

MEETING OF COUNCIL

**Edited Minutes of the meeting held on Tuesday 10 March 2015
Council Chamber, Churchill House**

Items which remain (at least for the time being) confidential to Council are not included in these minutes

Members attending:

Dr J-P van Besouw, President	Dr R Alladi
Dr L Brennan	Dr E J Fazackerley
Dr P Venn	Dr S Fletcher
Professor J R Sneyd	Professor M Mythen
Dr A Batchelor	Dr P Kumar
Professor D Rowbotham	Dr G Collee
Dr R Verma	Dr J-P Lomas
Professor R Mahajan	Dr J Pandit
Dr R J Marks	Dr W Harrop-Griffiths
Dr T Clutton-Brock	Dr K May
Dr J Nolan	Dr R Darling
Dr J A Langton	Dr I Johnson
Dr J Colvin	Dr D Selwyn
Dr N Penfold	Dr A Hartle

Ms I Dalton, RCoA Lay Committee and Dr A-M Rollin, Professional Standards Adviser

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

Apologies for absence: Dr K Grady.

CEREMONIAL

C/1/2015 Election to Council

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

PRESENTATION

P/1/2015 External Strategy Discussion

The President welcomed Sir Norman Williams (Chair, Health Education England (HEE) Commission on Safety) and Ms Renée Knopp, Programme Lead. Sir Norman and Ms Knopp described the background to the Commission on Safety, the overall purpose of which is to make recommendations to HEE regarding the ways in which education and training can be used to improve patient safety. HEE had produced a film "Raising Concerns: speaking up about patient safety" which was shown to Council.

The following points were discussed:

- The film, whilst good, was slightly long. It would be more beneficial if it focussed on the process which should occur when a health worker raises a concern.
- HEE's plans for a whole series of films for different disciplines.

- The effect raising patient safety concerns has on individuals, e.g. job loss and contemplating suicide.
- Culture of the organisation is key.
- Management is also key although it is difficult when there is pressure to meet targets.
- Avoidance of the phrase “mandatory training” which has become completely devalued in hospital practice.
- An alternative word to “whistleblowing”.
- The need for HEE to look at its own culture and to recognise that the model of the consultant delivering education and trainees receiving education is not necessarily the correct model.
- The use of good trainees to raise standards, although doing so would be sacrificing their time to improve a hospital but would not necessarily improve their training.
- Reassurance was sought and given that the Commission’s work was connected with other work on quality improvement and safety in the UK.
- The real challenge is not so much educating people at the beginning of their careers but continuing to educate them throughout their careers.
- The benefits of mandatory training. The term makes it very clear that everyone has to undergo the training and sets a good example in that a wide range of staff undertake the training together.
- Engaging with the independent sector and the Care Quality Commission’s (CQC) role in that.

COUNCIL IN DISCUSSION

CID/8/2015 President’s Opening Statement

1. Dr Ian Calder would be the next Chair of the Senior Fellows Club.
2. The President announced the deaths of Dr Andrzej Maciejewski and Dr Archibald Milne. Council stood in memory.
3. Dr Catherine Calderwood has been appointed Chief Medical Officer (CMO) in Scotland.
4. Council received the consultation regarding the Advisory Board on Clinical Excellence Awards (ACCEA) Triennial Review being conducted by the Cabinet Office. Dr Harrop-Griffiths would be leading the response on behalf of the Royal College of Anaesthetists (RCoA) and asked Council to consider whether the College should seek further tweaks to the system to make it fairer, whether it should seek demolition of the system whilst realising it may not be replaced or should the RCoA push for pro rata awards by specialty. Council members were asked to respond individually or, if they wished to contribute to the RCoA’s response, via Ms Regan and Dr Harrop-Griffiths who would compile a corporate view for the College.

Action: Council members to respond to consultation via the President’s Office or individually.

