Royal College of Anaesthetists

MEETING OF COUNCIL

Minutes of the Meeting held on 8 November 2023

Members attending:

Dr Fiona Donald, President
Dr Helgi Johannsson, Vice President
Dr Claire Shannon, Vice President
Dr Russell Perkins
Professor Mike Grocott
Dr Chris Carey
Dr Sarah Ramsay
Dr Claire Mallinson
Dr Felicity Plaat
Dr Mike Swart
Dr Sri Gummaraju
Dr Ashwini Keshkamat
Dr Ros Bacon
Dr Ramai Santhirapala
Dr Toni Brunning
Dr Elisa Bertoja
Dr Satya Francis
Dr Sarah Thornton
Professor Andrew Smith
Dr Catherine Bernard
Dr Chris Taylor
Dr Lorraine De Gray
Dr Daniele Bryden
Professor Dave Lambert
Dr Matthew Tuck
Ms Jenny Westaway
Dr Giovanna Kossakowska
Dr Dave Selwyn
Dr Daphne Varveris
Dr Simon Ford
Dr Roger Sharpe
Dr Simon Maguire
Dr Sandeep Lakhani

In attendance: Mr Jonathan Brüün, Ms Sharon Drake, Mr Mark Blaney, Mr Graham Blair, Mr Russell Ampofo, Ms Judith Tidnam, Mr Jonathan Whale, Ms Rose Murphy, Dr Sonia Brocklesby (for item 1), Dr David Bogod (for item 5b)

Apologies for absence:
Dr Jonathan Thompson, Dr Sunil Kumar, Dr William Donaldson, Dr James Ralph, Jud Tidnam.

1. Welcome and apologies
The President, Dr Fiona Donald, opened the meeting and welcomed attendees. Apologies were noted and Council members were reminded of their duty to declare any conflicts of interest related to items on the agenda. Dr Matt Tuck noted that he would not comment on any aspect of the discussion on Council elections as he was a candidate for the Anaesthetist in Training positions.

Introduction from Regional Advisers Anaesthesia (RAA)
Dr Sonia Brocklesby, Regional Advisor, Anaesthesia for the North Central rotation, based at Barnet Hospital Royal Free London NHS Foundation Trust, introduced herself and gave an update. Dr Brocklesby noted increasing burn-out among trainees, leading to larger numbers of requests for out of programme experience, increasing numbers of LTFT trainees, and more trainees considering alternative career options.

While the curriculum implementation had worked well overall, Dr Brocklesby reported a growing need for flexibility in training, particularly in the LTFT training slots, which echoed issues raised at the recent Extraordinary General Meeting (EGM). Dr Brocklesby highlighted the continuing importance of ensuring appropriate supervision levels at stage 3 of the new curriculum, although this was currently working well in her experience.

Reflecting further on the EGM, Dr Brocklesby noted that the North Central rotation had quite a large number of Anaesthesia Associates (AAs) who had been well integrated into teams across multiple trusts. They were feeling vulnerable due to the discussions at national level regarding their roles and had required extra support.

In response to Dr Brocklesby's report, Council members noted the issue of burnout and acknowledged that this was true for senior roles as well as trainees, and continued to be of significant concern. Council encouraged Dr Brocklesby and other colleagues to keep reporting welfare issues and seeking support from the College, which was concerned about and sympathetic to this issue.

2. Council minutes
The minutes of the meeting held on 13 September were circulated.

MOTION Agreed: Council approved the minutes of the 13 September as a true and accurate record, with the following corrections:

- Dr Bryden noted that she had been correctly identified as absent from the meeting, but that the minutes stated she had given a verbal update. This should be changed to reflect that the update was written and submitted in advance.
- Page 5 – Typographic error on page 5 noted by Dr David Selwyn to be corrected.

All actions from the previous meeting had been completed.

ACTION: Executive Office to amend minutes of the 13 September Council meeting

3. President's Update

a) Dr Donald highlighted the paper circulated in the pack, which noted her meetings and commitments as President since the last Council meeting.

Council noted the deaths of two of the College's members, Dr Brigitta Brandner, and Dr Mark Crosse, and held a minute's silence in reflection.

Dr Donald announced a series of new appointments following open processes of application: Dr Felicity Plaat would take over from Dr David Bogod as the new chair of the Ethics Committee. Dr Mike Swart would become chair of the ACSA committee, and Dr Elisa Bertoja would take over as chair of the CQ&R Board. Council congratulated the College's new chairs.

Sharon Drake noted that the College would be going out in January to recruit a new clinical lead for the NIHR-funded Safety Research Collaborative – a national, strategic role that she hoped would be of interest to the College's membership.

b) Dr Donald ensured Council was aware of the letter sent by the BMA Junior Doctors' Committee, which was included in the pack. The letter could be taken into consideration by Council as part of the EGM discussion later in the agenda.

c) The paper on lay trustee recruitment was summarised by Dr Donald. Council members were reminded that, under the terms of the College's governance, they would be asked to appoint trustees, so it was important to seek opinions on the skills and experiences the College would be seeking.

Dr Donald noted the skills gap analysis which had been completed by Elected Council Members, Trustees and the Executive Team, and summarised discussion at the October Board of Trustees meeting. At that meeting, it was recommended that the College should seek a financial trustee, ideally with commercial property experience, a technology or digital transformation trustee, and a trustee with experience of environmental, social and corporate governance (ESG). It was also pointed out that, whatever the skills of incoming trustees, they would need to reflect the College's values.

