Minutes of a meeting of the RCoA Advisory Board for Northern Ireland held on Tuesday 29th September 2015 at 3pm in the Seminar Room, Northern Ireland Medical and Dental Training Agency, Beechill House, 42 Beechill Road, Belfast BT8 7RL.

In attendance:

Dr L Brennan (President, RCoA)
Dr K Carson (President, CAI)
Dr JR Darling (Chairman)
Ms Sharon Drake (Director of Education and Research, RCoA)
Dr D Lowry
Dr SA Phillips
Dr K McCourt
Dr R Laird
Dr M Bill
Dr E Stiby
Dr L McNulty
Dr S Cullen
Dr Gillian Rankin (Chair of Medical Workforce planning – Anaesthetics and Intensive Care Medicine)

Pre-meeting business:

Dr Darling welcomed Dr Gillian Rankin, Chair of the Medical Workforce planning group for Anaesthetics and Intensive Care Medicine. He also welcomed Dr Kevin Carson who has completed three months as President of the College of Anaesthetists of Ireland and Dr Liam Brennan who has been President of the Royal College for just over three weeks.

1. Apologies - apologies were received from Dr C Russell.

2. Minutes of the previous meeting

The minutes of the last meeting, held on 21st March 2015, which had previously been circulated were approved. Most matters arising were covered in the current agenda.

3. President's Business

Dr Liam Brennan stated his gratitude to his predecessor, J-P van Besouw who had used his office to increase the profile of anaesthesia as a specialty. He noted that J-P had been seriously ill over the summer and had undergone neurosurgery and was awaiting Chemotherapy and Radiotherapy. Dr Darling stated that he would pass on the best wishes of the NI Advisory Board to J-P.

Dr Brennan also noted the sad death of Dr John Hinds in July. He drew attention to John’s work in pre-hospital medicine, intensive care and his role as one of the Irish Road Racing Doctors. The College has communicated its condolences to John's partner and family.

Dr Brennan went on to give a summary of the latest developments in the RCoA which included:

Jeremy Langton, Derriford Hospital, Plymouth and Richard Marks, Royal Free Hospital, London have been elected Vice Presidents. Peter Venn has completed his year as Vice-President where he has worked tirelessly to establish Anaesthesia Clinical Services Accreditation and this will increasingly be seen as a major part of College work.
The President drew the Board’s attention to the upcoming Council Elections where there were 5 vacancies. He is keen for nominations from all parts of the UK. Discussion ensued around the difficulties faced by those who are from areas of the UK geographically distant from London. Another hurdle is the lack of support from Trusts.

Tom Clutton-Brock has become a member of the Interventional Procedures Advisory Committee of NICE.

Brigadier Robin Simpson has been appointed the new Lead Dean for Anaesthesia. Brigadier Simpson has a background in military general Practice and his appointment is welcomed by the College.

Kevin Storey was replaced in July by Tom Grinyer as CEO who has been head of communications and external affairs at the Royal College of Physicians of London. Tom brings a wealth of experience in the field of communications and it is hoped that he will bring these to improve on-line communication through the Newsletter and increase both the volume and quality of fellow and member feedback using on-line methods. It is also hoped that the Branding of the College will become less haphazard and a single image will become more recognizable.

The President also drew the Board’s attention to the recent death of a trainee who was driving home post-call from a hospital in East Anglia. Discussion followed and it has become commonplace for trainees not to have access to sleeping accommodation during and immediately after night shift. The College will continue to lobby the Department of Health to ensure that trainees (and consultants) are not put at risk by driving whilst exhausted. Dr Carson stated that this was also an issue in the Republic of Ireland where the move towards shift systems was seen as making rest areas for sleeping redundant. He quoted the advertising campaign saying that a tired driver is the equivalent of a drunk driver. He also mentioned the need for family friendly rotations but accepted that family friendly rotations could result in unfriendly rotations for those without families. Dr Bill felt that it was essential that trainees had facilities to rest before driving home and Dr Laird has managed to make the argument for on-call rooms due to geography and rotation.

Negotiations around the new trainee contract have raised concerns at the College over the well-being of anaesthesia trainees. The College is concerned that there may be a reduction in the application rate to the more acute specialties and therefore an increase in trainee vacancies. The RCoA, AAGBI and GAT are all supportive of the trainee position and will publish an open letter to this effect.

