

Minutes of the RCoA Northern Irish Board meeting

Tuesday 12 April: 2.00pm – 5.00 pm

Hilton Hotel, Belfast City Centre

Present:

Dr Will Donaldson	NIB Chair, Northern Trust Representative
Dr Fiona Donald	RCoA President
Mrs Sharon Drake	RCoA Deputy CEO & Director Clinical Quality & Research
Dr Richard Laird	Regional Adviser Anaesthesia
Professor George Shorten	Co-opt Member, President, College of Anaesthesiologists of Ireland
Dr Conor Farrell	Regional Advisor, PM
Dr Esther Davies	Regional Advisor ICM
Dr Cheryl Turkington	Elected Consultant member, Western Trust representative
Dr Brendan Haughey	Trainee representative
Dr Mike Jamison	Trainee Representative
Lianne Smith	RCoA Policy & Public Affairs Officer
Lisa Roberts	RCoA Committee Secretariat

1. Apologies and declaration of interest

Dr Darrell Lowry	Head of School of Anaesthesia, NIMDTA
Dr Killian McCourt	Elected Consultant Member, Belfast Trust Representative
Dr Neal Beckett	Co-opt Member, Association of Anaesthetists
Dr Mary Molloy	Deputy Head of School and Deputy RAA Anaesthetics
Dr Sinead McGuirk	Elected Consultant member, Belfast Trust representative

2. Introduction and Welcome

Dr Will Donaldson welcomed those in attendance including Dr Fiona Donald, RCoA President and Sharon Drake, RCoA Director of RCoA Vice CEO & Director Clinical Quality & Research representing the College. Dr Will Donaldson asked members present to hold a minute's silence to reflect on the current events happening in Ukraine.

3. Minutes of the last meeting on Tuesday 12 October 2021

The board NOTED that the minutes of the meeting held on Tuesday 12 October were approved as a true and accurate record. Dr Will Donaldson confirmed the following:

(6i) In response to the Ockenden report Dr Sinead McGuirk was representing the board on this group. The board NOTED that an introductory meeting had been held and that the next meeting would take place on Thursday 26 May where they would discuss how the report would impact on hospitals in Northern Ireland. (6ii) Dr Will Donaldson said that in reference to the NI representative for the RCoA Anaesthetic Curriculum Development and Assurance Group he would link in with Dr Darrell Lowry and Dr Mary Molloy to check if a representative had been agreed. Professor Shorten said that Dr Lee had attended the group. (6iii) Dr Will Donaldson confirmed that the Health Summit had taken place in Northern Ireland on Wednesday 16 March where all stakeholders present had highlighted workforce as being a priority. Dr Will Donaldson said that he would update the board on the summary of the summit once received.

Action: Dr Will Donaldson to update the board on the summary on the Health Summit.

4. President's Business

The board NOTED that the full report had been circulated prior to the meeting and the following was highlighted by Dr Fiona Donald:

Elections to Council: The board NOTED that elections were successfully completed in December and that 7 new and 1 re-elected Council members took up their posts in March. FD said that there was a record number of candidates which was positive for the specialty. FD thanked the 8 Council members who left in March for their hard work and dedication over the years.

External review of Exams: The board NOTED that the College had commissioned an external review of all College exams to look at areas such as resourcing, processes and, importantly, candidate

experience. FD confirmed that the internal review was being undertaken by Professor John McLachlan and it was hoped that the outputs would be available to Council within 3-4 months. The board NOTED that the findings would be shared with the membership once the review was completed.

Workforce: FD highlighted the recent released of the State of the Nation Report which outlined the workforce challenges ahead and explored possible solutions. FD said that this had been circulated to a number of stakeholders and was well received by those that had received it.

