

MEETING OF COUNCIL

**Edited Minutes of the meeting held on Wednesday 19 June 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 D Whitaker
Dr R J Marks
Dr T H Clutton-Brock

Dr J P Nolan
Dr J A Langton
Dr J R Colvin
Dr N W Penfold
Dr S Gulati
Dr E J Fazackerley
Dr S Fletcher
Professor M Mythen
Dr P Kumar
Dr B Darling
Dr A Bagwell
Dr M Nevin

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, Mr R Bryant and Ms S Robinson.

Apologies for absence: Dr L Brennan, Dr R Verma, Dr R Alladi , Dr I Johnson , Dr W Harrop-Griffiths, Professor J Bion , Professor D Rowbotham, Dr A Batchelor.

COUNCIL IN DISCUSSION

CID/29/2013 President's Opening Statement

1. Professor Mike Harmer, Past President of The Association of Anaesthetists of Great Britain and Ireland (AAGBI) and Dr Ian Anderson, Past President of the Royal College of Physicians and Surgeons of Glasgow, have each been awarded a CBE in the Queen's Birthday Honours.
2. Dr Nevin has been elected as one of six Academy of Medical Royal Colleges' (AoMRC) representatives on the Faculty of Medical Leadership and Management Council. Dr Nevin expressed his gratitude to the College for its support.
3. Professor Mahajan has been asked to sit on the Medical Services Patient Safety Expert Group. Professor Mahajan thanked the College for its support. The group is chaired by the Vice-President of the Royal College of Physicians (RCP) and will report to National Health Service (NHS) England on matters of safety. The group incorporates all Specialist Societies and Colleges and will look at medical safety issues. Dr Clutton-Brock represents the College on the group that will be looking at surgical safety issues.
4. Dr Andrew Hartle has been elected President Elect of the AAGBI, Dr Kathleen Ferguson Honorary Treasurer Elect and Dr Samantha Shinde Honorary Secretary Elect. They will take up office at the Annual Congress in September.
5. Dr David Lindsell will be stepping down as Medical Director (MD) of the Advisory Committee on Clinical Excellence Awards (ACCEA). To ensure continuity a new MD will be recruited before the Chairman's term of office ends in March 2014.

6. A team of innovative anaesthetists (Dr Alistair Gibson, Dr Adam Paul and Dr Oliver Robinson) from the Royal Infirmary of Edinburgh have scooped a £12,000 prize for their potentially ground-breaking invention to help intubate patients during surgery.
7. Dr Batchelor has been elected Dean of The Faculty of Intensive Care (FICM) in succession to Professor Bion and will take up office in October. Council members offered their congratulations to Dr Batchelor.
8. The President has been elected Vice-Chairman of the AoMRC.
9. The President announced the deaths of Dr Peter Booker and Dr Andrew Doughty. Council stood in memory.
10. Dr Paul Flynn was unable to join Council today as originally planned. It is hoped that he will be able to attend the October meeting of Council. July's speaker will be Air Commodore Alison Amos, Lead Dean for Anaesthesia, who has already shown enthusiasm for engaging with the College, attending both the College Tutors' Meeting and the Anaesthesia Clinical Services Accreditation (ACSA) Launch.
11. The deadline for applications for ACCEA Sub-Committee membership has been extended until 30 June 2013. Details have been circulated to Council and ACCEA Regional Co-ordinators as well as being placed on the website.
12. The European Medicine Association (EMA) has released a statement on hydroxyethyl-starch (HES) containing compounds. Following investigation into the data surrounding HES solutions EMA has recommended that the licence on these products be suspended. Dr J Nolan explained that the College, FICM and the Intensive Care Society (ICS) have produced an advisory statement as to what should be used instead of these products.
The President highlighted that the National Institute for Health and Care Excellence (NICE) draft guidelines on fluid replacement are currently out for consultation.
Dr Clutton-Brock clarified that what has been proposed is that the marketing authorisation is withdrawn, which means that the products cannot be purchased but does not mean that they cannot be used.
Professor Mythen and Professor John Myburgh have authored an editorial for the *New England Journal of Medicine*, which addresses the use of gelatin. Professor Mythen believes that the College should be wary of suggesting the use of alternative products.
The President suggested that when the College receives its recommendations on the consultation of NICE guidelines they are circulated to Council before being sent to NICE.
Professor Mahajan invited Dr J Nolan and Professor Mythen to write an article for the *British Journal of Anaesthesia (BJA)*.
13. As Council now finishes at lunchtime, it was suggested that committee meetings could be scheduled to start at 1430 on the same day.
14. The President went to the launch of the Department of Health (DH) engagement on the Care Bill looking at the integration of Health and Social Care.
15. The President thanked Dr Colvin and Dr Langton for Chairing the Away Weekend and noted that they will be reporting back to Council at the September meeting.
16. The College met with Dr Hilary Cass, President of the Royal College of Paediatrics and Child Health (RCPCH), to discuss the issues of high intensity rotas, fatiguability and 'Commissioning a good child health service'. The AAGBI has a working party which will shortly publish a "glossy" on the effects of fatigue in the workplace.
17. The Task and Finish Group looking into the future of Mid Staffordshire Foundation Trust is likely to make recommendations about its reconfiguration in the next month or so.
18. The President met with Professor Wendy Reid to discuss Health Education England (HEE) and its interaction with Colleges. Dr Reid is keen to engage with Colleges on how education is best delivered. It has been agreed that the College will meet with Dr Reid on a quarterly basis.
19. The President, Dr Brennan and Mr Bryant met with Sir Richard Thompson regarding procedural skills and core medical trainees. The RCP released a statement stating the requirement for core medical trainees to have certain procedural skills before taking up a specialty training post. However, there is a lack of exposure to these procedures for the majority of core medical trainees. The appropriateness of who should be doing these procedures was discussed and whether they should be removed from the RCP curriculum.

