MEETING OF COUNCIL

Edited Minutes of the meeting held on Wednesday 19 September 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
Professor J Bion
Dr E A Thornberry
Professor R P Mahajan
Dr P J Venn
Dr A Batchelor
Dr D K Whitaker
Dr S Patel
Dr R Verma
Dr R J Marks
Dr T H Clutton-Brock
Dr L J Brennan
Dr J P Nolan
Dr J A Langton
Dr J R Colvin
Dr N W Penfold
Dr V R Alladi
Dr S Gulati
Dr J R Darling
Dr A Bagwell
Dr M Nevin

Mrs I Dalton, RCoA Patient Liaison Group (PLG)
Dr A-M Rollin, Professional Standards Adviser

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

Apologies for absence: Dr I Wilson and Dr I Johnson.

CEREMONIAL

C/6/2012 Admission of President
Dr Jean-Pierre van Besouw was admitted as President for the year 2012-2013.

C/7/2012 Admission of Vice-Presidents
Dr Hywel Jones and Dr Deborah Nolan were admitted as Vice-Presidents for the year 2012-2013.

C/8/2012 Past President's Medal
Dr Peter Nightingale was presented with a Past President's Medal.

C/9/2012 Past Vice-President's Medal
Professor J Robert Sneyd was presented with a Past Vice-President's Medal.

COUNCIL IN DISCUSSION

CID/21/2012 President's Opening Statement

(i) The President announced the deaths of Professor Roy Simpson, Dr Sabapathy Krishna, Dr Weston Howell, Dr Andrze Wielogorski and Dr Fiona Gibson. Council stood in memory.

(ii) The President and Council congratulated Dr Patel and his wife on the birth of their daughter.

(iii) Dr Andy Bagwell, Deputy Chairman of the National Specialty Advisory Group (NSAG)/Royal College of Anaesthetists' (RCoA) Advisory Board for Wales, was welcomed to Council.

(iv) Dr Venn was congratulated on his appointment as a Care Quality Commission Reviewer.

(v) Professor Tony Wildsmith has accepted a three year term as Honorary Archivist. His remit will include responding to ad hoc archive enquiries, leading the Lives of Fellows project and scoping requirements for a history of the RCoA. Council members wishing to be involved in the Lives of Fellows project were asked to inform Mr Storey.

(vi) The annual Council photograph would be taken in the coffee break.

(vii) The Advisory Committee on Clinical Excellence Awards (ACCEA) has announced that it was unable to initiate the 2013 round before the 2012 round had concluded; this is anticipated to be at the end of February 2013. Assuming there is a 2013 round, citations will also be required by those applying for renewal of their award; this will increase the RCoA's workload. Dr Nightingale would chair the RCoA's Ranking Meeting; a provisional date had been set for December 2012 but this would now be reviewed. Dr Nightingale stated that unless the RCoA changed its process the requirement of citations for renewals would generate considerably more work for the President. The RCoA may wish to consider a system similar to that successfully used by the Royal College of Physicians of London (RCPLond) which uses a Writing Committee to write citations. Dr Whitaker asked how the RCoA could help people at the lower end of the process to produce good quality forms. Professor Sneyd was keen to see the RCoA circulate good examples of application forms at various levels. Dr Nightingale indicated that he would be happy to take this forward as a project. Dr Nightingale pointed out that material is available on how to complete forms but it is up to the applicant to invest time and effort and follow the rules. Dr Whitaker stated that as trusts are getting bigger and have more forms to look at they could employ three committees to look at different award levels between one and nine; this concept had been approved by the Chairman of ACCEA. Drs Nightingale and Whitaker would discuss the matter further.

(viii) The RCoA had hosted a dinner in July to thank Sir Neil Douglas for his time as Chairman of the Academy of Medical Royal Colleges (AoMRC). A number of complimentary letters had been received from Sir Neil and other College Presidents.

(ix) E-integrity would issue a demonstration DVD promoting e-Learning Anaesthesia (e-LA) to the 350 delegates attending the All India Anaesthesia Conference later in the year.

(x) Council elections would be held in December 2012. There are six vacancies; four consultant, one staff and associate specialist (SAS) and one trainee. A meeting had been held the previous day for prospective candidates. Nominations would close in the second week of October with the ballot being

held on 6 December. The President informed Council members it was imperative that, if asked, they were honest about the work and pressures of Council. Over the last two years there has been increasing pressure from trusts to commit to contractual requirements. Candidates would have to be realistic with their trusts about the impact of working for the wider National Health Service (NHS) but also ensure that they inform their employer of the benefits to the trust as a result of its employees' involvement at a national level.

(xi) Online bookings went live on 11 September 2012. Ms Drake reported 88 bookings to date compared to 90 paper based bookings. On average 25-30 people are registering every day to use the system.

(xii) National Audit Project (NAP) 4 had been highly commended at the Annual British Medical Association's (BMA) Book Awards. Mr McLaughlan reported that all concerned were delighted by the accolade, especially as it was a report presented as a book rather than a book in the true sense of the word. There is a whole list of quotes and compliments which accompany the report. Dr Tim Cook and the Difficult Airway Society (DAS) have taken a lot from that and now need to follow up and close the audit loop. Dr Thornberry reported that there would be two articles in the November *Bulletin:* one by Dr Cook with a specific message, the other by a hospital and what it has done in light of the report.

(xiii) Problems with the microphones in the Council Chamber have been resolved for now.

(xiv) The President invited Dr Nightingale to speak regarding concerns about the Foundation Programme being oversubscribed for 2013. Dr Nightingale reported that over the last 3-5 years there had been a steady drop in the headcount of foundation posts which used to be sufficient to cover the unexpected arrival of overseas graduates. There are now more applicants from the United Kingdom (UK) and the situation will worsen as they move to taking their finals earlier. A test case is going through the Department of Health (DH) and the law courts from a medical student in Prague appealing against a ban on her applying for a foundation post. If the case succeeds it would essentially open up the whole of the overseas and European Union (EU) application portal to the UK Foundation Programme. It is likely that the top 10% of overseas applicants would be better than the bottom 10% of UK applicants; this would result in a significant number of UK trained medical students not getting Foundation Programme places and therefore not obtaining registration. The Chief Medical Officers (CMO) are aware and many feel that the DH should state that the Foundation Programme must be filled by UK applicants before being opened up to others. The Medical Schools Council has already started warning students they may not get foundation posts. The BMA will be doing something similar. Dr Brennan thought that there should be an obligation to ensure that medical students were able to complete their first year and obtain full registration. Professor Sneyd pointed out that European graduates are already licensed in their own country so, for example, the graduate from Prague could work in Prague whereas a UK graduate displaced from the Foundation Programme could not do so. One of the main concerns is that it may act as a disincentive to the brightest UK students considering medicine.

(xv) The RCoA and AAGBI are looking at the effect of the aging anaesthetic workforce. This will include looking at the impact of extended working days, nights on call and working alone at night. As a result of increased expansion in the consultant and SAS workforce ten years ago, a large group of anaesthetists will be approaching their mid 50s in the next five years or so.

