MEETING OF COUNCIL

Edited Minutes of the meeting held on Wednesday 15 May 2013
Council Chamber, Churchill House

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

Members attending:

Dr J-P van Besouw, President
Dr H M Jones
Dr D M Nolan
Professor J R Sneyd
Professor D J Rowbotham
Professor J F Bion
Dr P J Venn
Dr A Batchelor
Dr R Verma
Dr R J Marks
Dr T H Clutton-Brock
Dr L J Brennan
Dr J P Nolan
Dr J A Langton
Dr J R Colvin
Dr N W Penfold
Dr V R Alladi
Dr E J Fazackerley
Dr S Fletcher
Professor M Mythen
Dr P Kumar
Dr I Johnson
Dr D Selwyn
Dr W Harrop-Griffiths (AAGBI)

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 A Regan.

Apologies for absence: Professor R P Mahajan, Dr D K Whitaker, Dr S Gulati, Dr R Darling, Dr M Nevin.

CEREMONIAL

C/5/2013 Election to Council

(i) The recently elected Council member, Professor Mythen, was admitted to Council.

PRESENTATION

P/5/2013 Creating the Conditions for the Safety of Patients in England

The President welcomed Dr Mike Durkin, Director of Patient Safety for National Health Service (NHS) England. Dr Durkin explained where NHS England was starting to believe its ambitions lie, adding that he very much welcomed the opportunity for a two way discussion.

Mrs Dalton asked how patient representatives had been recruited. Dr Durkin explained that this had been via the Chief Executive of Patient Voices, the association for supporting patients who have had medical accidents, Asthma UK and Rethink.

Dr Batchelor pointed out that with regards to 95% compliance with ticking the box for venous thromboembolism (VTE) many organisations are simply playing the game and that NHS England would have to overcome that culture.

The President thanked Dr Durkin for his presentation explaining that the challenge would be turning vision into action and identifying how the College and specialty could assist.

Professor Rowbotham stated that everyone was aware of the pressures placed on senior managers; they want to be safe and think about safety but are under pressure as managers

because the Department of Health (DH) is telling them to do other things. Professor Rowbotham asked if consideration is given at the DH as to how time can be freed up to allow people to devote time to safety rather than implying it is not important to them. Dr Durkin responded that a key part of the Berwick Review is creating conditions of safety; key to that is the environment in which care is delivered. Dr Durkin added that the other issue is keeping in mind that everyone, including managers, are only there to serve the needs of the patient.

Dr Marks, referring to standardised multidisciplinary documentation, explained that his hospital had tried to centralise overlapping documentation and checklists in one booklet. This had worked quite well and Dr Marks wished to argue the case for standardised documentation for people coming to theatre. Dr Durkin was in agreement and asked Dr Marks to e-mail him the piece of work being used.

Professor Bion suggested that the biggest threat to validity is the rhetoric/reality gap. Professor Bion asked who was in charge of metrics. Dr Durkin explained that in terms of the whole system it is Mr Tim Kelsey whose team is charged with responsibility for delivery of the integrated intelligence tool. Dr Durkin explained that there are 212 commissioners in England. One of the challenges is whether NHS England should commission all care or should provide oversight to the Clinical Commissioning Groups (CCG) to undertake this function. Dr Durkin's personal view was that there would be insufficient time for the latter.

Professor Sneyd asked how quality assurance of the data will be addressed especially in primary care and the private sector. Dr Durkin pointed out that the Care Quality Commission (CQC) has a new senior executive team. Hospital inspection systems, primary care inspection systems and social care inspection systems will all take place. Monitor has generally underplayed its role but will not be allowed to do so in future. Local Health and Wellbeing Boards and local quality surveillance groups would form the fourth part of the system.

