

MEETING OF COUNCIL

**Edited Minutes of the meeting held on Wednesday 18 September 2013
Council Chamber, Churchill House**

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

Members attending:

Dr J-P van Besouw, President	Dr T H Clutton-Brock
Dr D M Nolan	Dr J Nolan
Dr L Brennan	Dr J A Langton
Dr H M Jones	Dr J R Colvin
Professor J R Sneyd	Dr N W Penfold
Professor J F Bion	Dr S Gulati
Dr K M Grady	Dr E J Fazackerley
Professor D J Rowbotham	Dr S Fletcher
Professor R Mahajan	Professor M Mythen
Dr A Batchelor	Dr P Kumar
Dr D Whitaker	Dr J R Darling
Dr R Verma	Dr M Nevin
Dr R J Marks	

Mrs I Dalton, RCoA Patient Liaison Group
Dr A-M Rollin, Professional Standards Advisor

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

Apologies for absence: Dr P J Venn, Dr V R Alladi and Dr W Harrop-Griffiths.

CEREMONIAL

C/8/2013 Admission of President

Dr Jean-Pierre van Besouw was admitted as President for the year 2013-2014.

C/9/2013 Admission of Vice-Presidents

Dr Deborah Nolan and Dr Liam Brennan were admitted as Vice-Presidents for the year 2013-2014.

C/10/2013 Past Vice-President's Medal

Dr Hywel Jones was presented with a Past Vice-President's Medal.

PRESENTATION

P/7/2013 External Strategy Discussion

The President welcomed Professor Jonathan Montgomery, Chair of the Health Research Authority (HRA).

Professor Montgomery explained that the HRA's origins lie within the Academy of Medical Sciences' report which identified regulatory burden as a key problem in research investment in the UK. The HRA's remit includes commitments to health service legislation throughout the National Health Service (NHS), a duty to promote the interests of the patient and public in research and the use of evidence. There is a need to create an environment which facilitates ethical research thus giving more people the opportunity to take part in health and social care research. It will become a condition of Research Ethics Committees (REC) that clinical trials are registered. The HRA's contribution is just one part of a major enterprise. Specifically it has

regulatory functions around the approval of trials and has to navigate, and help others navigate, the regulatory maze. The HRA will have the opportunity to assume a leadership role as it moves from special health authority to non-departmental body status.

Improvements have been made to RECs leading to a reduction in the number of committees and standardisation of processes. A research officer function aimed at ensuring incomplete submissions are not made to RECs, has been piloted. Timelines for reviewing protocols have been considered to prevent the waste that results from delaying progress through the system. The HRA is looking to re-procure the electronic submission system currently operated through IRAS. A root and branch review of the questions asked on the form is being undertaken in the hope of shortening the form and making it more focussed. The HRA wants systems that are easy for people to use. It has used online decision tools to assist with frequently asked questions (FAQs) and is about to issue guidance on information sheets.

A significant amount of public engagement work has been carried out which has highlighted a difference in understanding between the general public and those members of the public who have been involved with research projects. Those who had been involved with research felt there was too much regulation, a need to move quickly and had a positive view of clinical academics; the opposite view was held by those with no exposure to research.

There is a lot of suspicion around data. The HRA needs to build on the second Caldicott review. The HRA has taken on the role of approving use of patient identifiable data through its Confidentiality Advisory Group. Applications to use identifiable patient data without consent come via the HRA. Whilst it does not approve its use for non-research purposes the HRA does advise the Secretary of State whether or not it should be used.

With regards to research and development (R&D) approvals in the NHS the HRA is working to achieve this without currently having the authority to do so although it is unlikely that there will be radical changes in the near future.

As the HRA becomes a non-departmental body it will have opportunity to reissue the research governance framework. It is anticipated that the consultation and engagement process will begin in early 2014.

Professor Bion suggested a single point of entry to share investigator details would be helpful, as would a common template for research applications tailored to the research type. Professor Bion explained the challenges of obtaining surrogate consent; families with relatives in Intensive Care often struggle with this but patients who are in a later stage of recovery often express the view that they would have been happy to be included. Professor Bion pointed out that decision making is variable between RECs. Professor Montgomery explained that the issue of a common template is wrapped up in IRAS re-provision. With regards to the variation issue the HRA has shifted Mental Capacity Act applications to a smaller number of committees familiar with the legislative framework within which it operates. The National Research Ethics Advice Panel has asked the HRA to work on consistency. Professor Montgomery stated that the issue of surrogate consent is more complex and is an area where it works in partnership with the Research Ethics Advisors Panel. The HRA is also interested in partnerships with other bodies and Professor Montgomery suggested this might be an area it could develop with the Royal College of Anaesthetists (RCoA).

