

MEETING OF COUNCIL

Minutes of the Meeting held on 13 September 2023

Members attending:

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

In attendance: Mr Jonathan Brūn, Ms Sharon Drake, Mr Mark Blaney, Mr Graham Blair, Mr Russell Ampofo, Ms Judith Tidnam, Mr Jonathan Whale, Dr Caroline Evans, Chair, Recruitment Committee, Mr Peter Kunzmann, Head of Policy and Public Affairs.

Apologies for absence:

Dr Sarah Ramsay, Dr Rashmi Rebello, Dr Catherine Bernard, Dr Matthew Davies, Dr Daniele Bryden, Dr William Donaldson and Colonel James Ralph.

The President welcomed newly co-opted member of Council Ms Jenny Westaway to her first meeting as Chair of PatientsVoices@RCoA and thanked outgoing Chair Mrs Pauline Elliott for her support and work during the last three years.

1. Council Minutes

The minutes of the meeting held on 5 July were circulated:

MOTION Agreed: Council approved the minutes of the 5 July as a true and accurate record, with the following corrections:

- Page 4 – Anaesthesia Associates (AAs) - Dr Kossakowska requested an inclusion to note that the trainee representatives provided some accounts of various trainees who emailed their specific opinions on AAs.
- Page 8 – SAS Recruitment – Dr Keshkamat asked for the following sentence, bullet point three, to state: The SAS committee now has SAS representation ~~from~~ **on** both the CQR Board and AA Founding Board. There is also representation from Scotland and the CLAN. Currently the Northern Ireland and Welsh posts remain vacant.

All actions from the previous meeting have been completed.

2. President's Update

The following deaths were reported: Dr Anthea Mary Mowat, Dr Sean MacMahon and Dr Zahoor-Ul-Huq MacKay. Council held a minute's silence.

A list of recent meetings and engagements was presented to note that the President attended the Requiem Mass at Westminster Cathedral on 21st July, for the death of Grace O'Malley-Kumar.

The President encouraged elected and co-opted Council members to have an annual review by contacting Jonathan Whale to organise a meeting.

3. CEO Update

Proposed College Response to Extraordinary General Meeting (EGM) Requisition and Resolutions

Council reviewed and discussed the College response to the member-requisitioned EGM and to seek approval from the Board of Trustees (BoT).

Council members were presented with a background briefing, general engagement plan and options appraisal for each of the resolutions put forward by the membership. In addition, Peter Kunzmann, Head of Policy, attended the meeting to offer some early insight into the College's survey on member experiences of AAs.

The information outlined the plan to help inform the College's overarching communications and engagement regarding the EGM as it sets out an approach which is positive and engaged rather than confrontational. Council agreed the General Engagement Plan, subject to Trustee approval.

Council discussed in detail the following resolutions, with options, to outline how to deal with managing AAs, and agreed to be mindful in ensuring support would be provided to current members, AiT's and current AAs in order to provide reassurance to the public.

- Resolution one: *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.*

Council discussed resolution one in detail and encouraged clarification in outlining the work already undertaken in this area, particularly following advice given at the recent College Tutor's meeting in June 2023. PatientsVoices@RCoA recently discussed and welcomed the new role, with reassurances around safety and the benefits to waiting lists and efficiency. The work around training and prioritising AiTs has already been embedded within the AA guidance documentation and Council were advised to be mindful of risking future engagement with statutory bodies, which could result in hindering opportunities in lobbying for future AiT posts going forward. Council discussed further how it will be perceived should they pause recruitment at this stage and there was a recommendation from the AiT's to emphasise that any decision made going forward should continue to emphasise that trainees remain a priority.

- Resolution two: *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.*

Council discussed the College responsibility and influence on defining Scope of Practice. To date the GMC would seek advice from the profession to get guidance on how AAs are used, deployed and supervised in practice in the future. The College would need to be aware that AAs currently in practice would have to alter working arrangements to fit with level of practice.