Dr Brennan raised the issue of leadership which at hospital level generally rests with the Medical Director, Director of Nursing etc. Dr Durkin responded that these are very challenging roles to fulfil and present major challenges. The individuals in post need considerable support. RCoA Council members have a role to play in terms of supporting anaesthetists who are Clinical Directors (CD) or Medical Directors to fulfil their role as a clinical professional and Clinical or Medical Director. Most Medical Directors do remain involved in clinical practice whereas the opposite is true in nursing. Dr Brennan pointed out that in medicine one still does clinical practice regardless of seniority whereas nurses become removed from clinical care at a much less senior level. Dr Durkin pointed out that those hospitals which are effective in doing executive walkarounds do produce better metrics. Professor Bion suggested that an opportunity had been missed to do a blind review of the 14 high and 14 low outliers. Professor Bion expressed support for executive walkarounds but pointed out that their success depends upon how they are carried out.

Dr Langton asked if international comparative data is available. Dr Durkin explained that data is being collected on never event elements. The Commonwealth Fund looks at a much wider group of countries and this country compares well although key weaknesses are patient involvement and patient engagement.

Dr Colvin stated that the new curriculum module in improvement science would go to the General Medical Council (GMC) Approval Board in the autumn. One key issue would be for the College to work with Dr Durkin in mapping out where the resources and expertise are to support this development. Dr Durkin accepted the offer of collaborative working in this matter.

The President thanked Dr Durkin for speaking on an area which is central to anaesthetic practice. The Royal College of Anaesthetists (RCoA) looked forward to working with Dr Durkin and the Surgical Safety Board. Dr Durkin agreed that his slides could be e-mailed to Council.

COUNCIL IN DISCUSSION

CID/25/2013 President's Opening Statement

1. Dr Jo James has been appointed in succession to Dr Kate Wark as Bernard Johnson Adviser and will be one of the RCoA's representatives on the Association of Anaesthetists of Great Britain & Ireland's (AAGBI) International Relations Committee.
2. The President announced the deaths of Dr Jonathan Crowson and Dr Jeremy Davies. Council stood in memory.
3. The meeting would be recorded for minute taking purposes.
4. New Council members were asked to ensure their photograph was taken during the course of the morning.
5. The Continuing Professional Development (CPD) e-Portfolio now has 5050 registered users. Congratulations were offered to Mr Don Liu and Mr Chris Kennedy.
6. The Royal College of Surgeons of Edinburgh (RCSEd) has successfully obtained agreement that all mandatory training fees payable by trainees would become tax deductible with immediate effect. The key issue however is what is mandatory. The RCSEd would pursue similar status for examination fees.
7. The RCoA was asked to nominate individuals for inspections of 14 trusts. Despite specifically requesting anaesthesia and intensive care medicine (ICM) representatives none of the RCoA's representatives were selected. The President proposed to seek an explanation from Sir Bruce Keogh.
8. The Royal College of General Practitioners (RCGP) has published a paper on commissioning child health services. The President will ask the RCGP/Royal College of Paediatrics and Child Health (RCPCH) why there was no mention of anaesthetic or paediatric ICM services.
9. The British Medical Association (BMA) has published a survey of the 2006 cohort of trainees.
10. The BMA has published guidance on returning to work.
11. Professor Averil Mansfield of the BMA had met with the RCoA to discuss how the specialty deals with drug dependent patients and also how the specialty deals with its own doctors with dependency issues.
12. The Academy of Medical Royal Colleges (AoMRC) has produced a draft action plan post-Francis, some elements of which would be discussed at the Away Weekend. Additional comment had been sought from some members of Council, although the deadline for response is short.
13. The Secretary of State for Health (SoS) held a seminar about the Balance of Competence Review. There is concern about Certificate of Completion of Training (CCT) holders outside of the UK coming to work in the UK and the impact on patient safety. There are also concerns about the European Working Directive (EWTD). The SoS is receptive to a more pragmatic way of adopting it without draconian penalties. The launch of the e-SAFE DVD in the presence of HRH the Princess Royal was successful and the President had thanked those involved in its organisation.
14. The President had met with Anna Soubury MP who is keen that Colleges promote their training and any training associated IT in the less developed world, perhaps even selling it to those countries with stronger economies, such as Iraq and Kuwait.
15. Dr Harrop-Griffiths and Dr Nightingale had met with Mr Martin Sturges, the Senior Civil Servant responsible for administration of the Advisory Committee on Clinical Excellence Awards (ACCEA). A follow-up invitation had been received to meet Dr David Lindsell and Professor Jonathan Montgomery. Any feedback ahead of the meeting should be e-mailed to Dr Harrop-Griffiths. The President, Dr Nightingale and Ms Regan would attend the ACCEA 2012 Round wash-up meeting on 20 June 2013.
16. The President had attended a high level consultation seminar on Educating for Sustainable Healthcare, a topic quite high on the political agenda.
17. The President thanked those involved in organising the Awards Dinner and Diplomates' Day.
18. The *British Journal of Anaesthesia (BJA)* Directors had met. The *BJA* remains keen for the RCoA to increase its subvention.
19. In the wake of the Francis Report the Mid Staffordshire Foundation Trust had been put into receivership. Various groups have been formed to look at the financial and clinical viability