20. The President met with Dr Paula Franklin, new Medical Director of BUPA to discuss the philosophy of BUPA in terms of providing a quality service for patients. Notes of the meeting will be circulated to Council. Dr Venn noted that the meeting provided an opportunity to promote the ACSA agenda.
21. The President congratulated Dr Venn, Mr McLaughlan, Ms Odette Lester and the rest of the team on the ACSA Launch. The event went very well and it was gratifying to see a number of Clinical Directors in attendance.
22. The President updated Council on staffing matters:
 - a. Mr Ben Hedley, the College's Archivist, has left to work at the British Standards Institute.
 - b. Ms Lorna McDowell has left the College.
 - c. Ms Emily Young has joined the College as Accreditation Co-ordinator on a full time permanent basis.
 - d. Ms Luann Hadfield and Mr Jim DiGiorno are the proud parents of a baby boy, Kayde. Congratulations were offered to them both.
 - e. Ms Dawn Evans has joined the College as Faculties Administrator on a full time permanent basis.

CID/30/2013 Results of the Election of Officers

Dr van Besouw was congratulated on being re-elected as President and Drs Nolan and Brennan were congratulated on their success in the election of Vice-Presidents.

CID/31/2013 Replacement Fellowship Certificate

Council agreed to a request from Dr Sophia Aletta Jacobs for the replacement of her Fellowship certificate.

CID/32/2013 Intercollegiate Board for Training in Pre Hospital Emergency Medicine

Dr J Nolan gave a report of the meeting held on 14 June 2013 and highlighted the following:

- The Intercollegiate Board for Training in Pre Hospital Emergency Training (IBTPHEM) has applications pending with the General Medical Council (GMC) for Pre-hospital Emergency Medicine (PHEM) to be recognised as a subspecialty of Acute Medicine and Intensive Care Medicine. The College has been asked to provide a letter of support for these applications. Mr Bryant agreed to forward supporting information to the President, Dr Brennan and Dr Fazackerley.
- An update on the IBTPHEM e-portfolio.
- There are now five active training programmes and by August this year there will be six anaesthetic trainees doing PHEM training.
- Paramedic representation on IBTPHEM.

Mr Storey noted that the College is one of the four founding organisations of IBTPHEM, each paying £10,000 a year to support the Board. The College would appreciate notice if the cost is likely to increase. Dr J Nolan explained that this had not been discussed but that it is hoped that if the Board can recruit other parent groups they would also contribute to the cost.

Dr Fletcher highlighted that one of the problems with the PHEM training programmes is that they are coming on stream at different times throughout the year and that there will need to be some flexibility as Trusts may not release trainees at times when they are already short staffed. Dr J Nolan acknowledged that there are problems particularly in relation to anaesthesia.

