

## MEETING OF COUNCIL

**Edited Minutes of the meeting held on Wednesday 20 May 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 N Penfold
Dr L Brennan	Dr R Alladi
Dr P Venn	Dr E J Fazackerley
Professor J R Sneyd	Dr S Fletcher
Dr A Batchelor	Professor M Mythen
Dr M Taylor (representing Dr K Grady)	Dr G Collee
Professor R Mahajan	Dr J-P Lomas
Dr R Verma	Dr J Pandit
Dr R J Marks	Dr K May
Dr T Clutton-Brock	Dr I Johnson
Dr J Nolan	Dr D Selwyn
Dr J A Langton	Dr A Hartle
Dr J Colvin	

Ms I Dalton, RCoA Lay Committee and Dr A-M Rollin, Clinical Quality Adviser

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

**Apologies for absence:** Dr K Grady, Professor D Rowbotham, Dr P Kumar , Dr W Harrop-Griffiths, Dr R Darling

## **STRATEGY**

### **P/2/2015 External Strategy Discussion**

The President welcomed Mr Chris Hopson, Chief Executive of NHS Providers (formerly known as the Foundation Trust Network).

Mr Hopson outlined five areas NHS Providers thinks both the government and service need to focus on:

1. Considering the best way to bring finances back into balance and bring performance back on track.
2. Spending review.
3. The need to get the finances right in order to support quality. It is difficult to do so without a realistic indication of what the workforce should look like over the next five years.
4. Loss of accountability and the reaction to the current deterioration being to say that a return to command and control is required.
5. The Five Year Forward View and an emerging consensus about the need for transformation.

The following points were discussed:

- Reconfiguration of services and whether a five year window would facilitate more political permission to reconfigure services to better map resource to need.
- NHS Providers' opinion regarding the Choosing Wisely initiative as part of the solution.
- Unnecessary investigations and futile treatment in relation to the NHS's attitude towards risk.
- Whether or not hospitals should be closed for financial reasons.

- How to address loss of clinical leadership and engagement and the role of the Colleges in this.
- The tension between cutting pay and doctors moving elsewhere.
- Disconnect between local organisations and their commissioners.

## **COUNCIL IN DISCUSSION**

### **CID/14/2015 President's Opening Statement**

1. The Ombudsman has published a report on the poor quality of end of life care.
2. Mr Tom Grinyer has been appointed as Chief Executive of the College with effect from 13 July 2015.
3. Professor Neena Modi has taken up office as President of the Royal College of Paediatrics and Child Health (RCPCH).
4. Professor Sheona MacLeod has been appointed Chair of the English Deans with Mr David Wilkinson as her Deputy.
5. The President announced the deaths of Professor Martin Holmdahl, Dr Lennox Pike and Dr Ronald Millar. Council stood in memory.
6. There would be an additional agenda item 3.14 Advisory Board for Wales/National Specialty Advisory Group.
7. Advice had recently been sought from the anaesthetic community about research priorities, the top ten of which are listed on the Royal College of Anaesthetists' (RCoA) website. The next stage will be to use unanswered questions to seek multi research funding from major funding providers.
8. Following the election, the Rt Hon Jeremy Hunt MP will continue as Secretary of State for Health. Mr David Prior will become the health representative for the House of Lords and Ben Gummer MP has been appointed Parliamentary Under Secretary of State for Care Quality.
9. The College has agreed to a request from the *British Medical Journal (BMJ)* to support the Climate Change Alliance.
10. The Lancet Global Surgery Event was launched earlier in the month. It is hoped that the initiative will reduce the burden of morbidity associated with anaesthesia and surgery in low and middle income countries.
11. A letter had been received about the reintroduction of Methoxyflurane into clinical practice, primarily for use by paramedics in the provision of pain relief at the roadside. The push to bring it into the UK was from the manufacturer and the RCoA has been encouraged by a Fellow to object to its reintroduction. The College is currently seeking an opinion from the Medicines and Healthcare Products Regulatory Agency (MHRA) and has already received comments from pre-hospital emergency medicine. The importance of an evidence-based response was emphasised.
12. The vanguard sites initiative has been launched. A meeting has been arranged with Ms Samantha Jones, Director-New Care Models, to discuss how the RCoA might support some of the initiatives.
13. Choosing Wisely has been launched by the Academy of Medical Royal Colleges (AoMRC).
14. The Royal College of Surgeons of Edinburgh will be Lead College for the Intercollegiate Board for Training in Pre-Hospital Emergency Medicine.
15. The President updated Council on the Centre for Workforce Intelligence (CfWI). Mouchel has been bought out by Kier. Services will continue to be provided to the Department of Health (DH) for at least the next year but they are now looking to widen their remit. It was suggested that the College insist that wherever possible the data be entirely public, that modelling be transparent and that outputs be in the public domain.
16. The Triennial Review of the Advisory Committee on Clinical Excellence Awards (ACCEA) is nearing completion.
17. Diplomates' Day had been a very successful event.
18. The College is awaiting a response to its questions relating to the terms and conditions of sponsoring a *BMJ* Award. The RCoA is seeking a longer relationship than simply one awards' ceremony.