of the trust; the President would represent anaesthesia on the Clinical Advisory Group. Professor Bion reported that he had been approached informally for the Faculty of Intensive Care Medicine's (FICM) view of retaining acute medical admissions on that site in the absence of intensive care. Although the Group has no formal ICM representation the FICM would be happy to support it as required. Dr Batchelor pointed out that hospitals are rarely, if ever, put into receivership; would staff and services be redeployed if it happened? The President responded that there is an exit strategy looking at services in the surrounding area and how they might be re-provided.

20. The AoMRC is seeking College applicants for the National Institute for Health Research (NIHR) Dean for Training Advisory Panel, Strategic Stakeholder Group for Clinical Commissioners, GMC Credentialing Group, ACCEA Committees and the UK Clinical Research Collaboration. The President agreed to forward the e-mail to Council for onward circulation as they felt appropriate. Council members were asked to inform Ms Regan if they wished to apply for any of the positions with College support.
21. The President updated Council on staffing matters:
    a. Ms Maria Burke has joined the College as Faculties Administrator (FICM) on a full time and permanent basis.
    b. Mr Chris Hopkins has joined the College as Human Resources Manager on a full time, 12 month fixed-term basis, covering Mrs Isma Adams' maternity leave.
    c. Ms Marcia Johnson has joined the College as Examinations Team Administrator (Statistics) on a full time, 12 month fixed-term basis.
    d. Ms Majida Serroukh has joined the College as PA to the Director of Training and Examinations, covering Ms Luann Hadfield's maternity leave.

CID/26/2013 Anaesthesia Clinical Services Accreditation

Dr Venn presented an update on Anaesthesia Clinical Services Accreditation (ACSA). With one month to go before ACSA's launch another *Bulletin* article had been written outlining the process for Fellows and Members and identifying why departments should sign up.

The subscription rate had been increased to reflect changes that have emerged from pilot site reviews.

With regards to the ACSA standards, departments will initially need to undertake their own gap analysis,. At some point they will reach a stage where they may struggle to achieve some of the standards. The most appropriate time to engage with the RCoA would be when most standards have been identified as having been achieved.

When good practice is identified it will be entered into a good practice library. The RCoA is the only College currently in the UK using a peer reviewed accreditation process to share good practice around the country.

Further reviewers' training days are scheduled for June and October. People are still sought to become involved as reviewers and also to lead workshops during the training days.

Enquiries have already been received about signing up once ACSA goes live. Those who ask if it will result in reduced indemnity costs will be advised that the process is about improving quality not reducing costs.

The ACSA website is now live.

Dr Venn wished to thank all authors who participated in the rewrite of *Guidelines for the Provision of Anaesthetic Services (GPAS)*. *GPAS* will be reviewed on a yearly basis and ACSA standards will change as *GPAS* standards change, thus leading to a constant cycle of quality improvement.