(xvi) Dr Ramani Moonesinghe would organise a Silver Jubilee Meeting to be held in October 2013.

(xvii) Council had received the latest criteria from DAS for the award of a professorship, which were more in line with the RCoA's criteria for professorships. The President suggested that the RCoA could support the initiative assuming Council had no further comments. Professor Rowbotham stated that the RCoA should not support the proposal, adding that it would result in large numbers of professorships. Dr Nightingale disagreed, suggesting that the criteria are such that they would only select those who are academically appropriate. Professor Mahajan reported that the National Institute of Academic Anaesthesia (NIAA) Board had unanimously rejected the previous version and as Chairman of the Board he had written to the President of DAS. Professor Mahajan was pleased DAS had reconsidered its initial proposal and that the latest version looked very similar to the RCoA's proposal for the Macintosh Professorship. Professor Mahajan stated the importance of standardising its criteria for the Macintosh Professor. The President responded that this would be a job for the NIAA. Dr Nightingale supported Professor Mahajan's proposal to upgrade the Macintosh Professor criteria to make them more stringent. The RCoA could then ensure DAS and any other Specialist Society wishing to go down this route matched the RCoA's criteria.

(xviii) The President asked how the RCoA could enhance awareness of its specialties as career options for undergraduates. Professor Mahajan reported that a survey he had undertaken of different medical schools and the curriculum made it obvious that the ways in which the curriculum was delivered varied greatly; anaesthesia departments were involved in some places but not in others. The project had not been taken any further because the curriculum had changed. Professor Mahajan suggested that with clinical medicine and safety becoming more important the RCoA could take the lead. Professor Mahajan explained that in Nottingham there is a whole module on dealing with critically ill patients which is led by the anaesthesthetic department. Professor Mahajan suggested that NIAA's engagement with medical schools could be extended. Professor Sneyd suggested that there are two elements to consider; what are students taught about anaesthesia and what do anaesthetists contribute to undergraduate education. The RCoA could consider a piece of work regarding what anaesthetists could do for the undergraduate programme with some worked examples. The RCoA could also consider its plan as a College for reaching out to undergraduates. Ms Drake reported that the DH had written to medical schools saying they could load students onto e-Learning for Healthcare. Undergraduates would therefore be able to access e-LA and the RCoA could create a learning pathway for the undergraduate curriculum. Professor Bion suggested that there is a promotional and coordinating role for the discipline. Dr Nightingale suggested that the RCoA needs to strengthen its support for medical school societies etc and formalise what could be supported and how. Dr Jones suggested that it is all about perioperative medicine and care of the critically unwell. The Society of Anaesthetists in Wales has a scholarship and raises the profile of the specialty. There is a huge untapped resource of expertise amongst anaesthetists and intensivists. Dr Clutton-Brock had previously agreed to come up with suggestions for how the RCoA could support the undergraduate curriculum. Dr Clutton-Brock pointed out that medical schools wished to retain an element of independence and although they wanted learning pathways it would be useful if the RCoA

developed an example and held a road show aimed at undergraduates. Medical schools want to be helped not told what they have to do. The President stated that the matter would be taken back to the President's Meeting. A plan would be formulated to develop this area of work and some Council members would be engaged in that.

(xix) The General Medical Council (GMC) has announced arrangements for recognising trainers and what is required in terms of how the criteria are met. An implementation deadline of July 2016 has been set. The RCoA would need to ensure its own trainers meet the mark for the requirements of the GMC.

(xx) The University of East Anglia (UEA) has instituted an MSc in Regional Anaesthesia. The RCoA's concern is that this is one step towards post-Certificate of Completion of Training (CCT) credentialing. Dr Penfold reported that the School of Anaesthesia had known nothing about the course until its launch. Ms Drake had attended the launch and reported that the fee is £6,800 for three years with 80% of the course being undertaken by distance learning. There have been 20 applicants for the course.

(xxi) The *Health Services Journal's (HSJ)* article on revalidation had been circulated to Council.

(xxii) The debate regarding spinal connectors continues, fuelled by a paper in *Anaesthesia* about difficulties associated with four devices on the market. Dr Clutton-Brock stated that there would be a standard for neuraxial connectors in the next couple of years. The Safe Anaesthesia Liaison Group (SALG) continued to take a steady approach to the issue.

(xxiii) The following anaesthetists had been in the news:

a. Dr Rachel Craven had featured on the BBC News for her voluntary work in Syria with Médicins Sans Frontières.
b. Dr David Zideman had been responsible for the delivery of medical services for the Olympics.
c. Dr Andrew Hartle in relation to the Olympics.
d. Dr J Nolan on the Today Programme.

(xxiv) Dr Rollin was congratulated on being awarded Honorary Fellowship of the Mauritian Society of Anaesthetists.

(xxv) The President updated Council on staff changes:

a. Ms Rebecca Bruns has joined the College as Accounts Administrator on a full time and permanent basis.
b. Ms Sophie Lieven will be leaving the College in October to move to New York.
c. Ms Shirani Nadarajah has left the College to explore fresh opportunities.
d. Ms Dawn Pike will be leaving the College on 25 September to take up a new position with the Human Tissue Authority.

CID/22/2012 Principles of Media Engagement

The President's Meeting had felt that there should be an outline of the principles of media engagement. Mr McLaughlan had compiled a list of recommendations which had been circulated to College Officers ahead of its presentation to Council. Mr McLaughlan explained that the document's purpose was to guide rather than to mandate. The key point to note was that members should at all times consider that the media will represent them as a member of College Council, or a formal representative of the College, and thus articulating its views. Once the one day media training course (organised through the President's Office) had been completed the RCoA's Media Adviser, Mr Si Scott, would be available for specific to

topic media briefs. Mr McLaughlan hoped that the principles would be supportive not restrictive. Dr Nightingale suggested that the principles should be put to the Joint Committee on Good Practice (JCGP) as another way in which its members could work collaboratively. The President stated that if the RCoA is going to promote its agendas it is a good idea to ask Mr Scott how best to do that through the media.

CID/23/2012 Faculty of Intensive Care Medicine Membership Regulations

Council approved modifications to the Faculty of Intensive Care Medicine's (FICM) Membership Regulations to state that applicants for Fellowship by Assessment must hold a substantive or honorary consultant post in the UK or hold a substantive or honorary consultant post overseas and have completed their specialist training in the UK.

Council approved changes to the regulations for Affiliate Fellowship or Membership which would allow the FICM to provide a defined home at the request of the GMC for trainees or consultants who have undertaken their ICM training outside the ICM training programme but to the same standard to that of the ICM training programme. For those who did their training before ICM training was in place they should have completed training commensurate with intermediate level ICM as described by the curriculum for a Joint CCT in ICM.

Mr Storey confirmed that the changes would bring the FICM in line with the RCoA.