- Resolution three: *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.*

For resolution three Council agreed that it continues to be good practice for healthcare professionals to introduce themselves in the clinical setting and would ensure the wording is clarified within the communications. There was also a request that Patient Voices be included in the next steps on developing an appropriate protocol to ensure recommendations are clear and comprehensible to patients.

- *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.*

Council noted the work already being undertaken to support the work, with ETE recognising the challenges with training and this particular issue. Work continues both within the training committee and nationally within NHSE to engage on this issue.

Overall Council agreed to approach the resolutions presented by members in an equally open and positive way. On balance, Council thought 'Option 2': *Present mitigating proposals, to clarify, add detail, or be transparent about how each resolution will be delivered when passed*, was the most appropriate way of dealing with each resolution. In practice, this would mean that the College would not seek to contest any of the motions, but could, in an effort to ensure the resolutions are workable once passed, present clarifying statements in any of three different ways:

- As part of a pre-meeting communications pack that provides context for the resolutions and sets out how the College would deliver them if passed.
- As an amendment or additional resolution that 'corrects' drafting errors in the resolutions in order to deliver (rather than seek to frustrate) the resolutions.
- As a post-EGM clarification that could be implemented when Council considers the successful resolutions. This takes into account the fact that each resolution is advisory, and that Council then BoT will have the opportunity to discuss them after they have been voted upon.

Council would therefore not oppose the motions but seek to clarify how to take them forward and add in a resolution to explain, within the communications, on how these would be delivered if passed.

Mr Bruun agreed to approach the BoT to operationalise the engagement plan to seek approval that:

- The College adopts the principles and approaches set out in the General Engagement Plan for the October 2023 EGM.
- The College adopts an approach to each of the six resolutions proposed by members that seeks to mitigate, clarify, add detail, and/or be transparent about how each resolution could be delivered when passed.
- For motions 1 and 2, to ask that Trustees will approve the wording of any College resolutions or amendments in advance of the published deadline for submission.
- That the responsibility for drafting of clarifications or additional information that does not require a formal EGM resolution should be delegated to the College's CEO, working with Officers and staff as appropriate.

4. Update from the Faculties

Dr Bryden, Dean of the Faculty of Intensive Care Medicine (FICM), provided a written report to highlight a current workstream to include:

- The Reverse mentoring project is now well established and about to enter its midpoint. Senior Faculty educators and Board members are being mentored by doctors in training from an IMG and/or Black, Asian, and Minority Ethnic (BAME) background about their experiences of working in ICM and the NHS. It is hoped that this will inform future workstreams to address some of the disadvantages these groups face in their training and careers. The project is due to finish by the end of 2023 with dissemination reports and next steps being discussed by FICM Board in 2024.

Dr De Gray, Dean of the Faculty of Pain Medicine (FPM), updated Council to note that:

- The credential for the Pain Medicine specialists has been approved by the General Medical Council (GMC), and FPM continue work with the statutory educational bodies to implement it going forward. This will include a test of knowledge exam.

5. Other Updates

Anaesthetic National Recruitment Office (ANRO) investigation reports

Caroline Evans, Chair of the RCoA Recruitment Committee, presented a paper to provide an overview of process following the publication of reports by The Anaesthetic National Recruitment Office (ANRO) into

the errors made in the CT1 recruitment round in February 2023, and also the Significant Incident Report dated December 2021. Council was asked to consider the recommendations made in the reports and subsequent actions that the College or national bodies should take. The current bodies that support national recruitment include:

- The Medical and Dental Recruitment Selection (MDRS), a board within NHS England, chaired by two postgraduate deans, aligned to the Conference of Postgraduate Medical Deans (COPMED), whose function is to oversee the national process across all specialties, define recruitment process and specific rules. The MDRS also oversee the regional recruitment teams and offices across specialties.
- ANRO, hosted by the West Midlands Deanery, whose function is to maintain an administrative role and be the lead for all specialty clinical leads and recruitment centres.