Motion agreed: Council agreed with the trustees' recommended approach to lay trustee recruitment.

ACTION: Executive Office and President to proceed with lay trustee recruitment

4. CEO Update

As an addendum to his update, Jono Brüün noted that Council elections were now underway. Seven nominations had been received for three consultant positions, with nine nominations for two vacant training positions. The ballot would open on 16 November, running to 14 December, with results announced on or around 15th December.

a) Regulations changes

A paper noting amendments to the Regulations was presented. Under the terms of the College's governance, it is for the Board of Trustees to update the Regulations but must do so with the advice of Council. The changes proposed would correct errors in the Regulations and bring them into line with best practice, as follows:

From the section on Rights and Privileges of Fellows by Examination and Fellows ad Eundem (Part 3, paragraph (2)(3)(b)): "to vote in relevant College elections provided that, where appropriate, they have any necessary residential qualification (such as Devolved Nation Boards see Annex 3);" to be replaced by: "To vote in College elections for Consultant Council Members."
From the section on Rights and Privileges of Members (Part 3, paragraph (2)(5)(c)):
"to vote for the election of a SAS Council Member" to be replaced by: "To vote in College elections for Consultant and SAS Council Members."

From the section on Rights and Privileges of Associate Members (Part 3, paragraph (2)(6)(b)):
"to vote for the election of a SAS Council Member" to be replaced by: "To vote in College elections for Consultant and SAS Council Members."

Dr Keshkamat highlighted an issue relating to SAS members who are fellows not currently being able to vote for Elected SAS Council Members. This is an acknowledged anomaly that was expected to be addressed in phase 2 of the governance review. Unfortunately, that project had been delayed due to pressure of work caused by the EGM. It would be taken forward as a priority as soon as possible.

Motion: Council agreed to note minor changes to the Regulations, which align relevant provisions with expectations and practice relevant to these Council elections, as per Ordinance 22.2

ACTION: Executive Office to update the Regulations as agreed by Trustees and noted by Council

b) Response to Extraordinary General Meeting (EGM) Outcome

Council moved on to consider its response to the outcomes of the Extraordinary General Meeting, held on 17th October 2023.

Russell Ampofo updated Council on progress since the EGM, which had involved establishing three short-life working groups tasked with developing proposals for Council to consider at this meeting. Membership of each group included a chair, an AiT rep, a staff lead, and other Council members with relevant skills or experiences. Proposals from each group would be taken in turn, with Council advising on next steps to guide further work and discussion at the Board of Trustees meeting in December 2023.

Background information was provided to Council covering the broader effects of the EGM, including the possibility of further EGMs, impact on AAs' wellbeing, relationships with stakeholders, and the negative impact on the wellbeing of College staff.

Council was reminded that the College had already commissioned a survey of member experiences of working with AAs, and that this would be published in the new year.

Resolution 1

Council considered four options related to Resolution 1: *The Council is advised to ask the Clinical Directors network to pause recruitment of AAs until the proposed RCoA Survey and Consultation is complete and the impact on doctors in training has been assessed and reviewed. The Council is advised to ask the College Tutors (CTs) and Regional Advisors (RAs) to ensure that doctors-in-training are given priority over AAs in their exposure to training opportunities. If CT/RAs find that is not the case then they should feed this information back to the Training Department, in order that the training capacity of that hospital be reviewed.*

Options considered by Council were as follows:

Option 1: Council declines to implement the motion. This would allow all forms of recruitment of AAs to continue.
Option 2: Council defines 'pause' as meaning to cease recruitment of new student AAs but leave existing qualified AAs in post; allows existing student AAs to continue with their training; and allowing recruitment of existing qualified AAs from the pool of existing qualified AAs (if they are moving hospital) or the student AA population.
Option 3: Council defines 'pause' as meaning to cease recruitment of new student AAs AND to cease the creation of new permanent AA posts beyond those for current student AAs in that hospital. This would mean that student AAs could complete their training and take up permanent posts in the hospital they are in currently, but AAs could not transfer between hospitals i.e. a hospital could not create a new AA post and recruit an existing student/qualified AA from elsewhere.
Option 4: Council defines 'pause' as meaning to cease recruitment of new student AAs AND to cease the creation of any new permanent AA posts for any student AA including those currently in the same hospital, or for any qualified AAs from another hospital.

Each of the potential options was presented with an analysis of impact on recruitment of AAs into hospitals, the workforce and potential impact on patients. Alongside the options appraisal, Council was presented with advice on a practical delivery plan that included stakeholder liaison, further consultation, engagement with HEIs, and further research and evidence-building.

