

**RCoA Northern Ireland Board**  
**Tuesday 8th October 2024**  
**14:00 to 17:00**  
**MS Teams**

**MINUTES**

**Members:**

|                             |                                    |
|-----------------------------|------------------------------------|
| Dr Will Donaldson, Chair    | Dr Killian McCourt                 |
| Dr Rosemary Hogg            | Dr Alex Greene                     |
| Dr Sinead McGuirk           | *Elected Consultant member vacancy |
| *Elected SAS member vacancy |                                    |

**Ex-Officio:**

|  |   |
|--|---|
| Dr Claire Shannon, RCoA President  | Dr Mary Malloy, HoS                             |
| Dr Esther Davis, RAA Intensive Care Medicine                             | Dr David Lee, Deputy HoS                        |
| Dr Neal Beckett, Association of Anaesthetists Representative (apologies) | Dr Nathan Oliver, RAA Pain Medicine (apologies) |
| Dr Philip Canny, Trainee Rep (apologies)                                 | Dr Richard Laird, RAA and DRA (apologies)       |
| Dr Emma Gordon, Trainee Rep (apologies)                                  |   |

**Co-opted:**

|   |                                       |
|---|---------------------------------------|
| Dr Donal Buggy, CAI President (apologies) | Martin McCormack, CAI CEO (apologies) |
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**Staff:**

Mr Graham Blair, RCoA Director, Membership, Media and Development  
Ms Amy Wallwork, Policy and Public Affairs Officer  
Mr Nii-Teiko Turkson, Governance Administrator and secretary

**1. Introductions, Welcome and Apologies (WD)**

The Chair welcomed all to the meeting.

The participants introduced themselves. Dr Claire Shannon noted that this was her first Devolved NI Board as President of the RCoA.

Apologies were received from Dr Neal Beckett, Dr Nathan Oliver, Dr Philip Canny, Dr Emma Gordon, Dr Killian McCourt, and Dr Richard Laird.

## **2. Declarations of Interest**

The Chair invited the Board to submit any declarations of interest relating to the agenda items. There were no declarations of interest.

## **3. Minutes of and actions from the previous meeting held on Tuesday the 19<sup>th</sup> of April 2024.**

The minutes of the previous meeting held on Tuesday 19<sup>th</sup> April 2024 were circulated in advance of the meeting and were approved as a true and accurate record.

The actions were discussed, and the following updates provided:

- The SAS vacancy will be included in the next call for self-nominations/ election.
- WD encouraged Board Members to send any suggestions for items for the newsletter. There is no set deadline.
- MM updated on the action point regarding Regional Advisor for Anaesthetics Business.
  - MM noted that she had previously discussed low anaesthetics training numbers and limited funding. Peter Kunzmann had contacted MM to say that the Royal Medical Colleges met in late May 2024 and he had highlighted the low training numbers of anaesthetists in NI.
  - Following a census report in 2022, it had been found that NI was 58 consultants and SAS grades short. The Deanery was contacted and it was recorded that as of Aug 2024 there were 155 anaesthetics trainees and 13 were dual ICM and 13 dual ICM with other specialties. However, there were only 128 funded anaesthetics posts and 6 funded ICM posts. Trusts were therefore asked to fund the additional trainees.
  - The School has therefore contacted the Department of Health to identify more funding. The next Workforce Planning meeting will take place on 1 November 2024.
  - WD agreed that the action could therefore be closed.

## **4. RCoA Northern Ireland Board Terms of Reference**

WD and NW noted the changes in the ToR were:

- A simplified process to recruit board members. The previous version restricted this process to being via an election and by removing this restriction and allowing the Board to appoint via other means, as well as keeping elections as an option, should support future Board member recruitment.
- The review of the ToR will move to the second meeting of the year so that this takes place annually.
- Some other general changes to bring it in line with current processes.

WD invited the Board to provide any comments and the following were raised.

