

## MEETING OF COUNCIL

**Edited minutes of the meeting held on Tuesday 12 March 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 J P Nolan
Dr H M Jones	Dr J A Langton
Dr D M Nolan	Dr J R Colvin
Professor J R Sneyd	Dr N W Penfold
Professor D Rowbotham	Dr V R Alladi
Professor J F Bion	Dr S Gulati
Dr P J Venn	Dr S Fletcher
Dr A Batchelor	Dr P Kumar
Dr D K Whitaker	Dr R Darling
Dr R J Marks	Dr I Johnson
Dr T H Clutton-Brock	Dr M Nevin
Dr L J Brennan	Dr A W Harrop-Griffiths

Mrs I Dalton, RCoA Patient Liaison Group (PLG)  
Dr A-M Rollin, Professional Standards Adviser

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

**Apologies for absence:** Professor R Mahajan, Dr E J Fazackerley and Professor M Mythen.

### **CEREMONIAL**

#### **C/2/2013 Election to Council**

- (i) The President gave a verbal report of the election.
- (ii) The recently elected Council members, Dr Fletcher and Dr Kumar, were admitted to Council.

### **PRESENTATION**

#### **P/3/2013 NHS Litigation Authority**

Dr Venn introduced Ms Catherine Dixon, Chief Executive of the NHS Litigation Authority (NHSLA). Ms Dixon gave a presentation of the NHSLA's work and its priorities for moving forward. Ms Dixon agreed to confirm whether or not the NHSLA figures for anaesthesia include intensive care medicine (ICM).

Dr Whitaker was concerned that the patient experience would be different for those pursuing a claim through the Clinical Negligence Scheme for Trusts (CNST) and those pursuing one through an insurance company. Dr Whitaker suggested that trusts not covered by the NHSLA should make this explicit in their consent form.

Dr Venn commented that the Royal College of Anaesthetists (RCoA) had not previously engaged with the NHSLA. Quality in healthcare, including the Anesthesia Clinical Services Accreditation Project, is a major part of the RCoA's work. Dr Venn noted with interest the increasing number of claims for anaesthesia and suggested a more detailed analysis of the trend by the NHSLA and RCoA could identify the grade of doctors involved, geographical spread etc and be used to identify whether the RCoA could be doing anything to reduce such instances occurring. Ms Dixon indicated that the NHSLA would be happy to work jointly with the RCoA to drill down into the information, particularly if it could be in the form of case studies which encourage the engagement of other organisations.

Dr Venn pointed out that Ms Christine Tomkins, Chief Executive of the Medical Defence Union, had asked why the NHS cannot undertake care required as a result of its own mistakes; this would be less costly than transferring the care to the private sector. Ms Dixon responded that often social care is required which is not always available as part of an NHS care package.

Professor Sneyd commented that use of electronic anaesthesia records had not progressed in the UK and suggested that the NHSLA is in a strong position to advocate their deployment and he asked if the NHSLA would be prepared to do so. Ms Dixon explained that as a public body the NHSLA is unable to lobby government although it could look at incorporating electronic records into standards. Even then the NHSLA would not refuse to indemnify a trust which was unable or unwilling to deploy them. Ms Dixon added that the NHSLA could actively promote their use if it could be shown that it results in better outcomes.

Professor Bion pointed out that for anaesthesia the number of claims expressed as a percentage of complaints would look very different; can the NHSLA express claims linked to the individual trust's volume of complaints or can a comparison be made between England and European countries? Ms Dixon responded that the NHSLA can show claims data for individual organisations. Ms Dixon explained that in some circumstances, for example a brain damaged baby, the complaints process could be followed and even if it is dealt with impeccably would result in a claim. There are instances with lower value claim potential which only actually become a claim because people become frustrated with the process.

Dr Jones' department had looked at its risk and where resources were required to plug the gaps. Anaesthetists consider the specialty to be high risk whereas the Welsh Risk Pool considers it a low risk specialty. Dr Jones asked how, given this apparent contradiction, it would be possible to ensure continued investment by purchasers in the specialty. Ms Dixon did not consider the NHS to be at that level of sophistication in its level of investment; there is not necessarily a correlation between high litigation risk and investment. Ms Dixon added that it was important for the NHSLA to extract learning from the claims with which it deals in order to make appropriate investment and to influence decision making.

The President and Council thanked Ms Dixon.

