MEETING OF COUNCIL

Edited Minutes of the meeting held on Friday 20th May 2011
St George's Suite, MacDonald Windsor Hotel

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

Members attending:

Dr P Nightingale, President
Dr A A Tomlinson
Dr J-P W G van Besouw
Dr J D Greaves
Dr A B H Lim
Dr R Laishley
Dr H M Jones
Dr E A Thornberry
Professor R P Mahajan
Dr P J Venn
Dr Batchelor
Professor J R Sneyd
Dr S R Moonesinghe
Dr D K Whitaker
Dr D M Nolan
Dr S C Patel
Dr R Verma
Dr R J Marks
Dr T H Clutton-Brock
Dr L J Brennan
Dr J P Nolan
Dr M Nevin

Mrs K Rivett, RCoA Patient Liaison Group

In attendance: Mr K Storey, Mr C McLaughlan, Ms S Drake, Mr R Bryant and Miss E Bennett

Apologies for absence: Apologies were received from Dr A-M Rollin, Professor J F Bion, Professor D J Rowbotham, Dr J Colvin, Mr J Heyworth, Dr I H Wilson and Dr J R Darling.

COUNCIL IN DISCUSSION

CID/21/2011 President's Opening Statement

(i) The President announced the deaths of Dr Michael Eric Tunstall and Dr Mary Eleanor Merkle Leigh. Council stood in memory.
(ii) Dr D Nolan was elected Chairman of the College Treasurers Group in November 2010. The President offered his congratulations.
(iii) Dr Ian Curran was awarded First prize at the BMJ Group Awards for his work with the London Deanery on the Simulation and Technology-enhanced Learning Initiative (STeLI). The President offered his congratulations.
(iv) Dr Mike Clancy was elected President of the College of Emergency Medicine (CEM) and will take office in September 2011. The President offered his congratulations.
(v) Dr Nick Franks was elected Fellow of the Royal Society of Medicine; he is a previous recipient of the RCoA Gold Medal and is a Fellow by Election. The President offered his congratulations.
(vi) There will be an item of Any Other Business from Dr Verma regarding the Hospital Episode Statistics (HES) database.
(vii) A letter was sent to Strategic Health Authority Medical Directors by Professor Sir Bruce Keogh informing them that the quality indicators are now available on the NHS Choices website; feedback was requested. Council is asked to send comments to the President.
(viii) A letter has been received from the Performance Assessment Directorate stating that Dr Steve Gilbert has been appointed National Lead Clinician for Chronic Pain in Scotland. Professor Rowbotham is looking at the possibility of seconding Dr Gilbert to the Faculty of Pain Medicine (FPM).

(ix) The bid for the Wellcome Grant for the "Senseless: Anaesthesia, Consciousness and Pain" exhibition at Science Museum has been successful and Council offered its congratulations to Dr Andrew Morley. Mrs Rivett and Mr McLaughlan will now begin to look at how the RCoA will support the development of the exhibition.

(x) Dr Thornberry will attend the final winding-up session of the Centre for Maternal and Child Enquiries (CMACE). It remains uncertain when Mothers and Babies – Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK), will be given approval to take the work over. The President has again discussed the issue with Sir Bruce Keogh, Medical Director of NHS England, but no firm answers have been received. Professor Sneyd enquired as to whether the RCoA should make a public statement of opposition to the closing of CMACE. Dr Thornberry informed him that MBRRACE-UK made a successful bid to continue the work of CMACE; this is a review of the work rather than its cessation. The President stated that the RCoA has made public statements regarding the importance of the continuation of the work; Professor Sneyd responded that there could be value in having a press release prepared for the eventuality that the work is halted.

(xi) The President updated Council on staff matters:

a. Mr Mark Chappell has joined the IT Team on a permanent and full-time basis as the IT Support Office.
b. Mr Renante Toca has joined the Facilities Team on a permanent and full-time basis as the new Facilities Assistant.
c. Mr Justin de Jesus has left the College to pursue a career as an electrician.
d. Ms Vicky King has left the College to pursue a career in ergonomics.

CID/22/2011 NHS Future Forum

The President updated Council on the NHS Future Forum; he sits on the Education and Training strand of the group, who have been meeting frequently. Key messages are being established, including the importance of retaining Deanery functions, the need to separate commissioning and quality assurance of education and training from provision, and the need for clear centralised oversight of this process. Deans and Deaneries should be formalised and will be responsible for dispensing money provided by Health Education England. Concerns have been voiced regarding possible effects on the devolved nations but members have been assured that this is being taken into consideration. Dr Colvin is today attending a meeting with NHS Education for Scotland (NES) to discuss proposals to resurrect service breaks of up to two years for trainees at ST4 before they return to higher and advanced training. The RCoA is very much against this model but as it is under consideration by the Centre for Workforce Intelligence (CfWI), a robust defence of the seven-year training program to produce generalists is required. Council has been given the opportunity to feedback to the President regarding the NHS Future Forum and all are encouraged to continue to do so. The first draft of the Education and Training Report is being produced for Monday 23rd May, to be reviewed at a meeting on the same day, and it will be completed by the end of the month.

CID/23/2011 New Royal College of Anaesthetists Website

Dr Marks gave an update of the review of the College website. A supplier has now been chosen;. They have experience in similar fields and seem keen to undertake the work. A proposal has been provided and the next stage will be to attend an Alignment Meeting to discuss requirements and objectives for the redesign. S8080 the preferred provider will then design the information architecture and provide specimen pages; the process of designing the website modules is anticipated to take 20 days. This will be followed by content migration, with which S8080 will assist; there will be a need to keep closely to the timescale but people are likely to see a need for rewriting when looking at the current pages. Up to four members of RCoA staff will be given training to maintain the website. Dr Marks informed Council that the timescale of the project has been slightly delayed due to the length of the process of choosing a supplier; work is likely to start