Council members discussed the options presented in the paper, and over the course of discussion, the following points were made by individual Council members:

- That option 2 (defining the pause as meaning the cessation of recruitment of new student AAs) was the recommendation of the working group.
- That the College has a duty to 'educate medical and other appropriately qualified healthcare practitioners', as set out in its Charter.
- That the College must respond to strongly held views from among its members but should be mindful of any detrimental impact on service provision to patients.
- That the solution to the current workforce and waiting list crises is not to invest in alternative practitioners, but to train more doctors.
- That there were increasing concerns about the College's legal liability in acting as advised by the EGM vote, in harming the provision of patient services, appearing to negatively impact patient safety, or to negatively impact HEIs that have invested in training courses for AAs.
- That, while patient safety concerns had been raised both as a reason to limit the rapid expansion of AAs and at the same time a reason to be concerned about pausing too quickly, there is little good evidence of either possibility.
- That the wellbeing of the AA workforce had already been significantly damaged by the public debate on this issue, and that trainees had also suffered profound impact on their training, development and wellbeing in recent years. The College has a duty to represent and support both groups.
- That the College should use any pause in recruitment of AAs as an opportunity to call on NHSE to develop its plan for specialty training, which was omitted from the Long-Term Workforce Plan, with a view to boosting numbers of doctor anaesthetists.
- That the College should use the time of the pause to commission independent research and an academic literature review.
- That the EGM, whilst being a valuable democratic exercise, had also added significant cost and complexity to the College and would likely impact on the delivery of other workstreams over the year.

Following discussion, Council indicated its preference to adopt Option 2 as the approach to Resolution 1, along with the recommended 'next steps' including that a letter would be written to CDs to propose the pause. It was noted that Option 2 would effectively halt the further expansion of the AA workforce without jeopardising the employment of any existing AAs or rendering useless the training of student AAs already in the system. This option will be presented to the Board of Trustees on 13 December 2023.Council

were invited to contact Russell Ampofo if they felt any actions were missing or if they had any further ideas regarding work to be undertaken.

ACTION: ETE Board and Russell Ampofo to appraise the Board of Trustees of Council's recommendation regarding EGM Resolution 1.

Resolution 2

Council considered three options related to Resolution 2: *The Council is advised to amend the Guidelines for Provision of Anaesthetic Services (GPAS) the Anaesthesia Clinical Services Accreditation (ACSA) and other relevant College documents to make it clear that local opt-outs from the College's position on the supervision of AAs are not approved by the College.*

Options considered by Council were as follows:

Option 1: Council declines to implement the motion. This would allow all forms of extended roles for AAs to continue.
Option 2: Council implements the motion, taking the position of not supporting any extended roles for AAs until a scope of practice beyond qualification has been defined and regulation is implemented. This would be applicable to all AAs, including those who are already undertaking these roles.
Option 3: Council implements the motion, stating that it does not support any further training of extended practices for AAs until a scope of practice beyond qualification has been defined and regulation is implemented. This would not apply to AAs already undertaking enhanced roles.

Each option was presented with an analysis of impact on qualified AAs and hospital departments. Alongside the options appraisal, Council was presented with advice on a practical delivery plan that included liaison with GPAS, ACSA teams, and CLAN, the establishment of a Professional Standards Committee and Scope of Practice Working Group for AAs, and the publication of clearer guidance on what is expected of AAs upon qualification.

In the course of discussion, the following points were made by individual Council members:

- That option 3 was the recommendation of the working group.
- That, wherever possible, GPAS updates should be based on evidence, and (as discussed above) there is currently no clear, substantive evidence of patient harm or, conversely, the absence of patient harm related to AAs.
- That, regardless of the option chosen by Council, it would be appropriate to make a clear statement on limiting the scope of extended roles, including for AAs currently at work in those positions, at least until regulation comes in. This could involve removing the line in GPAS in which the College notes its lack of support for extended roles but recognises that local variations may apply.
- That, as above, the College should seek to understand its legal liability in intervening in this issue before finally settling on a way forward.
- That trusts who have been awarded an ACSA accreditation should be consulted on any planned changes to GPAS.
- That a clear steer had been given by the membership and this could not be ignored.

Following discussion, Council indicated its preference to adopt actions more akin to Option 2 as the approach to Resolution 2, along with the recommended 'next steps', noting that Option 2 would effectively prevent all AAs undertaking any enhanced roles, including those who have been doing so successfully for a long time, and would therefore be disruptive. For that reason, more consultation and consideration, including legal advice, would be needed about how this option could be implemented whilst mitigating any unintended adverse consequences. This option will be presented to the Board of Trustees on 13 December 2023.

ACTION: ETE Board and Russell Ampofo, with CQR Board and Sharon Drake, to appraise the Board of Trustees of Council's recommendation regarding EGM Resolution 2.

Resolution 3

Council considered Resolution 3: *The Council is advised to ratify as a professional standard the need to inform patients, when applicable, that an AA could be involved in their care, that an AA is not a registered medical practitioner, and who their responsible Consultant Anaesthetist is.*

As this resolution was unopposed at EGM, and aligned with the College's stated policy and practice, Council was not presented with options for consideration. Instead, a range of actions and next steps intended to help deliver the outcome of this resolution were raised.

Council's discussion on this issue included the following points:

- That the College's discussions with other stakeholders, including GMC and NHSE, had indicated that appropriate identification of all medical professionals was an uncontroversial goal shared by all.
- That GMC were aware of and considering their position on the risk of patients confusing doctors with MAPs, including the use of 7-digit registration numbers for both cohorts.
- That any discussion of the naming of MAPs should be considered in the devolved nations, where variations occurred.
- That it would be appropriate for the College's Ethics Committee to take a lead on this issue, advising Council and the Board of Trustees where appropriate.