## **COUNCIL IN DISCUSSION**

### **CID/16/2013      President's Opening Statement**

- (i) The President announced the deaths of Dr Kalyani Jash, Dr Raguppillai Gnanasuntharam and Dr Rosemary Mitchell. Council stood in memory.
- (ii) The National Audit Project (NAP)5 publication has gone live. A press release has been placed on the BBC health news website and has also been taken up by others. The project will be jointly published in *The British Journal of Anaesthesia (BJA)* and *Anaesthesia*.
- (iii) Mr Storey reported that it had been agreed that the RCoA should not continue with the e-Portfolio project.
- (iv) There have been changes in the committee structure brought about by changes in personnel within Council. Some committees would be disbanded and the President was in

discussion with some chairmen about the role and output of their committees. Further changes are anticipated.

- (v) The President has written to Professor Derek Gallen as there had been no contact from the Conference of Postgraduate Medical Deans of the United Kingdom (COPMeD) regarding the replacement of Dr Fiona Moss as Lead Dean for Anaesthesia. The President had emphasised the need for early engagement with the new Lead Dean particularly with the forthcoming introduction of Local Education and Training Boards (LETBs) etc.
- (vi) Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE), in conjunction with the Obstetric Anaesthetists' Association (OAA) and the RCoA, has identified 24 potential assessors, 7 of whom have an interest in obstetrics and intensive care.
- (vii) There has been a further judicial review of children's heart services in the UK; further outcomes are awaited.
- (viii) The Editor of the *Journal of Dentistry* has expressed an interest in publishing editorial comment and articles about standards of sedation in dentistry.
- (ix) The minutes of the annual meeting with the Scottish Chief Medical Officer (CMO) would be presented to Council at its next meeting. The CMO remains keen to engage with the RCoA.
- (x) The Academy of Medical Royal Colleges (AoMRC) has launched its obesity report. The National Audit Office (NAO) has also recently published its report on the increased prevalence of obesity. Obesity impacts on the provision of service generally, not just on the provision of bariatric services.
- (xi) The President had attended the launch of new clinical guidelines to aid clinical decision making in the treatment and care of diabetes in older people. The launch was chaired by Professor Alan Sinclair who was keen to engage with the RCoA on the perioperative management of the elderly diabetic patient.
- (xii) The President invited Professor Sneyd to report on the Francis Inquiry Seminar he had attended. Professor Sneyd explained that Mr Robert Francis QC felt there should be two levels of standards; fundamental standards and enhanced quality standards. Mr Francis had suggested that compassion is crushed out of people by the commoditisation of healthcare. There is likely to be a statutory duty of candour. Peer review was a key phrase; Professor Sneyd suggested that it be incorporated into the strap line for departmental accreditation. Professor Sneyd agreed to circulate notes of the meeting to Council. The President reminded Council to submit comments on the AoMRC's priorities arising from the *Francis Report* ahead of the meeting on 23 April. Mr McLaughlan added that the deadline for response to the AoMRC was 2 April 2013.
- (xiii) Dr Venn had attended a meeting with Mr Francis at the King's Fund. Of 230 delegates only 19 doctors in clinical practice were listed in the delegates' list. Dr Venn suggested this demonstrated a total disengagement of senior healthcare staff from the quality of healthcare. If quality standards are to be driven up in healthcare most of the issues would be resolved by putting consultants back in clinical teams. Dr Venn suggested that the RCoA should look at this and drive the AoMRC towards putting doctors back in charge of their patients. Professor Bion shared Dr Venn's views and reported that work on developing seven day activities continues. The next phase would be to develop more solid guidance on the content of what 7 day consultant led care means. Professor Bion would chair an oversight group of that activity.
- (xiv) Dr D Nolan had attended the National Stakeholders' meeting. The anticipated full ministerial presence did not materialise as the meeting coincided with Sir David Nicholson giving evidence to the Health Select Committee. Breakout sessions related to culture and empowering patients took place. There was a presentation of the future of the Department of Health (DH) and how it envisages its role. The DH wishes to ensure clinical expertise is at the heart of policy making.
- (xv) Council was asked to support the staff cake sale in aid of Comic Relief.

### **CID/17/2013 Faculty of Pain Medicine Regulations**

Professor Rowbotham presented Version 9 of the Faculty of Pain Medicine's (FPM) Regulations, the main change being the adoption of Council's method of voting for the Dean and Vice Dean by e-mail. Other changes related to reformatting. Professor Rowbotham wished to record his thanks to Mr Daniel Waeland for his work on the Regulations. Council approved the amendments.