Was there a plan to get Board representation across the whole of Northern Ireland onto the Board. It was agreed that it would be important for broad representation to be reflected in the term of reference. However, there are challenges in encouraging consultant anaesthetists to seek appointment to the Devolved Board for NI due to the workforce pressures.

- CS noted that health services in NI are delivered by the Department of Health (DoH) in Westminster through the devolved NI parliament. CS went on to question the remit of the membership of the College of Anaesthesiologists of Ireland, based in Dublin to the delivery of health services in Northern Ireland. WD noted that the RCoA sets standards

for anaesthesia in UK but College of Anaesthesiologists in Dublin does not. However, some anaesthetists in NI choose to be members of the College of Anaesthesiologists of Ireland rather than the RCoA. CS noted that if membership fees are not paid to the RCoA, then members are not eligible for election to the Devolved NI Board.

- CS suggested that as President of RCoA she would reach out to Donal Buggy, President of College of Anaesthesiologists of Ireland to discuss better collaborative working in the delivery of health services in Northern Ireland.
- RH noted that Donal has elected a member to the College of Anaesthesiologists who is currently looking at this collaboration.

**ACTION: CS to discuss regional representation with Donal Buggy, President of College of Anaesthesiologists of Ireland.**

- **ACTION: Natalie Walker to amend the Terms of Reference to reflect the ambition of the NI Board to appoint/ elect members with greater regional representation. This to be circulated via email for approval.**
- There are currently two vacancies on the Board. The Chair requested for Board members to consider and support the development of an approach to appoint better representation from all the regions.
- The Board requested that if possible, the College's membership database be reviewed to identify potential NI Board appointees from the different regions. GB suggested that this should be possible and he would take this away as an action for the membership team
- **ACTION: GB to review membership data and identify members by postcode that will potentially improve regional representation by NI Board Members.**

## **5i. RCoA College Report**

### **1. Council and Board of Trustees Updates**

CS provided the President's Update on College business and the following points were highlighted:

- CS noted that moving forward she would like the Board to consider NI experiences of perioperative care and innovative practices to drive down waiting lists and improve hospital efficiency.
- CS noted that the 2024 Council elections are underway and the call for self-nominations will close on 10 October.. There are four Consultant vacancies and one SAS vacancy and CS welcomed members of the NI Board to promote these within their networks.
- CS updated that a draft Scope of Practice, led by departing President Dr Fiona Donald and Dr Jon Chambers, and focused on the work of anaesthesia associates has been published. CS noted that the consultation is ongoing and RCoA would welcome the views of NI members. CS highlighted the need to balance standard setting for AAs with advocacy for other specialties including anaesthetists in training.

GB provided an update on the operational status and future of the RCoA. The following points were highlighted:

- Good progress has been made on the College's Financial Recovery Plan, which was agreed and instigated in 2021 to address recurrent budgetary deficits.
- The deficit was eliminated in 2023-24, one year ahead of target, and a surplus budget has been set for 2024-25.
- The RCoA is currently considering the sale of its building, Churchill House in London. Communications have been issued in the RCoA Bulletin and the College will be seeking feedback from its membership on potential new locations.
- Anaesthesia 2025 will be in Belfast 20-22 May.

- Communications activity to support the implementation of EGM resolutions continues to be a priority. Most recently, this has focused on promotion of new outputs, including the rotational training report, guidance for introductions and Cochrane review, and the consultation on the draft AA scope of practice.

## Training

- The proposal for flexibility in Stage 2 and Stage 3 of the 2021 Anaesthetics Curriculum has been submitted to the GMC and we hope to be in a position to update the training networks soon. The Anaesthetics Curriculum Development and Assurance Group (ACDAG) continues to monitor the deliverability of certain elements of the 2021 curriculum, working with specialist societies to create supporting guidance where appropriate.
- Guidance on [Minimising the impact of rotational training within the anaesthetic training programme](#) has been published. The report was authored by our rotational training working group, which was established following the 2023 EGM and includes representation from Council (including anaesthetists in training), Training Programme Directors, the Association of Anaesthetists Trainee Committee, the Faculty of Intensive Care Medicine.
- [Guidance on supervision levels and practical measures to develop independent practice in training](#) has been published and is aimed at improving support and recognition for anaesthetists in training as they develop their skills towards independent practice. This guidance, produced by Anaesthetists in Training Council representatives and the Training Committee, complements the existing 2021 Curriculum Assessment Guidance and outlines local approaches to optimise training opportunities.