Dr Fazackerley questioned whether there are likely to be appropriate consultant opportunities for those undertaking PHEM training. Dr J Nolan explained that PHEM is slowly evolving as a specialty, explaining that although the number of posts currently available are few they are increasing. Dr J Nolan noted that even if the individual does not get a post within the PHEM sector the skills and experience that they will gain are very valuable.

Professor Sneyd pointed out that it cannot be right that one part of the country is pro a PHEM model of service and the other part is strongly against and suggested that anything the College could do to promote discussion to come to an agreement at a national level would be welcome. Dr J Nolan emphasised that paramedics and PHEM practitioners need to work together collaboratively. The President remarked that there is an initiative within NHS England to review the ambulance service.

Professor Jonathan Benger has been appointed as the National Clinical Director for Urgent Care and Dr J Nolan feels that this is a positive appointment.

Dr Jones noted that the ambulance service in Wales is undergoing a strategic review and transport is crucial to that plan. Part of the problem is poor recruitment into Emergency Medicine and the Welsh Government may see the introduction of PHEM positions as a draw to raise interest. Dr Bagwell suggested that the Welsh Government is very aware that the crux of the reconfiguration of services is the ambulance service. Dr J Nolan emphasised that the problem with recruiting into Emergency Medicine is a national problem.

CID/33/2013 Guidance on Managing the Poorly Performing Anaesthetist

Dr Rollin thanked both Mr Don Liu and Mr McLaughlan for their substantial input into producing the guidance. There has been an enormous increase in the number of doctors in difficulty presenting to various bodies. It is unclear whether this is a real increase in terms of a decline in quality or due to an increase in awareness. The guidance has been on the website for a couple of weeks and the feedback has been very good. There have been some useful suggestions, for example, the lack of mention of military anaesthetists. The consultation will close on 21 June 2013.

Dr Jones suggested that in figure one Procedures in Managing Concern, the box 'To involve a Clinical Director (CD)' should be moved to the top of the boxes, as the CD should be involved from the very beginning.

Professor Sneyd thought that the guidance was a useful addition but that it needs more detail at the front end of the process i.e. the informal local procedure. Professor Sneyd also suggested that the Resource section should include AAGBI "Glossies" that cover this area.

Dr D Nolan commented that the culture in a department is often the most difficult thing to change and how, quite often, a struggling doctor reflects a culture which has marginalised an individual and referencing AAGBI publications may be helpful.

Dr Marks represents the College on the AAGBI Careers and Supporting Well Being Committee and noted that the College looks at doctors in difficulty in terms of how patients might be protected from potential harm, while the AAGBI looks at them in terms of how can the Association provide a good service to its members. Dr Marks also sits on an AoMRC Committee looking at remediation across specialities. The Committee is keen to have a generic remediation process that fits across all specialties. However, while a lot of the problems doctors face are very generic, the context within which remediation takes place is very specialty specific. Dr Marks thinks that anaesthesia as a specialty needs guidance like this as the environment in which problems are addressed is so different.

Dr Rollin asked that all comments be emailed to her.

The President questioned whether medical defence organisations had seen the guidance. Some of the issues may relate to people who work in independent practice without an anaesthetic department to support them. It is important that anaesthetists across the board are treated with equal status.

Dr Venn noted that the National Clinical Assessment Service (NCAS) is not a standalone organisation as it is now part of the National Health Service Litigation Authority (NHSLA).

It was agreed that the guidance would be brought back to a future Council meeting once the suggestions had been incorporated.

CID/34/2013 National Audit Project 6

Professor Tim Cook joined the meeting via teleconference and gave a brief summary of the process for selecting the topic for National Audit Project (NAP)6, which resulted in the recommendation that NAP6 studies Anaphylaxis During Peri-Operative Care.

Professor Mahajan was impressed with the rigour with which the process was run and thanked Professor Cook for taking the task on and producing such a comprehensive process.

Dr J Nolan questioned to what degree other disciplines will be involved in the audit. Professor Cook explained that the more NAPs can involve multi-disciplinary working the better the results will be. Patient involvement is vital to the NAPs and the Patient Liaison Group (PLG) will be involved to provide general lay representation, however a patient support group will also be approached to provide specific lay involvement.