Mr Storey reported that simplyvoting.com would be used for the Scottish Board Election.

### **CID/18/2013 Anaesthesia Clinical Services Accreditation (ACSA)**

Council received an update from Mr McLaughlan. A document has been prepared outlining the benefits to Trusts. Dr Colvin enquired if progress had been made in linking the initiative through Health Improvement Scotland. Mr McLaughlan responded that nothing further had been heard since the meeting with the CMO.

Mr McLaughlan explained that domain five of the ACSA work was going to be subspecialty areas. At a recent meeting the Association of Paediatric Anaesthetists (APA) had been very supportive of ACSA and was looking to wind down its own peer review system as ACSA gears up.

The official launch of the project would take place during the evening of 18 June 2013 at which point the pilot would cease and the project would run as a live RCoA service available

### **CID/19/2013 Association of Anaesthetists of Great Britain and Ireland President's Report**

Dr Harrop-Griffiths reported that the AAGBI has joined with the RCoA, FPM, OAA, Regional Anaesthesia-UK (RA-UK) and APA in publishing an updated statement on non-Luer neuraxial connectors. A statement from Enteral demonstrated the need for international standards; the information would be fed into the next meeting of the External Reference Group.

The AAGBI has commissioned four new Working Parties.

The AAGBI plans to issue guidance on the concentration of chlorhexidine that should be used to clean the skin before neuraxial and peripheral nerve blocks.

The AAGBI has agreed to support the National Institute of Academic Anaesthesia (NIAA) proposed Research Priority Exercise.

## **CEREMONIAL**

### **C/3/2013 Fellowship ad eundem**

Fellowship ad eundem of the Royal College of Anaesthetists was awarded to:

Dr Kodaganallur Krishnan  
Dr Navneet Narula  
Dr Tamas Szakmany

## **COMMITTEE BUSINESS**

### **CB/28/2013 Council Minutes**

The minutes of the meeting held on 13 February 2013 were approved.

### **CB/29/2013 Matters Arising**

(i) Review of Action Points

*CID/9/2013 (xiv) President's Statement* Professor Sneyd had written a *Guidelines for the Provision of Anaesthetic Services (GPAS)* chapter on sedation. Dr Venn reported it would be included in next year's edition of *GPAS*.

*CID/13/2013 Proposed Change to the Scope of Practice of Physicians' Assistants (Anaesthesia) [PA(A)]* The Anaesthesia Related Professionals Committee (ARPC) agreed decisions should be made on a patient by patient and PA(A) by PA(A) basis. As such it would be more appropriate as an advanced practice module; guidelines would be drawn up for the next ARPC meeting.

*CID/15/2013 Statement to the World Health Organisation Regarding the Alcohol Industry* Dr Whitaker reported that there may be a request for support related to proposed reductions in the drink-driving level.

*CID/3/2013 Shape of Training Consultation* The President would discuss the Committee's direction of travel with Dr Peter Nightingale.

(ii) Council Away Weekend

Dr Langton encouraged Council members to submit agenda items to himself and Dr Colvin with a copy to Ms Regan.

**CB/30/2013 Regional Advisers**

There were no appointments for Council to consider.

**CB/31/2013 Deputy Regional Advisers**

Council considered making the following appointment:

**East of Scotland**

Dr Fiona Cameron, Deputy Regional Adviser for East of Scotland **Agreed**

**CB/32/2013 College Tutors**

Council considered making the following appointments:

**East Yorkshire**

Dr I Ahmed (Hull Royal Infirmary) in succession to Dr J Pettit **Agreed**

**North Thames West**

Dr R K Dhesi (St Mary's Hospital) in succession to Dr H Johannssen **Agreed**

**North Thames East**

Dr C M Dempsey (Royal London Hospital) in succession to Dr D D Kennedy **Agreed**

**North of Scotland**

Dr P J Bourke (Aberdeen Royal Infirmary) in succession to Dr A McDiarmid **Agreed**

Dr M M Kumar (Aberdeen Royal Infirmary) new post agreed at October 2012 Council **Agreed**

**Severn**

Dr I A Wilkins (Frenchay Hospital) in succession to Dr R Spencer **Agreed**

**CB/33/2013 Heads of Schools**

Council noted the following appointment:

**Severn**

Dr S G O Rees in succession to Dr S Underwood.