Council members were invited to the ACSA launch and were asked to confirm their attendance as soon as possible. Consideration was being given to also inviting Clinical Directors to attend the launch at which Sir Bruce Keogh would give the opening address.

Dr Fletcher asked what the promotion strategy was. Mr McLaughlan explained that the RCoA's Media Adviser, Mr Si Scott, was involved. Chief Executives had been contacted, as had Clinical Directors. Use of Twitter, the website and plaques on the doors of accredited sites would also raise ACSA's profile. Dr Fletcher asked if Postgraduate Deans had been approached. Mr McLaughlan explained that they had not been approached and if they were it would have to be made absolutely clear that ACSA is not related to training or assessment of training. Dr Jones suggested writing to the Chairs of Trusts as they would drive the agenda within the Executive Board.

Dr Harrop-Griffiths expressed the AAGBI's support for ACSA and asked if the strategy was for cost recovery; departments should be made aware if the RCoA is supporting ACSA financially. Mr McLaughlan explained that the minimum cost had been raised following the pilot visits and those with a more complex environment would pay more. It will take approximately three years of significant subsidy from the RCoA before a breakeven point is achieved. Any surplus would then be invested into *GPAS* and the standards rewrite.

Dr Brennan suggested that Health and Wellbeing Boards should be made aware too, especially in relation to the existence of the good practice library. Dr Brennan was uncomfortable however about restricting access to the good practice library to those subscribing to ACSA and suggested that it could be discussed by the Quality Management of Service Committee. Mr McLaughlan pointed out that one of the benefits would be communication links with the authors. Dr Clutton-Brock stated that the ultimate aim should be a situation whereby the vast majority of departments would meet the accreditation standard. It therefore makes more sense to have standards in the public domain before departments sign up to ACSA. Dr Venn explained that the standards were already in the public domain on the website. The library of good practice has not yet been started; departments need to engage before that process is put firmly in place. Further discussion would take place at the Quality Management of Service Committee.

Dr Colvin asked how much progress had been made engaging with Departments of Health. Dr Venn explained this was at an advanced stage with ACSA having very high regard amongst the medical fraternity.

Council received the ACSA agreement document for information.

Dr Venn tabled three plaque designs and asked Council members to give him their view at lunchtime.

Dr Selwyn stated that the Clinical Directors welcomed ACSA and offered to circulate an advertisement to the Clinical Directors Network if he and Dr Venn could produce one.

CID/27/2013 Replacement FRCA Certificate

Council agreed to a request from Dr Thammaiah Ramamurthy Sreelakshmi for the replacement of her FRCA Certificate.

CID/28/2013 Association of Anaesthetists' of Great Britain & Ireland President's Report

Dr Harrop-Griffiths reported that he had spent several hours attending a hearing at the Competition Commission and asked if there would be any value in recommending that private hospitals should all sign up to ACSA; this would raise the standards of private hospitals towards those of the NHS. The President suggested that in the climate of any qualified provider (AQP) there is a very strong case to say to the commissioners that the RCoA and AAGBI could not

support NHS care being provided by AQP without meeting the standards the RCoA and AAGBI consider to be appropriate.

The AAGBI is currently in discussion with the College of Operating Department Practitioners (CODP) about the production of guidance on who should draw up anaesthetic drugs. The AAGBI would include the RCoA in any associated statements. Professor Sneyd suggested that a consistent standard across the NHS is required, not just one applicable to anaesthetists.

COMMITTEE BUSINESS

CB/53/2013 Council Minutes
Motion: The minutes of the meeting held on 17 April 2013 were approved.

CB/54/2013 Matters Arising
(i) Review of Action Points
All actions were complete apart from CID/22/2013 Intercollegiate Board for Training in Pre Hospital Emergency Medicine; discussions are ongoing regarding the best way forward for pre hospital emergency medicine to be considered a subspecialty of ICM.

