

MEETING OF COUNCIL

**Edited Minutes of the meeting held on Wednesday 17 October 2012
Council Chamber, Churchill House**

Items which remain (at least for the time being) confidential to Council are not included in these minutes.

Members attending:

Dr J-P van Besouw, President
Dr H M Jones
Dr D M Nolan
Dr P Nightingale
Professor J R Sneyd
Dr R Laishley
Professor D Rowbotham
Dr E A Thornberry
Dr P J Venn
Dr S Patel
Dr R J Marks

Dr T H Clutton-Brock
Dr L J Brennan
Dr J A Langton
Dr J R Colvin
Dr N W Penfold
Dr V R Alladi
Dr S Gulati
Dr I Johnson
Dr M Nevin
Dr A W Harrop-Griffiths

Mrs I Dalton, RCoA Patient Liaison Group (PLG)

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

Apologies for absence: Professor J Bion, Professor R P Mahajan, Dr A Batchelor, Dr D K Whitaker, Dr R Verma, Dr J P Nolan, Dr J R Darling and Dr A-M Rollin.

COUNCIL IN DISCUSSION

CID/26/2012 President's Opening Statement

- (i) The President welcomed Dr Harrop-Griffiths, President of the Association of Anaesthetists of Great Britain and Ireland (AAGBI), to Council. The President and Council look forward to working closely with the AAGBI and Dr Harrop-Griffiths during his term of office.
- (ii) The President and Professor Tony Wildsmith had discussed the Lives of Fellows project. Other Colleges have demonstrated that such initiatives provide an invaluable resource when studying the history of medicine or a particular discipline. Mr Storey outlined two possible options. The first would involve writing about everyone in the Fellows' Book whereas the second would be to allow open access with people contributing as they wish. Professor Wildsmith is considering the point in time at which the project should begin and who should be included/excluded prior to an author being sought.
- (iii) The President announced the deaths of Dr Suzanne Dempster, Dr Thomas Austin, Dr James Griffin, Dr William Colbeck (known as John) and Dr Herbert Balmer. Council stood in memory.
- (iv) Dr Clutton-Brock would present Item 1.5 in Dr Batchelor's absence.
- (v) The President had attended a productive meeting of the *British Journal of Anaesthesia's* (BJA) Board. There will be a move to greater electronic publication in the future. It is also likely that the BJA will be rebranded. The BJA has been adopted as the Faculty of Pain Medicine's (FPM) preferred journal.
- (vi) The Secretary of State has arranged a dinner with the Academy of Medical Royal Colleges (AoMRC) on 5 November 2012. The Royal College of Anaesthetists (RCoA) is

one of seven Colleges invited. The Secretary of State has requested some briefing from Colleges on the health landscape. It appears that the Department of Health (DH) wishes to engage with Colleges again about the direction of travel of the Health and Social Care Act.

- (vii) Candidates for the Council election have been announced. There are six nominations for four consultant vacancies, four for one trainee vacancy and none for the Staff and Associate Specialist (SAS) vacancy. Mr Storey suggested that the lack of nominations for the SAS vacancy presented an opportunity to review the SAS seat; the constituency of Council could be two trainees and twenty-two Fellows or two trainees, two Members and twenty Fellows for example. Dr Laishley attributed the lack of SAS nominations to lack of engagement and the difficulty in obtaining time away from trusts. Dr Alladi knew of three potential candidates all of whom had struggled with the time issue and questioned whether the RCoA could do anything to assist. The President responded that the dialogue must be between those seeking election and their employer. The President stated that the wider issue of the constituency of Council would have to be addressed in the next few years along with how individuals engage with Council and the work of the College. Professor Sneyd suggested that, constitution permitting, the SAS vacancy be re-advertised with a concerted effort by Council to identify candidates.
- (viii) The FPM's electoral process is ongoing, as is that for the RCoA's Advisory Board for Northern Ireland. The FPM's results would be known by the end of October.
- (ix) Committee chairmen who had not responded to the committee review were asked to do so by the end of the week. The President emphasised the importance of reviewing the work of committees, their impact within the RCoA and the contributions of committee members. It is also important to look at the way in which work is being done and how useful and cost effective it is to both the RCoA and trusts. The AAGBI is undertaking a similar exercise. The RCoA and AAGBI would look at the effectiveness of joint committees and whether they adhere to their remit.
- (x) The President drew Council's attention to key diary dates for 2013. Diplomates Day will take place on Friday 3 May at Westminster Central Hall, with the Awards Dinner taking place on Thursday 2 May. Council will be held on Wednesday 15 May, followed by Congress in Birmingham on 16 and 17 May. The Away Weekend will immediately follow Congress and take place in the Midlands, commencing with dinner on Friday evening. All business will be conducted on Saturday 18 May, followed by a dinner, thus facilitating a Sunday morning departure.
- (xi) Correspondence had been received from the Advisory Committee on Clinical Excellence Awards (ACCEA) in relation to the 2013 process. Dr Nightingale reported that the release of the Review Body on Doctors' and Dentists' Remuneration (DDRB) Report by the government had been anticipated for more than a year. ACCEA's Medical Director, Dr David Lindsell, had contacted various Colleges to discuss how they planned to proceed for the 2013 round given that ACCEA still had not heard from the government. Dr Nightingale had spoken with Dr Lindsell and it became clear Colleges are reacting in different ways. Some are withdrawing to some degree from the process for 2013 whereas some wish to continue on the assumption that if the DDRB report was released now it would not be implemented by the 2013 round. Dr Nightingale expressed his personal view that the RCoA should be ready to proceed at short notice in the event of there being a process for 2013. ACCEA must either make a decision to have no process for 2013 or run the process used for 2012. With recent changes in both the English and Scottish DH Dr Nightingale's instinct was that there would be a process in 2013 with a short turnaround time. The 2012 list could be re-submitted but this would prevent others applying. Those applying for renewal of their awards will be expected to provide citations resulting in significantly more work for the President or his nominee. Dr

