

MEETING OF COUNCIL

**Edited Minutes of the meeting held on Tuesday 11 March 2014
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 D M Nolan
Dr L Brennan
Professor J R Sneyd
Dr A Batchelor
Dr K Grady
Professor D Rowbotham
Professor R Mahajan
Dr P Venn
Dr D Whitaker
Dr R Verma
Dr R J Marks
Dr T H Clutton-Brock

Dr J Nolan
Dr J A Langton
Dr J Colvin
Dr N Penfold
Dr V R Alladi
Dr E J Fazackerley
Dr S Fletcher
Professor M Mythen
Dr G Collee
Dr J-P Lomas
Dr R Darling
Dr I Johnson
Dr D Selwyn

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 P Kumar, Dr M Nevin and Dr W Harrop-Griffiths.

CEREMONIAL

C/2/2014 Election to Council

The recently elected Council members, Dr Collee and Dr Lomas, were admitted to Council.

PRESENTATION

P/2/2014 External Strategy Discussion

The President welcomed Dr Fiona Godlee, Editor in Chief, *British Medical Journal (BMJ)*. The President explained that Dr Marc Wittenburg, a College Fellow, is on secondment spending half his time with the Department of Health (DH) and half his time with the *BMJ* and it is through this connection that Dr Godlee has come to speak to Council.

Dr Godlee explained that the *BMJ* has a balance of content between academic and "magazine" and that one of the main aims is the creation of a publication which is readable and enjoyable. Dr Godlee highlighted that while it was important to remain academically credible the *BMJ* has a number of professional journalists who provide a mix of research and academic weight.

Dr Godlee explained that although the *BMJ* is owned by the British Medical Association (BMA) the *BMJ* retains editorial independence. Dr Godlee noted that the move towards investigative journalism has taken the *BMJ* into interesting new areas such as the "Too Much Medicine Campaign" which is aiming to reign in unnecessary procedures.

Dr Godlee explained that the *BMJ* is working hard to implement patient partnerships, a collaboration which is widely discussed but is rarely undertaken. It has committed sufficient resource for one senior editor to spend two full days as the Patient Partnership Champion.

A further issue is that of conflict of interest and the *BMJ* is working with the Royal College of Physicians (RCP) and hopefully the Academy of Medical Royal Colleges (AoMRC) to produce a set of principles on how doctors and other medical professionals interact with industry.

Dr Godlee noted that Dr Wittenburg is working on quality improvement, particularly in Primary Care, as this is currently a poorly developed area. It was noted that the Primary Care Quality Forum would be taking place in Paris in April 2014

The *BMJ* is an open access journal which means that all research articles are free online from the point of publication.

Dr Godlee acknowledged that anaesthesia has historically been under represented in the *BMJ* and suggested that one reason for this may be that the *BMJ*'s method for covering education topics tends to be condition rather than technique based and noted that this was something that needs to be addressed. Dr Godlee suggested that dividing anaesthesia into the three areas of Anaesthesia, Pain Management and Intensive Care might help to make the specialty more visible.

The President added that anaesthesia may have a low profile due to research funding being dominated by disease rather than specialty. Looking at perioperative pathways and quality improvement would ensure that anaesthesia comes much more to the fore as care of the patient within the hospital from preadmission to discharge is very much within the remit of anaesthesia, critical care and pain management.

Dr Grady commented that the Faculty of Pain Medicine (FPM) was keen to create an educational initiative around pain medicine and pain management. The FPM has approached the *BMJ* along with the British Pain Society (BPS) and the Chronic Pain Policy Coalition (CPPC) and would be keen to discuss this further with the *BMJ*.

Dr Colvin suggested that in terms of quality improvement there needs to be recognition of the need to train in improvement science and noted that he had held discussions with Dr Wittenburg regarding collaboration between the College and the *BMJ* in this area.

Dr Venn observed that the College is leading on quality improvement through peer review and has implemented Anaesthesia Clinical Services Accreditation (ACSA) which includes a comprehensive set of standards; the College would be keen to promote ACSA through the *BMJ*. Dr Venn explained that it was too early to have any hard data but the College is developing a best practice library. Dr Godlee suggested that it would be useful to publish reviews of what has gone well and what has been difficult along with commentary in relation to international practice.

