

MEETING OF COUNCIL

**Edited minutes of the meeting held on Tuesday 13 March 2012
Council Chamber, Churchill House**

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

Members attending:

Dr P Nightingale, President
Dr J-P W G van Besouw
Professor J R Sneyd
Dr R Laishley
Professor D J Rowbotham
Dr H M Jones
Professor J F Bion
Dr E A Thornberry
Dr P J Venn
Dr D K Whitaker
Dr R Verma

Dr R J Marks
Dr T H Clutton-Brock
Dr L J Brennan
Dr J P Nolan
Dr J A Langton
Dr J R Colvin
Dr N W Penfold
Dr V R Alladi
Dr S Gulati
Dr J R Darling
Dr I H Wilson

Mr P Rees, RCoA Patient Liaison Group (PLG)
Dr A-M Rollin, Professional Standards Advisor

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

Apologies for absence: Dr D Nolan, Professor R Mahajan, Dr S C Patel, Dr A Batchelor, Dr M Nevin and Dr M Clancy.

CEREMONIAL

C/2/2012 Election to Council

- (i) The President gave a verbal report of the election.
- (ii) The recently elected Council members, Professor Rowbotham (re-elected), Dr Langton, Dr Colvin, Dr Penfold, Dr Alladi and Dr Gulati, were formally admitted to Council.

COUNCIL IN DISCUSSION

CID/7/2012 President's Opening Statement

- (i) The President announced the deaths of Dr Kenneth Covell, Dr Paul Leyden and Professor E David Bennett. Council stood in memory.
- (ii) The President welcomed the new Council members. It was noted that the Staff and Associate Specialist (SAS) and Trainee Representatives were not mentioned in the May *Bulletin*; an update will be included in the July edition.
- (iii) Miss Robinson and Miss Lester would be minuting the Council meeting and the Trustees' meeting; the meetings would be recorded to assist with minute-taking.
- (iv) The Association of Anaesthetists of Great Britain and Ireland (AAGBI) has asked for a Royal College of Anaesthetists' (RCoA) representative to join Dr Rollin on its Out of Hours Committee. This piece of work was triggered by an email from Dr Ian Taylor, who questioned how anaesthetists should respond to requests to provide elective and semi-elective surgery out of hours. As a result of this email the AAGBI formed the Out of Hours

Committee to produce a 'glossy' on out of hours working. The President asked that anyone who is interested in the topic email him expressing their interest.

- (v) Dr Whitaker presented the Final Report of the Academy of Medical Royal Colleges (AoMRC) *Alcohol and Other Drugs: Core Medical Competencies* for Council's support and information. Dr Whitaker summarised that alcohol is a big problem, 25% of people have hazardous drinking at some point in their lives. As a result it has been proposed that doctors should have some core competencies for dealing with cases involving alcohol and other drugs. The reason for introducing competencies for anaesthetists is that it allows the specialty to deliver effective care and to provide patients with brief advice on alcohol and drug use to try and prevent future harm. The report will be published by the Royal College of Psychiatrists and the AoMRC. The report includes a foreword signed by the Presidents of the Royal College of Surgeons of England (RCSEng) and the Royal College of Physicians of London (RCPLond). Dr Whitaker asked whether the President would like to also sign the foreword. The President responded that Council was supportive of the report and he would be happy to sign the foreword.

Dr Colvin questioned what the status of the document was and whether it could be shared with the Scottish Academy. Dr Whitaker explained that the group would like wide publicity so the document can be shared as widely as possible. The report should hopefully be published in the next couple of weeks.

There will be a workshop in June to discuss how the competencies can be incorporated into the various Colleges' curricula. It has been suggested that the RCoA may like to work with its colleagues in emergency medicine to incorporate them into the Acute Care Common Stem (ACCS) curriculum.

Dr Colvin suggested that the heading 'Core competencies for all doctors on alcohol and other drugs' should be reworded. Dr Whitaker agreed to feed this back to the group.

The President highlighted that the report needs to go to the Training Committee if the core competencies are going to be put in the curriculum.

Dr Thornberry noted that in the anaesthetic section, at the first six months level, the competencies would go in the ACCS curriculum because they mirror each other, which would mean that they would not necessarily need to go separately. Dr Whitaker suggested that this could mean that all the competencies would need to go in the first six months which may be a little intensive, though this would be for the Training Committee to decide. It was noted that the competencies were already in the undergraduate curriculum and Professor Bion agreed to investigate if they are included in the Foundation Curriculum.

Dr Laishley suggested that the term 'other drugs' was a bit vague; 'substance misuse drug' might be more appropriate. He also questioned whether the report has been through the AoMRC Health Inequalities Forum, as it was looking into this area. Dr Whitaker explained that the report probably came out of that work. It was explained that the working group decided that 'other drugs' was the simplest term to use but does recognise that things may need to be revised in the future.