Recruitment: FD said that in terms of ST3 recruitment there was a large number of applicants, and many did not get jobs therefore the College had looked to transport these individuals through CT3 and equivalent jobs so that they could continue obtaining their competencies. The board NOTED that a survey had been conducted and in general most felt that they were getting the equivalent experience and access to study leave. FD said that the College would share the results with the board. In terms of CT1 recruitment the deadline was Monday 11 April and that the next recruitment round for ST4 would be in February 2023.

LLP: FD confirmed that there had been some problems in recent months therefore a review had taken place to look at what the major issues were with it. FD said that the College had set aside some funding to fix this therefore it was hoped that results would be seen in the coming months.

In terms of the ST3 recruitment Dr Will Donaldson and Dr Richard Laird confirmed that this had not significantly impacted Northern Ireland as it was a smaller pool.

5. CEO's Business

The board NOTED that the full report had been circulated prior to the meeting and the following was highlighted by Mrs Sharon Drake.

College Strategy: The board NOTED that the College Strategy had been released which was more member focused and supportive in terms of the workforce and core business. Mrs Sharon Drake said that there was an emphasis around public health, promoting healthier outcomes for patients which linked into the perioperative care network and the patient voice. The board NOTED that this was launched in February and that the College would be looking at operational plans to support this work and the budget required to progress the strategy going forward.

Governance Review: Mrs Sharon Drake confirmed that an independent review had taken place to look at the governance. The board NOTED that the College didn't receive the majority required to pass the motions through the EGM therefore they would be engaging with members further to bring in a new set of proposals in the coming months.

College Restructure: The board NOTED that there had recently been a restructure around the communications directorate and that Graham Blair had been promoted as the new Director of Membership, Media and Development. The board NOTED that he started his new role and that his focus in the short term would be to rebuild the team and fill key roles, as well as setting out the work plan for the next year and the full five-year commitment.

Anaesthesia 2022: Mrs Sharon Drake confirmed that this would be held from 17-19 May both online and in person and that currently 700 delegates had registered for the event

Membership Engagement: The board NOTED that the College had carried out a series of engagement activities. Mrs Sharon Drake confirmed that the first of the Let's Talk events took place online in early March with the second scheduled for 27 April 2022. Mrs Sharon Drake said that they had been well received and that there would be more engagement activities throughout the year.

Clinical Quality: Mrs Sharon Drake highlighted the campaign launched by the College to prevent unrecognised oesophageal intubation in November 2021. The board NOTED that phase one of the campaign had included educational activity, development of a series of flashcards to support multidisciplinary team training and a baseline survey to enable them to develop phase two and measure success. The board NOTED that the College had written to all clinical directors in anaesthesia asking them to use this material within their departments and to write back to them prior to 31 March 2022 confirming what they had done. This feedback will be analysed and used to shape the rest of the campaign.

Lay Committee: The board NOTED that 7 new members had joined the committee, but that NI still didn't have a representative at this time. The College thanked Lynn Smith for her interim support.

Research Workstreams: Mrs Sharon Drake provided an overview on the research programmes taking place. A SNAP3 study had taken place recently and NAP7 had continued data collection and the case review process. The team had been overwhelmed with the engagement from local coordinators and the overall participation rate with over 700 cases submitted so far. In terms of SuperSnap the board NOTED that data collection took place over 11-13 January 2022, with data entry closing on 17 January 2022. 253 sites participated within 119 Trusts/Health Boards across 4 nations. Initial key findings were being analysed with a report due to be published soon.

In terms of unrecognised oesophageal intubation Dr Will Donaldson as the Airway lead for his trust said that he had received information. Dr Will Donaldson asked the board if they had received the relevant information on this and if they had received the training as this was a good forum to encourage this important opportunity. Dr Will Donaldson said that all CDs and Airway leads should have received this information and if anyone needed it forwarded on then to get in contact with him.

Action: The board to contact Dr Will Donaldson if they require information regarding training in unrecognised oesophageal intubation.