5. ACCEA had announced the results of the 2014 round. Anaesthesia had garnered 19 awards. There would be a 2015 round which Dr Harrop-Griffiths would co-ordinate on behalf of the RCoA. Professor Sneyd would take over as lead for the Platinum award process.
6. The Centre for Workforce Intelligence (CfWI) had published its in-depth review.
7. The four governments had produced a statement regarding the future of the Shape of Training. HEE has sent notice to Colleges about how they should look at their curriculum to meet the requirement for a more generalist approach to training. This would initially be circulated to the Training Committee and then to Council for comment.
8. There were too many unknowns to discuss the impact Greater Manchester health and social care devolution would have on training and delivery of services within the region.
9. Members of Council wishing to attend the Annual Awards Dinner on 30 April were asked to inform Ms Gail Samuel no later than 26 March 2015.

Action: Council Members wishing to attend the Annual Awards Dinner to inform Ms Gail Samuel no later than 26 March 2015.

10. Those wishing to attend the Strategy Summit who had not yet responded to the invitation were asked to reply to Ms Regan as soon as possible.

Action: Those who have not yet responded to the invitation to attend the Strategy Summit to reply to Ms Regan as soon as possible.

11. The annual Joint Dinner with the Association of Anaesthetists of Great Britain & Ireland (AAGBI) would take place on Friday 6 November 2015 at the AAGBI.
12. A dinner would be held on 14 July for Mr Storey and Ms Dalton who would both be leaving the RCoA. The Past Deans, Presidents and Vice-Presidents lunch scheduled for that day would be cancelled. Those who would be invited to attend the lunch would instead be invited to the dinner.
13. The President had attended a meeting on "Climate change and health: the role of UK health professionals" hosted by the Sustainability Unit at Clarence House. Dr Tom Pierce's report of the meeting had been circulated to Council. The Unit was keen that Colleges consider sustainability as important as alcohol, obesity and smoking in terms of impact on the health of the population. The RCoA would continue to promote sustainability as an important part of what anaesthetists do.
14. The HEE Medical Advisory Group meeting had focussed on delivery of the Shape of Training agenda.
15. The President had attended the opening of the new premises of the Royal College of Ophthalmologists.
16. The application process for the role of Trust Executive had closed the previous day. The Trustees would receive an update from the President within the next week or so.

Action: President to circulate update to Trustees.

17. The President updated Council on staff changes:
- Mr Russell Ampofo would join the College on 7 April 2015 as Director of Training and Examinations.
 - Mr Mark Blaney had been appointed Finance Director with effect from 1 March 2015.
 - Ms Sonia Larsen had been appointed Communications Director with effect from 1 March 2015.
 - Mrs Nicola Wood had been appointed as the Technology Strategy Programme Co-ordinator.
 - Ms Jyoti Shand had joined the College as Faculties Administrator.
18. The General Medical Council (GMC) would be producing its report on examination outcomes the following week. Concern was expressed that Council had not seen the RCoA's data before it would be seen by the press, although much of the data had appeared in the 2014 Annual Specialty Review. The triennial review of examinations would be presented to Council in April or May 2015. Dr Andy Lumb had produced a report on differential attainment demonstrating that there is not an issue with regards to the written examination but there is differential attainment in terms of the oral examinations. The RCoA was no different from any other specialty in this respect. On the back of the GMC report an article would be produced for the *Bulletin*. At the end of April the GMC would publish a literature-based study looking at the the current state of evidence which would be used as a basis for any further larger scale studies in the UK. The headline figure from the GMC would be that there is differential attainment in postgraduate medical education. The reasons for this are multi factorial and reflect differential attainment across the UK in all other postgraduate and other examinations. It was noted that not all the datasets were comparable across the Colleges. From the College's point of view it wanted to be sure that it is doing the right thing and ensure that the right people are passing at a level and with attainment that does not compromise patient safety and meets what is required of the curriculum.

CID/9/2015 CPD Framework

Dr Langton presented a proposal for the Continuing Professional Development (CPD) Framework drawing Council's attention to the key questions arising from the Matrix Revision Group's consultation period. Dr Langton summarised the aims of the development of the CPD Framework along with the Key Principles. Council members were asked if they were broadly in agreement with the proposed CPD Framework structure, if they agreed with the structure and principles, and if they had anything else to add into it. Dr Langton added that it seemed logical that it should link in with other areas of work, especially the technology review. It was noted that there would be funding implications to develop this.