Professor Mahajan noted that the *British Journal of Anaesthesia (BJA)* is also interested in moving towards open access and would be interested in liaising with the *BMJ* to discuss how this might be best achieved and to share the *BMJ*'s experience. Professor Mahajan also raised the issue of quality improvement and noted that this was being done through establishing a learning model for undergraduates. Professor Mahajan questioned whether there were any packages for postgraduates and stated that the College would be ideally placed to help develop such a package. Dr Godlee agreed and would be keen to work with the College.

Dr Godlee suggested that it would be useful to arrange a meeting between the *BMJ* and the College to further discuss areas of mutual interest and collaboration.

Dr Whitaker raised the issue of conflict of interest and noted that the journalistic articles in the *BMJ* do not include a declaration of interest unlike the medical articles which are required to do so. Dr Godlee explained that while they may not be published the *BMJ* does require professional declarations of interest for all its paid journalists.

Dr Selwyn highlighted how important anaesthesia is in the provision of management and noted that he represented a network of Clinical Directors (CD). Dr Godlee agreed that it is essential to get more doctors into management and that doctors are extremely good at changing systems.

Professor Mythen explained that the Health Services Research Centre (HSRC) has recently published an open data policy for research. Currently the policy aims simply to encourage open access but it is hoped that it will eventually move towards being a mandatory policy. Dr Godlee noted that there is an All Trials Campaign which promotes all clinical trials being registered with all results being reported and can be signed up to either as an individual or as a College. Professor Mythen asked whether Dr Godlee could provide any advice on public relations (PR). Dr Godlee suggested that it might be worth speaking to a PR advisor and discussing the issues. Dr Godlee also suggested that futility and waste is an area in which anaesthesia could take the lead. Professor Mythen suggested that establishing truly informed consent would result in a reduction in procedures being performed and noted that anaesthetists have a key role to play in this. Dr Godlee suggested that this could be a good topic for a format analysis article. The President highlighted that patients are consented for the risks of having a procedure but are not consented for the risks of not having a procedure.

Dr Penfold questioned what the *BMJ*'s view is in relation to a move to becoming solely electronic. Dr Godlee acknowledged that the printed journal has a large carbon footprint but nevertheless that readers and advertisers wanted it and that substantial revenue is generated by print advertising.

Dr J Nolan asked whether the *BMJ* was available free in other parts of the world. Dr Godlee explained that it is available to certain developing countries but acknowledged that this did have limitations including the requirement for internet access.

The President thanked Dr Godlee for taking the time to come and speak to Council.

COUNCIL IN DISCUSSION

CID/07/2014 President's Opening Statement

1. The President announced the deaths of Dr Bernard Hayes, Dr Gurundas Banerjee and Dr Jennifer Smith. Council stood in memory.
2. Item 4.14 Perioperative Medicine Task and Finish Group will be taken immediately following the President's Opening Statement as Professor Mythen will be leaving early to speak at another event.
3. The Joint College and Deans meeting will no longer take place as it was agreed that the meetings were unproductive and expensive.
4. The Centre for Workforce Intelligence's (CfWI) Delphi process is now entering phase two. The President noted that the process is not necessarily fit for purpose as it is impossible to predict percentage figures for 2033. Professor Sneyd remarked that it was important to engage with the CfWI on all levels. Dr Marks disagreed explaining that he had taken part in the first phase of the Delphi process and had attempted to answer questions which he considered to be unanswerable. He expressed serious concern that wrong conclusions will be drawn from this

