

## MEETING OF COUNCIL

**Edited Minutes of the meeting held on Wednesday 16 October 2013  
Council Chamber, Churchill House**

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

### **Members attending:**

Dr J-P van Besouw, President  
Dr D M Nolan  
Dr L Brennan  
Dr H M Jones  
Professor J F Bion  
Dr K M Grady  
Dr P Venn  
Dr A Batchelor  
Dr R Verma  
Dr R J Marks  
Dr T H Clutton-Brock  
Dr J Nolan

Dr J A Langton  
Dr J R Colvin  
Dr N W Penfold  
Dr V R Alladi  
Dr S Gulati  
Dr E J Fazackerley  
Dr S Fletcher  
Professor M Mythen  
Dr J R Darling  
Dr I Johnson  
Dr D Selwyn

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:** Professor D J Rowbotham, Professor R Mahajan, Professor J R Sneyd, Dr D Whitaker, Dr W Harrop-Griffiths, Dr M Nevin, Dr P Kumar and Mr C McLaughlan.

### **COUNCIL IN DISCUSSION**

#### **CID/50/2013 President's Opening Statement**

1. This would be Professor Bion's last Council meeting. Professor Bion was pleased to be leaving the Faculty of Intensive Care Medicine (FICM) in the safe hands of Dr Batchelor and Dr Carl Waldmann as Dean and Vice Dean respectively. Professor Bion expressed his gratitude for the support of the College and Council, the Patient Liaison Group (PLG) and the staff of the College and FICM. The President thanked Professor Bion for his support and contribution to Council.
2. 16 October 2013 was World Anaesthesia Day. The *British Journal of Anaesthesia's* (BJA) promotional material was accessible from a link on the Royal College of Anaesthetists' (RCoA) website.
3. The Scottish Intercollegiate Guidelines Network (SIGN) would publish chronic pain guidelines in December 2013. Professor John Kinsella would become SIGN's Chairman with effect from January 2014.
4. Nominations for Council had closed. There were nine candidates for four consultant vacancies, two for the single trainee vacancy and none for the Staff and Associate Specialist (SAS) vacancy. Mr Storey reported that applications received after the deadline had not been accepted. Dr Alladi stated that SAS doctors had claimed to be unaware of the closing date. Mr Storey responded that the date had been widely publicised in the *Bulletin* and on the website and no extension would be granted. Mr Storey added that the closing date would also be printed on the nomination form in 2014.
5. The President invited Dr Colvin to update Council on the concerns of the Workforce Planning Strategy Group (WPSG) regarding specialty training numbers. It appeared well

substantiated from at least one deanery that what was being portrayed to the schools in the region was an agreed reduction in anaesthesia ST numbers. The WPSG was very concerned and would like the RCoA to publish a strong position statement. Dr Colvin and Mr Bryant had drafted a statement for the website and to enable communication with Health Education England (HEE). There were a number of issues regarding the interaction between the Centre for Workforce Intelligence (CfWI), Local Education and Training Boards (LETB) and HEE which needed to be resolved. The RCoA would need to take a strong position that it would be a counter intuitive and high risk strategy to reduce ST numbers in advance of CFWI's in depth review. Dr Colvin asked Council whether something was required in writing which would strongly reiterate to Regional Advisers that the RCoA took this kind of feedback seriously. It would also need to be made clear to HEE that the RCoA had engaged with the process in good faith and in considerable detail to ensure accuracy for future supply of manpower. The President suggested that a state of the nation report on how the RCoA was engaging with external stakeholders could be prepared for the next Regional Advisers' meeting. Dr Colvin explained that the WPSG had agreed to ask Regional Advisers what was happening in other regions as the current information had come to him informally. The President reiterated the need to ensure that the RCoA's workforce strategy was appropriate; the RCoA needed to have a strong view about how the future workforce would be deployed and the necessary training to support that. Professor Bion informed Council that an application had been submitted to DH for the reconfiguration of intensive care services to be identified as a priority for commissioned research. The application had been successful and a proposal would now be required. The President responded that he would be content for one of the intensive care medicine (ICM) workforce leads to attend the next quarterly meeting with HEE. Professor Bion explained that it would be difficult to attend at short notice but FICM would wish to be represented at a future meeting. Professor Bion stated that FICM had been invited at short notice to present the situation in ICM training to the Conference of Postgraduate Medical Deans (COPMeD); unfortunately the Lead Dean for ICM was unable to attend on the day of the presentation. Professor Bion added that if the number of ICM training posts was not doubled rapidly then there would be a potentially significant deficit in applicants for consultant posts in four to five years. Professor Bion had asked FICM to set up a meeting with Dr Vicky Osgood as well as one to one meetings with each Postgraduate Dean who had concerns about the subject. It was agreed that Dr Batchelor would attend the tripartite meeting with COPMeD on 30 October 2014.