in June or July so although it had been hoped that the new site could go live by Christmas 2011 this is now more likely to be Easter 2012.
Dr Whitaker enquired as to how old URLs will be kept correct e.g. when given in documents. Dr Marks agreed that this is likely to be an issue, but the use of redirection links should assist.
Dr van Besouw commented that the Royal College of Physicians' (RCP) website front page is personalisable by the user; Dr Lim pointed out that persistent cookies can be used to allow some personalisation without the need for a log-in. Dr Greaves commented that having log-ins might be useful for the RCoA to see who is using the website; furthermore, although there may not currently be a perceived need for the system, it may be easier to build it now than to add it on later. Dr Marks stated that this has been considered but there is a reluctance to use log-ins for the majority of RCoA Fellows. The plan is to retain the current use of log-ins for groups (including Council, College Offices, College Tutors (CTs) and Regional Advisers (RAs)) requiring private areas of the website. There are logistical problems with maintaining the membership database alongside that of the website. The President added that although the RCP were encouraged to do this in order to make the front page more appropriate for their varying specialities this may be less relevant for anaesthetists. Dr Patel pointed out that personal information for Fellows is stored elsewhere, such as on the Continuing Professional Development database and is not directly relevant to the website; links to these can be provided. He added that that the site is not exclusively for Fellows' use and should be fully accessible to the public as well; Mrs Rivett concurred with this, as lack of access can be off-putting for members of the public. Dr Clutton-Brock commented that the website can be personalisable by asking the user whether they are a Fellow, a member of the public, etc., and using this to direct their experience rather than asking for log-ins.
Professor Sneyd commented that the new Association of Anaesthetists of Great Britain and Ireland (AAGBI) website was recently launched behind schedule due to the complications of building architecture such as booking systems for events. Dr Marks stated that some of this functionality will be available but much of it is being developed separately to the work he is undertaking. Council is encouraged to make any further comments the website redesign to Dr Marks.

COMMITTEE BUSINESS

CB/66/2011 Council Minutes
The minutes of the meeting held on 13th April 2011 were approved.

CB/67/2011 Matters Arising
i. Review of Action Points
CID/15/2011 President's Opening Statement The President has received some responses regarding the benefits of consultant delivered care but more are encouraged; discussion at the Academy of Medical Royal Colleges (AoMRC) is proving difficult and more evidence would be of use.
The President is continuing to work on allocating Council members to committees.
CID/18/2011 Possible Development to 34 and 35 Red Lion Square Mr Storey has received some responses to the plans but more would be appreciated.
Dr Batchelor had commented that the current design for the reception was perhaps too corporate and could display more of the RCoA's identity as a medical institute. Dr Brennan remarked on the need for refreshments to be available for when there are large numbers of visitors attending; the President had commented that there could be a lounge area for sitting which could include café provisions and computers. Dr Nevin suggested that members of Council could take photographs when they see features in other buildings that could contribute to the development process. Mr Storey added that staff have pointed out that the building has its own identity due to its shape; he also wondered whether there could be something on the front such as a piece of art to make it clear what the building is. Professor Sneyd pointed out that in order to use the space for displaying art such matters as

choice of paint and the ability to hang work must be included in the planning. Dr Brennan added that there have previously been discussions around collaborating with the Central St Martins College of Art, also in Red Lion Square, to display students' work. Dr Moonesinghe stated that there is an Artist in Residence at the University College London (UCL) Environment Institute who could advise; Dr Whitaker added that the AAGBI has in the past had an Artist in Residence, who did anaesthesia-themed work. Dr Patel commented that the exhibition at the Science Museum might provide ideas or materials. Mrs Rivett stated that she felt the work donated by Colonel Mahoney could be more prominently displayed and would be of interest to the public as an opportunity to see medicine in action. Dr Jones asked about plans for the lecture theatre; Mr Storey confirmed that it would not be enlarged. Further ideas would be welcomed and should be sent to Mr Storey.

CID/19/2011 Guidance for the use of Propofol Sedation for Adult Patients undergoing Endoscopic Retrograde Cholangiopancreatography (ERCP) Dr Tomlinson did not receive any responses; the document will go live on the website. No volunteers were received to head the revision of the Academy's 2001 Sedation Guidelines; the President will nominate a member of Council. Professor Sneyd added that the European Society of Anaesthesiology are planning to develop competencies on this subject, headed by Dr Andrew Smith; it is worth ensuring work is shared.

CB/54/2011 Matters Arising i) Anaesthesia for Emergency Medicine: Dr Greaves and the President met with CEM representatives on Wednesday 18th May and discussed Rapid Sequence Induction (RSI) in particular at some length. Dr Greaves had been charged with incorporating National Audit Project 4 (NAP4) recommendations into his paper on *Anaesthesia in the Emergency Department*; however it has proved difficult to establish firm evidence provided by the reported trends. Agreement was reached regarding the necessity of those undertaking RSI being properly trained and having continued experience. Emergency Medicine (EM) may have been neglected by many hospitals; Dr Greaves is keen to move towards stipulating standards for staff in Emergency Departments but anaesthesia must first get its house in order and this will be an extended process.

The President outlined the next stages: firstly, to complete the work on sedation; secondly, to make clear the lessons of NAP4 and Dr Greaves' paper regarding the difficulties with not knowing which doctor is on the rota, by publishing a discussion paper on the need for improvements (suggested to be, as with the sedation work, a small committee within each Trust to formulate a policy); thirdly, defining competencies for undertaking RSI and similar cases in the Emergency Department. Dr Jonathan Benger, leading the work for the CEM, will begin this based on Dr Greaves' very good summary, which has been seen by Council. Dr Marks had previously stated that he would like to see paediatric head-injuries included in the work and Dr Greaves will take this into account when reviewing the document with Dr Benger.

Dr van Besouw pointed out that the number of EM consultants has risen exponentially in the past few years; they are sometimes better trained than the anaesthetic staff assisting them.

Dr Greaves informed Council that agreement was not reached on the issue of the patchy provision of RSI by EM services. According to a paper by Dr Benger this occurs in some 20% of hospitals and in some of those only a small proportion of the time. The question arises of how to produce a seamless service from two departments, or even three if critical care is run separately. Dr Greaves feels very strongly that providing a rota for tasks such as airway management should be the responsibility of the Director of Anaesthesia services but felt that Dr Benger was lukewarm about this. The President stated that there were issues over who would take ownership of these areas in general but if the rota is likely to be staffed by anaesthetists the vast majority of the time then the responsibility should sit with them; it is unlikely to be an easy task.