Professor Sneyd asked how big a step it would be to publish all the protocols on primary trials application; this would enable inexperienced applicants to view good applications which have gone through the process. Professor Montgomery found the concept appealing partly because it would not require additional work. Professor Montgomery added that in order to get the best return on resources invested in research then it is desirable to be able to reuse as much data as possible.

Professor Mythen asked how Professor Montgomery envisaged local R&D Offices when the HRA had fully matured. Professor Montgomery responded that R&D Offices should be scanning and highlighting funding opportunities and identifying research appropriate for the patient profile.

Dr Fletcher described an effort to promote industry in critical care to register trials thus improving access to industry across the UK. Professor Montgomery added that industry is now seeing the benefits of doing so and the HRA needs to take a view on the quickest route to get there. One of the HRA's roles is signposting and it is hoped its website will provide a portal.

Professor Rowbotham pointed out that single sign-off by trust is difficult and he hoped the HRA would make it possible. Professor Montgomery saw the Academic Health Science Networks (AHSN) as being key to the next step towards this.

The President thanked Professor Montgomery for attending Council and highlighted the importance of the RCoA garnering relevant information and making it available to those engaged in anaesthesia, intensive care medicine (ICM) and pain research.

COUNCIL IN DISCUSSION

CID/41/2013 President's Opening Statement

1. Dr Grady, Dean of the Faculty of Pain Medicine (FPM), was welcomed to her first Council meeting.
2. The National Honours Committee, chaired by Sir Peter Simpson, is almost three years old. There had therefore been a review of its membership. Dr Julia Moore and Sir Morrell Lyons wished to stand down at the end of the year and the President had agreed with Sir Peter that Dr Griselda Cooper and Professor Judith Hall would join the Committee from January 2014.
3. Congratulations were offered to Dr Batchelor who had completed the Great North Run.
4. The President announced the deaths of Dr Edith Gilchrist, Dr Helen Hannah, Dr Khalid Rauf, Dr Margaret Stockwell, Dr Shinmen Liu, Dr John Lewis, Professor Bill Bowman, Dr Kevin David Johnston, Professor Martin Marx and Dr Mary Hartley. Council stood in memory.
5. A slight change had been made to the agenda to avoid keeping those being awarded Fellowship ad eundem waiting.
6. The annual Council photograph would be taken during the coffee break.
7. Mr McLaughlan would speak to Item 4.10 in Dr Venn's absence.
8. There would be an additional agenda item, Trainee Committee.
9. Committee Chairmen were reminded of the deadline for committee reports for the Annual Report; 29 November 2013. A 200 word summary was also required for the March 2014 *Bulletin*.
10. The RCoA had been approached by HEE regarding whether it wished to be included in the specialty selection test pilot for CT1. After consideration by the Recruitment Committee and Training Committee, and discussion with HEE West Midlands, the RCoA had decided it did not wish to engage. Dr Langton explained that the pilot being proposed was to test trainees in a driving test centre with a situational judgement test. Trainees would be judged on their responses regarding their suitability to progress into different specialties. Trainees would be asked to voluntarily take the test which would be cross referenced with their application. The RCoA's opinion was that it had been rushed and poorly communicated and for a number of reasons it was felt that the RCoA could not support anaesthesia joining the pilot this year. The President had written to Professor Wendy Reid explaining why the RCoA did not intend to take part this year.
11. e-Learning Anaesthesia had garnered 1 million e-learning episodes.
12. There was considerable discussion in relation to the issue of anaesthetists requiring a short "comfort" break when working solo and potentially needing to leave an anaesthetised patient with e.g. an ODP or anaesthetic nurse. It was felt that our position should not be overly prescriptive but that common sense should prevail and engagement with Clinical Directors at local level should take place.

