

## MEETING OF COUNCIL

**Edited Minutes of the meeting held on Wednesday 20 November 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 J A Langton
Dr D M Nolan	Dr J R Colvin
Dr L Brennan	Dr N W Penfold
Professor J R Sneyd	Dr V R Alladi
Dr A Batchelor	Dr S Gulati
Dr K Grady	Dr E J Fazackerley
Dr P Venn	Dr S Fletcher
Dr D Whitaker	Professor M Mythen
Dr R Verma	Dr P Kumar
Dr R J Marks	Dr I Johnson
Dr T H Clutton-Brock	Dr M Nevin
Dr J Nolan	Dr W Harrop-Griffiths
Mrs I Dalton, RCoA Patient Liaison Group	
Dr A-M Rollin, Professional Standards Advisor	

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

**Apologies for absence:** Dr H M Jones, Professor D J Rowbotham, Professor R Mahajan, Dr J R Darling and Mr Charlie McLaughlan.

## **COUNCIL IN DISCUSSION**

### **CID/52/2013 President's Opening Statement**

1. Congratulations were offered to Dr Kerri Jones following her inclusion in the *Health Service Journal's (HSJ)* list of health's best innovators in 2013.
2. The President announced the deaths of Dr Radu Simionescu, Dr Alick Mitchell Reid, Dr Joseph Greenan, Dr Richard Levis, Dr Mary West, Dr John Hutton, Dr John Crook, Dr Geoffrey Davys and Dr Charles Suckling CBE. Council stood in memory.
3. Professor Mythen would be asked to leave the meeting for Item 2.10(ii) Appointment of National Institute of Academic Anaesthesia (NIAA) Board Chair.
4. The President would circulate the Government's press release outlining its response to the *Francis Report*. The Government's response was very much focussed on patient safety. The President and Dr Harrop-Griffiths had agreed that a disjointed response would be unwise. The Safe Anaesthesia Liaison Group (SALG) would look at the safety implications within the Government's response, following which a meeting would be based around them before the specialty made its recommendations. Dr Clutton-Brock suggested the specialty should add clarity to the recommendations and lay down a limited number of standards. Dr Whitaker pointed out that it had been raised at the College Tutors' (CT) meeting that economies were being made in recovery. Council was asked to e-mail comments to the President to enable him to raise them with the Secretary of State. Dr Batchelor highlighted the importance not only of sufficient nurse staffing in intensive care and high dependency units but also the importance of the right number of doctors; this had been raised in the core standards document. Professor Sneyd stated that with regards to staffing levels there must be a calibrated pro rata full time equivalent for each degree of dependency. Dr