- (vi) Mr Storey and Mr McLaughlan attended the meeting of the RCoA Advisory Board for Wales and the National Specialty Advisory Group in February, where it was decided that the two groups should merge permanently. The Chairman would be co-opted onto Council and the Deputy Chairman would be asked to attend if the Chairman was unavailable. Dr Ian Johnson has been elected as Chairman with Dr Andy Bagwell as Deputy Chairman.

Dr Jones noted that the meeting was very positive and that the new membership felt that this new group was a very positive way to try and impact on the Welsh Government's responsibility for delivering healthcare to Wales. Mr Storey explained that increased secretarial support would be needed for the new committee. The Royal College of Paediatrics and Child Health (RCPCH) has a two person office and it has been decided that the RCoA will buy some of their time. It is not clear at the moment how much time will

be needed so it has been agreed that the arrangement will run from now until the end of December before being reassessed.

With regard to the structure in Northern Ireland, Dr Darling explained that the response of the Department of Health (DH) was being gauged; mixed messages were currently being received. While it is thought that this is a model that Northern Ireland would like to follow, the structure will need to be put in place.

The current Chief Medical Officer (CMO) for Wales has tendered their resignation and the advert is currently out for this post.

- (vii) The website usability meeting took place on Friday 10th February. Dr Marks gave an update explaining that the new website was nearing completion. Usability testing raised helpful questions including the relevance of menu titles. Dr Marks explained that there was a problem within the training syllabus for those using Safari or Firefox on a Mac, although it was noted that this is also a problem on the current website and there have been no complaints. Currently it is not clear how to solve this problem but a solution is being sought. The plan at the moment is to go live at the beginning of April, with the aim being to tie the launch in with the changes being made to the events booking software.

The current website will still be available to a restricted number of people to allay fears that information may be lost.

There are decisions to be made about updating the pages. A decision will need to be made as to who is responsible for editorial content and Dr Marks proposed that this should be a topic of discussion at the Away Weekend.

Professor Sneyd enquired whether the search engine had been improved. Dr Marks explained that the new website will use Google Site Search. The intention however was to make the menus intuitive enough that the search engine should not be required. The President disagreed with this, suggesting that most individuals would use the search function first.

- (viii) The President updated Council on staff changes:
- a. Ms Claudia Moran has been successful in applying for the Training Manager post. She will move into the role from 30th April when Mr Craig Williamson will be leaving the College to return to Australia.
 - b. Mr Philip Fey, who has been supporting the work of the Communications Team, has left the College at the end of his contract.
 - c. Ms Maddy Humphrey has been successful for the vacancy of Health Services Research Centre (HSRC) Administrator (maternity cover). Ms Morgan Cenan remains in post until the end of April so questions on HSRC can be directed to both individuals.
 - d. Ms Luann Hadfield has joined the College as the PA to Director (Training and Examinations) on a full time and temporary basis. Recruitment for the permanent position is ongoing.

CID/8/2012 Health and Social Care Bill Discussion

Council discussed the bill.

CEREMONIAL

C/3/2012 Fellowship ad eundem

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

Dr Kathryn Bill
Dr Andreas Brodbeck
Dr Mukesh Chugh
Dr Olaposi Kehinde
Dr Gudrun Kunst
Dr James Russell
Dr Duncan Watson

COMMITTEE BUSINESS

CB/29/2012 Council Minutes

The minutes of the meeting held on 8 February 2012 were agreed subject to the following amendments:

CID/6/2012 Developments for the International Programmes - Page 3 Paragraph 2 line 2, it was agreed that this sentence should be reworded and that Professor Sneyd would email a form of words to clarify what was said.

CB/22/2012 Safe Anaesthesia Liaison Group - Pg 11 Paragraph 8, it was agreed that the final sentence should be removed.

Pg 12 Paragraph 7 line 16, it was agreed that this sentence would be reworded. Dr Clutton-Brock and Dr Wilson to discuss and draft amended wording.

CB/30/2012 Matters Arising

i. Review of Action Points

CID/6/2012 Developments for the International Programmes Mr Bryant explained that this had been taken back to Dr Kate Wark and has been put on the agenda for the Training Committee meeting.

CB/19/2012 Training Committee The President explained that Structured Learning Events (SLE) is the form of assessment that has been introduced to the Foundation Programme Curriculum. There is pressure from the General Medical Council (GMC) and the AoMRC that Colleges should look to move over to SLEs in the near future. Mr Bryant explained that the Training Committee has looked at this and it is possible to turn the assessment into an SLE by removing the satisfactory/unsatisfactory on page one, therefore making it a formative workplace based assessment.

The President explained that the Academy Assessment Committee is keen to move away from the old workplace based assessments and is very minded to move towards SLEs as these will be what trainees will have been used to when they enter core training.