Nightingale explained that there is a consideration that because of the lack of higher award holders in all regions the RCoA may not be able to run its traditional process whereby Regional Assessors assess the applications. An alternative would be to bring the process in-house; this would offer an opportunity to raise the standard and move to writing citations in-house. There is no easy or obvious answer but Regional Assessors would probably be asked to do as much as possible to prepare some applicants to reapply if necessary. Those regions without higher award holders could be subject to a centralised process or alternatively self-nominations could be invited or Bronze award holders be asked to run the process. Dr Nightingale would put together an options appraisal. Dr Harrop-Griffiths explained that the workload generated by the AAGBI's centralised process is not substantial but does involve the President or a deputy writing citations very quickly. Dr Harrop-Griffiths expressed a willingness to keep in touch with the RCoA's plans and coincide the timing of the AAGBI's process. Dr Colvin felt that the RCoA should be prepared to go although he did not share Dr Nightingale's optimism; the policy decision about awards in Scotland had been made by a group of people rather than one individual. The President reported that it had been intimated that there would be no process in Northern Ireland.

- (xii) The AoMRC has outlined the role Colleges might have in reporting service failings. The RCoA has a view on how it will be taken forward.
- (xiii) The President will send e-Christmas cards on behalf of the RCoA this year.
- (xiv) Mr Si Scott had arranged for the President and Mr McLaughlan to meet the BBC's health correspondents. The purpose of the meeting was to highlight the role of anaesthesia within healthcare and to ascertain why the BBC always seeks comment from the Royal College of Physicians of London (RCPLond) or Royal College of Surgeons of England (RCSEng). It transpired that the BBC is unaware of the RCoA and the work of anaesthetists. There was discussion about how to raise the profile of the specialty within the BBC. One way forward would be for the RCoA to provide information for the BBC's website. Mr McLaughlan stated that areas of particular interest are end of life care, do not resuscitate orders and related matters. There was discussion about more collaborative thinking about trusts and health boards and the opportunity to enhance these aspects. Ms Branwen Jeffreys was particularly enthusiastic about the safety agenda and the current reduced access to morbidity and mortality meetings. There are some issues upon which the RCoA could inform or initiate a debate and provide an ongoing contact for the BBC on the wider healthcare agenda. Dr Nightingale suggested that in many cases the RCoA would find itself pushing against an open door and should envisage being the lead College on some issues. Mrs Dalton suggested that what makes a mess of debates for example around end of life care is that they are presented as end of life care; for or against whereas in reality the issues are more subtle. The President added that the BBC is looking for people to put forward the issues doctors face when making decisions about end of life care and how doctors would respond to a spectrum of views rather than providing a definitive opinion. Dr Patel enquired whether or not the RCoA should create a list of topics on which we should be leading. Dr Patel also asked how the RCoA would identify and deal with topics arising at short notice. The BBC had suggested that the RCoA should engage as particular issues are raised on the BBC website; this would be a way of expressing opinion about health issues in the first instance. To engage with the media it is necessary to release regular press releases and regularly target the media's inboxes.
- (xv) The President congratulated the trainees on their latest newsletter *Gas*.
- (xvi) It had previously been decided that the RCoA would not use Facebook. However it is now the intention to use it in the future especially for education events to enable the RCoA to communicate particularly with trainees via the medium they frequently use. Dr Patel would give a presentation, prepared by Ms Mary Casserley, at the next meeting

of Council. Dr Marks urged caution because of the problem with moderation. Consideration would need to be given to how it is dealt with 24 hours a day and who would be responsible for censorship and editorial control. Whilst he considered it would be acceptable for event management there would be wider implications for general RCoA use. Dr Harrop-Griffiths encouraged the use of Facebook regarding it as a very positive experience especially for trainee members. Professor Sneyd wished to see a Facebook page upon which trainees could post their experiences of training. Professor Sneyd added that it is possible to moderate items before they are posted.

