THE ROYAL COLLEGE OF ANAESTHETISTS

LAY MEMBERS FOR THE PATIENT LIAISON GROUP

INFORMATION FOR APPLICANTS

This information pack includes the following information:

i) Background information regarding the Royal College of Anaesthetists (RCoA)
ii) An outline of the Terms of Reference and remit of the Patient Liaison Group (PLG)
iii) A person specification for lay members of this group

Please read these attached documents carefully. If you are interested in applying, please complete the attached application form. The selection panel will take particular note of the information that you supply in the personal statement on the form.

The closing date for applications is Friday 3rd January 2014. Interviews for lay members will take place at The Royal College of Anaesthetists on the week Tuesday 11th February 2014. If you are selected for interview we will contact you by letter at least one week before the interview date. During the course of your interview you will be asked to speak for a few minutes on a topic related to patient care. This subject will be sent with your interview letter. Please ensure that you approach your referees as references will be taken up.

The College will reimburse any reasonable cost incurred in travelling for interview. (Normally equivalent to second class rail fares – please check with PLG Secretary if you think you will need to exceed this). If you wish to claim a reimbursement of your expenses, please submit a covering letter with copies of your tickets, etc. The College will also reimburse up to £20.00 for subsistence expenses.

Please return your completed application form:

By Post:
Secretary
Patient Liaison Group
The Royal College of Anaesthetists
35 Red Lion Square
London
WC1R 4SG

By E-mail:
plg@rcoa.ac.uk
The Royal College of Anaesthetists

Information for Applicants for Lay Member of the Patient Liaison Group

The Royal College of Anaesthetists is the professional body responsible for the specialty of anaesthesia throughout the United Kingdom. Its principal role is to ensure the quality of patient care through the maintenance and development of standards in anaesthesia, critical care and pain medicine. The College was founded in 1948 as the Faculty of Anaesthetists of the Royal College of Surgeons of England, and became the College of Anaesthetists in 1988. The College became an independent Royal College by the grant of a Royal Charter in 1992. The College also now has two of its own faculties, the Faculty of Pain Medicine, created in 2007 and the Faculty Intensive Care Medicine, created in 2010.

There are approximately 16,500 Fellows, Members and Trainees of the College. Fellows are usually admitted once they have passed the Fellowship examinations.

The activities of the College are varied, but include;

- The setting of standards of clinical care.
- Establishing the standards for the training of anaesthetists and those practicing critical care and acute and chronic pain medicine.
- Setting and running examinations and the continued educational and professional development of all practicing anaesthetists.

The College is run through a series of committees with responsibility for various parts of the work of the College, which report directly to the Council of the College. The Council consists of 24 Fellows who are elected by the Fellowship. Council elects from its own ranks the President and two Vice-Presidents.

Members will be expected to attend four PLG meetings per year with attendance on approximately two further committees. Total attendance is approximately 12 days per year with electronic communication in between.

The RCoA is also represented in each of the individual UK countries. More information can be found about these on the college website.

[www.rcoa.ac.uk/structure-organisation-and-regulations/boards-committees-and-working-groups](http://www.rcoa.ac.uk/structure-organisation-and-regulations/boards-committees-and-working-groups)

If, after having read the information available, intending applicants would like the opportunity to informally discuss any aspect of the advertised vacancy, they are welcome to contact the Professional Standards Director (Mr Charlie McLaughlan) via the secretary of the Patient Liaison Group on 020 7092 1572.
The Royal College of Anaesthetists

TERMS OF REFERENCE OF THE PATIENT LIAISON GROUP

1. Purpose
1.1 To consider matters relating to anaesthesia, critical care and pain medicine from the patient’s perspective and advise Council accordingly.

1.2 To advise and support Council in its strategic objectives.

1.3 To respond to requests and comments from Council, its’ Standing Committees, and any other sub-committees or working parties who may refer matters for comment.

1.4 To consider what information patients may require concerning anaesthesia and associated disciplines, and to make recommendations.

1.5 To consider and make recommendations to Council on the means of improving communication with patients.

1.6 To consider and recommend action to improve patient liaison at a local level.

1.7 To report to Council; the Group’s Minutes should be presented to Council for consideration and approval.

2. Constitution
2.1 The Group shall normally consist of up to 23 members who shall comprise:

   a. a lay Chairman
   b. a lay Vice Chairman
   c. up to 14 other lay persons
   d. up to 6 medical members, of whom 1 shall be a Vice-President of Council

2.2 A lay person is defined as an individual not holding a medical qualification. All lay members will be invited to act as individuals rather than on behalf of outside organisations, but they will be encouraged to feedback information to those organisations with which they have links.

2.3 Lay members will be recruited by advertisement and interview. Applicants who are currently employed within the healthcare services or who are involved in healthcare policy or clinical decision making at a local or national level will not be considered.

