MEETING OF COUNCIL

Edited Minutes of the meeting held on Wednesday 21 September 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 R Laishley
Professor D J Rowbotham
Dr H M Jones
Dr E A Thornberry
Professor R P Mahajan
Dr P J Venn
Dr A M Batchelor
Dr S R Moonesinghe
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
Dr J Darling
Dr M Nevin

Mrs I Dalton, RCoA Patient Liaison Group
Mr P Rees, RCoA Patient Liaison Group

In attendance: Mr K Storey, Mr C McLaughlan, Ms S Drake, Mr R Bryant and Ms A Regan. Mr D Waeland and Mr C Williamson were in attendance for selected items.

Apologies for absence: Dr A B H Lim, Professor J F Bion, Dr D K Whitaker, Dr S C Patel, Dr I H Wilson , Dr J Heyworth and Dr A-M Rollin.

CEREMONIAL

C/10/2011 Admission of President
Dr Peter Nightingale was admitted as President for the year 2011-2012.

C/11/2011 Admission of Vice-Presidents
Dr J-P van Besouw and Professor J Robert Sneyd were admitted as Vice-Presidents for the year 2011-2012.

C/12/2011 Past Vice-President's Medal
Dr Andy Tomlinson was presented with a Past Vice-President's Medal.

COUNCIL IN DISCUSSION

CID/39/2011 President's Opening Statement

(i) The President announced the deaths of Dr Arthur Eastwood, Dr John Canton, Dr Helen Matheson, Dr Stuart Vandewater, Dr Nicholas Woodward, Dr Roger Brooks, Dr Malcolm Greene, Dr Mary Ducrow, Dr John Inkster, Dr John Brooks, Dr John Stevens and Dr John Lewis. Council stood in memory.

(ii) The President invited Professor Rowbotham to pay tribute to Dr Pete Mackenzie whom Council had remembered at its July meeting. Dr Mackenzie's death was a sad loss to the

pain community and patients, particularly in Scotland where he led a movement which resulted in the treatment of chronic pain being at the top of the health service agenda.

(iii) This would have been Dr Heyworth's last meeting as President of the College of Emergency Medicine (CEM). The President expressed his gratitude for Dr Heyworth's contribution to Council. Dr Mike Clancy would succeed Dr Heyworth as President of the CEM.

(iv) The President welcomed Mr Peter Rees, Vice-Chairman of the Patient Liaison Group (PLG). Mrs Dalton and Mr Rees will alternate attendance at future Council meetings.

(v) Council congratulated Dr Greaves and his wife, Jane, on the arrival of baby Daisy.

(vi) Ms Julie Moore, Chair of the education and training section of the Future Forum, would attend the meeting as part of the Future Forum's listening exercise. Council would have an opportunity to make any points regarding how it envisaged the development of education and training over the next few years.

(vii) Item 4.7 would be discussed during the morning session as Dr Thornberry had to attend a meeting at the Academy of Medical Royal Colleges (AoMRC) in the afternoon.

(viii) At a recent meeting of the Royal College of Anaesthetists' (RCoA) Advisory Board for Wales, Dr Rachel Collis had highlighted that some devices put through the Welsh system would not be tested because they failed the initial procurement process; two products have been excluded because they failed the hurdle of going to technical review, including one regarded by Dr Collis as one of the best from a technical perspective. There have been some very strong responses from manufacturers which the Association of Anaesthetists of Great Britain & Ireland (AAGBI) would consider at its October Council meeting. The RCoA and AAGBI would have to review its response to the implementation of neuraxial connectors. Professor Mahajan could not understand why the NPSA had reacted in the way it did; the joint statement made it very clear that patient safety is of paramount interest to professionals. Professor Mahajan suggested the way forward may be a forum consisting of the key organisations. The President agreed to take this forward with Dr Wilson. The President asked Mr McLaughlan and Dr Clutton-Brock to compile a timeline of responses.

(ix) The Intensive Care Society has signed a new five year lease for its offices in Churchill House.

(x) The CEM will move out of Churchill House by January 2012. The CEM wished to thank Council for the support and assistance the RCoA has given the CEM since it had left the Royal College of Surgeons of England (RCSEng) and also in buying its first home.

(xi) HRH The Princess Royal would attend the Patient Safety Event on 3 October 2011. Council members wishing to attend should inform Ms Odette Lester if they have not already done so.

(xii) The Educational Outcomes Framework Group has attempted to match the framework against others so that providers of education will be held to account using educational outcomes. Health Education England (HEE) will use these to measure how providers are doing. The President would e-mail the slide set to Council for members' input and comments. Further thought would be required regarding outcome measures and the President hoped that Dr Venn's work on service accreditation would link into it. There had been an international review of educational outcome measures; a common problem is the difficulty in getting robust metrics on educational outcomes. There was concern amongst Council that the work would turn into an audit of process resulting in a league table. In addition teaching would be skewed towards teaching that which can be measured to the detriment of what is actually required to be taught. Dr van Besouw suggested that, given that outcomes are very cohort dependent within training, the teaching environment should be looked at to see if it matches the requirements for delivery of the curriculum. Dr Venn suggested looking at how confident a trainee is to handle a particular type of case at a particular stage of training.

(xiii) The joint dinner with the AAGBI would be held on 4 November 2011 at 21 Portland Place. It has been proposed that from 1630-1830 there is a joint Council discussion including a

pro/con debate. Suggestions for the debate should be sent to the President who urged as many people as possible to attend the discussion and dinner.

