

Minutes from the RCoA Council Meeting
Wednesday 14 May 2025
10:00 to 13:00
Online via MS Teams

Members Present:

Elected Council Members:

Dr Claire Shannon, President	Dr Sophie Jackman, Anaesthetist in Training representative
Dr Toni Brunning, Vice President	Dr Ashwini Keshkamat, SAS Doctor representative
Dr Chris Carey, Vice President	Dr Kirsty MacLennan, Consultant representative
Dr Sarah Ramsay, Treasurer & Consultant representative	Dr Kirstin May, SAS Doctor representative
Dr Rosalind Bacon, Consultant representative	Dr Ramai Santhirapala, Consultant representative
Dr Elisa Bertoja, Consultant representative	Dr Emily Simpson, Consultant representative
Dr Jonathan Chambers, Consultant representative	Dr Paul Southall, Consultant representative
Dr Satya Francis, Consultant representative	Dr Chris Taylor, Consultant representative
Professor Mike Grocott, Consultant representative	Professor Jonathan Thompson, Consultant representative
Dr Sri Gummaraju, Consultant representative	Dr Sarah Thornton, Consultant representative

Co-opted Council Members:

Dr Daniele Bryden, Dean of FICM	Dr Felicity Plaat, Clinical Quality Adviser
Dr Lorraine De Gray, Dean of the FPM	Dr David Selwyn, representing CPOC
Dr Simon Ford, Chair of the Welsh Board	Dr Nirmala Soundararajan, Regional Advisers
Dr Simon Howell, British Journal of Anaesthesia	Dr Daphne Varveris, Chair of RCoA Board for Scotland
Dr Tim Meek, President Association of Anaesthetists	Ms Jenny Westaway, PatientsVoices@RCoA
Colonel Giles Nordmann, representing Defence	

Staff Members:

Jonathan Brūūn, Chief Executive Officer	Graham Blair, Director of Membership, Media and Development (MMD)
Sharon Drake, Deputy CEO and Director of Clinical Quality and Research	David Hunt, Director of Digital, Data and Technology
Mark Blaney, Director of Finance & Resources	Rose Murphy, Head of Governance
Russell Ampofo, Director of Education, Training and Examinations	Natalie Walker, Governance Manager
Jud Tidnam, Director of People and Operations	Shaun Lee, Governance Manager

1.1 Welcome, Apologies and Declaration of Interests

Dr Claire Shannon, President opened the meeting and welcomed all members to Council.

Council noted the apologies for absence received from:

- Dr Catherine Bernard, Anaesthetist in Training representative
- Dr William Donaldson, Chair RCoA Northern Ireland Board

- Dr Helgi Johannsson, Consultant representative
- Dr Sandeep Lakhani, Chair of CLAN
- Dr Roger Sharpe, representing FRCA Examinations
- Professor Andrew Smith, Consultant representative
- Dr Christopher Till, Consultant representative
- Dr Matthew Tuck, Anaesthetist in Training Representative
- Dr Rashmi Rebello, Anaesthetist in Training representative

2.1 Council Minutes

The minutes of the Council meeting held on 5 March 2025 were approved as an accurate record subject to a number of textual amendments.

2.2 Matters Arising and Actions

Council noted the matters arising paper and outstanding actions. A Council member requested that the action tracker include a column to set timescales against each action. It was felt that this would help Council to hold itself accountable. It was suggested that going forward, timings could be allocated to be able to review updates against a likely closure. Jonathan Brūūn, Chief Executive Officer (CEO) agreed to take this as an action for the Governance Team.

Action: An additional column to be added to Council action tracker which sets out timescales or expected delivery dates of actions.

3. President's update

3.1 Overview of stakeholder engagement by the President

The President highlighted the paper circulated in the pack, which provided an overview of major stakeholder engagement since the March 2025 meeting. The President mentioned ongoing engagement with MPs and other stakeholders regarding training places, workforce policy, and preoperative care. There was also a mention of ACSA continued accreditation of hospitals and a successful meeting of the Scottish Society of Anaesthetists, at which the President had presented on the perioperative care agenda. Although it was not possible to provide a prospective view of upcoming engagements, the President encouraged Council members to keep her updated if there were any key stakeholders for her to engage with.