CID/24/2012 Obstetric Anaesthetic Update

Dr Thornberry presented a summary of her involvement with obstetric anaesthesia on behalf of the RCoA. The main way in which the RCoA interacts with obstetric anaesthesia is through the Obstetric Anaesthetists' Association (OAA) Committee. The AAGBI has now taken over administration of the OAA following the retirement of the OAA's longstanding secretary. The OAA is trying to become more inclusive and co-opt more interested members to sub-committees and get them more involved with its educational events.

The OAA/AAGBI obstetric services update is coming to fruition. The update will be used as the basis for the obstetric *Guidance on the Provision of Anaesthetic Services (GPAS)* document.

The National Obstetric Record Working Party is a DH led initiative attended by among others the Royal College of Obstetricians and Gynaecologists (RCOG), RCPLond, RCoA and Royal College of Midwives (RCMid) to see if there was enthusiasm for a national obstetric record. 50% of trusts currently use one commercial model although no-one could agree that this was an ideal model. The DH will develop the project although it will probably take some time to do so.

Work continues with the Intensive Care National Audit & Research Centre (ICNARC) to correct entry errors. Professor Bion offered to provide FICM support for the talks with ICNARC if required. Dr Thornberry agreed that it might be time to involve the FICM.

The draft proposal for the establishment of anaesthetic assessors for the MBRRACE-UK (Mothers and Babies – Reducing Risk through Audits and Confidential Enquiries across the UK) Maternal Death Enquiry was submitted to MBRRACE, on behalf of the

RCoA and OAA; it was accepted unanimously and will be used as the model for other specialties. The job description would be developed by the OAA and MBRRACE before submission to the RCoA for ratification. Professor Sneyd enquired if there was discontinuity in the collection of data between the old and new systems. Dr Thornberry stated that there is a lot of information that has not been analysed but it was hoped that there would not be a gap in the data. Professor Sneyd highlighted the importance of ensuring MBRRACE links back to this information. Dr Thornberry explained that that had always been MBRRACE's intention. The proposal now is to move to an electronic system although there is slight concern that much of what went on was concealed in the records and therefore quite a lot of information would be lost. It is also planned to move to an annual report with a triennial report of trends.

Dr Clutton-Brock pointed out that although MBRRACE and ICNARC are separate activities, ICNARC brings denominator data which is missing from MBRRACE. It is therefore extremely important that the RCoA pushes for both to continue and continues to obtain information from them.

CID/25/2012 Seven Day Acute Services Project

Professor Bion explained that the AoMRC's seven day acute services project came out of the NHS Medical Directorate's strong interest in seven day working, the RCPLond's Future Hospital Commission and the work done by the AoMRC on the benefits of consultant delivered care.

The AoMRC has set up a sub-committee of the Seven Day Acute Services Project called the 24/7 and Acute Services Consultant Presence Sub-committee. The Sub-committee, with the support and review of participating Colleges, has developed a number of proposed standards and principles.

The National Institute for Health Research (NIHR) had called for submissions relating to research into 24/7 acute care, the deadline for submission being 13 September 2012. Professor Bion had made a submission which he offered to circulate. Professor Bion reported that he should hear on 17 November whether or not the outline can be turned into a full application with the final decision being made in April 2013.

Standard 1 says that 'All hospital in-patients should be reviewed by a consultant at least once every 24 hours, 7 days per week, unless it has been specified that this would not affect their management pathway.' Dr Marks suggested that while this was a very good initiative Standard 1 was very weak. Dr Marks added that when the work was announced the AoMRC's view was that consultant and trained member of staff were synonymous and asked if that was still the case. Professor Bion responded that consultant means someone who has completed their training, has a CCT and is in a consultant post. It is of concern that there are many people capable of delivering specialist care; in some circumstances it would be appropriate for specialist led care to be delivered not particularly by a consultant but someone with specialist skills acquired in the same way. This raises the point, what does a consultant do that is unique. Professor Bion suggested that a consultant is uniquely empowered to control pathways and has the authority to ensure timely delivery of care. This is a matter for scientific research development. Dr Jones agreed that Standard 1 is weak, adding that for many people seeing patients once a day would be unacceptable. It does not address the care of the elderly issues

raised in recent reports. Professor Bion explained that the model for emergency department and acute medicine units is well defined; what is unknown is what happens on ordinary wards. Statement 1 is a sea change and is probably undeliverable; that is why a research proposal is required. Dr Clutton-Brock suggested that people would get around Standard 1 in a variety of ways; it should be worded so this cannot happen. There is a problem especially with the elderly where it is less clear which consultant should see them. There are examples of excellent practice on wards. Professor Bion explained that one argument against seeing patients daily is that it is too complex. Phase one of the research would be to ascertain what is happening, phase two would involve piloting the intervention and collecting data on patient safety and phase 3 would be a prospective partially randomised trial. Dr Nightingale stated that Greenaway's Review of the Shape of Training would be interested in this work. The direction of travel is to move towards generalists bringing in specialists as required. The President added that the issue of who cares for patients is at the top of the political agenda and will be highlighted in the New Year with the publication of the *Mid Staffs Inquiry*.

CID/26/2012 Intercollegiate Board for Training in Pre-hospital Emergency Medicine

Dr J Nolan reported that at the meeting held on 12 September 2012 the issue of which organisation (Intercollegiate Board for Training in Pre-hospital Emergency Medicine [IBTPHEM] versus the RCoA) is ultimately responsible for making recommendations to the GMC on applications for equivalence in PHEM training is causing problems. Another source of heated debate was related to incredulity that a UK person who has ostensibly had training which meets the full curriculum for PHEM is not allowed to seek equivalence whereas someone who has trained outside the UK is. There is pressure to get a decision on this at the Equivalence Committee on 18 October 2012.Professor Sneyd pointed out that the responsibility lies with the GMC; Colleges and Faculties only make recommendations. Dr Nightingale stated that if someone has done overseas training the Equivalence Committee seeks recommendations and references to confirm it is equivalent to training in this country. The AoMRC's response to the GMC's consultation on qualifications raised this issue; it is particularly relevant to the issue of equivalence being granted to some anaesthetists to work in a subspecialty area. There is an anomaly and it has been brought to the attention of the GMC. Dr J Nolan stated that the real anomaly is that someone could have undertaken significant training in this country but because it was not in an approved post could not obtain the necessary references. Dr Brennan highlighted the importance of regarding the application on its merits and without being prejudicial.

CEREMONIAL

C/10/2012 Fellowship ad eundem

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

1. Dr Radhika Bhishma
2. Dr Muhammad Butt
3. Dr Maurizio Cecconi
4. Dr Darrell William Lowry
5. Dr Anne Phillips
6. Dr Kausalya Rao
7. Dr Shyrana Siriwardhana
8. Dr Thomas Trinder

COMMITTEE BUSINESS

CB/107/2012 Council Minutes

The minutes of the meeting held on 18 July 2012 were approved subject to the following amendments:

S/2/2012 External Strategy Discussion

Page 2 3rd paragraph 2nd sentence to read 'The GMC is in a unique position to insist that a consistent approach to this is very important.' 3rd sentence to read 'Regarding manpower planning, the GMC has yet to even ask doctors which specialty they are in and whether they are full or part time.'

