

MEETING OF COUNCIL

**Edited Minutes of the meeting held on Wednesday 19 November 2014
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 V R Alladi
Dr P Venn	Dr E J Fazackerley
Professor J R Sneyd	Dr S Fletcher
Dr A Batchelor	Professor M Mythen
Professor R Mahajan	Dr P Kumar
Dr D Whitaker	Dr G Collee
Dr R Verma	Dr J-P Lomas
Dr R J Marks	Dr R Darling
Dr T Clutton-Brock	Dr I Johnson
Dr J Nolan	Dr M Nevin
Dr J A Langton	Dr P Clyburn (representing Dr A Hartle)
Dr J Colvin	

Mr P Rees, RCoA Lay Committee
Dr A-M Rollin, Clinical Quality Advisor

In attendance: Mr K Storey, Mr C McLaughlan, Ms S Drake, Mr R Bryant, Dr M Macadam, Mr R Thompson, Ms A Regan and Ms E Bennett.

Apologies for absence: Dr D M Nolan; Professor D J Rowbotham; Dr A Hartle; Ms I Dalton.

EXTERNAL STRATEGY

The President welcomed Mrs Celia Ingham-Clark MBE, NHS England's (NHSE) Director for Reducing Premature Mortality, whose agenda in looking at reducing premature mortality aligns closely to the Royal College of Anaesthetists' (RCoA) perioperative medicine work and the future direction of the RCoA in promoting it.

Mrs Ingham-Clark described why and how the work on effective elective care is being undertaken and how the RCoA might be able to assist. Mrs Ingham-Clark sought co-production in the form of a Council member to provide constructive criticism of the emerging document.

The following points were discussed:

- How the specialty can secure greater involvement in the preoperative assessment of patients for the benefit of patients. Mrs Ingham-Clark suggested this could be done as part of the commissioning process.
- Whether or not a consultant anaesthetist is needed to undertake every preoperative assessment or a nurse could complete a screening tool and refer patients they are concerned about to the consultant anaesthetist.
- The use of Physicians' Assistants (Anaesthesia) [PA (A)] and issues related to funding and lack of regulation. Mrs Ingham-Clark requested examples of where PA (A) s are being used successfully. Health Education England (HEE) has intentions to increase the number of places which will be training Physicians' Associates and is doing some work around the value of Physicians' Associates in relation to the seven day services agenda. It was suggested that feeding into HEE at a central level that anaesthesia is an area in which

Physicians Associates can be of value was likely to garner a more favourable response than previously.

- The importance of including anaemia and under-nutrition in preoperative conditions alongside hypertension and diabetes.
- Whether or not it should be made professionally irresponsible for a surgeon to list a patient without a proper assessment.
- Inability to use beds because of the number of patients who are medically fit for discharge but cannot be discharged and the overwhelming swell of medical outliers in surgical beds.
- National presentation of outcome data in a more consistent way.
- The involvement of patients and their role.
- The need for more personalised consent.

COUNCIL IN DISCUSSION

CID/42/2014 Perioperative Medicine Update

Ms Drake presented an update on the Perioperative Medicine Programme which would be launched on 23 January 2015. Council was shown the final version of the animated film "Pathways to Surgical Care". Ms Drake asked for suggestions regarding the dissemination of the film. The film will be accompanied by a value proposition document. There will also be a perioperative medicine microsite linked to the RCoA website.

CID/43/2014 President's Opening Statement

1. Dr Clyburn, representing the Association of Anaesthetists of Great Britain & Ireland (AAGBI), was welcomed to Council.
2. Mr Rees, representing the Lay Committee, was welcomed to Council.
3. Dr Myra Macadam, Leadership and Management Fellow, was welcomed to Council.
4. Mr Rob Thompson, a Lay Committee member, was welcomed to Council.
5. Dr Sue Hill has been appointed as Chair of the European Society of Anaesthesiology (ESA) Exams Committee.
6. Dr Ramani Moonesinghe has been awarded a three year Health Foundation Fellowship in Improvement Science.
7. Professor Dame Sue Bailey has been elected Chair of the Academy of Medical Royal Colleges (AoMRC) with effect from January 2015.
8. Dr Suzy Lishman has been elected President of the Royal College of Pathologists.
9. Professor Sir Michael Rawlins has been appointed Chair of the Medicines and Healthcare Products Regulatory Agency (MHRA).
10. The President has written to thank Professor David Cousins, who will shortly be retiring, for his contribution to anaesthetic safety.
11. The President announced the deaths of Professor John Robinson, Dr Leonardus Vries, Dr Alan Hind, Dr Alexander Cruickshank, Dr Ann Haines and Dr George Whitfield. Council stood in memory.
12. The National Emergency Laparotomy Audit (NELA) project won a national award under the category of partnership working with professional stakeholders at the recent Health Quality Improvement Partnership (HQIP) Quality Improvement Awards.
13. The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Report on Lower Limb Amputations has been published. There was some comment in respect of the provision of pain relief for patients.
14. The Antibiotic Guardians Pledge had been emailed to Council. Most professional organisations have signed up to it. The Chief Medical Office (CMO) was keen that this be circulated widely.
15. Those who had not already done so were asked to respond to the invitation to the Council Christmas Dinner on 9 December 2014. Dinner responses should be sent to Ms Bennett.