Dr D Nolan reported some confusion at the recent Regional Advisers' (RA) meeting about their role. Many RAs are struggling to get time away from their trust. The mood had improved throughout the day and by the end of the meeting a great deal of constructive discussion had been achieved relating to significant issues. Attendance levels were lower than usual although it was unclear whether this was attributable to the meeting taking place on a Friday or difficulty in getting time away from the trust. Mr Bryant suggested that the RCoA's practice of paying expenses where trusts refused to do so was cause for concern in respect of the number of attendees expected at the College Tutors' (CT) meeting. The President suggested this be raised

with Professor Wendy Reid who would address Council at its next meeting. Dr Whitaker suggested writing to Non Executive Directors. Dr Colvin expressed an interest in ascertaining reasons for non-attendance at the RAs' meeting rather than relying on hearsay. This would allow the RCoA to identify and target regions where time away from the trust is a problem. Dr Brennan stated that the problem for RAs may hit crisis proportions. RAs have traditionally served the RCoA and specialty well and it was important to look at and support their roles. Dr Fletcher suggested there are mechanisms for overcoming this problem, e.g. with support from the Deanery. Dr Venn anticipated an increasing role for RAs who are the College's ambassadors. With the introduction of ACSA there may be a significant role for them in that process. Dr Venn added that there is a perceived element of disengagement amongst CTs; very few had returned the survey on morbidity and mortality (M&M) meetings. Professor Bion stated that RAs in ICM are the ambassadors of the Faculty of Intensive Care Medicine (FICM) and their role is much wider than delivery of education. Education is also a primary tool for quality improvement. Dr Fletcher suggested obtaining further details of the issues via the Lead RA.

## **CB/34/2013 Training Committee**

### **(i) Medical Secretary's Update**

Dr Brennan gave a verbal report of the meeting of the AoMRC Training Committee. The Committee had received a preliminary update from the General Medical Council's (GMC) Quality Assurance (QA) exercise. This had given the impression that Colleges may be marginalised in their QA role and had caused great concern at the meeting. Dr Brennan suggested that the training quality agenda and peer review should be included in the RCoA's response to the *Francis Report*.

A poster competition would be held for the first time at the CTs' meeting in June. More than 40 abstracts have been submitted. The meeting would include high profile speakers; Mr Paul Buckley, Mr Robert Francis QC and Professor David Greenaway.

A project is being started looking at the outcomes of less than full-time (LTFT) training and how LTFT trainees progress in their early years of consultancy.

A new starters' pack will be introduced for trainees joining the specialty. Core information will be provided including the curriculum, access to e-Learning Anaesthesia and a welcome from the President. Dr Brennan agreed to take to the Training Committee Dr Marks' suggestion that the welcome pack be included on the website.

Dr Johnson reported that Locum Appointment – Training (LAT) posts will continue to be recruited in the devolved nations.

### **(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.

#### **Anglia**

Dr Elizabeth Williams

#### **London**

##### **South East**

Dr Thomas Bate

Dr Heena Bidd

#### **North Central**

Dr Christine Swampillai

#### **Bart's and The London**

Dr Katrin Eigener \*

#### **Imperial**

Dr Rachel Bartlett

Dr Adam Shonfield

**St. George's**

Dr Preeti Goyal

**East Midlands****Leicester**

Dr Annie Jacob

Dr Anil Darbar

**Mersey**

Dr Andrew McDonal

Dr Shailesh Jhawar

**North West**

Dr Thomas O'Neill

Dr Caroline Smith \*

Dr Bharati Vyawahare

Dr Dominic Lea \*

Dr Vikas Jain

**West Midlands****Birmingham**

Dr Peter Beavan

**Stoke**

Dr Anna Dennis \*

Dr Biswajit Das

**Warwickshire**

Dr Thejas Bhari

Dr Shanmuga Parmasivan

**Wales**

Dr Peter Richardson

Dr Madhankumar Vijaya Kumar \*

Dr Bethan Gibson \*

Dr Ami Jones \*

**South East Scotland**

Dr Clare Gardener

**Yorkshire****West Yorkshire (Leeds/Bradford)**

Dr Komal Ray

Dr Muhammad Sharafat \*

**East Yorkshire (Hull/York)**

Dr Angukumar Thangamuthu

**CB/35/2013                      Communications Committee**

Council received and considered the minutes of the meeting held on 31 January 2013 which were presented by the Chairman, Dr Penfold, who drew Council's attention to the following items:

- *CC/03/2013 Educational Resources on the Website.*
- *CC/05/2013 Webcasts on the College Website.*
- *CC/07/2013 Archiving of Old Documents and Updating of New Documents.*  
Dr Whitaker asked how easy it would be to find archived documents and suggested the use of gateway numbers. Dr Marks explained that the use of a standard format for documents so each had a unique number had been considered; the stumbling block being that more than one person would upload documents.