Mrs Rivett enquired as to how the provision of training by EM consultants to EM trainees would be ensured. The President responded that the EM training programme currently

includes 6 months anaesthetic training, and if trainees wished to continue to undertake these tasks then this practice would need to be maintained. Dr Greaves added that the need to ensure provision of this has been recognised by the Joint Working Party on Anaesthesia, Sedation and Airway Management in the Emergency Department, who are also keen to have optional training provided later in the course. Discussions are on-going as to who will put together, teach and provide resources for this training. The President commented that the maintenance of airway skills is a recognised problem; many intubations are delegated to trainees so consultants may not have the opportunity to maintain their own intubation and airway skills. Dr Patel added that there is already a shortage of clinical experience opportunities for anaesthetic trainees on these skills; promoting the work amongst EM trainees would further reduce this. Dr Nevin commented that he felt that anybody could be trained to do an RSI correctly; the knowledge of when it should be carried out is much harder to convey. He commented that since there is a lack of a 24-hour consultant presence at his Trust there has been a need for the two services to work together closely at Morbidity & Mortality meetings. This has been successful at exposing near-disasters that could have been avoided. It was agreed that this issue would be discussed further during the Away Weekend.

CB/59/2011 Training Committee Feedback was received and some modifications will be made at the last meeting of the RCoA and Royal College of Obstetricians and Gynaecologists Liaison Group in July before publication.

All other actions had been completed.

CB/68/2011 Regional Advisers

Council considered making the following re-appointment:

South Thames East

Dr Claire Shannon, Regional Adviser for South Thames East **Agreed**

CB/69/2011 Deputy Regional Advisers

There were no appointments for Council to consider.

CB/70/2011 College Tutors

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

Northern

Dr N E Corbitt (North Tyneside General Hospital) in succession to Dr A M Tate **Agreed**
Dr D Booth (James Cook University Hospital) in succession to Dr T Meek **Agreed**

Northern Ireland

*Dr J A Ferguson (Craigavon Area Hospital) **Agreed**
*Dr C P McCarroll (Royal Group of Hospitals, Belfast) **Agreed**
*Dr J O'Hanlon (Mater Hospital) **Agreed**

North Thames Central

Dr J Holding (Acting Tutor at University College Hospital) Dr M Chapman **Agreed**

North Thames East

*Dr M S May (Basildon Hospital) **Agreed**
*Dr O E Mohr (Newham General Hospital) **Agreed**
*Dr E Simpson (Southend Hospital) **Agreed**
*Dr K Raveendran (Queen's Hospital) **Agreed**

Severn
*Dr M J Platt (Bristol Royal Infirmary) **Agreed**

South Thames East
*Dr H C F Scott (Guy's Hospital) **Agreed**

KSS
Dr R P Hill (St Richard's Hospital) in succession to Dr J J Dickens **Agreed**

Leicester and South Trent
*Dr M W Butt (Pilgrim Hospital) request for 3rd Term **Agreed**

Nottingham and Mid Trent
*Dr H J Skinner (Nottingham City Hospital) **Agreed**
*Dr M Malik (Nottingham City Hospital) **Agreed**

Sheffield and North Trent
Dr T C Meekings (Acting Tutor at Chesterfield & North Derbyshire Royal Hospital) for Dr S J Capper maternity leave **Agreed**

West Midlands North
Dr R N Avatgere (New Cross Hospital) in succession to Dr G R Simon **Agreed**
*Dr F A Levins (Selly Oak Hospital) **Agreed**

West Midlands South
*Dr E Carver (Birmingham Children's Hospital) **Agreed**
*Dr S W M Feaver (George Eliot Hospital) **Agreed**
*Dr A Ruhnke (University Hospital) **Agreed**
*Dr H K Whibley (Worcester Royal Hospital) **Agreed**

CB/71/2011 Heads of Schools
Council noted the following appointment:
Dr Neil O'Donnell in succession to Dr Lynn Newman **Agreed**

CB/72/2011 Training Committee

i) Medical Secretary's Update

Dr Thornberry informed Council of discussions at the meeting of the AoMRC Specialty Training Committee held on Thursday 5th May. The issue of Academic Clinical Fellows (ACFs), who are not appointed through the RCoA's national process for appointment to training posts, was raised; there are concerns that numbers are not being monitored and the selection process is not rigorous enough to ensure that the best candidates are successful. Mr Bryant is working to negotiate a process of national appointment or to at least ensure that ACFs are monitored by the College. Professor Sneyd commented that he felt the ACF he had appointed was a strong individual and enquired as to the quality of the evidence suggesting that less-strong candidates were successful; Mr Bryant responded that the evidence is anecdotal. Dr Thornberry agreed with Professor Sneyd that she had not felt there to be a problem regarding ACFs but the Royal College of Surgeons (RCS) had raised the issue that it can be a backdoor route to achieving an ST3 whilst bypassing competition and so should be regulated.

There was discussion of concerns that Deanery staff are overworked; proposals have been put forward whereby a Lead Deanery would be nominated for each specialty and the Lead Dean at said Deanery could then delegate work. The Royal Colleges stated clearly the need to be

informed and given approval of these delegations. The Conference of Postgraduate Medical Deans (COPMeD) representative was happy to take these suggestions back to COPMeD but Dr Thornberry stated that they would have to wait to see whether the concerns were heard.

The AoMRC had been clear that there was no requirement for another e-Portfolio and it was agreed that the Academic Portfolio was not another e-Portfolio but rather a recommendation of information to be gathered. The Oxford Deanery has developed an Academic e-Portfolio but it was agreed that there is no desire for this from the AoMRC.

Technical issues around support for e-Portfolio platforms were raised; those systems with the curriculum built in can cause problems for trainees using the old curriculum. This is not an issue for the RCoA e-Portfolio as the curriculum has not been built in but should be considered in future.

The President enquired as to whether Dr Batchelor attended this meeting representing both the RCoA and the Faculty of Intensive Care Medicine (FICM); Dr Batchelor responded that she believed Dr Simon Baudouin would be representing FICM in future.

Dr Thornberry informed Council of discussions at the meeting of the AoMRC Transferable Competencies Working Party held on Friday 6th May. It was agreed that although there is still much work to be done, General Medical Council (GMC) representatives have acknowledged the value of transferable competencies in preventing the need to repeat training and this has given the work some momentum. Principles for the comparison of transferable competencies were agreed and this work will begin at the next meeting of the Working Party.