Action: Those who have not done so to respond to the invitation to the Council Christmas Dinner.

16. Volunteers were still sought to speak at Keele in 2015. Council members able to do so were asked to inform Ms Regan.

Action: Council members to inform Ms Regan if they are able to speak at Keele.

17. A task and finish group will be established to look at how the RCoA funds its contributions to the *British Journal of Anaesthesia* (BJA). A modest increase in the subvention has been agreed until the negotiations have concluded.
18. The British Medical Association's (BMA) negotiations in respect of the contract have broken down. The Department of Health (DH) has referred to the Review Body on Doctors' and Dentists' Remuneration (DDRB) in respect of remuneration for doctors.
19. The General Medical Council (GMC) has published its consultation document on duty of candour of doctors.
20. At a recent meeting with the College of Anaesthetists in Ireland (CAI) there had been recognition that reciprocity for examinations would not continue in the future.
21. The President had attended an All Party Health Group briefing with the Rt Hon Jeremy Hunt MP; one of three health briefings, the others being with the Rt Hon Andy Burnham MP and the Rt Hon Norman Lamb MP.
22. The RCoA has received a proposal from an anaesthetic trainee currently on secondment to Deloitte. There are ongoing discussions about how management consultants might be able to train the future medical managers and leaders of the future.
23. There is an ongoing debate about the training structures across London. Although HEE has now published its future numbers of trainee numbers across the country, there is still some tinkering around the edges. Despite the list now being published a further reduction in core training (CT) numbers in London was conveyed to the RCoA this week. The RCoA has stressed that senior management at HEE have said that no such numbers should be removed without consultation, particularly upon the impact of local services and the provision of services by their removal.
24. Following a meeting with the Iraqi Deputy Health Minister, the RCoA has set out a pathway as to how it might help the Iraqis improve training and the delivery of training within Iraq.
25. Medical HEE is pursuing delivery of the Shape of Training agenda. It is understood that civil servants are preparing a paper to present to Ministers before the end of the year. There had been disquiet at the AoMRC Council meeting about the lack of consultation with the medical profession.
26. The AoMRC Presidents had a meeting with the GMC to discuss areas of common interest including Shape of Training, Revalidation and the way that Fitness to Practise Panels work.
27. The President had met with Miss Clare Marx, President of the Royal College of Surgeons of England, to discuss areas of mutual interest including perioperative medicine and the DH's publication on surgical outcomes.
28. The AoMRC Council had met. The DH is keen to promote Choosing Wisely in 2015. How Colleges work together to promote international College activity was discussed. There is no consensus amongst Colleges about how they promote international activity; many feel it should be a philanthropic act whereas others wish to seek commercial advantage. NHSE is keen to reduce issues surrounding sepsis in UK hospitals and there is a big agenda in respect of dealing with sepsis, early recognition, early treatment etc. The Colleges will issue an integrated care statement supporting the principles of integrated care across specialties and professional commitments. There is a big move to emphasise sustainability within healthcare. There is a view that the GMC should be encouraged to promote understanding sustainability as part of the duties of a doctor.
29. The President updated Council on staff changes:
 - a. Ms Natasha Marshall has joined the College as Facilities Manager in succession to Mr Martin Bennetts who will retire at the end of the year. Council expressed thanks to Mr Bennetts for his work in the development of Churchill House and 34 Red Lion Square.
 - b. Ms Sally Hemsworth has been appointed as Assistant Accountant for a one year maternity cover contract. Mr Arnold Mdege will cover the role of Accounts Administrator for the duration of Ms Hemsworth's contract.

- c. Mr Bryant will be leaving the College at the end of January to become Executive Director for e-Integrity. The President expressed his personal thanks and those of Council to Mr Bryant.