13. *The Poorly Performing Anaesthetist* would be published on the website in the next month.
14. The RCoA had submitted evidence to the Department of Health (DH) working group on longer hours, fatigue and the effects of shift working. There was some appetite for the profession to look at this in a specialty specific way. The RCoA and AAGBI would consider this and take it through the Academy of Medical Royal Colleges (AoMRC) in conjunction with parallel work being undertaken by the DH regarding fatigue and long hours. A move to 24/7 consultant presence would necessitate the RCoA being mindful of the impact on its Fellows and the potential impact on patient care.
15. The President had met with Dr Clifford Mann, President of the College of Emergency Medicine (CEM). Topics discussed included sedation in the emergency room and also airway management in the emergency room. Dr Mann's belief was that the four hour target was primarily to blame for difficulties as the general public are very much aware that if they present with an acute problem they would be in and out of the emergency department within 4 hours which was quicker than waiting for an appointment with their General Practitioner. Emergency medicine currently is only filling 50% of its trainee posts and training was rated poorly on the General Medical Council's (GMC) assessment of training; consultants were now so busy delivering service that this was impacting on ability to deliver effective training.
16. The Trust Special Administrators had published recommendations for the reconfiguration of Mid Staffordshire Trust. The Clinical Advisory Group has been asked to comment on the safety and sustainability of the proposals which were out for consultation. It would ultimately be the Administrators who decided how the trust would function in future.
17. The President and Mr Bryant had attended the Scottish College Tutors' (CT) meeting. Dr Colvin reported that issues raised had included the imbalance in the medical workforce, connecting Scotland to national incident reporting and the e-Portfolio. Whilst there were generally positive comments about the e-Portfolio there was some disquiet about the non-compatibility between the anaesthesia and ICM e-Portfolio.
18. The Royal College of Physicians of London (RCPLond) had published the Future Hospital Commission report, which was far-reaching in its recommendations. Professor Bion suggested that the RCoA should welcome the report. It was wide ranging in its remit and focused on the development of 24/7 expert generalist care of the hospitalised patient. Professor Bion was disappointed that the Future Hospital Commission was anchoring its hopes on this being delivered by all "ologists" being multi-skilled in delivering care for the acutely ill patient in a general capacity rather than a new breed of generalist.
19. The RCPLond's response to *The Francis Report* had been published.
20. The President had asked Professor Mythen to put together a short life task and finish group to develop the vision, strategy and tactics with respect to perioperative medicine. It was anticipated that by the end of the year the plan would be presented to Council.
21. The President updated Council on staffing matters:
 - a. Ms Helen Connolly had left the College to begin a career in occupational therapy.
 - b. Ms Lauren Pieroni had left to the College to begin a career in nursing.
 - c. Mr Chris Scorer had joined the Training Team on a full-time permanent basis as Specialty Training Co-ordinator.
 - d. Ms Laura Collins had joined the Training Team on a full-time permanent basis as Specialty Training Team Administrator.

CID/42/2013 Amendment to College Regulations

Mr Storey asked Council to approve changes to the Regulations relating to the election for President and Vice-Presidents which would state that 1) voting may be electronic, 2) single transferable vote to be used and 3) the addition of a 3rd criteria under seniority. It was noted that the requirement for the ballot to be secret had been removed and suggested that the Regulations should explicitly state that it was a secret ballot. Mr Storey agreed that was the ultimate aim and when a satisfactory system had been found the ballot would be secret. In the event of a tie, online systems used a random number generator to determine who went forward. Mr Storey asked Council to forward him links to electronic voting systems they had successfully used.

CID/43/2013 Faculty of Pain Medicine Regulations

Dr Grady asked Council to consider approving version 9.1 of the Faculty Regulations which incorporated the following changes:

- Fellowship by Special Application had been merged with Fellowship ad eundem.
- Diplomate Fellow had been added for those who completed the UK training programme without the FRCA and pass the FPMRCA.

Dr Brennan stated that it was not clear from the Regulations regarding election of Officers of the Faculty and in particular whether those who were not full Fellows of the Faculty were eligible to stand for election. Dr Grady responded that they were allowed to stand but the Regulations did not specifically say about Officers. Dr Jones pointed out that as far as the RCoA was concerned any elected Council member could stand as President. It was agreed the FPM Board should review the Regulations and discuss with Mr Storey.

CID/44/2013 Pre-Hospital Emergency Medicine

Dr J Nolan reported that Training Department personnel had met with key people to discuss communication issues. Biannual meetings involving representatives from training departments of parent Colleges would be held in future. The Intercollegiate Board for Training in Pre-hospital Emergency Medicine (IBTPHEM) proposed to invite Training Directors of parent Colleges to attend the Board meeting.

The GMC had requested that IBTPHEM's administrative base be fixed rather than rotating with the Chair. The Chair of IBTPHEM would contact parent Colleges proposing that CEM should become the permanent administrative base. The President suggested that the proposal, when received, should be discussed by Council, mindful that the sub-specialty CCT may disappear. It was not yet clear that the CEM had agreed to be the administrative base.

CID/45/2013 Academy of Medical Royal Colleges Safe Sedation for Healthcare Procedures

Professor Sneyd presented the update to the 2001 Guidance, explaining that it was not being brought for endorsement by the RCoA as it was an AoMRC document. It was draft guidance, not a manual, and its purpose was to set a clear baseline. Council was asked to e-mail comments to Professor Sneyd. The President reiterated that it was an AoMRC document, the AoMRC held the intellectual property and it set out a pragmatic even-handed approach to sedation. The document would be presented to the AoMRC in November.

CID/46/2013 Replacement FRCA Certificate

Council agreed to a request from Dr Patrick Wong for the replacement of his FRCA Certificate.

CID/47/2013 Future Relationships with Hong Kong and China

Mr Bryant reported that the Hong Kong College of Anaesthesiologists would be visiting for the examinations in November. An additional meeting would be held to discuss items of collaboration previously discussed by Council. Apart from a difference in the Hong Kong College's expectation regarding what could be provided in terms of the FRCA everything was going according to plan.