6. Professor Mythen had been reappointed National Clinical Adviser for the Enhanced Recovery Partnership (ERP). Professor Mythen informed Council that a new 'glossy' would be published summarising the ERP's progress to date and the future direction of travel.
7. Dr Verma tabled an update on Progressing the Hospital Episode Statistics (HES) Database. The Department of Health (DH) was tidying up the HES database. The RCoA's involvement would be important as the database, which was used for important decision making, currently included very little information in relation to anaesthesia, input provided by the specialty and outcome data. Dr Batchelor commented that there was unlikely to be any meaningful intensive care data either especially in relation to outreach, emergency department and trauma work. Professor Bion suggested that Gavin Ranch might be a good contact as he had a good understanding of the process of extracting data from the health service. Dr Brennan asked if the pilot would include anaesthesia specific questions and if so how the questions would be determined. Dr Verma responded that the difficulty with the HES database was its rigidity; it would not be possible to include anything in great clinical depth. There would certainly be one field for anaesthetics and it might be possible to adjust the database to include six or ten.
8. Dr Verma tabled an update on obstetric anaesthesia activities; Intensive Care National Audit & Research Centre (ICNARC), the Maternity Critical Care Group (MCCG), the Royal College of Obstetricians and Gynaecologists (RCOG) Safety and Quality Committee, and the *Which Guide* to maternity units which would be published in November 2013. Dr Verma reported that the RCOG Safety and Quality Committee published procedure specific guidelines on consent and asked if there was any view on the RCoA doing similar. The

- President responded that the RCoA produced regularly reviewed information leaflets for patients; the major issue was maintaining the contemporaneous elements.
9. The *NIHR Specialty Group News* (October 2013) showed that 'Anaesthesia, Perioperative Medicine and Pain Management' were the top performers with regards to recruitment to time and target in commercial/non-commercial portfolio studies. The first meeting of the Anaesthesia and Perioperative Care Priority Setting Partnership would take place on Friday 18 October at the RCoA. Led by the James Lind Alliance, this was an 18 month exercise to agree research priorities for the specialty. There would be an even spread of patients and clinicians at the first meeting.
  10. Sir John Oldham had been tasked by the Rt Hon Andy Burnham to look at the future of healthcare provision and would meet with Presidents and Chief Officers of Royal Colleges on 23 October. The President asked if any Council member would be available to represent the RCoA at the meeting.
  11. Council was asked to note the following dates for 2014:
    - a. Presidents Dinner – 11 February
    - b. Anniversary Dinner – 12 March
    - c. Diplomates' Day – 2 May
  12. The joint meeting with the Association of Anaesthetists of Great Britain and Ireland (AAGBI) would be held on 8 November 2013 and as usual would be an opportunity to share information. The President and Dr Harrop-Griffiths had recently discussed the long-term purpose of the session and what it achieved. This would potentially be the last joint session but the dinner might continue.
  13. The President congratulated the AAGBI on a successful Congress.
  14. The President and Dr Harrop-Griffiths had met Professor David Cousins and Dr Mike Durkin to discuss the introduction of Non-Luer Neuraxial Devices. A new position statement had been drafted. The current committee would be disbanded and a new group formed. There was an understanding within the DH that this had primarily been an issue around the administration of cytotoxic drugs into the cerebrospinal fluid which had been resolved but the issue around the administration of anaesthetics had not been resolved.
  15. College Presidents had met the Secretary of State for "The Name Over The Bed" seminar. It was agreed that patients needed to know the name of the consultant to whom they could turn for information and communication.
  16. Discussion at the recent *BJA* Retreat included how much the RCoA paid for the *BJA*. The RCoA's view was that it should be viewed as a symbiotic relationship. The journal obtains some benefit from its association with the College.
  17. The Mid Staffordshire Foundation Trust Special Administrators had produced their report and taken evidence and submissions from a number of bodies. The TSAs were now modifying the delivery plan for the trust and would come up with a final proposal for the trust's future. It was estimated that only 170 trusts in England were in a position to provide acute care to the level required with all the services required.
  18. The President had met with Major General Rowan (Assistant Chief of Defence Staff (Health) and Deputy Surgeon General) who had commended the work of the RCoA in supporting military doctors. The RCoA had taken the opportunity to praise the work of Colonel Mahoney whose extension in the role of Defence Professor of Anaesthesia would go forward for approval this month. The President encouraged Council to attend sessions at the Tri-Service Anaesthetic Society (TSAS) meeting which would be held on the same day as the November meeting of Council.
  19. The Jubilee Current Concepts Symposium had been an excellent event. The President thanked Dr Gulati for arranging a question and answer session with Council members to which representatives from all the Schools of Anaesthesia had been invited. There had been positive feedback from trainees and Specialist Societies; the latter had particularly appreciated the opportunity to engage with the future stars of anaesthesia.
  20. The Continuing Professional Development (CPD) Day had been moderately well attended. The move to seven day working would also see a move to seven day CPD events and an increase in people attending CPD events at weekends.

