MEETING OF COUNCIL

Edited Minutes of the meeting held on Wednesday 21 November 2012
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
Dr P Nightingale
Dr R Laishley
Professor D Rowbotham
Professor J F Bion
Dr E A Thornberry
Dr P J Venn
Dr A Batchelor
Dr D K Whitaker
Dr S Patel
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 S Gulati
Dr J R Darling
Dr I Johnson
Dr M Nevin
Dr A W Harrop-Griffiths

Mrs I Dalton, RCoA Patient Liaison Group (PLG)
Dr A-M Rollin, Professional Standards Adviser

In attendance: Mr K Storey, Ms S Drake, Mr R Bryant and Ms A Regan.

Apologies for absence: Professor J R Sneyd and Mr C McLaughlan.

PRESENTATION
P/1/2012 Facebook
Dr Patel gave a history of Facebook and its evolution before describing Facebook Pages which is geared towards organisations/businesses. Facebook Pages is customisable, for example, with links and Twitter feeds, in addition user-related statistics can be downloaded. Ms Mary Casserly, Education and Research Manager, presented internal and external reasons for either College-wide or events only use of Facebook. Dr Patel pointed out that investment in manpower would be required to keep up with Facebook as it is a dynamic tool.

Associated risks include individuals posting comments which appear to originate from the Royal College of Anaesthetists (RCoA) and also the posting of negative comments on the page. It was noted however that the General Medical Council (GMC) has issued guidelines for the use of social media. Use of maximum security controls would ensure that all posts were reviewed prior to publication on the page. Dr Nightingale thought that the College should use Facebook but pointed out the work involved in moderating posts. Dr Marks also supported its use and considered the risks to be no different to negative comments appearing on the RCoA's website; indeed criticism on Facebook would be from a named identifiable individual. Dr Marks added that, in terms of coexistence with the website, news, events etc could be automatically transferred, probably in-house. Dr Marks suggested that Facebook Pages would be a good place to publish consultations. Dr Venn thought that the

RCoA should continue to use Twitter, originally chosen because it is not possible to post negative feedback, alongside Facebook.

The President highlighted that social networking sites are not accessible from the majority of National Health Service (NHS) sites; individuals would have to access them via their mobile phone or at home.

The President asked if additional pages would be required for the Faculties. Professor Bion was supportive of the use of Facebook and expressed a wish to develop it for the Faculty of Intensive Care Medicine (FICM).

Dr Patel pointed out that managing Facebook would be easier if it was used solely for events.

Mrs Dalton urged caution stating that the RCoA should be careful with everything it does in public; it does not necessarily have to move in the same direction as other organisations.

Dr Clutton-Brock suggested that the RCoA should adopt Facebook as a social media site rather than a professional discussion forum. He also suggested that the RCoA should use it initially for events to ascertain how much work is involved.

Dr Brennan was in favour of using Facebook, in a limited way initially, expressing his anxiety about widespread rollout and what would happen if, for example, patient identifying data was posted on a Friday evening and was left unmoderated until Monday.

Dr Marks considered news to be the most important aspect; once the RCoA had developed a page featuring news and events it would have built a page worth looking at. Dr Marks reiterated that negative comments would be the opinion of named individuals, not the RCoA.

Dr Langton pointed out that moderation would not be straightforward; much of it would depend on a judgement call.

Dr Jones stated that the RCoA must move on with technology. It must be properly costed and resourced; if it fails it will be a public failure. The weekend issue could be overcome by controlling publication of information using moderation.

The President summarised that the consensus was that the RCoA should develop this as a strategy. The President asked Dr Harrop-Griffiths about the Association of Anaesthetists of Great Britain & Ireland's (AAGBI) experience with Facebook. Dr Harrop-Griffiths explained that the AAGBI had established a page because it felt obliged to and whilst it had not benefited from the level of engagement it had anticipated, it would continue to have a Facebook presence. The AAGBI had suffered no adverse effects or negative comments as a result of its Facebook page.

The President thanked Dr Patel and Ms Casserly for their presentation.

COUNCIL IN DISCUSSION

CID/33/2012 President's Opening Statement

(i) The President announced the deaths of Dr Sheila Millar-Danks, Dr Hubert Cresswell-Corfield, Dr Frank Russell, Dr Robert Nicholl, Dr Sukamal Ray and Dr Geoffrey Wright. Council stood in memory.

(ii) Dr Suzanne Boyle would be co-opted to the vacant Staff and Associate Specialist (SAS) seat from March 2013 for 12 months.

(iii) The Department of Health (DH) Mandate, published earlier in the week, is on the RCoA's website for information. The Mandate sets out the contract that the Secretary of State (SoS) wishes Clinical Commissioning Boards to pursue and sets out the direction of healthcare in England for the next few years. It was gratifying that the Mandate mentions the involvement of the medical Royal Colleges in much of the quality assurance (QA) of healthcare and advising on its progression.

(iv) The SoS is keen to engage with the Colleges and a series of seminars has been arranged through the Academy of Medical Royal Colleges (AoMRC) focussing on long term conditions, dementia, caring and comparative mortality/morbidity outcomes. The President had attended the seminar on preventable mortality. The purpose of the seminars is to give the SoS an idea of what is achievable and how the medical profession can progress the health of the nation.

(v) The newly published Chief Medical Officer's (CMO) report expressed concerns about liver disease in the UK.

(vi) The *Francis Report* is due for publication in January 2013. The AoMRC's view is that the medical profession should present a united view in its response which should not be critical of others but critical of a system which predisposes to the development of an environment which produces poor care and recognising that poor care is offered elsewhere other than at Mid Staffs. The President agreed to circulate to Council the AoMRC's paper suggesting how the profession may respond.

(vii) An updated statement will shortly be released updating the position statement of October 2011 on neuraxial connectors. The RCoA, AAGBI, the Obstetric Anaesthetists' Association (OAA), the Association of Paediatric Anaesthetists (APA) and Regional Anaesthesia UK (RA-UK) have been involved in the debate about the revised position statement. Mrs Dalton's support was also gratefully acknowledged. Dr Paul Sharpe's evaluation forms will be available on the RCoA's website and will be submitted to the College. The ethical question had been raised regarding whether it is reasonable to evaluate a new device on an NHS patient without telling them you are doing so when there are other devices available. The statement would be discussed by the External Reference Group and was expected to be published in the next few weeks. The President added that the number of devices had been decreased by the manufacturers themselves; he suspected that there would only be one available by the implementation date of April 2013.