CB/22/2012 Safe Anaesthesia Liaison Group Dr Jones explained that Dr Paul Nichols has informed the company of the issue with the Mindray anaesthetic machine. Dr Clutton-Brock suggested that the Medicines and Healthcare products Regulatory Agency (MHRA) should also be informed.

PCS/2/2012 President's Closing Statement The President thanked those who had volunteered for the Seven Day Consultant Delivered Service Working Group and the Impact of Obesity Working Groups.

ii. Safe Anaesthesia Liaison Group

Dr Clutton-Brock reported that he had agreed to meet with GE Healthcare regarding the auxiliary common gas outlet. Dr Isabeau Walker, of the AAGBI, is undertaking a survey and it was agreed that Drs Walker and Clutton-Brock would meet jointly with GE Healthcare to discuss the matter.

CB/31/2012 Regional Advisers

Council considered the following re-appointment:

North West

Dr Ian Geraghty, Regional Adviser for North West **Agreed**

CB/32/2012 Deputy Regional Advisers

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

Northern Ireland

Dr S-A Phillips, Deputy Regional Adviser for Northern Ireland **Agreed**

North West

*Dr Ian Brocklehurst, Deputy Regional Adviser for North West **Agreed**

West of Scotland

*Dr Malcolm Smith, Deputy Regional Adviser for West of Scotland **Agreed**

CB/33/2012 College Tutors

Council considered making the following appointments:

North Thames Central

Dr J W Holding (University College Hospital) in succession to Dr M V Chapman **Agreed**

Dr J H Smith (Great Ormond Street Hospital) in succession to Dr D G Williams **Agreed**

Dr M S Sodhi (Chase Farm Hospital) in succession to Dr N J Hogg **Agreed**

Dr O W Boomers (Lister Hospital) in succession to Dr S J Eckersall **Agreed**

Mersey

Dr K E Brodbelt (Wirral Hospitals) **Agreed**

West of Scotland

Dr M L Heatzman (Wishaw General Hospital) in succession to Dr A M Simpson **Agreed**

Leicester and South Trent

Dr S Panjwani (Pilgrim Hospital) in succession to Dr M W Butt **Agreed**

West Midlands North

Dr S B Gummaraju (Robert Jones & Agnes Hunt Orthopaedic Hospital) in succession to Dr J C John **Agreed**

CB/34/2012 Heads of Schools

Council noted the following appointment:

Dr P Davies, Head of School for South West Peninsula, in succession to Dr John Saddler.

CB/35/2012 Training Committee

(i) Medical Secretary's Update

Mr Bryant explained that the President and Dr D Nolan had attended an AoMRC Specialty Training Committee meeting in February. The GMC is currently looking at a number of specific areas. One of these areas is The Shape of Training which it is working on with Medical Education

England (MEE) and the AoMRC. Dr David Greenway has been appointed Chairman of this group. Mr Bryant also noted that the Approval of Training consultation response is ready, the deadline for which is 31st March 2012.

The GMC is conducting a quality review this year and the RCoA is now engaged with that and has a meeting with the GMC on the 24th March specifically to discuss the College's views on quality assurance.

The trainee survey will be out in April which is earlier than the previous year. The questions have been reviewed and reduced by just under 50% and as a result the turnaround of results should be quicker. The President highlighted that this will mean that a number of trainees will still be in post when the results come out. Dr Jones suggested that it was helpful to still have the trainees in post as those who are asked to escalate any reds can do so through local mechanisms to actually address any issues.

The President highlighted that it has now been agreed that all new foundation trainees will be shadowed for four days in the job that they go into.

Mr Bryant explained that beyond audit is work being done to improve the curriculum. The RCoA is engaged with the work and Dr Colvin and Dr Andy Longmate have been doing a lot of work which will feed into the GMC's work and hopefully this will be in place for next year.

There is a panel meeting next week, which Dr Thornberry has agreed to attend in Dr D Nolan's absence, for the College to propose its changes to the curriculum for this year. There is a slight change to the way in which the approval process is carried out; it is now done in the GMC and the College has a window of opportunity to get its changes approved. The major changes are the incorporation of intensive care medicine (ICM) competencies into Annexe F, the introduction of PICU at higher and advanced levels, transferrable competencies, changes to the assessment blueprint for general duties and skills for vascular at higher and advanced levels.

CT1 fill rate is at 84%, which is positive as there were concerns about the single application not giving a full fill rate. Four deaneries have 100% fill rate and three deaneries will have to go through clearing.

(ii) Certificate of Completion of Training

Council noted recommendations made to the GMC for approval, that CCTs/CESR (CP)s be awarded to those set out below, who have satisfactorily completed the full period of higher specialist training in anaesthesia. The doctors whose names are marked with an asterisk have been recommended for Joint CCTs/CESR (CP)s in Anaesthesia and Intensive Care Medicine.