CID/44/2014 Credentialing

Dr Brennan presented an update on the credentialing agenda. Council had previously agreed not to proceed with firm plans until the Shape of Training had concluded its deliberations. The agenda has now moved on significantly. The GMC has undertaken some parallel work around credentialing which predates the origins of the Shape of Training report. It was focussing on unregulated areas of clinical practice, such as breast medicine and cosmetic surgery, where there are concerns from a patient safety perspective. The GMC has produced a report, the executive summary and recommendations of which were circulated to Council. The report will go to the GMC Council meeting in December before being put out for wider consultation in the first half of 2015. The GMC's view is that it will take a higher overarching view of the credentialing agenda and set a framework for how this might be delivered. The GMC sees that authorised bodies would take this on, for example Royal Colleges but not exclusively Colleges. The areas that might be credentialed will be a whole area of practice not individual procedures. In terms of accessibility this would not be accessible just to Certificate of Completion of Training (CCT) holders. The implications for anaesthesia will depend on the direction that Shape of Training finally takes. If Shape of Training results in discussions about foreshortened training programmes that may have a destabilising effect on the ability to deliver specialty areas of training. It would have implications for anaesthesia's one sub-specialty pre-hospital emergency medicine (PHEM) and also potential implications for pain and Intensive Care Medicine (ICM) training and practice. At the moment no action is required from the RCoA. When the Shape of Training reports, and the direction of travel is known, that may be the catalyst for the RCoA to do a major piece of work on credentialing for the specialty.

Council discussed:

- How this fits in the professional lives of the majority, other than those in post-cct/pre-consultant job. Later in people's career the whole thrust of careers going into late 60s may mean people need to develop a portfolio career and move into something different for that stage of their career.
- How in practice it would change what is going on in PHEM. Sub-specialisation is a major issue for the medical specialties and it is clear in the GMC's document that it is the sub-specialty areas of practice that would be likely to come under the umbrella of credentialing.
- Whether or not there is a proper analysis of the pros and cons of credentialing and how it is proposed for the specialty.
- The unknowns surrounding the future of the Shape of Training and associated financial forecasting.
- Comparison with credentialing in other parts of the world.
- The lack of transparency behind the Shape of Training.
- The need to oppose proposals.
- The role of special interest groups.
- Inconsistencies noted by members of the AoMRC Council between the credentialing paper from the Shape of Training and what was discussed at the meetings they had attended.
- The risk presented by the number of people who can credential their way out of acute on call care of the sick patient.
- Existing regulations already in place to protect patients.
- Would a Staff and Associate Specialist (SAS) doctor holding a credential in an area be entitled to independent practice in that area although they are not on the Specialist Register.

CID/45/2014 2014 Council Away Weekend

Dr Fazackerley presented an update on actions arising from the 2014 Away Weekend.

There was discussion about requiring all anaesthetists to sign up to the Anaesthesia Clinical Service Accreditation (ACSA) standards, maybe as a priority three standard for departments. The Quality Management of Service Committee had discussed this on a number of occasions and had formulated an opinion on it; in engaging with ACSA a department engages as a department and the only way to handle the process is to give the standards to all the consultants and relevant people to work on to get themselves up to compliance. If anyone refuses to sign up then the reasons behind this might be investigated at the review.

CID/46/2014 Meeting with NHS England

Dr Brennan had attended a meeting of the Medical Royal Colleges and the new regime at the top of NHSE. It was timely in that the five year forward plan for the NHS had just been published. The plan hinged around the funding gap in the NHS and some solutions within the plan about how it might be addressed. There is recognition that the current pay restraint issues were not sustainable in the longer term and mention of investment in prevention and changing the models of delivery of care, as well as local solutions to problems. The Colleges welcomed the report and in terms of solutions could contribute through their sustainability agenda. Issues relating to new staff roles and the development of those would require investment if they were to form part of the solution. It was noted that this would hinge around medical leadership and the agenda was being delivered at a time of unprecedented pressures on the health service. There was discussion around the meaning of seven day services. If it means emergency care then it is already largely being done in anaesthesia. If it is to roll out to elective care that will be a huge challenge in terms of both financial and human resources. There was discussion about engagement with the Colleges and more widely with the profession. There was concern about some of the current infrastructure including clinical reference groups (70+).