- Brennan highlighted that competencies required for recovery rooms and day surgery were not generic; they would require extra training and resources. Dr Whitaker suggested that the Royal College of Anaesthetists (RCoA) should feed into work the National Institute for Health and Care Excellence (NICE) would be undertaking on nurse staffing.
5. Council Christmas Dinner was now at capacity. Those who had accepted but not yet paid should do so as soon as possible.
  6. The Northern Ireland Clinical Excellence Awards round had opened. The RCoA would be asked to write a citation for higher award applicants who had nominated it to do so.
  7. The RCoA's quarterly meeting with Professor Wendy Reid had pre-dated the publication of the *Greenaway Review*. A meeting would be held on 27 November where the four Chief Medical Officers (CMO), Professor Greenaway and the review's commissioners would look at the issues surrounding it. HEE's view was that there was unlikely to be any change before the next general election. The majority had viewed the report as visionary. Most of the concern within medicine came about changing full registration to the date of qualification; the potential implications for anaesthesia had been debated at the recent joint session with the Association of Anaesthetists of Great Britain & Ireland (AAGBI).
  8. The Patient Safety Conference had been well attended. The fact that the RCoA had honoured Professor Steven Bolsin had been noted by the press, other Colleges and the Department of Health (DH).
  9. 200 students had attended the Career in Anaesthesia day. Positive feedback boded well for interest in the specialty.
  10. A productive meeting had been held with the Chairman of NICE, Professor David Haslam, who had been receptive to suggestions about how NICE's interaction with the specialty could be improved. Professor Haslam had been invited to speak to Council.
  11. National Audit Project (NAP) 5 was on track for launching in 2014. It unfortunately had failed to garner funding from the Health Foundation. Ms Drake had been informed that feedback would not be possible given the number of applicants; 100 for 9 grants.
  12. The RCoA's annual joint meeting with the Royal College of Physicians of London (RCPLond), Royal College of Surgeons of England (RCSEng) and the Conference of Postgraduate Medical Deans (COPMeD) had taken place. The President and Council expressed concern that it was elitist in that only three Colleges were involved. The President was minded to withdraw from the process; if COPMeD wished to talk to the profession it should do so through the Academy of Medical Royal Colleges (AoMRC). The President had informed the other two Presidents that he did not consider the meeting to be of benefit to the RCoA.
  13. Thanks were offered to Dr Harrop-Griffiths and AAGBI Council for hosting the joint session and dinner. The President had previously expressed reservations about the event but the quality of discussion had led him to reconsider. Dr Harrop-Griffiths hoped the event would continue in the future.
  14. Dr Marc Wittenberg, a Keogh Fellow, would shadow the President. Arrangements had also been made for him to speak to Council. Half of Dr Wittenberg's time was spent working with Dr Fiona Godlee, editor of the *British Medical Journal (BMJ)*, who would also speak to Council. Dr Wittenberg was particularly interested in perioperative medicine and had therefore been invited to be the trainee representative on the Steering Group.
  15. The President had attended the British Medical Association (BMA) Research Grants Ceremony and Dinner. One of the awards had been granted to an anaesthetic registrar working with Professor John Kinsella in Glasgow.
  16. A summary of the recent AoMRC Council meeting was tabled for information. The President drew Council's attention to the following:
    - *Academy Seven Day Services Report*.
    - *Information and Technology*.
    - *Urgent and Emergency Care*.
    - *Exams and Ethnicity*. A meeting would be held between the AoMRC, BMA and MRCGP to look at how Colleges conduct examinations to ensure they are not discriminatory on the grounds of ethnicity. Mr Bryant had analysed the RCoA's process and there was a level of confidence that it would stand up to scrutiny. Mr Bryant would compile a portfolio of evidence for the President. The RCoA currently fulfilled legal requirements in

terms of data collection but the Examinations Committee would consider additional data collection. A full review of both components of the FRCOA had been undertaken in 2010-2011; a repeat review was proposed for 2014. Professor Sneyd suggested that the RCoA's data should be published on its website. Mr Bryant responded that it was already available in the Annual Specialty Report submitted to the General Medical Council (GMC) and agreed to send the link to Professor Sneyd. Professor Sneyd suggested that a clear link to the information should be added to the website.