(viii) The NHS passport to facilitate the movement of employees from one trust to another is being actively taken up. NHS Employers is currently putting information on its website and hopes to go live towards the end of the month. Dr Thornberry explained that the passport was designed to eliminate the need for Criminal Records Bureau (CRB) and health checks to be carried out each time trainees change hospitals. It would also enable consultants to attach themselves to another department for Continuing Professional Development (CPD) purposes. Dr Rollin added that the concept of the NHS Passport had originated in Council in 2009. Although it would not apply to trainees in the first instance it would eventually. Dr Brennan suggested that a similar scheme would be beneficial in the independent sector where doctors require multiple CRB checks for different hospitals.

(ix) The President invited Dr Nightingale to update Council on the Advisory Committee on Clinical Excellence Awards (ACCEA). Dr Nightingale explained that information would shortly be published on the RCoA's website about a possible 2013 round. The Review Body on Doctors' and Dentists' Remuneration (DDRB) report is subject to a Freedom of Information request and is expected by the end of the year. The 2013 round will go ahead for renewals and citations will be required. Dr Nightingale thought that the process for new applications would be similar to that in 2012; the RCoA is therefore making provisional preparations for a 2013 round. The RCoA is making provision for the regional process to go ahead although the ability of some regions to contribute would be hindered by a lack of higher award holders. Regions would be encouraged to send in fewer applications than in previous rounds. The President and Dr Nightingale are currently considering whether to bring the process in-house and forming a group of citation writers. Dr J Nolan asked if it was possible to alert individuals to have their forms ready whilst not implementing the regional system until the 2013 round was confirmed. Dr Nightingale stated that the RCoA is trying to discourage widespread applications from those with little chance of success but conveying the message would be very difficult and further discussions on emphasising it are required. Only those with a realistic chance of success should be encouraged to apply. The President suggested that self-scoring against the published criteria might help. Professor Bion pointed out that the FICM expected to have a voice in assessing ICM applicants through all Trustee Colleges. Dr Whitaker stated that many people do not apply because they do not understand the system; a regional system helps alleviate that ignorance and anything the RCoA can do to encourage the regional process would help.

(x) Mr Storey reported that the simulated election process would start the following day. Council members were encouraged to respond quickly.

(xi) Eight places remain available for the Council Christmas Dinner on a strictly first come first served basis.

(xii) Those who had not yet submitted their Annual Report submissions were asked to submit them to Mrs Mandie Kelly ahead of the deadline.

(xiii) Committee Chairmen who had not yet submitted their response to the committee review were asked to do so. The Vice-Presidents would consider the responses and report on the functionality of committees.

(xiv) The Pain Less Exhibition had been launched at the Science Museum. It had received very good press coverage and the RCoA owed a huge debt of thanks to Dr Andrew Morley for his work on the exhibition.

(xv) Dr David Zideman had e-mailed the President following his role in the Olympics and Paralympics. Dr Zideman stated that anaesthetists "were the largest medical specialty professional group and fulfilled many of the Emergency Medical Service roles both on the Field of Play (with the athletes and officials) and with the spectators. The multi-disciplinary nature of our specialty made them eminently suitable and reliable healthcare professionals and I could not have run the service without them."

(xvi) The *New England Journal of Medicine's* nominated top paper in 200 years was on inhalational anaesthesia by Bigelow published in 1846.

(xvii) The President and Mr Bryant had met with the Centre for Workforce Intelligence (CfWI). The CfWI is being directed by the Department of Health (DH) to conduct an in-depth review of anaesthesia and ICM next year. The purpose of the meeting was to identify the first steps to ensure the CfWI has the right data, understands the RCoA's requirements and to ensure the RCoA provides the correct information to allow CfWI to undertake workforce modelling. Mr Bryant and Mr Daniel Waeland would attend a follow-up meeting in December to identify the CfWI's exact requirements.

(xviii) The recent Regional Advisers' (RA) and Clinical Directors' (CD) meetings had raised common issues such as Supporting Professional Activities (SPAs) within job plans and

release of doctors to undertake work in the wider NHS. The CDs were particularly concerned about out of hours cover and junior staff cover. Consultants and trainees are under pressure in respect of service delivery.

(xix) Officers of the RCoA had recently met with Officers of the APA. There is concern about the provision of paediatric surgical services in some of the smaller hospitals. Dr Brennan reported that the Children's Surgical Forum has been trying to formulate discussions about how the agenda for providing surgical care in the district general hospital (DGH) can be improved. It is not a problem for sub-specialties but there is no requirement for general surgeons to have paediatric expertise. There is therefore decreasing expertise and confidence in managing children in the DGH. Dr Brennan and the APA have attempted to engage with the Royal College of Surgeons of England (RCSEng) via the Children's Surgical Forum and by writing directly to the President to request a meeting. The President had however referred them back to the Children's Surgical Forum. Dr Brennan and Dr Kathy Wilkinson of the APA had contacted Dr Hilary Cass, President of the Royal College of Paediatrics and Child Health, who is supportive of their position.

(xx) The President had met the President of the College of Anaesthetists of Ireland (CAI) to discuss mutual working. The CAI is interested in joining some audit projects and engaging the *British Journal of Anaesthesia (BJA)* as its journal. The CAI has approached Mr Alistair Henderson to see if it is viable for it to be part of the AoMRC.

(xxi) Mr Robert Francis QC and Professor David Greenaway have agreed to speak at the College Tutors' (CT) meeting next year.