CID/47/2014 Obstetric Update

Dr Verma gave an update on the following obstetric matters:

- *Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK)*. The recruitment of five new assessors had been completed with five applicants marked as reserved, not two as originally planned.
- *Obstetric Anaesthetists Association (OAA)*.
- *Maternal Critical Care Group (MCCG)*. Dr Venn and Dr Verma agreed to discuss whether maternity critical care should be included as part of ACSA. It had also been raised whether or not a maternity critical care syllabus should be produced with associated educational resources.

Action: Dr Venn and Dr Verma to discuss whether maternity critical care should be included as part of ACSA.

Action: Training Committee to consider whether there should be a maternity critical care syllabus with associated educational resources.

- *Women's Health Patient Safety Expert Group*.
- *Intensive Care National Audit & Research Centre (ICNARC)*.

CID/48/2014 HES Project Report

Dr Verma gave an update on the Hospital Episode Statistics (HES) project.

CID/49/2014 Medical Training Initiative

Mr Bryant presented a proposed Medical Training Initiative (MTI) certificate which it was hoped would give those participating in the MTI something more official and tangible at the end of their time in the UK. It was noted most other Colleges provide something similar.

CID/50/2014 AAGBI President's Report

In Dr Hartle's absence, Dr Clyburn wished to draw Council's attention to Item 7 Joint Meeting with members of Council of the Royal College. He hoped it helped to diffuse some of the tensions between the two bodies and that there would be more opportunity for collaborative working in the future. The President responded that there needed to be a distillation of discussion at the meeting into future action points.

COMMITTEE BUSINESS

CB/137/2014 Council Minutes

The minutes of the meeting held on 15 October 2014 were approved.

CB/138/2014 Matters Arising

Review of Action Points

All actions had been completed.

CB/139/2014 Regional Advisers

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

North West

Dr R J K Perkins in succession to Dr I Geraghty (March 2015) **Agreed**

Severn

Dr A P Whaley in succession to Dr S Underwood **Agreed**

South Thames East

Dr J E Curran in succession to Dr C Shannon **Agreed**

CB/140/2014 Deputy Regional Advisers

Severn

Dr S G O Rees, new appointment post agreed at October Council **Agreed**

CB/141/2014 College Tutors

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

Anglia

*Dr A B Vaidya (Bedford General Hospital) **Agreed**

West Yorkshire

*Dr S B Walwyn (Dewsbury District Hospital) **Agreed**

North Thames West

*Dr E L Hamlyn (Hammersmith Hospital) **Agreed**

*Dr A Prabhu (Central Middlesex Hospital) **Agreed**

North West

*Dr K MacLennan (Manchester Royal Infirmary) **Agreed**

*Dr N P A Greenwood (Trafford General Hospital) **Agreed**

West of Scotland

*Dr I Quasim (Golden Jubilee Hospital) **Agreed**

*Dr W Peel (Dumfries & Galloway Royal Infirmary) **Agreed**

Wessex

*Dr M Jackson (Queen Alexandra Hospital) **Agreed**

Severn

Dr J C Stedeford (Gloucestershire Royal Hospital) in succession to Dr S E Bakewell **Agreed**

*Dr R M Craven (Bristol Royal Infirmary) **Agreed**

KSS

*Dr D Sethi (Darent Valley Hospital) **Agreed**

Wales

*Dr S C Rees (University Hospital of Wales) **Agreed**

West Midlands South

Dr R Shanmugam (Warwick Hospital) in succession to Dr I K Suri **Agreed**

CB/142/2014 Head of Schools

There were no appointments to note.