Dr Anna-Maria Rollin Professional Standards Advisor to the College has been co-opted onto the working group to help alter the GMCs communications with doctors subject to investigation. The present notification letter is very threatening in nature and this has resulted in a huge amount of stress including 30 suicides in doctors. Dr Rollin has helped with the modification of this communication and it is hoped that this will improve matters.

The College has given its response to the Shape of Training review committee. There are particular concerns over the use of the term credentialing. This means packages of skills and could apply to procedures which have defined learning and CPD requirements such as cosmetic surgery and sleep medicine which do not easily fall under the remit of a single CCT program. They may also be taken in addition or instead of some parts of the CCT which may be positive eg cardiac anaesthetists learning TOE skills. There is concern however that they will result in the creation of stand-alone fellowships which are nothing more than thinly veiled service posts.

The Academy of Medical Royal Colleges has done some work showing that only 40% of consultants had any knowledge of healthcare management acronyms. This is something that the
Academy wishes to address and there may be more management modules in the next revised curriculum.

Physician Assistants continue to be a topic of debate. The NHS management is keen to introduce this group of workers but there are significant problems with lack of clearly defined standards and regulation. The Royal College of Physicians has introduced a Faculty of Physicians Associates which may help to get some control of the way in which this group develops. Dr McCourt informed the Board that there remain 3 Physician Assistants in the Royal Group of Hospitals and these fulfil various roles including assisting at the Allergy Clinic.

Dr McCourt asked if the College could communicate more clearly with consultants in Northern Ireland who were not Fellows. It is hoped that the electronic newsletter may address this problem.

4. Chairman's Business

(i) **CPD Study Day**

Dr Darling confirmed that the Study Day will take place on 30th September 2015, in the Waterfront Hall, Belfast. There have been over 50 registrants and it is hoped that there will be more on the day. Dr Darling felt that the number and quality of papers submitted for the Presidents Prize was down on last year and he hoped that this would represent a short-term blip.

(ii) **The Donaldson Review: The right time, the right place.**

The Donaldson Review was discussed in some depth and although the Board felt that it was a thoughtful document, it repeated many of the principles of previous reviews which had taken place over the past 20 years without any significant change. The overall feeling from the Board was that the document should be supported and where possible that pressure should be applied for its full implementation.

(iii) **Clinical Excellence Awards**

It was noted that these are still on hold in N Ireland. The recent Consultation process from the DHSSPSNI has now closed but it was felt unlikely that there would be any change.

(iv) **Extended working week**

Discussion ensued around how this would be organised and funded. The potential changes in both the consultant and trainee contracts may make it much more difficult to extend the working week as there was no financial incentive.

5. **National Emergency Laparotomy Audit**

Ms Drake informed the Board that the National Emergency Laparotomy Audit had now completed its first three year cycle and funding had been obtained to continue for another two years. She was unable to understand why Northern Ireland had not taken part in the first three years. Dr Darling stated that he had met with representatives of the Public Health Agency
(PHA) who had stated that there may have been a problem with patient confidentiality. However, this was hard to explain as there had been no such issue with either ICNARC or the National Hip Fracture Database. Dr Darling will discuss this with representatives of the PHA and hopefully join NELA for the next two year cycle.

6. Medical Workforce Plans for Anaesthetics and ICM

Dr Darling welcomed Dr Gillian Rankin who has been tasked by Dr Carolyn Harper to lead up the Medical Workforce Plans for Anaesthetics and ICM. Dr Rankin explained that this work was part of a systematic approach to workforce planning. Anaesthesia and ICM had been given priority as they were seen as areas requiring urgent attention. She described the process which is presently at the data collection phase. Dr Lowry advised that the college census already contained many of the figures that were required and that these included consultants ages but not plans on when they would retire. Dr Rankin said that she would be keen to see these figures as they could be used by the planning group to validate PHA data.

There followed a discussion about the inaccuracies and unpredictable nature of manpower planning and there was a general opinion that there were probably too few trainees in ICM but there were presently CCT holders in both anaesthesia and ICM who had not yet obtained permanent posts. Dr Rankin went on to say that even though the workforce planners had made recommendations in other acute specialties, this had not been converted into extra posts due to the lack of funding from the Finance Department and the Commissioners.