21. The President had attended a meeting relating to the Independent Review of Expert Clinical Advice in support of the Medicines and Healthcare Products Regulatory Agency (MHRA) Medical Device Regulation.
22. A delegation from the Hong Kong College of Anaesthesiologists would visit the Primary Examination in November. The Hong Kong College was keen to host a tripartite meeting with the RCoA and Irish College of Anaesthetists in Hong Kong in November 2014. Discussions were underway regarding how this might be facilitated.
23. The President updated Council on staff changes:
  - a. Ms Michaela Dickson had left the College after the position of National Emergency Laparotomy Audit (NELA) Project Manager was made redundant.
  - b. Ms Judi Hickman (Specialty Training Co-ordinator) had left the College.
  - c. Ms Mina Drago had joined the Membership Department on a temporary basis.
  - d. Ms Nana Coker had joined the Education and Research Directorate on a temporary basis.

### **CID/51/2013 Association of Anaesthetists of Great Britain & Ireland President's Report**

Dr Harrop-Griffiths had sent apologies for the meeting.

## **COMMITTEE BUSINESS**

### **CB/116/2013 Council Minutes**

The minutes of the meeting held on 18 September 2013 were approved with the amendment of CID/42/2013/para 13 to "Dr Marks stated that *Guidelines for the Provision of Anaesthetic Services (GPAS)* had been updated earlier in the year and **no longer** said that under no circumstances should an anaesthetised patient be left without an anaesthetist present."

### **CB/117/2013 Matters Arising**

#### **(i) Review of Action Points**

*CID/41/2013 President's Opening Statement* Committee Chairmen were reminded to submit committee reports for the Annual Report and a 200 word summary for the *Bulletin* by 29 November 2013.

*CID/43/2013 Faculty of Pain Medicine Regulations* The Faculty of Pain Medicine had produced a response to Council's query about the election of officers.

*CID/48/2013 Publication of Consultations on the Website* Dr Marks hoped that Council would approve the proposed way forward. Consultations would be handled like news items. In terms of which consultations were included, the limiting factor would be the consultations that were given to the website team for uploading. The names of contributors would be included. The President suggested that the suitability of a consultation for publication could be discussed at the President's Meeting. Dr Batchelor asked if there would be any value in listing the consultations in progress along with a point of contact in case Fellows or Members wished to contribute. The President was unsure whether or not this would result in greater input.

*CB/104/2013 (i) Review of Action Points* Dr Grady confirmed that a list of SAS doctors working in or leading in pain was no longer required. It had been requested in order to appoint an SAS doctor to the Faculty Board but an advertisement had now been published instead.

*CB/104/2013 (i) CB/97/2013* Dr Selwyn reported that the initial proposal was to survey Clinical Directors (CDs) at their November meeting.

### **CB/118/2013 Regional Advisers**

There were no appointments/re-appointments this month.

