the meeting was that particular problems with trainees which have not been resolved; this is being blamed on receiving conflicting information. Dr Marks pointed out that a small number of trainees had been disadvantaged but it would naturally sort itself out. Dr Batchelor agreed that there would be teething problems.

CB/80/2012 Career Grade Committee

Council received and considered the minutes of the meeting held on 26 April 2012 which were presented by the Chairman, Dr Laishley. Dr Thornberry had attended the meeting to speak about the vision for the *Bulletin*. It is hoped that a bank of articles from SAS doctors can be built for use in the *Bulletin*. A request for articles has been put in the *Bulletin* and Council was asked to encourage SAS colleagues to write an article.

The Committee had considered the GMC consultation on Routes to the GP and Specialist Register; it broadly supported the proposed changes but was concerned about burdens on educational supervisors and ease of access to the process for SAS doctors. Two representatives from the GMC attended the AoMRC's SAS Committee meeting where views were very similar although there were some differences regarding the test of knowledge question. A response has been submitted to the GMC on behalf of the Career Grade Committee.

The Self Assessment Guidance and checklist for SAS doctors is now available online. One outstanding issue is the suggestion of the possibility to meet with an advisor from the RCoA, having gone through the checklist. The mechanism is not yet defined; it had been suggested it could be through the Bernard Johnson Advisor but it is not currently within their role. The President thought it had been agreed not to go down that path. Dr Laishley pointed out that the document does mention the possibility to meet with an advisor. Dr Laishley added that there had been a paper through equivalence some time ago about creating an advisor but there were concerns that it could be expensive and could mean people coming up with huge volumes of logbook data for review. The checklist had come out of this as an attempt to assist SAS doctors to address their potential. The President responded that Council had agreed that for equivalence people the RCoA would not give that advice but for SAS doctors outwith equivalence it could be a huge amount of work for the Bernard Johnson Advisor. Dr Jones highlighted the concern about a review then suggesting to someone that their application was likely to be successful. There were also concerns about having a pre-process without having seen the whole application. This is different to advice on career progression which is a different area. The President asked why the CT/RA mechanism would not be used. Dr Laishley pointed out that it is available now but the suggestion is that there is someone at the College. Dr Alladi suggested that it be discussed in the Training Committee. Dr D Nolan was unsure where it would it would fit into the Training Committee but agreed to discuss it further during the lunch break. Once the mechanism is in place it will be okay but initially it is a big topic which might overwhelm the Training Committee. Mr Storey asked if the Career Grade Committee considered it might need access to the e-Portfolio when it talks about workplace based assessments for access to the Specialist Register. Dr Laishley

responded that it would like access to the e-Portfolio. Mr Storey added that today it is only used for trainees but in future it will be used for any doctor who needs an assessment of learning. Dr Langton suggested using Associate Deans for SAS doctors as a source of career advice. Dr Laishley pointed out that this would not be specialty specific advice. The President asked Dr Laishley to submit a short paper for discussion at the President's Meeting.

The guidance document on career progression (2009) had been discussed; additions could be made but it is largely fit for purpose.

CB/81/2012 Equivalence Committee

Council received and considered the minutes of the meeting held on 17 May 2012 which were presented by the Acting Chairman, Dr Verma. The President asked Dr Verma to amend the first sentence of the Chairman's Summary. The Committee considered one first time application which was not recommended to the GMC for inclusion on the Specialist Register.

Dr Verma tabled a report of a visit to the GMC in Manchester. The GMC currently does not have a process to allow recommendations for CESR in non-CCT specialties when the applicant applied for a CESR in anaesthetics. It was being discussed within the GMC and Dr Verma would follow this up. Dr Laishley stated that it does exist and there is perceived unfairness amongst UK graduates. Dr Verma responded that the new route will be that applicants have to work in this country for six months. The President agreed to seek further information.

CB/82/2012 Recruitment Committee

Council received and considered the minutes of the meeting held on 28 May 2012 which were presented by the Chairman, Dr Marks. Dr Marks reported that the current round is almost finished. As of this academic year there will be twice yearly recruitment.

Surveys had been carried out of recruiters and applicants; most people feel the processes have improved. The workshop provides an opportunity for stakeholders to air issues and discuss what they would like changed. There was unhappiness about the portfolio scoring; this will be worked on and refined.

The Committee is working towards an absolute cut-off score for unappointability. A score of 100 had been agreed for CT1 although a decision has not yet been made for ST3.