Data was received from the Royal College of General Practitioners (RCGP) regarding which route applicants to General Practice are taking and Dr Thornberry has asked Mr Bryant to gather this data for the RCoA. The view from EM that trainees are lost to other specialties is borne out in the data; the President added that anaesthesia takes some 30% of EM trainees and that this was the sort of information he wanted to be able to derive from the membership database. Mr Bryant commented that this information was provided by the West Midlands Deanery and has not been well validated.

CB/73/2011 Examinations Committee

Council received and considered the minutes of the meeting held on 10th May 2011 which were presented by the Chairman, Dr Brennan.

Discussions were held regarding the use of Angoff techniques to improve the standard setting for the Multiple Choice Questions (MCQ) examination. It was agreed to set up a short life working party to explore this further.

The examinations calendar for 2012-2013 and 2013-2014 has been approved.

Dialogue is on-going with the Australian and New Zealand College of Anaesthetists (ANZCA); the Chairs of the Final and Primary examinations have visited Australian examinations. The sharing of information regarding structure and approach has been agreed. ANZCA have asked the RCoA to consider sharing information on question writing and this is moving forwards; in the past there have been issues around ANZCA publishing questions immediately after examinations but they have now stopped this.

A request was received from the University of Malaysia to provide an external examiner to overview the system. The Committee agreed to support this by providing names of individuals who

may want to act in an independent capacity but will not be formally representing the RCoA at this stage.

Dr Brennan informed Council that the Committee had agreed, following the GMC's request to open the Primary examination to any international candidate, to ask Council to approve the opening of the Fellow of the Royal College of Anaesthetists (FRCA) examinations to allow anyone practising within the NHS, provided they meet the basic examination criteria and have completed a successful appraisal interview at Trust level at the end of a 12 month period of working in the NHS, to sit the Final examination. Council approved this request.

The Committee requested Council's approval of a change in the length of the validity of a pass in the Primary MCQ from two to three years. An increasing number of candidates have difficulty passing the examination within two years; candidates who, having completed core training then require a six-to-twelve month extension, are left having to re-sit the Primary MCQ in order to progress to the Final MCQ. Dr Tomlinson agreed that he could see the validity of the request but felt that there is a view that if candidates had to sit all parts of the examination in one then they would prepare much better overall; this could be worsened if the process was further extended. Dr Brennan responded that candidates are currently being advised not to attempt the Objective Structured Clinical Examination/Structured Oral Examination (OSCE/SOE) until at least half way through Core Training; in order to succeed at the clinical elements they need to have at least the experience received by the end of CT1. This results in little time to deal with failing any part of the exam if an extension is also required in order to sit the OSCE/SOE.
Dr Venn voiced his strong objections to the proposal on the grounds that the examination would be made far too easy; he feels that the examinations should be sat in one sitting and that candidates are not preparing fully.
Mr Bryant informed Council that the RCoA has consulted with the GMC on this; the GMC are currently looking at standardising these procedures for all specialty examinations and look increasingly likely to extend the validity of a pass following consultation.
Dr Greaves drew Council's attention to examination theory in this area. A distinction should be made between examining facts and examining judgement. If the former, it seems unreasonable to expect candidates to accumulate masses of facts that will never be required and the examinations should therefore be made more manageable. However, if the examination is testing candidates' judgement, there may be value in a single examination testing judgement across the full area of knowledge. Dr Clutton-Brock concurred with this need to look at the purpose of the components of the examination and how much of the information tested by the MCQ needs to be retained. Professor Sneyd added that use of multiple choice questions allow knowledge to be examined cheaply whereas it is harder to assess judgement and experience.
Dr Jones felt that there could be a benefit to reducing the pressure on candidates, thereby allowing them to get more experience. Dr Brennan added that the current structure of the examinations was established at a time when candidates had far more access to clinical experience.
Dr Patel stated that provision must be made for career breaks for valid reasons, e.g. pregnancy. Mr Bryant confirmed that these are considered on a case-by-case basis by the Chair of the examination. The President added that extending the validity of the pass could reduce work for the Chair of the examination and the Examinations Department.
Professor Sneyd enquired as to the availability of data on how many candidates fail and how many re-sit and pass; Mr Bryant offered to provide this information.
Mrs Rivett informed Council that Heads of Schools have expressed concerns over the difficulties faced by trainees and Dr Brennan added that candidates at Final level and some at Primary level have been surveyed regarding their experiences and issues. Three-year validity seems appropriate to the concerns expressed by trainers and by exam candidates.

Dr Jones enquired as to whether the validity would automatically be doubled for Less Than Full Time candidates and Dr Brennan responded in the negative.
Dr Clutton-Brock asked whether failure rates suggested that candidates are attempting the MCQ too early. Dr Tomlinson asked whether candidates should be made aware that they might be sitting the MCQ too early but Dr Brennan responded that the RCoA would be giving mixed messages and should continue to encourage candidates to move forwards.
Dr Laishley stated that he felt the idea of a three-year core for experiential learning has a lot of merit and would suit Staff and Associate Specialist (SAS) Grade doctors; he added that a move towards a three-year core program is being considered in Scotland.
Dr van Besouw raised the secondary issue that whilst the MCQ is open to any candidate internationally, the OSCE/SOE is only available to non-UK candidates if space allows; the RCoA may be discriminating against non-UK candidates if the examination is not available to them.
Dr Tomlinson asked whether the decision could be left until the review of examinations was complete in the autumn and the President stated that he would be happy with this. However, overall, Council agreed with the decision to extend the validity of the pass and the motion was approved.

Council was requested to approve suggested changes to the process of appointing Chairs and Vice-Chairs of both Boards of the FRCA examinations. Dr Brennan informed Council that until circa three years ago the Chairs of both examinations were Council members but this has now changed; the process of appointment lacks transparency and he and Dr van Besouw have therefore produced a standardised appointment process whereby any examiner who met the person specification would be eligible to apply. Applications would be scored by the Examinations Committee, who would then make a recommendation to Council. The President asked whether this would affect the Chair of the Examinations Committee and if he would plan to attend all examinations over the course of the year; Dr Brennan responded that although the Chair is required to have recent examining experience he does not necessarily need to chair the examinations to maintain this. The changes were approved.