3.2 Update from Trustee meeting held on 19 March 2025

The President provided an update from the Board of Trustees, highlighting several key points:

Formation of College of Intensive Care Medicine: Plans were being finalised to move from the Faculty of Intensive Care Medicine (FICM) towards the College of Intensive Care Medicine (CICM). The target date for the independent college to be formed, as a subsidiary of the Royal College of Anaesthetists was scheduled for July 2026.

Estates Discussions: The President mentioned ongoing discussions around the purchase of a new premises for the College. A potential premises had been identified that would fit requirements and the College had moved to an exclusivity agreement with the vendor. Although this did not commit the College to purchasing the property at this stage, it allowed due diligence to be undertaken to determine suitability to further requirements and to identify any potential obstacles. Council noted the commercial sensitivity regarding the property purchase.

3.3 Deceased members

Council observed a minute's silence for the following members that the College had been informed had passed away since the last Council meeting:

- Dr Diane C Strange Khursandi
- Dr Len Carrie
- Dr Anurag Singh
- Dr Sorana Gabriela White

4. Operational update

4.1 CEO Update

The CEO provided an update on matters including a reminder of the timescales for the next election of President and two Vice-Presidents as set out in the College Regulations.

4.2 Draft Disciplinary Policy and Terms of Reference

The CEO provided an update on changes to the ordinances approved by Council, Board of Trustees and the College membership at the most recent annual general meeting in November 2024. The updated ordinances required final ratification by the Privy Council, which had subsequently asked to see further work carried out on the College's disciplinary policy. As part of this item Council were invited to approve an updated Disciplinary Policy and Disciplinary Committee Terms of Reference prior to final sign off by the Board of Trustees.

The following topics were discussed:

Disciplinary Committee: The committee would meet at least once per year, to manage the process and policy, ensuring they were appropriate and worked well. The committee would do a deep dive on this area once established and come back to Council and the Board of Trustees with any further changes for approval if required. If a disciplinary issue arose, the committee would establish a panel to work with the individual concerned on the disciplinary process.

Reimbursement of Fees: A Council member raised a point about potentially adding information about the reimbursement of funds to members regarding expenses incurred when taking part in the process. However, after further discussion, it was agreed to leave this out to avoid complication.

Director of People and Operations: Council suggested that the Director of People and Operations should be invited to attend the panel or committee as an attendee in advisory capacity.

Council delegated authority to the Governance Team to enact the following and any further minor corrections identified by Council members or the MMD Director working with the MMD Board Chair between the Council Meeting and the Board of Trustees meeting, without requiring further approval from Council, provided that these were highlighted to the Board of Trustees.

Elected Council members approved the proposed Terms of Reference of the Disciplinary Committee, before consideration by the Board of Trustees, subject to the following amendment:

- **The Director of People and Operations will be added to the attendee list for the committee and possibly the panel in advisory capacity only.**

Council approved the proposed Disciplinary Policy, before consideration by the Board of Trustees in June, subject to the following points:

- **Only eligible RCoA members can raise a disciplinary process.**
- **Support for those involved in a disciplinary process will be signposted rather than offered.**

4.3 Update to Regulations

Graham Blair, Director of Membership, Media and Development presented a proposal to streamline the member approval process for new members of the College.

The College Regulations currently required a list of new members to the College to be approved by either the President, a Vice President or other Council members designated by the President or Vice Presidents.

It was proposed that the Regulations be updated to enable the Membership Engagement Team as the operational leads in this area to approve new members directly, working with criteria already established in the College's governing documents. Council supported the proposal and requested that the list of approved new members be shared with the College's Membership, Media and Development Board retrospectively for noting.

Action: The New Associate Fellows, Members and Associate Members list to be shared with the Membership, Media and Development Board retrospectively at each meeting for noting.

