

MEETING OF COUNCIL

Edited Minutes of the meeting held on Wednesday 19 October 2011
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 P Nightingale, President
Dr J-P W G van Besouw
Professor J R Sneyd
Dr A A Tomlinson
Dr J D Greaves
Dr A B H Lim
Dr R Laishley
Professor D J Rowbotham
Dr H M Jones
Professor J F Bion
Professor R P Mahajan

Dr P J Venn
Dr A M Batchelor
Dr D K Whitaker
Dr D M Nolan
Dr R Verma
Dr R J Marks
Dr T H Clutton-Brock
Dr L J Brennan
Dr J P Nolan
Dr J R Colvin

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 M Clancy, Dr J R Darling, Mr C McLaughlan, Dr S R Moonesinghe, Dr M Nevin, Dr S C Patel, Dr E A Thornberry and Dr I H Wilson.

CEREMONIAL

COUNCIL IN DISCUSSION

CID/46/2011 President's Opening Statement

- (i) The President announced the deaths of Dr Marjorie Haw, Professor Kenjiro Mori, Dr Geoffrey Morris, Dr Saumshi Nagaraj and Dr Russell Roche. Council stood in memory. Professor Sneyd paid tribute to Professor Mori, an Honorary Fellow of the Royal College of Anaesthetists (RCoA).
- (ii) Item 3.10 RCoA Advisory Board for Northern Ireland would be deferred to the November meeting of Council.
- (iii) The Science Museum had requested assistance with sponsorship of the Senseless exhibition. The President hoped to involve the different facets of anaesthesia, critical care and pain medicine. Mr Storey would visit the Science Museum to discuss the matter further. It was agreed the British Journal of Anaesthesia (BJA) should be amongst those organisations invited to sponsor the exhibition.
- (iv) Council received a list of the President's appointments for the last month; a monthly summary would be circulated in future if Council considered it useful.
- (v) The RCoA now has 15614 Fellows, Members and trainees. The Faculty of Intensive Care Medicine (FICM) has more than 1000 Fellows.
- (vi) Mrs Mariam Younis has joined the RCoA on a temporary basis as President's Office Secretary. Recruitment for the permanent position continues.

CID/47/2011 NCEPOD Anonymisation of Case Notes Discussion Document

Dr Batchelor explained that the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) currently strikes out identifying information in notes. It is evident however that when the data is reviewed it is sometimes possible to deduce the origin of the notes. An excess of struck out text makes reading notes difficult and NCEPOD would like all member Colleges to agree that it should continue deleting patient identifying data but not that which makes a hospital identifiable; this should make it easier to analyse the data. It was noted that all assessors sign confidentiality agreements. Council approved NCEPOD's proposal.

CID/48/2011 Intensive Care Medicine Recruitment Update

Professor Bion regretted not being present for the discussion at the September meeting of Council regarding post-nominals; he expressed his thanks to those who had given feedback.

Professor Bion informed Council that appointing trainees to the new intensive care medicine (ICM) training programme began on 15 July at a meeting with the Conference of Postgraduate Medical Deans (COPMeD), the General Medical Council (GMC), the Department of Health (DH) and the RCoA. There was broad agreement that more training posts are needed for ICM. Another outcome of the meeting was that it would be possible for all those bodies to work together to define the complex recruitment process for both the single and dual Certificate of Completion of Training (CCT). Dr Tom Gallagher has been appointed as the national recruitment lead and has been working closely with Mr Bryant and his team. A person specification has been written and the process for appointment to the new programme will start with advertisements on 3 February 2012. Trainees on the single CCT programme will commence on 1 August 2012. Entry to the joint CCT programme can continue until 1 July 2013. The national recruitment process will be standardised, quality assured and five stations are proposed for the interview. It has been agreed with the GMC and others that there should be stepped recruitment to dual CCT programmes; there is a desire to find a way in which trainees appointed to programme one could then be appointed to programme two in the same unit of application, deanery or region. There are promises of 68 new training posts in ICM; a significant proportion are donations from other training programmes, a smaller proportion are from trust doctor conversions and an even smaller number are funded by new money. Only one deanery has not offered any new posts.