Since the examining teams were set and new examiners recruited to the Primary examination, several examiners have indicated they will resign from examinerships and so the Final Board would have been left short. Council was therefore asked to approve the extension of examinerships for Dr Gillian Good, Dr K-L Kong and Professor Ravi Mahajan; this was approved.

Issues of equality and ethnicity in relation to candidates' performance in postgraduate examinations were discussed; they have been raised by the GMC and the Sharing Good Practice group (a multi-College forum for discussion of examination-related issues) received a presentation of research from UCL in this area. The issue does not only affect candidates from ethnic minorities from overseas, as UK-based and UK-trained examinees also underperform. The GMC have discussed their requirements for data on this subject with the RCoA.
Professor Sneyd expressed his concern at this issue, particularly at data reported elsewhere that it may not only affect postgraduates. He enquired as to whether the data submitted to the GMC will include information on whether candidates attended UK medical schools and regarding the general rigour of the data to be submitted; the President added that information on the ethnicity of examiners should also be provided. Mr Bryant informed Council that the Training and Examinations Department currently collect data from candidates who attend examinations regarding which medical school was attended and are also gathering information on where candidates are within their medical training; it is proving somewhat more difficult to collect accurate information on candidates' length of experience in the UK or within the NHS. He confirmed that the RCoA will discuss the GMC's requirements with them in detail and will take care to ensure that any gaps in information are clearly explained when the data is submitted.

The President informed Council that the discussions held at the Examinations Committee regarding plans to abolish category 2 applicants for ST3 posts had been approved at the Medical Program Board (MPB) Task and Finish Group.

CB/74/2011 Finance Committee

Council received and considered the minutes of the meeting held on 4th May 2011 which were presented by the Chairman, Dr D Nolan.

The Committee approved increases to fees, rates and charges in line with inflation, including a mileage allowance increase to 45p per mile.

Several of the Partners' leases are due to expire during 2011. The CEM will move into new premises by the end of January 2012 and are engaging a new short lease with a one-month notice period to allow refurbishment of the new premises. Solicitors are currently drafting the new leases.

Funding was approved for Dr Kate Grady to visit ANZCA in order to observe their FPM examinations.

A request from Dr Whitaker for funding for a three-year project in Uganda to provide anaesthetic fellowships was approved, with the proviso that Dr Whitaker act as sponsor for the work, providing assurance and updates on an annual basis. Dr Whitaker was happy to sponsor the work and offered his thanks to the Committee.
Dr Jones enquired as to whether the RCoA has a formal charitable structure to promote such projects; if not then this should perhaps be formalised to be open to all. Mr Storey responded that the Charter and Ordinances of the RCoA allow but do not compel the organisation to carry out any work that promotes anaesthesia in the UK and worldwide. Dr Jones enquired as to the nature of the scrutiny given to such proposals and Mr Storey responded that this used to be undertaken by an International Committee, later disbanded by Council since few requests are received; the President added that this is not currently a strategic element of the RCoA's work but the RCoA remains open to requests that come in and holds funds to support them.
Dr Whitaker informed Council that the approved project has been raised at previous Council meetings; it is intended to promote postgraduate anaesthetic training by providing three £3000 Fellowships. There is local support provided and the AAGBI International Relations Committee have supported several of these projects in the past.

The Committee agreed in principle to fund a researcher to support Dr Mike Grocott. Dr Brennan enquired as to why this item had been handled by the Committee under Any Other Business and whether a paper had been produced, given that the decision involved a substantial amount of money; Dr D Nolan assured him that the decision had previously been made in principle and had been delayed until further detail was provided; this was received at the meeting.

The charge for the Council Christmas Dinner was increased to £50; this was the first increase since 2005.

The Committee approved the summary report for the 2011/2012 budget; there is a forecasted annual surplus of £581,000.

The Committee approved a request for a staff gala dinner; it was agreed that Council could attend if they wished.

Professor Sneyd voiced his concerns that Council is not given sight of RCoA accounts, although he acknowledged the role of the Finance Committee; he would appreciate the agreed budget

being circulated to Council. Mr Storey responded that the accounts are always available to Council members who request sight of them; the Committee receive the summary report and have not required any further detail but he is happy for the agreed budget to be brought to Council with the Committee minutes. Dr Brennan added that, since Council members are financial trustees of the RCoA, it would provide further transparency, as well as protection for the Chief Executive and Treasurer, if Council examined the proposed budgets.
Mr Storey informed Council that the system used by the RCoA differs from that used by many other organisations, since when spending decisions are made the budgets are adjusted; this does not result in static yearly forecasts. Dr Greaves added that it would be important for Council to understand this system before requesting changes, thereby ensuring that the current efficient system was not made less productive. He suggested that Council should not discuss the detail of the report but should be allowed to request that the Finance Committee re-examine the proposals if required; the President concurred with this.

CB/75/2011 Trainee e-Portfolio Working Group
Council received and considered the minutes of the meeting held on 1st April 2011 which were presented by the Chairman, Dr Brennan.

Dr Brennan informed Council that the six-month pilot project finished at the end of April 2011; the Group was pleased to note that uptake has been 55-65%. Modifications will be made based on feedback; the e-Portfolio will be rolled out from August 2011 and the goal is to include August trainees on the system. The training infrastructure is being co-ordinated by Ms Lorna Kennedy, e-Portfolio Project Manager. The system purchased from Premier IT had a flaw in the potential for trainees to reject Workplace Based Assessments; this has now been removed.

A request was received from the London Academy for the use of e-Portfolio data for purposes of quality assurance; following discussions with the President and Vice-Presidents it was agreed that this should not be approved. The data is held on an individual basis to support training and if data were to be provided it would be summary only and not individualised to trainees or trainers.

Publicity for the project has been generated at Congress and the recent RAs meeting; the work will also be promoted at the upcoming CTs meeting and in the July edition of the *Bulletin*.

CB/76/2011 National Institute for Academic Anaesthesia
Council received and considered the minutes of the Board meeting held on 7th April 2011 which were presented by the Chairman, Professor Mahajan.