Council discussed the following points:

- The ability to use it would be good once it had been turned into an electronic integrated tool.
- If the RCoA wished to tell people what they should study and do it in a future proof way it should put on a set of general broad based meetings every year of current topics in anaesthesia which would keep doctors up to date.
- 75% of the survey respondents find some sort of taxonomy useful.
- 25% of those locked into the system do not use it.
- The survey was only of those already using the CPD system which is locked into the CPD Matrix.
- Calling the topics 2 Gen, 2 Obs, 2 Ortho instead of A, B and C would make it more user friendly.
- The expense is not justified by a survey of a tiny group which would be expected to be supportive. Could significant expenditure be justified for an optional system which many people consider has no benefits. This could not be discussed without a financial analysis.
- It is a sensible way of navigating through something difficult. The financial review should include consideration of whether it should be a free service or whether some individuals would choose to pay for it.
- Are all decisions made on the basis of membership surveys or on the basis of Council discussion?
- How would it be implemented?
- It is worth implementing if it is a valuable resource which a significant number of people would use.
- The College provides many services used by a minority but which are still important for the College to provide.
- The cost would be eclipsed by the overarching technology strategy review. The CPD Framework could be embedded as a small component of that.
- It is an incredibly valuable tool which has potential.
- Specialist Societies should be invited to provide specialist information regarding their educational activities.
- Inclusion of a method for demonstrating reflective learning would be advantageous.
- The AAGBI still questioned the need for any sort of matrix. At the AAGBI Board there was a desire by the majority to reach a situation whereby the two organisations came together and maximised access to both organisations' educational resources regardless of which system individuals used for their CPD requirements.

It was agreed by Council that the further development of the CPD framework would be taken forward within the Technology Strategy Review.

CID/10/2015 Association of Anaesthetists of Great Britain & Ireland President's Report

Dr Hartle drew Council's attention to the following:

- Joint lobbying efforts to protect ketamine from further international scheduling.
- Scottish Standing Committee.
- Surgeon Captain Andrew Burgess' last AAGBI Council meeting.
- The Board of the AAGBI Foundation had approved the Safer Anaesthesia from Education (SAFE) project in conjunction with the World Federation of Societies of Anaesthesiologists (WFSA).

- The Property Strategy Group has resumed its considerations.

COMMITTEE BUSINESS

CB/17/2015 Council Minutes

The minutes and website minutes of the meeting held on 11 February 2015 were approved.

CB/18/2015 Matters Arising

Review of Action Points

- *CB/158/2014 Matters Arising.* A volunteer was still required for the Keele Course on Tuesday 2 June 2015. The difficulty in incentivising speakers to go to Keele was discussed. It was suggested that former Council members from the North West or West Midlands be asked to attend, or the Senior Regional Adviser. This would be explored further.

Action: President to explore use of those other than current Council members for speaking at the Keele Course.

CB/19/2015 Regional Advisers

Council considered making the following appointment:

South Thames West

Dr R Suite in succession to Dr P Quinton as Regional Adviser for South Thames West **Agreed**

CB/20/2015 Deputy Regional Advisers

Council considered making the following appointments:

Oxford

Dr D Choi **Agreed**

South Thames East

Dr Helena Scott **Agreed**

CB/21/2015 College Tutors

Council considered making the following appointments:

North Thames Central

Dr K Hunt (National Hospital for Neurology and Neurosurgery) in succession to Dr Y K Amin

Agreed

Dr C J Taylor (National Hospital for Neurology and Neurosurgery) vacant post **Agreed**

Dr M Simpson (Lister Hospital) in succession to Dr O W Boomers **Agreed**

South West Peninsula

Dr H E J Pugh (Royal Devon and Exeter Hospital) in succession to Dr P Thomas **Agreed**

Wales

Dr E Curtis (Nevill Hall Hospital) in succession to Dr B John **Agreed**

Oxford

Dr J M Chantler (John Radcliffe Hospital) Acting Tutor for Dr M W Speirs **Agreed**

CB/22/2015 Head of Schools

There were no appointments to note.