Page 4, 2nd paragraph 4th sentence to read' One of the suggestions within the consultation is that doctors should be required to work in the UK for a period of time before applying for equivalence.'

CB/98/2012 Royal College of Anaesthetists' Advisory Board for Scotland

Page 11 2nd and 3rd paragraphs to be replaced with:

'A sub-committee has been convened to manage a range of quality and safety initiatives in Scotland including our input into the Government's Health Quality Strategy, development of critical incident reporting and Clinical Quality Indicators in Scotland.

15 ST Posts have been disestablished in the West of Scotland. The threat that these posts would be replaced with ill-defined post-CCT 'fellowship' posts seems to have retracted. Instead there has been significant consultant expansion.'

CB/106/ 2012 Anaesthesia Related Professionals Committee

Page 15 1st paragraph Add 'Dr Whitaker stated that other sources of negative feedback had been received.'

CB/108/2012 Matters Arising

i. Review of Action Points

CID/19/2012 President's Statement

The President's Meeting continues to debate whether or not to send all consultations to Council members. The RCoA receives a number of consultations and those Council sees are those that the Officers and Senior Management Team deem appropriate for Council to comment on.

Professor Bion reported that following the destruction of one, and damage to another, Baxter factory supplies are reasonably secure. Consumption had not been as great as it may have been over the summer so a shortage had not arisen.

Dr Nightingale had received comments from three people on the Shape of Training Review. Dr Nightingale was very keen that he is informed by Council's view at the Review meetings. Dr Nightingale has suggested to all College Presidents that they should set up small groups to feedback to him. Professor Bion pointed out that with the construction of Local Education and Training Boards (LETB) and the progressive fragmentation of the health service it is not clear that standards of training and the crucially important role of the Royal Colleges is clear. Professor Bion had anxieties about Foundation Trusts making decisions about how trainees work. Professor Bion asked if this was because the role has not yet been defined or because there is a hidden agenda to exclude professional bodies. Dr Nightingale explained that the method of getting the advisory structure to Health Education England (HEE) has almost been sorted out and would be based on the Medical Programme Board way of feeding into Medical Education England (MEE). The local process would be through the director of education and quality; if this is not the postgraduate dean then it is expected the postgraduate dean would sit on the LETB Advisory Board and would have authority to take trainees away from provider organisations not fulfilling the educational contract. The GMC is very involved in debating with HEE about how the authority to move trainees around is to be enforced. Dr Nightingale stated that he was less concerned than a year ago about collegiate input. It would be up to the independence of the postgraduate dean to ensure training is delivered appropriately. The President added that the climate is for the Colleges to ensure they stand up and say that if somewhere does not have the environment for training they should not be training. Dr Nightingale offered to take comments on the authorisation document.

CID17/2012 Centre for Workforce Intelligence
Dr Batchelor reported that it had not been possible to find the paper articulating that it is not cheaper to have other grades doing medical jobs.

CB/71/2012 Equivalence Committee
Dr Nightingale had e-mailed the GMC about the issue of the Specialist Register and cardiothoracic listing and awaited a response.

CB/80/2012 Career Grade Committee
Dr Laishley awaited more comments before submitting a paper to the President's Meeting about the possibility for SAS doctors to meet with an advisor at the RCoA having gone through the self assessment checklist.

CB/103/2012 Audit and Internal Affairs Committee
A simulated election would take place after 19 October 2012 to enable Ms Sophie Lieven's replacement to assist Mr Storey.

CB/109/2012 Regional Advisers
There were no appointments or re-appointments for Council to consider.

CB/110/2012 Deputy Regional Advisers
There were no appointments or re-appointments for Council to consider.

CB/111/2012 College Tutors

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

Anglia

Dr M M Brackin (Luton & Dunstable Hospital) in succession to Dr N Curry **Agreed**

West Yorkshire

Dr T Collyer (Harrogate District Hospital) in succession to Dr G Parkin **Agreed**

North West

Dr A J Putland (Royal Bolton Hospital) in succession to Dr J Plummer (November 2012) **Agreed**

South East Scotland

* Dr L M Carragher (St John's Hospital Howden) **Agreed**

Severn

Dr S Plastow (Frenchay Hospital) in succession to Dr S Shinde **Agreed**

South Thames East

Dr D G Mahtani (Guy's & St Thomas NHS Foundation Trust) in succession to Dr H Scott **Agreed**

KSS

Dr R Poddar (Queen Elizabeth, the Queen Mother Hospital) in succession to Dr M Sathialingam **Agreed**
Dr N Somerville (Kent & Canterbury Hospital) in succession to Dr M Coupe **Agreed**
*Dr M Howells (Maidstone Hospital) **Agreed**
*Dr A D S Kuttler (Ashford and St Peter's Hospitals) **Agreed**
*Dr C A Mearns (East Surrey Hospital) **Agreed**
*Dr S G Vishnubala (Medway Hospital) **Agreed**

Wales

To receive a request from Dr Eluned Wright, the Regional Adviser for Wales, for an extension to Dr A Evans (University Hospital of Wales) term of office **Agreed**
*Dr V Victor (Royal Gwent Hospital) **Agreed**

West Midlands North

Dr A C Brake (City Hospital) in succession to Dr L M Homer **Agreed**
Dr M K P Prasanna (Walsall Manor Hospital) in succession to Dr S A Nortcliffe **Agreed**
*Dr W P Thomas (Russells Hall Hospital) **Agreed**

CB/112/2012 Heads of Schools

There were no appointments to note.

CB/113/2012 Training Committee

(i) Training Committee

Council received and considered the minutes of the meeting held on 5 September 2012 which were presented by the Chairman, Dr D Nolan. A Scoping Group for Sub-specialty Training was likely to meeting during the FRCA structured oral examination (SOE) week in December 2012.

Dr Nolan, Mr Bryant and Miss Claudia Moran had met the Society for Obesity and Bariatric Anaesthesia (SOBA) to discuss the underrepresentation of bariatric anaesthesia and the management of obese patients in the curriculum. SOBA's position has moved from initial suggestions that there should be a discrete module in the curriculum to suggesting that the curriculum be nuanced in such as way that it incorporates management of obese patients in the general sense. SOBA would look at the curriculum and come up with ideas for its next iteration. Suggestions are due before the November meeting of the Training Committee.

There has been a minor rewording of the advanced pain curriculum.

With regards to the GMC implementation plan for approval and recognition of trainers there is considerable confusion about the nomenclature. Currently plans for recognition and approval apply only to named educational and clinical supervisors, not session supervisors. There is a move towards most people undertaking some sort of training the trainers experience. Miss Moran is working on that and it will be discussed at the Regional Advisers' meeting.