- (xvii) A number of organisations, including National Health Service Employers (NHSE), the British Medical Association (BMA) and the AoMRC have published their support for whistleblowing.
- (xviii) There is anxiety in the DH(E) about the lack of engagement of senior clinicians within the leadership agenda. Four meetings had been arranged across the country. It is very difficult to engage doctors in the leadership agenda and there has been a request to promote this more widely.
- (xix) The President had attended the Centre for Workforce Intelligence's (CfWI) annual conference. There had been a divergence of views about workforce planning. Dr Nightingale reported that the CfWI now has its models pretty well defined and is keen to interact with Colleges to obtain data to incorporate into the process. Dr Nightingale pointed out that the CfWI is coming to the end of its contract although he considers that it will maintain a role. The CfWI needs to find a sense of direction and communicate with Colleges especially in terms of involving them as data collectors. The presentations from the conference are available on the CfWI's website. Dr Patel reported that the Trainee Committee and Group of Anaesthetists in Training (GAT) would undertake a joint survey of trainees to ascertain where they are in their training and their plans for the future. The President has a meeting scheduled with the Chief Executive of the CfWI in November. Professor Sneyd suggested that the President should challenge the CfWI to publish the model and projections; something funded by public money should not be kept secret. The President asked Council to e-mail him any specific questions to be raised at the meeting. Dr Colvin reported that the dialogue held in Scotland over the last four years had been open. If something is being used for decision making but is not available then it may contain inaccuracy and the RCoA should have the opportunity to contribute. Dr Marks was still not clear about what the CfWI regards as an acceptable result. Professor Sneyd added that the basic modelling process was well done but a significant barrier is the refusal from the General Medical Council (GMC) to participate in workforce planning. The President reported that he would meet Dr Judith Hulf later in the month to discuss issues that the Colleges have with the GMC; this would be one of the issues raised.
- (xx) A Joint Royal Colleges meeting with the Conference of Postgraduate Medical Deans (COPMeD) has been arranged for 24 October which will be attended by the President, Mr Bryant and two senior Regional Advisers.
- (xxi) Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) is now up and running and will be recruiting for assessors. The RCoA has been in discussion with MBRRACE and the Obstetric Anaesthetists' Association (OAA) about how individuals will be appointed, trained and quality assured. A similar process to that conducted for Anaesthesia Review Team (ART) assessors would be appropriate and this was being taken on board. Advertisements will be placed through the OAA later this year.
- (xxii) The President updated Council on staff changes:
 - a. Mr David Rowand has joined the College as Examinations Supervisor on a full-time and permanent basis.

- b. Ms Anna Aleksandrowicz has joined the College as HR Assistant on a full-time and permanent basis.

CID/27/2012 CLRN Special Interest Groups Report

Council received the CLRN Special Interest Groups Report.

CID/28/2012 Hong Kong College of Anaesthesiologists: Exploring Opportunities for Collaboration

Following a request from the Hong Kong College of Anaesthesiologists, the President had asked Professor Sneyd to scope collaboration opportunities. Professor Sneyd expressed his gratitude to the RCoA staff for a comprehensive analysis. Professor Sneyd pointed out that this represents a challenge to the RCoA as to whether it has an international strategy against which this could be measured. Dr Colvin supported being more outward looking and suggested that one of the areas for exploration would be the Colleges which already have well-developed links with Hong Kong. The RCoA should further explore supporting the College in a collaborative way so it does not feel isolated following the withdrawal of support by the Australian and New Zealand College of Anaesthetists (ANZCA). Dr Nightingale considered this too good an opportunity to miss. The President agreed that a strategy needs to be developed. Dr Colvin reminded Council of the general support to develop a strategy at the last Away Weekend but it had not been progressed; leaving discussions until the next Away Weekend be an inappropriately lengthy delay. The President suggested this could be used as a pathfinding exercise. Mr Bryant explained that the main issue for the Training Department is that of resource. The Bernard Johnson Adviser (International Programmes) had previously focussed on the Medical Training Initiative (MTI). This is a much wider remit. When Dr Kate Wark retires as Bernard Johnson Adviser (International Programmes) the RCoA needs to appoint someone who can lead on this. Dr Patel asked if it was worth inviting speakers from overseas, especially Hong Kong, more often. Professor Sneyd highlighted that the RCoA invites overseas speakers to deliver one talk whereas other organisations ask them to deliver four or five, thus reducing the cost issue. The President pointed out that the RCoA has sent examiners to Hong Kong. Council members wishing to have further input were asked to send comments to Mr Bryant who would liaise with Professor Sneyd regarding how to take the discussion forward in readiness for Professor Sneyd's visit to Hong Kong later in the year.