Elected Council members approved the following resolutions (with one abstention) to update the Regulations to allow approval of new members by the Membership Engagement team:

- **That Council Members approve the proposed change to the Regulations, before consideration by the Board of Trustees.**
- **That Council delegate authority to the Governance Team to make any further minor corrections identified between the Council Meeting and the Board of Trustees meeting, without requiring further approval from Council, provided that these are highlighted to the Board of Trustees.**

4.4 Estates update

The estates projects update was discussed earlier during agenda item 3.2 Update from Trustee meeting held on 19 March 2025.

4.5 Management Accounts

Mark Blaney provided an update on the college's Management Accounts for period 9 until March 2025.

Council noted that Finance & Resources Board discussed the 2025-26 budget the day prior to the Council meeting, and this would be brought to the Board of Trustees for approval in June as a balanced budget.

5. Faculties Updates

5.1 Faculty of Intensive Care Medicine (FICM)

Dr Daniele Bryden provided a FICM update. Further work was on-going to progress the FICM disaggregation from the College to form the College of Intensive Care Medicine (CICM). A number of member engagement events were planned, including a 'CICM Connection Webinar' on 10 June to discuss hopes and expectations for the new college.

5.2 Faculty of Pain Medicine (FPM)

Dr Lorraine De Gray provided an FPM update. The following matters were noted:

GIRFT for Pain: GIRFT for pain had been approved. Applications closed on Friday 16 May for a Clinical Lead and two Deputy Clinical Leads, with interviews taking place on 29 May. FPM representation would be included on the interview panel. The positions were open to doctors and non-doctors, which recognises the multidisciplinary role in pain management.

FPM Board: An Acute Pain Lead and Medicines Management Lead co-opted roles on FPM Board were currently being recruited.

FPM Dean and Vice Dean succession planning: The Dean and Vice Dean of FPM were due to demit on 11 September 2025 and elections would take place in the upcoming month.

6. College Boards Minutes and Updates

6.1 Education Training and Examinations

6.1.1 Education Training and Examinations Board

Council noted the minutes from the Education Training and Examinations Board meeting held on 30 April 2025.

6.1.2 Recognition of equivalent training outside of programmes

Dr. Sarah Thornton delivered a presentation titled "Supporting career progression for all anaesthetists," which addressed the challenges arising from a significant increase in locally employed doctors and the

resulting high competition ratios for core training posts. Despite ongoing engagement efforts, the number of anaesthetists being trained continued to fall short of demand. The Training Committee had the discretion to allow up to one year outside of formal training.

Several challenges had been identified, particularly within the SAS grade. Many doctors were on incorrect contracts, which hindered their progression to specialist roles. There was a recognised responsibility to support these doctors in advancing to the specialist grade. Additionally, foundation doctors in their F3 and F4 years were often placed in service-heavy roles with limited training opportunities, which further complicated their career development.

Dr. Thornton proposed recognising more time spent outside formal training, provided it was equivalent and well-documented. She suggested that NHS trusts be allowed to advertise posts that could count toward core or higher specialty training for clinical fellows, MTIs, and locally employed doctors. The aim was to create a fair and sustainable system that enhanced training opportunities for all doctors, without disadvantaging those with National Training Numbers (NTNs). This approach had already been implemented at stage one for overseas doctors, whose prior experience was often validated by regional advisors.

The proposal also aimed to extend similar opportunities to UK graduates, making better use of existing training capacity and addressing the shortage of training numbers. Interest in anaesthetics had been growing, particularly among doctors from ACCS emergency medicine, internal medicine, and foundation doctors gaining experience in critical care. However, these groups faced competitive entry processes and limited access to resources such as the Lifelong Learning Platform (LLP), which was only available to certain college membership categories.

6.1.3 Update on expansion of training numbers

Dr Sarah Thornton discussed the challenges and issues related to training post expansion. The bottleneck issue persisted, although it had improved slightly. There was flexibility between stage two and three, and CESR programmes had been introduced to help meet demand. NHSE's agenda focused on placing doctors in areas with a lack of doctors, often remote and rural areas, which complicated the situation due to insufficient trainers.