CB/23/2015 Training Committee

(i) Training Committee

The Chairman, Dr Penfold, presented the minutes of the meeting held on 4 February 2015, drawing Council's attention to the following:

- A replacement Lead Dean had not yet been appointed. The President explained that the whole deanery and Lead Dean issue was under consideration by HEE and Lead Deans who had demitted office had not been replaced.
- Appointment of a new KSS Education Fellow. It was agreed that the report by the previous Education Fellow, Dr Aiden Devlin, should be circulated to Council.

Action: Dr Penfold to circulate Dr Devlin's report to Council.

- Curriculum review project. This had included a survey of hospitals regarding the degree to which they could improve or implement simulation.
- TRG/04/15 MTI programme.
- Another training the trainers for course would be run for Iraqi supervisors.
- TRG/07a/15 Irish Primary Examination
- TRG/08/15 GMC national training survey. The RCoA is taking part in an extended pilot looking at patient safety issues.
- The Migration Advisory Committee had stated that Staff and Associate Specialist (SAS) doctors in anaesthesia are no longer on the national occupation shortage list.

(ii) Chairman of the Training Committee's Update

The GMC had confirmed that a Faculty could not assume the role of lead College for the Intercollegiate Board for Training in Pre Hospital Emergency Medicine (IBTPHEM). Dr David Lockey, Chairman of IBTPHEM, had been asked to make a direct enquiry to the GMC in this respect.

The ST person specification for 2016 had been revised in light of the changes to the Irish Primary Examination.

(iii) Certificate of Completion of Training

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

Anglia

Dr Siddharth Sadanand Adyanthaya
Dr Andrew Michael Hetreed*
Dr Peter James Featherstone*

East Midlands

Leicester

Dr Abigail Fell
Dr Amy Rebecca Needham*
Dr Amit Saxena

Nottingham

Dr Hasankhan Sherkhan Pathan

KSS

Dr Debamoy Chatterjee

London

Imperial

Dr Vijay Purushottam Kale
Dr Angus Rivers

North Central

Dr Melanie Ee-Leng Tan
Dr Ramanathan Kasivisvanathan

Barts and the London

Dr Nathan James Borgeaud

South East

Dr Audrey Tan
 Dr Ziyad Narsay Yousif Rassam
 Dr William Alexander Eyre Birts
 Dr Dragos Petrut Dragnea
 Dr Thomas Alexander Williams*
 Dr Charles Yan Kit Ho
 Dr Daniel Barry Moulton*
 Dr Sheela Badiger

St George's

Dr Sarah Lucie Millams*
 Dr Rebecca-Lea Smith
 Dr Carlos Mauricio Corredor*
 Dr Nicholas Mark Courtenay-Evans

Northern

Dr Eleanor Clare Ripley
 Dr Steven Lobaz*
 Dr Kaled Sa El-Nagar
 Dr Madhu Babu Balasa (CESR CP)
 Dr Oana Maria Cole
 Dr Mika Hamilton*
 Dr Thomas William Angus Mackie
 Dr Sarah Christian Gibb
 Dr Ahmed Mazen Elwishi

North West

Dr Alexander Momen Bonner
 Dr Simon William Coleman
 Dr Elizabeth Claire Allison
 Dr Toby Charles Thomas*

Severn

Dr Clare Louise Newton Dunn
 Dr Alexander George Middleditch*
 Dr Shailendra Deep

Tri Services

Dr Victoria Clare Pribul

Wales

Dr Sonia Arun Sathe*

Wessex

Dr Yousra Ahmad

West Midlands**Birmingham**

Dr Suresh Panchakshariah

Warwickshire

Dr Anuji Amarasekara
 Dr Thomas Scott Billyard*
 Dr Hannah Brown
 Dr Meghna Subramaniam Sharma
 Dr Naroatham Reddy Burri
 Dr Nofil Nisar Mulla
 Dr Chandrashekararajah Nagendra Prasad