CB/55/2013 Regional Advisers
There were no appointments/re-appointments for Council to consider.

CB/56/2013 Deputy Regional Advisers
Council considered making the following appointments:
Anglia
Dr N A Barber, Deputy Regional Adviser in succession to Dr H Hobbiger **Agreed**

Ministry of Defence
To receive a request from the Ministry of Defence for two Deputy Regional Advisers. **Agreed**
If agreed the new DRA post to
Surgeon Commander K R E J Prior, Deputy Regional Adviser **Agreed**
Lt Col P S Moor, Deputy Regional Adviser in succession to Dr D Birt **Agreed**

CB/57/2013 College Tutors
Council considered making the following appointments/re-appointments (re-appointments marked with an asterisk):

Anglia
Dr M M Bhagwat (The Norfolk and Norwich University Hospitals NHSFT) in succession to Dr C Sharpe **Agreed**

West Yorkshire
Dr D Fabbroni, Acting Tutor (Bradford Royal Infirmary) covering maternity for Dr O Akerele **Agreed**
*Dr O Akerele, (Bradford Royal Infirmary) **Agreed**
*Dr B Duncan (St James University NHS Trust) **Agreed**

Northern
Dr S K Backe (Wansbeck General Hospital) in succession to Dr G Cavill **Agreed**

South Thames West
*Dr M W Farrar (St George's Hospital) **Agreed**

KSS
Dr C Schneider-Smith (William Harvey Hospital) in succession to Dr S Dolenska **Agreed**

Wessex
Dr M Girgis (Poole Hospital) in succession to Dr N Ahmed **Agreed**

Severn
Dr J H Dale (Great Western Hospital) in succession to Dr J Griffiths **Agreed**
*Dr J Kerr (Yeovil District Hospital) **Agreed**

Wales
Dr S M Ford (Morriston Hospital) in succession to Dr J Leary **Agreed**
Dr J Leary, Acting Tutor (Morriston Hospital) covering for Dr C Terblanche **Agreed**

CB/58/2013 Head of Schools
There were no appointments to note.

CB/59/2013 Training Committee
(i) Chairman's Update
Dr Brennan reported that there had been a 97% response rate to the GMC Trainee Survey. 156 patient safety concerns related to anaesthesia. This had been followed up with individual deaneries and the RCoA was making its own networks aware.

The issue of the ICM anaesthesia curriculum and how it aligns with those getting a CCT in ICM or a Dual CCT is still under discussion.

Post-CCT Fellowships would be discussed at the Away Weekend.

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

London
North Central
Dr Nicholas Jenkins

Bart's and The London
Dr Jayachandran Radhakrishnan

St. George's
Dr Lynda Menadue

Mersey

Dr Clare Hammell *

North West
Dr Simon Hellings *
Dr Sophie Bishop

Tri-Services
Dr James Bradley

West Midlands
Birmingham

Dr Richard Pierson

Wales
Dr Vivekananda Joshi
Dr Sumit Jha

West Scotland
Dr Pamela Dean *
Dr Nitin Ahuja
Dr Aarti Shah

South West Peninsula
Dr Juliet Barker
Dr Zoe Brown

CB/61/2013 Faculty of Pain Medicine

Council received and considered the minutes of the Board meeting held on 14 February 2013 which were presented by the Dean, Professor Rowbotham, who drew Council's attention to the following:

- *7.2 FFPMRCA Examination*

- *5.2.1 Commissioning Pain Services*

- *Acute Pain Specialists* The Faculty has moved on and it is necessary to pass an examination to become a Fellow. It is difficult to see however why acute pain specialists would want to do a year's advance pain training if they are interested in acute not chronic pain.

- *10.2 Board Election Process* Dr Kate Grady has been elected to succeed Professor Rowbotham as Dean with effect from September 2013. Dr Grady would be co-opted to Council.