### **CB/119/2013 Deputy Regional Advisers**

There were no appointments/re-appointments this month.

### **CB/120/2013 College Tutors**

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

#### **Anglia**

\*Dr A V Patil (Addenbrookes Hospital) **Agreed**

#### **Oxford**

Dr C Morris (Buckingham Healthcare NHS Trust) in succession to Dr A J Ankers **Agreed**

#### **Northern**

\*Dr A Holtham (University Hospital of North Durham) **Agreed**

Dr O Shalaby (North Tees and Hartlepool NHS Trust) in succession to Dr A K Sharma **Agreed**

#### **North Thames West**

Dr N D Stranix (Charing Cross Hospital) in succession to Dr J Poncia **Agreed**

To receive a request for a second Tutor at Charing Cross Hospital, Dr A A Kalbag has been nominated if post **Agreed**

#### **North Thames Central**

Dr A Kambli (Lister Hospital) **Agreed**

#### **South West Peninsula**

\*Dr G F Rousseau (North Devon District Hospital) **Agreed**

Dr J Elliott (Derriford Hospital) in succession to Dr S M Boumphrey **Agreed**

#### **Wales**

\*Dr Sandby-Thomas (Llandough Hospital) **Agreed**

#### **West Midlands**

Dr E J F Jayadoss (New Cross Hospital) in succession to Dr J Dyer **Agreed**

### **CB/121/2013 Head of School**

Council noted the following appointment:

Dr Bret Claxton, Yorkshire Deanery School of Anaesthesia in succession to Dr Robert Cruickshank.

### **CB/122/2013 Training Committee**

(i) Training Committee

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

- TRG/52/13 *International Programme*.
- TRG/55/13 *Regional Adviser/College Tutor Terms of Reference and Person Specification*.
- TRG/54/13 *Restraint and the Anaesthetist*.

Dr Batchelor asked what the gist of the intended guidance would be. Dr Brennan explained that this was unknown until discussions had been held with the Royal College of Psychiatrists (RCPsych). There was anxiety that using chemical restraint could be a patient safety concern. The President highlighted the heightened political concern following restraint seen in patients at Winterbourne Grove. Dr Batchelor, whilst understanding the legal issues, suggested that someone who understood sedation might be in a better position to carry out restraint than someone who did not. Dr Marks believed that chemical restraint was not purely a trainee issue; consultants and SAS doctors would face the same ethical dilemmas.

Dr Brennan agreed but pointed out that the original concern was raised by several London trusts where trainees were being involved. The President anticipated that the statement would reflect a broader view of chemical restraint.

- TRG/56/13 Education Commissioning in London Local Education and Training Boards (LETB).
- TRG/58/13 Curriculum Issues.
- TRG/61/13 National Recruitment.

(i) Certificate of Completion of Training (CCT)

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

**London**

**South East**

Dr Mohamed Ali  
Dr Narayana Pemmaraju  
Dr Oliver Hargrove

**North Central**

Dr Emily Haberman  
Dr Tonis Sousalis  
Dr Nadine Dobby

**Bart's and The London**

Dr Alvina Lone  
Dr Ashan Khan

**East Midlands**

**Leicester**

Dr Mhamad Al-Hashimi

**Oxford**

Dr Kim Carter

**Tri-Services**

Dr Jonathan Round

**West Midlands**

**Birmingham**

Dr Parvez Ellahee  
Dr David Christie

**Yorkshire**

**West Yorkshire (Leeds/Bradford)**

Dr Nicholas Freeman

(iii) Chairman of the Training Committee's Update

An ST5 trainee had been appointed Educational Research Fellow and would commence in February 2014.

Initial comments had been made on the Shape of Training Review. It had been agreed to publish a *Bulletin* editorial in January 2014. The main features would be presented to the Regional Advisers' meeting in November.

There was concern that Acute Care Common Stem (ACCS) for Emergency Medicine was going to become a run-through programme. The RCoA had secured anaesthetic input into the discussion to avoid adverse implications for anaesthesia.

**CB/123/2013 Audit and Internal Affairs Committee**

Council received and considered the minutes of the meeting held on 18 September 2013 which were presented by the Chairman, Dr Clutton-Brock, who drew Council's attention to the following:

- 1. CCW Audit Findings Report.
- 3. Any Other Business, Evaluation of The College's Freeholds.