7. Advisers' Business

(i) RA Anaesthesia:

a. Manpower:

We continue to have significant gaps in the training programme, despite successful CT1 recruitment. We gained one ST3 trainee in February 2015 through national recruitment, however we lost one on an Inter Deanery transfer. Since the last Board meeting in October, three trainees have gained their CCT. One went to Australia for a Fellowship, one accepted a Consultant post in England and one gained a Consultant post in Belfast. The Belfast Trust also appointed three other Consultant posts recently - one went to a local trainee in a Period of Grace; the other two went to ex-pats who trained in Scotland but are now returning to N Ireland. I expect this trend to continue. One ICM / anaesthetic Consultant post has been advertised for the Northern Trust. This is the only local Consultant post so far in 2015. There will be ten local trainees gaining their CCT this summer. Given the current shortage of Consultant posts advertised in N Ireland, at least five of these trainees have opted to take up post CCT Fellowship jobs in England and Australia. Anaesthetics and ICM have been earmarked by the PHA (public health authority) for workforce planning over the next 6 months.

b. Recruitment:
All 16 CT1 posts offered for August 2015 have now been accepted. We also locally appointed one CT2 and 2 LAT ST3 posts. ST3 interviews will be held in Belfast on 16th April 2015.

c. Training

We currently have one trainee in an extended CT2 post, due to exam failure. Depending on the results of the Primary SOE / OSCE in May we will have at least two, and possibly as many as six, trainees in extended CT2 posts. A couple of trainees have had to have their intermediate cardiac unit of training deferred to the start of ST5 training due to logistical reasons (this has been agreed prospectively with the College). The Deanery here (NIMDTA) have been told to save 10% of their non-salary budget. This is likely to mean that the trainee study leave allowance is reduced. It is currently under review.

d. Examinations

Final FRCA SOE (December) - two out of four passed. Two trainees passed the Irish Final FCA examination and are continuing training on the CSER (cp) pathway.

Primary FRCA SOE / OSCE (November) - 7 out of 10 passed.
Primary FRCA SOE / OSCE (January) - 2 out of 6 passed.
Primary FRCA MCQ (March) - 3 out of 13 passed. This low pass rate is likely to be due to CT1s attempting the examination after only 6 months anaesthesia experience.
One local Consultant has been appointed to the Board of Primary FRCA examiners, starting in autumn 2015. The Committee will continue to support local Consultant in their efforts to be appointed to the Board of Primary FRCA examiners.

e. ARCPs

ARCP panels will run in Belfast from 15th - 19th June 2015. Dr Simon Fletcher is kindly returning again as our external RCoA assessor.

(ii) RA Intensive Care Medicine

Dr Darling presented Dr Russell’s Report in his absence. He stated that it was Dr Russell’s feeling that about 3 trainee appointments to CCT programme are required each year. It should be noted that ICM still has no designated funding. Three trainees were appointed last year (and 2 the previous 2 years) at national recruitment, which will probably lead to an output of about 3 CCTs in ICM per year from 2021 onwards. Dr Russell has collected data on ICM consultant appointments in 6 teaching hospitals for the past 6 years to August 2015 with the following findings:
(a) There have been 22 appointments in total to ICM (all but 1 with joint specialty CCT)
(b) Most trusts predict continued expansion of ICM consultant numbers beyond retirements for next 5 years

There are 9 trainees in ICM training as of September 2015. 1 single (likely to dual with Anaesthetics) and 8 dual (1 with AM, 1 with RM, 6 with Anaesthetics). The predicted CCT dates for ICM trainees in post are:

2014 - 1 (currently in locum position)
2015 - 2 (1 in locum position, 1 in POG post)
2016 - 2
2017 - 1
2018 - 0
2019 - 1
2020 - 3

On an additional point, Dr Russell sees a need for trusts to be more proactive in creating dual CCT posts in Acute Medicine & ICM. He approved a post in the Northern Trust last year which has stalled due to funding. The locum consultant in the South Eastern Trust may leave Northern Ireland if a dual post does not become available. This would be a great pity considering the need to strengthen links between the 2 specialties. In summary, it is very likely that there will be a manpower shortfall for the coming 5 years. 2 trainees per year are not sufficient to maintain needs, and 3 would seem more sensible.