6. Policy & Public Affairs Update

Ms Lianne Smith confirmed that a manifesto had recently been produced for Northern Ireland in advance of the elections and outlined the key policy calls that the College wanted to take forward. The board NOTED that a document had been circulated for comment and it was hoped that following agreement from the board it could then be launched in the coming week. Ms Lianne Smith outlined the key points from the Executive Summary which was used to build the narrative:

- Health and Social Care (HSC) waiting lists had grown dramatically. Over 120,000 patients were currently on inpatient and day case waiting lists.
- Most operations required an anaesthetist; however, HSC currently had a 14.6% shortfall of anaesthetists. This severely undermined the efforts to get waiting lists down.
- It was vital that workforce shortages in anaesthesia and other healthcare professions were addressed with a comprehensive workforce plan.
- HSC has too many cancelled operations, surgical complications, and extended stays in hospitals – often due to secondary health problems patients face (such as diabetes or obesity) going unaddressed before operations.
- Waiting lists must be turned into preparation lists and the surgical pathway transformed using perioperative care practices

The board NOTED that the anaesthetic workforce was a key part of solving the current waiting list crisis as without an anaesthetist, most operations could not take place. However, whilst 350 anaesthetists were working in HSC (including consultants and SAS doctors), its own clinical directors said 410 are needed immediately – a shortfall of 60 in Northern Ireland which was concerning.

The board NOTED that the State of Nation report highlighted that there would be a shortfall of 400 anaesthetists by 2040 if there was no intervention by Government. This would affect 300,000 operations per year therefore this would put across a strong case to policy makers to ask for the funding for additional training places. Ms Lianne Smith said that it was recognised that expanding the workforce in Northern Ireland would not be enough as there were shortfalls in other areas. The board NOTED that the policy calls within the manifesto were broad in terms of what was needed in terms of a workforce strategy and how this could be achieved in terms of recruitment and retention. In regard to perioperative care, it was acknowledged that progress had been made since introducing it into HSC but that there was greater scope for the embedding of perioperative care practices across HSC's wider surgical pathways and frameworks. The board NOTED that the agreed manifesto would be sent out to Northern Ireland's main political parties and health representatives.

Dr Will Donaldson acknowledged the correspondence received from Dr Darrell Lowry in relation to the proposed manifesto and outlined the key points in relation to the inaccuracies around some of the figures. He also suggested that there may be a disconnect between what CDs need to deliver a service and what the School was supplying. In terms of the emphasis around theatre nurses Dr Will Donaldson agreed that there was a shortage which was a significant issue across the UK. The board NOTED that even if COVID stopped today that they could only undertake 40% of the pre COVID workload in Musgrave Park Hospital – due to a shortage of theatre nurses. Dr Will Donaldson also

referred to issues highlighted in relation to pensions and the lack of clinical excellence awards and how this would affect the specialty going forward.

Professor George Shorten said that it was a good document but that the extent of the workforce deficit needed to be corrected as we had a duty of care to address those in the system. Professor George Shorten also highlighted the impact on trainees and those in training posts and said that there was a need to recognise them as part of this. The board AGREED that these points needed to be highlighted and Dr Will Donaldson asked the trainee reps to link in with their colleagues for comments.

Action: Trainee representatives to link in with trainees in relation to the policy calls in the manifesto and how it impacts them in Northern Ireland and feedback to Dr Will Donaldson.

Dr Will Donaldson said that the key points raised by the board were valuable and would be incorporated into the document over the coming days as it was important for the College to lobby for the speciality. Dr Will Donaldson also highlighted that Northern Ireland had the highest per capita number of anaesthetic consultants in the UK.