19. The President had met with Dr Peter Maguire from the British Medical Association (BMA). The BMA had been quite negative about the contract negotiations. With 75% of the budget being spent on salaries there is strong pressure for 24/7 working coming from the DH along with strong pressure to remove out of hours supplements and to remove automatic pay progression within the consultant contract. There is also pressure to reduce the starting salary for doctors in the NHS. Whilst the RCoA is not a trade union, it was suggested it should take an interest in this, for example when speaking privately to NHS Employers. Pointing out where it would affect provision of service is the College's duty. The supporting professional activity (SPA) element of the contract underpins the quality work of the College; if it was threatened or removed it would put a complete freeze on almost everything. The AoMRC has reissued a revised statement on the importance of SPA activity underpinning jobs.
20. The President expressed his thanks to the Society of Anaesthetists of the South West Region for inviting him to give the Humphry Davy Lecture.
21. The RCoA Spring Symposium in Scotland was very successful.
22. The Strategy Summit had been a successful meeting ably chaired by Drs Fazackerley and Fletcher.
23. Ms Dalton updated Council on the Lay Committee's Strategy Day. It had been used to look back at what the Committee was doing and also to make the Committee more focussed about what it might do in the future.
24. One of the issues related to staffing has been the alternative workforce in relationship to the provision of anaesthesia, notably Physician's Assistants (Anaesthesia) (PA (A)). Dr Collee updated Council on his work to further this. The way forward has been to seek the support of other groups by pushing for formal registration for PA (A)s with the Health and Care Professions Council. The College now has the support of the Association of Anaesthetists of Great Britain and Ireland (AAGBI), Regional Anaesthesia – United Kingdom (RA-UK) and Association of Physicians' Assistants to write a letter to Ms Louise Lake at the Health and Care Professions Council asking for formal registration of PA (A) s. This would be a stepping stone to the AAGBI and RAUK agreeing to discuss extending the scope of practice. It was noted that the increased use of non-medical staff was in the Health Education (England) (HEE) Mandate. It was recognised that once registered PA (A) s may well seek more autonomy and prescribing rights. Council was supportive of Dr Collee signing the letter on behalf of the College. The issue would be discussed with Professor Wendy Reid in a meeting after Council.
25. The Care Quality Commission (CQC), on some of its visits, has insisted on drug cupboards within the theatre environment being locked at all times. The RCoA would canvas Clinical Directors (CDs) and departments to find out how widespread this is. Council discussed the particular issue around anaesthetists working increasingly on their own. It was suggested that keeping drug cupboards locked at all times was fundamentally unsafe and that, whilst the CQC was insisting on this on the grounds of safety, the unintended consequences will cause other problems. It was noted that there is an increasing use of electronic cabinets in other acute clinical areas and the benefits are perceived to outweigh any potential delay. It was suggested that there is inconsistency in the way the CQC works and that the RCoA could work with the CQC looking at standards and establishing an evidence base and consistency. It was highlighted that Stepping Hill Hospital has looked at this matter in great detail and should be involved. Evidence would be sought from CDS before the matter was taken to the Safe Anaesthesia Liaison Group (SALG) for an options appraisal.
26. The RCoA's call for ACCEA applications has closed. There has been a significant downturn in Bronze applications and an increase in Silver applications. The AoMRC has also noticed a downturn in applications for Platinum awards.
27. The President updated Council on staff changes:
  - a) Mr Eric Joyce has joined the Events Team as the Events and Integrated Learning Coordinator.
  - b) Mr David Calderon-Prada has joined the RCoA as Training Team Administrator.
  - c) Mr James Goodwin has been appointed Project Manager – Education & Research with effect from 15 June 2015.