## Examinations

- Examination reviews - Work continues on the development of the FRCA exam in line with the recommendations from the independent review. Purpose statements have been approved for the new exam formats, which will move away from OSCE and SOE style exams to circuit-based, oral performance tests with greater authenticity and alignment to the workplace. The aim for 24/25 is to start piloting the new format and requests for candidates to help support this process will be released soon.
- Capacity in the Primary FRCA examination - Capacity issues in the Primary FRCA examination have been increasing over the last few years with the May diet being particularly oversubscribed. To address this problem, we are seeking to increase the Primary examiner pool and a second recruitment round for examinership opened in June 2024. External venues with the ability to run multiple consecutive circuits with an improved exam environment are being reviewed as well as changes to the booking and withdrawal processes.
- New examination policies - In a continued effort to promote transparency and fairness, we have updated our Examinations [Complaints and Appeals](#) and [Reasonable Adjustment](#) policies for candidates sitting our exams. The new policy for reasonable adjustments will apply to applications for exams delivered from January 2025 onwards.
- Change to standard setting for FRCA written exams - From February 2025 we will make an adjustment to our standard setting practice for the Primary and Final FRCA and FFICM written examinations (MCQ) in line with the examination reviews. We will continue to use the Angoff method to determine the pass mark of the exam but will no longer subtract a Standard Error of Measurement (SEM) from that pass mark. This change was recommended by an [independent review of our assessment processes](#), is aligned to best practice for standard setting in postgraduate examinations and has

been approved by the GMC. The standard and content of the examinations will remain the same, and this will not impact candidates' preparation in any way.

AW covered key aspects of the healthcare policy, workforce planning, and professional engagement. The following points were highlighted:

- The second RCoA state of the nation report will be issued in the next few weeks with new workforce data.
- Planning for the next RCoA census has commenced and will be launched in 2025 with new data that will allow effective lobbying of Government.
- AW updated on stakeholder engagement and noted that WD and PK had recently met with the NI Health Minister Mike Nesbitt to discuss priorities, anaesthetic workforce shortages and perioperative care. A follow-up meeting is to be arranged with Catriona O'Connor to discuss Peri-operative care.
- AW noted that Danny Bryden, Dean of Faculty of Intensive Care Medicine was giving evidence today at the Covid-19 Inquiry, should any Board Members wish to access this.

## **6. Chair's Business**

WD referred to his report and highlighted the following points:

- He had his first meeting with the NI Health Minister, Mike Nesbitt, as part of the Northern Ireland Royal Colleges Alliance (NIRCA). The meeting included Consultants and NHS Leaders as well as support staff and focused on Workforce issues, Patient Safety, Transformation.
- Alongside PK, he met with Mike Nesbitt and has sent follow-up letters to Mike and Catriona O'Connor regarding peri-operative issues.
- He had been invited to speak on the NI television programme 'View' (similar to Panorama) regarding the general surgery workforce review. The College had felt that anaesthetists had not been provided with enough opportunity to date to provide informed opinion and so WD did not attend. WD noted that the journalist had followed up the invitation with a note regarding the importance of anaesthetists in hospital work.
- The Obstetric Anaesthetists Association Annual Scientific meeting will take place in Belfast the week before Anaesthesia 2025. WD suggested that anaesthetists may therefore be choosing whether to go to the OAA meeting or the RCoA meeting.
- Board members with any ideas on content for Anaesthesia 2025 should approach himself and RH as they are developing the programme. RH encouraged all Board members to identify local speakers to showcase the work that NI anaesthetists are doing.
- Board members should again consider applying for the position of Chair of the NI Board. If there are no applications, then WD will continue as Chair for the next six months or until a replacement has been found.