CB/143/2014 Training Committee

(i) 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 Vipul Kaushik

Nottingham

Dr Allan Gerald Howatson*

Dr Victoria Caroline Sampson*

Dr Kathryn Lesley Howard

London

Imperial

Dr Asela Dharmadasa

North Central

Dr Gautam Kumar

Dr Attam Jeet Singh

Dr Arpan Mehta

Barts and the London

Dr John Edward McKenna

South East

Dr Heng Gan

Dr Branavan Retnasingham

St George's

Dr Sarah Diana Williams

Dr Oliver Tatton Skyes

Mersey

Dr Andrew James Bonnett

Dr Helen Mary McNamara

Northern Ireland

Dr Gauri Bhaskar Dashputre

Northern

Dr Linda Campbell McGhee

Dr Laura Anne O'Connor*

North West

Dr Juliette Yewnee Li Wan Po

Oxford

Dr Sunil Halder

Dr Helen Louise Tyler*

South West Peninsula

Dr Helen Mary King

Dr Robert Alexander Horsley

Dr Benjamin David Ivory*

South East Scotland

Dr Lucy Ann Hogg

Severn

Dr Lorna Anne Burrows*

Sheffield

Dr Ramya Sriraman

Dr Nataliya Singatullina*

Tri Services

Dr Mark Wyldbore

Wessex

Dr Anna Marie Walton

Warwickshire

Dr Peeyush Kumar

West Midlands**Stoke**

Dr Asis Kumar Behura

Dr Rajashankar Aroor Sarvothama Rao

Dr Subramanian Satish Kumar

Dr Arif Hasan

West of Scotland

Dr Robert Iain Docking*

Dr Carol Elizabeth Gray

Dr Christopher John Holmes

Yorkshire and Humber

Dr Sarah Price

(ii) Training Committee Minutes

The Chairman, Dr Penfold, presented the minutes of the meeting held on 5 November 2014 drawing Council's attention to the following:

- *TRG/78/14 Anaesthetic CCT Curriculum Review.* The Perioperative Medicine Short Life Working Party had finished looking at the core training level curriculum and was now looking at the next stages.
- *TRG/80/14b Simulation in the CCT curriculum.*
- *TRG/80/14c Sustainability in the CCT curriculum.*
- *TRG/80/14d Quality improvement training in CCT.*
- *TRG/80/14f Workplace based assessment.*
- *TRG/81/14/bii Examinations in approved curricula.*
- *TRG/83/14 National recruitment.* London wants to decrease ST training by a further two. Although ST and CT numbers are dropping this year Acute Care Common Stem (ACCS) anaesthesia numbers are increasing at a larger rate than core training.

(iii) Chairman of the Training Committee's Update

Dr Penfold had nothing further to report.

CB/144/2014 Continuing Professional Development (CPD) Board

The Chairman, Dr Langton, presented the minutes of the meeting held on 16 October 2014 drawing Council's attention to:

- *CPDB/13/14 Quality assurance of the CPD approval scheme.*
- *CPDB/16/14 CPD matrix.* Concern was expressed that the Committee appeared to be moving in a different direction to that agreed by Council. It was explained that the Group is looking at the way forward and this is a period of transition; it was premature for Council to debate the matrix before a new document is produced. An opinion was expressed that it was pointless having a guide which one does not have to follow. It was pointed out that many people value having some sort of guide. It was clarified that matrix codes for lectures are no longer required when conference organisers submit their programmes to the College for CPD points approval, as previously agreed at the June 2014 meeting of Council.

Post Meeting Note: The wording in the guidance has been amended to reflect that it is not mandatory to code to the matrix to be awarded CPD approval.

- *CPDB/18/14 Web app.*
- *CPDB/19/14 Online access to the BJA and Continuing Education in Anaesthesia, Critical Care and Pain.*

CB/145/2014 Anaesthesia Related Professionals Committee

The Chairman, Dr Batchelor, presented the minutes of the meeting held on 16 October 2014 drawing Council's attention to the following:

- *ARPC/25/2014 Advanced Critical Care Practitioners (ACCP).*
- *ARPC/32/2014 Update on toolkit.*
- *ARPC/34/2014 E-learning and the possibility of having a PA (A) s section on the e-Learning website.*
- *ARPC/38/2014 Any other business.*

Council was asked to consider the RCoA's direction of travel regarding PA (A) s. PA (A) s could play a bigger role in anaesthesia teams and could help the specialty deliver an efficient, effective, elective service. Council was asked whether the College should actively support and develop the program and consider investing in the development of e-learning pathways.

- *ARPC/37/2014 Canadian PA (A) equivalency consideration.* It was suggested there was good reason for the RCoA to consider whether it would embrace some sort of equivalence assessment for people coming from abroad who wish to do a PA (A) job in the UK. The Committee had discussed how that might happen and it is something that Dr Collee, as incoming Chairman, will need to take forward. It would require assessment within the UK but whether it is practical, sensible or rational to ask someone to repeat the training in the UK to do something they already can do needs further thought. It was pointed out that members of the Equivalence Committee work on behalf of the GMC to assess the applicants' training against the GMC's interpretation of the College's approved curriculum to recommend them for inclusion on the medical register. Someone could be employed to work on behalf of a particular trust to review a CV and to interpret it. Unless this was done on a fee per service basis Members and Fellows may struggle with the idea that they would pay a subscription to subsidise this process. A view was expressed that there is no equivalence process because they do not belong to a registered body and therefore they cannot be assessed. There is however a national curriculum which the College has voluntarily agreed and instructed its Fellows that they should only employ PA(A)s who have completed that curriculum and passed the assessments. There is an equivalence process through the university degree; a university could say they could match their existing experience and knowledge against the curriculum. The right thing to do would be not to accredit the whole of that time but part of it and match them against both clinical and knowledge competences and almost certainly require them to sit the assessments as well. It was noted that the numbers involved are very low. It would be professionally responsible and helpful to College Fellows if the RCoA gave some guidance.
- *ARPC/31/2014 Confirm terms of reference*

It was highlighted that by next spring there would be a guidance document and patient information leaflet available. This would be an appropriate time for the College to consider getting together with the AAGBI and driving the project forward. Failure to do so may mean someone else taking the lead.