(xxii) The President asked Dr Thornberry to update Council on obstetric anaesthesia matters. Progress is being made with establishing a system for Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) assessors. Centre for Maternal and Child Enquiries (CMACE) assessors would continue for a period of time. The process for appointing replacements is almost completed. MBRRACE-UK has formally ratified the two lead CMACE assessors Dr Steve Yentis and Dr Paul Clyburn. Dr Thornberry had recently met with the Intensive Care National Audit & Research Centre (ICNARC). Classification of a patient as pregnant or recently pregnant determines which data is collected. Patients are not always classified correctly which results in the wrong information being gathered. Unless the truth behind the anomalies is identified others may question the data when it is published. ICNARC suspects errors occur because less work is involved if a woman is classified as pregnant rather than recently pregnant. All patients classified as pregnant will therefore be checked; surprising data will be discussed and investigated by a sub-committee. Dr Audrey Quinn of the OAA will lead on this with Dr Verma taking over as the RCoA representative.

(xxiii) Baroness Greengross had written to the President about pre and post-registration dementia training. The President proposed that the Training Committee and Professional Standards Committee considered the RCoA's approach to the care of patients with dementia. The President would respond to Baroness Greengross accordingly. The President agreed to copy the letter to the Faculties so they may also consider its content.

(xxiv) The Resuscitation Council (UK), in conjunction with the British Heart Foundation, has been campaigning for cardiopulmonary resuscitation (CPR) training to be taught as a life skill in schools. Dr J Nolan reported that the initiative had received a significant amount of support. Dr J Nolan agreed to e-mail Council a link intended to activate MPs' attendance at a discussion on the matter. There is some resistance because of the limited time on the curriculum but despite this Dr J Nolan thought there was a significant chance the campaign would succeed.

(xxv) It was noted that the planned date for the President's Dinner coincided with half-term. The President and Mr Storey agreed to investigate changing the date. Mr Storey would confirm the date to Council.

(xxvi) The President updated Council on staff changes:

a. Ms Michaela Dickson has joined the College as National Emergency Laparotomy Audit (NELA) Project Manager on a full-time and fixed-term basis.
b. Ms Lorna McDowell has joined the College as Faculties Administrator (Professional Affairs) on a full-time and permanent basis.
c. Ms Gail Samuel has joined the College as PA to the Chief Executive on a full-time permanent basis.
d. Ms Sophie Taylor has joined the College as Examinations Team Administrator on a full-time and permanent basis.

CID/34/2012 Annual Specialty Report

Council received the draft Annual Specialty Report to the GMC. Mr Bryant requested comments by the end of the week.

CID/35/2012 Clinical Directors' Network

Dr Nevin gave a report of the recent Joint CDs' meeting. Some new issues, specifically around finance and HR, had been raised as well as existing ones. Feedback had been excellent and Dr Nevin wished to thank the RCoA, AAGBI, Dr Nick Paice, Dr Andrew Hartle and the Events Teams from the RCoA and AAGBI.

Council agreed the appointment of Dr David Selwyn as Deputy Lead CD for an initial 12 months.

A National CD Executive body will be formed; this will give a very regional approach. Future goals include supporting and improving regional liaison amongst local CDs. There is increased focus on taking meetings to regional centres. It is also necessary to improve speed of consultation and feedback. The CD network needs to increasingly use media tools. Two CDs' meetings will be held per year, one of which may be held regionally.

Dr Nevin wished to relaunch the secure discussion forum on the RCoA's website.

CDs would benefit from supporting the Faculty of Medical Leadership and Management which has 2000 members. 750 delegates were present at its first annual meeting.

The President emphasised the importance of encouraging the development of the CD Network. Departments need to know how to respond to clinical commissioning.

Dr Jones asked Dr Nevin how he interfaces with CDs in the devolved nations. Dr Nevin explained that each of the 250 CD members in the network are circulated with correspondence and discussion; input from Wales would be valuable. Dr Jones agreed to raise the matter with Dr Tony Turley who is involved with the Welsh CDs' Forum. Dr Johnson explained that the CD Network Meeting in Wales had been scheduled to follow the Joint CDs' Meeting.

CID/36/2012 Academy of Medical Royal Colleges' Seven Day Consultant Present Care

Professor Bion asked Council to endorse the AoMRC's draft proposal for seven day consultant present care. Patient outcomes are worse for those admitted at weekends as is mortality for both elective and emergency patients admitted at weekends. This is accompanied by perceptions that care processes are less reliable at weekends. The NHS Medical Directorate is behind the idea to improve efficiency as well as quality. The Royal College of Physicians of London (RCPLond) is conducting its Future Hospital Commission

which attempts to address deficiencies in the service and one of the possible outcomes is the proposal that the service should create acute care directorates in hospitals. The AoMRC convened a working group on 24 hour 7 day (24/7) working with a sub-committee, co-chaired by Professor Bion, on seven day consultant present care. Professor Bion explained that the document contained three standards. Standard 1 states that "Hospital inpatients should be reviewed by an on-site consultant at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient's care pathway." Standards 2 and 3 state that consultant present care needs to be buttressed by the availability of support services. Consultant includes any doctor on the GMC Specialist Register including those in SAS grade posts and consultant clinical scientists. Consultant led review does not necessarily mean a formal physical bedside ward round; it could be, for example, a ward round conducted by an SAS doctor or trainee and discussion with the consultant.

Dr Marks asked, with regards to Standard 2, whether it was intended that relatively minor surgery performed out of hours should be undertaken by a consultant surgeon and consultant anaesthetist. Professor Bion stated that the report was less concerned about patients undergoing surgery as there is more security in their care than there is for general medical emergency admissions.

Dr Jones remained concerned that Standard 1 was too low for many specialties and suggested the addition of a caveat to that effect. Professor Bion explained that it is encapsulated in the text. Professor Bion was reluctant to add caveats which would result in a lengthy standard which was unlikely to be read. Dr Jones suggested the addition of one line to the standard to overcome the likelihood that people would not necessarily read the text.

Dr Venn expressed concern about who would decide whether a patient's care pathway would be affected particularly in the case of elderly patients. Professor Bion pointed out that insisting every patient had to be seen would be unworkable. This is an evolutionary process which will be evaluated using solid research methodology. Professor Bion pointed out that Standard 1 is an intervention and a stepping stone to reach the point where a consultant reviews all patients in a health care system properly supported to help them provide care; something Professor Bion envisaged would take ten years to achieve. Dr Venn considered this too long.