(xiv) It had previously been agreed that those elected to Council who wished to attend the AAGBI's Congress or Winter Scientific Meeting should endeavour to attend on the days that do not coincide with Council. The President reiterated that in order to get the most out of their time on Council members had to contribute. Absence makes this difficult and the President asked Council members to prioritise RCoA Council and activities.

(xv) Mr Victor Shack would take the annual Council photograph during the coffee break.

(xvi) The President updated Council on staff changes:

a. Mr Neil Wiseman has joined the RCoA as the new Examinations Administrator.
b. Mr Paul McCarthy has joined the RCoA on a 12 month fixed-term contract as Deputy Financial Controller.
c. Miss Jessica McSharry, PA to the Senior Management Team, has left the College for a new PA role at KPMG. Her replacement is Ms Sarah Wooldridge.
d. Ms Emma Bennett is leaving the President's Office at the end of September to commence a PhD in Art History.

CID/40/2011 e-Logbook

Mr Bryant presented a list of Key User Requirements (KURs) should Council decide it wishes to consolidate all the logbooks. Council was asked whether the KURs are correct or whether changes or adjustments were required to take the project forward. The issue of compatibility was discussed; different companies with different systems sometimes have a vested interest in not necessarily ensuring things interconnect. Mr Bryant responded that the current supplier for the trainee e-portfolio has quoted just over £45,500 for compatibility and that is just for one aspect. Mr Bryant had spoken to Dr Ed Hammond regarding compatibility problems; it may be that a lot is unachievable. Dr Verma supported consolidating logbooks, adding that there are ways of doing it at a more reasonable cost. Dr Thornberry pointed out that people expect the RCoA to have a College logbook but it will never be possible to get rid of independent logbooks; the best the RCoA could hope for is to expect people to produce a logbook summary and provide them with an easy means of doing so. Dr Laishley highlighted the need to decide whether the RCoA requires the logbook to be a procedural database or a logbook of activity. Dr Laishley pointed out that whether it was just for trainees, or for Fellows and Members to use as well, would underpin other issues. Professor Sneyd suggested that there were two issues. The first is a published specification for logbook reports; the same information in the same format will always be seen at the Annual Review of Competence Progression (ARCP) which could be importable into e-portfolios. The second issue is the production of a software product which will produce that information. Professor Sneyd pointed out that the RCoA is not a software provider but if it published a specification, organisations such as iGasLog could develop the correct format. Professor Sneyd asked that Mr Bryant rewrite the document as a published standard. Mr Bryant stated that more detailed research is required into what other Colleges do. There will be an expectation for the RCoA to provide a logbook on its website or links to other logbooks on the website. The President asked Council to e-mail comments to Mr Bryant.

CID/41/2011 Membership Categories

Each year some trainees leave their recognised training scheme without notifying the RCoA; this results in the RCoA having more people in the trainee membership category than there are registered trainees. The new RCoA database allows such individuals to be identified and they are now transferred to the appropriate membership category. Council agreed the addition of the following to the *College Regulations:*

Part II (1)

(2) The College reserves the right to review an individual's relevant circumstances and transfer to the appropriate membership category.

CID/42/2011 FFICM Membership

Mr Storey explained that the Faculty of Intensive Care Medicine (FICM) uses different membership category terminology because it has to be suitable to all seven Trustee Colleges. Mr Daniel Waeland explained that Foundation Fellowship would end by the end of the year and be replaced by Fellowship by Assessment. Mr Waeland explained that FICM Associate Fellowship would be the equivalent of RCoA Associate Fellowship whereas FICM Affiliate Fellowship would be the equivalent of RCoA Membership. The Faculty is keen for those with Affiliate Fellowship to be assigned post-nominals and suggested FFICM (Affiliate). Associate Fellows who do not have a parent College would be assigned the post-nominals FFICM (Associate). Mr Waeland explained that European doctors train primarily in intensive care and do not have a parent College within the UK. The Faculty is very keen to establish a link between every Faculty member and one of the parent Colleges and suggests Membership or Fellowship of the RCoA could be set up as deemed appropriate by Council. Mr Waeland explained that the RCoA had been approached as it is responsible for the governance of the FICM. Dr Venn wished to register his slight discomfort with this approach.

Professor Sneyd asked if this would sort out the non-existence of ICM as a single approved specialty. The President responded that there is currently a Green Paper looking at the free movement of doctors through the European Union (EU). One of the paragraphs suggests that rather than requiring 60/70% of European countries to approve a specialty the requirement should drop to 30%; in which case ICM may become an approved specialty. ICM training as a single specialty only takes place in Spain and Switzerland.

Council discussed issues already rehearsed by the Faculty Board. The President therefore suggested Council should read the full document and feedback to Professor Bion, Dr Batchelor and Mr Waeland. Council expressed concern about post-nominals being handed out unless associated with a qualification and examinations; the only exceptions should be the rare honorary award.

Dr Laishley was grateful for the efforts to be inclusive of Staff and Associate Specialist (SAS) doctors although it was still unclear whether SAS doctors could become a Fellow or if they would become an Affiliate. The President responded that they should be able to become Fellows if they pass the examination.

Concern was expressed regarding the public's perception of post-nominals.