2.4 The medical members shall include, in addition to a Vice-President of the College, two elected members of Council, a representative of anaesthetists in training, the Professional Standards Adviser and one other Anaesthetic member.

2.5 In the event that the Chairman of Professional Standards Committee is not a member of the Group, this person shall have observer status.
2.6 Terms of office of all members of the Group shall be for 3 years, which may be renewable for a further term of up to 3 years following discussion between the President of the College and Chairman of the Group; provided that, in the case of the Vice-President and any other elected Member of Council who serves as a medical member of the Group, the term of office of that member of the Group shall cease when the member ceases to be Vice-President or an elected Member of Council, if that date precedes the end of the due term of office on the Group.

2.7 The Group may co-opt with the approval of Council, either for the period specified in the co-option or for a single meeting, any person who appears to the Group to be specially qualified to assist in its business.

2.8 All lay members of the Group shall be eligible for co-option as lay members to all other committees and working groups of the College.

2.9 The Chairman shall endorse the appointment of lay members on the RCoA Advisory Board for Northern Ireland Advisory, RCoA Advisory Board for Scotland and RCoA Advisory Board in Wales/National Specialty Advisory Group.

3. Chairman and Vice Chairman
3.1 The Chairman and Vice Chairman of the Group shall both be a Lay person, appointed by the President.

3.2 The Chairman shall be appointed for a maximum term of office of 3 years, renewed on an annual basis.

3.3 A member who is appointed Chairman or Vice Chairman may extend their 3-year term as a member sufficiently to allow them to complete their 3-year term as Chairman or Vice Chairman.

3.4 The Chairman and Vice Chairman shall ex officio be observers at meetings of Council, presenting Group opinion.

3.5 In the event of the Chairman’s absence the Vice Chairman shall deputise.

4. Quorum
4.1 The quorum for the Group shall be 8 members, comprising 5 lay members and 3 medical members - one of whom shall be an elected member of Council.

5. Voting
5.1 The Chairman should generally seek to reach decisions by consensus. In any case where voting is necessary, and in the event of an equality of votes, the Chairman shall have an additional, or casting, vote.

6. Meetings
6.1 The Group shall hold four meetings a year and may hold an additional meeting, with the prior agreement of the President.

6.2 The Chairman shall produce an annual report for inclusion in the College’s Annual Report.
6.3 Travelling and subsistence expenses of lay members of the Group shall be met by the College on the same basis as those of Council.

7. Establishment of sub-committee, working party or working group
7.1 Subject to the provisions of Section 15 of the Financial Regulations of the College, the Group may establish a sub-committee, sub-group or working party, however designated, with such terms of reference and so constituted as the Group may recommend, to consider any matter falling within the Group's terms of reference and to report on that matter to the Group.

8. Consultations from External Organisations
PLG members asked to contribute to a consultation originated from an external organisation, e.g. AoRMC, DH, GMC should consider the following response:

1. No comment
2. Personal comment given, but offered as a representative of the PLG
3. Where the consultation is also being considered by the College – offer a copy of the College’s response when available
4. Where the representative does not feel able to offer a personal view but feels the PLG may wish to comment – ask the PLG Chair for a view

9. Standing Orders
Subject to the Charter, Ordinances and Regulations, the Group may make any standing orders regulating its own procedure, provided that these shall not take effect until approved by Council.

10. Disclosure of Interest
Disclosure of interest: All members of the Group are reminded of the decision taken in October 1999 by College Council that, before any Group meeting, members should disclose to the Chairman any relevant conflicting interest of any kind (financial or otherwise) arising in relation to any item of the agenda. This duty applies to every Group member. Where a relevant interest has been disclosed, the member may, subject to the Chairman’s agreement, remain during and participate in any debate on the item concerned, but must not vote.

11. Review of Terms of Reference
The Group shall review these terms of reference at least every three years and any recommended changes shall be submitted to Council for approval.

Revised by PLG March 2013
Submitted to Council April 2013
THE PATIENT LIAISON GROUP – PERSON SPECIFICATION

Essential characteristics

- The objectivity to consider health issues from an unbiased patient’s perspective.
- The ability to act independently of any organisation and to look at the broader picture.
- The skill to debate your points in a thoughtful way.
- The flexibility to arrive at shared judgments on a variety of issues and to support the majority decision.
- An interest in the NHS and delivery of high standards of health-care.
- An interest in understanding the specialty of anaesthesia and the role of the College.
- The confidence to work with a wide range of lay and clinical colleagues.
- Must be able to use standard Windows software; including Word and Email.
- Ability to use and have personal access to the internet.

Desirable characteristics

- Experience of committee work.
- Experience of decision-making processes within other organisations.

Restrictions

The following areas represent examples of conflicts of interest which would prohibit recruitment to the PLG;

- Current employment as a healthcare professional.
- Membership of a lay body with a political or campaigning agenda.
- Holding an authority or decision-making role with a medical regulatory body.
- Holding an authority or decision-making role with a medical union.

(This list is not conclusive)