Dr Nevin stated that this is an important opportunity to set standards for the profession as a whole. One of the most important parameters is patient length of stay. Dr Nevin added that pathways are important. One of the greatest causes of length of stay is patients being treated in areas which are not best placed to look after them. The way to overcome that would be to involve primary care and social services. Professor Bion agreed, adding that the care pathway is a powerful tool if it is known how to construct it properly.

Mrs Dalton stated that a change in culture back to 'doing things right' was what was being discussed and was particularly pleased that an evaluation would take place.

Dr Clutton-Brock was supportive of the document. Although obtaining results 24/7 had been raised, the report does not make the point about other information that is lacking about patients.
Dr Whitaker noted that there was no mention of safety in the standards and requested adding to Standard 2 "if they can be performed safely" after "should be provided seven days a week". Professor Bion questioned why a consultant would do something that is

unsafe. Dr Whitaker explained that his suggestion referred to the fact that all facilities, such as the blood bank, should be safely working. Professor Bion was reluctant to reword the standard adding that the safety concept is encapsulated in consultant supervision. Any change to the standards would have to be taken back to all the Colleges and the AoMRC.

The President noted the comments suggesting that the standards are lower than those required by anaesthesia but the AoMRC is a confederation of specialties. The President summarised that Council supported the document as a starting point and he would submit to the AoMRC the caveats Council had raised.

Professor Bion thanked Council members for their comments which had emphasised the need for stronger standards.

CID/37/2012 Report on the Consultation on the Routes to the GP and Specialist Registers

Council received a report on the consultation on the Routes to the GP and Specialist Register. One of the recommendations is that those applying for equivalence will have to work for 12 months in the NHS before being accepted onto the Specialist Register; it is now a question of how that is resourced in terms of feedback and support and the implications on consultant and training time.

Mr Bryant explained that with regards to the test of knowledge the question is whether the RCoA maintains its current position whereby they are not necessarily the same as exempting qualifications for the Final FRCA, or whether the RCoA approaches it with exempting qualifications being accepted as exempting qualifications for the Final FRCA, but all doctors applying for the Specialist Register will now have to take the FRCA. It is now possible to take the FRCA after a year's continuous service, which has included appraisal, in the NHS.

CID/38/2012 Association of Anaesthetists of Great Britain and Ireland; President's Report

Dr Harrop-Griffiths was grateful for the opportunity to submit a written report for each Council meeting. The President asked how the AAGBI would address the fact that the Irish Regulator, in its consideration of revalidation, is asking for points for CPD. Dr Harrop-Griffiths agreed to look into the matter.

The Safety Committee had received a recording of a recent Coroner's Inquest that resulted in a narrative verdict that identified the breathing of a hypoxic gas mixture for a lengthy period as a contributory factor in the patient's death. Dr Clutton-Brock expressed his disappointment that the Coroner did not seek evidence from anyone with a detailed understanding of anaesthetic machines.

COMMITTEE BUSINESS

CB/138/2012 Council Minutes

The minutes of the meeting held on 17 October 2012 were approved subject to the following amendments:

CID/30/2012 Change illegal to "illegal" and amend sentence beginning "Affordability of these...." to "Affordability of these is a major issue and one of the reasons that the future of the course in Birmingham is in question.

CB/139/2012 Matters Arising

i. Review of Action Points

CID/29/2012 The Future Hospital Commission

Dr Nightingale reported that the official call for written and oral contributions had been distributed a couple of weeks ago. Council was asked to feed as much information as possible to Dr Nightingale to enable him to represent the RCoA's views.

CID/30/2012 Proposed Change to the Scope of Practice of Physicians' Assistants (Anaesthesia)
The amended document would be brought to the December meeting of Council.

All other actions were complete.

CB/140/2012 Regional Advisers
Council considered making the following re-appointments:
West Yorkshire
Dr A Fale, Regional Adviser, West Yorkshire **Agreed**

North Thames East
Dr H Drewery, Regional Adviser, North Thames East **Agreed**

South Thames West
Dr P Quinton, Regional Adviser, South Thames West **Agreed**

CB/141/2012 Deputy Regional Advisers
Council considered making the following appointments/re-appointments (re-appointments marked with an asterisk):
North Thames East
*Dr M Woodham, Deputy Regional Adviser, North Thames East **Agreed**

East of Scotland
To receive a formal request from Dr William McClymont, Regional Adviser, East of Scotland, for a Deputy Regional Adviser. **Agreed**

KSS
Dr M P Sinden, Deputy Regional Adviser proposed for KSS **Agreed**
Dr M Blackmore, Deputy Regional Adviser proposed for KSS **Agreed**

Wales
Dr D G Maloney, Deputy Regional Adviser in succession to Dr W C Edmondson, Wales
Agreed

CB/142/2012 College Tutors
Council considered making the following appointments/re-appointments (re-appointments marked with an asterisk):
Oxford
Dr A D Kalla (Milton Keynes General Hospital) in succession to Dr B M Slavin **Agreed**

Northern
*Dr G M Fitzsimmons, (Cumberland Infirmary) **Agreed**

North Thames West
Dr L Ali (Ealing Hospital NHS Trust) in succession to Dr S Seah **Agreed**

North Thames Central
Dr T L Jones (Royal Free Hospital) in succession to Dr J R Prout **Agreed**

North Thames East
*Dr R V Martin (St Andrew's Centre for Plastic Surgery, Broomfield Hospital) **Agreed**
*Dr A Sarang (The London Chest Hospital) **Agreed**

East of Scotland
*Dr F M L Cameron (Ninewells Hospital and Medical School) **Agreed**

South East Scotland
Dr S A Thompson (Royal Infirmary of Edinburgh) in succession to Dr J Wilson **Agreed**
*Dr D Morley (Western General Hospital) **Agreed**

Wessex
*Dr N Ahmed (Poole Hospital) **Agreed**
*Dr I F Smith (Royal Bournemouth Hospital) **Agreed**

KSS
Dr S A Nene (Worthing and Southlands Hospitals Trust) in succession to Dr H Wakeling **Agreed**

Nottingham & Mid Trent
Dr M Kakkar (Lincoln County Hospital) in succession to Dr M Dolling **Agreed**

CB/143/2012 Heads of Schools
There were no appointments for Council to note.