Council agreed that the draft 2012/13 Report and Accounts be approved.

### **CB/124/2013 Finance Committee**

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

- F59/2013 RPI and CPI.
- F62/2013 Bank Mandate.
- F69/2013 National Audit Projects.
- F70/2013 Quality Improvement.
- F75/2013 Exam Question Writing, Disparity Report and Exam Changes.
- F77/2013 Proposal for Start-up Funding for a Pilot Simulation Training the Trainers Course.
- F82/2013 Any Other Business, Web-based App for the Online CPD System.
- F60/2013 College and Faculties Subscription Rates for 2014/2015.
- F53/2013 Draft 2012/2013 Final Accounts.
- F54/2013 RCoA Financial Strategy 2012 to 2020.

### **CB/125/2013 Quality Management of Service Committee**

Council received and considered the minutes of the meeting held on 18 September 2013 which were presented by the Chairman, Dr Venn. Dr Venn updated Council on ACSA which had been launched in June 2013. Thirty hospitals were currently engaged with the process and the third Reviewer Training Day had been held.

The next version of GPAS would be available on the website in January 2014.

Dr Venn had asked Presidents of Specialist Societies if they would take responsibility for developing standards in their specialty areas.

Professor Mike Richards was very supportive of the process and in future would ask Chief Executives if their hospital had signed up to ACSA and if not, why not.

An audit would be developed to look at ACSA, its delivery and whether it was fit for purpose all the time.

An article in the November *Bulletin* would concentrate on what was learnt from the second pilot.

Efforts would be made to identify areas of concern which could then be taken to the Care Quality Commission (CQC) or other relevant body as an evidence base.

Dr Venn agreed with the President's suggestion that an article should be written for the *Health Services Journal*.

Professor Bion offered his congratulations on the work so far and asked how it would be known whether or not the accreditation process had had a beneficial effect. Dr Venn explained that it would be audited in terms of constant engagement with hospitals; as standards changed their compliance would have to change. Professor Bion suggested that it lent itself to systematic research based evaluation.

### **CB/126/2013 Examinations Committee**

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

- EX/35/13 Number of Attempts.
- EX/46/12 Role of Call-over in Primary Examination.
- EX/40/13 Examiner Discordance.
- EX/38/13 Hong Kong – RCoA Collaboration.
- EX/39/13 Academy Assessment Committee Meeting Notes.

Mr Storey reported that at a recent Chief Executives' Meeting the Royal College of General Practitioners (RCGP) had been asked to give an update on its position regarding examinations. The President added that the ruling from the General Medical Council (GMC) was available online. Mr Storey stated that the situation had made other Colleges review their procedures to ensure they were reasonable.

#### **CB/127/2013 Royal College of Anaesthetists' Advisory Board for Scotland**

Dr Colvin gave a verbal update. The Scottish Board was working through the Scottish Academy to get Chief Executives in Scotland to reject the current "nine plus one" position in relation to Consultant job plans. It was hoped that a statement would be co-badged with employers and would endorse the need for added value for Supporting Professional Activity (SPA) time which needs to come in parallel with the opportunity to participate in SPA activities.

34% of CCT holders have left the country rather than taking consultant jobs in Scotland.

The Reshaping Board had acknowledged that if modelling needs increased numbers there would be a need to define a strategy to do this. There would be a recommendation for 2014 for an increase in core numbers of between six and ten.

The Board continued to protest about the effect of a lack of higher awards in Scotland.

The end of the year would see elections for five Board members; three consultants, one SAS and one trainee.

#### **CB/128/2013 Workforce Planning Strategy Group**

Discussed under President's Opening Statement.

#### **CB/129/2013 Equivalence Committee**

Council received and considered the minutes of the meeting held on 19 September 2013 which were presented by the Chairman, Dr Fletcher. The Committee had reviewed one first application; a recommendation of approval had been submitted to the GMC.