CID/29/2012 The Future Hospital Commission

Although there have been a few meetings where the Future Hospital Commission has promulgated its objectives, it has not sought wide input from those who sit on the Hospital Commission. Dr Nightingale attended a meeting with the Rt Hon Stephen Dorrell MP where the Future Hospital Commission had presented the problems to him. Mr Dorrell had accepted that politicians need to grasp the mettle of service redesign and that the need to improve patient safety must be paramount. Hospitals must be run by generalists with specialists as available for consultation when necessary. Centralised services have to be designed around a humanistic and outcomes basis not on cost. The meeting had rekindled Dr Nightingale's thoughts as to whether the RCoA should sign up to the Health Hotel. It lasts for three days at a time but may prove to be useful. There is a push towards generalists; an approach always used in anaesthesia. The Shape of Training Review and UK Scrutiny Group are starting to look at the length of training across the specialties. Council members were asked to e-mail their views to Dr Nightingale. Dr Nightingale also urged them to look at the Shape of Training website and copy him into any comments they submit via the website. A group has been set up within the RCoA to consider how it would respond to any proposed reduction in training time.

CID/30/2012

Proposed Change to the Scope of Practice of Physicians' Assistants (Anaesthesia)

Dr Clutton-Brock asked Council to consider whether the proposed changes are appropriate and whether they should be incorporated into the core programme or should form additional training. One of the anomalies has been the management of emergence and extubation in routine patients. The emphasis that the RCoA should support it because it is already being done is inappropriate and requires further consideration by Council. Dr Clutton-Brock reminded Council that this would always be a supervised role. Quite a lot of emergence and extubation takes place in recovery where trainees with much less experience than Physicians' Assistants (Anaesthesia) [PA(A)s] are expected to manage the situation. Dr Clutton-Brock explained that he was very keen not to have PA(A)s working in an environment where they are operating outside their prescribed scope of practice and it is important that the RCoA does not allow activities to continue outside the scope without discussion. Dr Harrop-Griffiths pointed out that the document starts by saying that if a lot of people are doing something "illegal", they should be allowed to do it. He added that it was a poorly argued document, albeit going in the right direction of travel, and asked if it could be rewritten to be more appealing to AAGBI Members and RCoA Fellows. Dr Nevin stated that a business case for affordability is a poor case for changing standards. There needs to be comprehensive assessments of individuals throughout their training. Affordability is a major issue and one of the reasons that the future of the course in Birmingham is in question. The President stated that there is quite a thrust for the non-medicalisation of certain aspects of healthcare. The President concluded that Council felt the document is a work in progress and there is a need to review the wording and ensure it is entirely robust. Dr Clutton-Brock agreed that the document requires some rewriting and agreed with Dr Colvin that it could be more explicit about the method of assessing competency in managing anaesthetic emergencies.

The President agreed that the document should be edited before being re-presented to Council.

CID/31/2012

Fellowship ad Eundem Guidance for Nominations Committee

Professor Sneyd reminded Council that the Nominations Committee had struggled to maintain consistency in the award of Fellowship ad Eundem. Item 1(b)(ii) stating that 'Council consider the applicant to have furthered the interests of the College' is in the past tense as that is how it appears in the Regulations. Professor Sneyd sought Council's guidance regarding those on the cusp of furthering the interests of the College. Professor Sneyd added that he would like to make the guidance available for applicants. Professor Rowbotham stated that the whole point was to make the process more consistent; on the cusp can be interpreted in many different ways. Dr Nightingale informed Council that the Regulations can be changed relatively easily. Dr Jones pointed out that many newly appointed consultants are heavily involved in educational matters; although not always with specific College roles and the RCoA benefits greatly from such contributions. The same could be said of those engaged in academic research. Dr Brennan pointed out that many people engaged with education do not have the opportunity to become College Tutors because of the fierce competition in some departments. The President stated that there will always be areas of difference especially around the margins of whether someone is suitable or not. Professor Sneyd suggested that "on the cusp" should remain in the guidance, that other significant educational contribution in their own department be added and that the certificate be modified to say that the person signing it has read the criteria and is satisfied that the applicant is a fit and proper person to be admitted to the Fellowship. Council agreed.