- *Shape of Training.*
  - *Extending the Powers of the Trust Special Administrator (TSA).* The Colleges may become involved in expanding the powers of the TSA. A number of hospitals were now likely to be put into TSA, including many of those in the Keogh 14.
  - *Review of Death Certification.* The process of death certification would be reformed with the appointment of a medical examiner. Dr Whitaker suggested that the RCoA should support this. There had previously been six attempts to reform the process.
  - *Genomics.*
17. The Regional Advisers' (RA) Meeting had been well attended and lively debate had taken place. Breakout sessions had been well accepted. One of the Lead RAs had asked if it was necessary to receive committee minutes at the start of the meeting. Dr Fletcher explained that when he was Lead RA removing this item from the agenda had been deemed inappropriate. The President responded that he would prefer the time to be devoted to discussion especially as RAs now have better access to committee business through the website, newsletter etc.
18. The Medicines and Healthcare Products Regulatory Agency (MHRA) was having an independent review of expert clinical advice in support of its medical device regulation which had fallen behind medicines regulation. The Group would be making recommendations to the DH on how the MHRA functioned. Mr John Wilkinson, Director of Devices, had agreed to speak to Council. The MHRA would be seeking more expert clinical advice and this would probably be raised when Mr Wilkinson attended Council. Professor Sneyd asked if there might be an opportunity to highlight the plight of those working on standards who had difficulty obtaining funding to attend meetings. Dr Harrop-Griffiths stated that although there was money available in theory, it had never been forthcoming. An opportunity to obtain money for such work should be pursued. Dr Clutton-Brock added his support and explained that the MHRA's funding for attendance at standards meetings had been removed. Dr Whitaker explained that the MHRA had funding in the 1980s but the budget had subsequently been devolved to trusts who had no idea funding existed.
19. Professor Mythen had represented the RCoA at an RCSEng discussion event on how to improve emergency surgery. Professor Mythen reported that surgery, anaesthesia, emergency medicine and the BMA had been amongst those represented. There had been discussion about seven day working in the context of the delivery of emergency surgery as well as discussion about the rise of generalists. The 'elephant in the room' had been discussions about career progression and remuneration. Ability to deliver high quality care would require a longer working day including weekends. There was a general recognition that most emergency surgery was done on call. A document would be published in January 2014. Professor Keith Willet would be invited to speak to Council.
20. A revised Pre Hospital Emergency Medicine (PHEM) development project brief had been received. The RCoA had rejected the previous one on the basis that part of it was to request funding to backfill consultants' time away from their trusts to develop the curriculum. Dr J Nolan had informed the Chairman of the Intercollegiate Board for Training in PHEM (IBTPHEM), Mr John Black, of the RCoA's viewpoint and explained that it did not matter how much money was requested, it was the overarching principle the RCoA disagreed with.
21. A request had been received for representation on a time-limited working group related to the UK Corporate Curriculum and Implementation of Substance Misuse in the Undergraduate Medical Curriculum Project. Any Council member interested in representing the College should inform Ms Regan.
22. There had been instances where hospitals had required time spent at mortality and morbidity (M&M) meetings to be repaid as direct clinical care (DCC). M &M meetings were

a vital patient safety meeting and as such the RCoA would have to make a robust response to trusts taking this line. Dr Venn reported that a survey had been carried out in 2012 asking about departmental meetings in general and the timing of them. A 30% reduction had been identified in the number of hospitals able to carry on with them as they had in the previous five years. The results had not been much different when the survey had been repeated this year. There was an attitude that hospitals operate with the output of patients at the heart of the agenda rather than quality and safety. Dr Venn suggested that it might be worth raising with Sir Michael Richards. Dr Nevin reported that a pilot survey of Clinical Directors (CD) had been undertaken at the recent CDs' meeting; there was no consensus regarding the situation. There was enormous pressure from trusts to reduce Supporting Professional Activity (SPA) time. Dr Nevin added that the balance between quality, safety and finance had never been higher in the minds of the CDs. M&M meetings are one of the best, safest and positive ways to spread patient safety. Professor Sneyd stated that M&M meetings were a vital part of safety and one's reflective profile. M&M meetings were not DCC which was the direct care of patients. It was the business of the CDs to say that it was SPA and should therefore be SPA time. Professor Sneyd cautioned however that the RCoA should beware of robustly defending something which was contractually indefensible. It was a reasonable request for doctors to do DCC if it was in the working week. Dr Marks commented that the Continuing Professional Development (CPD) guidance recommended ten hours per annum for local clinical governance meetings. Dr Whitaker reported that in his trust the cardiac surgeons had the most developed M&M meetings; every death was discussed, the minutes were signed off and submitted to the trust. Dr Nevin stated that M&M meetings were SPA activity. If someone only had one SPA that one session had to incorporate many things not only related to personal development but also patient safety. The way forward had to be multidisciplinary M&M meetings which would appeal to trusts as they would improve stay and outcomes. The RCoA should be very clear that such meetings were vital and did not represent clinical commitments and DCC time. The College had received requests for support from consultants where negotiations were underway to reduce them to nine plus one contracts. This matter would not go away but given the Government's response to the *Francis Report* there were strong arguments that supporting patient safety should be at the forefront. Dr Fletcher stated that it was not part of a personal governance and learning issue; it was National Health Service (NHS) and trust business and as such was not SPA and should be done in trust time. Dr Harrop-Griffiths stated that more trusts were looking at multidisciplinary meetings and saying that half DCC could be claimed when planning care of one's patients.