- data. Dr Colvin suggested that there is a need to focus on basic modelling in order to obtain some data. Dr Batchelor explained that the Faculty of Intensive Care Medicine (FICM) is undertaking its own workforce survey and it is hoped that this data will be ready in time for when the CfWI publishes its data.
5. Health Education England (HEE) has produced proposals for service reconfiguration and recruitment stating how it sees funding for foundation and core training progressing. The President suggested that anaesthesia as a specialty should be concerned about the potential implications of these proposals and that they warrant further discussion at the Away Weekend.
 6. NICE has been asked to comment on safe staffing levels and the meeting on the first of these consultations, looking at Midwifery, is to be held on Monday 24 March 2014.
 7. The European Working Time Directive Taskforce is due to report shortly; it has taken evidence from across the professions and there is a diversity of opinion.
 8. The *Duty of Candour* report has been published this month and will require Trusts to be open with patients when things have gone wrong. The report also debates what is acceptable risk and the President considers that anaesthetists should be mindful of this; they will need to consider whether if they see something going wrong they are also duty bound to ensure that it is reported to the patient.
 9. The General Medical Council (GMC) Report on Protecting Patients has been published.
 10. The BMA has published its response to the Shape of Training Report. The College has received communication stating that the Shape of Training Implementation Group is to be formed and the first meeting is Monday 13 May 2014. The President will be representing the AoMRC on this Group.
 11. The Labour Party's views on the future National Health Service (NHS) have been circulated to Council.
 12. The AoMRC and the NHS Confederation have produced a Decision of Value Survey.
 13. The Public Accounts Committee Report on Emergency Medicine Admissions has been produced.
 14. The President will be attending a meeting with Lord Saatchi tomorrow on his proposed Medical Innovations Bill. Lord Saatchi's proposal is that medical innovation is currently being stifled by the risk of litigation.
 15. The College is sponsoring the Facing Africa Fellowship.
 16. The President had met with the Scottish Chief Medical Officer (CMO).
 17. The President was a guest at the Scottish Society of Anaesthetists Centenary Meeting which was very well attended and had high quality speakers.
 18. The College met with one of the Postgraduate Deans in London, Dr Andy Frankel, to discuss issues of training structures across the London Local Education and Training Boards (LETBs).
 19. The President will be attending a meeting after Council to discuss the provision of dental sedation.
 20. Dr Plat Razis represented the College at a meeting which looked at differential attainment in medical education. His report will go to the Training and Examinations Committees.
 21. The President updated Council on staff changes:
 - a. Ms Deleen Mandi-Smith had left the College.
 - b. Mr Jim DiGiorno had left the College.
 - c. Ms Stephanie James had joined the Examinations Team on a full-time permanent basis as Examinations Team Administrator.
 - d. Mr Martin Prosser had joined the Facilities Team as Facilities Co-ordinator on a full time, 12 month fixed-term basis, covering Ms Manja Krech's maternity leave.

CID/08/2014 RCoA Perioperative Medicine Task and Finish Group

Council received and considered the report from the Royal College of Anaesthetists' (RCoA) Perioperative Medicine Task and Finish Group. It was not felt that the College should change its name and it was agreed that there was no need for a separate Faculty. One of the aims is to more clearly define what is meant by perioperative medicine and the implications for

education and training standards. Professor Mythen highlighted that most of the competencies specific to perioperative medicine were already included in the curriculum but that they were dispersed throughout and it had been suggested that these competencies be pulled together and that the Certificate of Completion of Training (CCT) should change its name to CCT in Anaesthesia and Perioperative Medicine.

Professor Sneyd congratulated Professor Mythen on what is a considerable piece of work and noted that he agreed with much of the report but suggested that the College needs to be clear that it does not wish to generate a situation whereby perioperative training is not contained within the CCT. Professor Mythen stated that although the Group has suggested that there will be an advanced module, recognising that not everyone may be able to advance to that level in all of the elements of perioperative medicine, it was agreed that all anaesthetists should be core trained in perioperative medicine.

Mrs Dalton highlighted that this report is a preliminary proposal and that further work needs to be done. Mrs Dalton also noted that the Group met for a day and a half and the meeting was very productive; the College should consider whether this is the way forward for conducting short life working parties.

Dr Colvin suggested the need to be clear that perioperative medicine is central to anaesthesia practice but that we need to be clear on where the boundaries should be drawn.

Dr Batchelor was highly supportive of the whole concept but raised concerns regarding the statement that everything that is required for perioperative medicine is already included in the anaesthesia curriculum, highlighting that large numbers of anaesthetic trainees go straight from foundation to core anaesthetic training. Dr Batchelor suggested that training resembling some aspects of Acute Care Common Stem (ACCS) should be included in core training.

Dr Clutton-Brock noted that it is well known that surgeons and physicians have been laying claim to perioperative medicine and the College needs to be mindful of this, as it would be a mistake not to work with the other specialities.