Professor Mahajan informed Council that the National Institute for Academic Anaesthesia (NIAA) Research Council has been set up for two years; it is running smoothly, particularly with regards to its main functions of awarding grants and priority setting.

A report was presented by Professor David Lambert on the governance of grant awarding; this is now available on the NIAA website. It provides a transparent process of governance that is up to international standards.

A representative from the James Lind Alliance (JLA) will attend the July meeting to advise on priority setting; the President enquired as to the value of this given that the priority setting exercise has been completed and Professor Mahajan responded that the approach used by JLA has higher patient involvement than that used by the NIAA and will likely be valuable when the exercise is repeated.

A discussion was held on pooling funds with groups such as the Society for Education in Anaesthesia in order to provide larger, more desirable grants; this was seen as a positive idea.

An NIAA Away Day will be held in November and will provide a forum to discuss matching funding to NIAA priorities; the grants that have so far been awarded are perceived to be somewhat discrete and sub-specialty but in future this is likely to become more joined up.

The Higher Education Funding Council for England has announced the panel membership for the Research Excellence Framework (REF) 2014; the current panel does not have any representatives of academic anaesthesia and none of the names submitted by the NIAA were successful. Professor Rowbotham will examine how the NIAA can liaise and engage with the REF panel so that anaesthetic representatives can be co-opted onto sub-panels.

Council also received and considered the minutes of the Research Council meeting held on 7th April 2011 which were presented by Professor Mahajan in Professor Rowbotham's absence.

Discussions were held of draft strategies for academic trainees presented by Professor Sneyd, for the Health Services Research Centre (HSRC) presented by Dr Grocott, and for military anaesthesia presented by Colonel Peter Mahoney. These will ultimately inform the NIAA's overall strategy and the Board was pleased to receive and informally approve these documents.

A procedure was agreed for the selection of the next trainee representative to sit on the Board; the RCoA Trainee Committee will make nominations in collaboration with the Group of Anaesthetists in Training (GAT).

Plans for the NIAA Away Day were discussed; the day will be held at Churchill House and will be preceded by a dinner hosted at the AAGBI by Dr Wilson.

Dr Jones enquired as to the possible subject for NAP5; Professor Sneyd had previously raised concerns over the choice of Awareness as a topic. Ms Drake informed Council that a meeting will be held in June to discuss this and Professor Mahajan added that questions would be raised there as to what it is hoped will be achieved with the project. Dr Jones enquired as to whether Council would be given the opportunity to input and Professor Mahajan responded that once the proposal is finalised by the HSRC it will come to Council but there is no intention to bring all the proposals to Council. Mrs Rivett informed Council that she had received a telephone call to ask about the selection of topic and she would like to make it clear that full PLG support has not been sought or given.

CB/77/2011 Career Grade Committee

Council received and considered the minutes of the meeting held on 14th April 2011 which were presented by the Chairman, Dr Lim.

A discussion was held around the European Working Time Directives and their link to SAS doctors returning to training and gaining equivalence. The Committee agreed that a training framework for SAS doctors should be developed and this will be discussed at the CT day for their input. Dr Suzanne Boyle and Dr Laishley will work to map the most commonly missing competencies against the new curriculum.

Ms Carly Melbourne is to contact the GMC for an update on the working party addressing approval for trainers for training. This work has been left open ended.

The AAGBI document on *Working Practices for Consultants* was felt to be useful, with many of the issues of relevance to SAS doctors. Dr Lim has spoken to Dr Ramana Alladi regarding the production of a similar document specifically for SAS doctors; this is likely to be online only.

Dr Charles Cooper has been developing a document on Personal Development Planning for 18 months; the Committee received further information on this from Dr Cooper and agreed that the work so far is worthwhile, including the valuable suggestion of incorporating case studies. However there are concerns that if Dr Cooper is unable to return the document to the Committee by the end of May it may be in danger of being out of date before it is published.

Dr Jay Dasgupta and Ms Melbourne attended the North Western Annual SAS conference; Dr Dasgupta gave a presentation regarding equivalence, which was well attended and received. Dr Lim spoke on the same subject at the East Midlands Deanery SAS Conference and was also well received. It was felt that attendance at similar meetings would be beneficial for raising the profile of the RCoA and the Committee have asked regional representatives to advise of future events.

The Committee was informed that there are currently no SAS study days run in Northern Ireland; given the small number of individuals to whom they would be relevant it was felt that it could be more cost effective to hold joint specialty days.

Dr Boyle raised the issue of fees and categories for RCoA courses for SAS doctors. Mr Bryant sought advice from Ms Drake on this matter and it was agreed that any decision would be postponed until Dr Boyle had produced a competency pathway to support applications for equivalence.

CB/78/2011 Revalidation Development Committee

Council received and considered the minutes of the meeting held on 12th April 2011 which were presented by the Chairman, Dr Tomlinson.

The logbook/minimum dataset was discussed; it had previously been felt that a Working Group would be required but the Committee ultimately agreed that since there are a number of existent tools the work could be returned to in the future.

Following an initial proposal by Mr David Hepworth, the Committee looked at developing a news item on revalidation; Professor Sneyd and Mr Don Liu met with Mrs Sue Saville, ITN Medical Correspondent, to discuss this. Professor Sneyd informed Council that Mrs Saville seemed interested and well informed; she advocated finding a patient-based angle, including a 'hook' or specific date to make the story easier to pitch. The Committee will consider how to take this forward.

Dr Greaves commented that Council was originally sceptical about whether revalidation would be successful in picking up high profile cases of poor practice; although much work has gone into making the system as robust as possible, the RCoA should be wary of providing too vigorous a defence. Dr Tomlinson responded that the GMC are clearly stating their ownership of the system although Dr Greaves expressed scepticism that this would continue to be the case. Dr Clutton-Brock added that the GMC are speaking honestly about problems with the system and that given the high level of trust members of the public place in doctors there would be value in being seen to support a system that could validate this.

Mrs Rivett commented that much of the public are unaware of how the medical system operates but this is changing due to widespread media stories regarding the NHS. She suggested that the hook for the public could be the opportunity for them to contribute to the process.