Following discussion, Council indicated its preference that the College's existing position on this issue should be reviewed by the Ethics Committee. Following that, the College should take a multi-stakeholder approach to consultation on its position, seeking the involvement of the AoA, Association, GMC, NHSE and devolved nations as required. This proposal and any update on progress will be presented to the Board of Trustees on 13 December 2023.

ACTION: ETE Board and Russell Ampofo to appraise the Board of Trustees of Council's recommendation regarding EGM Resolution 3.

Resolution 4

Council considered Resolution 4: *The Council, together with the Education, Training and Examinations Board, is advised to fully consider the personal impact of rotational training, to work with the relevant stakeholders to reduce the need for any short-term placements of under 1 year except in situations where experience cannot be gained without rotating (e.g. cardiothoracic anaesthesia), and to present a report on their progress at the College Tutors Meeting in June 2024.*

As this resolution was aligned with the College's stated policy and practice, Council was not presented with options for consideration. Instead, a range of actions and next steps intended to help deliver the outcome of this resolution were discussed. These included forming a working group with representatives including a Head of School, Training Programme Director, and anaesthetists in training. The group would consider issues relating to rotational training, including:

- Why rotations are structured in the way that they are, outlining the context, benefits and challenges to the current model(s).
- Whether there are areas of the UK where rotational training is more of an issue than in other areas.
- Whether any national/ regional/ local work is being taken forward to address the challenges of rotational training.
- Areas where there are examples (case studies) of good practice in the management of training rotations.
- Whether Deans aware of the impact(s) of short rotations, and what work is being done to address this.

A programme of stakeholder consultation and awareness-raising was proposed, leading up to the CT meeting in June 2024, at which a progress report would be presented in line with the advice in Resolution 4.

Council's discussion on this issue included the following points:

- The lack of an evidence base for the current assumption that rotational training brings benefits to anaesthetists in training.
- The impact of rotational training on trainee safety and welfare.
- The possibility of reducing rotations to two hospitals or even one for stage 1 training, and then adding small variations for stage 2 and 3.
- The expectation that this issue can be discussed at the November ATRG meeting in order to generate insights from those currently experiencing rotational training.
- Impact on those on the dual CCT programme, and whether this would lead to a broader review of that programme and interactions between the two curricula.
- Options for the College to champion the expansion of the lead employer approach.

Following discussion, Council indicated its preference that the College should proceed as suggested by the short-life working group, including through the expansion of the working group to include more stakeholders, broad consultation and review, then synthesis and presentation of progress at the CT meeting in June 2024. This proposal will be presented to the Board of Trustees on 13 December 13 2023.

ACTION: ETE Board and Russell Ampofo to appraise the Board of Trustees of Council's recommendation regarding EGM Resolution 4.

Resolution 5
Council considered Resolution 5, and a range of proposed actions related to the resolution that were presented in the short-life working group paper, as per the table below:

Resolution 5: The Council is advised to…	**Proposed Action(s)**
Make necessary enquiries to acquaint itself with the reasons for the delay in publishing the SIR report, and discuss its findings	1.To write to senior officials at MDRS in the first instance to enquire regarding the delay of the publishing of the report, for them to outline any concerns they may have had for not publishing the report. OR 2.To meet with MDRS to discuss the reason for the delay of the report. Following the meeting a joint statement to be published regarding the reason for delay.
Consider whether there is any evidence, based on the report, that HR records were not kept clearly and accurately, whether or not adequate auditing and benchmarking systems were in place, and whether or not staff had the necessary knowledge, skills, and training to carry out their roles	1.In the first instance write to the proposer to ask them to clarify this further so can put appropriate actions in place. OR 2.Or ask MDRS for a statement on the auditing and benchmarking processes they have and the involvement of roles in this. But may need clarification from the proposer on what they are asking?
Consider whether it still has confidence in the leadership and senior management of the Anaesthetic National Recruitment Office (ANRO	1.To ask Clare Wright (National Recruitment Specialty Manager, NHSE) and Geoff Smith (Regional Postgraduate Dean, Southwest) to present their case at the December Council in relation to this resolution. To accompany this action the update progress reports should be referred to which are included in these papers. Council will be sufficiently prepared with background information from the meetings in September and November to receive this presentation.

	2.To find out from MDRS /ANRO and Professor Andy Whallett (Lead Postgraduate Dean, West Midlands) what their plans for the recruitment team, and recruitment more broadly will be, when the new appointments come to an end. To also find out whether there is a commitment to keeping the staff on a more permanent basis or not. This will demonstrate their commitment to the anaesthetic national recruitment process.