Mr Waeland agreed to feedback Council's comments to the FICM.

CID/43/2011 Four Colleges Maternity Committee

Since Dr Thornberry had been asked to bring the Four Colleges Maternity Committee's Terms of Reference to Council the Royal College of Paediatrics and Child Health (RCPCH) and the Royal College of Obstetricians and Gynaecologists (RCOG) had agreed not to take them to their respective Councils as they no longer agreed with the Committee's current format. Dr Thornberry was unsure regarding the future of the Committee; if it is abolished the RCoA will have lost all links with the RCOG. Dr Thornberry suggested that if that happens then the RCoA should establish links with the Royal College of Midwives (RCMid) to keep up to date with changes. Dr Thornberry stated that the focus of the last couple of meetings had been commissioning rather than clinical

matters and it was possible the RCPCH is questioning the RCoA's presence. Dr Thornberry stated that after the representatives had discussed it within their own College a representative from each College should meet to discuss the way forward. The President stressed the importance of maintaining links with obstetricians and maternity staff; if this cannot be achieved through the Four Colleges Maternity Committee the RCoA would have to establish a liaison group and choose its membership.

CID/44/2011 Faculty of Pain Medicine Regulations

Council approved Version 8.1 of the Faculty of Pain Medicine's Regulations having received a summary of the changes by the Dean, Professor Rowbotham.

CID/45/2011 The Royal College of Anaesthetists and College of Emergency Medicine Working Party on Sedation, Anaesthesia and Airway Management in the Emergency Department

Dr Greaves presented what was intended to be the final draft of the Working Party's (WP) recommendations with regards to sedation. Many areas are controversial and Dr Greaves acknowledged that some Council members may not agree with what has been written.
It had been concluded that the best approach was to complete the work on sedation because a consensus could be achieved with the CEM. Airway management and rapid sequence induction would need to be considered as a different document. Dr Greaves requested that revisions be sent to him by close of play on Monday so he could incorporate important changes on Tuesday morning.

CEREMONIAL

C/13/2011 Fellowship ad eundem

Fellowship ad eundem of the Royal College of Anaesthetists was awarded to:
1. Dr Dale Gardiner
2. Dr Thomas Jovaisa
3. Dr Dhushyanthan Kumar

COMMITTEE BUSINESS

CB/116/2011 Council Minutes

The minutes of the meeting held on 20 July 2011 were approved subject to the following amendments:

1. The President to reword CID/33/2011 (v).
2. The President to discuss with Dr Colvin rewording CB/108/2011 paragraph 5.

CB/117/2011 Matters Arising

i. Review of Action Points

CID/24/2011 President's Opening Statement – the Away Weekend summaries are with Mr Storey and will inform the RCoA's strategy document.

CB/97/2011 Joint Informatics Committee – Dr Verma had spoken to Dr Mike Grocott regarding suggestions for the Hospital Episode Statistics (HES) database. Dr Grocott is interested in getting on board.

CID/33/2011 President's Opening Statement – the proposal for the AoMRC to lead on safety issues is in abeyance. The President would raise it again at the AoMRC.

CB/111/2011 Revalidation Development Committee - Dr Nevin is happy to take the *Recipe Book* forward although it would probably require the involvement of Medical Directors more than Clinical Directors.

CB/115/2011 Trainees' Committee - Dr Moonesinghe reported that it is unlikely a joint publication with the Group of Anaesthetists in Training (GAT) is imminent.

CB/118/2011 Regional Advisers
There were no appointments or re-appointments this month.

CB/119/2011 Deputy Regional Advisers
There were no appointments or re-appointments this month.

CB/120/2011 College Tutors
Council considered making the following appointments/re-appointments (re-appointments marked with an asterisk):

North Thames Central
*Dr Y Amin (National Hospital for Neurology and Neurosurgery)
*Dr A R Gaunt (Harefield Hospital)
*Dr J R Prout (Royal Free Hospital)

North Thames East
Dr S Nikolic (Acting Tutor St Bartholomew's Hospital) for Dr N Zimbler

North West
Dr R Clark (Manchester Royal Infirmary) in succession to Dr A Pichel
Dr K MacLennan (Manchester Royal Infirmary) in succession to Dr P Foster

South East Scotland
*Dr I de Beaux (Royal Infirmary Edinburgh)

South Thames East
*Dr M P Rao (Guy's and St Thomas' Hospital)

South Thames West
Dr G P Thorning (St Helier Hospital) in succession to Dr J Blair

KSS
Dr D S Sethi (Darent Valley Hospital) in succession to Dr P Vyakarnam

West Midlands North
*Dr J D Holbrook (Burton Hospital)
*Dr T J Parker (Staffordshire General Hospital)

CB/121/2011 Heads of Schools
Council noted the following appointment:
Dr A Norris, Nottingham and East Midlands (NEMSA), in succession to Dr B Riley.

CB/122/2011 Training Committee
(i) Training Committee
Council received and considered the minutes of the meeting held on 7 September 2011 which were presented by the Medical Secretary, Dr Thornberry. The Training Committee (TC) had wholeheartedly supported a proposal for an Out of Programme Training (OOPT) in Lusaka

submitted by Professor John Kinnear. Dr Jo James had attended the meeting to discuss some issues around the anaesthesia in developing countries curriculum, training educational supervisors overseas and ways of promoting such programmes. It was thought that an e-Learning programme would be the most effective way to train educational supervisors in the overseas country. Dr Kate Wark will invite Dr James to meet with the AAGBI Overseas Development Group.