### **CID/53/2013 Faculty of Intensive Care Medicine Regulations**

Council approved Version 2.4 of the Faculty of Intensive Care Medicine (FICM) Regulations.

### **CID/54/2013 Seven Day Consultant Present Care**

The President sought Council's comments on the AoMRC's report on seven day consultant present care. Mrs Dalton commended the document. Dr Nevin was pleased to note that the RCoA's comments had been well represented but was surprised that the whole concept of the pathway of care was poorly represented. Seven day working was unaffordable unless changes were made to avoid duplication and improve efficiency. The President pointed out that the DH document would talk about the integration of primary, social and secondary care. There was an understanding that barriers needed to be broken down but the solutions were not obvious in the document.

### **CID/55/2013 Association of Anaesthetists of Great Britain & Ireland's President's Report**

Dr Harrop-Griffiths reported that there had been no consultation on the European Society of Anaesthesiology's (ESA) decision to extend membership to national societies. AAGBI members would probably be invited to opt in to membership of the ESA rather than opt out. A request for membership contact details had been declined by the AAGBI on data protection grounds.

## **COMMITTEE BUSINESS**

### **CB/134/2013 Council Minutes**

The minutes of the meeting held on 16 October 2013 were approved. The President reminded Council that the discussion with Dr Paul Flynn was not for further distribution either electronically or on paper.

### **CB/135/2013 Matters Arising**

#### (i) Review of Action Points

*CID/41/2013 President's Opening Statement* Committee Chairmen were reminded that reports and summaries for the Annual Report were due by 29 November 2013.

All other actions had been completed.

### **CB/136/2013 Regional Advisers**

There were no appointments/re-appointments this month.

### **CB/137/2013 Deputy Regional Advisers**

There were no appointments/re-appointments this month.

### **CB/138/2013 College Tutors**

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

#### **South West Peninsula**

\*Dr R Langford (Royal Cornwall Hospital) **Agreed**

#### **South Thames West**

Dr K Stringer (Kingston Hospital) in succession to Dr K S Paramesh **Agreed**

#### **South Thames East**

Dr A Barry (Queen Elizabeth Hospital, Woolwich) in succession to Dr D Leschinskiy **Agreed**

Dr O Rose (University Hospital Lewisham) in succession to Dr K D Nirmala **Agreed**

#### **Sheffield**

Dr S Siddiqui (Barnsley District General Hospital) in succession to Dr T N Wenham **Agreed**

#### **West Midlands North**

Dr H Wibley (Hereford Hospital NHS Trust) in succession to Dr C A Stevenson **Agreed**

### **CB/139/2013 Head of Schools**

There were no appointments for Council to note.

### **CB/140/2013 Training Committee**

#### (i) Training Committee

Council received and considered the minutes of the meeting held on 6 November 2013 which were presented by the Chairman, Dr Penfold, who drew Council's attention to the following:

- *TRG/72/13 International Programme*. A training the trainers course had been held at the RCoA for Iraqi doctors.
- *TRG/73/13 KSS Research Fellow*.
- *TRG/76/13 Trainee Feedback*.
- *Trainee Committee*. A proposal would be brought to Council regarding restructuring of the Trainee Committee.
- *TRG/78/13 Anaesthesia Curriculum*.

- *TRG/78/13b Advanced Management Module*. The President asked if the Committee's agreement that recognition of Group of Anaesthetists in Training (GAT)/Council/Specialist Society work towards completion of advanced management training would only be accepted from ST5+ had been published. Dr Penfold replied that a response had been sent to the AAGBI. The rest of the module would then be updated.

(i) Certificate of Completion of Training (CCT)

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.