The *Core Supporting Information for Anaesthesia, Pain Medicine and Intensive Care Medicine* was drafted following a request for all Colleges and Faculties to draft appropriate specialty guidance in order that appraisers are fully aware of appraisees' responsibilities. The draft document is generally agreed to be fine but column 4, part 3, regarding clinical outcomes/audit still requires attention. Council is requested to provide comment to Dr Tomlinson and Mr Liu. Dr Colvin's work on rewriting the Audit Recipe Book will also contribute guidance regarding what audits should be undertaken.

The Medical Appraisal Framework *Guide* will be trialled from August 2011; this will be brought to a future meeting of Council.

It was not generally felt that an audit of the quality of medical records was required although FPM felt this to be important.
Dr Nevin stated that in ICU there have been issues over the quality of notes and he felt this was an important issue; Dr Tomlinson responded that he too felt this was an issue in anaesthesia, but overall the Committee did not agree.

Discussions on quality assurance of revalidation are on-going.
Dr Nevin stated that the question of whether the RCoA has quality assurance indicators for departments has been raised on the Clinical Directors' forum; Dr Venn responded that this was part of the Service Accreditation Delivery work and is underway; approval has been received from Sir Bruce. Mr McLaughlan added that the work has somewhat stalled as the RCoA have been waiting for a response from the Care Quality Commission but it is expected to push forward.

Dr Moonesinghe has undertaken work on Colleague and Patient Multisource Feedback questionnaires and will bring a draft to the next meeting of the Committee.

Discussions are ongoing around procurement of the e-System. Mr Storey informed Council that Professor Sneyd has asked for the decision to be brought to Council. He also informed Council that legal documents have been issued to the cohort for signing despite the contract not having been finalised; the RCoA has refused to sign. He has met with the preferred company and although his doubts have been somewhat mitigated he is not entirely happy that the system has been developed as fully as they are suggesting. The finance of the system has been revised to be more reasonable but there is still some way to go.
Dr Jones brought Council's attention to the consideration underway in Wales of Revalidation Plus, part of the NHS TookKit, and enquired as to whether this had been looked at; Mr Storey said he was not aware of it. Dr Jones informed Council that it is available for a free 7-day trial and can be signed up for by individuals for £60 per year.

CB/79/2011 Recruitment Committee
Council received and considered the minutes of the meeting held on 6th May 2011 which were presented by the Chairman, Dr Marks.

The proposals for 2012 recruitment have been finalised and will be discussed at the RAs meeting.

The short-listing process should be cut at CT1 and all candidates (as far as possible) should be interviewed; finding criteria to successfully separate candidates via short-listing had proven difficult.

The weighting and scoring system has been reviewed; scores from ST3 recruitment suggest that the correlation between scores given to the same interviewee in different circumstances is poor.

There is a need to ensure that the correct questions are asked and that the correct importance is placed on anaesthetic non-technical skills.

It was agreed with the Department of Health (DH) that the removal of Category 2 applicants from the person specification for 2013 would be delayed for one year to ensure that candidates were given sufficient notice of the change.

Dr Marks informed Council of the plight of those candidates who have not passed the Primary FRCA by the end of two years.
The President asked Dr Marks to put together a paper to accompany the document provided to Council; the President will then take this to the MPB Task & Finish Recruitment Group.

CB/80/2011 Joint Committee on Good Practice
Council received and considered the minutes of the meeting held on 31st March 2011 which were presented by the Chairman, Dr Nightingale.

The revised *Guidelines for Checking Anaesthetic Equipment* have not been received by the President; they are still undergoing assessment by the AAGBI.

The President has asked Dr Andrew Hartle to lead on developing a strategy to ensure that the government is aware of the need for nationalised or at least guaranteed supplies of essential drugs such as noradrenalin. Professor Sneyd informed Council that the American Society of Anesthesiologists and the Drug and Food Administration have a joint interest group on this subject; Professor Sneyd to email details to the President and Dr Hartle.

MATTERS FOR INFORMATION

I/17/2011 Publications
The list of publications received in the President's Office was drawn to Council's attention.

I/18/2011 Consultations
Council received, for information, a list of the current consultations.

I/19/2011 New Associate Fellows, Members & Associate Members
Council noted the following:
New Associate Fellows – April 2011
Dr Kausalya Rao – Northwick Park Hospital
Dr Michael Joseph Higgins – Golden Jubilee National Hospital

New Associate Fellows - May 2011
Dr Anne Marie Troy – Countess of Chester Hospital
Dr Ritesh Maharaj – King's College Hospital, London
Dr Khorat Uddin Farooq – Doncaster Royal Infirmary
Dr Ashish Pralhad Gulve – James Cook University Hospital, Middlesborough

New Member – April 2011
Dr James Jonathan Foxlee – Primary FRCA

New Members – May 2011
Dr Yaser Mounir Haggag – Primary FRCA
Dr Antonio Mazzocato Marinazzo – Primary FCARCSI
Dr Shandar Salam – Primary FRCA
Dr John Mervyn McBrien – Primary FCARCSI

New Associate Member – April 2011
Dr Ramesh Saravanamuthu – Mid Staffordshire NHS Foundation Trust

New Affiliate Physicians' Assistant – April 2011
Mrs Susan Katherine Armstrong – Lincoln County Hospital
Miss Beth Lavender – Swindon Great Western Hospital

To receive for information the following doctors have been put on the Voluntary Register – April 2011
Dr Yuvraj Kukreja – Frimley Park Hospital NHS Foundation Trust
Dr Sebastian Iacob – Ashford & St Peter's Hospitals NHS Trust
Dr Moeman Mokhtar Mohamed Hafez Abou El Saad – Royal Derby Hospital
Dr Nicola Margaret Dibsdall – Salisbury District Hospital
Dr Lina Bruzaite – Croydon University Hospital
Dr Mohamad Hanafi Bin Mohd – Freeman Hospital, Newcastle
Dr Veronica Bridget Marsh – North Middlesex Hospital
Dr Akhilesh Bharathi Srinivasa – Grantham Hospital

To receive for information, the following doctors have been put on the Voluntary Register – May 2011
Dr Normaan Ali Malik – Solihull Hospital and Heartlands Hospital
Dr Ganapathy Subramani Janardhanam – Ysbyty Gwynedd, Bangor
Dr Priya Vijaykumar Shinde – Medway Maritime Hospital
Dr Shaun Craig McMahon – James Cook University Hospital, Middlesborough
Dr Athanasia Chatziperi – Royal Shrewsbury Hospital
Dr Souvik Sanyal – St Mary's Hospital, Newport, Isle of Wight
Dr Chamani Poornamala Jayasinghe – Ealing Hospital
Dr Muhammad Anser Javed – Scarborough General Hospital

I/20/2011 Annual Specialty Report 2009/10 for Anaesthetics
Council received, for information, a copy of a letter received from the GMC on the Annual Specialty Report 2009/10 for Anaesthetics.