#### **CB/130/2013 Faculty of Pain Medicine**

Council received and considered the minutes of the Board meeting held on 12 September 2013 which were presented by the Chairman, Dr Grady, who drew Council's attention to the following:

- *Item 5.4 Acute Pain Medicine.*
- *Item 6.3 Drugs and Driving.*  
The President asked Dr Grady to circulate the schedule of drugs to Council.
- *Item 6.6 Tramadol Consultation.*
- *Item 6.4 Pain in Secure Environments.*

#### **CB/131/2013 Patient Liaison Group**

Council received and considered the minutes of the meeting held on 17 September 2013 which were presented by the Chairman, Mrs Dalton, who drew Council's attention to the following:

- *PLG Subject Leads.*
- *Work Plan.*
- *Review of Patient Information Leaflets.*
- *Progression of the Pilot of a Revised Multi Source Feedback (MSF) Questionnaire for Revalidation.*

The PLG wished to extend its thanks to Dr Marks for progressing this so quickly.

Dr Marks had recently asked Mrs Dalton to review the need for Council Members on the PLG and also to look at it in terms of information flow. The President suggested this would be a suitable Away Weekend item as part of a discussion about all committees, what people bring

to them and committee outputs. Mrs Dalton added that the PLG would be discussing its contribution to College Committees at the PLG's Away Day.

### **CB/132/2013 Education Committee**

Council received and considered the minutes of the meeting held on 11 September 2013 which were presented by the Chairman, Dr Clutton-Brock, who drew Council's attention to the following:

- AEG/25/13b Mentoring.
- AEG/26/13a Quality Improvement and Patient Safety Meeting.
- AEG/28/13a Increased use of Webcasting.
- AEG/28/13c Facebook.
- AEG/28/13d e-Learning for Anaesthesia.
- AEG/28/13e Travel Management System.

### **CB/133/2013 Anaesthetists as Educators Group**

Council received and considered the minutes of the meeting held on 11 September 2013 which were presented by the Chairman, Dr Clutton-Brock, who drew Council's attention to the following:

- AEG/18/2013 Simulation Unplugged.

## **MATTERS FOR INFORMATION**

### **I/27/2013 Publications**

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

### **I/28/2013 Consultations**

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

### **I/29/2013 New Associate Fellows, Members and Associate Members**

Council noted, for information, the following:

#### **New Associate Members**

Dr Aikaterini Vlachou - Royal Brompton Hospital

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

Dr Nandika Wanigasinghe - Worthing Hospital

Dr Naveed Ahmed Karim - Garthavel General Hospital

#### **Membership Category Progression:**

<b><u>Name</u></b>	<b><u>Category</u></b>	<b><u>Qualification</u></b>
Dr Graham Michael Arthur McNamara	Member	Primary
Dr Victoria Michelle Forrester	Member	Primary

### **PCS/8/2013 PRESIDENT'S CLOSING STATEMENT**

1. It was noted that the RCPsych had moved premises.

## **MOTIONS TO COUNCIL**

### **M/36/2013 Council Minutes**

**Resolved:** That the minutes of the meeting held on 18 September 2013 be approved with the amendment of a sentence in CID/42/2013/para 13 to "Dr Marks stated that *Guidelines for the Provision of Anaesthetic Services (GPAS)* had been updated earlier in the year and **no longer** said that under no circumstances should an anaesthetised patient be left without an anaesthetist present."

### **M/37/2013 Audit and Internal Affairs Committee**

**Resolved:** That the draft 2012/13 Report and Accounts be approved.

### **M/38/2013 College Tutors**

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

#### **Anglia**

\*Dr A V Patil (Addenbrookes Hospital)

#### **Oxford**

Dr C Morris (Buckinghamshire Healthcare NHS Trust)

#### **Northern**

\*Dr A Holtham (University Hospital of North Durham)

Dr O Shalaby (North Tees and Hartlepool NHS Trust)

#### **North Thames West**

Dr N D Stranix (Charing Cross Hospital)

Second College Tutor Post for Charing Cross Hospital, Dr A A Kalbag

#### **North Thames Central**

Dr A Kambli (Lister Hospital)

#### **South West Peninsula**

\*Dr G F Rousseau (North Devon District Hospital)

Dr J Elliott (Derriford Hospital)

#### **Wales**

\*Dr Sandby-Thomas (Llandough Hospital)

#### **West Midlands**

Dr E J F Jayadoss (New Cross Hospital)