The training capacity from the 2024 survey showed high numbers of core and higher capacity, which was communicated to NHSE. Despite identifying training capacity in various places, including in the devolved nations, NHSE had continued to place posts in the same regions, leading to capacity issues. A recent training capacity survey showed definite core training capacity of 32, possibly up to 50, with room in stage two and three up to 90. There was capacity in the Northwest and northern regions, but very little in London, Yorkshire, West Midlands, and Kent, Surrey, and Sussex. Despite detailed training capacity analysis, posts were being allocated without proper consultation.

Council discussed the following points:

- It was suggested that it would be useful to gather information on training capacity from all schools if run through training was introduced. This information could help in future planning.
- It was highlighted that this recognition would significantly benefit the vast numbers of international doctors recruited in recent years. A similar GMC graph available in the workforce report showed an explosion of immigrant doctors who were not being supported enough.
- Additionally, the need to address the specialist grade issue was mentioned, noting that it was primarily a contractual problem rather than an educational one.

Council supported the initiative and for it to feed into the medical training review.

6.1.4 Specialist, Associate Specialist and Specialty doctors (SAS) Committee

Council received a request for SAS Committee Terms of Reference approval. In November 2024, Council had been invited to approve the SAS Committee Terms of Reference. At that time, Council approved the terms of reference subject to further review of the proposed quoracy requirements proposed as 'Quorum shall be a minimum of three members, including the Chair.' The committee had then subsequently reviewed the quoracy and requested Council approval of the updated terms of reference with quoracy now set out as 'Quorum shall be a minimum of 50% of members, including the Chair'.

Elected Council members approved the following resolution as set out in the paper: Council is invited to approve the updated SAS Committee Terms of Reference with quoracy set out as 'with quoracy now set out as 'Quorum shall be a minimum of 50% of members, including the Chair'.

6.1.5 Anaesthetists in Training Committee

Dr Sophie Jackman presented a verbal update from the Anaesthetists in Training Committee.

During the Anaesthetists in Training Committee meeting on 9 April, several topics were discussed. A notable presentation was given a group in the Southwest, who had surveyed parenting and its effects on anaesthetists in training. The survey revealed statistics including their work duties had compromised the health of their baby. As a result, efforts have been made to address these issues including formalised risk assessment in obstetrics. Several documents and publications may emerge from this research to support anaesthetists going through maternity or parental experiences. It was strongly recommended that this research be submitted to the postgraduate Medical Training Review, which was ongoing. A joint meeting had been undertaken with the Association of Anaesthetists, Professor Sir Chris Whitty and Professor Sir Stephen Powis, which received positive initial feedback.

6.1.6 Anaesthesia Associates (AAs)

Dr Chris Carey updated Council on the AA curriculum submission process, and correspondence with GMC regarding the approval of the AA curriculum. He also discussed the pause on AA recruitment. Topics discussed included:

Curriculum Update: In 2022, an updated draft curriculum for anaesthesia associates had been developed, but it was not aligned with the scope of practice published in late 2024. The curriculum included training in regional anaesthesia, which was outside the scope of practice. The GMC decided to approve the draft curriculum first and then look at a version 2 with the anaesthesia content removed. Council felt that this approach posed a risk of undermining the scope of practice. Consequently, the original draft curriculum was withdrawn from the approval process, and focus shifted to version 2. A consultation on changes to the curriculum was initiated, and the results were still awaited. The GMC had not yet responded to the steps taken. Council expressed disappointment with the GMC's view and fully supported the letter written by Dr Chris Carey regarding the curriculum. It was noted that the Leng Review team was nearing the end of their process and had invited anaesthetic representation to review their potential recommendations. Dr Jonathan Chambers and Dr Tim Meek were invited to represent the College and the Association, and they expected to hear about the output soon.

Training Pause: A pause on the recruitment of new student AAs was put in place following the EGM motion 18 months ago. The pause was to remain and to be reviewed following the publication of the Leng Review report. Council agreed to work swiftly on taking this forward in due course by making an informed decision.

Training numbers: There was a point raised about the need to emphasise strictness on numbers if potentially lifting the pause on new student AAs, as it would directly impact core training capacity. It was also stressed that the college should state how many anaesthesia associates should be trained and take ownership of this decision, rather than having it dictated by external bodies.