London

South East

Dr Vivek Kakar *

North Central

Dr Davina Jane Ross-Anderson

Imperial

Dr Atika Sabharwal

Dr Alexander Sell

Oxford

Dr Laurence Hullat

Dr Manish Bhardwaj

Dr Karunakaran Ramaswamy

Dr Vivek Vishwanath Sharma

Wales

Dr Anna Jolly

Dr Elizabeth Boucher

Dr Rebecca Jones

St. George's

Dr Kanchan Patil
 Dr Thomas Rawlings
 Dr Joanthan Mayer
 Dr Ashok Raj *

Kent, Surrey, Sussex

Dr David Bacon

North West

Dr Alison Hool
 Dr Ravnita Sharma

Northern

Dr Sarah Platt *

Northern Ireland

Dr David Hendron *
 Dr John Hinds *

Dr Gail Browne *

Scotland**North Scotland**

Dr Neil Iain Stewart *

West Scotland

Dr Alistair Meikle *
 Dr James Maybin
 Dr Lee Michael Riddell

Yorkshire**West Yorkshire (Leeds/Bradford)**

Dr Elizabeth Marshall
 Dr Mark Mifsud
 Dr Kathryn Howie
 Dr Josephine Sarah Stewart

South Yorkshire (Sheffield)

Dr Anu Sara Philips

***Joint CCTs in Anaesthetic and ICM**
#Trainees recommended for a CESR (CP)

CB/36/2012 National Institute of Academic Anaesthesia

Council received and considered the minutes of the Board meeting held on 2 February 2012 which were presented by Professor Rowbotham. The main focus of the meeting was trying to advance the research strategy following the Away Day held at the beginning of the year. It was explained however that there is still a long way to go before all partners pool research funds. It was suggested that the way forward might be for the AAGBI and *British Journal of Anaesthesia (BJA)* to discuss plans for working jointly. Both parties agreed in principle that this may be a way forward and members of the Committee, including Dr Mike Grocott, are working on ideas.

Council received and considered the minutes of the Research Council meeting held on 2 February 2012 which were presented by Professor Rowbotham. The Board was in agreement with decisions made by the Research Council.

One of the aims has been to engage more with the National Institute of Health Research (NIHR). The NIAA has been relatively successful in this and has been visited by an NIHR academic dean who was very impressed by what the NIAA is doing. It was agreed that a trainee day should be held. This had been planned for 14th March 2011 but was cancelled due to low numbers. The intention is to rearrange the event for a more appropriate day.

The Anaesthetic Research Society (ARS) is looking to align itself more formally with the College, particularly in terms of website support. Ms Drake has spoken with Professor Phil Hopkins about hosting the ARS website. Professor Mahajan is going to speak to Professor Hopkins about what the RCoA can additionally do for the ARS.

CB/37/2012 Quality Management of Service Committee

Council received and considered the minutes of the meeting held on 8 February 2012 which were presented by the Chairman, Dr Venn. The Quality Management of Service (QMS) Committee was

set up under the umbrella of the Professional Standards Committee and has progressed well largely due to the hard work of Ms Lester. The aim is to set up a UK-wide accreditation system. Stakeholders have now been identified, the first pilot has been completed and the problems identified. Mr Ian Barker, Mr McLaughlan and Ms Lester have visited other Colleges and identified common themes. The Committee has also been looking into establishing the reasons why accreditation is worth a fee, for example it is hoped that Care Quality Commission (CQC) approval would be automatic for those departments with accreditation from the RCoA. The Committee is also hoping to engage with the NHS Litigation Authority (NHSLA). Standards are currently being developed which are mapped to *Guidelines for the Provision of Anaesthetic Services (GPAS)*. GPAS authors are being asked to suggest benchmarks in their areas of expertise. A second pilot is in development which will test the actual model.

Dr van Besouw questioned how this ties in with training. It will be very good at advising commissioners in terms of delivering service but he would be keen to see the commissioning of training as this is core business for the College and good service does not always go with good training. Mr McLaughlan explained that the Conference of Postgraduate Medical Deans of the United Kingdom (COPMeD) is being kept aware throughout the pilot and that the Committee has got general acceptance of what it is doing and about sharing outcomes. Mr Bryant explained that there is a Directorate crossover between Training and Professional Standards and staff will be sharing data. Information that the QMS Committee provides in terms of the accreditation data will be fed through to inform the annual specialty report from a training perspective which is then fed to the GMC, so there is an internal link that will look at the training issue.

Professor Sneyd has discussed with Dr James Palmer, National Lead for Specialist Services Commissioning, whether educational criteria could be part of the specialist services commissioning angle and would very much welcome suggestions as to how things educational could be described so that when they are commissioning they could give some weighting to engagement with educational processes. The President will circulate the current educational framework.

Mr McLaughlan noted that this has only been piloted in England so far. Mr McLaughlan has raised the issue at the RCoA Advisory Board for Wales and the Welsh Theatre Managers' Network meeting and it was welcomed. Mr McLaughlan has a contact at the Welsh Risk Pool and will be discussing how it might approach this or recognise it.