The process of clearing has also been looked at. People often state they do not want poor achievers from other regions but clearing interviews this year have been very expensive in terms of consultant time and cash for what they produced. It was agreed that for the coming year CT1 applicants will be put into clearing and a job offer made based solely on the original interview with no re-interview. A second interview will be offered at clearing to ST3 applicants.

One large unit of application has been interviewing more people than it can offer jobs to. At CT1 it is not a problem because it saves others having to interview them but at ST3 it makes more work for clearing. The risk is that there is an underfill in the unpopular places because they have not interviewed enough people.

The Committee has agreed that it will encourage people to do recruiter training which can be undertaken online. It cannot be made mandatory but the training will attract one CPD point.

CB/83/2012 Communications Committee

Council received and considered the minutes of the meeting held on 24 May 2012 which were presented by the Chairman, Dr Thornberry. Mr Si Scott has been invited to join the Committee as a permanent member.

A *BJA/Continuing Education in Anaesthesia, Critical Care and Pain (CEACCP)* widget would be attached to the RCoA's website for a trial period and would be reviewed at the next meeting.

The Committee had discussed adapting the *Bulletin* so it could be more efficiently read on electronic media. Mrs Mandie Kelly is preparing a paper identifying how long the work would take; this will allow costings to be identified.

The Committee had discussed and dismissed the idea that the College would move to communicating with Fellows only be e-mail.

Shorter articles for the *Bulletin* would be encouraged in an attempt to increase participation from Fellows.

The Committee agreed that the RCoA would not open a new Twitter account for the Examinations and Training Directorate.

Council agreed that future communication projects, e.g. promotional videos, podcasts and possibly animated films that other committees might wish to develop, should be collated through the Communications Committee.

Much of the meeting related to the *Website Editorial Strategy and Governance Policy* which Council was asked to approve. Dr Thornberry had received a request from Dr Alladi that an SAS representative be included on the Strategy Group. Council agreed that there was no value in adding another person to the group; there was no reason why the Council member on the group could not be an SAS doctor. Mr Rees reported that the PLG appreciates and welcomes the amount of work that has gone into developing the website. The PLG had discussed the strategy at its meeting the previous day; it very much supported it but would like to ask that the PLG is mentioned in the draft policy. Dr Thornberry agreed to amend the motion to Council accordingly. Dr van Besouw asked if pages would be archived for the historical record. Dr Marks explained that old news items will stay there forever but in terms of static content once it has been changed it is changed. Mr McLaughlan added that all guidelines, standards and formally endorsed documents are archived within the Communication Section but off the website. Dr Whitaker felt that these documents should be available on the website but Dr Marks pointed out that they would be listed in Google searches and could lead to people referring to out of date documents.

Mr Bryant joined the meeting.

Council agreed that:

Every page on the website be allocated to a relevant committee (including PLG), Faculty or Board.

Every committee (including PLG), Faculty or Board will be responsible for reviewing and updating the content at least annually.

The Website Editorial Strategy and Governance Policy will be the framework for website management.

Dr Laishley enquired why there was only one event on the Events App. Dr Thornberry explained that the app had been sponsored by BBraun for the first event and will be developed for the next event. The RCoA has purchased the app and there will be ongoing cost each time it is used for an event. Dr Clutton-Brock added that the idea was that it was an app to be used while the event was on. There are significant costs involved in changing things so sponsorship will be sought but Dr Clutton-Brock does not want to rely solely on sponsorship. It is not designed to be an app to link to the Events Page although the possibility of attaching handouts to it is being explored. Dr Clutton-Brock agreed to feedback Dr Laishley's comment that it would be useful to see what events are on.

CB/84/2012 Revalidation Committee

(i) Implementation of Revalidation

Dr Brennan reported that the GMC and NHS Revalidation Support Team had issued documents relating to the agenda for the implementation of revalidation. It is planned to commence at the end of 2012 starting with Responsible Officers UK-wide to be revalidated by March 2013. The vast majority will have been through the process by 2015 with all doctors wishing to have a license to practise to have achieved it by March 2018. Within England it is clear that it will be down to local implementation and discussions by Responsible Officers and Responsible Officer clusters, to decide who is ready and probably starting off with those who have some responsibility for the process. Dr Colvin reported that in Scotland it would be determined by GMC number. Dr Darling reported that in Northern Ireland it would start with CDs and appraisers. In Wales it was unclear how it would be rolled out.