Professor Bion explained the importance of understanding that complementary specialty training is included with the joint CCT; this is usually obtained by borrowing training slots from the training programmes concerned. With the new CCT such training is included in the programme rather than being complementary and therefore has to be fully funded; in principle ICM trainees, when undertaking anaesthesia or acute medicine training, should come with funding intact rather than being an imposition on the host organisation. Deaneries had been notified that the totality of ICM training must be funded; none had indicated that this was a problem and recruitment into anaesthesia should not therefore be affected. ICM trainees undertaking training in anaesthesia would be additional people and there should be no interruption to anaesthesia rotations. Professor Bion explained that gaps in rotations may occur, for example if a trust donates two trust doctor posts to ICM and in return has a trainee who disappears to do a year of medicine or anaesthesia. Trusts had been asked not to donate posts they had no problems filling and if problems could be caused by a trainee coming into the post.

The President asked whether it would be possible for anaesthetists who wish to up-skill in ICM but who are not on dual CCT programmes or taking an examination to be recognised, i.e. similar to the current advanced sign off. Professor Bion responded that if they have done or can access the training in a piecemeal manner they would be eligible for a Certificate of Eligibility for Specialist Registration (Combined Programme) (CESR[CP])). It was noted that Dr Griselda Cooper OBE had agreed to chair the FICM's Equivalence Committee. The President explained that his

question related to those who did not intend to sit the Diploma or do a dual or joint CCT but wished to enhance their skill level and knowledge if looking after patients in a district general hospital (DGH); there does not seem to be a way of recognising that contribution. Professor Bion pointed out the difference between day and night cover; those just covering at night do not have the same level of peer review although their contribution is valuable. Dr Batchelor added that many people formerly undertook anaesthesia training when they had more exposure to critical care than current trainees possibly may get. The FICM does not wish to derecognise any of that but it is important to look at how much ICM is in the current training programme for anaesthesia and what it will enable people to do. The RCoA should not say that people who have trained in anaesthesia without making a special attempt to get extra ICM training can be seen as specialists in that area. There is a need to specifically define the role of intensive care for non-aspirational intensivists in the anaesthesia curriculum. The President asked if those who did a straightforward CCT in anaesthesia and nine months in ICM but wished to take the Diploma in Intensive Care Medicine would be eligible to do so and obtain Fellowship. Professor Bion responded they would not be eligible because they are not in a training programme. The President pointed out that most Colleges now do not expect someone to be in a training programme in order to take examinations. Professor Bion asked for time to reflect on a proper well thought out response. Dr Greaves stated the need for acknowledgement that not everyone who does ICM is on the Specialist Register as an intensivist. It is important to sort the matter out or there is the potential to ostracise a number of intensivists whose background is anaesthesia. Dr Tomlinson hoped that from the revalidation point of view the RCoA would support that those who cover intensive care at night must keep themselves up to date at least as indicated in level 2.

Professor Bion thanked Council for its help and guidance regarding recruitment. ICM is a primary specialty for which trainees will apply; if they think there is not a market for them as a pure intensivist they would have the opportunity to apply for another CCT programme. If there are no jobs in ICM but there are in the parent specialty trainees will take those and see if they can find their way back to ICM. Dr J Nolan enquired how far through this had been considered in terms of the impact on small hospitals. Professor Bion stated that there was no evidence to suggest that smaller intensive care units (ICUs) provide poorer care than large ones. Dual CCTs would provide skilled individuals able to cover in smaller hospitals and Professor Bion did not consider this to be a problem.

Professor Bion updated Council on post-nominals. The FICM is obliged to ensure that what it does fits in with the seven trustee Colleges, which have different ways of recognising quality. There is a need to ensure that post-nominals are an adequate reflection of quality whilst at the same time recognising they are a motivating device. Following discussion by the Board, the FICM wished to drop the use of brackets and use AFICM and MFICM for Associate/Affiliate and Member respectively. Professor Bion asked if the quality indicator for the post-nominals had to be an examination. Professor Sneyd suggested that the RCoA has to set a standard with which it is comfortable; post-nominals should not be given unless an examination has been passed or a period of training undertaken which culminates in a CCT or similar. Professor Rowbotham explained that the Faculty of Pain Medicine (FPM) has an equivalence type process; it is not possible to get membership unless working in a recognised area with requisite training and continuing professional development (CPD) etc. Mr Storey pointed out that the RCoA awards post-nominals without the need to pass an examination, i.e. Fellowship ad eundem and Fellowship by Election. For Membership one has to have passed the Primary examination or equivalent. Dr Laishley stated that in order to become a member of the FPM one has to be a member of the College and therefore have to have passed an examination. Dr van Besouw stated that it is possible to have categories of membership without awarding post-nominals. Professor Rowbotham explained that the FPM has mirrored College procedures but had found that by doing so the membership criteria were not strict enough, hence the change to the requirement

for an examination, recognised training and employment in a relevant area. Dr Clutton-Brock stated that the importance of differentiating membership levels as there are different people and job plans in ICM; as long as the requirement to have a clinical commitment to critical care is retained along with some form of knowledge test then it should be satisfactory. Professor Mahajan suggested having an equivalence type process for those who do not match the criteria but are equally deserving; they could be looked at on an individual basis in addition to the core process. Council was asked to e-mail comments, preferably with suggested solutions to Professor Bion.