Position statement: There was a suggestion to produce a proactive position statement. Others suggested a cautious approach and highlighted the importance of aligning the scope of practice with training, so that the college would be seen as reasonable and careful in their decisions.

Association of Anaesthetists: Dr Tim Meek, President of the Association of Anaesthetists stressed the importance of aligning the college's response with the Association of Anaesthetists to avoid conflicting messages. He suggested waiting for the Leng Review report before commenting.

Approval of terms of reference for Anaesthesia Associate Evaluation & Decision Group (AAEDG) and Anaesthesia Associates Committee:

Dr Chris Carey introduced a proposal to approve changes to the terms of reference of the Anaesthesia Associate Evaluation & Decision Group (AAEDG) and Anaesthesia Associate Committee. The proposed changes were mostly regarding updates to their membership composition.

Anaesthesia Associate Evaluation & Decision Group (AAEDG): It was highlighted that the AA Evaluation and Decision Group was an RCoA internal high-level oversight committee within the college. Council approved the changes to the Anaesthesia Associate Evaluation & Decision Group as set out in the report.

Anaesthesia Associates Committee: The Anaesthesia Associates Committee was a larger committee with input from external organisations. Proposed changes to the terms of reference included a reduction in the requirement for Council Members and increased input from other groups including devolved nations. This was broadly considered a useful and productive move. A number of Council members raised concern about the membership balance in the proposed updated terms of reference. They felt that the committee would be heavily weighted towards anaesthesia associates, with limited input from medical representatives, RCoA membership and RCoA Council members. Dr Carey explained that the committee would not have ownership of documents like the scope of practice or the curriculum, as all such work would remain under the remit of RCoA Council. The committee was more of an information-sharing and gathering group, resembling a network of involved parties rather than a decision-making body. The RCoA President clarified that anaesthesia associates would remain a standing item on RCoA Council agendas, and matters requiring consideration and decision would have to come via Council. Dr Carey and the RCoA President hoped this approach would address these concerns and ensure a balanced representation.

Council approved the changes to the Anaesthesia Associate Evaluation & Decision Group (AAEDG) and Anaesthesia Associate Committee as set out in the report.

6.2 Membership, Media and Development

6.2.1 Update from Membership, Media and Development Board

Dr Jon Chambers provided a verbal update from Membership, Media and Development Board matters including:

Membership Review Update: The Membership Categories, Benefits and Fees review project was underway with the College working group reviewing and discussing initial ideas and options created based on feedback gathered by Emily Worth, Head of Membership Engagement. The principles for the project were also nearly refined and would be the key messages used when communicating this piece of work to the wider membership. The College Membership Survey was due to be sent out end of May and closing end of June, would also provide quantitative data to help shape the engagement approach being undertaken in the coming months.

The billing cycle for college membership was reported to be doing well. However, it was noted that there were still a number of cancellations, which were in line with previous trends. While there was no immediate cause for alarm, there was a noticeable trend of cancellations creeping up year on year. Of particular note, there had been an increase in cancellations from people leaving the specialty and those retiring.

Annual conference: Anaesthesia 2025 was taking place at the ICC Belfast, with the backing of Tourism NI and Visit Belfast. Over 1,300 people were expected to attend in person and online.

Change of Chair, Heritage and Archives Committee: Maria Rollin had stepped down as Chair of the Heritage and Archives Committee after completing her term and Janice Fazackerley had now become Chair. Maria had agreed to stay on the Committee for another year. Janice was keen to work with MMD on where the Heritage and Archives Committee sat within the College and where it would be best to channel its resources.

6.2.2 Nominations Committee

Dr Sarah Thornton provided an update from the Nominations Committee meeting held on 30 April 2025. A resolution to approve a number of awards was included in the paper. Council noted that further RCoA Council

background information had been included regarding details of nominees as requested at the March Council meeting.

