

MEETING OF COUNCIL

Minutes of the Meeting held on 13 March 2024

Members attending:

Dr Fiona Donald, President & Chair	Dr Chris Taylor
Dr Helgi Johannsson, Vice President	Dr Jonathan Chambers
Dr Claire Shannon, Vice President	Dr Paul Southall
Professor Mike Grocott	Dr Sophie Jackman
Dr Chris Carey	Dr David Urwin
Dr Sarah Ramsay	Dr Lorraine De Gray
Dr Felicitymaat	Dr Daniele Bryden
Dr Mike Swart	Dr Simon Howell
Professor Jonathan Thompson	Dr Matthew Tuck
Dr Sri Gummaraju	Ms Jenny Westaway
Dr Ashwini Keshkamat	Dr Sandeep Lakhani
Dr Ros Bacon	Dr Dave Selwyn
Dr Ramai Santhirapala	Dr Daphne Varveris
Dr Toni Brunning	Dr Simon Ford
Dr Elisa Bertoja	Dr Roger Sharpe
Dr Satya Francis	Dr Simon Maguire
Dr Sarah Thornton	Colonel James Ralph
Professor Andrew Smith	
Dr Sunil Kumar	

In attendance: Mr Jonathan Brūn, Ms Sharon Drake, Mr Mark Blaney, Mr Graham Blair, Mr Russell Ampofo, Ms Judith Tidnam, Mr Aaron Woods, Ms Natalie Walker and Ms Rose Murphy.

New Members to Council and Ceremonial

The recently elected Council members: Dr Jonathan Chambers, Dr Paul Southall, Dr Matthew Tuck and Dr Sophie Jackman and re-elected Council member Dr Sarah Ramsay all signed the book of declaration to Council. Council welcomed Dr David Urwin as a co-opted elected member of Council.

The President thanked Dr Russell Perkins, Dr Claire Mallinson and Dr Giovanna Kossakowska for their support and work on Council.

1. Welcome and apologies

The President, Dr Fiona Donald, opened the meeting and welcomed attendees. She reminded members of their duty to declare any conflicts of interest related to items on the agenda.

Apologies for absence:

Dr William Donaldson and Dr Matthew Davies. Dr Rashmi Rebello and Dr Catherine Bernard are currently on maternity leave.

2. Council minutes

The minutes of the meeting held on 12 December 2023 were circulated:

MOTION Agreed: Council approved the minutes of the 12 December as a true and accurate record with the following correction.

Page 9 – Item 6, **Proposed College Response to EGM outcome, Rotational Training – there was agreement to alter the sentence** - *Dr Jonathan Chambers recently produced a document providing guidance to College Tutors and Training Programme Directors (TPDs) on how to minimize rotation, to read: Dr Jonathan Chambers was working on a document providing guidance to College Tutors and Training Programme Directors (TPDs) on how to minimize rotation.*

Mr Jonathan Bruun noted that redactions to the minutes will be made once they are finalised.

Matters arising:

Council reviewed the list of matters arising, to note an amendment to the minutes of the meeting in December 2023, made by Dr Lorraine DeGray has been completed.

3. President's Update

The President highlighted the paper circulated in the pack, which noted her meetings and commitments as President since the last Council meeting. The President also noted the following:

The following key meetings for Council members to include:

- The next Council meeting on Wednesday 17 April 2024, will be an online meeting.
- The RCoA Strategic Retreat, to be held in Belfast on the weekend of 20 and 21 April.

Council noted the deaths of College members, Dr David Mervyn Davies, Dr David Michael Forster, Professor Richard Clarke, Dr Elitsa Mileva, Dr Donald William Bethune, Dr Caroline Anne Martin and also of Dr Charlotte Williamson who was the first chair of the College's Lay Committee and was awarded the Humphry Davy medal in 2002. Council held a minute's silence in reflection.

Support for amendments to the Criminal Justice Bill

The President provided a paper following a request from The Royal College of Obstetricians and Gynaecologists (RCOG) to support amendments to the criminal justice bill proposed by Dame Diana Johnson MP. This would align the situation for women in England and Wales with that for women in Northern Ireland.

The President outlined the link to the RCoA Strategic Objective 'promoting healthier outcomes for all, to work collaboratively with other healthcare organisations and specialties to improve the health of patients, promote equity of access and reduce health inequalities'. Council discussed the proposed amendments and implications, giving examples of the risk to vulnerable people who do not have access to abortion care and how the current situation can deter people from seeking medical care due to the fear of prosecution.

Council approved the RCoA supporting the proposed amendments to the Criminal Justice Bill.