- d) Ms Annique Simpson (Health Services Research Centre Administrator) has left the College.
- e) Mr Paul Grocott (maternity leave cover for Ms Chloe Scrivener) has left the College.

### **CID/15/2015 Association of Anaesthetists of Great Britain & Ireland President's Report**

Dr Hartle drew Council's attention to item 5 European Society of Anaesthesiology (ESA) and gave a verbal update. Dr Mike Nathanson has written to all UK members of the ESA encouraging them to attend the General Assembly and vote for the Board and Council proposal, and against the Belgian and German proposal. A similar request has been placed on the AAGBI's website.

### **COMMITTEE BUSINESS**

#### **CB/48/2015 Council Minutes**

The minutes and website minutes of the meeting held on 15 April 2015 were approved.

#### **CB/49/2015 Matters Arising**

##### Review of Action Points

- *CB/32/2015 Matters Arising* This action is on hold until 2016.
- *CB/40/2015* Drs Collee and Fletcher had redesigned the equivalence process which is now with the General Medical Council (GMC) for review.

All other actions were complete.

#### **CB/50/2015 Regional Advisers**

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

##### **West of Scotland**

Dr Neil O'Donnell Regional Adviser West of Scotland in succession to Dr Lynn Newman **Agreed**

##### **Sheffield & North Trent**

Dr Sumayer Sanghera Regional Adviser Sheffield & North Trent in succession to Dr Gill Hood **Agreed**

##### **Leicester & South Trent**

\*Dr N A Leslie Regional Adviser Leicester & South Trent **Agreed**

#### **CB/51/2015 Deputy Regional Advisers**

There were no appointments this month.

#### **CB/52/2015 College Tutors**

Council considered making the following appointments:

##### **South Thames West**

Dr P Bathke (Epsom & St Helier Trust) in succession to Dr G P Thorning & Dr S M Bailey **Agreed**

##### **KSS**

Dr D Melville (St Richard's Hospital) in succession to Dr R Hill **Agreed**

##### **West Midlands South**

Dr S Chavan (Queen Elizabeth Hospital) in succession to Dr D Turfrey **Agreed**

##### **Mersey**

Dr S Griffiths (Walton Centre for Neurology and Neurosurgery) in succession to Dr T G Mahalingam **Agreed**

##### **Wessex**

Dr E Dyson (Queen Alexandra Hospital, Portsmouth) in succession to Dr I R Taylor **Agreed**

Dr Brennan had sought advice regarding a College Tutor who had come via a different training pathway. The individual's application and CV had been reviewed and they were considered suitable for appointment. The Regional Adviser would offer additional support to help them fulfil the role.

### **CB/53/2015 Head of Schools**

There were no appointments this month.

### **CB/54/2015 Training Committee**

#### (i) Training Committee

The Chairman, Dr Penfold, presented the minutes of the meeting held on 1 April 2015, drawing Council's attention to the following:

- Dr Aiden Devlin's report has been circulated to Council. Dr Erin Innes will join the RCoA in August; her main emphasis will be looking at the quality improvement (QI) part of the curriculum with the aim of developing ways in which trainers and trainees can develop QI skills.
- TRG/20/15/ Terms of reference for the Trainee Committee had been discussed at the Strategy summit.
- TRG/20/15/c *Annual Specialty Report* Thanks were offered to Ms Claudia Moran for her work on the report.
- TGG/21/15 *International Programmes*.
- *Curriculum review*
  - Progress has been made on working out the curriculum for perioperative medicine.
  - The Acute Care Common Stem (ACCS) curriculum is to be reviewed. It was noted that the Royal College of Physicians was less keen on ACCS and is looking at a three year core programme which includes four months of intensive care medicine but does not mention ACCS.
- The Workplace Based Assessment Group is coming to its conclusion but answers will not be available before the College Tutors' meeting. A flyer will be produced to promote changes.
- TRG/23/15 *Military Anaesthesia Unit of Training* A meeting will be arranged to discuss this and also the problems in delivering major trauma training.
- *GMC National Training Survey* This is currently ongoing.
- *National Recruitment* There is a 100% fill rate at CT1 for anaesthesia. ST3 recruitment is currently underway.
- *Shape of Training Mapping Exercise* This was discussed at the Strategy Summit.
- A survey of College Tutors, CDs and new Certificate of Completion of Training (CCT) holders is being considered to ascertain whether CCT holders are ready to deal with front door work on the first day of their consultant career.
- There needs to be a College wide discussion about the role of College Tutors and Regional Advisers.
- Dr Collee asked if any workforce planning figures were available to support the case for PA (A) s. It was suggested that the census and presentation from CLWRota could help. It was suggested it would be useful to work up how PA (A) s can release trainees to get training rather than covering service.

#### (ii) Chairman of the Training Committee's Update

Dr Penfold had nothing further to report.

(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.

**East Midlands**

**Leicester**

Dr Alison Elizabeth Fiorini

**KSS**

Dr Caroline Alice Harrison Dean

**London**

**North Central**

Dr Rachel Baumber\*

**Barts and the London**

Dr Davina Dic Lan Wong

**South East**

Dr Niamh Mary Deidre Rose Gavin

**Mersey**

Dr Emily Christie

**Northern**

Dr Udaya Kumar Chakka

**North West**

Dr Kristine Ann George

**South West Peninsula**

Dr Claire Nadine Todd

**Severn**

Dr Pheobe May Syme

**Wessex**

Dr Emma Fitzgerald\*

Dr Harriet Jennifer Edgar

**West Midlands**

**Birmingham**

Dr Michael Roman William McAlindon\*

Dr Nikhil Shivaj Desai

**CB/55/2015 Finance Committee**

Dr Brennan presented the minutes of the meeting held on 1 May 2015 drawing Council's attention to the following:

- *F19/2015* Mayfair contract.
- *F23/2015* Budget set to generate an annual surplus of £334,000.
- *F27/2015* Investment performance.
- *F20/2015* College's financial position.
- *F26/2015* Investment policy.

**CB/56/2015 Faculty of Intensive Care Medicine**

The Dean, Dr Batchelor, presented the minutes of the Board meeting held on 22 April 2015 drawing Council's attention to the following:

- *BFICM/04.15/4.1 Paediatric Intensive Care Medicine and Intensive Care Medicine Parent Specialty Status.*
- *BFICM/04.15/4.12 Sepsis CQUIN.*
- *BFICM/04.15/5.2 The CCT in Intensive Care Medicine.*
- *BFICM/04.15/5.3 ICM National Recruitment.*
- *BFICM/04.15/6.2 Guidelines on the Provision of Intensive Care Services (GPICS)* has been published.
- *BFICM/04.15/8.3 Advanced Critical Care Practitioners.*

**CB/57/2015 Professional Standards Committee**

The Chairman, Professor Mahajan, presented the minutes of the meeting held on 14 April 2015 drawing Council's attention to the following.

- *Guidelines for the Provision of Anaesthetic Services (GPAS) Editorial Board.*

- *National Institute for Health and Care Excellence (NICE) Accreditation of GPAS chapters.* A template has been produced for chapters, the first of which is expected to come to the Editorial Board by the end of August before being circulated to Council for final approval. It will take at least three years to do all the chapters; if all goes to plan the first NICE accredited chapters will be online by 2017. Clarification was sought regarding whether each and every chapter would be accredited or whether it was the process that was accredited. It was confirmed that the process is submitted for NICE for approval. Confirmation is then sought that everything is compliant from that point on with the process.
- *QI Strategy* The first part was presented at the Strategy Summit and the second part is on course.
- Council was asked to consider advertising the Patient Information Lead position externally.