**London**

**South East**

Dr Oliver Long

**North Central**

Dr Tahira Butt  
 Dr Jonathan Bramall \*  
 Dr Gordon Bird \*

**Bart's and The London**

Dr Trudie Phillips  
 Dr Nimisha Patel  
 Dr Ming-Li Kong \*  
 Dr Michael Husband

**Imperial**

Dr Nicolas Price \*  
 Dr Anish Gupta  
 Dr Tanya Smith

**Kent, Surrey, Sussex**

Dr Tahsin Kilic \*

**East Midlands**

**Leicester**

Dr Deepak Malik

**Nottingham**

Dr Michal Czernicki  
 Dr Lakshmipathy Purushothaman  
 Dr Shruti Contractor

**Mersey**

Dr Suganthi Singaravelu  
 Dr Joanne Haidon  
 Dr Amit Dawar

**North West**

Dr Mofolashade Onaolapo

**Northern**

Dr Joanne Dawson

**Oxford**

Dr Stewart Campbell

**South West Peninsula**

Dr Anothony Bradley  
 Dr Mark Davidson \*

**Tri-Services**

Dr Craig Pope

**Wessex**

Dr James Walker  
 Dr Richard Partridge \*

**West Midlands**

**Birmingham**

**Stoke**

Dr Shanawaz Abdul Rasheed  
 Dr Ramu Bhandari  
 Dr Miran Baban  
 Dr Derrick Clarence

**Warwickshire**

Dr Sophia Jacobs  
 Dr Joyce Yeung

**Wales**

Dr Vidhi Misra

## Scotland

### East Scotland

Dr Stephen Humble

## Yorkshire

### South Yorkshire (Sheffield)

Dr Helen Findley

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

Dr Penfold had nothing further to report.

### **CB/142/2013 Recruitment Committee**

Council received and considered the minutes of the meeting held on 21 October 2013 which were presented by the Chairman, Dr Langton, who drew Council's attention to the following:

- *RC/44/13 Previous Minutes and Matters Arising.*
- *RC/47/13 Online Assessor Training.*
- *RC/45/13 Recruitment Update 2014.*
- *RC/52/13 ORIEL Update.*
- *RC/51/13 Clustering of Units of Application.*
- *RC/49/13 ICM Recruitment.*
- *RC/50/13 Acute Care Common Stem (ACCS) Recruitment.*

### **CB/143/2013 National Institute of Academic Anaesthesia**

#### (i) Board and Research Council

Council received and considered the minutes of the Board Meeting held on 23 November 2013 which were presented by Professor Sneyd, who drew Council's attention to the following:

- *NIAAB/41/2013 NIAA Strategic Plan.* Professor Sneyd stated that the fact that the NIAA had achieved the majority of its objectives was a credit to all involved but especially Professor Rowbotham.

Council received and considered the minutes of the Research Council meeting held on 23 November 2013 which were presented by Professor Sneyd, who drew Council's attention to the following:

- *NIAARC/36/2013(ii) NIAA Grant Officers' Report.* Dr Brennan enquired how students could access intercalated awards. Professor Sneyd and Ms Drake responded that they were advertised on the NIAA website, in *Anaesthesia*, the *Bulletin* and in schools. Professor Sneyd confirmed that applications would be expected to have a relationship to anaesthesia. Ms Drake added that successful applicants would be asked to present a poster at the Anaesthetic Research Society meeting.

#### (ii) National Institute of Academic Anaesthesia Board Chair

Professor Mythen left the meeting. Professor Sneyd had chaired the application process. Dr Harrop-Griffiths confirmed that the process was well conducted and Professor Mythen's appointment had the unanimous support of *Anaesthesia* and the AAGBI. Council approved the appointment of Professor Mythen as Chair of the National Institute of Academic Anaesthesia Board. Professor Mythen re-joined the meeting and was congratulated on his success.