CID/48/2013 Publication of Consultations on the Website

There was strong support for Dr Marks' proposal to publish on the College website the RCoA's responses to consultations which had no intrinsic confidentiality issues. Dr Marks asked if the names of individual contributors should be published on the website. The President was strongly in favour of naming contributors suggesting it might help with annual appraisals to reference the website. Mr McLaughlan highlighted the need to clarify whether the response was clinical or lay. Dr Brennan pointed out that the RCoA sometimes responded in conjunction with partner organisations; their consent would be required to publish the response. Mr McLaughlan stated that those consultations with online questionnaires would not translate well to publication on the website. The *Bulletin* now listed consultations to which the RCoA had responded; the list could be duplicated on the website. Mrs Dalton was not keen to publish the names of

individual Patient Liaison Group (PLG) members. Dr Marks would bring a final proposal to Council.

CID/49/2013 Association of Anaesthetists of Great Britain & Ireland President's Report

Dr Harrop-Griffiths had sent apologies for the meeting.

COMMITTEE BUSINESS

CB/103/2013 Council Minutes

The minutes of the meeting held on 17 July 2013 were approved with a minor rewording to CB/100/2013 which Dr Batchelor agreed to send to Ms Regan.

CB/104/2013 Matters Arising

(i) Review of Action Points

- **CB/92/2013** The outcome of the hearing at the Supreme Court was not due until 24 September 2013.
- **CB/93/2013** Dr Grady agreed to check with Mr Daniel Waeland whether or not a list of SAS doctors working in or leading in pain had been provided by Dr Alladi.
- **CB/97/2013** Drs Colvin and Nevin would discuss how to take forward with the RCoA CD Group support of the principles of ensuring adequate supporting professional activities (SPA) time in all consultant contracts. Dr Nevin reported that the CD Group was surveying CDs to look at what was happening across Scotland, England and Wales and what pressures were being applied to impose 9+1 contracts. The President suggested it would be beneficial to have the information before meeting the British Medical Association (BMA) later in the year. The President also suggested that a CD representative be invited to the meeting. Dr Colvin asked if it would be possible to ask CDs their opinion on how they felt their specialty was being treated in relation to other specialties in their hospital. Dr Whitaker suggested it would be beneficial to ask if there had been any appeals. Dr Nevin responded that the survey had not yet been distributed and could therefore be expanded.

CB/105/2013 Regional Advisers

Council considered making the following re-appointments:

KSS

Dr S Panayiotou, Regional Adviser, KSS **Agreed**

Wales

Dr E Wright, Regional Adviser, Wales **Agreed**

West Midlands North

Dr P Millns, Regional Adviser, West Midlands North **Agreed**

CB/106/2013 Deputy Regional Advisers

Council considered making the following appointments:

Northern

Dr J Morch-Siddall, Deputy Regional Adviser, in succession to Dr G Enever **Agreed**

West of Scotland

Dr S I Marshall, Deputy Regional Adviser, in succession to Dr E M McGrady **Agreed**

West Midlands

Dr T J McLeod, Deputy Regional Adviser, in succession to Dr S Edmends **Agreed**

CB/107/2013 College Tutors

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

Oxford

Dr J S Hewitt-Gray (Horton General Hospital) in succession to Dr R E Paul **Agreed**

Northern

Dr R J Geary (Darlington Memorial Hospital) in succession to Dr P Krishnan **Agreed**

East Yorkshire

*Dr A M Sladkowski (Scarborough General Hospital) **Agreed**

West Yorkshire

Dr S J Hill (Calderdale and Huddersfield NHS Foundation Trust) in succession to Dr P Krishnan

Agreed

Request for extended term of office for Dr J F Burns (Airedale General Hospital) **Agreed**

Northern Ireland

Request for extended term of office for Dr A M Chisakuta (Royal Group of Hospitals, Belfast)

Agreed

North Thames Central

*Dr Chakravarti-Chattopadhyay (Barnet General Hospital) **Agreed**

North Thames East

*Dr C Sheppey (Royal London Hospital) **Agreed**

Mersey

*Dr A Wong (Whiston Hospital) **Agreed**

North West

*Dr O W Pratt (Salford Royal NHSFT) **Agreed**

To note that there are no trainees based at Fairfield General Hospital and Dr A Karmarkar has agreed to stay as a contact.