- *CC/02/13 News Items on the Website and Tweeting.*

- *CC/10/13 Advertising Rates for the Bulletin.*

**CB/37/2013                      Examinations Committee**

Council received and considered the minutes of the meeting held on 12 March 2013 which were presented by Dr Brennan who drew Council's attention to the following items:

- *EX/48/11 Quality Assurance of Exempting Qualifications.*
- *EX/08/13 Number of Attempts.*

- *EX/07/13 Mobile Phone, Complaints and Misconduct Policies.*

Council agreed that the Mobile Phone Policy (Annex A) be added as Appendix 6 of the Primary and Final RCA Examination Regulations, August 2012 with immediate effect.

Council agreed that the Complaints Policy (Annex B) be added to the Primary and Final FRCA Examinations (Reviews and Appeals) Regulations, October 2010 with immediate effect.

Council agreed that the following sentence be added to paragraph 36 of the Primary and Final RCA Examinations Regulations August 2012 with immediate effect: *"The GMC will be notified in the event of a disqualification due to cheating."*

- *EX/14/13 Election of New Examiners for Academic Year 2013-2014.*

Council agreed that the FRCA examiners listed in paragraph EX/14/13 sub-paragraph e and f have their examinership extended by one more year to August 2014.

Council agreed that the FRCA examiners listed in paragraph EX/14/13 sub-paragraph g continue their examinership for one year following retirement from clinical practice to August 2014.

Council agreed that the Fellows listed in paragraph EX/14/13 sub-paragraph h above should be appointed as probationary examiners with effect from September 2013.

Council agreed that the Primary FRCA examiners listed in paragraph EX/14/13 sub-paragraph d above should move to the Final FRCA Board with effect from September 2013.

- *EX/10/13 Meeting regarding Iraq Training the Trainers.*
- *EX/46/12 Global Rating Form for Actors for Primary OSCE.*

It was agreed that Mr Bryant would send a reminder to the Hong Kong College of Anaesthesiologists as there had been no further contact. Dr Colvin suggested that engagement with the Hong Kong College be an item for discussion at the Away Weekend.

Mr Bryant reported that an e-mail had been received from the British Medical Association's (BMA) Equality and Diversity Committee requesting information on equality and diversity. This was in light of a challenge to the clinical skills assessment examination run by General Practitioners. Mr Bryant agreed to circulate the RCoA's response to Council. Professor Sneyd agreed to send Mr Bryant contact details for Dr Katie Petty-Saphon at the Medical Schools Council.

### **CB/38/2013 National Institute of Academic Anaesthesia**

Council received and considered the minutes of the Board meeting and Research Council meeting held on 31 January 2013 which were presented by Ms Drake in the Chairman's absence. Ms Drake drew Council's attention to the following:

- *NIAAB/16/2013 Terms of Reference.*
- *NIAAB/09/2012(ii) NIAA Partnerships (Rosetrees Trust).*
- The National Institute for Health Research (NIHR) is very keen to work with the NIAA, RCoA and AAGBI and has suggested meeting at least every six months.
- *NIAAB/05/2013 Research Priority Exercise.*

### **CB/39/2013 Professional Standards Committee**

Council received and considered the minutes of the meeting held on 7 February 2013 which were presented by the Chairman, Dr Venn, who drew Council's attention to the following items:

- *PSC/03/2013 Translation of Patient Information Leaflets.*

- *PSC/08/2013 Terms of Reference.*

- *PSC/10/2013 NICE Guidance and College Guidelines.*

The National Institute for Health and Clinical Excellence (NICE) has produced guidance which recommends a specific oesophageal Doppler. Hospitals are seeking advice from the Colleges. There is a conflict as it is linked with a Commissioning for Quality and Innovation (CQUIN) payment. Dr Clutton-Brock explained that devices are put forward by manufacturers to the Medical Technology Advisory Committee (MTAC) which is part of NICE. Dr Clutton-Brock suggested a draft statement be prepared and shared with the AAGBI, adding that the RCoA should be very clear on its position. Council agreed that this would be a reasonable way forward. Dr Brennan suggested that the change of Chairmanship of NICE presented a timely opportunity. Dr Brennan pointed out that the RCoA has raised concerns in the past with NICE which had been ignored. Dr Clutton-Brock reminded Council that each piece of NICE Guidance goes out for consultation but the number of professionals who respond is very small. Dr Clutton-Brock encouraged everyone to provide feedback on guidance. Dr Clutton-Brock admitted there was some inconsistency amongst NICE committees with regards to response to public feedback; this is not however a reason for not providing feedback to NICE.