CEREMONIAL

C/14/2011 Fellowship ad eundem

Fellowship ad eundem of the Royal College of Anaesthetists was awarded to:

1. Dr Naeem Ahmed
2. Dr Andrew Gratrix
3. Dr Laszlo Hollos
4. Dr Zoka Milan
5. Dr Karl-Christian Thies

COMMITTEE BUSINESS

CB/129/2011 Council Minutes

The minutes of the meeting held on 21 September 2011 were approved.

CB/130/2011 Matters Arising

i. Review of Action Points

CID/39/2011 President's Opening Statement (viii) Conversation continues regarding neuraxial devices.

CID/40/2011 e-Logbook A plan has been put in place to write a specification document which Mr Bryant hoped to present to Council in January 2012. Professor Sneyd explained that there has been engagement with SCATA, Dr Ed Hammond and a commercial provider; the aim is to produce a reporting specification. The intention is to refresh the RCoA's 2002 document and call it the RCoA 2012 Revalidation Ready Logbook Reporting Template.

CID/45/2011 RCoA/CEM Working Party on Sedation, Anaesthesia and Airway Management in the Emergency Department Dr Greaves had submitted the changes discussed at Council to Dr Jonathan Benger of the College of Emergency Medicine (CEM). One requires further discussion; Council thought the document referred to intermediate life support skills but the CEM has changed it to immediate life support skills. Dr J Nolan stated that if the document refers to the immediate life support course then the document should say immediate life support skills. Dr Brennan added that the paediatric sedation guidelines specify intermediate life support skills; clarification would be beneficial, especially as Dr Rollin would be working on dental sedation. Dr Rollin reported that this had been discussed with the dentists; they stated they needed ILS by which they understood basic life support. Dr J Nolan would work with Drs Clutton-Brock, Greaves and Rollin to ensure the taxonomy is correct.

CB/128/2011 Communications Committee Dr Marks reported that although he has been oversubscribed by usability testers he is searching for people who do not do work for the College and who are not technologically minded.

All other actions had been completed.

CB/131/2011 Faculty of Pain Medicine

Council received and considered the minutes of the Board meeting held on 15 September 2011 which were presented by the Dean, Professor Rowbotham. The Board had added its endorsement to the RCoA document on relationships with industry.

The FPM receives several requests to endorse documents; in theory if it endorses a document the RCoA also endorses it. The Professional Standards Committee would like to endorse a report on epidural rationalisation. The DH has asked a group of pharmacists to look at reducing the number of available concentrations from 41 to improve safety. The Faculty's advisers considered the document to be satisfactory and it would probably be endorsed at the next Board meeting. Professor Rowbotham asked Council to receive and discuss the document at its next meeting. The President responded that he would expect Council to accept recommendations from the Faculty rather than debate the document. The President stated that he would like to work with the Association of Anaesthetists of Great Britain and Ireland (AAGBI), Intensive Care Society and Faculties to define accepted nomenclature regarding supporting, endorsing or badging a document.

CB/132/2011 Regional Advisers

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

South West Peninsula

Dr P Davies, Regional Adviser for South West Peninsula in succession to Dr John Saddler **Agreed**

Severn

*Dr S M Underwood, Regional Adviser for Severn **Agreed**

Sheffield & North Trent

*Dr G Hood, Regional Adviser for Sheffield & North Trent **Agreed**

CB/133/2011 Deputy Regional Advisers

Council considered making the following re-appointments:

Oxford

Dr D G Stott, Deputy Regional Adviser for Oxford **Agreed**

North Thames West

Dr M A Hayes, Deputy Regional Adviser for North Thames West **Agreed**

South Thames East

Dr C J M Lanigan, Deputy Regional Adviser for South Thames East **Agreed**

CB/134/2011 College Tutors

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

Anglia

Dr A B Vaidya (Bedford Hospital) in succession to Dr S Ravi Shankar **Agreed**

East of Scotland EXTRA

Dr E D Ritchie (Perth Royal Infirmary) to remain in post while replacement goes on maternity leave