CB/144/2012 Training Committee
(i) Training Committee
Council received and considered the minutes of the meeting held on 7 November 2012 which were presented by the Chairman, Dr Brennan. Dr Brennan drew Council's attention to the following items:

- *TRG/44/12e Improvement Science Curriculum*

- *TRG/60/12 International Programme*

- *TRG/61/12 Joint Royal Colleges of Physicians Training Board (JRCPTB) Statement on Practical Procedures*
  The RCoA's suggested modifications to the statement would be forwarded to the JRCPTB. Dr Brennan agreed to circulate the amended statement to Council.

- *TRG/63/12b Enhanced Recovery*

- *TRG/46/12d Assessment Working Party*

- *TRG/47/12B GMC Consultation on Recognition of Trainers*
  Terminology has caused confusion. The RCoA uses the term clinical supervisors whereas other specialties call them session supervisors.
- *TRG/63/12a Delivery of Intermediate Level Pain Curriculum*

- *TRG/64/12d GMC Update*

The GMC's move to single versions of specialty curricula will cause the RCoA some difficulty. The GMC is proposing a standard approach to be taken by all specialties towards time out of training. It has been proposed that the maximum permitted absence during each 12 month period of training is two weeks (whole time equivalent). Dr Jones pointed out that those most affected would be less than full-time trainees; this could result in a legal challenge as this group is predominantly female. Mr Bryant added that the Royal College of Obstetricians and Gynaecologists (RCOG) had also mentioned the discrimination aspect.

- *TRG/64/12e GMC Consultation on Routes to the Specialist Register*

- *TRG/64/12f GMC Trainee Survey*

- *TRG/66/12 National Recruitment*
  Dr Marks stated that although the Recruitment Committee was originally opposed to the ending of CT2 recruitment, he now considered it to be a good thing. Some hospitals have CT2 posts because they do not think they need novices or because some CT1 trainees realise anaesthesia is not for them thus resulting in gaps to be filled. CT2 recruitment has been difficult. From a programme directors' perspective they would rather give an extension to their own trainees than take a trainee from a deanery into which they have no input. Dr Colvin reported that CT2 is still under consideration in Scotland.

- *TRG/73/2012 Starter Pack for Novice Trainees*

Dr Nightingale had attended the last meeting of the Postgraduate Board at the GMC. It was hoped that a similar advisory structure would continue for undergraduate and postgraduate matters. The University of Dundee has been commissioned to assess the impact of SLEs and would report in 2013. Dr Nightingale agreed to circulate the papers from the Postgraduate Board meeting to Council.

(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 (ICM).

London
South East
Dr Vinesh Vincent Brahmakulam

North Central
Dr Magnus Teig *
Dr Gayathri Satkurunath *

Bart's and The London
Dr Anne Jackson

Imperial
Dr Tejal Patel
Dr Catherine Sheehan
Dr Daniel Felstead *

St. George's
Dr Adam Fendius
Dr Yasser Butt

Kent, Surrey, Sussex
Dr Robert Bruce-Payne

East Midlands

Leicester
Kristian Gaylard

Nottingham
Dr James Dawson

Mersey
Dr Clint Chevannes

North West
Dr Aseem Tufchi

Northern
Dr Vijay Jagannathan

Oxford
Dr Michelle Walters
Dr Lauren Williams
Dr Amy Swinson

South West Peninsula
Dr Katharine Meikle
Tri-Services
Dr Nicholas Tarmey *
Dr Brett Webster *
Dr Andrew Hladane

Wessex
Dr Emma Taylor

West Midlands
Birmingham
Dr Tiruvillamalai Sudha
Dr Justine Angrave

Wales
Dr Kudakwashe Nyangoni

West Scotland
Dr Kiran Tippur

Yorkshire
West Yorkshire (Leeds/Bradford)
Dr Sunil Jamadarkhana

South Yorkshire (Sheffield)
Dr Mark Dodd *

(iii) Medical Secretary's Update
Dr Brennan had nothing further to report.

CB/145/2012 Equivalence Committee
Council received and considered the minutes of the meeting held on 18 October 2012 which were presented by the Chairman, Dr Verma. Two applications were recommended to the GMC for inclusion in the Specialist Register; one review and one first application.

CB/146/2012 National Institute of Academic Anaesthesia
Council received and considered the minutes of the Research Council meeting held on 27 September which were presented by Professor Mahajan. This had been Professor Rowbotham's last meeting as Chairman and Professor Mahajan wished to congratulate him on running the Research Council so well. Dr Whitaker echoed the congratulations adding that the specialty owed a huge debt of thanks to Professor Rowbotham.

Council's attention was drawn to:

- *NIAARC/41/2012 Specialist Society Research Priorities*
  A sub-group would be established to oversee the commissioning process for the joint funding of research projects by the Specialist Society members, with the possibility of matched funding being provided by the National Institute of Academic Anaesthesia's (NIAA) larger partners.

Council received and considered the minutes of the Board meeting held on 27 September 2012 which were presented by the Chairman, Professor Mahajan. Professor Mahajan drew Council's attention to the following items:

- *NIAAB/35/2012(iv) Difficult Airway Society (DAS) Professorships*
  Revised criteria for the Macintosh Professorship would be considered by the Nominations Committee immediately after Council. If the criteria are approved Council may be asked formally to approve the idea that the NIAA approaches all Specialist Societies to nominate Macintosh Professors which would be jointly named, e.g. the Macintosh/OAA Professor.

- *NIAAB/41/2012 Anaesthetic Research Society (ARS) and NIAA Sub-Committee*

- *NIAAB/37/2012 Membership of the Association of Medical Research Charities (AMRC)*
  The Board recommended to Council that the RCoA becomes a full member of the AMRC thus enabling the NIAA to benefit from AMRC support for research activities. Ms Drake informed Council that if an organisation is a member of the AMRC and also a grant funder then some of the costs would be covered by the NHS. The NIAA is not eligible for membership of the AMRC because it is not a registered charity. The RCoA could apply for membership on its behalf but only RCoA grants would be paid by NHS funding. Each Specialist Society, assuming they are a charity, would need to become a member. Professor Mahajan explained that if the Specialist Societies were not going to join up with major partners to increase grants then for grants of £10,000 or less it is not that much of an issue whether they are members of the AMRC. Project grants, for example, of £50,000 were unlikely to be given by any other Specialist Society other than the NIAA. It was proposed that Council considers the RCoA becoming a member of the AMRC.