(ii) Supporting Information for Appraisal and Revalidation: Guidance for Doctors in Anaesthesia, Intensive Care and Pain Medicine

Dr Brennan was anxious for Council's view of the document as the AoMRC wishes to launch specialty specific guidance for all specialties in about two weeks' time. Much of the document is generic and Council was asked to focus on the specialty specific advice. Dr Langton asked why in the case of same day admission of patients having major surgery it was considered reasonable to approach the patient for feedback half an hour before a major operation. Dr Brennan responded that there would be a Delphi group meeting to look at this issue. It was agreed that the document could be circulated to the PLG.

(iii) Roles of Medical Royal Colleges in the Quality Assurance of Revalidation

Council received a position document from the AoMRC defining three key areas it thinks the Colleges could be involved with in quality assurance of revalidation: specialty appraisal guidance and survey, specialty advice for responsible officers, appraisers and doctors, and scrutiny. Council also received feedback submitted to the AoMRC by the Joint Revalidation Delivery Committee. Mr Rees stated that the PLG very much supports the role of the College in these three particular activities and feels that it is very important that the AoMRC is the guiding body with co-operation from other bodies. There will be a lot of work in terms of difficult decisions which will need scrutinising. There should be research going on at the beginning of delivery of revalidation; the AoMRC is the right place for this and the RCoA should fully support it.

CB/85/2012 Royal College of Anaesthetists' Advisory Board for Northern Ireland

Council received and considered the minutes of the meeting held on 24 April 2012 which were presented by the Chairman, Dr Darling. This had been the President's last meeting; Dr Darling expressed his gratitude for the President's contribution during a time of fairly major change for the board. The Board had been pleased to welcome Mr McLaughlan and Dr Paddy Woods, Deputy Chief Medical Officer (CMO), to the meeting.

The NHS Improvement Board had not been discussed or had any effect in the Northern Ireland context.

Difficulty in obtaining professional leave for examining and other College work was becoming an issue.

The President had reported that there were issues across the UK with remifentanil in obstetrics. It has been emphasised that if remifentanil is to be used in this context then the level of monitoring must be at least that used for someone having an epidural.

Pre-hospital Emergency Medicine will probably not be introduced in Northern Ireland in August 2012. There have been a few issues with developments between GMC requirements and the deanery. Dr J Nolan added that only three deaneries have put in applications for training to start. Dr J Nolan had received conflicting information and he is still not sure if any programmes are approved to start in the UK in August 2012.

Some trusts are asking consultants to pay back clinical time to attend morbidity and mortality (M&M) meetings.

All five trusts have signed up individually to ensure that anaesthetic assistants have adequate training and CPD.

There are steps being taken to ensure some paediatric surgery is still done in district general hospitals.

The Royal College Study Day (previously the Core Topics Day) will take place in Belfast on 3 October 2012.

Clinical excellence awards have been suspended in Northern Ireland. If they are not reinstated it will be difficult to find people to support the work of the College.

Northern Ireland is very good at drawing examples and information from the results of the critical incident reporting carried out in the rest of the UK. It has its own regional reporting system and trusts report to local Health and Social Care Boards. With the closure of the National Patient Safety Agency (NPSA) there is uncertainty regarding how the National Reporting and Learning System (NRLS) will work going forward.

The Board's relationship with the DH in Northern Ireland has been slightly different to that in Scotland and Wales. As a specialty, anaesthesia contributed to the information going to the Specialty Advisory Committees but these have been suspended for the last three or four years. It was hoped that better links would be developed between the Board and the CMO's Office. Since the Board's meeting the CMO's Office has appointed Dr Darling as Specialist Adviser for Anaesthetics.

There will be thirty trainees awarded a CCT this year; it is hoped that 20 will be placed in consultant posts. Trusts have advertised jobs in banks of three or four jobs which has made it quite difficult to shortlist applicants. External Assessors are being asked to attend for three days.

The SAS representative had noticed that there have been funds available in Scotland and England to improve the standard of training for SAS doctors. Attempts will be made to pressurise the Northern Ireland CMO to provide the same.

Dr Gerry Browne, the local Adviser in Chronic Pain, will be co-opted to the Board.

Three trusts had volunteered for anaesthesia clinical services accreditation; two will be nominated.

A wait and see approach has been adopted regarding neuraxial connectors.