CB/38/2012 Quality Management of Training Committee

Council received and considered the minutes of the meeting held on 1 February 2012 which were presented by the Chairman, Dr Jones. The Committee decided to amalgamate data from the College accreditation and external visit documents. Mr McLaughlan and Mr Bryant have been working on getting the same data set; while progress has been made there is not currently a lot of information to share but it was noted that the process is in place.

The Committee discussed issues regarding the funding of external assessors. Deaneries do have a budget but there seems to be issues with how they allocate it, for example not being willing to pay for overnight accommodation. The Committee would like the College to review if it could fund trainee involvement in external visits.

It was noted that Mr Craig Williamson will bring E-portfolio key performance indicators to the next Quality Management of Training Committee meeting.

The Committee considered the fact that there is currently no requirement for the College to receive Deanery reports; if a report is received informally it makes it difficult to respond to the

report. The Committee felt that the issue should be raised through the AoMRC's Specialty Training Committee and a formal request made that Deanery reports are sent to the College.

CB/39/2012 Enhanced Recovery Programme Intercollegiate Guideline Group

Council received and considered the minutes of the meeting held on 23 January 2012 which were presented by Mr McLaughlan. The ERP Intercollegiate Guideline Group is a sub group of the Professional Standards Committee and its Chairman is Mrs Kate Rivett, ex-Chairman of the PLG. It was explained that the purpose of the Group was not to produce a paper in support of the ERP but to inform patients about ERP. There will be two sources of information, a leaflet and a web based resource. Currently they are close to final sign off.

CB/40/12 Equivalence Committee

Council received and considered the minutes of the meeting held on 9 February 2012 which were presented by Dr Verma. The Committee considered three first applications, one of which was recommended for the Specialist Register. Committee members noted that although they could not recommend the other two applications for the Specialist Register under Article 8 (2), they could be recommended for cardiothoracic anaesthesia under article 8 (3) (a). The Committee also considered a review which was recommended for the Specialist Register.

Dr Laishley suggested that to be considered under article 8 (3) (a) the candidate had to have done their training outside of the UK. Dr Penfold explained that they had been advised that the candidate had to have started their training outside the UK to be eligible.

Dr Verma highlighted a graph showing the number of people putting in an application between January 2007 and December 2011. He noted that although the numbers were small, going through the applications and picking out the parameters was a lot of work.

The President noted that the GMC was currently reviewing the application process and the general feeling is that the process should be streamlined.

Dr Verma offered his thanks to Dr Riley for his years of service. Dr Riley was retiring as Chairman and would be succeeded by Dr Verma.

Mr Storey noted that the income from the GMC for equivalence means that the College is slightly ahead. It was noted that it is costing the RCSEng more than it is being paid; it is unclear whether this is due to inefficiency or the large number of sub-specialities. (The RCSEng also wants to look towards recovery of CCT costs and are going to the GMC to discuss this). Professor Sneyd supports this approach, but highlighted that it would be unfair if a process that is already very expensive is made even more expensive.

Dr van Besouw enquired what percentage of those who were turned down at first application failed to go on to reapply. Dr Verma did not have the figures but agreed to look into them.

The President supports the simplification of the process and does not think that the College should seek to make a profit.

CB/41/2012 Faculty of Pain Medicine

Council received and considered the minutes of the Board meeting held on 10 February 2012 which were presented by the Dean, Professor Rowbotham. An ongoing problem for pain services is that local Fellows are having difficulty persuading local Clinical Commissioning Groups (CCGs) that they should invest in pain services. The Faculty has made some inroads in this area but it will continue to support these Fellows as much as possible.

The Faculty has made progress towards establishing a national neuromodulation database as there is currently no national monitoring system.

It was agreed that the Faculty would look at providing an e-learning pain module which would be made available to all healthcare professionals in the NHS; Dr Ian Goodhall will be leading this project.

The examination Tutorial Series for the Fellow of the Faculty of Pain Medicine of the Royal College of Anaesthetists (FFPMRCA) examination will take place on 24th and 25th May 2012.

Following the Board's first Away day on 27 January 2012, a number of key immediate priorities have been identified and the aim now is to move into the second stage of the Faculty's existence.

The President stated that there is a meeting at the end of the month regarding strategies for getting involved in national commissioning at the AoMRC that Dr van Besouw will be attending. It was suggested that Professor Rowbotham liaise with Dr van Besouw. Professor Rowbotham explained that the National Commissioning Board has set up various working groups around specialist commissioning and that pain is one of them. The Faculty of Pain Medicine (FPM) is represented and is having regular meetings with them. The national commissioning is going quite well but local commissioning is more of a problem.