CB/147/2012 Communications Committee

Council received and considered the minutes of the meeting held on 11 October 2012 which were presented by the Chairman, Dr Penfold. Dr Penfold drew Council's attention to the following items:

- *CC/28/2012 Matters Arising*

- *CC/31/2012 Archiving of Old Documents and Updating of New Documents*
  A statement will be added to the publications section of the website stating that previous versions are available by request from the Professional Standards Directorate. Archived but withdrawn documents will include a statement on the document page itself directing members to an alternative, if appropriate. A page will be added to the *Bulletin* drawing attention to new or updated documents. Dr Nightingale was disappointed by the Committee's decision and failed to see why Fellows and Members could not access back copies without going via the Professional Standards Direcrorate. Dr Nightingale asked why it was not possible to have an archived area; it was inconvenient to not have instant access to documents at any time. Dr Marks explained that documents in an archive section would continue to be referenced by Google and people would view them as contemporaneous. The President pointed out that if they were archived on the website they would require a disclaimer that they are no longer current. Dr Whitaker highlighted that old documents are referred to in current documents and one cannot interpret them correctly without being able to view the source document. Dr Thornberry stated that a lot of background work would be required. Dr J Nolan suggested that the obvious thing is around the dating of the document; a very clear date in bold should be added to anything archived. Professor Mahajan suggested that documents could be

archived as pdf files with a disclaimer at the top. Dr Marks pointed out the problem of external deep links which take people to a particular document. The President asked the Communications Committee to reconsider the matter.

- *CC/34/2012 Advertising Posts in the Bulletin*

- *CC/35/2012 Future Bulletin Articles*

- *CC/29/2012 Advertising External Meetings on the Website*

- *CC/30/2012 The inclusion of Back Issues of the Bulletin on the Website and the Indexing of Future Issues*
  Although the Committee had agreed to revisit the matter in the future, Dr Nightingale encouraged the Committee to move forward with the work.

- *CC/32/2012 Pain Less at the Science Museum*
  Since the meeting, one of the pain trainees has submitted an article about the exhibition.

- *CC/33/2012 Media Advisor Report*

- *CC/36/2012 Any Other Business*

CB/148/2012 Safe Anaesthesia Liaison Group

Council received and considered the minutes of the meeting held on 3 October 2012 which were presented by the Chairman, Dr Clutton-Brock. Dr Clutton-Brock drew Council's attention to the following items:

- *SALG/53/4.iii/2012 Centralised Safety Function*

- *SALG/53/19/2012 Terms of Reference*

- *SALG/53/29/2012 Use of Remifentanil outside Theatres*
  Dr Thornberry informed Council that a guest editorial on this topic had been commissioned for the March *Bulletin*. Dr Thornberry suggested it should be left to the OAA to discuss until it produces guidelines which are acceptable. Dr Clutton-Brock stated that the AAGBI's view is that it is not the role of the Safe Anaesthesia Liaison Group (SALG) to issue guidelines. Dr Clutton-Brock thought the way forward would be to hand over guidelines writing to the AAGBI/OAA but for SALG to issue some safety advice.

- *SALG/55/2012 GMC Incidents for Learning*
  Dr Clutton-Brock agreed to circulate the article by Professor Andy Smith and Dr Rollin to Council.

- *SALG/56/2012 Anaphylaxis Database*

- *SALG/60/2012 Drug Packaging (syringe labelling)*
  Dr Whitaker suggested the UK should copy American advice which says if someone draws up a drug into a syringe and does not give it to the patient immediately, if it is going to leave their hand at any stage it must be labelled. The container should be labelled after the drug is put in.

- *SALG/62/2010 Measuring/Evaluating SALG Input*

- *SALG/64/2012 Alarm Fatigue*
  The Medicines and Healthcare Products Regulatory Agency (MHRA) will investigate the ISO standards for alarms. Dr Nightingale informed Dr Clutton-Brock that this had been raised 20 years ago. Dr Clutton-Brock informed Council that it has drawn attention in the USA in the last 12 months.

- *SALG/53/4.iv/2012 Patient Safety Notification on Paracetamol*

- *SALG/54/2012 Shadow Clinical Board for Surgical Safety*

- *SALG/54/2012 Lack of Assistance for Surgeons*

- *SALG/57/2012 M&M Toolkit*
  Council heard that issues around M&M meetings affect other specialties too and had been raised at an AoMRC QA meeting.

- *SALG/58/2012 Bar-coding of Drugs Update*

- *SALG/63/2012 Article on Reporting Incidents*

- *SALG/65/2012 Drug Shortages*

- *SALG/66/2012 MRI Machines Safety Guidance*
  This will be discussed in more detail at the next meeting.

CB/149/2012 Examinations Committee
Council approved the appointment of Dr Andrew Lumb as Vice-Chairman of the Final FRCA examination.

CB/150/2012 Royal College of Anaesthetists' Advisory Board for Scotland
Dr Colvin would report to Council at its December meeting.

CB/151/2012 Career Grade Committee
Council received and considered the minutes of the meeting held on 18 October 2012 which were presented by the Chairman, Dr Laishley. Dr Laishley drew Council's attention to the following:

- *Review and update of the document Career Development for Speciality/SAS Doctors*.

- *GMC Consultation on the Approval of Trainers*

- *Academy SAS Committee's letter to College Presidents in response to the Benefits of Consultant Delivered Care Document*

- *College Adviser for SAS Doctors*
  Dr Laishley informed Council that there is still ongoing debate about the matter. It has been suggested that the RCoA should wait to see what sort of demand there is.

- *Integration of the Career Grade Committee*
  The President and Dr Laishley would discuss this further outside Council.