CB/146/2014 Equivalence Committee

Dialogue has been opened with the GMC to try to streamline the equivalence application process. Advice on how to move away from such lengthy application forms would be welcomed.

CB/147/2014 Royal College of Anaesthetists' Advisory Board for Northern Ireland

The Chairman, Dr Darling, presented the minutes of the meeting held on 1 October 2014 drawing Council's attention to the following:

- *1.a Workforce planning.*
- *4.1 Patient safety conference.*
- *2.0 Hyponatraemia.*
- *4.3 Clinical Excellence Awards.*
- *5.0 Examinations.*
- *5.0 ARCP.*
- *6.0 Dr Sullivan's report.*

Since the meeting there had been news of a significant cut in the healthcare budget for Northern Ireland. This was affecting different trusts in different ways.

CB/148/2014 Faculty of Intensive Care Medicine

The Dean, Dr Batchelor, presented the minutes of the Board meeting held on 23 October 2014 drawing Council's attention to the following:

- *BFICM/10.14/4.1 Royal College of Physicians' assisted dying survey.*
- *BFICM/10.14/4.6 Ebola response.*
- *BFICM/10.14/7.4 Joint FICM/Intensive Care Society (ICS) Policy Unit.* Concern was expressed that there would be a unit dealing with medicolegal queries and the potential threat that could present to the Faculty and parent Colleges. The Dean explained that the Unit would look at things like deprivation of liberty and end of life care. The Committee consists of Faculty and ICS members and also legal minds who have been involved in the work. The intention is that it is not autonomous. It will issue advice to the respective Boards and it will be up to the Boards what they do with that advice.
- *BFICM/10.14/9.8 Ultrasound accreditation pathway.*
- *BFICM/07.14/3.2 Associate Fellows (AFICM) and election to the Faculty Board.*
- *BFICM/10.14/9.4.1 ACCP Associate Membership of the Faculty.*
- *BFICM/10.14/C.2/3 Award of past Dean and past Vice Dean medal.*
- *BFICM/10.14/4.1 ICNARC discussions.*
- *BFICM/10.14/4.2 Critical Care Services – the Future.*
- *BFICM/10.14/5.3 FFICM Final Examination.*
- *BFICM/10.14/7.2 Guidelines on the Provision of Intensive Care Services (GPICS).*

Council approved the motions as listed under M/45/2014.

CB/149/2014 National Institute of Academic Anaesthesia

The Chairman, Professor Sneyd, presented the minutes of the Research Council meeting held on 6 November 2014 drawing Council's attention to the following:

- *NIAARC/34/2014 (vii) NIAA Grants.*

The Chairman, Professor Mythen, presented the minutes of the Board meeting held on 6 November 2014 drawing Council's attention to the following:

- *NIAAB/44/2014 (iii) Health Services Research Centre.*
- *NIAAB/38/2014 (i) Governance.*

CB/150/2014 Royal College of Anaesthetists' Advisory Board in Wales/NSAG

The Chairman, Dr Johnson, presented the minutes of the meeting held on 6 October 2014 drawing Council's attention to the following:

- *Review of Welsh Government Advisory Structure.*
- *Links to Professional Standards Committee.* It has since been agreed that a Welsh member should join the Committee.
- *Pain medicine consultant posts.*
- *Role of specialist societies in setting standards and inclusion into GPAS +/- training standards.*

CB/151/2014 Royal College of Anaesthetists Advisory Board for Scotland

The Chairman, Dr Colvin, presented the minutes of the meeting held on 4 November 2014 drawing Council's attention to the following:

- *Allocation of four new ICM training posts and agreement for Scotland to enter UK national recruitment for ICM.*
- *The specialty's wish to retain Locum Appointment Training (LAT) posts in Scotland.*

Dr Colvin suggested that Dr Macadam should be invited to Council in summer 2015 to update Council on her progress.