Professor Rowbotham explained that as part of the FPM's next steps it is looking to explore the possibility of attaining sub-specialty status and questioned whether Council would have any objections to this. The President noted that fears had been expressed previously about fragmentation of anaesthesia training, but highlighted that the FPM is a Faculty of the College. It was clarified that the sub-specialty would be pain medicine not pain management and would be based on the current FPM curriculum and would basically be the same as completing the advanced pain training. Anyone who is a chronic pain specialist will have to be on the Specialist Register to show that they have had the suitable training and will be having suitable revalidation. This will be brought officially to Council once it has been investigated.

CB/42/2012 Faculty of Intensive Care Medicine

Council received and considered the minutes of the Board meeting held on 26 January 2012 which were presented by the Dean, Professor Bion. The Board has agreed that some mechanism of recognition for trainees acquiring ICM competencies outside of the ICM CCT programme would still be a necessity. It was agreed that this would be achieved through a membership route into the Faculty.

It was agreed that the Faculty would investigate options for creating an e-portfolio; a minimum service specification has been agreed and the FICM will be meeting with two potential providers, NHS Education for Scotland (NES) and Cyber Imagination next week to discuss.

The FICM has had its first annual meeting and would like to thank the RCoA for its financial contribution towards the new FICM gowns.

The President asked about developments with regard to the Lead Dean for ICM. Professor Bion thought this could be an opportunity to improve the current working relationship with COPMeD so has asked COPMeD to identify who the Lead Dean should be. The President noted that currently the Lead Dean for ICM and anaesthesia is the same person, and questioned whether this should

remain the case. Dr Thornberry suggested that the important thing would be that they agreed to work together. Dr Marks believes that it is better if it is the same person.

CB/43/2012 Finance Committee

Council received and considered the minutes of the meeting held on 14 February 2012 which were presented by the Chairman, Dr Jones. Additional funding of £15,000 was approved to optimise the back end of the Continuing Professional Development (CPD) system and to provide some additional functionality.

The Committee approved a costed business plan requesting non-recurring funding of £20,000 for the NIAA communications plan 2012-13.

The Committee has endorsed a change of bank to the Co-op, following a review of the costs to the RCoA.

The Committee agreed to transfer the endowed funds, of £1.1 million, currently on the money market into Newton's Global Growth and Income fund. The returns are currently double compared to the money market.

The Healthcare Quality Improvement Partnership (HQIP) has approved the HSRC as a bidder for the National Emergency Laparotomy Audit; if successful the funding will be £335,000 per annum for three years. A decision is expected on 13th April 2012. Ms Drake does not think there are any other bidders.

The Committee reviewed the College's financial position for the first three months of the financial year, which is currently £278,000 better than budget.

Mr Storey gave an update on the Eric Green court case, explaining that the Florida court had decided in the College's favour and we expect to receive £42,000 shortly with £28,000 later. Legal costs to date are less than £15,000. Mr Storey added that lawyers are currently debating the wording of the receipt but the College should receive the money soon.

Funding of £15,000 for the e-learning for Pain Medicine project has been approved by e-Learning for Health.

It was noted that the £87,000 income brought in by the FICM is just for a part year as this is its inaugural year.

CB/44/2012 Professional Standards Committee

Council received and considered the minutes of the meeting held on 16 February 2012 which were presented by the Chairman, Dr Venn. The Committee discussed new areas of work. Dr Whitaker will be looking into pre-operative anaemia and peri-operative risk. Dr Venn will be looking into consent to blood transfusion and will be writing to the Advisory Committee on the Safety of Blood, Tissues and Organs to ensure that a College policy is agreed. The intention is to form an advisory committee and to get a representative.

The Committee is currently developing guidance for producing guidelines in order to bring some consistency.

Dr Clutton-Brock will lead on developing the Specialist Peri-operative Care Interest Group.

Dr Venn will be contacting College Tutors about the current status and frequency of Morbidity & Mortality (M&M) meetings and will report back any concerns to the Committee. Council members were asked to let Dr Venn know if they were aware of any issues.

The GPAS re-write is proceeding, the intention is to update chapters each year. There will be a number of new chapters, with Professor Sneyd writing one on sedation and Dr Paul Murphy one on transplantation.

Mrs Kate Rivett will be looking at the Enhanced Patient Recovery in terms of what it means for those that are not on it.

Dr Clutton-Brock explained that he has written to Dr Nick Sevdalis from Imperial College regarding National Patient Safety Agency (NPSA) and data usage from incident reporting for an update. A handover is expected to take place in July and it has been agreed that a meeting will take place with the RCoA.

Dr J Nolan expressed a word of warning that, with regards to NICE accreditation for documents, many have failed and highlighted that it was a huge undertaking to have a guideline process accredited.

CB/45/2012 Examinations Committee

Council received and considered the minutes of the meeting held on 14 February 2012 which were presented by the Chairman, Dr Brennan. The Committee has carried out a review of the guidance policy and Dr Jo James and Dr Brennan will present the new procedures at the next Regional Advisers' meeting in March.