Agreed

Oxford

*Dr D M A Choi (Churchill Hospital) **Agreed**

*Dr R E Paul (Horton General Hospital) **Agreed**

Northern

Dr M Gaughan (Queen Elizabeth Hospital) in succession to Dr R K Singh **Agreed**

West Yorkshire

To note that Mid Yorkshire Hospitals NHS Trust have decided to reduce their tutors from 3 to 2.
Council asked that the Regional Adviser be asked to provide a report on the advisability of such restructuring.

North Thames West

Dr E L Hamlyn (Hammersmith Hospital) in succession to Dr C R Bedson **Agreed**

North Thames Central

*Dr C Venkata Prasad (Lister Hospital) **Agreed**

North Thames East

Dr G Kandasamy (Whipps Cross Hospital) in succession to Dr B C K Mannakkara **Agreed**

South Thames West

Dr R A C Suite (St George's Hospital) in succession to Dr H J Robertshaw **Agreed**

CB/135/2011 Heads of Schools

Council noted the following appointment:

Northern School

Dr G Lear in succession to Dr K Beacham

CB/136/2011 Training Committee

(i) Medical Secretary's Update

Mr Bryant reported, in the Medical Secretary's absence, that changes to the curriculum for paediatric ICM are out to consultation.

A meeting between the FICM and RCoA to discuss training within the anaesthesia curriculum was scheduled for November.

CB/137/2011 Audit and Internal Affairs Committee

Council received and considered the minutes of the meeting held on 21 September 2011 which were presented by the Chairman, Professor Mahajan. The external auditor had recommended that a single disaster recovery plan be produced. Mr Storey is in the process of implementing this.

Following various e-mail exchanges Professor Mahajan would present to the November meeting of Council a summary position regarding the election of President and Vice-Presidents.

Mr Storey reported that in the Council election there would be five candidates for four consultant vacancies. The Staff and Associate Specialist (SAS) and trainee posts had each attracted one candidate. Dr Sumit Gulati would be returned unopposed as the trainee member. Dr Venkata Alladi would be returned unopposed as the SAS member.

CB/138/2011 Finance Committee

Council received and considered the minutes of the meeting held on 20 September 2011 which were presented by the Chairman, Dr D Nolan. Council approved the draft Final Accounts for 2010/2011.

Dr D Nolan updated Council on legacies.

The Finance Committee had agreed a three step process for the budgets for the next few years.

CB/139/2011 Royal College of Anaesthetists' Advisory Board for Northern Ireland

Item deferred.

CB/140/2011 Education Committee

Council received and considered the minutes of the meeting held on 14 September 2011 which were presented by the Chairman, Dr Clutton-Brock. The Final FRCA Revision Course is being revamped. The plan is to turn it into a one week course with more focus on themed areas it is known trainees find difficult. The revamped course would run for the first time in January 2012. E-learning sessions would be developed in parallel.

CPD, Continuing Medical Education (CME) and related events will be brought together under one umbrella and badged CPD/X days/Theme/Mixed under Dr Verma's lead.

Council received a list of current meetings.

There is a proposal to link non-clinical programmes under one umbrella.

The interactive voting system had been successfully trialled; guidelines will be developed on its use.

The lecture capture system has been purchased; a legal document is being developed to protect speakers' property/material.

CB/141/2011 Patient Liaison Group

Council received and considered the minutes of the meeting held on 20 September 2011 which were presented by the Chairman, Mrs Dalton. Mrs Dalton expressed the Group's gratitude to the RCoA for funding an away day for lay members.

The recruitment process has commenced to replace Mrs Vivien Stoddart.

The final version of the Patient Liaison Group's (PLG) work plan would be agreed at its next meeting.

The PLG would like to produce regular pieces for the *Bulletin*.

The PLG discussed how it could improve access to patient information. The Chairman of the Royal College of General Practitioners' PLG would be invited to a future meeting to move that forward.