In the course of discussion, the following points were made by individual Council members:

- That the specific ask (to consider whether Council retains confidence in ANRO) was not wholly addressed by the proposed actions.
- That there is a risk that a vote of no confidence in ANRO, if that was the outcome of the process, would have a knock-on effect on the provision of recruitment service to ICM. FICM should be consulted separately as part of any confidence process, especially as they do not intend to move recruitment provider as things stand.
- That any vote of confidence, on its own, would not be enough to deliver a better service to members. It would be prudent for the College to have prepared a plan (including an understanding of financial resourcing, the delivery of day-to-day operations, ongoing staffing levels etc) in order to transition to an alternative provider, before taking a potentially explosive step of a vote of confidence.
- That any decision to change provider must be seen in the context of gradual improvements to ANRO's service in recent months, to the commitment to recruit new, more senior staff to the office, and to reduce the substantial risk to trainees of moving providers while recruitment processes are ongoing.
- That, notwithstanding the above, recent communication between ANRO and candidates had been very poor.
- That the ANRO team is relatively junior (band 7 and below) and is not being offered adequate senior leadership and support. For that reason, the College should engage with senior leadership at MDRS and NHSE, and invite them to speak to Council as soon as possible.
- That the College should consider bringing recruitment in-house, recognising that this would be complex and resource-heavy. That the College should look closely at the RCP model whereby a College Clinical Adviser is appointed one day per week to provide advice and guidance to the recruitment team at NHSE. The chair of the College's Recruitment Committee currently provides input and support to ANRO, but on an ad hoc basis and without protected time to do so, which is a significant burden for them. A more consistent and formal link between the College and ANRO might work well.

On balance, Council agreed to support the actions recommended by the working group but requested that further consideration be given to the idea of a formal, sustained and resourced link between the College and any recruitment team in future. This proposal will be presented to the Board of Trustees on December 13th 2023.

ACTION: ETE Board and Russell Ampofo to appraise the Board of Trustees of Council's recommendation regarding EGM Resolution 5.

Resolution 6
Council considered Resolution 5, and a range of proposed actions related to the resolution that were presented in the short-life working group paper, as per the table below:

Resolution 6: The Council is advised to set up a Task & Finish Group to…	**Proposed action(s)**
Investigate whether a centralised national recruitment centre is in the best interest of our specialty.	1.To ask Clare Wright, for evidence and benefits for the move to national recruitment.

	2. Survey via the Academy of Medical Royal Colleges (AoMRC) other specialties experience of centralised national recruitment. 3. To also commission a review of feasibility of run-through vs uncoupled recruitment into anaesthetics. To seek the voice of trainees and trainers in this.
Explore the legal and practical possibilities of recruitment at a regional level.	Review the legal and practical possibilities of recruitment at a regional level. (Including examining previous data on fill rates and cost).
Report on their findings in due course.	Provide quarterly updates to members on fill rates, progress against recommendations, historical data on regional recruitment and data on what SEBs have said about regional recruitment.

Council's discussion on this issue included the following points:

- That there are very strong and mixed opinions on the viability of run-through training also noting that whilst this had some relevance to the discussion it did not form part of the resolution.
- That Council was broadly supportive of the range of actions proposed by the working group.

Council agreed to support the actions recommended by the working group. This proposal will be presented to the Board of Trustees on 13 December 2023, along with more detailed considerations of the resource impact of this additional, unbudgeted work.

It was noted that delivering the outcomes of all these resolutions, in addition to our existing work in these and other areas, would put a very considerable burden on the College's financial, volunteer and staff resources. The College's operational plan is now unlikely to be delivered as intended, and the College may have to look again at the viability of its strategic planning due to the necessary focus on this work post-EGM and in the coming years.

ACTION: ETE Board and Russell Ampofo to appraise the Board of Trustees of Council's recommendation regarding EGM Resolution 6.

5. Other Updates

a) **Founding Board of the Faculty of Anaesthesia Associates** Dr Claire Shannon introduced the item, noting that the Founding Board had met in October, and had discussed the College's EGM. The Board had expressed considerable concern about the manner in which some of the online debate around AAs had been conducted, and about the wellbeing of AAs.

The Board had two linked proposals to make, attached to the College's response to the EGM, including the establishment of an AA Professional Standards Committee and an AA Scope of Practice Working Group.

MOTION: Council approved the establishment of a Professional Standards Committee and Scope of Practice Working Group for AAs.

ACTION: Founding Board of the FAA to establish a Professional Standards Committee and Scope of Practice Working Group for AAs.

b) **The Ethics Committee** Dr David Bogod, outgoing Chair of the Ethics Committee joined the meeting to discuss two issues on which the committee had been asked by Council for an opinion.

The first issue concerned the risk of death from anaesthesia. Dr Bogod confirmed that the committee had been asked by Council to consider scenarios where children are seen in advance as part of pre-operative assessment, and where they are seen on the day. Dr Bogod noted that the committee's recommendations applied equally in each scenario. He also confirmed that the committee had sought legal opinion on this matter. The committee had made a series of recommendations to Council:

i. Trusts must be strongly encouraged to ensure that discussions with parents about anaesthesia should take place well before the intended day of treatment and should be supported with appropriate information material. This may well require resourcing in terms of staff and facilities.
ii. Explanations must be accurate and must include the risk of serious complications such as death, however rare. However, they must be couched in ways as to minimise unnecessary anxiety, thus allowing parents to accurately weigh up risk and benefit when making decisions. Parents may choose not to be informed about rare serious risks including death, but the default position should be that they wish to know unless otherwise stated.
iii. Considerations should therefore be given to specific training in how to present rare but serious risks. Such risks may include not only death but also, for example, the largely unquantified risk of cerebral developmental harm as a result of exposure to anaesthetic agents.
iv. This paper should be shared with the Association of Anaesthetists, who are in the process of updating their consent guidance.