CB/86/2012 Professional Standards Committee

Council received and considered the minutes of the meeting held on 31 May 2012 which were presented by the Chairman, Dr Venn. Dr Venn was aware that the NCEPOD Working Party's (WP) work had slowed down of late. Although the President had asked the WP to devise a generic model for responding to the likes of NCEPOD reports Dr Venn, who chairs the WP, had concluded that this is not possible because of the complete inertia for change in the NHS. Dr Venn had raised this at the Professional Standards Committee as a potential new area of work would be to revamp the WP to consider how change is implemented in the NHS. Dr Venn's meeting with Dr Daniel Poulter MP had been postponed but Dr Venn was still keen to talk to him about implementing change.

Survey data relating to M&M meetings was presented at the CTs' meeting. The survey would be reopened to generate more responses. Dr Venn had discussed with the President whether Sir Bruce Keogh should be spoken to about this. An article may be published in the *Bulletin*.

The Accreditation Programme is going well. The ideal would be to start the second pilot by the end of the summer.

Guidance for the Provision of Anaesthetic Services (*GPAS*) chapters will be put on the RCoA's website for consultation.

Dr Nevin, a member of the NCEPOD WP, stated the importance of understanding why it might be trying to make a contribution. Collectively it is, across a variety of Colleges, trying to provide advocacy for a group of patients. It is important that whatever is recommended collectively is easy to implement and will be implemented. Dr Nevin stated the necessity to work out why a trust at a time of great financial difficulty will want to implement it. Commissioning for Quality and Innovation (CQUIN) payments are the way forward; they stop trusts losing income they would have lost. The bundle the WP wants to implement is timely and the WP should continue, focus and get something out reasonably quickly. Dr Nevin believed that the WP can make a significant contribution and should not give up. The President asked if the RCoA could set quality standards for its Members and Fellows to follow which could influence trusts. It was noted that some standards, such as senior review of non-elective admissions within 12 hours, would need to be sold to the other Colleges. Dr Venn expressed his frustration that everything in medicine relies on incentives instead of the quality of care and the ethos of medicine. The President pointed out that doing the right thing for the patient's benefit is a GMC and professional standards issue. The President added that the RCoA needed to be ready to launch a quality standard by the time *The Mid Staffs Inquiry* is published in October 2012. Mr McLaughlan added that this was about protection of the patient by setting standards and guidelines, and detection; the accreditation programme is bringing the RCoA back into trusts.

CB/87/2012 Examinations Committee

Council received and considered the minutes of the meeting held on 8 May 2012 which were presented by the Chairman, Dr Brennan. The Committee had discussed a paper on the pros and cons of using new technologies. The RCoA is already ahead of the game and it was the Committee's view that the introduction of new ways of examining should be evolutionary.

The Committee had given a vote of thanks to Dr Fred Roberts and Dr Chris Callander for their outstanding leadership of the Primary examination over recent years.

There are one or two outstanding responses to the request made to overseas examinations which give exemption from the Primary FRCA to provide written evidence of how they fit into the compliance of GMC Postgraduate examinations.

Council agreed that the RCoA/College of Anaesthetists in Ireland (CAI) exchange should become a quality assurance visit with effect from September 2012.

Council agreed that eligibility for the Primary examination be amended to allow Acute Care Common Stem (ACCS) trainees allocated to emergency medicine/acute medicine and ICM trainees to sit all Primary FRCA examinations, subject to capacity.

The non-release of examiners by employers had been satisfactorily resolved but had re-emerged with another examiner in Birmingham.

The GMC has published guidance that a pass in a postgraduate examination, as a test of knowledge for award of a CCT, should be valid for no more than seven years. Currently a pass at Primary (or other exempting qualification) allows the candidate eligibility to sit the Final examination for ten years. The Committee agreed to investigate the number of affected applicants and make a final decision at the September meeting.

The Primary Exam will be visited by representatives of the American Board of Anesthesiologists in October 2012.

There has been an unprecedented number of Primary Examination candidates for both the MCQ and OSCE/SOEs.

Mr Rees requested, on behalf of the PLG, that the issue of communication, in particular with patients, be looked at; members of the PLG would be happy to take part in examinations in that area. Dr Brennan responded that the Examinations Committee is committed to seeing where it can usefully have more lay involvement but there is an issue in that it is a technically based examination. There is lay input into all workings of the Examinations Committee including the appointment of examiners. It had been considered whether for the Final Examination PLG input into questions on ethical issues and risk could be introduced.