CB/152/2014 Faculty of Pain Medicine

The Dean, Dr Grady, presented the minutes of the meeting held on 18 September 2014 drawing Council's attention to the following:

- 3.3.1 *Voluntary register*. Reassurance was sought that inclusion on the Voluntary Register did not imply some sort of endorsement and a request made that an alternative name, such as contact group, be considered. The Dean confirmed that it did not imply endorsement but was a way of keeping in touch and providing professional support. It was suggested that when people are added to it a clear caveat could be sent clearly spelling out what it means. The Dean agreed to feed this back to the Board.

Action: Dr Grady to feed back comments regarding the Voluntary Register to the Board.

- 5.2 *Core standards for pain management*.
- 5.4 *Pain in secure environments*.
- 7.2 *Complex pain project*. This will be presented to the Health Select Committee on November 25 2014.
- 7.8 *Essential Pain Management*.

CB/154/2014 Examinations Committee

Council approved the motions as listed under Item M/42/2014.

CB/155/2014 Workforce Advisory Group

Dr Colvin provided a verbal update. The Census will be coming up in the New Year.

Information is coming back from HEE regarding training numbers for next year, one of the key issues being around ST posts. There is an issue of engagement at Local Education and Training Board (LETB) level and a strategy is required to support the RCoA's networks to enable the College to engage with LETBs.

CB/156/2014 Revalidation Committee

The Chairman, Dr Marks, presented the minutes of the meeting held on 7 October 2014 drawing Council's attention to the following:

- *The Good Anaesthetist*.
- *Patient feedback for revalidation*.
- *Suitable persons*.
- *Supporting information guidance updated on website*.

The RCoA had set up a network of revalidation specialty advisors to deal with specialty specific questions. In common with other Colleges the vast majority of questions are generic. It was suggested that the network should be rebadged and used for queries which are not badged as revalidation enquiries but will obviously be used for revalidation purposes. There is currently a 10% deferral rate for revalidation and 700 people have had their licence to practise removed.

It was reported that revalidation has been suspended in the Isle of Man because the GMC does not think it is a suitable place to revalidate.

MATTERS FOR INFORMATION

1/29/2014 Publications

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

1/30/2014 Consultations

Council received, for information, the list of current consultations.

I/31/2014 New Associate Fellows, Members and Associate Members

Council noted, for information, the following:

Associate Fellowship:

Dr Pawel Michal Arkuszynski – The Christie Hospital Foundation Trust

Associate Membership:

Dr Anupam Kumar Jain – Lincoln County Hospital

Dr Ciprian Onita – North Tees Hospital

Dr Piyush Vasantkumar Pankhadiwala – West Cumberland Hospital

Dr Oyewole Akinola Akinterinwa – Chesterfield Royal Hospital

Dr Pawan Kootelu Pernu – Diana Princess of Wales Hospital

Dr Abdul Mumuni Ismaila – Colchester General Hospital

Affiliate – Physicians' Assistant:

Miss Paula Marie Mason – Salford Royal Hospital

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

Dr Muhammad Abdur Rahman – Wycombe General Hospital

Dr Evangelia Ktorou – Conquest Hospital, St Leonards-on-Sea

Dr Anju Mehta – Ealing Hospital

Dr Karolina Natalia Chmielowiec – Lakeview Hospital

Dr Dominic Chun Yiu Wu – Blackpool Victoria Hospital

Dr Rosanne Ching – Blackpool Victoria Hospital

Dr Vladimir Vyhnal – Lincoln Hospital

Dr Daniel Greig Taylor – Guy's and St Thomas'