Council was supportive of the recommendations. Sharon Drake confirmed that they would be taken forward via CQ&R Board and ACSA. Jenny Westaway, Chair of PatientVoices@RCoA offered to review resources and guidance related to this issue and it was agreed that she would link up with CQ&RB, via Sharon Drake, to consider this further.

ACTION: CQ&R Board, ACSA, and Sharon Drake to take forward the recommendations of the Ethics Committee, ensuring liaison with Jenny Westaway and PatientVoices@RCoA

The second issue addressed by the Ethics Committee involved the use of capnography in moderate sedation. The committee had been asked whether it is acceptable for intercollegiate and specialist society stakeholders to reject the routine use of capnography monitoring in moderate sedation, despite evidence in reducing sedation-related adverse events, and improving patient safety. Specifically, the committee had been asked:

- Is it acceptable to not use capnography during moderate sedation, citing the absence of grade A evidence supporting its specific use, when avoidance of inadvertent overdose cannot be guaranteed, and evidence exists that it reduces sedation related adverse events?
- If a non-anaesthetic speciality refuses to accept our standards of care for patients having sedation, what stance should we take - to walk away but therefore not be able to influence safety concerns outside of the practice of anaesthetists, or to accept lesser standards despite our concerns?

Ultimately, the committee recommended the following position:

i. Grade A evidence is certainly not a pre-requisite when producing clinical guidelines, especially when these have the aim of improving patient safety.
ii. Every effort should be made to maintain constructive dialogue with sedation partners, however difficult this may be.
iii. Some compromise is inevitably necessary when the College chooses to endorse or support inter-collegiate guidelines and may be beneficial in gradually improving such guidance over several iterations. However, the College should not endorse guidance that significantly risks patient safety.
iv. If guidance is produced relating to anaesthesia or sedation which, in the College's view, puts patients at risk, the College has a duty to actively make its concerns known.

v. Patients undergoing procedures under sedation should be told of the associated risks, including unintended progression into deep sedation, when respiratory obstruction might occur.
vi. Those tasked with discussions about sedation with other professional bodies face a difficult task. They should be supported by senior members/officers of Council who may need to open a secondary line of communication with the body in question.

Council members noted that the Ethics Committee had provided a very clear steer on this issue and that, while it was important to continue to maintain productive working relationships with other organisations that might take a different view, the College's position should be clear, evidence-based, and primarily focused on patient safety. Council members also noted that it would be important to ensure this principle was applied and reinforced in the College's own policies and guidance.

Dr Bogod thanked Council for the opportunity to act as inaugural chair of the Ethics Committee. Dr Donald thanked Dr Bogod for his service to the committee and the College and welcomed Dr Felicity Plaat as the new Chair. Dr Bogod left the meeting.

ACTION: CQ&R Board and Sharon Drake to ensure that guidance on the issue of capnography in moderate sedation, as previously endorsed by the College, complies with the recommendations of the Ethics Committee.

c) **GIRFT Anaesthesia and Perioperative Medicine (APOM) Update**
Mike Swart had to leave the meeting before he could give his update, so this item was deferred to the next meeting.

6. Faculty Updates

a) FICM Dean Update Dr Danny Bryden noted with Council that, despite disruption from industrial action, train strikes and COVID infections, the recent FICM examinations had proceeded to plan, for which she thanked Fiona Daniels and her team. Separately, Dr Bryden highlighted a reluctance for people to take on senior examiner roles and wondered if this could be considered further. Dr Roger Sharpe agreed to follow up on this with Dr Bryden, alongside the Examination Delivery and Assurance Group (EDAG).

Dr Bryden noted that FICM was in the process of surveying its membership to find out how best to engage and improve the Faculty's offer. In addition to the regular trainee survey, an additional survey of ICM trainees had been circulated by the STR committee, and the results were being shared with the College as many respondents were dual trainees.

Dr Bryden informed Council that 20% of ICM trainees are in less than full-time training. 25% are in the single CCT programme and less than 50% are now dual CCT with anaesthesia.

b) FPM Dean Update - Dr Lorraine De Gray thanked Dr Nick Plunkett who had been Chair of the faculty's Court of Examiners for the past four years. This role has now been passed on to Dr Vivek Mehta.

Dr De Gray also highlighted a Gap Analysis, which has just been completed, of pain services across all four nations. The faculty hoped this work would help to standardise delivery of pain services in the future. Dr De Gray explained that, in conjunction with the workforce census, the Gap Analysis will provide a comprehensive map of where and to what standards pain services are being delivered across the country. It will also show work force gaps.

Finally, Dr De Gray noted that, following a successful funding bid from a Charity, the faculty had appointed two post-doc Fellows to update the Opioids Aware website. The site will be update annually in future to ensure it continues to provide relevant and accurate information.

7. Association of Anaesthetists Report
Dr Matthew Davies spoke on behalf of the Association to note that the SAS Handbook had been updated and released during SAS Week. That had prompted discussion around difficulties faced by SAS

members in relation to CESR five-year evidence timescales. The Association was keen to work with the College and the GMC to address those issues and would be in touch soon.

The Association continued to engage with members and providers over the current dispute between anaesthetists and Bupa, although it was having to take legal advice to fully understand its ability to support members on this issue.

Finally, Dr Davies reported that the Association's successful annual congress had prompted media interest in assisted dying and the role of Desflurane in the operating environment.