(iii) RA Pain Medicine

Dr Browne was unable to attend. However, Dr Darling and Dr Lowry summarised the training scheme as being one Pain Fellow per annum. This did not necessarily have the effect of producing one consultant in Pain annually as many went on to take up jobs with acute pain sessions or jobs with no specific role in pain medicine at all.

6. College of Anaesthetists of Ireland

Dr Carson presented a summary of the topics exercising the College of Anaesthetists of Ireland. Like Dr Brennan, he wishes to improve the profile of anaesthesia and has made contacts with a number of media outlets including TV3 in order to increase public awareness of the role of the anaesthetist. He also is interested in formalising patient safety in anaesthesia and is meeting with Tom Clutton-Brock to see if the College could form a similar group to the Safe Anaesthesia Liaison Group. He also described how Key Performance Indicators in the management of Sepsis were now being linked to funding and that this development would be monitored closely.

As with the Royal College, he felt that it was important to use information technology more effectively and there would be investment in developing a College App and distance learning with conference links from meetings to all parts of Ireland made to reduce the need for travel.

There also seemed to be some inconsistencies surrounding the similarity and equivalence of Irish and UK Examinations and training programs between specialties. Dr Carson has arranged to meet with the GMC to try and clarify this position as he was keen to continue and strengthen the long-standing relationship of the College with Northern Ireland.

He described how Physician Associates were being introduced to the Beaumont hospital in Dublin. These had been sanctioned by the College of Surgeons to assist in cardiac surgery. The 5 Physician Associates were being imported from the United States and depending on their success a training program in Ireland may develop. He is keen that the College of Anaesthetists are involved at an early stage to ensure that there is Professional input into any growth in their numbers. It has been proposed that any training should mirror the UK system which would allow them to work in the UK once qualified.

Dr Carson went on to outline new appointments of Dr Cathy Armstrong as Director of Postgraduate Training. Cathy is well known to some members of the Board from her time working at the Erne and South West Acute Hospital in Co. Fermanagh. She will be assisted by Dr Ellis Condon as Deputy Director of Training.

He went on to describe the College’s supervision of 5 Omani trainees in Dublin. These overseas trainees are funded by the Omani Government and despite some early issues with adjusting to a different culture and climate have settled in well. Their visas last for two years and all are expected to return to Oman.
Dr Carson went on to describe some of the idiosyncrasies of the lack of a specialty for Intensive Care Medicine on the Irish Medical Register. The College is working to resolve this but they are struggling to make progress.

7. SAS Representative Business

Dr Stiby reported on a recent survey of SAS anaesthetists in N Ireland carried out by Dr S Bradley and herself. They found that there are currently 33 SAS grade anaesthetists working in the Province, with 55% male and 45% female. 80% work full-time and five are Associate Specialists. There are variations in SPA allowance between different Trusts, with 1SpA being the norm in Belfast and 1.5 in Altnagelvin. Sixteen out of 33 attended the annual simulation training event and another is planned for Antrim based on cardiology and echocardiography. This was thought to be pertinent as over 60% of the SAS doctors are providing cover for Intensive Care. Dr Stiby hopes to run the next meeting in either the SWAH or Daisy Hill as this may allow a different cohort to attend. The Chairman thanked Dr Stiby for her efforts and offered her his support in standing for Council.

8. Trainee Representative Business

Dr Laura McNulty and Dr Stephen Cullen attended the meeting and presented the concerns of the trainees. Unsurprisingly, the Trainee contract dominated discussion and trainees are meeting with the BMA on 1st October. Although it only applies to England at present, Northern Ireland may follow suit. The trainees are appreciative of the support of their senior colleagues, the Royal College, Association and Group of Anaesthetists in training. They are particularly concerned at the decrease in salary and the removal of enhanced pay rates for out-of-hours work. At present rotas in Northern Ireland are 1:7 but these often tighten to a more onerous on-call due to shortage of trainees. It is hard to see how removing enhanced rates will not exacerbate this situation. The trainees also raised the issue of trainees who are not planning a career in ICM covering Intensive Care Units for large parts of their training. They also stated that whilst there was still on-call sleeping accommodation on most of the attachments that these often had to be vacated at 09:00 to allow for cleaning. This could result in another incident like that in East Anglia where the trainee had a fatal car accident immediately post-call.

9. Lay Committee's Business

Mr Humphreys was unable to attend.

10. Any other business

None arising.

11. Date of the next meeting

TBA in March 2016