The Committee considered a paper from Professor Sneyd on the future development of the Fellowship of the Royal College of Anaesthetists (FRCA) examinations. It was agreed that an intelligence gathering exercise would be carried out to see how other UK and international examination organisations were using technology to enhance their assessment systems.

Several Committee members provided feedback on an advanced assessment course at St George's Hospital Medical School. It was decided that this was a useful resource and that all Vice Chairs and group leads should attend the course at some point.

The Committee considered the content of the FRCA revision aid which is a smartphone app and agreed to put a disclaimer on the examination pages of the College website to emphasise that the College has responsibility for the examination related content of its own publications but not any other publications that refer to the FRCA examinations.

The Committee considered a dress code policy that has been agreed by COPMeD and proposed that Council agree that a summary of the key recommendations from the COPMeD policy should be included as an annexe to the FRCA Regulations.

It was noted that Dr Jonathan Thompson will step down as Primary Examiner on completion of the present academic year. Dr Jeffrey Handel will stand down as Final Examiner on completion of the present academic year.

The Committee agreed to recommend to Council the following Primary Examiners should move to the Board of Final examiners, Dr Trevor Armstrong, Dr Amit Bedi, Dr Robin Correa, Dr Judith Dinsmore, Dr Fiona Dodd, Dr Fiona Donald, Dr Kathleen Ferguson, Dr Khalid Hasan, Dr Gary Lear, Dr Kevin O'Hare.

The Committee agreed to recommend to Council that the following candidates be appointed as Probationary Examiners from September 2012:

Dr Philip William	Bolton	Royal Hospital for Sick Children, Glasgow
Dr Joanna Mary	Budd	Worcestershire Royal Hospital
Dr John Ruari	Greer	Manchester Royal Infirmary
Dr Andrew Peter	Hall	Leicester General Hospital
Dr Prashant Shivaji	Kakodkar	Northampton General Hospital
Dr Jamie	Macdonald	Aberdeen Royal Infirmary
Dr Alan Patrick	McGlennan	Royal Free Hospital, London
Dr Cyprian	Mendonca	University Hospitals Coventry
Dr Dharshini	Adhakrishnan	Whipps Cross University Hospital, London
Dr Asius Thayala Arasu	Rayen	City Hospital, Birmingham
Dr Emily	Simpson	Southend University Hospital
Dr Carl Andrew	Stevenson	Hereford Hospital NHS Trust
Dr Christopher John	Taylor	National Hospital for N&N, London
Dr Mritunjay Kumar	Varma	Royal Victoria Infirmary, Newcastle
Dr Simon Timothy Andrew	Vaughan	Blackpool Foundation Hospital NHS Trust

The Committee agreed to recommend Dr Michael Wilkinson to Council for the position of Chairman of the Primary FRCA Examination with effect from 1st July 2012.

The Committee considered the difficulties for Northern Ireland trainers and trainees fully engaging with the FRCA Examinations and a package of support was discussed.

The Committee was advised that a large Trust in Wales had introduced a policy of no study/professional leave until further notice. This would potentially affect three FRCA examiners. It was agreed that the recent CMOs letter about national commitments could diffuse the situation and the College should maintain a watching brief at the moment. The President asked that he be sent details as he will be meeting with the CMOs. Dr Jones noted that this was not a Foundation Trust and that it would have to respond to the Welsh Government so he would hope that this will be resolved. Dr Clutton-Brock suggested that this would be a breach of job contract.

MATTERS FOR INFORMATION

1/9/2012 Publications

Council received, for information, the list of publications received in the President's Office. The President highlighted that PLG members had contributed greatly to the Patient Experience in Adult NHS Service (CG138) and offered his congratulations and thanks for their hard work.

1/10/2012 Consultations

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

1/11/2012 New Associate Fellows, Members & Associate Members

Council noted, for information, the following:

New Associate Fellows - February 2012

Dr Shiv Kumar Gurung - South Tyneside District Hospital

Dr Arif Hussain Ghazi - Whipps Cross University Hospital

Dr Peter Merjavy - Southern Health & Social Care Trust, Craigavon, Northern Ireland

Dr Malarvizhi Mani - Royal Gwent Hospital

New Members – February 2012

Dr Mohammad Taskinur Rehman Hazarika - Primary FCARCSI
Dr Radha Venkatesan - Primary of the RCoA

New Associate Members – February 2012

Dr Fadil Saad Wabil Bilal - Prince Charles Hospital, Merthyr Tydfil
Kiran Bangalore Srinivasan - Cheltenham General Hospital

New Affiliate Veterinary Practice – February 2012

Ms Ambra Panti - Davies Veterinary Specialists

To receive for information, the following doctors have been put on the Voluntary Register– February 2012

Dr Kamal Raja Cortas - St. Bartholomew's Hospital
Dr Nadya Atanasova Gabrovska - Eastbourne District General Hospital
Dr Vyhunthan Ganeshanathan - Princess Royal University Hospital
Dr Sonja Ingeborg Meier - University College London Hospitals
Dr Mohammad Salaheddin A Misurati - Nevill Hall Hospital
Dr Josef Vorel - Medway Maritime Hospital
Dr Said Akbar Zeweri - Medway Maritime Hospital

I/12/2012 Academy of Medical Royal Colleges

Council received, for information, a summary of the Council meeting held on 24 January 2012.