The President agreed to circulate to Council details of the retirement dinner for Professor Ian Power.

CB/62/2013 Royal College of Anaesthetists' Advisory Board for Wales

Council received and considered a summary of the meeting held on 15 April 2013 which was presented by the Chairman, Dr Johnson, who drew Council's attention to the following items:

- Thanks were offered to the President and Ms Drake for attending.

- The full minutes would be available in due course.

- Establishing stronger links between FICM & Wales via the Regional Adviser in ICM.

- Chairman/Vice Chairman to attend the Academy of Medical Royal Colleges in Wales.

- A yearly meeting between the President and Chief Medical Officer for Wales would be established.

- Thanks were given to the Patient Liaison Group's representative for their input.

Dr Fletcher stated that Health Education England (HEE) was being prescriptive about allowing appointments in this round. The RCoA should try to make representation as it will compromise the training of those left if there are gaps of four or five registrars in each hospital. The President agreed to raise the matter at a meeting with Professor Wendy Reid. Dr Colvin reported that related issues had been discussed at the workforce strategy meeting. The understanding was that in England because modelling had not been carried out there was a mechanism to replace CCT leavers at the bottom end. Dr Langton stated that some more geographically isolated areas have had reduced applications numbers this time round and the clearing process was still ongoing. Dr Fletcher added that although it has been said there is flexibility, in reality it has not been allowed. It was agreed further discussion should take place outside of Council.

CB/63/2013 National Institute of Academic Anaesthesia

Council received and considered the minutes of the Research Council and Board meetings held on 25 April 2013 which were presented by Professor Sneyd in Professor Mahajan's absence. Professor Sneyd drew Council's attention to the following items:

- *NIAARC/22/2013 Membership of the Association of Medical Research Charities*

- *NIAARC/24/2013 Research Priority Setting Exercise*

- *NIAARC/25/2013 National Institute of Academic Anaesthesia (NIAA) Communications*
  Excellent feedback had been received following the NIAA's successful presence at the Group of Anaesthetists in Training (GAT) Annual Scientific Meeting.

- *NIAARC/27/2013 NIHR Specialty Group 'Anaesthesia, Peri-Operative Medicine and Pain Management'*

- *NIAARC/28/2013 NIAA Grant Officer's Report*

- *NIAARC/29/2013 Health Services Research Centre*

- *NIAAB/28/2013 NIAA Communications Plan*

- *NIAAB/30/2013 Military Anaesthesia*

- *NIAAB/31/2013 Academic Trainees*

CB/64/2013 Revalidation Committee

Council received and considered the minutes of the meeting held on 16 April 2013 which were presented by the Chairman, Dr Marks, who drew Council's attention to the following items:

- *JRDC/11/13 Patient Feedback*

The details of what questions should be asked and how to make them relevant to anaesthetists had not been completely resolved. The Committee and PLG are working very closely on redeveloping the questionnaire. Mrs Dalton welcomed the PLG's involvement. The next step will be to identify pilot sites, obtain GMC approval and obtaining funding to run a pilot. Dr Jones reported there was debate in Wales about the appropriateness or otherwise of relative feedback for critical care. Professor Bion stated that individual feedback has to be moderated in some way. Group feedback for the whole unit is a powerful and important tool and feedback in ICM should be group feedback for the organisation as a whole. The President stated that the Equinity process requires that 20 consecutive patients should be selected. Dr Batchelor reiterated that ICM is a team job and team feedback is important. Her trust however insists it is patient feedback. The President explained that many other specialties are also struggling with patient feedback. The GMC is aware of the issues and has not been didactic in declaring that this should be mandatory.

- *JRDC/15/13 CPD Working Party*

- *JRDC/16/13 AoMRC Remediation Implementation Working Group*

The final decision about remediation will be down to the doctor's Responsible Officer. The College has a role to play in advising through Anaesthesia Review Teams and other methods.