CID/32/2012 Children's Surgical Forum Standards for Children's Surgery

Dr Brennan presented the framework document aimed at commissioners seeking to commission children's surgery services. Anaesthesia input had come from Dr Brennan and Dr Kathy Wilkinson, President of the Association of Paediatric Anaesthetists (APA). The document emphasises the importance of networking, the importance of governance and leadership at Trust Board level, education and training, emergency care and emphasised that organisations must support employees who are working in the extreme emergency situation. The document applies only to England but it is anticipated that it will be circulated to equivalent authorities in the devolved nations.

If ratified by the RCSEng the document would be published, hopefully with endorsement by the RCoA. Dr Nightingale asked if it was possible, where encouraging patients to be treated locally, to put pressure on the surgeons to ensure there is someone available to do routine surgery in the District General Hospital (DGH). Dr Brennan responded that he and Dr Wilkinson had written to the President of the RCSEng raising such concerns and requesting a meeting. Dr Jones explained local controversies about running paediatric day case lists where there is no inpatient paediatric service. Dr Brennan responded that this has been debated vigorously. There are still day case services in hospitals without inpatient paediatric services; the conclusion was that this would not be to the detriment of children undergoing routine surgery. Problems are likely to occur in the peri-operative period and there must be clear guidance for transfer in the case of ongoing clinical problems. Dr Marks noted the absence of an explicit definition of a child. Dr Brennan explained that this would be included in an accompanying glossary. Dr Brennan would feed back Council's comments. The next stage would be submission of the document to go to council of RCS Eng.

COMMITTEE BUSINESS

CB/123/2012 Recruitment Committee

Council received and considered the minutes of the meeting held on 1 October 2012 which were presented by the Chairman, Dr Marks. Dr Marks explained that the process for CT1 would be changed. There would be a maximum of one interview. If a candidate is appointable but unable to secure a post because of strong competition they enter clearing without a second interview. ST3 candidates in the same position would be given a second interview but this would be held centrally.

A few changes have been made to the scoring matrix and the Committee is keen to stabilise the scoring matrix after the next round in order to provide consistency for trainees.

The Committee had discussed a proposal by the DH to stop recruitment into CT2 on the basis that there are doctors who keep applying for CT2 posts who will never progress into ST3. The other rationale behind the decision appears to be to encourage doctors into general practice. Halting CT2 recruitment would be an unwelcome move from the RCoA's perspective. Those who go into CT2 tend to be a weaker cohort but anaesthesia ring fences places at CT1 for novices whereas CT2 is open to all. There remain some specific groups who need to apply for CT2. There remains the option of undertaking locum appointments, passing the examination and applying for ST3. This route however leads to a Certificate of Eligibility for Specialist Registration (Combined Programme) [CESR (CP)] which trainees perceive as an inferior qualification. There would be further discussion at a meeting on 22 October. Scotland is now joining the recruitment process and this is viewed as a very welcome move. Dr Colvin expressed his support for the retention of CT2 recruitment and would be making a strong case in Scotland in relation to this. Mr Bryant explained that the meeting on 22 October is mainly about specialty training numbers and is an "England only"

group. Even if there was a moratorium on CT2 recruitment for England only, and the other nations continued to recruit at CT2, one of the RCoA's major concerns is the fact that a national process which excludes one nation is anachronistic.

CB/124/2012 Council Minutes

The minutes of the meeting held on 19 September 2012 were approved.

CB/125/2012 Matters Arising

i. Review of Action Points

CID/21/2012 President's Opening Statement Dr Thornberry has volunteered to assist with the Lives of Fellows Project.

The NIAA is considering the standardisation of the criteria for the Macintosh and other short-life professorships.

Professor Sneyd and Dr Clutton-Brock are considering the plans for engaging with undergraduates. Dr Clutton-Brock reported that medical students in Birmingham had formed a society for anaesthesia and intensive care and would be interested in engaging with the RCoA.

CB/103/2012 Audit and Internal Affairs Committee A simulated election would be undertaken once Mr Storey's PA has settled in. Mr Storey introduced Ms Gail Samuel who would succeed Ms Sophie Lieven as Mr Storey's PA.

PCS/8/2012 President's Closing Statement Committee Chairmen were reminded to observe the deadline for submission of committee reports for the Annual Report.

CB/126/2012 Regional Advisers

Council approved the following appointment:

Northern Region

Dr G R Enever in succession to Dr Karen Beacham as Regional Adviser for the Northern Region.

CB/127/2012 Deputy Regional Advisers

There were no appointments or re-appointments for Council to consider.