## **7. Advisors' Business**

### **7i. Regional Advisor for anaesthetics**

DL provided an update on RA business for anaesthetics, the following points were raised:

- The Northern Ireland Consultants Committee have agreed a new pay deal with the DoH but the Junior Doctors in NI are still in dispute. Consultants in NI, particularly those who live closer to the border, are moving to work in the Republic of Ireland as salaries following the pay deal in NI are still lower than elsewhere in the UK.
- The province-wide introduction of the Electronic Record System has been implemented in stages across Trusts across the region and this is creating additional workload for anaesthetics departments.
- Dr Jonny Adams as Training Programme Director in the School of Anaesthesia.
- Two College Tutors have been appointed – Dr Denver Glasgow and Dr Gareth Paul.
- Training numbers are still in excess of funded slots. There are however still rota gaps and this is due to a rise in less than full time trainees, as well as trainees out of programme, on maternity leave, or on long term sickness.
- 8 trainees completed their CCT between August to October 2024 and a further 6 trainees will CCT around February 2025.
- 4 consultant posts have been approved – in the Belfast Trust, Southern Trust, South-Eastern Trust and Northern Trust. No job approvals have been made in the Western Trust.
- Recruitment for trainees for February 2025 is underway and there are 6 candidates being interviewed. NI is a local cohort for recruitment but has offered unfilled posts through clearing since the last round. The first trainee has been appointed through this process and Drs Richard Laird and Dr Carolyn Evans have been instrumental in this process.
- There have been good numbers of trainees passing Primary and Final FRCA exams.
- Dr Boden McKay and Dr Claire Barker have been appointed as College examiners.
- A new introductory CT1 course commenced in September 2024 at the Belfast City Hospital and is receiving positive feedback from all attendees.
- ARCP Panels in June and July ran smoothly with the majority of trainees attaining an Outcome 1.
- All trainees in NI have now moved to the 2021 Curriculum.
- DL noted the sad passing of a trainee at the School of Anaesthesia - Dr Jackie Malouf - and noted that her family has been contacted with the School's condolences.

### **7ii. Regional Advisor for Intensive Care**

ED provided an update of RA business for Intensive Care and the following points were raised:

#### **Training**

- There are 27 ICM trainees in NI- 14 are dual training with anaesthesia, six are dual training with emergency medicine, 5 are triple training with acute and general internal medicine, one is triple training with respiratory and one is single ICM with an ACL post.
- There is one trainee who will CCT later this month, three expected CCTs in February 2025 and two in August 2025.

#### **Recruitment**

- 3 new trainees were taken on in August as part of national process – two are triple training with acute internal medicine/GIM and third is from anaesthetic background and will be dual ICM/ anaesthetist from February.

#### **Exams**

- There were five local candidates in the FFICM OSCE- SOE March exam and three were successful in both parts, the other 2 successful in 1 part only.

- Another FICM OSCE-SOE was held last week with 3 local candidates.
- 2 new examiners in NI will be examining FICM from Spring sitting, giving total of 5 FICM examiners in NI.

#### Educational Programme

- Free educational programme regional seminars have been held across the 6 training units. These have received good feedback and are focused on hard-to-reach areas of the curriculum.
- A local exam prep course with practice OSCE-SOE is provided for local candidates as needed. The organisers are Dr Black and Dr Headley along with a volunteer faculty and feedback has been excellent.
- Trainees continue to be signposted to local courses that are available and are relevant to ICM.
- A new SUCCEED role as an Educational Fellow has been created for ICM. SUCCEED fellows are a group of motivated trainees with a special interest in providing educational opportunities throughout the year with the sole aim of ensuring trainees success in their exams. Having recently gone through this process themselves, the teaching fellows are able to share their own insights, knowledge and experience of the examination process. The appointee has been assisting with the existing educational programme and aiming to develop some new resources over the year.