West of Scotland

Dr Christopher Watt Hawthorne
 Dr Angela Jenkins
 Dr Claire Frances McIntyre
 Dr Susan Jane Wilkinson

**Yorkshire and Humber
Hull, York & East Coast**

Dr Madhu Shankar Balasubramaniam

Leeds and Bradford

Dr Nimalan Pathmanathan*
 Dr Matthew Powell*

Sheffield

Dr Amit Ranjan
 Dr Joanna Kay Gordon

CB/24/2015 Finance Committee

The Chairman, Professor Rowbotham, presented the minutes of the meeting held on 10 February 2015 drawing Council's attention to the following:

- *Approved posts.*
- *F04/2015 College's financial position.*
- *F07/2015 Examination Candidate Number Review.*
- *Salary scales within the RCoA and comparison with other Colleges.* This would be discussed further by the Finance Committee.
- *F14/2015 Trading Companies – Gift Aid Transfer.*

CB/26/2015 Examinations Committee

Dr Brennan presented the minutes of the meeting held on 10 February 2015, drawing Council's attention to the following:

- *EX/39/14 Differential attainment in medical education.*
- *EX/10/15 Use of computer based testing.*

- *EX/14/15 Election of New Examiners for Academic Year 2015-2016.*
- *EX/60/14 College Support for Professional Leave for Examiners.* The standard letter had been reviewed. It was noted the term additional duties should be used in this instance, not professional leave.

Council approved the motions listed under M/12/2015.

CB/27/2015 Perioperative Medicine Short Life Working Party

The Chairman, Dr Penfold, presented the minutes of the meeting held on 4 February 2015 drawing Council's attention to the following:

- New material would be required for intermediate and higher levels which would be submitted to the GMC as a curriculum change by April 2016.

Council discussed the place of freestanding diplomas in perioperative medicine. They do not fit into the curriculum and are not compulsory. Only examinations which go into the curriculum have to be GMC approved. This might become an issue with credentialing.

CB/28/2015 Safe Anaesthesia Liaison Group

The Chairman, Dr Clutton-Brock, presented the minutes of the meeting held on 21 January 2015 drawing Council's attention to the following:

- *SALG/04/2015 Guide wire incidents.*
- *SALG/08/2015 Association of British Healthcare Industries (ABHI) to become a corresponding member of the Safe Anaesthesia Liaison Group (SALG).*
- *SALG/09/2015 The NHS Litigation Authority (NHSLA) would search its claims database for relevant issues.*
- *SALG/12/2015 Patient Safety Conference.*
- *SALG/21/2015 Compartment syndrome after prolonged anaesthesia.*
- *SALG/22/2015 Response to letter about human tourniquets and restraint in the anaesthetic room.*

CB/29/2015 SAS Committee

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

- *SASC/03/15 SAS Committee representation on other College committees.*
- *SASC/03/15 Job plan and appraisal issues.*
- *SASC/05/15 New British Medical Association (BMA) SAS Charter which is also from HEE NHS Employers and the Academy of Medical Royal Colleges (AoMRC).* Dr Marks made particular mention of the importance of SAS doctors getting access to adequate supporting professional activity (SPA) time. The Charter pushes the idea of SAS tutors, the involvement of SAS doctors with recruitment and management, and the role of the deans.
- *SAS only events.*
- *SASC/04/15 Revised document on Supervision of SAS and other non-consultant anaesthetists.* The old guidance stated that all SAS doctors needed to be supervised on a named basis. That advice is no longer tenable; the new Charter says it is not necessary as does the GMC. The GMC had informed Dr Marks that under certain circumstances a SAS doctor does not need to be supervised. A lot of SAS doctors need and want some level of supervision. There would however be a relatively small number working in specific fields where they feel they could and should be able to work autonomously. This would need to be decided on an individual basis probably at appraisal. Where supervision is required, that supervision needs to be clearly defined. Where an SAS doctor is able to work autonomously, that only applies to certain spheres of clinical practice. Although there is a generic AoMRC document, in practice there is probably considerable variation across the specialties.