### **CB/144/2013 Faculty of Intensive Care Medicine**

Council received and considered the minutes of the Board meeting held on 24 October 2013 which were presented by the Dean, Dr Batchelor, who drew Council's attention to the following:

- *BFICM/10.13/3.1 Advanced Critical Care Practitioners.*
- *BFICM/10.13/6.2.1 Core standards for Intensive Care Units.*
- *BFICM/10.13/6.2.2 General Provision of Intensive Care Services.*
- *BFICM/10.13/7.5 FICM Research Strategy.*

### **CB/145/2013 Royal College of Anaesthetists' Advisory Board for Scotland**

Council received and considered the minutes of the meeting held on 4 November 2013 which were presented by the Chairman, Dr Colvin, who drew Council's attention to the following:

- *3 Workforce Planning – Update.*
- *10 Consultant Appointments.*

### **CB/146/2013 Communications Committee**

Council received and considered the minutes of the meeting held on 10 October 2013 which were presented by the Chairman, Dr Penfold, who drew Council's attention to the following:

- *CC/25/2013 Patient Consent of Using Photos in the Bulletin.*
- *CC/27/2013 Consultations on the Website.* Dr Marks was unhappy that the President's Meeting would approve consultations prior to publication on the website. Dr Marks considered that the default should be that all consultations should be published. The President responded that whilst the RCoA was keen to be open some organisations would require confidential reporting.
- *CC/30/2013 Communication Committee Strategy.*
- *CC/28/13 Facebook.* Dr Marks stated that Facebook was one of the biggest websites and as such the RCoA should embrace it. Dr Marks reminded Council that when the College's events Facebook page was launched he was keen to roll it out across the College. By having just one page the RCoA had already been subjected to the same risks it would face should it roll out Facebook College-wide. An inappropriate comment had been noticed and removed, following discussion, by Ms Mary Casserley. Dr Marks asked if this was the correct course of action and highlighted the lack of guidelines and internal processes regarding how to moderate Facebook and what would be considered acceptable. Dr Marks had spoken to the RCSEng which had a good policy for managing its Facebook page. The RCSEng had offered to meet with the RCoA to discuss this further following which Dr Marks considered that Facebook should be rolled out across the College. Dr Harrop-Griffiths reported that he was not aware of intense usage of Facebook or Twitter by the AAGBI's members. Dr Gulati suggested that there was merit in using multiple channels of communication. The President added that the RCoA should be on as many media platforms as possible. He was not worried about the reputational risk of postings on Facebook; those making vexatious or libellous posts would have to take responsibility for them. Ms Drake reported that the RCoA had exceeded its target number of likes at the six month point. She suggested working with the RCSEng and looking at guidance. A rollout programme of training for other departments would then be required. Ms Drake suggested looking at that in the next six months in line with the original plan.

Dr Marks suggested that serious work should be undertaken on the strapline; this should be contracted out to an expert who could devise a snappy strapline.

### **CB/147/2013 Revalidation Committee**

Council received and considered the minutes of the meeting held on 8 October 2013 which were presented by the Chairman, Dr Marks, who drew Council's attention to the following:

- *JRDC/23/13 Review of Terms of Reference.*
- *JRDC/27/13 a CPD.*
- *JRDC/25/13 Appraisal of Anaesthetists with Few Anaesthetic Sessions.*
- *JRDC/28/13 RCoA/FICM/FPM Revalidation Helpdesk.*

### **CB/150/2013 Safe Anaesthesia Liaison Group**

Council received and considered the minutes of the meeting held on 2 October 2013 which were presented by the Chairman, Dr Clutton-Brock, who drew Council's attention to the following:

- *SALG/64/2013 Syringe Labelling Guidance.* Dr Whitaker pointed out that never event seven is wrongly prepared high risk medication. The way to stop that would be correctly prepared high risk medication in prefilled syringes.
- *SALG/65/2013 SALG Remit/Terms of Reference.*

- SALG/66/2013 SALG Publicity/Website.
- SALG/67/2013 Magnetic Resonance Imaging (MRI) Machines.
- SALG/69/2013 Risks with Controlled Drugs (including Remifentanyl.)
- SALG/75/2013 Epidural Checklist (Regional Blocks Checklist). The President asked how the checklist differed from the Stop Before You Block Checklist. Dr Clutton-Brock explained that the Epidural Checklist was more related to whether the patient required a block and the management post-block.
- SALG/76/2013 Emergency Grab Bags.
- SALG/84/2013 Look-alike Drug Ampoules. Dr Brennan pointed out that there had been issues where in times of shortage drugs had been sourced from overseas and the writing on the ampoules was not in English.