Dr Brennan echoed the fact that is important how the College markets this to its Fellows emphasising that it is not an elite activity but places emphasis on aspects of patient care which are already being undertaken by anaesthetists.

Professor Mythen thanked Ms Drake and the team for their hard work.

CID/09/2014 Collaboration with Hong Kong College

Council received and considered a report of the meeting between the College and the Hong Kong Delegation which was held on 6 November 2013. Dr Colvin highlighted that this was a productive meeting and an outline program of collaborative work has been agreed. Dr Colvin noted that the College has clarified its position on what it can and cannot do regarding the Fellowship of the Royal College of Anaesthetists (FRCA) examination.

Professor Sneyd noted that the planning for the November Joint Scientific meeting is now well advanced.

The President highlighted that the AoMRC has appointed a company which wishes to meet with the College to discuss the much wider international relations through the DH initiative.

Dr Langton noted that the Hong Kong delegation was very keen on e-Learning Anaesthesia (e-LA) and questioned whether Continuing Education in Anaesthesia, Critical Care and Pain

(CEACCP) had been discussed. Dr Colvin explained that it had been part of the wider informal discussion.

Dr Batchelor acknowledged that the FRCA is a UK examination which fits the curriculum and is approved by the GMC and so the College does not open it up to people outside the College's training scheme. However she also noted that the Royal College of Surgeons (RCS) and the RCP do open up their examinations and consequently generate income. The President explained that while the RCS and RCP have opened up their examinations it is for very small numbers of candidates and that they make their money through their electronic exams. For the College to export the whole of the examination process the cost would be very high. The President also noted that if the College were to export the examination the GMC would demand quality assurance that the examination in that area meets GMC criteria and it would not be easy for overseas jurisdictions to demonstrate this. Mr Storey noted that once the College has moved to electronic examinations it may reconsider its current stance. Mr Storey also highlighted that for the Colleges who do export their examinations the pass rate is very low. Mr Bryant explained that work is currently being undertaken on creating unmanned stations for the Objective Structured Clinical Examination (OSCE) and that this is the first step in moving towards a computer based exam. The President suggested that a better solution would be to facilitate others to create a sustainable examination system rather than exporting the RCoA's examination system wholesale. Professor Sneyd was pleased to hear that the College is keeping its mind open and noted that the European Diploma in Anaesthesia this year will be examining 2,000 candidates which shows exponential growth and that there are other models out there that are successfully operating.

CID/10/2014 Association of Anaesthetists of Great Britain and Ireland President's Report

This item was deferred until April 2014.

COMMITTEE BUSINESS

CB/29/2014 Council Minutes

The minutes of the meeting held on 12 February 2014 were approved with minor amendments.

CB/30/2014 Matters Arising

(i) Review of Action Points

All actions were complete.

CB/31/2014 Regional Advisers

Council considered making the following appointment:

Oxford

Dr A C Gregg in succession to Dr O Dyar **Agreed**

CB/32/2014 Deputy Regional Advisers

There were no appointments/re-appointments this month.

CB/33/2014 College Tutors

Council considered making the following appointments:

Anglia

Dr K P Valchanov (Papworth Hospital) in succession to Dr A Klein **Agreed**

Northern

Dr Z S Eke (Royal Victoria Infirmary) in succession to Dr J Morch-Siddall **Agreed**

North Thames East

Dr A K Gopalil Sivasdas (Basildon Hospital) in succession to Dr M May **Agreed**

Mersey

Dr S Swaraj (Royal Liverpool Hospital) in succession to Dr E Allsop **Agreed**

North West

Dr P Clements (Wrightington, Wigan and Leigh NHSFT) in succession to Dr N A Mahmoud **Agreed**

Wales

Dr K Lewis (Princess of Wales Hospital) in succession to Dr E B Howells **Agreed**

CB/34/2014 Head of Schools

Council noted the following appointment:

Dr V Addy (Oxford School) in succession to Dr O Dyar

CB/35/2014 Training Committee

(i) Chairman of the Training Committee's Update

Council received and considered the minutes of the meeting held on 5 February 2014 which were presented by the Chairman, Dr Penfold.