The TC had made a number of decisions about the curriculum and agreed that the ICM curriculum for anaesthetists could be taken out of each of the annexes of the curriculum and placed in totality in Annexe F. The Paediatric ICM higher and advanced curriculum would be reinstated in the 2010 curriculum; this would become an optional unit at advanced level for those aspiring to be a District General Hospital (DGH) paediatric anaesthetist. A small Working Party would be convened outside the TC to address a number of other aspects of the curriculum.

There was hesitation at the College Tutors' meeting about the difference between multi source feedback and consultant feedback. The TC would like to incorporate this into the e-Portfolio but this may need to be negotiated as there would be a cost implication.

The TC approved the FICM guidance on Dual Certificate of Completion of Training (CCT) programmes in ICM and anaesthesia.

It was agreed that the Quality Management of Training Committee would take on the responsibility of agreeing the specialty specific questions for the next General Medical Council (GMC) trainee survey. The President added that the NHS staff survey is being revised. The Educational Outcome Framework Group wants to include a question. Anyone with a question aimed at NHS staff should inform the President.

Dr Ian Barker's Self Assessment document created to aid Certificate of Eligibility for Specialist Registration (CESR) applications was received and commended by the TC. It will now be taken to the SAS committee.

The TC had received an e-mail from Dr Batchelor regarding the shift in position of ICM within anaesthesia with the introduction of the new curriculum. The TC agreed with the notion that it is likely that in the future when ICM posts are advertised any candidates that apply with either joint or dual CCT in anaesthesia and ICM are likely to be the preferred candidates for the posts. This is an aspirational view and the TC expressed grave concern regarding the speed at which this will happen. The TC does not wish to undermine the role of consultant anaesthetists who are not joint or dual CCT holders who wish to work on the ICU. The TC was also concerned that insufficient consultation had taken place. There was particular concern about how well informed the Training Programme Directors (TPDs) are of these changes and the implications for posts in anaesthesia and anaesthesia rotations. Concern was expressed about the number of training posts that have been identified, their robustness, whether the funding has been agreed and whether there will be applicants to fill them. Since the TC had met a very detailed paper about how to recruit to these posts had been produced. TPDs and Regional Advisers (RAs) are concerned about the logistics and there is a feeling that TPDs in ICM may have more insight into what is planned than TPDs in anaesthesia. The President pointed out that trusts would not accept appointments where they do not know if they can fill the posts. Dr Batchelor explained that the recruitment and post issue is a very real one; attempts had been made to avoid it during the curriculum design process. There was an attempt to make specialty training for ICM common to everybody but it was the aspiration of every College that their trainees could enter specialist ICM training. Core training varies across the Colleges and it could not be stated that trainees could only enter ICM training if they had done Acute Care Common Stem (ACCS) ICM as it did not fit in with the Colleges' aspirations. The only way to make it work within the GMC's rules was to recommend

competences required which have to be made up in the early stages of ICM specialty training if they had not been achieved in core training. The President pointed out that there is therefore a year or more for rotations to be identified. The President expressed a wish for a more pragmatic view that would limit the number of physicianly type jobs that are taken on; it would be for the deans to say they do not have space for all these rotations. The President asked if that would break the GMC's open access policy. Dr Batchelor suspected that as the number of ICM training posts expands everything will fall into place. Dr Jones reported that the postgraduate dean in Wales has stated that posts have to be advertised as open to all comers. The dean is removing funding of core training across the board and will use the money to introduce eight such training posts in Wales. This has caused difficulties for the TPD. One consideration was to introduce four this year and four next year but people are worried that funding will be pulled. The numbers for England are not yet known but an answer was expected from the DH on 25 October. Mr Waeland added that they are indicative numbers at this stage; they had put in the lower end of 50 posts but it is likely to be higher. The President stated that the 7 year training programme in anaesthesia includes nine months in ICM so anaesthetists are trained to look after acute, critically ill patients. Dr van Besouw asked if ICM recruitment would be twice yearly to track anaesthesia. Core Medical Training is once a year currently. Dr van Besouw asked how those issues would be addressed. The President responded that with anaesthesia going twice yearly it will increase flexibility. Dr Colvin reported that the Scottish Specialty Training Board had met last month and had focussed on the recognition of utility of the dual route for most of the service in Scotland in the first instance. No posts are currently being recommended to workforce for numbers for 2012. There is no proposal in 2012 to look for standalone posts. The likely aim is to look towards the following year and dual posts.