CB/142/2011 Enhanced Recovery Programme Guideline Group

Council received and considered the minutes of the meeting held on 22 September 2011 which were presented by Dr Venn. The Group, chaired by Mrs Kate Rivett, is an intercollegiate group consisting of PLG members. Dr Venn attended as Chairman of the Professional Standards Committee. It was agreed that the guidelines should be provided in a generic way for enhanced

recovery. There was a perception amongst the Group that if a patient is not on the enhanced recovery programme then they will receive second class care or assume they are not on it because there is something wrong with them. There has been much focus on the programme in terms of length of stay. There is increasingly less mention about the concept of primary care to secondary care back to primary care and increasing emphasis on the financial benefit of reducing length of stay. The Group felt it needs to do some intercollegiate monitoring by PLGs as this is cause for concern. Professor Bion pointed out the importance of commissioning; at a recent meeting about commissioning at the House of Lords those present were unaware of the programme. The focus should be on maximising quality not minimising costs.

CB/143/2011 Royal College of Anaesthetists' Advisory Board for Scotland

Dr Colvin thanked the President and Mr Bryant for attending the Board's recent meeting with Scottish College Tutors.

There is ongoing dialogue with the Scottish Government Workforce Directorate's Reshaping Board regarding numbers for next year. It has been agreed that there now needs to be a sensible allowance for attrition.

There is increasing fear among employers regarding the lack of affordable solutions to the service gap. Negotiations with the British Medical Association (BMA) had broken down and employers are now looking to make a proposal to the Health Minister in Scotland.

There is strong support from other Colleges for proposals on recognising quality improvement science. The President reported that he and Mr McLaughlan had attended a clinical commissioning conference where Mr Martin Marshall had spoken about quality improvement science; there is a push to integrate it into practice.

An announcement is anticipated regarding the award system in Scotland.

Dr Colvin circulated a paper on delivering value-based healthcare by promoting clinical engagement which had been produced by the Academy of Medical Royal Colleges and Faculties in Scotland, Healthcare Improvement Scotland and the Chief Medical Officer. Included in the paper is the request for a letter to trust chief executives reminding them of the obligations to clinicians for other work. The President added that the AoMRC has discussed with Lords amendments to the Health Bill for the NHS including the requirement of chief executives to release people for wider NHS work.

CB/144/2011 Communications Committee

Council received and considered the minutes of the meeting held on 29 September 2011 which were presented by the Chairman, Dr Venn. Chelsea Apps Factory had given a presentation about the possibility of developing a College Smartphone application.

The Committee is happy with the direction the *Bulletin* is taking.

The website redevelopment is proceeding well. The main aspect for discussion now is the possibility of establishing a proper editorial structure for the website. Dr Marks will bring terms of reference to Council.

The President thanked Dr Venn for his hard work during his term as Chairman. Dr Thornberry would now succeed him.

CB/145/2011 Recruitment Committee

Council received and considered the minutes of the meeting held on 27 September 2011 which were presented by the Chairman, Dr Marks. The terms of reference have been agreed. There would be quite a lot of changes this year in terms of the interview process and scoring. Two deanery briefings had been held; most of the feedback had been very positive.

The Committee is awaiting the decision from the Medical Programme Board (MPB) concerning the implementation of the UKOFFS national offers system. In anaesthesia the Committee has asked that trainees can apply for CT2 and ST3 posts and hold offers in both until the results of the Primary examination are known; this has not yet been tested. The President stated that the MPB had delegated the final decision to the Task and Finish Group which would meet on 26 October 2011.

There have been complaints from candidates that obtaining information for recruitment is difficult because it is spread across three separate websites. It has been suggested that the RCoA website pages could be combined with those of the West Midlands Deanery; such unification has been achieved in other specialties and would technically be feasible once the new RCoA website has been developed. The problem however would be that such unification would allow selected West Midlands Deanery staff to alter content on the RCoA website. Mr Bryant suggested that for 2012 the West Midlands Deanery should be left in place.

Dr D Nolan urged caution about engaging with the Work Psychology Group who had previously been involved with the RCoA in 2007.

CB/146/2011 Equivalence Committee

Council received and considered the minutes of the meeting held on 22 September 2011 which were presented by Dr Clutton-Brock. The Committee had considered one reapplication which was recommended for the Specialist Register. The Committee had considered two first applications, one of which was recommended for the Specialist Register.

CB/147/2011 Examinations Committee

Council agreed that the under-mentioned doctor be awarded the Nuffield Prize for performing at the highest levels of distinction in all sections of the Primary examination at their first attempt at the October 2011 sitting of the Primary FRCA:

Dr Clare Nicola Allen – Royal Bolton Hospital

MATTERS FOR INFORMATION

I/32/2011 Publications

The list of publications received in the President's Office was drawn to Council's attention.