CB/128/2012 College Tutors

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

North Thames West

Dr N Barker (Chelsea and Westminster Hospital) in succession to Dr P B Brooks **Agreed**

North West

Dr C Coldwell (Lancaster Royal Infirmary) in succession to Dr S Richmond **Agreed**

*Dr D A Watson (East Lancashire NHS Trust) **Agreed**

*Dr S Mirza (Royal Oldham Hospital) **Agreed**

North of Scotland

To receive a request from Dr J Read, Regional Adviser, for an extra tutor at Aberdeen Royal Infirmary. **Agreed**

West of Scotland

Dr K R Fitzpatrick (Institute of Neurological Sciences, Southern General Hospital) in succession to Dr L B Stewart **Agreed**

Wessex

Council noted that Dr R Heames will retire as College Tutor at Southampton in December 2012 and Dr Poppy Mackie will replace him.

South Thames West

Dr S Bailey (Acting Tutor at Epsom & St Helier Hospital) for Dr M Hendricks who will be taking a 12 month employment break **Agreed**

*Dr K S Paramesh (Kingston Hospital) **Agreed**

South Thames East

*Dr S A Leonard (King's College Hospital) **Agreed**

Sheffield & North Trent

Dr T Meekings (Chesterfield Royal Infirmary) in succession to Dr S Capper **Agreed**

Dr K U Farooq (Doncaster and Bassetlaw Trust) in succession to Dr J Allen **Agreed**

Wales

Dr T Sheraton (Royal Gwent Hospital) in succession to Dr S Sindhakar **Agreed**

CB/129/2012 Heads of Schools

Council noted the following appointment:

West of Scotland

Dr J Chestnut in succession to Dr N O'Donnell.

CB/130/2012 Training Committee

(i) Medical Secretary's Update

Dr Brennan reported that Health Education England (HEE) is now officially established. The authorisation of Local Education and Training Boards (LETBs) has been delayed by approximately one month. The AoMRC's Specialty Training Committee has expressed concern regarding the quality and delivery of training through these changes.

With regards to the DH's Better Training Better Care initiative, the RCoA has been looking at simulation.

The RCoA has a prospective agreement with the GMC that the eligibility of those on the 2007 curriculum to receive a CCT would close in December 2015. The GMC has now announced that it wants to move all Colleges and all trainees onto one curriculum with a start date by late 2013; this will cause problems for the RCoA and other specialties. Concerns have been aired to the GMC via the ASTC.

The RCPLond's Statement on the Performance of Practical Procedures has generated much e-mail traffic in the anaesthetic community. The RCoA has initiated a discussion on the College Tutors'/Regional Advisers' Forum and there will be further discussion at the Regional Advisers' Meeting. Concerns have been raised with the RCPLond's representative at the AoMRC. Dr Brennan would feed back to Council for a clear steer after the Regional Advisers' meeting.

Dr Nightingale reported that there was concern at the ASTC that there could be many unregulated trust-based "training" schemes being initiated. Concerns will continue to be raised through the AoMRC structure. Dr Clutton-Brock stated that co-operation and leadership from the GMC would be key. The President reported that there is a move within trusts to appoint pre-CCT Fellows. Dr Nevin stated that many trusts are looking at fellowship

posts; not as a financial saving but to fill rotas. This is an area the RCoA needs to consider from an accreditation perspective. Dr Patel pointed out that the number of posts is increasing and lack of consultant jobs means there are doctors available to take them. The RCoA should start making firm plans and governance measures for this group. The President responded that it would be considered in the Shape of Training document.

(ii) Certificate of Completion of Training

Council noted recommendations made to the GMC for approval, that CCTs/CESR [CP]s be awarded to those set out below, who have satisfactorily completed the full period of higher specialist training in anaesthesia. The doctors whose names are marked with an asterisk have been recommended for Joint CCTs/CESR (CP)s in Anaesthesia and Intensive Care Medicine (ICM).

London

South East

Dr Mark Snazelle *

North Central

Dr Constandinos Papageorgiou

Bart's and The London

Dr Rosemary Tallach

St. George's

Dr Serena Bourke

Dr Vinita Felmine

East Midlands

Nottingham

Dr Victoria Banks *

Mersey

Dr Catherine Gerrad

Dr Eoin Young *

North West

Dr Thomas Varghese

Northern Ireland

Dr Paraskevi Koutsoumpi

Dr Laure Martin

Oxford

Dr Andrew Johnson

Dr Nawal Bahal

Dr Paul Greig

Dr Gowri Subash

Dr Anna Girolami

Severn/Bristol

Dr Lucy Kirkham

Dr Dominic Hurford

Dr Miguel Ernesto Garcia Rodriguez *

South West Peninsula

Dr Nigel Hollister *

Dr Claire Preedy

Dr Richard Kaye

Wessex

Dr Shiny Shankar

Scotland

South East Scotland

Dr Murray Blackstock *

Dr Rosaleen Macfadyen *

North Scotland

Dr Kristina High

Yorkshire

East Yorkshire (Hull/York)

Dr Paresh Rajendran

South Yorkshire (Sheffield)

Dr Deedy Elmissiry

Dr Ravindranath Parekodi

CB/131/2012 Audit and Internal Affairs Committee

Council received and considered the minutes of the meeting held on 19 September 2012 which were presented by Mr Storey. Miss Sally Kirby had presented the audit findings report and was happy to confirm there were no significant events and no changes to the figures as presented to the auditors.