The Assessment Working Party was effectively closed down after the last Regional Advisers' meeting but with the advent of structured learning events (SLE) etc some sort of working party would be kept going. Dr Clutton-Brock had agreed to lead as Deputy Medical Secretary.

Information on the Improvement Science Syllabus would be presented to the Training Committee in November.

There is potential for a group of trainees to come to the UK from the Kingdom of Saudi Arabia (KSA). It is not clear how they will be divided across specialties or how it will affect the specialty if at all.

A letter had been received from the Vascular Anaesthesia Society of Great Britain & Ireland (VASGBI) expressing concern about the effectiveness of delivery of vascular training across the curriculum. Vascular training has been a sticking point in the delivery of training but the RCoA has worked hard with Regional Advisers to ensure all appropriate modules are signed off. A holding response has been sent to Dr Mark Stoneham.

The e-Portfolio in relation to Acute Care Common Stem (ACCS) trainees had been taken by Drs D Nolan and Brennan to the Intercollegiate Committee for Acute Care Common Stem Training (ICACCST).

Dr Nightingale asked Dr D Nolan to update Council on any moves to accredit fellowship programmes. Dr Nolan reported that it is hoped to look at this in more detail later in the year. An indication as to how many specialist fellowships are being advertised is ongoing; badging varies and it is difficult to identify the jobs, some of which are advertised as trust doctor jobs. RCSEng has a system whereby it badges such posts as having RCSEng approval. Professor Sneyd suggested that it would be a good idea for the RCoA to publish a template setting out the characteristics of a satisfactory fellowship which could be publicised as meeting the minimum criteria of the RCoA for a post-CCT fellowship. The President pointed out that the difficulty is where it sits in the continuum of training. Many are advertised at pre-CCT level to fill

gaps in rotas and a relatively small number exist at post-CCT level to offer additional training. Dr Thornberry suggested that the RCoA should have an idea of pre-CCT fellowships because trainees would have to apply for out of programme training (OOPT). Dr D Nolan suggested that the RCoA should restrict itself to post-CCT fellowships at the moment and get a foothold in that. The President stated that part of this would be addressed in the Shape of Training Review, i.e. how do we train a workforce fit for purpose if the CCT is reduced in time. Dr Nightingale was keen to hear Council's views. One of the subjects being talked about is the affordability of the consultant contract. The concept of doctors doing service to pay their employer for training them has also been discussed. Professor Sneyd suggested that there is an opportunity to make that very difficult and that the RCoA should ensure its spiral curriculum is suitably enmeshed. Dr Nightingale agreed but pointed out that the Royal Colleges have no absolute right over the curriculum. The President stated that Council would have to be mindful of the risks and decide how it would like to support the development of post-CCT training so it did not become unregulated.

(ii) Certificate of Completion of Training

Council noted recommendations made to the GMC for approval, that CCTs/Certificate of Eligibility for Specialist Registration (Combined Programme) (CESR [CP])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).

July 2012

Anglia
DrVijay Bandikatla

London
North Central
Dr Robert Broomhead

Bart's and The London
Dr Gautam Khanna

Imperial
Dr Nicholas Bunker *

St. George's
Dr Sachin Shah *
Dr Robert Loveridge *
Dr Carin Dear *
Dr Louise McWhirther *
Dr Sarah Armstrong

Kent, Surrey, Sussex
Dr Hannah Rose
Dr Piers Johnston
Dr Sophie Morris

East Midlands
Leicester
Dr Andrew Packham
Dr Siby Sebastian
Dr Kuruvanka Srinivas
Dr Thomas McCarthy
Dr Konda Kondov
Dr Usman Puar

Nottingham
Dr Pawan Kumar

Mersey
Dr Archana Senathirajah
Dr James Gibson
Dr Christopher Brearton

North West
Dr Jasbir Chhabra *
Dr Katherine Kirkpatrick

Northern
Dr Avinash Ratnaparkhi *
Dr Swamydas Dinesh Selvan
Dr Venkata Pasupuleti
Dr Paul Bush *
Dr Victoria Irvine
Dr Elizabeth Hall *
Dr Salma Mohammed
Dr Sheeva Mungroo
Dr Robert Whittle *
Dr Kate Duffield
Dr Caroline Harvey
Dr Richard Muzawazi
Dr Gemma Timms
Dr Suresh Kuthanur Natarajan
Dr Jezziniah Pheara
Dr Christopher Dawson *

Northern Ireland
Dr Devjit Srivastava
Dr Madalina McCrea
Dr Colin Winter
Dr Brain Foster
Dr Gavin Brown
Dr Stephen Mulvany
Dr Catherine Hyndman
Dr Richard Corry
Dr Conor Farrell
Dr Timothy Mawhinney
Dr Alison Kavanagh
Dr Charles Philpott
Dr Devendra Tilak
Dr Christopher Nutt *
Dr Dominic Trainor *

Oxford
Dr James Shorthouse

South West Peninsula
Dr William Key

Tri-Services
Dr Oliver James Michael Bartels

Wessex
Dr Mai Wakatsuki *

West Midlands
Birmingham
Dr Kerry Cullis
Dr Timothy Watkins
Dr James Brunning
Dr Chettiyam Sajith Kumar
Dr Deepak Joseph
Dr Sathyanarayanan Jagannathan
Dr Eleanor McDonald

Warwickshire
Dr Vanessa Hodgetts
Dr Smita Gohil
Dr Iordan Mihaylov
Dr Rathinavel Shanmugam
Dr Rajinder Uppal
Dr Alberto Aranda-Palacios

Wales
Dr William Morton
Dr Rhodri Evans
Dr Majd Al Shamaa
Dr Mohan Muthuswamy
Dr Mohammed Ali
Dr Matthew Challis *
Dr Ajit Sivasankaran
Dr Despoina Stamou

Scotland
East Scotland
Dr GIlian Davies
Dr Rhonda Younger
Dr Simon Crawley
Dr Sivakumar Raghavan

North Scotland
Dr Peter Beatty
Dr Anne Wake

West Scotland
Dr Robert Thorpe
Dr Linda Chigaru
Dr Kenneth O'Connor
Dr Matthew Freer
Dr Aileen Clyde
Dr Vishal Gupta
Dr Hamish McKay

Yorkshire

West Yorkshire (Leeds/Bradford)
Dr Andrew Drummond *
Dr Ponkumaran Balasubramanian
Dr Abhinav Kant
Dr Samantha Kritzinger

East Yorkshire (Hull/York)
Dr Shamim Haider
Dr Elanchezzian Balakumar *

August 2012

London

South East
Dr Oliver Richard Seyfried
Dr Emad Eldin Fahmy Fawzy
Dr Anup Subhash Bagade
Dr Robin Daniel Curtin Kumar
Dr Natasha Deborah Newton
Dr Akintunde Adeleke Dada
Dr John Friis
Dr Ramesh Ramasundaram