PRESIDENT'S CLOSING STATEMENT

PCS/5/2011 President's Closing Statement

Dr van Besouw received an email from the College of Anaesthetists of Ireland (CAI) stating that they no longer wish to continue with the process of reciprocity for the UK and Irish examinations; they conveyed their thanks for the RCoA's engagement with the process.

Dr Verma informed Council that the Joint RCoA/AAGBI Informatics Committee (JIC) had met on Thursday 19th May and had received a presentation from Dr Andy Spencer, National Clinical Lead for Hospital Specialties at the NHS Information Centre. He presented on his work with the HES database, held by the DH to collect information that is used for significant decision-making but is

seemingly of poor quality. Dr Spencer presented a consultation developed by the AoMRC to clean up the HES database and he wishes to engage with as many clinicians as possible to receive feedback on possible improvements.
Dr Moonesinghe informed Council that the RCS Clinical Effectiveness Unit uses HES data, and the HSRC are currently looking at the value of this data; she suggested that Dr Verma discuss this subject with Dr Grocott. Dr Venn also brought Council's attention to Dr Spencer's article in the May edition of the *Bulletin*. The President asked Dr Verma to circulate the link to Council and to bring the item back to Council under JIC with a paper for discussion.

The President informed Council that during the meeting he had received the first draft of the Education and Training report from the Future Forum; it was under strict embargo and would be discussed on Monday 23rd May.

MOTIONS TO COUNCIL

M/21/2011 Minutes
Resolved: That the minutes of the meeting held on 13th April 2011 be approved.

M/22/2011 Regional Advisers
Resolved: That the following re-appointment be approved:
South Thames East
Dr Claire Shannon, Regional Adviser for South Thames East

M/23/2011 College Tutors
Resolved: That the following appointments/re-appointments be approved (re-appointments marked with an asterisk):
Northern
Dr N E Corbitt (North Tyneside General Hospital)
Dr D Booth (James Cook University Hospital)

Northern Ireland
*Dr J A Ferguson (Craigavon Area Hospital)
*Dr C P McCarroll (Royal Group of Hospitals, Belfast)
*Dr J O'Hanlon (Mater Hospital)

North Thames Central
Dr J Holding (Acting Tutor at University College Hospital)

North Thames East
*Dr M S May (Basildon Hospital)
*Dr O E Mohr (Newham General Hospital)
*Dr E Simpson (Southend Hospital)
*Dr K Raveendran (Queen's Hospital)

Severn
*Dr M J Platt (Bristol Royal Infirmary)

South Thames East
*Dr H C F Scott (Guy's Hospital)

KSS
Dr R P Hill (St Richard's Hospital)

Leicester and South Trent
*Dr M W Butt (Pilgrim Hospital) request for 3rd term

Nottingham and Mid Trent
*Dr H J Skinner (Nottingham City Hospital)
*Dr M Malik (Nottingham City Hospital)

Sheffield and North Trent
Dr T C Meekings (Acting Tutor at Chesterfield & North Derbyshire Royal Hospital)

West Midlands North
Dr R N Avatgere (New Cross Hospital)
*Dr F A Levins (Selly Oak Hospital)

West Midlands South
*Dr E Carver (Birmingham Children's Hospital)
*Dr S W M Feaver (George Eliot Hospital)
*Dr A Ruhnke (University Hospital)
*Dr H K Whibley (Worcester Royal Hospital)

M/24/2011 Examinations Committee
Resolved: In order to give advanced notice of acceptance for 'any doctor' practicing anaesthesia in the NHS to sit FRCA Final examinations, advanced agreement to amend the Primary and Final FRCA Examinations Regulations on 1st September 2012 is requested as follows:
Section 7: Eligibility for the Final FRCA Examination
17. A person is eligible to enter for the Final FRCA Examination who:-
Add an additional option at 17(a) regarding registration:
17(a) (vi) *is currently registered with the College in a recognised membership category (not an Affiliate grade) or has successfully applied for Temporary Examination Eligibility (TEE) and has been working in the NHS as a practising anaesthetists for 12 months immediately prior to the date of the examination applied for, and:*
Add an additional option at 17(c) regarding competency:
17(c)(iv) If never been in a UK training programme in anaesthesia or not currently sponsored under IP has received at least one satisfactory NHS Appraisal at a standard equivalent to that of a Deanery ARCP.

Resolved: That the validity of a pass in the Primary MCQ be extended from two years to three years and that this change to the regulations be retrospectively applied to all Primary MCQ passes from 1st September 2009.

Resolved: That the following person specification and procedure be accepted for the selection of Primary and Final FRCA Examination Board Chairman and Vice Chairman:

Person specification – Chair / Vice Chairs FRCA Examinations

	Essential Criteria	Desirable Critera
Examining experience	*Minimum of two years in relevant part of examination*	
Remaining examining term	*Minimum of two years from start of Chair/Vice Chair appointment**	

Exam leadership experience		*Chair/Vice Chair exam sub-group*
Exam contribution	*Consistently demonstrates sustained contribution to all aspects of examiner role*	
Exam commitment	*Able to commit to additional workload & time commitment required of the appointment*	

**May include extension to examining term to maximum of 12 years for successful candidate*

Selection procedure:

- Candidates to apply by structured application form.
- All applications scored by members of Exams Committee.
- Nomination passed to RCoA Council for final consideration.
- Appointments would be for two years in the first instance with the option for Council to extend for up a further two years subject to the satisfactory performance in the role.

Resolved: To extend the term of examinership by one year for the following Final Examiners:
Dr Gillian Hood, Dr K-L Kong and Professor Ravi Mahajan.