CB/152/2012 Faculty of Intensive Care Medicine

Council received and considered the minutes of the Board meeting held on 25 October 2012 which were presented by the Dean, Professor Bion. Professor Bion drew Council's attention to the following items:

- *BFICM/10.12/5.1.3 Pre-Hospital Emergency Medicine*

- *BFICM/10.12/5.4 e-Portfolio*

- *BFICM/10.12/7.2 Revalidation*
  The FICM has established a Revalidation Working Group. Professor Bion wished to acknowledge the tremendous support of the RCoA's Revalidation Committee, Dr Andy Tomlinson and Mr Don Liu. Dr Brennan added that FICM has a representative on the Joint Revalidation Delivery Committee and two ICM representatives would attend the revalidation advisor training day. It would be important to ensure that the RCoA and FICM are not giving parallel advice to the same queries.

- *BFICM/10.12.1 Induction of New FFICM Examiners*
  There had been16 applicants for 7 posts.

- *BFICM/10.12/6 Workforce Planning*
  Following the first workforce planning meeting on 9 November 2012 the FICM would develop typical rotas which would meet the standards of the FICM and Intensive Care Society (ICS) and then in conjunction with workforce data start to determine the size of the workforce and how it will achieve it. The work of Advanced Critical Care Practitioners (ACCPs) would also be included in the work. Professor Bion had met the new Lead Dean for ICM who was very supportive of ACCPs.

- *BFICM/10.12/8.1 Collaborating for Quality*
  This is a 5-10 year strategy led by Professor Sir John Temple with support from Dr Judith Hulf and Professor Jon Cohen. It is hoped the report will be available around April. The FICM is hoping to get their view on the current state of intensive care and organisational relationships and how they can be optimised to ensure a better future for intensive care and better care for patients.

- *BFICM/10.12/9.3 Affiliate Trainee Membership Route*

- *BFICM/10.12/9.3 Fellowship by Election*
  The Board had unanimously agreed the nomination of Dr Nightingale for Fellowship by Election.

CB/153/2012 Royal College of Anaesthetists' Advisory Board for Northern Ireland

Council received and considered the minutes of the meeting held on 2 October 2012 which were presented by the Chairman, Dr Darling. Council's attention was drawn to:

- *4.1 Training Standards for those who Assist Anaesthetists*

- *4.2 CPD Study Day, 3rd October 2012, Belfast*
- *4.6 DHSSPS Consultation on Appointment of Consultants*

- *4.3 Elected Member and Constitution*

- *3.1 President's Business*
  The CAI is considering an exit examination.

- *4.4 Clinical Excellence Awards*

- *4.7 Relationship with DH Northern Ireland*

- *5.1 RA Anaesthesia:Manpower*

- *5.2 RA Intensive Care Medicine*

- *7.0 SAS Representative's Business*

- *8.0 Trainee Representative's Business*
  Trainees are being bombarded with offers of locum work. There is concern about hospitals indemnifying staff.

CB/154/2012 Joint Revalidation Delivery Committee

Council received and considered the minutes of the meeting held on 16 October 2012 which were presented by the Joint Chairman, Dr Marks. Dr Marks informed Council that the next issue of the *Bulletin* would feature revalidation.

Council's attention was drawn to:

- *JRDC/55/12(A) Proposed Revisions to RCoA CPD Guidance*
  Council was asked to review and approve the guidelines. New guidelines had been developed by the RCoA in light of new guidance from the GMC stating that doctors have to do CPD but what they actually do should be planned in conjunction with their appraiser in light of their personal practice. Individual's CPD plans need to be reviewed throughout the year. Dr Marks considered the CPD matrix to be conceptually wrong as it was designed as a syllabus instead of a taxonomy. Dr Marks stated that it would be necessary to modify the definition of the three levels in line with GMC guidance. Dr Marks guided Council through the changes. Drs Thornberry and Penfold supported the document. Dr Nightingale considered it to be a good document but would like to debate the removal of level one when there was more time available. Dr Langton pointed out that if the matrix is changed in the future it would be necessary to consider the impact on, for example, *CEACCP* which is coded against the matrix.

- *JRDC/53/12 Patient Multisource Feedback for Anaesthetists; Draft Guidance*
  This had been discussed at both the RAs' and CDs' meetings. Concern was expressed by both groups about how in the context of a busy turnover you match the patient with the form with the doctor. The RCoA's guidelines say that it has to be done and a way has to be devised to do it.

CB/155/2012 Finance Committee

Council received and considered the minutes of the meeting held on 13 November 2012 which were presented by the Chairman, Dr Batchelor. Dr Batchelor drew Council's attention to the following:

- *F75/2012 Examination Fees for 2013/14*

- *F77/2012 Telephone System Renewal*

- *F81/2012 Funding Future National Audit Projects (NAPs)*

- *F72/2012 College's Financial Position*

- *F80/2012 NAP5 Psychological Follow-Up Study*

- *F87/2012 Any Other Business*

CB/156/2012 National Specialty Advisory Group Anaesthesia/Royal College of Anaesthetists' Advisory Board for Wales

Council received the Chairman's summary of the meeting held on 26 October 2012 which was presented by the Chairman, Dr Johnson. Dr Johnson drew Council's attention to the following:

- *5 Request to Establish a Secure Area on the RCoA Website*
  The Committee's Administrator had visited the College to establish a secure area. Dr Marks wished to commend the staff involved in establishing the secure area entirely in-house at no additional cost.

- *6 RCoA Paediatric Leaflet*
  The Professional Standards Committee will take forward the work of producing bilingual leaflets for use in Wales. Funding for the work would not be high.

CB/157/2012 Faculty of Pain Medicine

Council received and considered the minutes of the Board meeting held on 20 September 2012 which were presented by the Dean, Professor Rowbotham. Council's attention was drawn to the following:

- *BFPM/09.12/01 Induction of the Vice-Dean*

- *BFPM/09.12/8.1 FPMTAC Minutes (FFPMRCA Examination)*
  The first examination was unanimously considered a success. Professor Rowbotham wished to record his thanks to Dr Kate Grady.

- *BFPM/09.12/10.5 Clinical Trials Network*
  A meeting on 1 November 2012 had established that there is sufficient interest to establish a clinical trials network for chronic pain.

- *BFPM/09.12/6.4 Plagiarism*
  The Faculty has invested in anti-plagiarism software following the submission of case-reports which have raised concerns. The Faculty is refusing to assess any piece of work that does not go under the bar of the software. The bar is set at 30% without references.