- *PSC/11/2013 Weekend Services.*

Dr Venn and the President would discuss a statement on seven day working. The President highlighted the importance of defining seven day working.

Council approved the GPAS chapters.

## **MATTERS FOR INFORMATION**

### **1/8/2013 Publications**

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

### **1/9/2013 Consultations**

Council received, for information, a list of the current consultations. A list of consultations to which the RCoA had responded had been published in the *Bulletin*; this will be done on a regular basis.

### **1/10/2013 New Associate Fellows, Members & Associate Members**

Council noted, for information, the following:

#### **New Member**

Dr Rajan Muraleedaran – RCSI Primary

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

Dr Daniel David Gorman – Eastbourne District General Hospital

Dr Ramya Parameswari Arjunan – North Middlesex University Hospital NHS Trust

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

<b><u>Category</u></b>	<b><u>Name</u></b>	<b><u>Hospital or Qualification</u></b>
Associate Member	Dr Lini Cherian	West Suffolk Hospital, Bury St Edmunds
Member	Dr Zaiti Akmar Kostense	Primary FRCA
Voluntary Register	Dr Vijeta Mahinthan	Bedford Hospital

## **PRESIDENT'S CLOSING STATEMENT**

### **PCS/3/2013 President's Closing Statement**

- (i) The Anniversary Meeting would take place over the following two days.
- (ii) The RCoA had been asked if it would be interested in laying a wreath on the grave of John Snow to commemorate the 200<sup>th</sup> anniversary of his birth. It had been considered more

appropriate to commemorate the occasion by publishing a history and brief biography on the website. Dr Harrop-Griffiths reported that the AAGBI would be laying a wreath.

## **MOTIONS TO COUNCIL**

### **M/11/2013 Faculty of Pain Medicine**

**Resolved:** That Version 9 of the Faculty of Pain Medicine Regulations be approved.

### **M/12/2013 Council Minutes**

**Resolved:** That the minutes of the meeting held on 13 February 2013 be approved.

### **M/13/2013 Deputy Regional Advisers**

**Resolved:** That the following appointment be approved:

Dr Fiona Cameron, Deputy Regional Adviser, East of Scotland

### **M/14/2013 College Tutors**

**Resolved:** That the following appointments be approved:

#### **East Yorkshire**

Dr I Ahmed (Hull Royal Infirmary)

#### **North Thames West**

Dr R K Dhesi (St Mary's Hospital)

#### **North Thames East**

Dr C M Dempsey (Royal London Hospital)

#### **North of Scotland**

Dr P J Bourke (Aberdeen Royal Infirmary)

Dr M M Kumar (Aberdeen Royal Infirmary)

#### **Severn**

Dr I A Wilkins (Frenchay Hospital)

### **M/15/2013 Examinations Committee**

**Resolved:** That the Mobile Phone Policy (Annex A) be added as Appendix 6 of the Primary and Final RCA Examination Regulations, August 2012 with immediate effect.

**Resolved:** That the Complaints Policy (Annex B) be added to the Primary and Final FRCA Examinations (Reviews and Appeals) Regulations, October 2010 with immediate effect.

**Resolved:** That the following sentence be added to paragraph 36 of the Primary and Final RCA Examinations Regulations August 2012 with immediate effect: "*The GMC will be notified in the event of a disqualification due to cheating.*"

**Resolved:** That the Primary FRCA examiners listed in paragraph EX/14/13 sub-paragraph d above should move to the Final FRCA Board with effect from September 2013.

**Resolved:** That the FRCA examiners listed in paragraph EX/14/13 sub-paragraph e and f have their examinership extended by one more year to August 2014.

**Resolved:** That the FRCA examiners listed in paragraph EX/14/13 sub-paragraph g continue their examinership for one year following retirement from clinical practice to August 2014.

**Resolved:** That the Fellows listed in paragraph EX/14/13 sub-paragraph h above should be appointed as probationary examiners with effect from September 2013.

### **M/16/2013 Professional Standards Committee**

**Resolved:** That the GPAS chapters be approved.