Mr Storey noted that the College has started to fund NAPs on an annual basis. Mr Storey questioned how important it was to involve different partners and clarified that the College was able to fund the NAPs and was not relying on partner funding. Professor Cook emphasised that for each NAP an individual decision should be made as to what is the best fit in terms of appropriate funding, delivery and subsequent dissemination of the results. Mr Storey highlighted that the NAPs are a product and could be used to position anaesthesia with other medical specialties. Professor Cook emphasised that the main role of the NAPs is to improve safety.

Professor Cook emphasised that the NAPs have become larger and more institutionalised. With this greater complexity NAPs will take longer and the cost will be increased.

Professor Sneyd clarified that the topic is anaphylaxis during peri-operative care, so does not include other allergies, for example bee stings, which may limit the scope of other partners. The AAGBI published both the 2009 "glossy" and the laminate and Professor Sneyd suggested that as such the AAGBI should be involved. The President clarified that a lead has yet to be appointed for the NAP6 and potential partner organisations will be discussed at a future date.

CID/35/2013 ISO Neuraxial Connectors

Professor Tim Cook provided an update on Neuraxial Connectors explaining that three years ago the National Patient Safety Agency (NPSA) produced documents to bring forward the introduction of non-Luer connectors for spinal, epidurals and all regional anaesthesia. An external reference group, on which Professor Cook represents the College, was set up to advise on the implementation of the process. At present, 40% of English hospitals have introduced non-Luer connectors. Legislation from California, which is due to come into effect in January 2014 or January 2016, will mean that it is no longer legal to use Luer devices for spinals and epidurals in California. Pressure from this legislation has brought forward the International Standards Organisation (ISO) process and there is now a connector which is being provisionally taken forward as meeting all the requirements based on computer modelling. Dr Pete Philips, who has been working for the Welsh Government in trying to get a unitary solution in Wales, and Dr Phillip Dixon-Smith, who has been involved with the ISO on this topic for 10 years, have been asked to take forward practical testing of the proposed connector. The first step is to produce a protocol that is suitable for testing these devices. It has been suggested that Professor Cook chair a group to discuss and sign off this protocol.

Dr Whitaker questioned whether pre-filled syringes had been discussed. Professor Cook explained that there is awareness that there is a latent risk but that they have not been discussed in any detail.

Dr Clutton-Brock sits on the ISO Committee and is a strong supporter of going down a single solution ISO standard route. Dr Clutton-Brock noted that he believes that the involvement of Drs Philips and Dixon-Smith is positive and supports the suggestion that Professor Cook chair the group that tests the connector.

The President noted that this issue had been discussed at AAGBI Council and there was a similar view in support of single solution.

Professor Mythen questioned on whose behalf the testing was being undertaken and who indemnifies the consequences. Professor Cook explained that ISO has asked for the tests to be carried out and will look into the issue of indemnity.

CEREMONIAL

C/6/2013 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 Elizabeth Anne Bright	West Suffolk Hospital
Dr Gwenda Cavill	Wansbeck General Hospital
Dr Mark William Farrar	St George's Hospital
Dr Anne Cecilia Gregg	Royal Berkshire NHS Foundation Trust
Dr Amish Patel	Royal Surrey County Hospital
Dr Catherine Ann Shaw	Whittington Hospital

COMMITTEE BUSINESS

CB/65/2013 Council Minutes

CID/25/2013 President's Statement Point 6 Professor Sneyd questioned whether the College was going to act to pursue the issue of examination fees being tax deductible. The President noted that as the Surgeons of Edinburgh (RCSEd) have an appeal in at the moment regarding this there is nothing more the College could do other than support the RCSEd.

The minutes of the meeting held on 15 May 2013 were approved.

CB/66/2013 Matters Arising

(i) Review of Action Points

All actions were complete.

CID/25/2013 The President noted that following discussion with Sir Bruce Keogh it had been clarified that a number of anaesthetists are involved in the inspections and that there has been anaesthetic representation on most of the inspections carried out to date.

CB/67/2013 Regional Advisers

Council considered making the following appointments:

West Midlands

Dr J Budd in succession to Dr J James, Regional Advisor for West Midlands South **Agreed**

CB/68/2013 Deputy Regional Advisers

There were no appointments/re-appointments this month.