- *JRDC/16/13 AoMRC Working Group on Specialty Guidance and Appraisal*

MATTERS FOR INFORMATION

I/14/2013 Publications

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

I/15/2013 Consultations

Council received, for information, the list of current consultations. The President informed Council members that if they were asked to comment it was because they were felt the most appropriate person to do so.

I/16/2013 New Associate Fellows, Members and Associate Members

Council noted, for information, the following:

New Associate Fellow

Dr Biswajit Das – Queens Hospital, Burton-on-Trent

New Associate Member

Dr Aleem Ahmad Khan – Royal Preston Hospital

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

Dr Jeremy Luke Brammer – Frenchay Hospital
Dr Jana Chorvatova – Worcestershire Royal Hospital
Dr Matthew John Wilson – Military Doctor Royal Navy
Dr Sanjay Bhandari – Walton Neuro NHS Centre
Dr Sonia Isabel Rodrigues Abrantes Dos Santos – Basingstoke & North Hampshire NHS Foundation Trust
Dr Andrea Alfonso – Homerton University Hospital NHS Trust
Dr Jose Luis Galvez Canellas – Colchester Hospital
Dr Nikolaos Flaris – Pilgrim Hospital, Boston, Lincolnshire.
Dr Massimiliano Guglielmi – The Heart Hospital, UCLH
Dr Sagar Dhananjay Tiwatane – Chase Farm Hospital, (Enfield)

Moved into this category as doctor was in wrong membership category

Category	Name	Hospital or Qualification
Member	Dr Andrew David Topping	Antrim Area Hospital
Associate Member	Dr Rebecca Anne Reilly	Royal Hallamshire Hospital, Sheffield

I/17/2013 Academy of Medical Royal Colleges

Council received, for information, a summary of key issues arising from the Academy Council meeting held on 24 April 2013. The President reported that Regulation 75 on procurement and competition is high on the agenda at present. There is a whole series of meetings with the SoS to ensure patient safety and the best deal for patients is afforded.

The RCGP is currently facing 32 legal challenges to examinations on grounds of discrimination. The RCoA is satisfied that it has sufficient data to robustly defend itself against such challenges.

PCS/5/2013 PRESIDENT'S CLOSING STATEMENT

1. The President looked forward to seeing Council at Congress and the Away Weekend. The Away Weekend had a busy agenda and robust timekeeping would be required by Chairmen. The President thanked those who had organised the meeting.
2. The RCoA would be putting together a short promotional event to support the 65th Anniversary of the NHS. Dr Venn and Ms Drake were currently pulling the plans together and identifying people to speak to at the Senior Fellows Club.

MOTIONS TO COUNCIL

M/19/2013 Council Minutes

Resolved: That the minutes of the meeting held on 17th April 2013 be approved.

M/20/13 Deputy Regional Advisers

Resolved: That the following appointments be approved:

Anglia

Dr N A Barber, Deputy Regional Adviser for Anglia

Ministry of Defence

Surgeon Commander K R E J Prior, Deputy Regional Adviser for MoD
Lt Col P S Moor, Deputy Regional Adviser for MoD

M/21/2013 College Tutors

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

Anglia

Dr M M Bhagwat (The Norfolk and Norwich University Hospitals NHSFT)

West Yorkshire

Dr D Fabbroni, Acting Tutor (Bradford Royal Infirmary)
*Dr O Akerele, (Bradford Royal Infirmary)
*Dr B Duncan (St James University NHS Trust)

Northern

Dr S K Backe (Wansbeck General Hospital)

South Thames West

*Dr M W Farrar (St George's Hospital)

KSS

Dr C Schneider-Smith (William Harvey Hospital)

Wessex

Dr M Girgis (Poole Hospital)

Severn

Dr J H Dale (Great Western Hospital)
*Dr J Kerr (Yeovil District Hospital)

Wales

Dr S M Ford (Morriston Hospital)
Dr J Leary, Acting Tutor (Morriston Hospital)