I/33/2011 Consultations

Council received, for information, a list of the current consultations. The President noted that the same people were repeatedly asked to comment on consultations; the Directors were encouraged to spread the workload around more.

I/34/2011 New Associate Fellows, Members & Associate Members

Council noted the following:

New Associate Fellows - October 2011

Dr Isma Quasim - Golden Jubilee National Hospital

Dr Chinekwu Chinwoke Ayo Davies - East Kent Hospital,

Dr Raju Venkata Satyanarayana Kalidindi - Medway NHS Foundation Trust

New Members – October 2011

Dr Joanne Marie Doughty - Primary FCARCSI
Dr Lesley Janet Baird - Part 1 FRCA
Dr Robert William Bacon – FFARCSI

New Associate Members – October 2011

Dr Hamzen Hussein - Royal Hampshire County Hospital
Dr Ghanshyam Chaudhary- East Lancashire NHS Trust
Dr Ruth Nicola Cressey-Rodgers – Morriston Hospital, Swansea

New Affiliate Physicians' Assistants – October 2011

Mrs Ruth Carolyn Beattie - Queen Margaret Hospital, Dunfermline
Miss Lynsey Sheila Downie - Royal Infirmary of Edinburgh

To receive for information, the following doctors have been put on the Voluntary Register– October 2011

Dr Shelly Agarwal - Glan Clwyd Hospital
Dr Liesbeth Alida Beeckman - John Radcliffe Hospital, Oxford
Dr Sally Kate McAdam - Ayr Hospital
Dr Adrianan Paola Botello Pinzon - Woodend Hospital
Dr Riaz Mohammed Karukappadath - North Middlesex University Hospital, London
Dr Mohamed Abdusalam Mohamed Lklouk - University Hospital of North Tees, Hartlepool
Dr Mihaela Tirca - Lincoln County Hospital
Dr Andrei Dumitru Tirca - Lincoln County Hospital
Dr Kathryn Emma Hill – Queens Medical Centre, Nottingham
Dr Jonathan Bernard Dove – St Helier Hospital, Carshalton
Dr Bharath Kumar Narayanan – Bristol Royal Infirmary
Dr Alessandra Jane Glover – Yeovil District Hospital
Dr Rita Theresia Bexten – Newham University Hospital
Dr Yenika Nilanthi Kumari Mahappu Kankanamalage – Witherby Hospital, Haverfordwest
Dr Nadya Evlogieva Petrova – Watford General Hospital

PRESIDENT'S CLOSING STATEMENT

PCS/9/2011 President's Closing Statement

- (i) Dr Venn would attend the NCEPOD launch of *A Review of the Care Received by Children who died following Surgery* on 27 October.
- (ii) The President reminded Council that the Council Christmas Dinner would be held on 13 December 2011 when he hoped his portrait would be unveiled.

MOTIONS TO COUNCIL

M/39/2011 Council Minutes

Resolved: That the minutes of the meeting held on 21 September 2011 be approved.

M/40/2011 Regional Advisers

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

South West Peninsula

Dr Peter Davies

Severn

*Dr S M Underwood

Sheffield & North Trent

*Dr G Hood

M/41/2011 Deputy Regional Advisers

Motion: That the following re-appointments be approved:

Oxford

Dr D G Stott

North Thames West

Dr M A Hayes

South Thames East

Dr C J M Lanigan

M/42/2011 College Tutors

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

Anglia

Dr A B Vaidya (Bedford Hospital)

Oxford

*Dr D M A Choi (Churchill Hospital)

*Dr R E Paul (Horton General Hospital)

Northern

Dr M Gaughan (Queen Elizabeth Hospital)

North Thames West

Dr E L Hamlyn (Hammersmith Hospital)

North Thames Central

*Dr C Venkata Prasad (Lister Hospital)

North Thames East

Dr G Kandasamy (Whipps Cross Hospital)

East of Scotland

*Dr E D Ritchie (Perth Royal Infirmary)

South Thames West

Dr R A C Suite (St George's Hospital)

M/43/2011 Finance Committee

Resolved: That the draft final accounts be approved.

M/44/2011 Examinations Committee

Resolved: That the under-mentioned doctor be awarded the Nuffield Prize for performing at the highest levels of distinction in all sections of the Primary examination at their first attempt at the October 2011 sitting of the Primary FRCA:

Dr Claire Nicola Allen, Royal Bolton Hospital