Dr Batchelor explained that moving all of the ICM competences into the appendix is not a paper exercise; it is a change in how intensive care is assessed whilst a trainee is doing anaesthesia. It is not logically possible to say one achieves the same level of competence in the anaesthesia programme as in ICM training. FICM tutors have looked at levels of achievement for competences and have agreed that it is reasonable to achieve that in the time. The change Dr Batchelor wanted the TC to consider and approve is the concept that a trainee will be less competent in ICM than someone who has a CCT in it. Dr Greaves stated that the FICM should define where the intermediate point lies, how it could be achieved and provide a person specification for a person without formal intensive care training who is to be given ICM responsibilities. Dr Thornberry thanked Dr Batchelor for clarifying the matter, adding that she had answered some of the concerns expressed at the TC meeting. However, the TC needs to look much more carefully at what is being changed in the curriculum. Dr Thornberry explained that the TC agreed to move intensive care competences into Annexe F. Dr Batchelor is suggesting that it has changed; the TC did not take this on board. Mr Williamson explained that the level of achievement is more clearly defined but the competences have not changed. Dr Thornberry explained that the TC's other concern was the feeling that it is a lovely gold standard to say everyone appointed to ICM will have a dual CCT. There are however many people covering at night and there was concern regarding the suggestion that these people only trained as anaesthetists to look after sick patients not to look after intensive care. The TC wanted recognition that progress needed to be slowed down with an acceptance that if such doctors are not being trained sufficiently then the curriculum needs to be reconsidered. Dr Batchelor agreed to email the levels document to Council. It is already recognised that within the anaesthesia curriculum in order to develop extra expertise in ICM you can do an extra year towards the end of training. If Council wants to see that every anaesthetist is competitive at the end of training to do intensive care it would be necessary to put more intensive care into the curriculum. Dr Brennan pointed out the need to learn for example from paediatrics where the RCoA got into a difficult situation by counselling a standard of care that could not be delivered. The President pointed out that nine months of proper intensive care training equips a doctor to start looking after critically ill patients

and care for them during anaesthesia. Council would not agree that you are not fit to work in the ICU. The President stated that Council is saying it is enough for an anaesthetist to care for a critically ill patient; if they wish to specialise they would want more exposure and training. In light of the lengthy discussion and concern expressed the President suggested that more discussion is required outside Council with Dr Batchelor and the TC.

The TC had discussed academic trainees and whether they can train fully in less time. Conflicts have occurred when academics are in post and TPDs are not prepared to target training to what is required in a shortened time. Liaison between the TPD and academics is important to develop a post before someone is appointed. There also needs to be acceptance that the ARCP is the tool to say someone is not achieving clinical competences in the time and it may take them longer. Professor Rowbotham pointed out that this is not just about dealing with high flyers; it is dealing with the future of the specialty. Failure could result in the NIHR and DH disengaging. Professor Sneyd added that a good relationship between the TPD and academic lead is critical.

(ii) Certificate of Completion of Training

Council noted recommendations made to the GMC for approval, that CCTs and 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.

Anglia

Dr Michael Chin Han Lee
Dr Muralidhar Thondebhavi Subbaramaiah
Dr Michael James Irvine
Dr Alistair George Steel
Dr Famila Alagarsamy
Dr Vinodkumar Singh
Dr Pejman Davoudian *
Dr Anand Sharma
Dr Christopher Nutt
Dr Ajit Bhat

London

South East

Dr P. S. Theron
Dr M. Vaghela
Dr M. K. Narayanan
Dr Sajith Chakithandy
Dr Timothy Fredrik Gordon Liversedge
Dr Aalia Sange
Dr Alastair Lowe *
Dr Timothy Hughes *
Dr David Pang
Dr Chirag Patel

North Central

Dr Nicola Lisa Jones *
Dr Husam Hazim Majeed Kaskos
Dr Astri Maria Valpuri Luoma
Dr Saurabh Nagpaul

Bart's & The London

Dr Saad Abubakr Anis
Dr Shaman Jhanji *

Imperial

Dr Jaspal Singh Bhular
Dr Grant Michael Stuart
Dr Carmen Philppa Owusu-Ansah
Dr Thaventhran Prabhahar
Dr Preeti Nirgude

St. George's

Dr Jonathan Bryan Springett
Dr Sharief Haraf
Dr Peter Westhead
Dr Colin Bigham *
Dr Manoj Ravindran

Kent, Surrey, Sussex

Dr S. Ward

East Midlands

Leicester

Dr Aditya Pratap Singh
Dr Priya Gauthama

North West
Dr Shalini Khanna
Dr Christopher Morgan Sherwood
Dr Puneet Ranote
Dr Alan David Ashworth
Dr Michael Francis Pollard
Dr Nicholas Charles Doree

Northern
Dr Ryan Sean Hynd
Dr Helen Melsom
Dr Sarah Metcalfe
Dr Rosslyn Thistlewaite

Northern Ireland
Dr Christopher James Dafydd Gowers *
Dr Rosemary Margaret Hogg
Dr Kieran O'Connor
Dr Shiva Kumar Arava
Dr Derek Adrian Hrabovsky
Dr Samuel Neville James Lamont

Oxford
Dr Simon Anthony Tunstill
Dr Carl Jeremy Morris
Dr Sam Soltanifar
Dr Edwin George Bone
Dr Louise Dodd

South West Peninsula
Dr Richard Lloyd Eve *
Dr Rachel Anne Johns
Dr Katherine Anne Holmes

Tri-Services
Dr Katherine Woods

Wessex
Dr Michelle Louise Scott*

West Midlands
Birmingham
Dr Timothy Michael Day-Thompson
Dr Santhosh Gopalakrishnan

Stoke
Dr Paul Andrew Jones
Dr Neil Robert Abeysinghe
Dr Shashank Agarwal
Dr Richard Andrew Lightfoot
Dr Robert William O'Brien *