Council discussed:

- Passing the document to the GMC for endorsement and acceptance. Dr Marks explained that he had already spoken to the GMC which was quite happy with it.

- The need for Council to discuss developing mechanisms to implement it. Without that mechanism the proposals in the document would be meaningless.
- A request that it would be helpful if the SAS doctors came up with suggestions and worked up examples.
- Council should develop a strategy which would be to engage with non-consultant career grade doctors.
- The fact that it is very clear in the rules that SAS doctors are supervised. The level of supervision varies but they are technically supervised. That is very important in terms of defining where responsibility lies.
- The need to make it clear at what level supervision can vary. At the moment it is clear in technical terms. It would muddy the waters if the College said it was for each department to decide.
- The need to clarify that this is not a form of accreditation.
- The GMC has moved away from the mandatory supervision guidance and the College should do the same.
- The need to be sure that the statutory basis is not being compromised.

CB/30/2015 Anaesthesia Related Professionals Committee

The Chairman, Dr Collee, presented the minutes of the meeting held on 12 February 2015 drawing Council's attention to the following:

- ARPC/01/25 Representative of the College of Operating Department Practitioners.
- ARPC/09/2015 Representation of paramedics.
- Formal acknowledgment of Dr Paul Forsyth and Dr Ed Hammond who had created valuable learning pathways.
- ARPC/05/2015 Meeting with Gillian Manning from HEE. It seemed fairly likely that a common stem of training for all physicians' assistants would be supported with sub-specialties adding their own training. There would be a need to present a unified front with the AAGBI and other interested parties.

Council discussed the following:

- The importance of putting the RCoA's full force behind the issue of Physician's Assistants (Anaesthesia) (PA(A)) not being regulated.
- The importance of working with other specialties to address the lack of registration.
- The need to ensure that it is not thought that a generic process could be used to train people to do a very particular job.
- Review and revision of the prescribing course would be useful as it currently takes six months and is a significant length of time to add on to other processes.
- The issue of each trust in Northern Ireland having a different programme of training for nurse assistants.
- The AAGBI has opened membership of the AAGBI to trainee and qualified PA(A)s.
- The possibility of departments consisting only of non-physicians.

MATTERS FOR INFORMATION

1/4/2015 Publications

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

1/5/2015 Consultations

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

1/6/2015 New Associate Fellows, Members and Associate Members

Council noted, for information, the following:

Membership:

Dr Partha Sarathy Annamalai – European Diploma in Anaesthesiology & Intensive Care

Dr Jeanie Clare Worthington – Primary FRCA

Associate Membership:

Dr Ioana Doina Sintie – Bedford Hospital
Dr Cameron Cairns Smith – Borders General Hospital

Affiliate – Physicians' Assistant:

Ms Lynn Alison Maxwell – Monklands Hospital

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

Dr Ugochukwu Onyekere Mata – South Warwickshire NHS Foundation Trust
Dr Essam Essam Ahmad Abbas El Damatty El Damatty – James Paget University Hospital
Dr Vinayak Vanjari – Calderdale and Huddersfield NHS Trust
Dr Imran Khan – St James University Hospital
Dr James Gutsell – The Whittington Hospital
Dr Sisira Nishantha Pinnaduwa – Worthing Hospital
Dr George Joseph – Queens Hospital
Dr Elizabeth Varghese – Airedale Hospital

Membership Category Progression

Members:

Dr Donovan Wong – FRCA Primary
Dr Chima Alexander Oti - FRCA Primary
Dr Rachel Tunney – FRCA Primary
Dr Marianne Denise Kirrane – Irish Part 1, 2008.