Dr Diann Jugmohan – Salford Royal

Dr Abdul Momin Jadran – University Hospital Coventry

Dr Andrea Ortu – Royal National Orthopaedic Hospital

Dr Jonathan Watchorn – Royal Derby

Dr Roberto Brogna – Diana, Princess of Wales Hospital

Dr Elena Manda – Hereford County Hospital

Dr Dhananjay Prabhakar Ambike – Northampton General Hospital

Dr Walter Enoch Oben – Ealing Hospital

Dr Farzin Rahmani-Shirazi – Northwick Park Hospital

Dr Giash Uddin Ahmed – Southend University Hospital

Dr David Anthony Lyness – Royal Victoria Hospital, Belfast

Dr Wasala Mudiyansele Asoka Sameera Bandara Wasala – North West London Hospitals

Dr James Lewis Malycha – John Radcliffe Hospital

Dr Muhammad Kashif – Barking, Havering & Redbridge University Hospitals

Dr Maria Teresa Locicero - Diana, Princess of Wales Hospital

Dr Stephane Frederic Pierre Ledot – Royal Brompton & Harefield NHS Foundation

Dr Wael Samir Mohamed Amin Maher – Walsall Manor Hospital

Dr Divya Harshan – Croydon University Hospital

Membership Category Progression

New Associate Fellows

Dr Robert Tonko – Derriford Hospital, Plymouth

Dr Sean Thiaga Nadaraja - Royal National Orthopaedic Hospital, Brockley Hill

Dr Sonja Ingeborg Meier - Guy's & St Thomas' NHS Foundation Trust

Dr Carmel Laurelie Cassar – Barts Health NHS Trust

Dr Bernard Mapatsi Masuku – Wexham Park Hospital

New Members

Dr Papanna Ramakrishnan - Final FCARCSI

Dr Glen Michael Charles Pinto - European Diploma in Anaesthesiology

Dr Nitesh Vishwanath Bargaje - Primary of the RCoA

Dr Sachin Krishna Alva - European Diploma in Anaesthesiology

Dr Kathryn Helen Percival – FRCA Primary

Dr Firas Issa Ahmad Abu-Eisheh - European Diploma in Anaesthesiology and Intensive Care

New Associate Members

Dr Shankar Babu Rajamanickam - Hospital unknown

Dr Madhavi Chaitanya Naini – Hospital unknown

Dr Hesham Mohamed Mahmoud Tahoun – Hospital unknown

Dr Francis Bejoy Kuttikkate – Hospital unknown

Dr Ayodele Abayomi Allinson – Royal Shrewsbury Hospital

Dr Peter Csabi - Wexham Park Hospital

Dr Syed Shakir Hasan - Fairfield General Hospital, Bury

Dr Manjunath Rangappa – Watford General Hospital

Dr Kirti Mittal – George Eliot Hospital, Nuneaton

Dr Javed Iqbal – The Christie Hospital, Manchester

Dr Ana Maria Vochin – Bedford Hospital NHS Trust

Dr Said Akbar Zeweri – Luton & Dunstable Hospital

Dr Rosen Todorov Buhchev – Watford General Hospital

PRESIDENT'S CLOSING STATEMENT

PCS/10/2014 President's Closing Statement

1. The Hong Kong College of Anaesthetists would celebrate its Silver Jubilee later in the week.
2. The President's dinner invitations will be sent out at the beginning of December.

MOTIONS TO COUNCIL

M/41/2014 Council Minutes

Resolved: That the minutes of the meeting held on 15 October 2014 be approved.

M/42/2014 Regional Advisers

Resolved: That the following appointments be approved:

North West

Dr R Perkins, Regional Adviser, North West (March 2015)

Severn

Dr A P Whaley, Regional Adviser, Severn

South Thames East

Dr J E Curran, Regional Adviser, South Thames East

M/43/2014 Deputy Regional Advisers

Resolved: That the following appointment be approved:

Severn

Dr S G O Rees, Deputy Regional Adviser, Severn

M/44/2014 College Tutors

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

Anglia

*Dr A B Vaidya (Bedford General Hospital)

West Yorkshire

*Dr S B Walwyn (Dewsbury District Hospital)

North Thames West

*Dr E L Hamlyn (Hammersmith Hospital)

*Dr A Prabhu (Central Middlesex Hospital)

North West

*Dr K MacLennan (Manchester Royal Infirmary)

*Dr N P A Greenwood (Trafford General Hospital)

West of Scotland

*Dr I Quasim (Golden Jubilee Hospital)

*Dr W Peel (Dumfries & Galloway Royal Infirmary)

Wessex

*Dr M Jackson (Queen Alexandra Hospital)

Severn

Dr J C Stedeford (Gloucestershire Royal Hospital)

*Dr R M Craven (Bristol Royal Infirmary)

KSS

*Dr D Sethi (Darent Valley Hospital)

Wales

*Dr S C Rees (University Hospital of Wales)

West Midlands South

Dr R Shanmugam (Warwick Hospital)

M/45/2014 Faculty of Intensive Care Medicine

Resolved: That the Faculty Regulations be updated to allow two specific changes:

- a) To allow Associate Fellows of the Faculty (AFICM) (i.e. those without Fellowship to one of the parent colleges, such as holders of FCARCSI) to stand for election to the FICM Board.
- b) To allow Advanced Critical Care Practitioners (ACCPs) to join the Faculty as Associate Members. It is noted that there are no post-nominals associated with this membership category.