Council agreed that Dr Jonathan Purday, Final Examiner, should stand-down on completion of the present academic year (1 year).

CB/88/2012 Specialty Advisory Group in Wales/Royal College of Anaesthetists' Advisory Board for Wales

Council received and considered the minutes of the joint meeting held on 23 February 2012 which were presented by Dr Johnson. Dr Johnson thanked Mr Storey and Mr McLaughlan for attending.

Formal amalgamation of the RCoA Advisory Board for Wales and the National Specialty Advisory Group (Anaesthesia) had been agreed. Dr Johnson had been elected Chairman with Dr Andy Bagwell as Vice-Chairman. Administrative support would be shared with the Royal College of Paediatrics and Child Health (RCPCH) for a trial period of one year.

At the time of the meeting annual recruitment had just commenced. There is a risk the number of Foundation Programme posts will not increase because the Welsh Deanery is aiming to increase the number of Foundation Programme posts in the community. This may adversely affect recruitment to CT posts.

Formation of the Critical Care Medicine Sub-Group has been put back following the resignation of the Chairman of the Welsh Intensive Care Society. There is also desire for a similar sub-group for pain medicine.

A maternity strategy document is being produced.

The whole issue of neuraxial connectors is starting again.

CB/89/2012 Safe Anaesthesia Liaison Group

Council received and considered the minutes of the meeting held on 4 April 2012 which were presented by the Chairman, Dr Clutton-Brock. The Patient Safety Conference is pretty much finalised.

Dr Duncan McPherson would take on the role of trainee representative.

The Group had considered and supported a new OAA evaluation form for recording incidents occurring during use of the new neuraxial devices.

The issue of residual drugs in cannulae would be featured in the next patient safety update which would focus on medication. Dr Brennan pointed out that with regards to residual drugs in cannulae there have been more cases in children recently. This is a major safety issue which the RCoA should take up.

The OAA has agreed to work with the Safe Anaesthesia Liaison Group (SALG) to produce guidance for the use of remifentanil outside theatres.

It was agreed that guidance produced by the National Tracheostomy Safety Project should be widely shared by SALG with the specialty.

An editorial had appeared in the BJA stressing the possible medico-legal ramifications of not using ultrasound to put central lines in. Dr Clutton-Brock had written a robust response which would be published in the next issue.

Dr Whitaker informed Council that within six months manufacturers hope to have paracetamol available in intravenous bags.

MATTERS FOR INFORMATION

I/19/2012 Publications

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

I/20/2012 Consultations

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

I/21/2012 New Associate Fellows, Members & Associate Members

Council noted, for information, the following:

New Associate Fellows – May 2012

Dr Steffen Kroll – Queen Elizabeth Hospital, Birmingham
Dr Sameena Tanveer Ahmed – The Freeman Hospital, Newcastle
Dr Philip Kwesi Gyandoh Korsah – Crosshouse Hospital, Kilmarnock

New Members – May 2012

Dr James Mark Vincent Ruzicka – FRCA Primary
Dr Oksana Levina Coates - Primary FCARCSI
Dr Boris Sajin - Primary of the RCoA
Dr Malinka Ivanova Vrabtcheva - Primary FCARCSI

New Associate Members– May 2012

Dr Toral Sengar – Kettering General Hospital
Dr Ruby Singh – Princess Royal Hospital, Telford
Dr Mohit Kapoor – Hospital unknown

New Affiliate Physicians' Assistant - May 2012

Mr Nikolaas Christiaan Prins - Dudley Group of Hospitals

To receive for information, the following doctors have been put on the Voluntary Register – May 2012

Dr Christopher David Farley – Glasgow Royal Infirmary
Dr Abirami Perumal Kanniappan – Frimley Park Hospital
Dr Petra Farkas – Bristol Royal Infirmary
Dr Galatea Gabriela Iegariu – Gwynedd Hospital
Dr Thomas Gordon Robertson – Luton & Dunstable NHS Foundation Trust
Dr Robert Tonko – Russells Hall Hospital, Dudley
Dr Laxminarayana Murthy Narayan – Heart of England NHS Foundation Trust
Dr Sarah Margaret Bates – Southmead Hospital, Bristol
Dr Syed Muzaffar Hasan Kirmani – Queen Elizabeth Hospital, Birmingham
Dr Claudia Elizabeth Papadimitriou – The Royal Shrewsbury Hospital
Dr Ana Maria Vochin – Bedford Hospitals NHS Trust