Since 2018 the National Standardised recruitment allows candidates to be appointed to any school of anaesthesia in England and Wales. Following this, the Government included medicine and all medical specialties on the national shortage occupation list to facilitate recruitment from overseas, to date this has resulted in a dramatic increase in applicants and workload for office staff. Council reviewed the Anaesthetics CT1 recruitment review report, recommending an increase to support the work going forward, and the HEE Anaesthetics Recruitment Significant Incident Final Report, from December 2021. It was noted, however, that no further funding will be made available at this time.

Following the publication of these reports, the College were alerted to the fact that a group of anaesthetists were bringing forward motions to the College on a range of issues including national recruitment. Council reviewed the motions, discussed and proposed the following resolutions:

For Resolution five: Whether there is confidence on the leadership within the national recruitment office? Council agreed to consider these motions unopposed but to add further briefing to outline that work is already being undertaken to address current issues. Council agreed that it would be helpful to outline who is overall responsible for recruitment and who the leadership of recruitment is, particularly to note that the headline organisation is ANRO, and not the working staff involved. It was agreed to add information to the pre-meeting briefing.

For resolution six, Whether we should continue with centralised recruitment?

Council agreed to pass this motion unopposed but to ask the Academy of Medical Royal Colleges (AoMRC) to investigate whether a centralised national recruitment is in the best interests of our specialty, to review the legal and practical possibilities of recruitment at a regional level, and to present a report on their findings in due course.

Council thanked Dr Evans for her work and support as Chair of the Recruitment Committee during these difficult times.

GIRFT Anaesthesia and Perioperative Medicine (APOM) Update – Council reviewed a current newsletter on GIRFT to note the current stakeholder news <https://gettingitrightfirsttime.co.uk/>. Dr Mike Swart asked Council to make contact via email should they have any questions.

Anaesthesia Associates Founding Board (AAs)

The Chair's summary and minutes of a meeting held on 3 May were circulated for review. Dr Shannon noted that:

- The next Founding Board meeting will be held on 4 October.
- The recent Membership survey on AAs was published on 23 August.
- Guidance for introducing AAs is now complete, a date has yet to be agreed on publication.

6. Report from the Association

Council reviewed a report from Dr Matthew Davies outlining the current work of the Association of Anaesthetists.

7. Boards and Reports

Education, Training and Examinations Board (ETE)

The Chair's summary and minutes of a meeting held on 5 July were circulated, Dr Chris Carey provided an update to note that:

- Confirmation is in place that the additional 70 training posts are likely to become a permanent fixture going forward, which will address the gap between the number of core training posts, 600

per year, with the number of higher numbers of training posts at 570. Negotiation for new posts continues.

- Training Programme Director (TPD) guidance will shortly be released and circulated to trainers, which will provide information on how to use slot shares.
- On 27 September the Curriculum Development Group will discuss the proposed additional changes to the curriculum, which will increase flexibility and maximize recruitment opportunities, to include increasing flexibility between stages two and three.
- The workload of the Equivalence Committee continues to increase, and work continues recruiting people to provide leadership roles in this area.
- The re-established Workforce Committee is now chaired by Dr Satya Francis. At their first meeting the committee discussed the uptake of specialist doctor posts and agreed to promote this via Clinical Directors.

Examinations update

Dr Roger Sharpe provided an update to note that:

- The 100 single best answers paper ran for the first time during in the primary examination, week commencing 4 September. The initial analysis shows that the pass rate was within the normal range and there was a small drop in reliability. No concerns were reported.

Revisions to the Eligibility Criteria for the Role of College Tutor

The Training, Curriculum and Assessment committee (TCA) reviewed the eligibility criteria for the role of College Tutor at their recent June meeting. The TCA recognise that the College Tutor role is evolving and that there is increasing interest from SAS doctors who wish to take on this role. The committee agreed that it is no longer necessary to be in a substantive consultant post to apply to be a College Tutor. In addition, possession of the FRCA exam is now listed as one of the desirable criteria rather than an essential requirement to take on the role. Council reviewed and agreed the current version of the new job description and person specification which sets out that applicants should have three years' experience as a GMC recognised educational supervisor and be a member of the College.