To receive a request for a 2nd College Tutor at Royal Manchester Children's Hospital. **Agreed**

East of Scotland

To receive a request for a 2nd College Tutor at Ninewells Hospital and Medical School. **Agreed**

South East Scotland

*Dr B Shippey (NHS Fife) **Agreed**

Dr E Dickson (Royal Hospital for Sick Children) in succession to Dr C M Smith **Agreed**

Wessex

Dr A C Woodward (Jersey General Hospital) in succession to Dr A J Thompson **Agreed**

South Thames East

To receive a request for a 2nd College Tutor at Kings College Hospital. **Agreed**

KSS

*Dr S Sudan (Royal Sussex County Hospital) **Agreed**

*Dr G Sridhar (Frimley Park Hospital) **Agreed**

Leicester and South Trent

Dr J Stone (Northampton General Hospital) in succession to Dr P Davies **Agreed**

Dr A Kelkar (Leicester General Hospital) in succession to Dr N L A Hickman **Agreed**

Nottingham and Mid Trent

*Dr Z A Sadiq (Derby Hospitals NHS Foundation Trust) **Agreed**

Wales

Dr J Walker (Ysbyty Gwynedd) acting Tutor covering Dr S H Burnell **Agreed**

West Midlands South

*Dr K S Gregory (Birmingham Heartlands Hospital) **Agreed**

*Dr K Ramachandran (University Hospitals of Coventry & Warwickshire NHS Trust) **Agreed**

*Dr I K Suri (Warwick Hospital) **Agreed**

Dr G L J Nicol (Worcester Royal Hospital) in succession to Dr H K Whibley **Agreed**

CB/108/2013 Head of School

There were no appointments/re-appointments for Council to note.

CB/109/2013 Training Committee

(i) Chairman of the Trainee Committee's Update

Dr Penfold had nothing to report.

(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)] 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.

July

Anglia

Dr Rajashree Chavan
Dr Ari Ercole
Dr Nathaniel Broughton *
Dr Paul-Simon Whitney
Dr Sui Hee Goon
Dr Kaushik Bhowmick *
Dr Vijayakumar Gopal *
Dr Ravi Kare

London

South East

Dr Sarah Cowman
Dr Sarah Bigham *
Dr Amrut Muddanna
Dr Josep Macmillan
Dr Karthikeyan Ponnusamy
Dr Oswald D'Mello

North Central

Dr Gagandeep Atwal
Dr John McGrath
Dr Roger Thompson

Bart's and The London

Dr Eduardo Svoren
Dr Sanjay Kuravinakop
Dr Seema Shah

Oxford

Dr Imran Mohammad
Dr Shravan Tirunagari
Dr Nikolaos Makris *
Dr Catherine Atkinson

Severn/Bristol

Dr Anthony Carey

South West Peninsula

Dr Michelle Barnard *

Wessex

Dr Robert Chambers *
Dr Andrew Baker *

West Midlands

Birmingham

Dr Raju Puttaswamy
Dr Adrian Jennings
Dr Andrew Downs
Dr Richard Hodgson
Dr Max Hodges
Dr Hozefa Ebrahim

Wales

Dr Fiona Brennan
Dr Paul Clarke *

Dr Matthew Wikner

Imperial

Dr Vimal Grover *
Dr Sharon Pickworth

St. George's

Dr Simon Wood *
Dr Jelena Devic
Dr Sameer Rajan *
Dr Ai-Shi Lim

Kent, Surrey, Sussex

Dr Catherine Doyle
Dr Celia Bygrave
Dr Deepak Manjiani
Dr Nanda Senathi
Dr Ashok Narayanasamy

Mersey

Dr Kirsten Fehrmann
Dr Alex Houston
Dr Colleen Mackie

North West

Dr Kate Bailey *
Dr Jon Hopper *
Dr Robert Sharcross *
Dr Tina Duff *
Dr Jane Lowery
Dr William Davies *
Dr Jonathan Bannard-Smith *
Dr Suraj Jayasundera

Northern

Dr Rajendra Singh
Dr Christopher Dickson
Dr Uwe Franke *
Dr Karuna Kotur
Dr Martin Doran
Dr Zubair Mohamed *
Dr Ian Baxter
Dr Rakesh Bhandary
Dr Barry Paul *
Dr Devachandran Jayakumar *

Northern Ireland

Dr Rory Maguire
Dr Aidan Cullen
Dr Patrick McKendry
Dr Mairead Deighan

Dr Sabelo Ndlovu

Scotland

East Scotland

Dr Claire Wallace
Dr Linda Dubiel
Dr Pavan Bangalore Chandrashekara Raju

Dr Neal Willis

South East Scotland

Dr Katy Nicholson
Dr Michael Macmahon *

North Scotland

Dr Prabodhachandran Madhavan Sasidharan

West Scotland

Dr Somashekar Gangaiah
Dr Ramesh Vedagiri Sai
Dr Sivakumar Belu Suderson
Dr Karim Elkasrawy
Dr Keir McIlmoyle
Dr Ross Junkin

Yorkshire

West Yorkshire (Leeds/Bradford)

Dr Matthew Law
Dr Deborah Horner
Dr Timothy Bennett
Dr Natalie Drury
Dr Justine Heard
Dr Nehemiah Mupedziswa
Dr Lucy Adams
Dr James Taylor
Dr Mohammed Rajab
Dr Jaideep Ravi
Dr Robert Tuffin *
Dr Parveez Peer
Dr Benjamin Rippin