Mr Storey explained that page 17 of the Annual Report and Accounts keeps the RCoA in line to follow the financial plan to knock through to 34 Red Lion Square and to reach 2020 with appropriate reserves. Council approved the Annual Report and Accounts.

CB/132/2012 Education Committee

Council received and considered the minutes of the meeting held on 12 September 2012 which were presented by the Chairman, Dr Clutton-Brock. It had been agreed to incorporate e-Learning Anaesthesia (e-LA), Simulation and Anaesthetists as Educators under the Education Committee.

The revamped Final FRCA Revision Course has received good feedback overall. Consideration will be given to extending the duration of the course.

The Committee had strongly supported the RCoA sponsorship document.

Speakers are sought for forthcoming events. There is a slight trend of people failing to fulfil agreed speaking commitments. The situation will be monitored.

The Annual Congress has enjoyed mixed success. It has been revamped and will take place at the Wolfson Centre for Medical Education in Birmingham in 2013.

Online booking and surveys for events was launched on 11 September 2012. Ms Drake added that there are 690 users registered to use online services with over 400 bookings made online.

Viewings of the RCoA's webcasting page are steadily increasing. Feedback has been positive and there is a detailed plan to increase the content.

A CPD day will be held in April 2013 in collaboration with SEA(UK).

The Anaesthetists as Educators Committee and the College Simulation Steering Group will develop a training the trainers course.

The Committee is trying to finalise its application to obtain Academy of Medical Educators' accreditation for module one and module two of the Anaesthetists as Educators programme.

CB/133/2012 e-Learning Anaesthesia

Dr Clutton-Brock informed Council that the RCoA supplies a significant amount of time to design and generate sessions.

Migration to a more robust platform is progressing well.

Dr Brennan was disappointed by the significant number of basic science sessions not yet completed. Dr Clutton-Brock explained that the figures were slightly misleading as they were

based on the list of original proposed titles not yet completed. Those who said they would write a session but have not yet submitted will be given a reminder.

CB/134/2012 Patient Liaison Group

Council received and considered the minutes of the meeting held on 18 September 2012 which were presented by the Chairman, Mrs Dalton. Mrs Dalton had included a draft policy for the management of patient pages on the RCoA's website for Council's information.

The PLG had discussed the issue of critical care beds in Wales, noting that the number of beds available was the lowest in Europe.

The PLG plans to introduce formal substitutes for all committees upon which it is represented.

The PLG's forthcoming Away Day will focus on its priorities and objectives and whether they can be measured.

Mrs Dalton was grateful for suggestions of topics for *Bulletin* articles from the PLG's perspective. Many will inform debate at the PLG and will result in an article.

CB/135/2012 National Specialty Advisory Group/Royal College of Anaesthetists' Advisory Board for Wales

Dr Johnson thanked Mrs Dalton for the PLG's comments on critical care in Wales. The next meeting will be held on 26 October 2013 when Dr Jones would represent the President. Sub-groups in pain and critical care are developing well and the Group is grateful to be able to contribute via the College and also the Welsh Government.

CB/136/2012 Trainee Committee

Council received and considered the minutes of the meeting held on 19 July 2012 which were presented by the Chairman, Dr Patel. The 4th edition of Gas has been distributed and was generally very well received although despite using various methods the issue of distributing it to all trainees remains.

Dr James Dawson is working alongside Ms Drake on the provision of e-LA for medical schools.

There are moves to establish regional trainee representatives alongside the elected Trainee Committee. Discussions will be held with the President about the structure of the Committee.

All trainees registered with the College are being surveyed about their future plans including aspirations for training and consultant posts.

CB/137/2012 Quality Management of Service Committee

Council received and considered the minutes of the meeting held on 19 September 2012 which were presented by the Chairman, Dr Venn. A second standard writing day had just been held. There are ten chapters populating the matrix which is now being proof read along with the standards. The next job will be to weight standards.

The Committee hopes to be in a position to run the second pilot before Christmas.

The Committee needs to discuss further the appeals process.

Mr McLaughlan informed Council that he had attended a European Accreditation Network Meeting which offered the opportunity to link up with other medical Colleges.