Clinical Quality & Research Board

Dr Claire Shannon notified Council that the last meeting was held on 10 May and as she will be demitting as Chair, interviews are taking place for a replacement shortly.

- CQR highlighted that further recruitment includes a replacement for Dr David Bogod, as Chair of the Ethics committee, and a clinical lead, to work on evaluating the impact of the National Audit programme (NAPs) by the National Institute for Health and Care Research (NIHR), being run collaboratively with University College London (UCL). Ms Sharon Drake agreed to circulate literature to further promote these opportunities.

ACTION: Ms Sharon Drake to promote and circulate literature relating to the Chair of the Ethics Committee role and Clinical Lead role.

Membership, Media and Development (MMD) Board

Dr Ramai Santhirapla provided a verbal update to note that:

- The Board has been heavily involved in supporting communication for the EGM, which includes communicating information to the membership, providing press updates, updating the relevant web pages, emailing membership, and running membership engagement events. The Education and Events team will be responsible for the logistics of the EGM.
- The bulletin is moving to fully digital from October 2023. Communications will be provided shortly to support this.
- Current media coverage includes the British Medical Journal (BMJ) article on industry payments and AA issues.
- The novice series of podcasts, Nov Pod, was released at the end of July, these have been very successful with 15k listens to date. The podcasts are currently available on Spotify and Apple Air Pay.

Devolved Nations

Welsh Board

Dr Simon Ford noted that he will report back to November Council following the next Welsh Board meeting due to be held on Tuesday 17 October.

Centre for Perioperative Care (CPOC) Board

Dr Dave Selwyn noted that the proposed Royal College of Surgeons of England (RCS) agreement to hold a meeting and round table event with the senior surgical and NHS Leaders to ensure future strategic alignment will be postponed as it falls on the same day as planned industrial action.

BJA & RCoA Liaison Group meeting

Professor Dave Lambert provided a verbal update to note that:

- The group continues to work towards finalising BJA-RCoA statement for purpose which will be signed off shortly.
- Work continues with CPOC to obtain funding from the BJA to provide grants for perioperative care and joint publications.

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 and will be advertised shortly.
- The CD survey is now open until 25 September, a link has been sent to all CDs reminding them to complete the survey.

PatientsVoices@RCoA Update to Council

Ms Jenny Westaway noted that she will chair her first Patients Voices meeting on Thursday 21 September.

SAS Update

Dr Ashwini Keshkamat provided an update to note that:

- The person specification for the role of College Tutors and Examiners has now been completed to make them more inclusive for SAS doctors.
- The next SAS committee will take place in October and will celebrate the SAS week.
- Dr Keshkamat recently hosted a podcast with guests Dr Sarah Thornton and Dr Roger Sharpe on the panel, to promote SAS doctors as educators.
- A Let's Talk event is planned during SAS week.

Anaesthetists in Training (AIT) update

Dr Kossakowska provided an update of the last meeting held on 5 September, to note that:

- The committee shared the working draft of the training capacity assessment, which has been well received.
- Both Dr Kossakowska and Dr Tuck spoke at the recent College webinar on 'Welcome to Anaesthesia' and have plans to speak at the forthcoming Regional Advisers meeting in November 2023.

8. Other business

New Associate Fellows, Members and Associate Members

Council received a list of new members to Council for July and August 2023.

CCTs CESR(CP)s for Council

A list of recommendations of members made to the GMC for approval was circulated. This noted that CCTs/CESR (CP)s have been 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 in July and August 2023.

Current College Consultations

Council reviewed the list of current consultations.

Regional Advisers Anaesthesia

Council noted and approved the following changes:

- **Regional Advisers Anaesthesia: Northern**
Dr Ian Whitehead as Regional Adviser for Northern
- **Deputy Regional Advisers Anaesthesia: Defence**
Wg Cdr Jemma Looker as Deputy Regional Adviser for Defence

END OF MEETING