South Yorkshire (Sheffield)

Dr Susanne Parkinson
Dr Ashok Elayaperumal

August

Anglia

Dr Darcy Pearson *

London

South East

Dr Kiran Salaunkey
Dr Rathnavel Govindaraju Kanagavelu
Dr Wangui Manguyu
Dr Christopher Pollitt

North Central

Dr Jermey Windsor
Dr Shilpa Reddy
Dr Baldeep Panesar *
Dr Amod Manocha
Dr Stephen Stamatakis
Dr Paranav Kukreja
Dr Kamalakkannan Subhas

Bart's and The London

Dr Priti Gandre
Dr Tapiwa Kundishora
Dr Timothy Egan
Dr Niven Akotia

Imperial

Dr Anberin Khan
Dr Michael Kynoch
Drain Strickland
Dr Rakhee Nathwani
Dr Amardeep Riyat
Dr Sameer Patel *
Dr Varunee Wirasinghe

St. George's

Dr Mark MacGregor
Dr Dominic Sacco
Dr Carolyn Johnston
Dr Frank Schneider
Dr Jan Rudiger

East Midlands

Leicester

Dr Vishal Handa
Dr Simon Leach
Dr Yee Tang
Dr Kausik Dasgupta

Northern

Dr Munyaradzi Vushemasimba
Dr Avinash Kapoor
Dr Amy Norrington
Dr Rhian Roberts
Dr Matthew Garner
Dr Manjunatha Sollapura Vallabai Patel

Northern Ireland

Dr Philip Anderson
Dr Caroline West
Dr Robert MacSweeney *
Dr Linda-Jayne Mottram *
Dr Muhammad Latif

Oxford

Dr Michael Devile *
Dr Yaroslav Stefak

Severn/Bristol

Dr Alistar Johnstone

South West Peninsula

Dr Susan Davies
Dr James Cole

Tri-Services

Dr David Evans *

Wessex

Dr Joseph Tyrrell
Dr Angela Denner
Dr Suzanne Kellett

West Midlands

Birmingham

Dr Narayana Polisetty Venkata Satya

Stoke

Dr Catherine Stewart

Warwickshire

Dr Rajneesh Sachdeva
Dr Hendrik Cilliers
Dr David Hovord
Dr Jennie Kerr
Dr Ramesh Murugesan Sadasivan
Dr Divya Khare

Nottingham

Dr Oliver Knipe
Dr Steven Gill *

Mersey

Dr Emer McCarron
Dr William Airey
Dr Sergey Rastopyrov

North West

Dr Lee Feddy
Dr David Trotter

Scotland

North Scotland

Dr Stephen Friar *

West Scotland

Dr Neelakshi Desai
Dr Sundara Muthukrishnan

Yorkshire

West Yorkshire (Leeds/Bradford)

Dr Andre Carneiro

South Yorkshire (Sheffield)

Dr Alexa Mannings

CB/110/2013 Faculty of Intensive Care Medicine

Council received and considered the minutes of the Board meeting held on 18 July 2013 which were presented by the Dean, Professor Bion, who drew Council's attention to the following:

- *BFICM/07.13/3.1 Faculty of Intensive Care Medicine (FICM) Dean and Vice Dean Elections 2013* Congratulations were offered to Dr Batchelor and Dr Carl Waldmann who would take office as Dean and Vice-Dean respectively on 24 October 2013. All Trustee Colleges had agreed that Board vacancies would be open to election by the Fellows. There were five vacancies coming up; two would take office on 16 January 2014 and the remaining three in October.
- *BFICM/07.13/3.2 Advanced Critical Care Practitioners*
- *BFICM/07.13/7.1 Critical Care Leadership Forum*

CB/111/2013 Revalidation Committee

(i) Appraisal of Anaesthetists with Few Anaesthetic Sessions

Dr Marks presented a document which he hoped Council would approve as policy. One-third of anaesthetists were currently appraised by non-anaesthetists; this was likely to increase due to the pressure to rotate appraisers. Dr Nevin felt that the suggestion that a CD should be responsible for in-depth review of each doctor undertaking one full day per week or less in clinical anaesthesia was unreasonable and would not be deliverable; appropriate delegation would be necessary. Dr Nevin suggested that Anaesthetic Clinical Service Accreditation (ACSA) would play an important part; if a department bought into the standards then there should be quite a few people capable of assessing whether individuals were achieving common goals. Dr Marks stated that there was no requirement to have two separate appraisals. Dr Nevin suggested that once the process of revalidation had been gone through it was 360 degree appraisal that was likely to feed information to the CD.