Dr Marks noted that fire in theatres was not mentioned. Mandatory training did not cover what anaesthetists would have to do in the event of fire. Dr Marks stated that if it was not included then anaesthetists should offer a trust-recognised training programme for anaesthetists. Dr Clutton-Brock explained that along with a group from Bath there were moves to make it mandatory; if this failed then training for anaesthetists would be developed. Talks were also ongoing with the Health and Safety Executive about what lessons should be learnt. Dr Batchelor pointed out that the Intensive Care Society has had a publication about fire for a number of years but training would be very useful. The President pointed out that a talk on how the fire in Bath was managed was available as an AAGBI webinar.

### **CB/151/2013 Royal College of Anaesthetists' Advisory Board for Wales/National Specialty Advisory Group**

Council received and considered the minutes of the meeting held on 7 October 2013 which were presented by the Chairman, Dr Johnson, who drew Council's attention to the following:

- 2.0 Chair's Report.
- 2.1 Links with Health Inspectorate Wales.
- 2.2 Representation at the Welsh Academy.

### **MATTERS FOR INFORMATION**

#### **I/30/2013 Publications**

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

#### **I/31/2013 Consultations**

Council received, for information, the list of current consultations. The President remained concerned about the lack of feedback on the RCoA's response to consultations.

#### **I/32/2013 New Associate Fellows, Members and Associate Members**

Council noted, for information, the following:

##### **New Associate Fellows**

Dr Stelios Michael - Sheffield Teaching Hospital  
 Dr Olamide Kehinde Olukoga - Queen Elizabeth Hospital Gateshead  
 Dr Dariusz Zbigniew Lipczynski - Royal Belfast Hospital for Sick Children  
 Dr Beata Gutowska - Liverpool Heart & Chest Hospital

##### **New Members**

Dr Andrea Brinker - Primary FRCA  
 Dr Shaukat Hayat Khan - Primary FCARCSI  
 Dr Vittaldas Ramanath Shetty - Primary FCARCSI  
 Dr Sonya MacGillivray - Primary FCARCSI  
 Dr Mary Bernadette White - Final FCARCSI

### **New Associate Members**

Dr Leon Jeremy Hickinbotham - Diana Princess of Wales Hospital, Grimsby  
Dr Maria Del Carmen Lopez Soto - Addenbrooke's Hospital  
Dr Selma Shastry- Southend Hospital  
Dr Attila Elseg - Good Hope Hospital, Sutton Coldfield

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

Dr Liana Zucco - St Georges Hospital NHS Trust  
Dr Michele Pennimpede - William Harvey Hospital, ECUH  
Dr Tahir Saeed- Chesterfield Royal Hospital  
Dr Glen Michael Charles Pinto - Bedford Hospital NHS Trust  
Dr Sophie Jing Tang - Royal Free Hospital  
Dr Fatima Tehseen Ali - University Hospital Lewisham  
Dr Daniel James Donnelly- Royal Victoria Hospital, Belfast  
Dr Nagendra Pinnamaneni - Heartlands Hospital, Heart of England Foundation Trust  
Dr Sandor Orosz M - Homerton University Hospital  
Dr Michael Vantarakis - Pilgrim Hospital  
Dr Radka Tesarova - Great Western Hospital, Swindon  
Dr Amr Mohammed Talaat Abdelaziz Ali - Queen Elizabeth Hospital  
Dr Robert Jozef Vaessen - Southern General Hospital  
Dr Beate Julia Schroeter - West Suffolk Hospital  
Dr Firas Issa Ahmad Abu-Eisheh - Golden Jubilee National Hospital  
Dr Stella Voultsov - Pilgrim Hospital  
Dr Vinod Kumar Gupta - North Devon District Hospital  
Dr Christos Chamos - Papworth Hospital  
Dr Nanteznta Titler - University Hospitals of Leicester, Leicester General Hospital  
Dr Mahmoud Ibrahim Abdelwahab - Newcastle upon Tyne Hospitals Foundation Trust  
Dr Tamara Clair Alexander – Royal Berkshire Hospital