Dr Batchelor noted that at the last CD day the Chief Executive from Northumbria suggested that Practitioners in Anaesthesia would fill in for trainees if there are reductions. Dr Selwyn explained that he was not aware of this being said but would be happy to discuss the issue further.

(ii) Certification of Completion of Training

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

Anglia

Dr Tonny Veenith *

Dr Ann-Katrin Fritz

London

South East

Dr Tristram Snelling

North Central

Dr Emamoke Oteri

Dr Katherine Chatten *

Dr Giridhara Bhat

Dr Stephen Cone

Dr Dominik Krzanicki

Dr Ebrahim Dehghani Dastjerdi

Dr Pervez Sultan

Dr Finn Nesbitt

Dr Roman Cregg

Dr Rajesh Gupta

Dr Joydeep Ghoshdastidar

Dr Sanjiv Patel

Dr Julia Taylor

Bart's and The London

Dr Esther Cook

Imperial

Dr Carmen Gore *

Dr Edward Todman

St. George's

Dr Alexander Fletcher *

Kent, Surrey, Sussex

Dr Peter Beaumont *

East Midlands

Leicester

Dr Rajeev Vedantham

North West

Dr Mohanakrishnan Shanmugam

Dr Seelanere Nandini

Dr Ruth Herod *

Dr Gillian Campbell

Dr Hugo Buckley *
Dr Helen Makin *

Northern

Dr Jeremy Hyams
Dr Anand Jayaraman
Dr Chakrapani Kalluri *

Oxford

Dr Benjamin Attwood *
Dr Marina Selladurai *

Severn/Bristol

Dr Amit Goswami
Dr Justine Barnett *
Dr Amelia Pickard

South West Peninsula

Dr Paul Margetts *

Wales

Dr Mohammad Abdul Rahim *
Dr Sarah bell

Dr Poonam Muckatira Bopanna
Dr Rajesh Chella Narendran

Scotland

East Scotland
Dr Rafi Khan

South East Scotland

Dr Amanda Bull

West Scotland

Dr Finbar O'Sullivan *
Dr Antony Vassalos

Yorkshire

West Yorkshire (Leeds/Bradford)

Dr Louise Savic
Dr Anand Devendrappa Padma Kumar *

South Yorkshire (Sheffield)

Dr Sharon Moss *
Dr Yehia Kamel
Dr Ruth Newton

CB/36/2014 Finance Committee

Council received and considered the minutes of the meeting held on 11 February 2014 which were presented by the Chairman, Dr Batchelor, who drew Council's attention to the following:

- F03/2014 *Matters Considered Between Meetings*
- F10/2014 *HSRC*
- F11/2014 *RCoA Guide for Novice Trainees*
- F13/2014 *Accommodation*
- F17/2014 *RCSEng Fundraising*
- F04/2014 *Report on the College's Financial Position*
- F14/2014 *Pre Hospital Emergency Medicine (PHEM) Funding Issue*

CB/37/2014 Career Grade Committee

- (i) Council received and considered a proposal to change the name of the Committee to the Staff and Associate Specialist (SAS) Committee which was presented by the Chairman, Dr Marks. Dr Marks suggested that the name of the Committee revert back to being the SAS Committee in order to provide consistency with other organisations.
- (ii) Council received and considered amended Terms of Reference (ToR). Dr Marks emphasised that the Committee should not exist to persuade SAS doctors to become consultants and suggested that the primary aim of the Committee is to encourage and facilitate the professional development and academic knowledge of SAS doctors. Dr Marks suggested that as the College is not a membership organisation there is a need to work closely with the Association of Anaesthetists of Great Britain and Ireland's (AAGBI) SAS Committee. Dr Marks drew Council's attention to the definition of Career Grade Anaesthetists and suggested that there is likely to be an increasing cohort of people who fall outside of the two restrictions so there may be a need to redefine what is meant by Career Grade Anaesthetists. Dr Alladi thanked Dr Marks for the work he has done and stated his support for all the changes. Dr Alladi raised the issue of increasing the representation of SAS doctors on the main College committees. Dr Alladi acknowledged that there is a perceived lack of enthusiasm for participation on College committees by SAS doctors but suggested that this was due to the difficulty in getting time off to attend.