North Central
Dr Ravi Kumar Alagar
Dr Deborah Herriman
Dr Elizabeth Hayward
Dr Abiodun Emanuel-Kole
Dr Marina Connors
Dr Lee Adams

Bart's and The London
Dr Lynne Marguerite Barrass *
Dr Sami Alawad
Dr Ramabhadran Kadayam Sreenivasan

Imperial
Dr Benjamin Meirion Thomas
Dr Tariq Husain *
Dr James Burrow

St. George's
Dr Heidi Michelle Meyer
Dr Lara Melanie Wijayasiri
Dr Vanessa Cowie

Nottingham
Dr Paul Townsley
Dr Jonathan Burch
Dr Katarzyna Anna Szypula
Dr Victoria Jane Hunt
Dr Gary Wilbourn *

Mersey
Dr Elaine Baby Pabs-Garnon
Dr David Andrew Castillo

North West
Dr Balsam Jaafar Alsiwan Altemimi
Dr Helen Wendy Louise Roberts
Dr Matti Kuukasjarvi
Dr Sarah Caroline Waldron
Dr Christopher Booth *

Northern
Dr Linda Waddilove
Dr Mark Moll

Northern Ireland
Dr Rachel Joanne Mathers
Dr Stewart Reid
Dr Jameel Khan
Dr Caroline Hawe
Dr Naveen Catakapatri Venugopal

Oxford
Dr Richard Andrew Stewart

South West Peninsula
Dr Tim Starkie

Wessex
Dr Wendy King
Dr Karthikeyan Thanigaimani

West Midlands
Birmingham
Dr Richard Llewelyn Skone
Dr Randeep Kaur Mullhi *
Dr Nicholas Wynn Parry

Stoke
Dr Timothy Hayes

Wales
Dr Ben Warrick
Dr Abraham David Theron
Dr Marie Francis Xavier
Dr Prashanth Parvatha Reddy

Scotland
East Scotland
Dr Megan Christine Dale

West Scotland
Dr Mairi Anne MacKinnon
Dr Andrew John Edward Sinclair
Dr Kumar Rangappa Yathish
Dr Gavin Alexander Scott

Yorkshire
West Yorkshire (Leeds/Bradford)
Dr Simon Mark Flood *

South Yorkshire (Sheffield)
Dr Rishav Goyal

(iii) Medical Secretary's Update
Dr D Nolan had nothing further to report.

CB/114/2012 Short Life Working Party to Draft a Response to the NCEPOD Report *An Age Old Problem*

Dr Venn explained that the Working Party's (WP) had met on a number of occasions but progress was slow partly because of the complexity of the programme. Council agreed to Dr Venn's request to extend the life of the WP to February 2013, possibly slightly later. Dr Nightingale emphasised that at the AoMRC's Policy Day there was much discussion about how Colleges could influence commissioning to influence executive actions coming out from National Confidential Enquiry into Patient Outcome and Death (NCEPOD) and various other reviews. Dr Venn expressed his growing interest in engendering change in healthcare and asked to be involved in anything possible with regards to that.

CB/115/2012 Equivalence Committee

Council received and considered the minutes of the meeting held on 16 August 2012 which were presented by the Chairman, Dr Verma. The Committee had considered a review application and a reapplication, both of which were recommended to the GMC for inclusion on the Specialist Register.

CB/116/2012 Patient Liaison Group

As requested at the Council Away Weekend Mrs Dalton had circulated short biographies of the PLG members. Committee Chairmen were asked to make any approaches to PLG members through the Chairman so she can monitor the work delegated and manage an even spread of workload. Biographies of the three new members would follow.

CB/117/2012 Examinations Committee

Council received and considered the minutes of the meeting held on 4 September 2012 which were presented by the Chairman, Dr Brennan. Information had now been received from the majority of overseas examination jurisdictions with regards to quality assurance of exempting qualifications. That information would now be reviewed and mapped against the GMC's standards for assessment before being brought back to the Committee in February 2013.

Software packages have been purchased to assist with the use of generalizability theory to analyse objective structured clinical examinations (OSCE) and SOEs as per the GMC Guidance. Dr Nightingale stated that the pass mark would go down and asked if there would be communications to help people understand that. Dr Brennan stated that data would be required first to inform the discussion which would be guided by Dr Sue Hill. Professor Sneyd pointed out that it is a coherent and statistically defensible method.

The UK Government Department of Trade and Investment had submitted a request to consider initiating an examiner exchange scheme with the KSA. The RCoA no longer has overseas examiner exchange arrangements but it may be appropriate to arrange reciprocal visits to the FRCA/KSA examinations.

The AoMRC's Academy Assessment Committee had discussed increased engagement of lay people in examination assessment. The Examinations Committee agreed to encourage greater dialogue and involvement with the PLG and to pilot the actors in OSCE communication stations providing a global assessment of candidate performance.

Council agreed that the Examination Regulations be amended at paragraphs 5f, 17(b)(i) and 19 to reflect that a pass in the Primary FRCA/listed Exemption qualification be valid for seven years as part eligibility towards the Final FRCA examinations with immediate effect.

The reduction of a validity of a pass in the Primary/exemption qualifications from 10 years to seven, will bring the length of validity for all FRCA examinations in line with the maximum of seven years, recommended by the GMC and supported by the AoMRC. It is anticipated that this will affect a very small number of applicants. Extensions to the validity of a pass may be considered in exceptional circumstances.

The National University of Singapore has informed the RCoA that it no longer wishes the MMed (Anaestheisology) to be considered for exemption status for the Primary FRCA. Council agreed that the Examinations Regulations at paragraph 19(b)(vi) be amended to reflect:

"*Master of Medicine (Anaesthesia) of the National University of Singapore before October 2012*".

Council approved the appointment of Dr Mike Tremlett as Chairman of the Final FRCA examination.

Large numbers of candidates means the usual working week capacity has been exceeded and has necessitated examining at weekends. It is difficult to predict how long this will continue. One of the possible solutions is a modest increase in the number of Primary examiners.

An in-depth analysis of question performance was conducted. The conclusion was that single best answers (SBA) are more robust and more statistically reliable than the traditional multiple true-false multiple choice questions (MCQ).

An enquiry had been received from the AoMRC regarding the RCoA's policies of examiner scoring patterns according to candidate ethnicity following an appeal on the basis of examiner racial bias to the Royal College of Paediatrics and Child Health (RCPCH).

CB/118/2012 Finance Committee

Council received and considered the minutes of the meeting held on 11 September 2012 which were presented by the Chairman, Dr Jones. The Committee had approved funding for the provision of the Anaesthesia Clinical Services Accreditation (ACSA) service project.

Funding of £10,000 had been approved for printing and distributing 500 copies of the updated *Audit Recipe Book*.

The Committee had agreed that room hire rates for 2013/2014 should be increased by 5%.

Council approved the subscription rates for 2013/14 which would amount to a simple £5.00 increase on subscriptions except for the Senior Fellows Club for which no increase is requested.