Dr Venn had been invited to meet Ms Catherine Dixon of the NHS Litigation Authority (NHSLA). The involvement of NHSLA and the Care Quality Commission (CQC) would lend credibility to the project. Ms Dixon had expressed a willingness to speak to Council members if they wished. It was agreed that Dr Venn would ask Ms Dixon to contact Ms Regan to arrange this.

Mrs Dalton expressed concern about the timescale on page three under section reviewers. There is only one PLG meeting before the proposed training day and Mrs Dalton therefore urgently needs to know what is required so it can be discussed and those who will be trained can be identified. Dr Venn explained that short timelines were being applied to the project to keep driving it forward. Mr McLaughlan added that the CQC is very keen for lay representation. It was however never the plan that this would come solely from the PLG. The PLG will certainly be core and the point of contact but as business picks up it would not solely be PLG members providing lay input.

MATTERS FOR INFORMATION

1/29/2012 Publications

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

1/30/2012 Consultations

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

1/31/2012 New Associate Fellows, Members & Associate Members

Council noted, for information, the following:

New Associate Fellow – October 2012

Dr Mario Sharan Shekar – Rotherham NHS Foundation Trust

New Associate Members – October 2012

Dr Malgorzata Jaworska-Grajek – Castle Hill Hospital, Hull

Dr Lowri Fflur Hughes – Royal Free Hospital, Hampstead

Dr Patrik Kontina – Watford General Hospital

New Affiliate – Physicians' Assistant – October 2012

Mr Matthew David Wragg – Sheffield Teaching Hospitals

To receive for information, the following doctors have been put on the Voluntary Register – October 2012

Dr Rita Russai – Northwick Park Hospital, Harrow

Dr Orinta Marija Jansoniene – Royal Brompton Hospital

Dr Monica-Iuliana Popescu – West Middlesex University Hospital

Dr Jana Balogova – Queen's Hospital, Romford

Dr Indira Damayanthi Peramune Arachchillage Gunaratne – Whittington Hospital, London

Dr Lajos Szentgyorgyi – Wythenshawe Hospital, Manchester

Dr Niroshani Jayamanne Mohottige Dona Pradeepika Jayamanne – Whittington Hospital, London

Dr Deepti Vissa - Frenchay Hospital, Bristol

PRESIDENT'S CLOSING STATEMENT

PCS/9/2012 President's Closing Statement

- (i) The Painless exhibition will open at the Science Museum on 8 November 2012 and is scheduled to run for one year.
- (ii) The Safety Conference will be held in Glasgow on 23 October 2012.
- (iii) The President encouraged as many Council members as possible to attend the joint meeting and dinner with the AAGBI's Council on 2 November 2012.
- (iv) Over the next year or so the RCoA will be increasingly asked to provide clinical standards to underpin commissioning. It is important that Council constructs robust standards.

MOTIONS TO COUNCIL

M/34/2012 Council Minutes

Resolved: That the minutes of the meeting held on 19 September 2012 be approved.

M/35/2012 Regional Advisers

Resolved: That the following appointment be approved:
Council approved the following appointment:

Northern Region

Dr G R Enever, Regional Adviser for the Northern Region

M/36/2012 College Tutors

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

North Thames West

Dr N Barker (Chelsea and Westminster Hospital) in succession to Dr P B Brooks

North West

Dr C Coldwell (Lancaster Royal Infirmary) in succession to Dr S Richmond

*Dr D A Watson (East Lancashire NHS Trust)

*Dr S Mirza (Royal Oldham Hospital)

North of Scotland

To receive a request from Dr J Read, Regional Adviser, for an extra tutor at Aberdeen Royal Infirmary.

West of Scotland

Dr K R Fitzpatrick (Institute of Neurological Sciences, Southern General Hospital) in succession to Dr L B Stewart

Wessex

Council noted that Dr R Heames will retire as College Tutor at Southampton in December 2012 and Dr Poppy Mackie will replace him.

South Thames West

Dr S Bailey (Acting Tutor at Epsom & St Helier Hospital) for Dr M Hendricks who will be taking a 12 month employment break

*Dr K S Paramesh (Kingston Hospital)

South Thames East

*Dr S A Leonard (King's College Hospital)

Sheffield & North Trent

Dr T Meekings (Chesterfield Royal Infirmary) in succession to Dr S Capper
Dr K U Farooq (Doncaster and Bassetlaw Trust) in succession to Dr J Allen

Wales

Dr T Sheraton (Royal Gwent Hospital) in succession to Dr S Sindhakar

M/37/2012 Audit and Internal Affairs Committee

Resolved: That Council approves the Annual Report and Accounts.