8. Boards and Reports

a) Education, Training and Examinations Board (ETE)

The Chair's summary and minutes of a meeting held on 11 October were circulated, Dr Chris Carey provided an update to note that:

- Most of the outcomes of the EGM would fall within the remit of the ETE Board. This will mean that some of the activities the Board and Directorate had intended to deliver would now have to be paused or delayed.
- The LLP was continuing to cause frustration amongst members, despite a huge amount of financial and human resources being invested to improve it. Most of the improvements were being made to stabilize the platform, rather than build new or functionality, which meant they were largely unseen, but this would change over time. Dr Carey thanked Dr Toni Brunning for her efforts to drive the project forward on behalf of Council and ETEB and noted that a more detailed report would come to Council in early 2024.
- There had been discussions with Regional Advisors around the ratio of core to higher training posts now that curriculum transition had been delivered. One issue to be addressed is trusts taking on larger numbers of core trainees without a plan to continue their training, which risks contributing to bottlenecks. Dr Carey noted that this fed well into new post-EGM workstreams around training rotations.
- Dr Carey noted that Council members were encouraged to attend the College Tutors meeting in June 2024.

ACTION: Council members to consider and confirm attendance at the 2024 College Tutors Meeting

Examinations update

Dr Roger Sharpe provided an update to note that:

- The examinations review had included the recommendation to cease the practice of subtracting the standard error of measurement from the pass mark of written exams. There had been an intention to cease this in the September Primary MCQ, but the team realised that GMC approval would be needed first, so the correction was included for this round of exams.

  The decision-making and internal communications on this issue would be reviewed to try and make process improvements. In the meantime, the effect of the decision was to slightly decrease the pass-mark and increase the pass rate in the September exam and this had been discussed with the College's external educational expert Prof Fuller, who had been supportive of the College's actions.

b) Clinical Quality & Research Board

Dr Claire Shannon notified Council that the last meeting of CQ&RB was held on 13 September and the minutes of that meeting were included in the pack for Council's awareness. Of note from that meeting, or business conducted since then, were the following:

- The review of the person specification for the new Quality Improvement Lead had highlighted that the post-holder must have a substantive post in anaesthesia or dual-ICM equivalent. This would exclude anaesthetists in training, but as it was standardised across several role descriptions, any changes to policy would have to take place across multiple roles. In the meantime, the QI Lead role had to go out as planned to fill the position quickly. Dr Donald noted on this point that it was important to be as inclusive as possible in recruiting College roles, so the JDs should be updated quickly to ensure SAS doctors as well as trainees do not lose out.

ACTION: CQ&RB and Sharon Drake to ensure the person specifications for Clinical Lead roles at the College are updated and standardised in order to be inclusive to AiT and SAS members.

- Dr Elisa Bertoja would be taking over as CQ&RB Chair, and Dr Shannon welcomed her to her new post. Dr Shannon also paid tribute to Sharon Drake who had been an enormous support during her time as Chair. Dr Donald echoed those comments and also thanked Dr Shannon for her work as Chair of CQ&RB.

c) Membership, Media and Development (MMD) Board

Dr Ramai Santhirapala provided a verbal update to note that the last meeting of MMD was held on 29 September and the minutes of that meeting were included in the pack for the Council's awareness. Of note from that meeting or business conducted since then were the following points:

- The Board had discussed additional comms support for CPOC but had been unable to provide it due to resource constraints. Further discussions will take place to try to provide some more targeted support within the scope of what is currently possible.
- The Bulletin had moved fully digital, retaining on average 22,000 views.
- The team were preparing for the Winter Symposium on 30 November and 1 December
- Current media engagement was almost entirely focused on the issue of MAPs and the EGM. Frances Bright and her team had responded brilliantly to increased comms and media requests related to these subjects.
- Relatedly, the EGM had substantially stretched capacity in the MMD team, and they would have to consider what in the operational plan for this year remained deliverable given the substantial disruption that had been caused to normal business.

d) Devolved Nations

i. **Scottish Board** Dr Varveris highlighted the minutes of the Scottish Board meeting on 3rd October and reported that, in the midst of discussion on MAPs, it was important to note that there is little appetite for changing the title 'Anaesthetic Associate' to 'Assistant' as this was an existing role in Scotland. The Scottish voice would be important to hear on this issue if it arises as an outcome of the EGM.

The Board had been involved in contributing to a survey on remote and rural care provision in Scotland, which had flagged some issues around training and wellbeing that the Board would continue to consider.

Separately, there remains no formal and regular representation of a Scottish Board member on CPOC, which is something they hope to address. Sharon Drake agreed to explore this with the CPOC leadership group.

Dr Donald raised the fact that Dr Varveris had reached the end of her 3rd year as Chair of the Scottish Board. A call had gone out for volunteers to take over as Chair, but no-one had come forward, so Dr Donald wanted to propose a second term of three years for Dr Varveris.

MOTION: Council approved an extension to Dr Varveris' for up to three years, renewable annually in line with the terms of reference of the Scottish Board.

ii. Welsh Board

Dr Simon Ford noted that the Welsh Board had met on 17th October. Minutes were not yet ready so would be submitted to the December Council meeting.