MATTERS FOR INFORMATION

I/32/2012 Publications

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

I/33/2012 Consultations
Council received, for information, a list of the current consultations.

I/34/2012 New Associate Fellows, Members & Associate Members
Council noted, for information, the following:

Associate Fellow
Dr James Paul Johnston – Antrim Area Hospital

Members
Dr Mansoor Ahmed Khan – Fellow of the College of Physicians & Surgeons of Pakistan (Anaesthesiology)
Dr Shanmugappriya Vijayarajan – Primary FRCA

Associate Member
Dr Lara Prisco – University College Hospital, London

To receive for information, the following doctors have been put on the Voluntary Register
Dr Ushma Jitendra Shah – Frimley Park Hospital NHS Foundation
Dr Herman Sehmbi – Frimley Park Hospital NHS Foundation
Dr Maria Nicoleta Juganaru – Barts & The London
Dr Indrajith Marasinghe Pathirannahelage Marasinghe – Princess Royal University Hospital, Kent
Dr Katalin Szabo – Trafford General Hospital
Dr Katarzyna Ewa Mrozek – Barts Health NHS Trust, (London)
Dr Olivia Teodora Babaua – Wye Valley NHS Trust, (Hereford)
Dr Janos Gyorgy Bako – Russells Hall Hospital, (Dudley)
Dr Hemangini Gulabbhai Barot – Bradford Royal Infirmary, (Bradford)
Dr Amit Bhagwat – Conquest Hospital, Hastings
Dr Matthew Wilson – Southend University Hospital
Dr Kshiteeja Prakash Naik – Barnet and Chase Farm Hospitals
Dr Dawid Gabriel Hendrick Lotz- Royal Alexandra and Vale of Leven Hospitals, Glasgow
Dr Hesham Mamdouh Zaki Saad – Manchester Royal Infirmary
Dr Jacinda Gail Hammerschlag – Guy's & St Thomas's NHS Hospital Trust
Dr Beata Szoka – Russells Hall Hospital, Dudley
Dr Binu Ravindran – Darent Valley Hospital, Kent
Dr Feby Korandiarkunnel Paul – Darent Valley Hospital, Kent
Dr Rasha Salim Mohammed Saeed – Manchester Royal Infirmary, Manchester

Forced into this category as doctor no longer in training:

Category	Name	Hospital
Associate Member	Dr Muhammad Jehanzeb	Prince Philip Hospital, Llanelli
Associate Fellow	Dr Jens Christopher Bolten	St George's Hospital, Tooting
Associate Fellow	Venugopalapura Ramaiah Shylaja	Epsom & St Helier NHS Trust
Associate Member	Dr Muhammad Haseeb Ikram	Hospital address unknown (home address: Cleveland)

I/35/2012 Academy of Medical Royal Colleges
Council received, for information, a summary of key issues arising from the Academy of Medical Royal Colleges' Council Meeting held on 1 November 2012.

PRESIDENT'S CLOSING STATEMENT

PCS/10/2012 President's Closing Statement
(a) Channel 4 was seeking a trainee participate in a documentary.

MOTIONS TO COUNCIL

M/38/2012 Clinical Directors' Network
Resolved: That Dr David Selwyn be appointed as Deputy Lead Clinical Director.

M/39/2012 Council Minutes
Resolved: That the minutes of the meeting held on 17 October 2012 be approved subject to the following amendments:
CID/30/2012 Change illegal to "illegal" and amend sentence beginning "Affordability of these...." to "Affordability of these is a major issue and one of the reasons that the future of the course in Birmingham is in question.

M/40/2012 Regional Advisers
Resolved: Council approved the following re-appointments:
West Yorkshire
Dr A Fale, Regional Adviser, West Yorkshire

North Thames East
Dr H Drewery, Regional Adviser, North Thames East

South Thames West
Dr P Quinton, Regional Adviser, South Thames West

M/41/2012 Deputy Regional Advisers
Resolved: Council approved the following appointments/re-appointments (re-appointments marked with an asterisk):
North Thames East
*Dr M Woodham, Deputy Regional Adviser, North Thames East

East of Scotland
A formal request from Dr William McClymont, Regional Adviser, East of Scotland, for a Deputy Regional Adviser.

KSS
Dr M P Sinden, Deputy Regional Adviser proposed for KSS
Dr M Blackmore, Deputy Regional Adviser proposed for KSS

Wales
Dr D G Maloney, Deputy Regional Adviser in succession to Dr W C Edmondson, Wales

M/42/2012 College Tutors
Council considered making the following appointments/re-appointments (re-appointments marked with an asterisk):
Oxford

Dr A D Kalla (Milton Keynes General Hospital) in succession to Dr B M Slavin

Northern
*Dr G M Fitzsimmons, (Cumberland Infirmary)

North Thames West
Dr L Ali (Ealing Hospital NHS Trust) in succession to Dr S Seah

North Thames Central
Dr T L Jones (Royal Free Hospital) in succession to Dr J R Prout

North Thames East
*Dr R V Martin (St Andrew's Centre for Plastic Surgery, Broomfield Hospital)
*Dr A Sarang (The London Chest Hospital)

East of Scotland
*Dr F M L Cameron (Ninewells Hospital and Medical School)

South East Scotland
Dr S A Thompson (Royal Infirmary of Edinburgh) in succession to Dr J Wilson
*Dr D Morley (Western General Hospital)

Wessex
*Dr N Ahmed (Poole Hospital)
*Dr I F Smith (Royal Bournemouth Hospital)

KSS
Dr S A Nene (Worthing and Southlands Hospitals Trust) in succession to Dr H Wakeling

Nottingham & Mid Trent
Dr M Kakkar (Lincoln County Hospital) in succession to Dr M Dolling

M/43/2012 Examinations Committee
Resolved: That Council approves the appointment of Dr Andrew Lumb as Vice-Chairman of the Final FRCA examination.

***M/44/2012* Joint Revalidation Delivery CommitteeMotion**
Unresolved: That the Revised CPD Guidance be approved. The outline of the guidance was considered suitable for approval but it is work in progress to consider how the guideline is developed in relating to existing documentation.
Resolved: That a short-life working party be convened to look at developing the guideline in relation to existing documentation.