7. Chair's Business

i. State of Nation 2022

The board NOTED this had been discussed. Dr Will Donaldson said that the biggest impacts in Northern Ireland were what had been put into the manifesto. Dr Will Donaldson said it was an excellent document and encouraged colleagues to read it.

ii. HSRC and CPOC NI involvement – discussion about representation

Dr Will Donaldson confirmed that he had been contacted by both HSRC and CPOC. In terms of HSCR the board NOTED that Professor Ian Moppet had taken over as the director of HSRC and had looked at what could be improved. Dr Will Donaldson confirmed that he had been invited to attend the strategy day and that he wanted someone to represent this board in dealings with HSRC. Dr Will Donaldson asked the board who he could approach (Jon Silversides / Danny McCauley / Matt Devine)

Action: Dr Will Donaldson to approach individuals to represent the board at HSRC.

Dr Will Donaldson highlighted that CPOC featured heavily in the manifesto and that this was what we could offer the public in this part of the country by reducing the backlogs. Dr Will Donaldson confirmed that he had recently met with Dr Dave Selwyn, the director of CPOC and provided an overview on the key things that he had raised which included work on individual lists, no reward for hospitals performing well, no functioning executive at the moment, outlined the excellent work around perioperative medicine but that there needed to be more awareness and that policy makers needed to understand the importance of it in terms of improving backlogs. Dr Will Donaldson said that CPOC needed to sell perioperative medicine as a solution going forward.

Dr Will Donaldson said that at the next meeting of this board there would be a new Health Secretary and new Permanent Secretary and that they should both be invited to the meeting. Dr Will Donaldson said that they had also agreed to do a focused CPOC newsletter and that he would link in with local experts to support this. Dr Will Donaldson also confirmed they were keen to hold a perioperative. Dr Will Donaldson said that he would like Professor Shorten to consider doing some cross border working in the future and Professor George Shorten said he would take this as a piece of work to ensure that it happened. Dr Will Donaldson said it was important for a good perioperative medicine framework to be in place for the future.

Action: New Health Secretary and new secretary to be invited to next meeting.

Action: Professor George Shorten to consider cross border working around perioperative medicine.

Action: Dr Will Donaldson to liaise with local perioperative medicine leads to generate content for a newsletter.

Mrs Sharon Drake said that IPOMS had separately met with CPOC. Mrs Sharon Drake said that Professor George Shorten had been part of several initial conversations about developing resources to share and that working together would be a potential way forward. Professor George Shorten said that IPOMS were relatively new but that they would be a perfect partner and would be likely to engage. Professor George Shorten said that in that area there seemed to be genuine advances where many of excellent clinicians were looking to improve

perioperative care and were embracing new technologies and services. Professor Shorten outlined several new technologies and services and highlighted "stimuli" that currently existed in Northern Ireland. Professor Shorten said that he would be happy to share this with the board. The board NOTED that Dr Will Donaldson would be finding as many people as possible undertaking perioperative work and incorporating them into the newsletter.

Action: Professor George Shorten to connect IPOMS with Dr Will Donaldson.

iii. Perioperative Nursing - Final report. For information

The board NOTED that Dr Will Donaldson had circulated the final report for information purposes and provided a brief overview of document to the board.

iv. Reskilling post-COVID – discussion about local and wider experience

Dr Will Donaldson confirmed that in terms of his hospital they were all anaesthesia trained. Dr Will Donaldson asked the board if they had any experience of how people were getting reskilled in jobs that they used to do pre COVID. Dr Will Donaldson asked if the College was thinking about doing a reskilling piece of work as this was raised by his clinical director. Dr Fiona Donald said there was some work taking place around trainees as they had not had the breadth of training due to exams and RP outcomes but that she was not aware of issues at SAS or consultant level. The board DISCUSSED how they had been supported and NOTED that in terms of trainees it was dependent on where they were located. Mrs Sharon Drake said that some courses were developed in summer 2021 and she would investigate whether they could be offered again.

Action: Mrs Sharon Drake to investigate what online courses could be offered by the College in terms of reskilling.

The board NOTED that Dr Will Donaldson would write to all the CDs across the region to ask if this was an issue in Northern Ireland and feed back to the College. Dr Fiona Donald said that she would link in with John Hughes to see if this had been recognised. Professor George Shorten said that he would also make some enquiries and find out if there was a demand particularly in Pain Medicine.