A donation of £31,000 had been received for the benefit of the Society for Ethics and Law in Medicine. The donor wishes to remain anonymous.

$77,000 has been received from the Eric Green legacy. The balance is expected in due course.

The Audit and Internal Affairs Committee will meet the Auditor to seek assurance that the College's internal procedures are sound and will present the accounts to Council in October.

The RCoA's financial position for the first month of the financial year was £15,000 better than budget.

A £10,000 legacy was received from the estate of the late Mr Oliver Goodwin. There were no restrictions and it was accounted for in the 2011/12 accounts.

£126,000 additional funding for the Critical Care Module on e-La had been received.

A £41,449 bid to the AoMRC for revalidation systems was approved.

CB/119/2012 Royal College of Anaesthetists' Advisory Board for Scotland

There was nothing to report.

CB/120/2012 Joint Revalidation Delivery Committee

Council received and considered the minutes of the meeting held on 17 July 2012 which were presented by the Chairman, Dr Brennan. A Delphi group had been convened to discuss the implementation of patient multi-source feedback (MSF) for anaesthetists. The summary of its findings would be published on the RCoA's website.

The recently published GMC Continuing Professional Development (CPD) guidance was discussed. There was general disappointment that there was no specific requirement on the amount of CPD required by the GMC. The RCoA's CPD guidance would be reviewed and amended in light of the GMC's expectations.

Revalidation requirements of military anaesthetists was discussed. It was agreed to work with defence representatives to produce a level 3 CPD matrix for military anaesthesia.

The Committee had received an update on the consortium project for the revalidation e-Portfolio. Slow progress was reported. There are concerns about the functionality of the system. A risk assessment would be conducted before any College funds are committed to rolling out the project.

A letter from the Conference of Postgraduate Medical Deans (COPMeD) outlining the use of supplementary documentation to inform the revalidation process for trainees was discussed. There is concern that there is an expectation that the paperwork should be included in all Colleges' e-Portfolio systems but without discussion of who will pay the IT development costs. There will be an article in the next *Bulletin* about revalidation for trainees.

£41,449 of AoMRC funding has been secured to initially fund the revalidation advisory service. Core training days are being held with a specialty specific training day to follow.

CB/121/2012 e-Portfolio Working Group

Council received and considered the minutes of the meeting held on 29 June 2012 which were presented by the Chairman, Dr Brennan. ICM e-Portfolio requirements will not be integrated into the RCoA e-Portfolio because of the prohibitive cost. ICM documentation will need to be uploaded manually or collated in paper form; it is likely that this will not be well received by ICM trainees and trainers. Professor Bion informed Council that he would confirm in the next 24 hours that the FICM would be using the Scottish system from NHS Education for Scotland (NES) for ICM.

COPMeD's request for enhanced Form R to be uploaded into all College e-Portfolio systems would be discussed at the joint Colleges/Postgraduate Deans meeting.

School engagement with the e-Portfolio has a green RAG rating.

The use of Annual Review of Competence Progression (ARCP) functionality was generally favourably received by the three pilot schools.

As of 25 June 2012 more than 24000 workplace based assessments (WPBA) were completed. Only one school rated red for <35% log-in to the system; there would be increased engagement by the e-Portfolio team with the school to improve uptake.

The Working Group had discussed the implications for the e-Portfolio of the switch to SLEs including how the current functionality of WPBA could be rebadged and reformatted from summative to formative documents.

This had been the last meeting of the Working Group as the system has now been rolled out. It is now well established and being used by all schools with a high uptake of trainees. It had been agreed with the President that the Working Group would be wound up with a move towards an e-portfolio users group which would provide ongoing feedback to the RCoA on ongoing issues. Dr Janice Fazackerly has agreed to chair the Users' Group whose work will mostly be done via e-mail.

CB/122/2012 Faculty of Intensive Care Medicine

Council received and considered the minutes of the Board meeting held on 19 July 2012 which were presented by the Dean, Professor Bion. The Dean would draft a membership proposal to enable appropriate representation of Advanced Critical Care Practitioners within the FICM.

The Faculty would establish a Research Strategy Group led by Professor David Menon and Professor Tim Evans.

A Critical Care Specialty Reference Group would be set up by Dr Jane Eddleston and Dr Bob Winter to represent ICM in commissioning.

The Board proposed an amendment to the current terms of office for nominated Board members. The terms were originally three plus three years but it is proposed to make term one four years and term two three years.

Dr Bob Winter, Dr Simon Baudouin and Dr Alison Pittard were admitted as the first elected members of the Faculty Board.

52 trainees have been appointed to the new ICM CCT training programme. Not all posts were filled because there was a quality cut off.

Professor Bion asked Council to consider whether there should be an upper limit in terms of applying for ICM for those trainees who have gone past the 18 month window for applying for dual CCTS but could access ICM training on the basis of a CESR (CP). The FICM had agreed to have no upper limit for the first year but may bring it down by one year until it matches the requirements of the FRCA for applications for the anaesthesia CCT. The downside of this would be quite senior trainees competing against core trainees; the imbalance of quality would be to the disadvantage of the latter group.

At least one deanery thinks there is no market for pure intensivists and therefore does not wish to appoint single CCT trainees. It will therefore only offer ICM training to those in possession of a partner CCT. The FICM had agreed to go with it this year and see how it evolves.

Professor Sir John Temple has agreed to chair the independent group assessing the roles of UK ICM stakeholders; the first meeting will be on 27 September.

Also on 27 September will be the first meeting of the Steering Committee of the National Surveillance System for Infection in Intensive Care, supported by the Health Protection Agency.

MATTERS FOR INFORMATION

I/26/2012 Publications
Council received, for information, the list of publications received in the President's Office.

I/27/2012 Consultations
Council received, for information, a list of the current consultations.

I/28/2012 New Associate Fellows, Members & Associate Members
Council noted, for information, the following:

New Associate Fellow – August 2012
Dr Aneta Sowinska - Balfour Hospital, Orkney

New Associate Fellows– September 2012
Dr Helen Elizabeth Bunting – Craigavon Area Hospital
Dr Billing Karunakaran John – Nevill Hall Hospital, Abergavenny

New Members – August 2012
Dr Simon Hugh John Hayhoe – (the Conjoint DA)
Dr Nicholas Dennis Sheppard – (FRCA Primary)

New Member - September 2012
Dr Natasha Helen Kate Burley - Primary of the RCoA

New Associate Members – August 2012
Dr Ayman Mohamed Ahmed Ayub Abdu – Royal Bolton Hospital
Dr Sarbpreet Kaur Sarao – Wirral Park Hospital
Dr Tatjana Dorofejeva – Lancashire Teaching Hospital NHS Foundation Trust
Dr Malgorzata Mekwinska – Calderdale Royal Hospital