Elected Council members approved the following resolution as set out in the paper:

To ratify Nomination Committees recommendation to award:

- **Mr Lawrence Mudford the College Medal**
- **Dr Maricarmen and Ms Leila Finkarides the Samuel Thompson Rowling Oration**
- **Dr Nicola Hickman the President's Commendation**
- **Dr Dave Murray the College Medal**

6.3 Clinical Quality and Research

6.3.1 Update from the Digital and Technology Representatives

Council noted that the digital and technology representatives were due to present a digital strategy update. However, the decision was made to postpone this to a future Council meeting because the new Director of Digital, Data and Technology, David Hunt, had recently been appointed. One of David's responsibilities was to design the College strategy for digital, data, and technology, and it was considered important to ensure that anything member-facing was collaborative and internally coherent with David's strategy.

6.3.2 Abortion decriminalisation amendment to the Crime and Policing Bill

Council had previously supported a statement in November 2024, from the Royal College of Obstetricians and Gynaecologists (RCOG) for the decriminalisation of abortion titled 'Call for Urgent Action by Parliament to Protect Women's Essential Reproductive Rights'.

Council received a proposal asking to support a briefing from the British Pregnancy Advisory Service for their abortion decriminalisation campaign. However, an amendment had subsequently been submitted to Parliament aiming to remove an old Victorian law that could lead to criminal penalties for women having abortions. To engage with this further the COPES mechanism would be utilised if required rather than bringing this back to a future Council meeting.

6.4 Devolved Nations Boards

6.4.1 RCoA Welsh Board

Dr Simon Ford provided an update from the 11 March 2025 Welsh Board meeting. Matters noted included:

- Dr Sonia Pearce had stepped down as Regional Advisor in Pain. The Board recognised the extensive work she had done over her three terms.
- Dr Simon Ford and Dr Tim Meek met with Mr Jeremy Miles (Welsh, Cabinet Secretary for Health and Social Care) to highlight the important role of anaesthesia and the breadth of their involvement in healthcare.
- A meeting was being arranged in September with Professor Isabel Oliver, the new CMO for Wales.

6.4.2 RCoA Scottish Board

Dr Daphne Varveris provided a verbal update from the Scottish Board. Matters noted included:

- A meeting had taken place with Neil Grey, the Scottish Health Minister. Workforce shortages and perioperative care were key topics. Despite a positive discussion it was stated that there was no money available for these initiatives, emphasising the need for investment to save money in the long run. The expansion of training was also discussed, highlighting a disconnect between the desired training locations and the preferences of trainees and trainers.
- Work with the Scottish Academy continued, including efforts to produce a manifesto and a shift towards prevention, expansion of the training grade, and retention.
- There were concerns about misrepresentation in a summary produced by NHS Education for Scotland, which inaccurately suggested huge support among the anaesthesia community for a particular initiative.

6.4.3 RCoA Northern Irish Board

Dr Will Donaldson had sent apologies and indicated that there were no Northern Ireland Board matters to report on.

7.1 Centre for Perioperative Care

Dr Dave Selwyn provided a CPOC update. The previous CPOC Board meeting had taken place on 24 April 2025 where the Board approved the 2025/26 operational plan, noting adjustments would likely need to be made in light of the recently rejected budget bid to retain the CPOC Coordinator from July 2025. This would significantly impact CPOC's outputs for 2025/26 and the Board noted their concerns with the resource sustainability. Regarding recruitment, Lawrence Mudford's tenure as Patient Lead would be ending in July 2025 and recruitment for the role closed on 9 May 2025. The Director role was also out for recruitment and would be open until the 22 May 2025 to allow for a handover period to begin in September 2025.

7.2 PatientsVoices@RCoA

Jenny Westaway provided a verbal PatientsVoices@RCoA update.

The PatientsVoices@RCoA team had been preparing for the upcoming annual meeting in Belfast, with several new patient voices expected to attend. They had been working with a learning disability charity to create a session on making reasonable adjustments for people with learning disabilities. Additionally, they had been focusing on improving how patient voices work with the college, including a session to help patient voices make better contributions to committees.

The team had also been collaborating with the PPI fellow on how AI might be used for patients seeking information about anaesthesia, exploring the development of a chatbot similar to the GPAS work. They had a productive session discussing surgical gowns and spinal anaesthetics, which was well-received by patient voices.