Action: Dr Will Donaldson to write to all the CDs across the region to ask if reskilling was an issue in Northern Ireland and feed back to the College.

Action: Dr Fiona Donald to link in with John Hughes to see if this had been recognised by the College.

Action: Professor George Shorten to make some enquiries and find out if there was a demand for reskilling particularly in Pain Medicine.

7. Advisers' business

Dr Will Donaldson welcomed Dr Esther Davies to the board and thanked Dr Raymond McKee for his hard work as the previous regional adviser for Intensive Care Medicine.

Regional Advisor for Anaesthetics

The following update was provided by Dr Laird:

- Dr Laird thanked all the trainees for their hard work, dedication, and flexibility during the last six months as trainee anaesthetists had been the bedrock of patient care during the pandemic. The board NOTED that although restrictions had been lifted for most of society, COVID-19 remained a burden for the healthcare system at large as anaesthetic departments and trainee anaesthetists throughout the province continued to experience heavy clinical workloads.

Appointments

- Dr Laird welcomed Dr Brenda Daly to the Northern Ireland trainers group as a new College Tutor within the Belfast Trust.

Manpower

- The board NOTED that there was generally good trainee cover. Dr Laird confirmed that currently they had 19 LTFTs (3 of whom are on maternity leave). The vast majority of LTFT trainees are on 80% of full time with only three trainees working less than this. There were 8 full time trainees on maternity leave.
- Consultant job approvals:
 - Southern Trust; 1 post

- 1 x General post approved on 3 November 2021 (RCoA ref 2000.ni).
- Northern Trust; 2 posts
 - 1x General and ICU post approved on 11 October 2021. (RCoA ref 1976.ni)
 - 1x General post approved on 7 January 2022 (RCoA ref 2043.ni).
- Belfast Trust; 4 posts
 - 1x Cardiac post, approved on 18 January 2022 (RCoA ref 2056.ni).
 - 1x General post, approved on 8 April 2022 (RCoA ref 2250.ni)
 - 1x Neuro post, approved on 11 April 2022 (RCoA ref 2251.ni)
 - 1x General post, approved on 8 April 2022 (RCoA ref 2252.ni)

The board NOTED that there had been recent consultant appointments in the Western, Belfast, Southern, Northern and the South Eastern Trust.

ST3 Recruitment

- The board NOTED that there was no ST3 recruitment planned for Spring 2022 because of the changes in the curriculum. ST4 recruitment will happen in February 2023 and details of how this would be conducted were still being finalized.

CT1 recruitment

- The board NOTED that CT1 interviews were held on 8 and 9 March 2022. These interviews were carried out virtually with the interviewers based in NIMDTA. The interview consisted of a clinical question (20 minutes) and a general question (20 minutes). Dr Richard Laird said that this process ran smoothly with no major technical issues.

Exam results

- The board NOTED that exam results continued to be encouraging. Dr Richard Laird said that due to the new curriculum some trainees were pushing their exam back to CT3 which had a knock-on effect for the attendance at the Primary FRCA courses. Dr Richard had therefore appealed locally for more College examiners from Northern Ireland.

Courses

- The Primary and Final FRCA courses had been held via zoom. Thanks, had been conveyed to the Clinical Tutors in organising these. The CT1 introductory course ran successfully at the beginning of September with the simulation element being devolved to the individual trusts.
- The return-to-work course was held in March. Dr Nicola Weatherup had been appointed as Simulation Lead. Dr Geoff Brown had cancelled the Flying Solo course, it was hoped that someone else could undertake this in the future.
- A new NISTAR transfer course was being planned by Dr Andrew Topping had started running. This course provided an update on critical care transfer of both adult and paediatric patients.
- SPA time was currently available for senior trainees and going forward this was to be rolled out to all trainees.
- NIOAN (Northern Ireland Obstetric Anaesthetic Network) study day was held on 8 April 2022. This meeting was provided face to face with virtual obstetric anaesthetic training and the feedback had been very good.