Council discussed the need for a two way relationship/process between Anaesthesia Clinical Services Accreditation (ACSA) and GPAS. The GPAS Editorial Board, which includes ACSA representatives, was of the opinion that ACSA needs to inform whether standards meet the criteria of reasonableness. One of the problems experienced when doing real live accreditation onsite reviews is that there are certain standards which technically have to be too rigorously applied, mostly around obstetrics. There needs to be the ability to work in flexibility whilst complying with ACSA standards. GPAS is very prescriptive and there is a need to ensure ACSA can feedback into GPAS. There was also discussion around whether a standard should say "must" not "should". It was noted that the Editorial Board agreed with the standards which the Scottish Intercollegiate Guidelines Network (SIGN) had adopted. It was noted that GPAS is a guidelines document; it is not a directive, regulation or a mandate.

### **CB/59/2015 Examinations**

#### (i) Differential Pass Rates in the FRCA

Council had previously agreed that the RCoA should start the discussion amongst the specialty about the issue of differential pass rates. Dr Brennan presented a paper which would appear in the July *Bulletin* to start the discussion. The issues are wide ranging, some relating to international medical graduates. Differential attainment also pertains to those from a black and minority ethnic (BME) background with a primary medical qualification from the UK. The issue needs to be the subject of discussion and debate for all Colleges. There will be an opportunity to discuss the way forward at the June meeting of Council when Dr Plat Razis, who led the examinations review, will give a presentation to Council. There is a broader piece of work by the AoMRC, BMA and GMC to explore the issues across Colleges and across the medical profession. Council discussed whether it was a societal problem which the RCoA would not benefit from investing resources in or whether the RCoA should do further work as it is responsible for the FRCA examinations. It was noted that FRCA examiners receive equality and diversity training which is updated on an annual basis. The College is also extremely transparent in how it conducts its examinations and encourages feedback on examiner performance from visitors. It was noted that the profile of FRCA examiners does not reflect the profile of trainees, although the number of BME examiners has much improved. It was suggested that the RCoA needs to be sure that all the candidates that pass deserve to pass and those who do not should not have passed.

#### (ii) Examinations Committee

Dr Brennan presented the minutes of the meeting held on 5 May 2015 drawing Council's attention to the following:

- *EX/10/15 Computer Based Training.*
- *EX/19/15 Standards for Candidate Feedback.*
- *EX/23/15 Succession Planning* Dr Brennan wished to record his thanks to Dr Razis as this had been his final meeting as Chairman.

Council approved the motion as listed under M/22/2015.

### **CB/60/2015 Safe Anaesthesia Liaison Group**

The Chairman, Dr Clutton-Brock, presented the minutes of the meeting held on 22 April 2015 drawing Council's attention to the following:

- SALG/27/15 Vaporiser leak report to be published to emphasise the importance of machine checks.
- Dr Tom Woodcock to represent SALG on BSI CH/210/5.
- National guidelines on steroid replacement therapy in production.
- SALG/29/2015 BAREMA has been invited to nominate a representative to join SALG.
- SALG/31/2015 National Audit Project (NAP) 5 documentation to be published.
- SALG/32/2015 Safety conference, 4 November 2015.
- SALG/37/2015 SALG has been notified that possible bubbles during vaporiser filling may lead to an inaccurate fill level. This will be followed up.
- Lf/41/2015 Small Bore enteral ISO standard.

### **CB/61/2015 National Specialty Advisory Group/RCoA Advisory Board in Wales**

The Chairman, Dr Johnson, presented the minutes of the meeting held on 21 April 2015 drawing Council's attention to the following:

- A meeting had been held with the Deputy Chief Medical Officer.
- The Critical Care Sub Group has been disbanded.
- Committee department representation on the Welsh Board would continue but additional elected consultant members are no longer required.
- Terms of reference will be updated.
- Dr Johnson had been re-elected unopposed as Chair with Dr Sarah Plummer elected unopposed as Interim Deputy Chair.