The patient information section of the website remained the most popular, and efforts were underway to improve its structure and develop new risk infographics. They were also working on a three-minute video to explain the basics of anaesthesia and creating a new section of the website for children.

7.3 Defence Anaesthesia Briefing

Colonel Giles Nordman provided an update on Defence Anaesthesia. Results of a strategic defence review were awaited to see if there would be any more budget for personnel. The recent review illustrated a high level of burnout within the team, leading to exhaustion and emotional impairment, with a significant source of this being secondary work within the NHS. There was a concern about a hidden level of burnout within civilian colleagues. Work was ongoing with the Association of Anaesthetists Welfare Committee on their welfare strategy.

Recently, two Ukrainian colleagues were hosted for a two-week observership in NHS hospitals, with the aim of taking best practice lessons home to improve patient care.

Lastly, there were plans to work with the College to produce online educational videos on the anaesthetic, critical care, and pain management of ballistic injuries, particularly amputees, in case of large numbers of casualties returning to the UK.

7.4 Association of Anaesthetists

Dr Tim Meek presented a verbal update from the Association of Anaesthetists.

Since the last Council meeting, a joint meeting was held at 21 Portland Place, which was well-received.

On 18 March, a parliamentary reception was jointly hosted at Portcullis House with the One Voice Maternal Health Coalition, providing an opportunity to meet with policymakers. An association-hosted reception was scheduled for 21 May 21.

As mentioned by Dr Sophie Jackman in the Anaesthetist in Training Committee update, a joint meeting with Professor Sir Chris Whitty and Professor Sir Steven Powis had been held on 9 April regarding the review into postgraduate medical education and was positively received.

The Leng Review stakeholders' meeting on 22 May would include the Association of Anaesthetists as a stakeholder. The governance review continued smoothly, and a new exhibition, "From Ether to AI: The Evolution of Anaesthesia," was open at the Heritage Centre.

7.5 BJA and RCoA Liaison Group

Dr Simon Howell provided a verbal BJA and RCoA Liaison Group update.

The last BJA and RCoA Liaison Group meeting took place on 17 March, with a larger meeting scheduled for 2 July. SNAP-3 was progressing well, with one paper published and efforts underway to coordinate the publication of the main results paper with the presentation in Belfast. Two more papers were in the pipeline, and the project was already garnering significant international interest, with at least two or three editorials expected. The impact of SNAP-3 was substantial, even as the outputs were just emerging. BJA Education was thriving, with 2.4 million downloads in 2024, approximately 40-50% of which were UK-based. The BJA session in Belfast was scheduled to feature the presentation of SNAP-3 and the Mapleton Lecture on platform trials. The Cochrane Review on Anaesthesia Associates was in its second review. The joint meeting on 2 July would involve discussions on joint projects and activities for the coming year, with contributions from Dr Hugh Hemmings and Dr Chris Carey. This meeting aimed to set the agenda for the next 12 months.

8.1 Current Consultations - COPES update

Sharon Drake provided a COPES update. She thanks Council member for their contributions to consultations. The COPES team would be available to assist with any queries.

8.2 New Associate Fellows, Members and Associate Members

Council noted the update and approved the new Associate Fellows, Members and Associate Members as set out in the report.

8.3 CTC List

Council noted the recommendations made to the GMC for approval, that CCTs be awarded to those, who have satisfactorily completed the full period of higher specialist training in Anaesthesia, or Anaesthesia with Intensive Care Medicine or Pre-Hospital Emergency Medicine where highlighted.

8.4 Regional Advisers Anaesthesia changes

Council members approved the following regional advisors.

Regional Adviser Anaesthesia

- Dr Nicola Hickman in succession of Dr Sally Hancock as RAA for the East Midlands.

Deputy Regional Advisers Anaesthesia

- Dr Mala Cathiavadi Greamspet in succession of Dr Tom Simpson as DRAA Severn.
- Dr Graeme Flett in succession of Dr Karen Kidner as DRAA of North West.

9. Any other business

None was raised.

The next Council meeting would be held on Wednesday 2 July 2025 10:00am to 13:30 Churchill House

END OF MEETING