The President highlighted that it was a concern that at the last two Council elections no nominations were received for the SAS position and reflected on how representation might be enhanced. The President questioned whether the difficulty in garnering SAS representation on Council was an issue for other Colleges. Dr J Nolan suggested that it might be necessary for the College to acknowledge that SAS doctors are in a different position to Consultants and to consider paying Trusts for their time. Dr Brennan suggested that it is important to encourage SAS doctors who have an interest in being involved with the College to come and speak to the College as early as possible. The President noted that the question of remuneration merited wider debate.

CB/38/2014 Examinations Committee

Council received and considered the minutes of the meeting held on 11 February 2014 which were presented by Dr Penfold, who drew Council's attention to the following:

- EX/50/13 Examinations Review
- EX/12/14 SAQ Papers
- EX/10/14 Examiner Equality and Diversity Training

Professor Sneyd suggested that the College should dispense with the Short Answer Question (SAQ) which is unreliable and expensive, highlighting that there are a number of electronic alternatives available. The President acknowledged that a number of organisations are abandoning SAQs and stated that this would be part of the Examinations Review Team's remit. Dr Penfold suggested that he and Professor Sneyd discuss the matter in more detail and he would take the suggestion to the Review Team.

Motion: That the Fellows listed below be appointed as probationary examiners with effect from September 2014:

Dr Geraint Briggs	Wythenshawe Hospital
Dr Roger Adrian Cordery	The Heart Hospital
Dr Jill Alexandra Horn	Bradford Royal Infirmary
Dr John Ifan Lloyd Jones	St James University Hospital
Dr Joanne Louise Norman	St Georges Hospital
Dr Jeremy Robert Prout	Royal Free Hospital
Dr Rajamani Sethuraman	The Princess Alexandra Hospital
Dr Rosalind Clare Bacon	Hammersmith Hospital
Dr Thungo Kuwani	Northwick Park Hospital
Dr Claire Mearns	East Surrey Hospital
Dr Cameron John Weir	Ninewells Hospital and Medical School
Dr Paul Thomas	Royal Devon & Exeter Hospital
Dr Edmund David Carver	Birmingham Children's Hospital
Dr Julian Philip Stone	Great Western Hospital
Dr John Philip Adams	The General Infirmary at Leeds
Dr Gudrun Kunst	Kings College Hospital
Dr Jane Louise Boden	Heartlands Hospital

Mr Bryant reported that there had been 69 applications for examiners this year and observed that this was due to a significant drive to increase applications.

CB/39/2014 Patient Liaison Group

Council received a verbal update on recruitment to the Patient Liaison Group (PLG). Mrs Dalton noted that eight candidates had been interviewed and four new members had been appointed from a very strong field. Mrs Dalton took the opportunity to thank Mr John Hitchman who had stepped in to represent the PLG on the Northern Ireland Advisory Board but noted that an Irish representative had now been appointed. Mrs Dalton explained that the format of the Induction Day had been changed and thanked Mr McLaughlan, Mr Bryant, Ms Drake and

Mr Daniel Waeland for taking the time to speak with the new members. The new members were delighted that senior management had taken time to meet with them and were impressed with the quality of the College's documentation. Mrs Dalton noted that a new name for the PLG has not yet been decided and that it would be discussed further at the PLG Away Day.

CB/40/2014 Professional Standards Committee

Council received and considered the minutes of the meeting held on 3 December 2013 which were presented by the Chairman, Dr Venn, who drew Council's attention to the following:

- *PSC/31/2013 Relationships between Anaesthesia and Emergency Medicine*

Dr Venn explained that a survey would be conducted of the College Tutors (CT) and Regional Advisors (RA) to establish the nature of any difficult relationships between A and E and Departments of Anaesthesia. The President suggested that the College of Emergency Medicine (CEM) be asked to carry out a parallel survey asking for its perception of anaesthesia. Dr Batchelor noted that she would be meeting with Dr Clifford Mann, President of CEM, regarding Intensive Care and suggested that it would be useful to have a joined up approach.