CB/69/2013 College Tutors

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

Anglia

Dr M E Jones (Cambridge University Hospitals NHSFT) in succession to Dr N Barber **Agreed**

Northern Ireland

Dr D T Lee (The Ulster Hospital) in succession to Dr R E Deyermond **Agreed**

Dr J R Adams (Belfast City Hospital) in succession to Dr G Foster **Agreed**

*Dr M Molloy (Royal Group of Hospitals) **Agreed**

*Dr A Abraham (Antrim Hospital) **Agreed**

North West

Dr M Letheren (Lancashire Teaching Hospitals NHS Trust) in succession to Dr N Pickstock **Agreed**

West of Scotland

Dr N M Crutchley (Forth Valley Hospital) in succession to Dr C Lang **Agreed**

Dr CA Slorach (Wishaw Hospital) in succession to Dr M L Haetzman **Agreed**

Dr C Guha (Monklands Hospital) in succession to Dr S Marshall **Agreed**

South Thames East

Dr R Wadhvani (Kings College Hospital NHS Foundation Trust) in succession to Dr G Kunst **Agreed**

Severn

*Dr J Kerr (Yeovil District Hospital) **Agreed**

*Dr C Seller (Royal United Hospital Bath) **Agreed**

Wales

Dr K Harvey (Morriston Hospital) Acting Tutor from 1st August covering for Dr Terblanche **Agreed**

Dr D Nolan highlighted that there have been a number of requests for College Tutors to job share. There is potential issue in ensuring that Trusts provide funding for both to attend College Tutors' meetings. Dr Venn stated that the College should make clear that job shares will only be approved on the condition that both individuals get funding.

CB/70/2013 Head of School

There were no appointments this month.

CB/71/2013 Training Committee

(i) Chairman of the Training Committee's Update

Dr Fazackerley reported that the minutes of the last Training Committee meeting would be brought to the July meeting of Council.

The Curriculum changes have been submitted to the GMC and subject to a couple of questions being answered, should be approved.

The Training Committee has been approached by several areas regarding adding new areas to the Curriculum e.g. bariatric surgery, care of the elderly patient and the role of enhanced recovery. Whilst important, they are already covered in the Curriculum and they will be dealt with by putting in 'with special respect to' in the area concerned.

There were a number of topics discussed at the College Tutors' meeting, one of which was ICM competencies. Dr Brennan has produced an interim statement and a small working party will be formed to redraft Annex F.

The project to produce memory sticks with advice for novice anaesthetists is now active and has been well received to date.

The two Bernard Johnson Advisors have now been made core members of the Training Committee.

The Workplace Based Assessment group has reconvened and the Terms of Reference have been revisited so that they work more closely with the E-portfolio group. The group is mainly looking at Structured Learning Events (SLEs) and Assessment of Performance (AoP).

The changes that have been suggested to the e-Portfolio have been approved, for example the inclusion of revalidation questions.

Dr Fletcher noted that in terms of Critical Care there has to be the same assessment process as the FICM but the intention is to find a more reasoned and pragmatic way of actually doing it.

(ii) Certificate of Completion of Training

Council noted recommendations made to the 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.

London

North Central

Dr Sachin Bahadur
Dr Reshma Woograsingh
Dr Helen Ahmad
Dr Ram Kumar

Bart's and The London

Dr Timothy Webb
Dr Briand Prasad
Dr Shishir Chandrashekhar
Dr Jonathan Robinson
Dr Tejal Pattni

Imperial

Dr Jermei Campbell
Dr Kathryn Jenkins
Dr Mark Reaveley

St. George's

Dr Britta Millhoff
Dr Bulelwa Bodlani

Mersey

Dr Neil Oakes
Dr Thomas Williams *
Dr Emma Bain
Dr Matthew Stott

Northern Ireland

Dr Jonathan Silversides *
Dr Bhaskar Venkatamuniraju

Oxford

Dr Claire Winterborn

Severn/Bristol

Dr Nancy Boniface
Dr Matthew Drake
Dr Alia Darweish
Dr Helen Makins

South West Peninsula

Dr Claire Blandford
Dr David Portch
Dr David Ashton-Cleary

Wessex

Dr Barnaby Rylah

West Midlands

Warwickshire

Dr Triumala Parcha

North Scotland

Dr Andrew Clarkin *
Dr Shane Campbell

East Yorkshire (Hull/York)