#### ARCPs

- ARCPs for ICM trainees were held in June jointly with the Anaesthesia trainees and a separate ICM panel was included for those with other specialties or ICM as a single specialty.

#### New Curriculum and Portfolio

- There have been no substantial changes to the ICM curriculum and there have been no issues with interaction between the ICM curriculum and other specialties curriculums which have been changing.

#### Consultant positions and the workforce

- FICM have been conducting a workforce survey through RAs for the last 3-4 years. FICM anticipate that many NI consultant vacancies will not be filled from the training programme. This is similar in other regions. England, Scotland and Wales have increased their funded training posts. NI has not been able to, despite presenting concerns. FICM was not involved separately in consultation with DoH. There are 27 trainees and there are 8 funded posts.
- ED noted that ICUs are not staffed with just intensive care trainees which makes workforce planning more difficult. ED suggested that the NI region should call for an increase in the numbers of intensive care trainees and use RCoA and FICM to put pressure on DoH.

WD noted the need for increased numbers of trainees for intensive care, and pain medicine as well as anaesthetics. Recent workforce planning meetings with the DoH that WD has attended suggest that there may be upcoming news regarding the training of intensivists.

#### **7iii. Regional Advisor for Pain Medicine**

CF was absent from the meeting and no update was reported.

#### **8. College of Anesthesiologists of Ireland**

There was no representative from CAI at the meeting and no update was reported.

## 9. Association of Anaesthetists Business

NB was not present at the meeting, but the report he provided to the Board raised the following points:

- Since the last meeting the Association has had a successful Annual Congress in Harrogate from 25th- 27th September.
- The president- elect, Tim Meek, has taken over from Matt Davies.

### Advocacy & Campaigns

- The Association has welcomed the recommendations of the first report of the Covid Inquiry which highlighted the many issues caused by failing to plan effectively for a pandemic.
- The Association is a Core Participant in Module 3 – the impact of the pandemic on the healthcare system. Oral evidence sessions have commenced in September.

### Statements

Since the last Board meeting there has been a revisit on the Position statement on Anaesthetic Associates (AAs) in September 2024.

Association members have expressed growing concern regarding the plans to introduce large numbers of AAs. This concern extends to AAs' scope of practice, levels of autonomy and the Association's view of misleading representations of the equivalence of Medical Associate Professions (MAP) roles to doctor roles. The Association notes that concerns about this have also been raised by the BMA junior doctors' committee and the Doctors' Association UK among others.

Continued concerns include:

- AAs are a valuable, complementary part of the theatre workforce but are *not* the solution for the workforce crisis.
- Regulation of AAs needs to be separate from medical regulation and not by the GMC.
- The Association does not support the extended role of AAs beyond the scope of practice at qualification. There is a need for National Guidance and National Standardised Assessment.
- AAs should work under one-to-one supervision.
- There is a need for clarity on Indemnity.
- There is a need for a decision from the Commission on Human Medicines on AA prescribing practice.

### Guidelines

The Association has produced a number of new guidelines:

- Perioperative Pain Management in Adults: a multidisciplinary consensus statement from the Association of Anaesthetists and the British Pain Society.
- Guidance on solo working: tips for anaesthetists in training and SAS doctors.
- Peri-operative care of transgender and gender diverse individuals: guidance for clinicians and departments.

## 10. Trainee Representative Business

AG noted that there were no points to update on trainee business.



## **11. AOB**

RH referred to the anesthesia associates paper and noted that she had fed back some issues. RH asked if there have been any thoughts received from GMC or NHSE regarding this. CS reported that the RCoA view is that where there are other providers of anaesthesia in the Trusts, then the College should be involved in negotiations. CS stressed the importance of completing the survey and the need to encourage NI anaesthetists to do so. CS noted that the membership will be consulted for their opinions.

The date of the next meeting is currently under consideration with the likelihood being 22 May during Anaesthesia 2025 conference.

The Chair thanked everyone for their contributions and attendance.