CB/42/2014 Safe Anaesthesia Liaison Group

Council received and considered the minutes of the meeting held on 12 January 2014 which were presented by the Chairman, Dr Clutton-Brock, who drew Council's attention to the following:

- *SALG/04/2014 Updates from other Safety Boards*
- *SALG/05/2014 Syringe Labelling Guidance*
- *SALG/06/2014 Terms of Reference*
- *SALG/07/2014 The Profession's Response to Francis and Berwick*
- *SALG/10/2014 Epidural Working Group*
- *SALG/15/2014 Retained Guide Wire resulting from Central Venous Catheter (CVC) Line Insertion*
- *SALG/19/2014 Patient Safety Conference*

Dr Clutton-Brock noted that any topics or speaker suggestions for the Patient Safety Conference would be gratefully received. Dr Clutton-Brock also stated that the Surgical Never Events Task Force has published its report and would like the College to endorse it. Dr Clutton-Brock will circulate the report to Council for comment. The Task Force would also like the College's involvement in producing some of the operating guidelines and asked for volunteers.

Dr Venn noted that with regard to the profession's response to the Francis Report he would be attending a lecture at the Royal Society of Medicine (RSM) and will report back to Council.

Dr Whitaker congratulated SALG on its presentation on the website.

CB/43/2014 Faculty of Pain Medicine

Council received and considered the minutes of the Board meeting held on 12 December 2013 which were presented by the Dean, Dr Grady, who drew Council's attention to the following:

- *BFPM/12.13/6.4 FFPMRCA Examination Prize*
- *BFPM/12.13/7.10 Acute Pain Medicine*
- *BFPM/12.13/7.15 Overseas Work and Essential Pain Management Courses*
- *BFPM/12.13/6.2 Cancer Pain Discussion*
- *BFPM/12.13/7.3 e-Pain*

Council received and considered the minutes of the Board meeting held on 27 February 2014 which were presented by the Dean, Dr Grady, who drew Council's attention to the following:

- *BFPM/02.14/7 Population Pain Medicine*
- *BFPM/02.14/5.1 Pain in Secure Environments*

- *BFPM/02.14/6* *Cancer Pain Training Guidance*

Dr Grady noted that an SAS doctor has been appointed to the Faculty Board.

Dr D Nolan raised the issue of exposure to cancer pain management suggesting that not every region would find this easy to deliver. Dr Grady explained that the RAs in pain medicine have this in hand and there will be a level of cross-regional transfer.

Dr Brennan highlighted that there had been a media report regarding concerns around GPs training in palliative care and questioned whether the FPM had responded. Dr Grady explained that the Faculty has not replied but might consider doing so.

CB/44/2014 Communications Committee

Council received and considered the minutes of the meeting held via email which concluded on 4 March 2014 and which was presented by the Chairman, Dr Penfold, who drew Council's attention to the following:

- CC/02/2014 Website Menu Review
- CC/03/2014 Facebook
- CC/05/2014 Website Statistics 2013
- CC/07/2014 *Bulletin* Plans 2014

Dr Marks explained that there had been a request from trainees for a trainee landing page and this has raised further questions regarding the information architecture of the website. Dr Marks suggested that a meeting should be held via email to look at this issue and noted that a large number of people will need to be involved.

Dr Marks highlighted the issues surrounding Facebook and the use of social media. Dr Marks noted that anything that appears on the website is also tweeted and suggested that this should also be the case for Facebook. Dr Marks emphasised that there is identified demand for Facebook with the majority of trainees who attended the Jubilee Meeting in favour of the College being on Facebook. The President clarified that there had been discussion regarding the hierarchy of information technology and the general view was that Twitter was of greater use so the focus should be there. Professor Mahajan explained that the BJA would be looking at its social media strategy at its next Board Meeting and suggested that there may be an overlap between the College and the BJA. Ms Drake highlighted that the College has had Twitter and Facebook accounts for events for the same period of time and that the College has 1,100 Twitter followers compared to 470 'likes' on Facebook. The President explained that this merited further discussion and he would like to see an options appraisal.

MATTERS FOR INFORMATION

1/8/2014 Publications

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

1/9/2014 Consultations

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

1/10/2014 New Associate Fellows, Members and Associate Members

Council noted, for information, the following:

Members:

Dr Dilys Hiu Yeung Kwok – RCoA Primary

Dr Ria Tarad Fawaz Kubaisi – RCoA Primary

Associate Member:

Dr Christine Ama Amakye - Queen Elizabeth II Hospital, East and North Hertfordshire NHS Trust.