ARCP panels

- The board NOTED that last year's ARCPs worked well and there were no issues with the LLP or the virtual communication. It was planned to hold these again in late June 2022.

New Curriculum

- ST6 and ST7s remain on the old curriculum. All CT1 and 2 had been moved to the new curriculum. ST3 to 5 are a mix of old and new. The board NOTED that a pragmatic approach was being taken in terms of when the trainees moved over.

FD confirmed that a personal specification was being developed in relation to ST4 recruitment. FD asked if the trainees in Northern Ireland were affected with the issues around recruitment towards the end of last year, Dr Richard Laird said that he didn't believe that they were affected.

Regional Advisor for Intensive Care Medicine

Dr Will Donaldson welcomed Dr Esther Davies as the new Regional Adviser for Intensive Care Medicine and thanked Dr McKee for his contribution whilst in post. Dr Esther Davies thanked Dr Will Donaldson and provided the following update on Intensive Care Medicine.

The board NOTED that Dr McKee had stepped down from the Regional Advisor role earlier this year. On behalf of the ICM training committee Dr Esther Davies thanked Dr McKee for his hard work and dedication in the last 4 years to Intensive Care Medicine in the region.

Education Programme: Regional seminars were all delivered online in 2021 and so far in 2022 around all the trusts. It was hoped circumstances would permit these to return to in-person format soon. Feedback from trainees had been very positive throughout. In addition to the study day programmes, the local FFICM exam prep course had continued to run, matching the format of the OSCE-SOE. This gave all NI ICM trainees access to a local course.

Recruitment: NI continued to participate in National ICM Recruitment coordinated by the West Midlands deanery. Online interviews for ICM were held in March following shortlisting based on verified portfolio scores. A combination of the portfolio scores and interview scores would be used to rank applicants. Posts would be offered in May. Northern Ireland intended to offer 3 posts this year.

ARCPs: All ARCPs were done virtually in 2021 including a number of final and interim ARCPs. Since the last update 4 trainees have completed training

Training: There was a total of 22 now currently training for ICM:

- 14 dual anaesthesia/ICM
- 4 dual EM/ICM
- 2 dual AIM/ICM
- 1 dual respiratory/ICM
- 1 single ICM

Dr Davies said that in the next year 2 further CCTs were anticipated – one dual anaesthesia, one dual EM.

Consultant positions: Three of the four CCTed trainees had now been appointed to substantive consultant posts with the other in a post-CCT fellowship abroad. There were still several ICU consultant posts unfilled in the region (10-12 in a recent survey). The board NOTED that ED would share the survey with them.

Action: Dr Esther Davies to share the survey outlining the vacant ICU consultant posts.

Exam: Five passed the MCQ in the most recent exam. Four of these, and another with a previous MCQ pass, had planned to sit OSCE-SOE later this month along with 2 OSCE resits. This would be the first held in the College after 3 remote sittings in 2020-21. The board NOTED that the OSCE-SOE sitting last autumn saw a much lower pass rate than previously in the OSCE component and there had been an extensive review to identify the contributory factors. No evidence was found to suggest the standard of the exam had changed, nor any flaw in the delivery of the exam and the GMC could not support changing the pass mark. There had been no specific cause of this low pass rate discovered to date. Dr Esther Davies said that it was recognised that candidates sitting the exam may have had a substantially different training experience in 2020-21 as well as the pandemic's impact on life outside of work and these may well have been additional factors.

New Curriculum: The board NOTED that the new ICM curriculum was launched in August 2021 along with moving the portfolio to the Lifelong Learning Platform. The transition had been reasonably smooth, and any issues had been resolved by the Faculty and the portfolio team.