There were mixed views amongst Council. Some members felt it was impossible to have a one size fits all document whilst others felt the document should not be published. Dr Jones strongly opposed publication of the document on the basis that there was sufficient governance already. Dr Jones also suggested that the document would indicate to Fellows that the RCoA had concerns about those who did an occasional session in the week.

The President pointed out that the document had been developed in response to an FAQ frequently raised by appraisers.

Dr Clutton-Brock suggested that the RCoA should make the point that it was up to the individual and organisation to ensure people were appraised by those who understood the implications of the doctor's ability to deliver a safe service. Dr Marks suggested that it would be difficult for a non-anaesthetist to confirm that a colleague who was only undertaking a limited number of anaesthetics was performing to a satisfactory standard.

Dr Fazackerley suggested that elements of the document should be retained to answer questions about appraisal of anaesthetists by non-anaesthetists and vice versa.

Dr J Nolan suggested that the solution was 360 degree feedback. It should be ensured that a significant amount of feedback comes from the field in which the doctor had limited practice.

The view was expressed by some members that the job of an appraiser was to assess the evidence.

The President surmised that there was not currently overwhelming support for the document and suggested it be kept within the College for reference. The President added that he would be interested to learn how the other Colleges dealt with the matter and that this may merit further discussion through the AoMRC Revalidation Group.

(ii) Patient Feedback Questionnaire Pilot

Dr Marks reported that results had been returned from three of the four pilot sites. Dr Marks hoped the pilot could be published in the next month or so.

CB/112/2013 Quality Management of Service Committee

Council received and considered the minutes of the meeting held on 17 July 2013 which were presented by Mr McLaughlan in Dr Venn's absence. Mr McLaughlan drew Council's attention to the following:

- QMSC/31/2013 *Review the content of the breakout sessions for ACSA training days*
- QMSC/32/2013 *Review of reviewers' application forms and application process to be reviewed*
- QMSC/34/2013 *ACSA guidance forms and documentation to be slightly amended*
- QMSC/35/2013 *Discussions with trainees will not form part of the review team at present but are regarded as an important part of the review process in hospitals*
- QMSC/36/2013 *Criteria for choosing the reviewer for each hospital to be reviewed and a policy drafted*
- QMSC/38/2013 *Relationship with the Training Committee to be clarified*
- QMSC/38/2013 *A leaflet had been approved for promoting ACSA at meetings*
- Domain 5 for specialist services is being developed.

CB/113/2013 Safe Anaesthesia Liaison Group

Council received and considered the minutes of the meeting held on 3 July 2013 which were presented by the Chairman, Dr Clutton-Brock.

- SALG/37/2013 *Minutes of other Safety Boards*
- SALG/38/2013 *Syringe Labelling Guidance*
- SALG/39&40/2013 *SALG Remit/Terms of Reference/SALG Publicity*
- SALG/41/2013 *MRI Machines*
- SALG/43/2013 *Patient Safety Conference*
- SALG/48/2013 *Vaporiser Leak*
- SALG/50/2013 *ADAM Website*
- SALG/55/2013 *African Partnerships for Patient Safety* The President requested that Dr Jo James be kept in the loop.
- SALG/56/2013 *Efficacy of Propofol/Use of the Safety Network*

CB/114/2013 Examinations Committee

Council approved the appointment of Dr Mark Blunt as Vice Chairman of the Primary FRCA Examination.

CB/115/2013 Trainee Committee

Council received and considered the minutes of the meeting held on 11 July 2013 which were presented by the Deputy Chairman, Dr Gulati, who drew Council's attention to the following:

- *TRE/19/13 Trainee e-Newsletter*
- *TRE/20/13 b Trainee Committee, Terms of Reference, Future Strategy*
- *TRE/20/13 Matters Arising*
- *TRE/23/13c Jubilee Meeting*

MATTERS FOR INFORMATION

1/24/2013 Publications

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

1/25/2013 Consultations

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

1/26/2013 New Associate Fellows, Members and Associate Members

Council noted, for information, the following:

New Members

Dr Andrew Thomas Ratcliffe - Primary of the RCoA
Dr Annika Elisabeth Kristina Ryberg - Primary of the RCoA
Dr Vinita Felmine - Primary of the RCoA

New Associate Members

Dr Attila Petri - Colchester Hospital University Foundation Trust
Dr John Martin Boselli - Broomfield Hospital

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

Dr Aditi Shashank Tilak - Calderdale and Huddersfield NHS Hospital
Dr Subhani Priyangika Vitharanage - Worthing Hospital
Dr Ajith Gopinath - Royal Bolton Hospital
Dr Rajesh Dudeja - Queen's Hospital, Burton on Trent
Dr Aarthi Prakasam - Calderdale and Huddersfield Royal Infirmary
Dr Esra Gumus Bayazit - The Princess Royal Alexandra Hospital
Dr Amit Jain - Central Manchester NHS University Trust Hospital
Dr Shahram Khan - Royal Victoria Infirmary
Dr Boopathi Sivarajan - Withybush General Hospital
Dr Ron Mathew Jacob - The Walton Neuro NHS Foundation Trust
Dr Lakmini Kamithri DeSilva - John Radcliffe Hospital, Oxford
Dr Loku Pedige Warnapura - Luton and Dunstable University Hospital
Dr Arni Hafstad - Stoke Mandeville Hospital
Dr Shahram Khan - Royal Victoria Infirmary, Newcastle