Warwickshire
Dr Carol Louise Bradbury

Wales
Dr Susan Williams
Dr Sonia Flory
Dr Lucy DeLloyd

Scotland
East Scotland
Dr Peter James O'Brien *
Dr Lesley Crichton

West Scotland
Dr Jennifer Anne Edwards
Dr Anand Thillaisundaram

Yorkshire
West Yorkshire (Leeds/Bradford)
Dr Dipesh Odedra
Dr Catherine Elizabeth Farrow
Dr Harry Murgatroyd
Dr Rajesh Puthenmadhom Menon
Dr Sennaraj Balasubramanian

East Yorkshire (Hull/York)
Dr Jaiganesh Sivaprakasam

South Yorkshire (Sheffield)
Dr Vijay Kumar
Dr Ajay Hasmukh Raithatha *

***Joint CCTs in Anaesthetics and ICM**

(iii) Medical Secretary's Update

a. Academy Specialty Training Committee

Dr Thornberry gave a report of the meeting held on 12 September 2011. The GMC is about to recommend a normal minimum of 50% for less than full time training (LTFT) with a caveat that less than this could be agreed on an individual basis for up to one year of training for personal reasons.

The revalidation for trainees pilot has been developed to ensure that the ARCP process is a satisfactory way of revalidation for trainees. The KSS Deanery has agreed to run the pilot. The view at an AoMRC meeting the previous day was that the ARCP process seems to be more robust than consultant appraisal sessions.

CB/123/2011 Royal College of Anaesthetists' Advisory Board for Scotland

ST3 intake numbers have now been agreed as 48 posts for 2012 following pressure from the specialty to the Scottish Government Workforce Department who had initially suggested a reduction from the previously agreed annual intake of 46. Core numbers are not subject to such rigid central control but are set in consultation between the National NES Specialty Training Board and Scottish Health Board Regional Workforce Groups. They are likely to be slightly increased this year to ensure sufficient future supply for ST3, as there was an insufficient field this year.

The NES Specialty Board and SG Health Workforce leads also now support some incremental introduction of 3 year delivery of core training as per the 'Welsh model'. It is unclear what view the GMC will take of this. The Scottish Chief Medical Officer (CMO) is strongly supportive of initiatives to improve and develop delivery and quality of training, including the CT3 proposal.

The Scottish Intensive Care community has stated a preference for the dual CCT route to meet most future Scottish ICM need due to the way services are configured; noting that the main challenge lies in managing seamless supply maintenance in transition from 'joint' to 'dual' with only small volume 'niche' use of the single route in the foreseeable future.

The Scottish Board has gained cross specialty support for formal recognition of training in Quality Improvement Science in post-graduate curricula via the Scottish Academy.

Safe Anaesthesia Liaison Group (SALG) and Scottish participation in National Critical Incident reporting has now been recognised as a priority by the Scottish Government Quality Strategy patient safety programme. This is stimulating Health Improvement Scotland (formerly QIS) to work with us towards participation. Dr Heather Hosie is leading this work for the Board.

Dr Ken Stewart has been appointed unopposed to the Scottish Board Consultant vacancy. While he has a long track record of contribution to postgraduate anaesthesia training and is a valuable addition to the Board, the overall low interest is of some concern. This concern has also been noted recently by the AAGBI's Scottish Group and reflects lack of clinical engagement in a range of national work across all specialties. The Scottish Academy has recently made a joint representation with CMO to the Director General of NHS Scotland to request Health Board employers release consultants for a range of vital work by Colleges and other bodies. All Discretionary Point and Higher Awards schemes remain suspended.

The Board continues to work in a policy context of improvement and quality rather than structural change at present.

The next Scottish Board meeting will be held in conjunction with Scottish College Tutors later in September.

CB/124/2011 National Institute of Academic Anaesthesia
Council received and considered the minutes of the Research Council meeting held on 21 July 2011 which were presented by Professor Rowbotham.

CB/126/2011 Joint Committee on Good Practice
Council received and considered the minutes of the meeting held on 28 July 2011 which were presented by the President. A dinner had been held as a forum for discussion of areas outside the Committee's remit. The Joint Committee on Good Practice may metamorphose into a communication forum between the RCoA, the AAGBI and larger specialist associations and societies.

CB/127/2011 Examinations Committee
Council received and considered the minutes of the meeting held on 6 September 2011 which were presented by Dr van Besouw in Dr Brennan's absence. Council approved the appointments of Dr Jane Bembridge and Dr Mike Wilkinson as Vice-Chairmen of the Primary FRCA Examination with immediate effect.

CB/128/2011 Communications Committee
Dr Marks gave a presentation to Council on progress with the new RCoA website. Dr Marks hoped that after the presentation he would be in a position to instruct the designers to go onto the site build. It was hoped the website would be finished by early February 2011. Mrs Dalton asked that 'patient information' be called 'information for patients'. Dr Marks agreed to circulate his slides to Council so they could e-mail comments to him. Dr Marks is also seeking usability testers who are not members of Council. The President thanked Dr Marks for his presentation.

MATTERS FOR INFORMATION

I/28/2011 Publications
The list of publications received in the President's Office was drawn to Council's attention.

I/29/2011 Consultations
Council received, for information, a list of the current consultations. The President asked Council members to respond to consultations when asked to do so.