To receive for information, the following doctors have been put on the Voluntary Register – August 2012
Dr Yassar Mustafa – Queen Elizabeth Hospital, Birmingham
Dr Nicola Jayne Hovington – Monklands District General Hospital
Dr Daniel Zeloof – Barnet General Hospital
Dr Shardha Chandrasekharan – Victoria Hospital, Kirkcaldy, Fife
Dr Sarah Butler – Royal Infirmary of Edinburgh
Dr Pervez Ali Khan – James Cook University Hospital, Middlesbrough
Dr Atiharsh Mohan Agarwal – James Cook University Hospital, Middlesbrough

To receive for information the following doctors have been put on the Voluntary Register - September 2012

Dr Kathryn Clare Herneman - Southmead Hospital, Bristol
Dr Lydia Jones – Southmead Hospital, Bristol
Dr Lokeswaraiah Naga Raju Morubagal – Russell Hall Hospital, Dudley
Dr Karen Ka Wing Tam – Newham University Hospital
Dr Daniel Jonathan McGeown – Royal Victoria Hospital, Belfast
Dr Taryn Mitchell – Leeds General Infirmary
Dr Andal Soundararajan – Luton & Dunstable Hospital
Dr Muataz Muhamed Zuan A.Amare – Barnet & Chase Farm NHS Trust
Dr Aaron Joseph Krom – Northwick Park Hospital, Harrow
Dr Janathana Reddy Poonur – Heather Wood & Wexham Park Hospital Trust
Dr Khurram Shahzad – Dumfries & Galloway Royal Infirmary
Dr Samanta Romit – Peterborough City Hospital

Forced into this category (August 2012) as doctor no longer in training:

Member: Dr Colin Mark Morton, hospital unknown
Member: Dr Hugo Hunton, hospital unknown
Member: Dr Gautam Khanna, Stoke Mandeville
Associate Member: Dr Sharon Margaret Hilton-Christie, hospital unknown
Associate Member: Dr R Rajeev Jeevananthan, hospital unknown
Voluntary Register: Dr Hannah Claire Mitchell, hospital unknown

Forced into this category (September 2012) as doctor no longer in training:

Associate Member: Dr James Wilson Crockett, hospital unknown
Associate Member: Dr Patrick John Anthony Markey, hospital unknown
Associate Member: Dr Ayshea Daphne Muriel Redford, hospital unknown
Associate Member: Dr Stephanie Susan Reed, hospital unknown
Associate Member: Dr Rajvinder Sidhu, William Harvey Hospital, Ashford

PRESIDENT'S CLOSING STATEMENT

PCS/8/2012 President's Closing Statement

(i) Professor Sneyd would submit a proposal to NCEPOD for a study into sedation. The President confirmed the RCoA would support the project.

(ii) 24-28 September 2012 is patient safety week. Patient Safety First has arranged a number of events including a webinar on 27 September 2012 in which the President would participate. The NHS Commissioning Board has made a plea for as many people as possible to register for the webinar.

(iii) Committee Chairmen were asked to be mindful of the deadline for submitting their reports for the Annual Report.

(iv) It had become apparent at the AoMRC's Away Day that Colleges are not effective in managing change in the health service. If the Colleges are to get their messages across they need to seek wider engagement from patient groups, nursing groups etc. If the RCoA is developing strategy it must use its media strategy to promote it to the widest audience and sit with other groups to engender change.

(v) Dr Nightingale thanked Council members for their generosity in presenting him with cards and gifts to mark his demitting office as President.

MOTIONS TO COUNCIL

M/30/2012 Council Minutes
Resolved: That the minutes of the meeting held on 20 June 2012 be approved subject to the following amendments.
S/2/2012 External Strategy Discussion
Page 2 3rd paragraph 2nd sentence to read 'The GMC is in a unique position to insist that a consistent approach to this is very important.' 3rd sentence to read 'Regarding manpower planning, the GMC has yet to even ask doctors which specialty they are in and whether they are full or part time.'

Page 4, 2nd paragraph 4th sentence to read 'One of the suggestions within the consultation is that doctors should be required to work in the UK for a period of time before applying for equivalence.'

CB/98/2012 Royal College of Anaesthetists' Advisory Board for Scotland
Page 11 2nd and 3rd paragraphs To be replaced with:
'A sub-committee has been convened to manage a range of quality and safety initiatives in Scotland including our input into the Government's Health Quality Strategy, development of critical incident reporting and Clinical Quality Indicators in Scotland.

15 ST Posts have been disestablished in the West of Scotland. The threat that these posts would be replaced with ill-defined post-CCT 'fellowship' posts seems to have retracted. Instead there has been significant consultant expansion.'

CB/106/2012 Anaesthesia Related Professionals Committee
Page 15 1st paragraph Add 'Dr Whitaker stated that other sources of negative feedback had been received.'

M/31/2012 College Tutors
Resolved: That the following appointments/re-appointments be approved
(re-appointments marked with an asterisk):
Anglia
Dr M M Brackin (Luton & Dunstable Hospital)

West Yorkshire
Dr T Collyer (Harrogate District Hospital)

North West
Dr A J Putland (Royal Bolton Hospital)

South East Scotland
* Dr L M Carragher (St John's Hospital Howden)

Severn
Dr S Plastow (Frenchay Hospital)

South Thames East
Dr D G Mahtani (Guy's & St Thomas NHS Foundation Trust)

KSS
Dr R Poddar (Queen Elizabeth, the Queen Mother Hospital)
Dr N Somerville (Kent & Canterbury Hospital)
*Dr M Howells (Maidstone Hospital)
*Dr A D S Kuttler (Ashford and St Peter's Hospitals)
*Dr C A Mearns (East Surrey Hospital)
*Dr S G Vishnubala (Medway Hospital)

Wales
Dr A Evans (University Hospital of Wales) extension to term of office
*Dr V Victor (Royal Gwent Hospital)

West Midlands North
Dr A C Brake (City Hospital)
Dr M K P Prasanna (Walsall Manor Hospital)
*Dr W P Thomas (Russells Hall Hospital)

M/32/2012 Examinations Committee
Resolved: That the Examination Regulations be amended at paragraphs 5f, 17(b)(i) and 19 to reflect that a pass in the Primary FRCA/listed Exemption qualification be valid for seven years as part eligibility towards the Final FRCA examinations with immediate effect.

The reduction of a validity of a pass in the Primary/exemption qualifications from 10 years to seven, will bring the length of validity for all FRCA examinations in line with the maximum of seven years, recommended by the GMC and supported by the AoMRC. It is anticipated that this will affect a very small number of applicants. Extensions to the validity of a pass may be considered in exceptional circumstances.

Resolved: That the Examinations Regulations at paragraph 19(b)(vi) be amended to reflect:

"*Master of Medicine (Anaesthesia) of the National University of Singapore before October 2012*".

Resolved: To approve the appointment of Dr Mike Tremlett as Chairman of the Final FRCA examination.

M/33/2012 Finance Committee
Resolved: Subscription rates for 2013/14 would amount to a simple £5.00 increase on subscriptions except for the Senior Fellows Club for which no increase is requested.