Dr Alexandru Stefan
Dr Mruthunjaya Hugar

South Yorkshire (Sheffield)

Dr Helen Roberts
Dr Kirtsy Parsons
Dr Vinayak Kumar

CB/72/2013 Examinations Committee

Council received and considered the minutes of the meeting held on 7 May 2013, which were presented by Dr D Nolan, who drew Council's attention to the following:

- EX/15/13 Examiner commitment

Professor Sneyd highlighted that medical schools have a wealth of experience in terms of standard provisions for dyslexia. Mr Bryant noted that the College had received a lot of information from Medical Schools, other Colleges and the British Dyslexia Association.

Council agreed that the under-mentioned doctor be awarded the Nuffield Prize for performing at the highest levels of distinction in all sections of the Primary examination at their first attempt at the May 2013 sitting of the Primary FRCA:

Dr Robert David Wiltshire - Poole Hospital, NHS Foundation Trust, Dorset

Council agreed that with effect from 1st July 2014, the maximum number of attempts, for all Primary FRCA examinations will be increased to six attempts.

Council agreed that the FRCA Examination Regulations should be amended accordingly from 1st July 2014 (Appendix A). Additional Educational Requirement Form (AER Form1) to be added as an appendix to the examination regulations from 1st July 2014 (Appendix B).

Council agreed that:

1. That the attached Misconduct Policy (Appendix C) be added as Appendix 7 of the Primary and Final FRCA Examination Regulations, August 2012, with immediate effect.

2. Paragraph 36 of the Examination Regulations to be amended to read:

"all aspects of misconduct at FRCA examinations will be investigated and acted upon in accordance with the misconduct policy set out at Appendix 7 of these regulations."

Council agreed that Dr Milaskiewicz be approved to continue her examinership for one year following retirement from clinical practice to August 2014 and that Dr Nevin be approved to extend his examinership by one more year to August 2014.

CB/74/2013 Faculty of Pain Medicine

This item was deferred until the July meeting of Council.

CB/75/2013 Communications Committee

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

- *CC/15/2013 Webcasts on the College Website*
- *CC/15/2013 Archiving of Old Documents*
- *CC/16/2013 College Research Area on the Website*
- *CC/17/2013 Facebook*
- *CC/18/2013 Terms of Reference*

Dr Marks noted that the website has an editorial policy and that every Committee should have a Communications Lead. A number of requests have been received to change main menu items on the website and Dr Marks explained that the total number of main menu items could not be increased so to allow for new items other menu items have to be merged.

CB/76/2013 Faculty of Intensive Care Medicine

This item was deferred until the July meeting of Council.

CB/77/2013 Recruitment Committee

Council received and considered the minutes of the meeting held on 29 May 2013 which were presented by the Chairman, Dr Langton, who drew Council's attention to the following:

- *RC/31/13 Recruitment 2013 Update*
- *RC/33/13 MDRS Update*
- *RC/35/13 Online Assessor Training 2013 and beyond*

- *RC/37/13 Question Bank*

- *RC/36/13 Recruitment 2014*

Dr Langton raised the possibility of clustering Units of Applications (UoAs) for 2014. Advantages of clustering would be to help those UoAs who struggle to fill posts, to help candidates to be considered by multiple UoAs and that it would be cost effective. Dr Fletcher noted that London already clusters and this results in a disadvantage to those areas surrounding London. Dr Fletcher also highlighted that there is an issue with HEE capping appointment posts. Mr Bryant noted that it is unclear where this mandate has come from, as HEE are not yet in a position to mandate numbers and suggested that it may be Deaneries making unilateral cuts. Dr Colvin highlighted that in terms of recruitment and workforce strategy the College needs to have an overall view of where these cuts were being made. Professor Sneyd suggested that the College should press HEE to move towards a transparent evidence based national allocation system as soon as possible.

Dr Marks commented that when applying for a job applicants need to know where it is they are applying to. Mr Bryant suggested that clustering UoAs will increase an applicant's chance of getting a job as they will be interviewing for more posts and clarified that applicants will still be able to state a preference. It was agreed that the Recruitment Committee would produce a proposal on the possibility of clustering UoAs.