PRESIDENT'S CLOSING STATEMENT

PCS/3/2012 President's Closing Statement

(i) There were no other matters the President wished to raise.

MOTIONS TO COUNCIL

M/8/2012 Council Minutes

Resolved: That the minutes of the meeting held on 8 February 2012 be approved subject to the following amendments:

CID/6/2012 Developments for the International Programmes - Page 3 Paragraph 2 line 2, Professor Sneyd to email a form of words to clarify what was said.

CB/22/2012 Safe Anaesthesia Liaison Group - Pg 11 Paragraph 8, the final sentence to be removed.

Pg 12 Paragraph 7 line 16, Dr Clutton-Brock and Dr Brennan to discuss and draft amended wording.

M/9/2012 Regional Advisers

Resolved: That the following re-appointment be approved:

North West

Dr Ian Geraghty, Regional Adviser for North West

M/10/12 Deputy Regional Advisers

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

Northern Ireland

Northern Ireland Deputy Regional Adviser

North West

*Dr Ian Brocklehurst, Deputy Regional Adviser for North West

West of Scotland

*Dr Malcolm Smith, Deputy Regional Adviser for West of Scotland

M/11/2012 College Tutors

Resolved: That the following appointments be approved:

North Thames Central

Dr J W Holding (University College Hospital)

Dr J H Smith (Great Ormond Street Hospital)

Dr M S Sodhi (Chase Farm Hospital)

Dr O W Boomers (Lister Hospital)

Mersey

Dr K E Brodbelt (Wirral Hospitals)

West of Scotland

Dr M L Haetzman (Wishaw General Hospital)

Leicester and South Trent

Dr S Panjwani (Pilgrim Hospital)

West Midlands North

Dr S B Gummaraju (Robert Jones & Agnes Hunt Orthopaedic Hospital)

M/12/2012 Examinations Committee

Resolved: That the statement below on dress code policy is included as an appendix to the examination regulations

'The RCoA endorse the key recommendations of the Guidance on Dress Codes for postgraduate medical recruitment, training and assessment from the Conference of Postgraduate Medical Deans (COPMeD)¹ In particular, candidates are reminded that the same dress code should apply for professional examinations as it does for day to day clinical practice/contact with patients. This means that forms of dress should not constrain the candidate's ability to demonstrate recognised skills including effective communication with simulated patients or examiners nor hinder easy verification of the candidate's identity. Hence candidates are requested not to wear forms of dress that cover the face while attending any of the FRCA examinations. Candidates are also advised that there is no requirement for them to wear clinical/theatre clothing during any of the FRCA examinations.'

¹ Dress codes for postgraduate medical and dental recruitment, training and assessment. COPMeD, October 2011.

Resolved: That the Primary FRCA examiners listed below should move to the Final FRCA Board with effect from September 2012.

Dr Trevor Armstrong
Dr Amit Bedi
Dr Robin Correa
Dr Judith Dinsmore
Dr Fiona Dodd
Dr Fiona Donald
Dr Kathleen Ferguson
Dr Khalid Hasan
Dr Gary Lear
Dr Kevin O'Hare

Resolved: That the Fellows below be appointed as probationary examiners with effect from September 2012.

Dr Philip William	Bolton	Royal Hospital for Sick Children, Glasgow
Dr Joanna Mary	Budd	Worcestershire Royal Hospital
Dr John Ruari	Greer	Manchester Royal Infirmary
Dr Andrew Peter	Hall	Leicester General Hospital
Dr Prashant Shivaji	Kakodkar	Northampton General Hospital
Dr Jamie	Macdonald	Aberdeen Royal Infirmary
Dr Alan Patrick	McGlennan	Royal Free Hospital, London
Dr Cyprian	Mendonca	University Hospitals Coventry
Dr Dharshini	adhakrishnan	Whipps Cross University Hospital, London
Dr Asius Thayala Arasu	Rayen	City Hospital, Birmingham
Dr Emily	Simpson	Southend University Hospital
Dr Carl Andrew	Stevenson	Hereford Hospital NHS Trust
Dr Christopher John	Taylor	National Hospital for N&N, London
Dr Mritunjay Kumar	Varma	Royal Victoria Infirmary, Newcastle
Dr Simon Timothy Andrew	Vaughan	Blackpool Foundation Hospital NHS Trust

Resolved: To approve the appointment of Dr Mike Wilkinson as Chairman of the Primary FRCA Examination with effect from 1st July 2012.