## **MATTERS FOR INFORMATION**

### **I/10/2015 Publications**

Council received, for information, the list of publications received in the President's Office. Council's attention was drawn to the document *Implementing National Standards in Conscious Sedation for Dentistry: The Practical Toolkit*.

### **I/11/2015 Consultations**

Council received, for information, the list of current consultations. An increase in the number of consultations was expected now the election process had been completed.

### **I/12/2015 New Associate Fellows, Members and Associate Members**

Council noted, for information, the following:

#### **Associate Fellow:**

Dr Thomas Kelgiorgis – Forth Valley Royal Hospital

Dr Ashok Sinha – Leighton Hospital

#### **Membership:**

Dr Patrick Jonathan Cowan – Part 1 of the Fellowship examination of the RCoA

#### **Associate Membership:**

Dr Gemma Louise Talling – Great Western Hospital

Dr Stefan Richard Cozma - Princess Royal University Hospital

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

Dr Christopher Guy Foster – King's College Hospital

Dr Lokupila Waththage Dilrukshi Samanmali Perera – Luton and Dunstable Hospital

Dr Ahmed Sabry Abdelfadeel Mohammed – Walsall Manor Hospital

Dr Mohotti Mudiyanseelage Subhashini Chamila Premaratne – Newcastle upon Tyne NHS Foundation

Dr Mahantesh Shankaragouda Patil – James Cooke University Hospital

Dr Harikumar Sivakumar – Broomfield Hospital  
Dr Anthony Arthur Rimmer – Royal Gwent Hospital  
Dr Sylvia Martin – Locum at various NHS Hospitals  
Dr Chamali Mahindika Aluwihare – King's College Hospital, London.  
Dr Sami Omran – Scarborough Hospital  
Dr Ewa Perzylo – Liverpool Heart & Chest Hospital NHS Trust

### **Membership Category Progression**

#### **Associate Fellowship:**

Dr Bozena Lassota-Korba

#### **Membership:**

Dr Binoy Issac – Final FCARCSI  
Dr Silvia Baciu – Primary of the RCoA  
Dr David Ridley – Irish Primary

#### **Associate Membership:**

Dr Bronagh Patterson – Royal Manchester Children's Hospital

## **PRESIDENT'S CLOSING STATEMENT**

### **PCS/4/2015 President's Closing Statement**

1. The election process for President and Vice-Presidents would start following the May meeting of Council. It had been agreed that candidates may submit a supporting statement.
2. Council members were encouraged to attend the College Tutors' meeting.
3. There had been discussion regarding whether the RCoA should progress with an annual congress bringing all elements of the College together in a more politically focussed event.

## **MOTIONS TO COUNCIL**

### **M/19/2015 Minutes**

**Resolved:** The minutes and website minutes of the meeting held on 15 April 2015 were approved.

### **M/20/2015 Regional Advisers**

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

#### **West of Scotland**

Dr Neil O'Donnell Regional Adviser in succession to Dr Lynn Newman

#### **Sheffield & North Trent**

Dr Sumayer Sanghera Regional Adviser in succession to Dr Gill Hood

#### **Leicester & South Trent**

\*Dr N A Leslie Regional Adviser Leicester & South Trent

### **M/21/2015 College Tutors**

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

#### **South Thames West**

Dr P Bathke (Epsom & St Helier Trust)

#### **KSS**

Dr D Melville (St Richard's Hospital)

**West Midlands South**

Dr S Chavan (Queen Elizabeth Hospital)

**Mersey**

Dr S Griffiths (Walton Centre for Neurology and Neurosurgery)

**Wessex**

Dr E Dyson (Queen Alexandra Hospital, Portsmouth)

**M/22/2015 Examinations Committee**

**Resolved:** To approve Appendix 10: Candidate examination feedback policy, for inclusion in the regulations.