I/30/2011 New Associate Fellows, Members & Associate Members
Council noted the following:

New Associate Fellows - August 2011
Dr Deepak Mathur - Raigmore Hospital, Inverness
Dr Ilona Schmidt - Withybush General Hospital
Dr Sandeep Verma - Mid-Yorkshire Hospitals NHS Trust

New Associate Fellows – September 2011
Dr Atul Kishore Kapoor – NHS Treatment Centre, Balborough, Chesterfield
Dr Sudhakar Rao Marri – Sandwells West Birmingham Hospitals NHS Trust
Dr Argyro Zoumprouli – St George's Hospital, Tooting, London
Dr Elisa Bertoja – University College London Hospital

New Members – August 2011
Dr Priyakam Chowdhury - Primary FRCA
Dr Kala Rajya Luxmi Basnyat - Primary FRCA

New Members – September 2011
Dr Shirjel Rizwan Alam – FRCA Primary
Dr Hamad Latif - Fellow of the College of Physicians & Surgeons, Pakistan

New Associate Members– August 2011
Dr Pavol Palcovic - Medway Maritime Hospital, Gillingham
Dr Naleen Kumar Thota - Morriston Hospital

New Associate Members – September 2011
Dr Muhammad Asim Butt – James Cook University Hospital, South Tees
Dr Petson Mathew Parakkal – Princess Alexandra Hospital, Harlow
Dr Senthil Kumar Thanikasalam – Bedford Hospital
Dr Heather McAllister - St John's Hospital, Livingston

To receive for information, the following doctors have been put on the Voluntary Register– August 2011
Dr Nikki Mepham - Royal Sussex County Hospital
Dr Tatyana Ivanova Blagova - Watford General Hospital
Dr Nick James Mulrenan - Hillingdon Hospital
Dr Valeria Kaszasne Dr Vasadi - Chorley & South Ribble District Hospital
Dr Alina Monica Popon - University Hospitals Birmingham
Dr Shahnawaz Ali - University Hospital North Tees
Dr Alexandra Eleanor Crean - University College Hospitals London
Dr Malka Sandunmalee Liyanage - Broomfield Hospital

To receive for information, the following doctors have been put on the Voluntary Register – September 2011
Dr Natasha Marketa Chatham-Zvelebil – Regimental Medical Centre, Windsor
Dr Stephen Hickey – Forth Valley Royal, Larbert
Dr Robert David Wallace O'Donnell – Western Infirmary, Glasgow
Dr Stuart George D'Sylva – Scunthorpe General Hospital
Dr Amina Sajid – University Hospital, North Tees
Dr Khurram Naveed Niazi – Royal Derby Hospital
Dr Rebecca Jane Owen – Addenbrookes Hospital, Cambridge

Transferred to this membership category as Doctor is no longer in training:

Associate Member
Dr Kevin John Brennan
Dr Jayne Sara Hunt
Dr Jonathan Mark Allen
Dr Venugopalapura Ramaiah Shylaja
Dr Uta Monika Maria Bellin
Dr Jairaj Rangasami
Dr Janette Kennedy
Dr Marta Fernandez Panos
Dr Rakesh Ghanshyam Parikh
Dr Gary Halliday Thompson
Dr Lynne Catherine Gilfeather
Dr Kara Dripps
Dr Nivedita Chandrashelkhar Kelgeri
Dr Anita Jagannath Naphade

Dr Mark Joseph Dougherty
Dr Vanie Rajesh
Dr Jayakumar Pitchika
Dr Suneetha Chitithoti
Dr Sarla Agarwal
Dr Bernard Nicolas Mark Bebbington
Dr Ernest Addo Ofosu-Appiah
Dr Niketa Shukla
Dr Michael Hermann Bernhard Heins
Dr Ahmad Foaud
Dr Alasdair Kenneth Mathieson
Dr Snehasish Guha
Dr Ravi Kumar Koppula
Dr Nabila Fayyaz Ghani
Dr Amit Pruthi
Dr Tamas Szakmany
Dr Piotr Kucharski
Dr Jeremy Clive Jollands
Dr Rashmi Kalpesh Patel
Dr Benedict Michael Clark
Dr Sachin Navarange
Dr Andrew Martin Jinks
Dr Haval Shawki
Dr Narehora Sharma
Dr Esther Mabel Archer
Dr Devendarsingh Banker
Dr Jaffar Sade Butt
Dr Yuri Zakharchuk
Dr Ujvala Capoor
Dr Nandan Gautam
Dr Dinakar Vyramudi Gowda
Dr Kavita Anant Tambe
Dr Christopher Andrew James Rollason
Dr Khalid Matin Siddiqi
Dr John Murray Miller
Dr Andria Frances Alexandra Merrison
Dr Sawsan Ahmed Mahmoud Ghonaimy
Dr Michael Charles Forsyth
Dr Fei Min Lai
Dr Ejaz Younus
Dr Malcolm Francis Roy Barratt-Johnson
Dr Abdelkarim Medkour
Dr Mie Mie Kyaing
Dr Stephen Mark Birch

Member

Dr George David Gardiner
Dr Nusrat Qadir
Dr Mohamed Samer Saad Zaghloul Abdalla
Dr Daniel Amutike
Dr Mohammad Sohail Malik
Dr Richard Glenn Yamin-Ali