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

Dr Maria Louiza Kosmidou – West Suffolk Hospital
Dr Najaf Ali Khoja – Tayside University Hospital
Dr Ahmed Hassan Dagez – Wrexham Maelor Hospital
Dr Dimosthenis Petsas – Peterborough City Hospital
Dr Victoria Brigitta Maria Koenig-Oberhuber – Addenbrooke's Hospital
Dr Eleni Koudouna – Royal Lancaster Infirmary
Dr Marta Londono Parra – Hammersmith Hospital
Dr Nor Hayati Binti Mohd Said – Derriford Hospital
Dr Alessandra Parini – John Radcliffe Hospital
Dr Priya Ramchandran – Heartlands Hospital
Dr Usman Razaque – United Lincolnshire Hospital
Dr Manuel Aliano Hermoso – University Hospitals of Leicester NHS Trust

Membership Category Progression

Members:

Dr Denise Allison White - Final FCARCSI
Dr Ali Abbas – Final FACPS
Dr Aditi Gupta - Irish Primary

Associate Members:

Dr Christina Lalani
Dr Claire Badawi
Dr Lucy Denise Barnes
Dr Peter O'Neill

PCS/3/2014 PRESIDENT'S CLOSING STATEMENT

1. The President noted that the Anniversary meeting would be taking place this Wednesday and Thursday March 12th/13th and that Sir Bruce Keogh would be giving the inaugural John Snow Oration.
2. The Anniversary dinner will be taking place on Wednesday 12 March at Clothworkers' Hall.
3. The President noted that Committee membership would be considered in light of the recent changes to Council. Dr Venn has asked that this is discussed at the Council Away Weekend with the view to reducing the burden of committees on Council members.

MOTIONS TO COUNCIL

M/8/2014 Council Minutes

Resolved: That the minutes of the meeting held on 12 February 2014 be approved subject to minor amendments.

M/9/2014 College Tutors

Resolved: That the following appointment be approved:

Oxford

Dr A C Gregg in succession to Dr O Dyar

M/10/2014 College Tutors

Resolved: That the following appointments be approved:

Anglia

Dr K P Valchanov (Papworth Hospital) in succession to Dr A Klein

Northern

Dr Z S Eke (Royal Victoria Infirmary) in succession to Dr J Morch-Siddall

North Thames East

Dr A K Gopalil Sivadas (Basildon Hospital) in succession to Dr M May

Mersey

Dr S Swaraj (Royal Liverpool Hospital) in succession to Dr E Allsop

North West

Dr P Clements (Wrightington, Wigan and Leigh NHSFT) in succession to Dr N A Mahmoud

Wales

Dr K Lewis (Princess of Wales Hospital) in succession to Dr E B Howells

M/12/2014 Examinations Committee

Resolved: That the Fellows listed below be appointed as probationary examiners with effect from September 2014:

Dr Geraint Briggs	Wythenshawe Hospital
Dr Roger Adrian Cordery	The Heart Hospital
Dr Jill Alexandra Horn	Bradford Royal Infirmary
Dr John Ifan Lloyd Jones	St James University Hospital
Dr Joanne Louise Norman	St Georges Hospital
Dr Jeremy Robert Prout	Royal Free Hospital
Dr Rajamani Sethuraman	The Princess Alexandra Hospital
Dr Rosalind Clare Bacon	Hammersmith Hospital
Dr Thungo Kuwani	Northwick Park Hospital
Dr Claire Mearns	East Surrey Hospital
Dr Cameron John Weir	Ninewells Hospital and Medical School
Dr Paul Thomas	Royal Devon & Exeter Hospital
Dr Edmund David Carver	Birmingham Children's Hospital
Dr Julian Philip Stone	Great Western Hospital
Dr John Philip Adams	The General Infirmary at Leeds
Dr Gudrun Kunst	Kings College Hospital
Dr Jane Louise Boden	Heartlands Hospital

CEREMONIAL**C/3/2014 Fellowship ad eundem**

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

Dr Justine Kate Elliott
Dr Katharine Susan Gregory
Dr Peter Bernard Maguire
Dr Christian Frey
Dr Andrea Lavinio