Associate Members:

Dr Martin Bursik – Hospital unknown
Dr Taryn Mitchell – Maidstone & Tunbridge Wells NHS Trust
Dr Nabeel Sultan – Queen's Hospital, Burton-on-Trent
Dr Gregory David Francis Cox – Hospital unknown
Dr Dawid Gabriel Hendrick Lotz - Hospital unknown
Dr Neil Bruce Wilson – Hospital unknown
Dr Elizabeth Raquel Bustamante Gonzalez - Hospital unknown
Dr Aristeidis Kotouzas - Hospital unknown
Dr Jana Balogova - Hospital unknown
Dr Nadya Evlogieva Petrova - Hospital unknown
Dr Balazs Iltzes - Hospital unknown
Dr Muataz Muhamed Zuan A. Amare- Hospital unknown
Dr Andal Soundararajan - Hospital unknown
Dr Orinta Marija Jansoniene - Hospital unknown
Dr Rita Russai - Hospital unknown
Dr Vikas Gulia - Hospital unknown
Dr Samuel Anthony Benham-Mirando - Hospital unknown

PRESIDENT'S CLOSING STATEMENT

PCS/2/2015 President's Closing Statement

1. The Anniversary Meeting and Annual General Meeting would take place the following day.
2. Dr Mike Wilkinson would take over as Chairman of the Examinations Committee with effect from September 2015.

MOTIONS TO COUNCIL

M/8/2015 Minutes

Resolved: The minutes and website minutes of the meeting held on 11 February 2015 were approved.

M/9/2015 Regional Advisers**Resolved:** That the following appointment be approved:**South Thames West**

Dr R Suite in succession to Dr P Quinton as Regional Adviser for South Thames West

M/10/2015 Deputy Regional Advisers**Resolved:** That the following appointments be approved:**Oxford**

Dr D Choi

South Thames East

Dr Helena Scott

M/11/2015 College Tutors**Resolved:** That the following appointments be approved:**North Thames Central**

Dr K Hunt (National Hospital for Neurology and Neurosurgery) in succession to Dr Y K Amin

Dr C J Taylor (National Hospital for Neurology and Neurosurgery) vacant post

Dr M Simpson (Lister Hospital) in succession to Dr O W Boomers

South West Peninsula

Dr H E J Pugh (Royal Devon and Exeter Hospital) in succession to Dr P Thomas

Wales

Dr E Curtis (Nevill Hall Hospital) in succession to Dr B John

Oxford

Dr J M Chantler (John Radcliffe Hospital) Acting Tutor for Dr M W Speirs

M/12/2015 Examinations Committee**Resolved:** That approval be given to proceed with computer based testing.**Resolved:** That approval be given for Dr Mike Wilkinson to extend his term of examinership for one further year, completing 12 years in total to August 2016.**Resolved:** That the examiner applicants listed below be approved for appointment as examiners elect for academic year 2015-2016.

Dr Bolaji	Ayorinde	Leicester Royal Infirmary
Dr Lynne	Campbell	Royal Sussex County Hospital
Dr Satya	Francis	Leicester Royal Infirmary
Dr Michael	Girgis	Poole Hospital
Dr Megan	Jones	Addenbrookes Hospital
Dr Karen	Kidner	Lancashire Teaching Hospital
Dr Manisha	Kumar	Aberdeen Royal Infirmary
Dr Darrell	Lowry	Craigavon Area Hospital
Dr Rose	McRobert	University Hospital Ayr
Dr Tara	Quasim	Glasgow Royal Infirmary
Dr Ben	Shippey	Ninewells Hospital, Dundee
Dr Nirmala	Soundararajan	Hull and East Yorkshire Hospital
Dr Seshapillai	Swaraj	Royal Liverpool University Hospital
Dr Mark	Tindall	Dudley Group of Hospitals
Dr Jason	Walker	Ysbyty Gwynedd
Dr Elaine	Wilson-Smith	Sheffield Children's Hospital

CEREMONIAL

C/2/2015 Fellowship ad eundem

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

- Dr Syed Muhammad Ali
- Dr Alastair John Dorman
- Dr Valasubramaniam Mahadevan
- Dr Douglas Robert Alexander McKendrick
- Dr Sreekanth Rayalu Uppugonduri