Prior to the Welsh Board Meeting, Dr Ford and College representatives met with the Welsh CMO Sir Frank Atherton, who highlighted Welsh Government priorities including disease prevention, and reduction in waiting lists. Dr Ford had discussed with the CMO a number of issues including training capacity following years of expansion, and the likelihood of a junior doctor strike in Wales.

Dr Ford finished his briefing by noting that Wales had now taken the final decision to ban Desflurane from use.

iii. Northern Irish Board

Dr Will Donaldson had sent apologies for the meeting.

e) Centre for Perioperative Care (CPOC) Board

Dr Dave Selwyn noted that the minutes of the meeting held on 4 October were in the pack. In addition, there had been an Advisory Committee meeting in the past week that had included presentations on shared decision-making. A decision had been taken to engage Prof Alf Collins at the Personalised Care Institute on this issue and Council would be updated soon. Other programmes of work, including curricula development, communications and the subscription model were all ongoing.

f) Nominations Committee

Dr Claire Shannon noted that the summary of the meeting on 19 September was included in the pack. This was the final meeting that Dr Shannon had chaired before stepping down as she took on the Vice President role. The role would be taken up by Dr Sarah Thornton in future.

Dr Shannon reported that a decision had been taken to present the *Fellow Ad Eundum* awards at Diplomates Day in future. All other decisions and progress reports were in the paper for Council, along with 3 motions:

***Motion*:** Council agreed to ratify the Nominations Committee decision to award Dr Kariem El-Boghdadly the Dudley Buxton Prize for his continued work across the specialty, contributing to the progress of anaesthesia

***Motion*:** Council agreed to ratify the Nominations Committee decision to award the Humphry Davy prize to all members of the Novice Guide working group

***Motion*:** Council agreed to ratify the Nominations Committee decision to award the President's Commendation to Dr Martin Minich for his outstanding support to a trainee.

ACTION: Nominations Committee and Graham Blair to notify award winners.

g) BJA & RCoA Liaison Group meeting

Professor Dave Lambert provided a verbal update to note that:

- The BJA is currently waiting for the final approval of the Statement of Purpose with the College but understood the reasons for the delay.
- BJA continues to consider options to support CPOC and is keen to explore issuing grants in perioperative care as part of the NIAA rounds in 2024.
- Professor Lambert reported that he would step down as Chair of the BJA Board on 31 December 2023, and would be succeeded by Dr Simon Howell.

h) Clinical Leaders in Anaesthesia Network (CLAN)

Dr Lakhani provided an update to note that:

- The annual meeting of CLAN will take place on Monday 27 November. Delegate numbers were disappointing and Council members were encouraged to prompt their CDs, Clinical Leads, and others in leadership roles to attend.

i) Lead Regional Advisor for the RCoA

Dr Simon Maguire provided a verbal update to note that:

- The RA meeting had recently been held and had hosted some good discussion on organisation of training rotations, recruitment, and equivalence. The meeting had been attended by Professor Sue Carr, Deputy Medical Director at the GMC, who presented on regulation of AAs and tackling differential attainment.

j) PatientsVoices@RCoA Update to Council

Ms Jenny Westaway noted that the group was still recruiting for a Vice Chair and sought Council members' help in circulating the call openly on social media and among networks.

ACTION: Council members to amplify calls for applications for the PatientVoices@RCoA Vice Chair position on social media and elsewhere if possible.

k) SAS Update

Dr Ashwini Keshkamat provided an update to note that:

- SAS Week had commenced on 9th October.
- The SAS committee took place 19th October.
- A letter promoting the specialist grade was sent to clinical leaders in anaesthesia and has been well received. Dr Keshkamat thanked Satya Francis for her work on this via the workforce committee.
- The podcast on SAS doctors as educators had been launched and was well received.
- Dr Keshkamat had attended the Association SAS committee meeting, and would be attending a GMC meeting on 15th December to discuss SAS LEDs.

l) Anaesthetists in Training (AiT) update

Dr Kossakowska provided an update since the last Council meeting, to note that:

- Most of the work of the AiT Council Members had been in engaging with the EGM.
- AiT Council Members attended the recent RA meeting to speak from a trainee perspective.
- Plans were underway for the ATRG meeting, so be held at the end of November.
- That Council should be aware of a number of issues where trainee members had been miscategorised as Fellows by Examination rather than Fellows in Training, leading to a higher member sub being charged. The membership team and MMD Board were aware and were taking prompt action to understand and rectify the issue.
- Trainee representatives of *Anaesthetists United* had written to the AiT Council Members on a range of topics. Dr Kossakowska and colleagues would be consulting and replying in due course.

9. Matters for information

- **New Associate Fellows, Members and Associate Members**
  Council noted that the information for September and October has been circulated electronically.

- **CCTs CESR(CP)s for Council**
  Council noted that recommendations made to the GMC for approval, that CCTs/CESR (CP)s 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.

- **Current College Consultations**
  Council reviewed the list of current consultations.

AoB

Dr Sarah Ramsay noted that the trustee annual report and accounts had been approved by the trustees and were now available on the website. Dr Ramsay thanked Mark Blaney and the team for their hard work in putting the report together and getting the College through the first audit with its new audit partner, hayesmacintyre. Dr Ramsay noted the gradually improving financial picture at the College and encouraged Council members to review the document online.

END OF MEETING