Forced into new membership categories:

<u>Name</u>	<u>Category</u>	<u>Qualification or Hospital</u>
Dr Kesavan Dhamodaran	Member	Primary of the RCoA
Dr Bulelwa Carol Bodlani	Member	FARCSI Primary
Dr Vinita Felmine	Member	Primary of the RCoA
Dr Katie Jane Hall Stewart	Associate Member	Hospital Unknown
Dr Matthew Michael Rowley	Associate Member	Hospital Unknown
Dr Simon David Lloyd	Associate Member	Hospital Unknown
Dr Taha Namik	Associate Member	Bradford Royal Infirmary
Dr Tharaka Jayabalan	Associate Member	Hospital Unknown

PCS/7/2013 PRESIDENT'S CLOSING STATEMENT

1. Mr Don Liu, Revalidation Manager, would leave the RCoA at the end of the week to undertake a degree in health economics. Mr Liu had been a major asset to the College and his significant contributions were noted.
2. The President would attend a meeting the following week with Dr Mike Durkin regarding on-going difficulties in relation to the introduction of non-Luer connectors.

MOTIONS TO COUNCIL

M/31/2013 Council Minutes

Resolved: That the minutes of the meeting held on 17 July 2013 be approved with a minor rewording to CB/100/2013 which Dr Batchelor agreed to send to Ms Regan.

M/32/2013 Regional Advisers

Resolved: That the following re-appointments be approved:

KSS

Dr S Panayiotou, Regional Adviser, KSS

Wales

Dr E Wright, Regional Adviser, Wales

West Midlands North

Dr P Millns, Regional Adviser, West Midlands North

M/33/2013 Deputy Regional Advisers

Resolved: That the following appointments be approved:

Northern

Dr J Morch-Siddall, Deputy Regional Adviser for Northern Region

West of Scotland

Dr S I Marshall, Deputy Regional Adviser for West of Scotland

West Midlands

Dr T J McLeod, Deputy Regional Adviser for West Midlands

M/34/2013 College Tutors

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

Oxford

Dr J S Hewitt-Gray (Horton General Hospital)

Northern

Dr R J Geary (Darlington Memorial Hospital)

East Yorkshire

*Dr A M Sladkowski (Scarborough General Hospital)

West Yorkshire

Dr S J Hill (Calderdale and Huddersfield NHS Foundation Trust)

Dr J F Burns (Airedale General Hospital) Third term of office

Northern Ireland

Dr A M Chisakuta (Royal Group of Hospitals, Belfast) Third term of office

North Thames Central

*Dr Chakravarti-Chattopadhyay (Barnet General Hospital)

North Thames East

*Dr C Sheppey (Royal London Hospital)

Mersey

*Dr A Wong (Whiston Hospital)

North West

*Dr O W Pratt (Salford Royal NHSFT)

2nd College Tutor post at Royal Manchester Children's Hospital.

East of Scotland

2nd College Tutor post at Ninewells Hospital and Medical School.

South East Scotland

*Dr B Shippey (NHS Fife)

Dr E Dickson (Royal Hospital for Sick Children)

Wessex

Dr A C Woodward (Jersey General Hospital)

South Thames East

2nd College Tutor post at Kings College Hospital.

KSS

*Dr S Sudan (Royal Sussex County Hospital)

*Dr G Sridhar (Frimley Park Hospital)

Leicester and South Trent

Dr J Stone (Northampton General Hospital)

Dr A Kelkar (Leicester General Hospital)

Nottingham and Mid Trent

*Dr Z A Sadiq (Derby Hospitals NHS Foundation Trust)

Wales

Dr J Walker (Ysbyty Gwynedd) acting Tutor

West Midlands South

*Dr K S Gregory (Birmingham Heartlands Hospital)

*Dr K Ramachandran (University Hospitals of Coventry & Warwickshire NHS Trust)

*Dr I K Suri (Warwick Hospital)

Dr G L J Nicol (Worcester Royal Hospital)

M/35/2013 Examinations Committee

Resolved: That the appointment of Dr Mark Blunt as Vice Chairman of the Primary FRCA examination be approved.

CEREMONIAL

C/11/2013 Fellowship ad eundem

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

- (i) Dr Atul Gaur
- (ii) Dr Fariborz Neirami
- (iii) Dr Grainne Nicholson
- (iv) Dr Guruswamy Velupandian