Regional Advisor for Pain Medicine

The board NOTED the following update from Dr Connor Farrell:

- Current fill had just passed exams for the fourth consecutive year.
- Workforce planning: the recent fellow had been appointed
- Recruitment: no current fellow applied for this year
- Lot of changes in pain services due to COVID
- Outlined issues in relation to pain services and paediatric services, Dr Farrell said that this was something that may need to be formalised this in the future.

The board DISCUSSED the recruitment to pain services and how the revised curriculum could have impacted on this. Dr Fiona Donald said that she would contact John Hughes about the curriculum and whether he felt that it had impacted on pain training.

Action: Dr Fiona Donald to contact John Hughes about the curriculum and whether he felt that it had impacted on pain training.

8. College of Anaesthesiologists of Ireland

Dr Will Donaldson welcomed Professor George Shorten, the President of the College of Anaesthesiologists to the board. Prof Shorten updated the Board on the following college activity:

- **CAI Strategy Refresh. April 28-29, 2022**

A brief overview was provided on the strategy refresh. The board NOTED that this would be facilitated by Professor Helen Whelton and that the invited guest was Mr Declan Kidney
Session 1. Looking back over two years through the lens of our Strategic Objectives - with "fresh eyes" and evaluating progress to date.

Session 2. Initiatives to deliver on our Strategy and to achieve excellence.

Session 3. Actions and outputs.

- **CAI Statement of condemnation of invasion of Ukraine** and expression of support for the people of Ukraine. Letter expressing our support was sent to the President of the Ukraine Society of Anaesthesiologists. Participating with Irish Government in many ways.
- **Stamp 4:** The Irish Departments of Enterprise Trade and Employment, and Justice had implemented changes to the employment permits whereby they would issue Stamp 4 immigration permission to NCHDs who had already completed 24 months working in a Public hospital or Public health facility and were currently employed in a Public hospitals or Public health facility. This would give them several entitlements including that their spouses would be able to work. The Department of Enterprise, Trade and Employment began issuing 2-year multi-site general employment permits to doctors in the public health system in December 2021.

The Department of Justice announced that doctors would in future only need to renew their permission annually instead of every 6 months. The changes mean doctors could avail of an immigration permission that allowed them to remain in the State and work without the need to apply for additional employment permits, in most cases. Their spouses or partners also become eligible to work.

The Department of Enterprise, Trade and Employment would accept applications from these doctors during a 6-week period from mid-March until the end of April 2022. The Department of Justice would then process the applications and issue new IRP (Irish residence permit) cards to those who qualified directly. It was estimated that some 1,800 non-EEA doctors would benefit from this new arrangement.

- **Current status re cross border patient transfers, examiners for CAI, and EU preferencing for application to Training Programmes. Cross border – same ad hoc arrangement in place.** Professor Shorten confirmed that the continuance of patient referral pathways to the UK continued based on an ad hoc arrangement. Dept of Health and HSE and Medical Council were engaged on this, but no long-term solution had yet emerged. The GMC and MCI had agreed to recognise assessors across the jurisdictions and clarifications had been received by RCSI President Ronan O Connell who raised this on our behalf through the Academy of Royal Medical Colleges.

EU preferencing: The Irish Minister of Health in Dec 2021 announced an amendment to the policy regarding the application of EU/EEA Community Preference to postgraduate medical training programmes whereby going forward, available specialist training places would be allocated in the first instance to those candidates who, at the time of application, were citizens of Ireland or nationals of another Member State of the European Union, Stamp 4 Visa Holders and UK nationals. <https://www.gov.ie/en/press-release/c08e6-statement-from-the-minister-for-health-on-the-application-of-eueea-community-preference-to-postgraduate-medical-training-programmes/>