CB/78/2013 Finance Committee

Council received and considered the minutes of the meeting held on 3 May 2013, which were presented by Mr Kevin Storey, who drew Council's attention to the following:

- *F24/2013 Matters Arising*
- *F25/2013 Matters considered between meeting*
- *F29/2013 2013/14 Draft Annual Budget*
- *F26/2013 Report on the College's Financial Position*

Mr Storey noted that as a result of the Co-operative bank being downgraded the College has spread its money market deposits between a number of banks. Mr Storey highlighted that by the end of the month other banks are likely to also come under scrutiny.

CB/80/2013 Safe Anaesthesia Liaison Group (SALG)

Dr Clutton-Brock asked Council to approve the SALG logo. It was agreed that a version with the writing in lower case would be produced.

CB/81/2013 Education Committee

Council received and considered the minutes of the meeting held on 4 June 2013 which were presented by the Chairman, Dr Clutton-Brock, who drew Council's attention to the following:

- *EC/14/13b Chairman's feedback*
- *EC/14/13e Mentoring for new speakers*
- *EC/16/13b Planning future events*
- *EC/17/13a Webcasting*
- *EC/17/13c Facebook*
- *EC/17/13d e-Learning*
- *EC/18/13d Anniversary Meeting 2014, BJA Delphi Session*

- *EC/19/13c Training the Trainers, RCoA and RCS*
- *EC/19/13e Anaesthetic Roadshow*
- *EC/15/13a Mentoring for Career Grade Doctors*

Mr Storey noted that there is a Board meeting of e-Integrity in July at which it is likely that it will be agreed that the College will give £15,000 per annum to start doing the maintenance of e-Learning for Anaesthesia.

CB/82/2013 Royal College of Anaesthetists' Advisory Board for Northern Ireland

Council received and considered the minutes of the meeting held on 23 April 2013 which were presented by the Chairman, Dr Darling, who drew Council's attention to the following:

- *4.1 Training Standards for those who assist anaesthetists*
- *4.2 Core Topics Day, Waterfront Hall, Belfast – 2nd October 2013*
- *4.6 Manpower*
- *4.3 Constitution*
- *4.4 Clinical Excellence Awards*
- *4.6 Northern Ireland input into National Audits*
Ms Drake noted that funding for the Laparotomy Audit only covered England and Wales and it is for this reason that Ireland has not been able to contribute.
- *5.1 National Recruitment Interviews*
- *5.1 FRCA Examinations*
- *5.2 Intensive Care Medicine*
- *8.0 Trainee Locums*
- *9.0 Revalidation*

Dr J Nolan questioned whether there was any hard data to indicate that consultants' volunteering to do work has reduced since the Clinical Excellence Awards have been removed. Dr Darling explained that there was no hard data on what consultants were doing to start with as it was done on a goodwill basis. Dr Darling noted that the Blood and Transfusion Audit used to be done by those volunteering their time and the Department of Health now has to advertise these posts with salaries. Dr Darling agreed to look into the possibility of gathering hard evidence.

Dr Jones thanked Dr Darling for hosting his and Mr Storey's visit to Ireland and commended his leadership skills for Ireland. Dr Fletcher also took the opportunity to thank Dr Darling for hosting the Annual Review of Competence Progression (ARCP) Meeting.

CB/83/2013 Revalidation Committee

This item was deferred until the July meeting of Council.

Dr Marks raised the issue of doctors who work in anaesthesia on less than one day a week. The College in terms of revalidation states that there is no minimum number of days that a doctor must work and that this must be agreed between the individual and their appraiser. However,

guidance from Professional Standards which is on the website, states that there is a minimum currency of one day a week. Dr Marks asked Council to consider before the July Council meeting which is the correct answer.