Dr Peter Richard Knowlden
Dr Niall Lachlan Purdie
Dr Sabu Kumar James
Dr Adebayo Nojeem Adedewe
Dr Ronita Majumdar
Dr Penelope Jane Gorton
Dr Orla Mary Hayes
Dr Anne Margaret McClelland
Dr Indranil Kolav
Dr Arif Hussain Ghazi
Dr Anthony John Hugh Allnatt
Dr Fidelma Mary Flynn
Dr Amar Ramesh Chandra Joshi
Dr Pravir Prasad
Dr Rajakumar Isaac
Dr Dikshika Mathur
Dr Nilesh Nanavati
Dr Ganapathy Muthuswamy
Dr Khalid Abdel-Moety Hasan
Dr Simon Derek James Bolton
Dr Venkataswamaiah Prabhu
Dr Tendai Julius Mbengeranwa
Dr Vijay Kumar Gund
Dr Maruthi Seetha Rama Reedy Ganugapenta
Dr Shalini Khanna
Dr Chi Hwa Ng
Dr Raja Sekhar Reddy Byreddy
Dr Shitalkumar Shah
Dr John Vinu Edwin
Dr Antony Joseph
Dr Daniel Emmanuel Okaiteye
Dr Ratnayake Mudiyanselage Athula Wimal Ratnayake
Dr Kathryn Lindsey Manning
Dr Vijay Ragothaman
Dr Kishore Ghandi
DR Elizabeth Jane Longdon
Dr Andrew Roderick Mulutanyi Conway Morris
Dr Sheelaj Sharma
Dr Farah Abdul Al-Ani
Dr Danie Baby Paul
Dr Vivek Khemu Ankolekar
Dr Sudheer Jillela
Dr Imran Razzaq
Dr Jessel Plavelil Varghese
Dr Rahul Wakhle
Dr Narasimha Murthy Varanasi
Dr Asif Gani
Dr Deepali Shah
Dr Bandula Padma Petangoda
Dr Md Farid Md Rafik
Dr Paul Martin Herbert
Dr Nalin Mahendra De Silva Nanayakkara

Dr David Rosenberg
Dr Rajiv Sood
Dr Christine Jane Bradshaw
Dr John James Large
Dr Bankole Abidemi Odunuga
Dr Isabel Carballo
Dr Anne Elad Babarinsa

Associate Fellow
Dr Ratidzo Danha
Dr John Dolan
Dr Karthikeyan Chelliah
Dr Riaz Ahmed Shaikh
Dr Robert John Thornhill
Dr Zika Petrovic
Dr Agnes Jane Turner
Dr Kandasamy Krishnan
Dr Bronagh Elizabeth McElhenny
Dr Ricard Michael Bateman
Dr Caroline Carmel Anne Smyth
Dr Moothedath Hariprasad
Dr Pushparaj Sitaram Shetty
Dr Rahim Nadeem Ahmed
Dr Martin Oliver Shields
Dr Deepak Mathur
Dr Robert Michael Ghent
Dr John Thomas Doherty
Dr Tahzeeb Bhagat
Dr Pramod Nalwaya
Dr Asquad Sultan
Dr Elaine Maria O'Shea
Dr Orakkan Pradeep
Dr Pushparaj Sitaram Shetty
Dr Andrew Paul Shannon
Dr Muthukumaran Gourishankar
Dr Roy McLeod Williamson

I/31/2011 Academy of Medical Royal Colleges
Council received, for information, a summary of the meeting held on 25 July 2011. The AoMRC's concerns about offsite reporting, especially overseas, had been mentioned to the CMO, Dame Sally Davies. If reporting is sent overseas the GMC has no jurisdiction over the person undertaking it. Dr Venn suggested the RCoA should engage the media on the matter. The President advised awaiting the AoMRC's response; if there is no closure the RCoA may wish to do as Dr Venn suggested.

PRESIDENT'S CLOSING STATEMENT

PCS/8/2011 President's Closing Statement
(i) The President apologised for the disjointed way in which the meeting had been held because of the need to accommodate a number of fixed time slots.

MOTIONS TO COUNCIL

M/35/2011 Faculty of Pain Medicine Regulations
Resolved: That Version 8.1 of the Faculty of Pain Medicine's Regulations be approved.

M/36/2011 Council Minutes
Resolved: That the minutes of the meeting held on 20 July 2011 be approved subject to the following amendments:

1. The President to reword CID/33/2011 (v).
2. The President to discuss with Dr Colvin rewording CB/108/2011 paragraph 5.

M/37/2011 College Tutors
Resolved: That the following appointments and re-appointment be approved: (re-appointments marked with an asterisk):

North Thames West
*Dr Y Amin (National Hospital for Neurology and Neurosurgery)
*Dr A R Gaunt (Harefield Hospital)
*Dr J R Prout (Royal Free Hospital)

North Thames Central
Dr S Nikolic (Acting Tutor St Bartholomew's Hospital)

North West
Dr R Clark (Manchester Royal Infirmary)
Dr K MacLennan (Manchester Royal Infirmary)

South East Scotland
*Dr I de Beaux (Royal Infirmary Edinburgh)

South Thames East
*Dr M P Rao (Guy's and St Thomas' Hospital)

South Thames West
Dr G P Thorning (St Helier Hospital)

KSS
Dr D S Sethi (Darent Valley Hospital)

West Midlands North
*Dr J D Holbrook (Burton Hospital)
*Dr T J Parker (Staffordshire General Hospital)

M/38/2011 Examinations Committee
Resolved: To approve the appointments of Dr Jane Bembridge and Dr Mike Wilkinson as Vice Chairmen of the Primary FRCA Examination with immediate effect.