To receive for information, the following doctors have been put on the Voluntary Register – March 2012

Dr Surendhren Moodliar - Queen Elizabeth Hospital, Woolwich
Dr Ildiko Annamaria Galfy - Queens Hospital, Burton on Trent
Dr Christina Galatou - Alder Hey Hospital
Dr James Andrew Briggs - Jersey General Hospital
Dr Carmel Laurelie Cassar - Great Ormond Street Hospital
Dr hesham Mamdouh Zaki Saad - Manchester Royal Infirmary
Dr Ewa Bozena Miller-Jastrzebska - St Bartholomews Hospital, Barts & the London NHS Trust
Dr Sunita Rao Balla - Wrexham Maelor Hospital

I/22/2012 Academy of Medical Royal Colleges

Council received, for information, a summary of the Council meeting held on 15 May 2012.

PRESIDENT'S CLOSING STATEMENT

PCS/6/2012 President's Closing Statement

(i) NCEPOD is replacing a Trustee; details are available on the RCoA's Website.

(ii) Anyone willing to chair a session at the Current Concepts Symposium on 1 and 2 November 2012 was asked to inform Dr Clutton-Brock or a member of the Events team. It was noted that there would be a joint RCoA/Association of Anaesthetists of Great Britain and Ireland meeting and dinner on 2 November.

(iii) Dr Ellen O'Sullivan has been elected President of the College of Anaesthetists of Ireland.

(iv) Mr Bryant gave a verbal report of the Quality Assurance Review Workshop he had attended at the GMC that morning. The two major streams of work for the GMC are a review of the shape of training and a review of quality assurance. Workshops will continue and will be followed by an initial report to GMC Council in December 2012 before further work and the final report in December 2013. Public consultation will take place in January 2014. Mr Bryant noted that within the quality improvement framework there is no solid line to the Colleges and back.

MOTIONS TO COUNCIL

M/19/2012 Council Minutes

Resolved: That the minutes of the meeting held on 18 May 2012 be approved subject to rewording by Dr Clutton-Brock of *CB/69/2012 Workforce Planning Strategy Group* on page 11 and 12.

M/20/2012 Regional Advisers

Resolved: Dr N A Leslie, Regional Adviser for Leicester and South Trent

M/21/2012 College Tutors

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

Oxford

Dr C M Skinner (Royal Berkshire Hospital)

Northern

*Dr P Krishnan (Darlington Memorial Hospital)
*Dr J Morch-Siddall (Royal Victoria Hospital)
*Dr E M E Rodger (Sunderland Royal Hospital)
*Dr M K Varmar (Newcastle General Hospital)

East Yorkshire

*Dr J D Pettit (Hull Royal Infirmary)

Northern Ireland

*Dr G Turner (Belfast City Hospital)

North Thames Central

Dr R K Verma (University College Hospital)
Dr R Sethuraman (Princess Alexandra Hospital)
*Dr L Zsisku (Colchester General Hospital)

Mersey
Dr S H McClelland (University Hospital Aintree)
*Dr T G Mahalingham (the Walton Centre for Neurology and Neurosurgery)

West of Scotland
*Dr K Morley (Victoria Infirmary)
*Dr M A Staber (Inverclyde Royal Hospital)
Dr G A Gallagher (Glasgow Royal Infirmary)

Wessex
Dr S A Townley (Royal Hampshire County Hospital)
*Dr J Chambers (Dorset County Hospital)
*Dr I R Taylor (Queen Alexandra Hospital)

South West Peninsula
Dr E Hartsilver (Royal Devon and Exeter Hospital)

South Thames West
*Dr S Dhileepan (University Hospital of Croydon)

M/24/2012 Communications Committee
Resolved: That every page on the website be allocated to a relevant Committee (including PLG), Faculty or Board.
Resolved: That every Committee (including PLG), Faculty or Board will be responsible for reviewing and updating the content at least annually.
Resolved: That Council accepts the document "The Website Editorial Strategy and Governance Policy "as the framework for website management

M/25/2012 Examinations Committee
Resolved: That the Irish Exchange visit become a Quality Assurance visit only, maximum of two day visit, from September 2012.
Motion: Eligibility for the Primary exam to be amended to allow ACCS trainees allocated to Emergency Medicine/General (Internal) Medicine (Acute) and ICM trainees to sit all Primary examinations, subject to capacity.
Motion: That Dr Jonathan Purday, Final Examiner, stand-down on completion of the present academic year. (1 year).