- **Consensus Statement on Training Programme Outcomes in Anaesthesiology:** The board NOTED that the composition of the writing group was completed. Professor Shorten outlined the programme of work circulated which was under consideration and confirmed that the first meeting was scheduled for April 1, 2022. Professor Shorten said that there was good people around the world to contribute to the outcomes of training anaesthesiology and that this would be delivered in May of next year.
- **The Forum of PG Training Bodies in Ireland**
"A Strategic Framework for Postgraduate Medical Training in Ireland 2021-2030"
The board NOTED that the CAI would lead on Strategic Objective 3: *Collection and use of data to measure training & develop actionable insights to improve training and patient*

safety. Professor Shorten confirmed that several good meetings had taken place in relation to the 5-year project and that funding would be available next year. The five major objectives for this were outlined:

1. Develop an information strategy for national training programmes to support quality improvement, patient safety and clinical risk mitigation at training site level.
 2. Support the creation of a national learning analytics unit to support actionable improvements in formative feedback to doctors in training.
 3. Identify existing and novel data sets that can be used to quality assure and enhance training.
 4. Develop a network of key stakeholders to use data and evidence to realise the potential of improved patient safety for all of Ireland's people.
 5. Support the development of a wide range of inclusive training pathways to provide better opportunities for doctors and patients in the future.
- **International Academy of Colleges of Anaesthesiology:** February 23, 2022. The board NOTED that there was a meeting of Presidents and CEOs where progress on terms of reference was discussed. The board NOTED that there was a proposal to launch a series of webinars commencing July 2022 on topics which included sustainability and wellness.
 - Professor Shorten congratulated Professor Donal Buggy on confirmation of his award of DSc on published work, the highest academic degree awardable by the National University of Ireland.
 - Professor Shorten also thanked Dr Alan Horan for taking on the role of CAI representative on the Intercollegiate Retrieval and Transport Medicine Liaison Committee, currently chaired by Dr Wouter Jonker.

9. Association of Anaesthetists' business

The board NOTED that Dr Neal Beckett had given his apologies for the meeting. Dr Will Donaldson confirmed that an Association of Anaesthetists' meeting would be taking place in Belfast in September. Dr Will Donaldson mentioned the simulation fellow in the College and asked if there was a consultant lead for sim. Professor Shorten confirmed that a new Director of Technology had been appointed who was yet to accept the offer but would be the ideal person. The board NOTED that Dr Will Donaldson would link in with Professor Shorten outside the meeting in relation to this.

Action: Dr Will Donaldson to link in with Prof George Shorten re: simulation.

10. Lay Committee business

The board NOTED that there was currently not a LAY Representative on the board and Dr Will Donaldson thanked Lynne Smith for her contributions at previous meetings. Dr Will Donaldson said that he would link in with the Lay Committee in the College.

Action: Dr Will Donaldson to link in with the Lay Committee in the College re lay representation.

11. Trainee Representative Business

Dr Mike Jamison and Dr Brendan Haughey said that there was a degree of fatigue within the training body due to COVID, but trainees were happy that things appeared to be improving and opening up again. As per the manifesto trainees coming towards the end of their training were clearly apprehensive due to there being fewer substantive posts available. Dr Will Donaldson thanked trainees for all their hard work over the past 2 years.

12. SAS Representative Business

The board NOTED that currently there was not a SAS Representative in place. Dr Will Donaldson confirmed that someone was interested in the position therefore he would link in with the College in relation to the process. Mrs Sharon Drake said that a short job description would need to be put together to support the process. The board AGREED that this group of doctors would be key to anaesthesia as a specialty in the next 5-10 years.

Action: Dr Will Donaldson to link in with the College in relation to the process of appointing a SAS Representative to the board.

13. Any Other Business

The board NOTED that the CPOC / other to be invited to the next meeting, as well as health leaders in NI.

Action: Dr Will Donaldson to link in with the Lay Committee in the College re: lay representation.

14. Date of the next meeting

It was proposed that the next meeting would be held on **Tuesday 11 October 2022 from 2.00pm-5.00pm.**