### **New Affiliate Physicians' Assistant**

Mr Abdul Hamid - Sheffield Teaching University Hospital

### **Membership Category Progression**

#### **Associate Fellows:**

Dr Sameer Ranjan - Hospital unknown  
Dr Jeremy Scott Windsor - Hospital unknown  
Dr Tirumala Chetan Parcha - Queen Elizabeth Hospital  
D Clare Louise Bridgestock- Hospital unknown  
Dr Noreen Deirdre Guerin – Hospital unknown  
Dr Jayne Sara Hunt- Hospital unknown  
Dr Shitalkumar Shah – Hospital unknown  
Dr Victoria Metaxa – Hospital unknown

#### **Members:**

Dr Peter John Gledhill- Irish Primary  
Dr Meena Jayantilal Popat- RCoA Primary  
Dr Aarti Shah- RCoA Primary  
Dr Kathryn Rose Simpson – Final FCARCSI  
Dr Narayana Murthy Pemmaraju- Final FCARCSI  
Dr Amer Majeed – Final FCARCSI  
Dr Caroline Barbara Claire West – Final FCARCSI  
Dr Mairead Patricia Deighan – Final FCARCSI  
Dr Ramesh Kumar Murugesan Sadasivan- Primary FCARCSI  
Dr Linda-Jayne Mottram – Final FCARCSI  
Dr Karim Nashat Elkasrawy- Final FCARCSI  
Dr Patrick John McKendry – Final FCARCSI

Dr Muhammad Usman Latif- Final FCARCSI  
Dr Aidan Cullen – Final FCARCSI

### **Associate Members**

Dr Ruta Kontautaitė – Hospital unknown  
Dr Monika Doshi – Hospital unknown

### **To receive for information the following doctor(s) has been put on the Voluntary Register**

Dr Emma Mary Townsend – Hospital unknown

### **PCS/9/2013 PRESIDENT'S CLOSING STATEMENT**

1. The President thanked those involved with recent visits by Iraqi and Hong Kong delegations. Dr D Nolan reported that the Training the Trainer course had been well received by the Iraqi doctors. Dr Colvin reported that the meeting with the Hong Kong College of Anaesthetists had been very positive. Dr Colvin would assess the notes of the meeting against the framework for collaborative working and report back to Council.
2. Mr Bryant had attended a meeting about healthcare opportunities in China and agreed to circulate the slides to Council. There would be opportunities for the RCoA to become involved in education and training. Mr Bryant invited Council to attend a meeting with Healthcare UK if they so wished. Any money the RCoA made in this venture would be invested in its international programme.
3. Dr Whitaker suggested that an obituary be published for Dr Charles Suckling CBE given his status within the specialty.

### **MOTIONS TO COUNCIL**

#### **M/39/2013 Council Minutes**

**Resolved:** That the minutes of the meeting held on 16 October 2013 be approved.

#### **M/40/2013 College Tutors**

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

##### **South West Peninsula**

\*Dr R Langford (Royal Cornwall Hospital)

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

Dr K Stringer (Kingston Hospital) in succession to Dr K S Paramesh

##### **South Thames East**

Dr A Barry (Queen Elizabeth Hospital, Woolwich) in succession to Dr D Leschinskiy

Dr O Rose (University Hospital Lewisham) in succession to Dr K D Nirmala

##### **Sheffield**

Dr S Siddiqui (Barnsley District General Hospital) in succession to Dr T N Wenham

##### **West Midlands North**

Dr H Wibley (Hereford Hospital NHS Trust) in succession to Dr C A Stevenson