MATTERS FOR INFORMATION

I/18/2013 Publications

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

I/19/2013 Consultations

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

I/20/2013 New Associate Fellows, Members and Associate Members

Council noted, for information, the following:

NEW ASSOCIATE FELLOWS

Dr Kingsley Osagie Enohumah – Tameside General Hospital, (Tameside)

Dr Zsuzsanna Magdolna Kulcsar – Royal Manchester Children's Hospital (Manchester)

New Member

Dr Amy Thomson – Primary of the RCoA

To receive for information the following doctor(s) have been put on the Voluntary Register

Dr Kathri Achchige Dona Upeka Asuntha Dayaratne Samaranayake – Worthing Hospital

Dr Jaroslava Kralova – Worcestershire Royal Hospital

Dr Irina Georgieva – Kettering General Hospital

Dr Suchith Cheruvally – University Hospital of North Tees

Dr Jose Luis Soriano-Bru – Glangwili General Hospital (Carmarthen)

Dr Mohammed Ali Khan Fazlulla Khan – Chesterfield Royal Hospital NHS Foundation Trust (Chesterfield)

Dr Nauman Iftikhar – South Western Acute Hospital (Enniskillen)

Moved into this category as doctor was in wrong membership category

<u>Category</u>	<u>Name</u>	<u>Hospital or Qualification</u>
Member	Dr Gunmeet Singh Dhingra	Primary of the RCoA
Member	Dr Piers Mehlem Johnston	Primary of the RCoA
Member	Dr Martin Joseph Duffy	Primary FCARCSI
Associate Member	Dr Mark Warren Fowler	Unknown
Associate Member	Dr Emily Pauline Cooper	Wigan, Wrightington & Leigh NHS Trust
Associate Member	Dr Denisa Wilkes	Hospital Unknown
Voluntary Register	Dr Ilinca Eanuka Dragusin	East Lancashire Trust Hospitals, Royal Blackburn Hospital

PCS/5/2013 PRESIDENT'S CLOSING STATEMENT

1. The President thanked those who attended the College Tutors' Meeting and ACSA Launch.
2. The College is in the final stages of putting together a short film to commemorate the 65th Anniversary of the NHS.

MOTIONS TO COUNCIL

M/22/2013 Council Minutes

Resolved: That the minutes of the meeting held on 15 May 2013 be approved.

M/23/2013 College Tutors

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

Anglia

Dr M E Jones (Cambridge University Hospitals NHSFT) in succession to Dr N Barber

Northern Ireland

Dr D T Lee (The Ulster Hospital) in succession to Dr R E Deyermund

Dr J R Adams (Belfast City Hospital) in succession to Dr G Foster

*Dr M Molloy (Royal Group of Hospitals)

*Dr A Abraham (Antrim Hospital)

North West

Dr M Letheren (Lancashire Teaching Hospitals NHS Trust) in succession to Dr N Pickstock

West of Scotland

Dr N M Crutchley (Forth Valley Hospital) in succession to Dr C Lang

Dr CA Slorach (Wishaw Hospital) in succession to Dr M L Haetzman

Dr C Guha (Monklands Hospital) in succession to Dr S Marshall

South Thames East

Dr R Wadhvani (Kings College Hospital NHS Foundation Trust) in succession to Dr G Kunst

Severn

*Dr J Kerr (Yeovil District Hospital)

*Dr C Seller (Royal United Hospital Bath)

Wales

Dr K Harvey (Morrison Hospital) Acting Tutor from 1st August covering for Dr Terblanche

M/24/2013 Examinations Committee

Resolved: That the under-mentioned doctor be awarded the Nuffield Prize for performing at the highest levels of distinction in all sections of the Primary examination at their first attempt at the May 2013 sitting of the Primary FRCA:

Dr Robert David Wiltshire - Poole Hospital, NHS Foundation Trust, Dorset

Resolved: Subject to Council approval, with effect from 1st July 2014, the maximum number of attempts, for all Primary FRCA examinations will be increased to six attempts.

Subject to Council approval, the FRCA Examination Regulations will be amended accordingly from 1st July 2014 (Appendix A). Additional Educational Requirement Form (AER Form1) to be added as an appendix to the examination regulations from 1st July 2014 (Appendix B).

Resolved: 1. That the attached Misconduct Policy (Appendix C) be added as Appendix 7 of the Primary and Final FRCA Examination Regulations, August 2012, with immediate effect.

2. Paragraph 36 of the Examination Regulations to be amended to read: "*all aspects of misconduct at FRCA examinations will be investigated and acted upon in accordance with the misconduct policy set out at Appendix 7 of these regulations.*"

Resolved: That Dr Milaskiewicz be approved to continue her examinership for one year following retirement from clinical practice to August 2014.

That Dr Nevin be approved to extended his examinership by one more year to August 2014.