4. CEO Update

Operational Update

Mr Bruun presented the first operational update to Council, which will aim to update and share information between Council and the Board of Trustees (BoT). It summarised some key decisions taken by the Board of Trustees and information operationalised by the Executive Team for Council's awareness. Mr Bruun also noted that there will also be a future process of reporting on the College's financial position, to involve elected Council members receiving the monthly management accounts report from Mr Mark Blaney, Finance and Resources Director, and a shorter, simpler briefing being offered at Council meetings. Key points highlighted from the current operational update included:

- **College financial update** – to note that the Finance Team, Executive Team, budget-holders, Boards, committees and Finance and Resources Board are all currently in the process of drafting the budget for FY2024/25. Whilst delivering a breakeven budget is proving challenging, the team remain committed to achieving it. The College has also recast its budget in September 2023 to reflect the fact that it believes the current year (FY2023/24) can deliver a breakeven budget to be one year ahead of schedule. While monthly management accounts continue to vary the team are still working on that premise.
- **Anaesthesia associates (AAs) and the EGM** - The Board of Trustees approved Council's recommendation to proceed with delivering Resolutions 1 and 2, pausing the recruitment of new student AAs and limiting the scope of AAs in practice at its meeting in February 2024. Mischon de Reya and Jason de Beer KC supported the Board by providing legal advice, which was focused on the risk of possible legal and financial liability related to these decisions. The BoT also agreed to reduce the number of annual strategic objectives for the current financial year from 27 to 20, recognising the impact of the EGM itself and the ongoing work related to the delivery of its outputs.

- New Senior Appointments** - the BoT approved a request from the CEO and Executive Team to appoint three new senior roles on the College staff, to include:
 - Director of Technology and Digital Systems, a six to nine month fixed-term contract, prior to a permanent role being created with input from the new Digital Transformation Trustee. The role is expected to help manage risk and lead projects in the College's IT and digital functions. Mr Aaron Woods was appointed to the role in February.
 - Associate Director for Education, Training and Examinations, this is a permanent role, to provide additional project management expertise within the ETE team, to support and reduce the workload of the Director, Russell Ampofo. Mr Steve Beglan-Witt was recently appointed and will start in June 2024.
 - Director for FICM Independence, this role is a part-time, fixed term contract (to be agreed), to provide leadership and project management for the FICM independence project, allowing the Associate Director to focus on 'business as usual' in the Faculties. The role is currently being drafted and the objectives agreed, it will be advertised shortly. A designated fund set aside for the FICM independence project will fund this role.
- RCoA Strategic Retreat** – planning is underway for the retreat to be held on the weekend of 20 and 21 April in Belfast, key agenda items to be included are: a discussion on the College's position on AAs in order to agree a clear pathway forward, a discussion to revisit the integration of perioperative care into College life and activities, and the College Estates, in which attendees will be brought up to date on the development of the College's masterplan, to consider options for future use of Churchill House, as the College's home.

Professor Jonathan Thompson and Dr Claire Shannon agreed that reducing the number of annual strategic objectives was the correct thing to do. Given a significant increase in work the College should be realistic in setting future objectives. Dr Shannon asked how members would be informed about this change in operational delivery and Mr Bruun noted that any information about objectives not completed will be communicated formally via the College Annual Review.

Board of Trustees Vacancies

Council noted the timetable, as outlined in the paper, for the election of an Elected Council Member to the BoT. There is one vacancy for the April 2024 ballot leading to the May 2024 admission to BoT.

Dr Dave Selwyn referred under the eligibility criteria point four, Fit and Proper Person, that there was no mention of following the process now being used in the NHS leadership competency framework for board members, (based on a review undertaken by Mr Tom Kark KC in 2019). Mr Jonathan Bruun agreed to consider this going forward.

Lay Trustee Recruitment

Council reviewed the paper setting out the outcomes of the Lay Trustee Recruitment Process and the recommendation to appoint the three successful candidates. They would replace the current lay trustees, Mr Craig Jones who demitted in February 2024 and Mr Colin Millar and Ms Jane Ingham who would be demitting in June 2024. The roles were advertised on Guardian Jobs, Charity Jobs, Charity People website and LinkedIn jobs, which generated 149 expressions of interest. Candidates were longlisted by Charity People, the company who helped with the recruitment process, and shortlisted by Council members including the Deans of the Faculties. Council members, Trustees and the Executive team were invited to meet the 12 shortlisted candidates at 30-minute informal sessions held on MS teams on the 22 and 23 February. Interviews were held on the 28th and 29th February and were again conducted by Trustees and Council members including the President, Vice Presidents and Deans.

Council approved the appointment of three successful candidates to the Board of Trustees: Mr Tim Golbourn, Mr Hany Choueiri and Ms Davina Goodall-Smith. Approval of appointment will go the BoT for ratification.

Dr Dave Selwyn noted that the three candidates each have substantial financial backgrounds, which could result in focus being removed from quality and safety issues related to College business. The President assured Council that the appointment process made clear to candidates that they should be aligned with the values of the College and be focused on the College's charitable aims.

Proposed Introduction of Security Gates at College Reception

The People & Operations team have been evaluating our current safety and security arrangements within Churchill House. For information, a paper updated and informed council members and trustees on

developments that are intended to improve security measures. Mr Bruun gave Council the opportunity to raise any questions following an email to outline the proposals.

5. Faculty Updates

Faculty of Intensive Care Medicine (FICM) Dean Update

Dr Daniele Bryden provided a verbal update to note that:

- The FICM Board was appreciative of the positive way in which Council members responded and provided support following the findings in the trainee survey. There have been invitations for training chairs to speak about the subject at future meetings, to support the work in continuing to change attitudes and behaviours.
- The Trainee committee are conducting a piece of work on the negative attributes attached to the word 'non' when referring to trainees who have a 'non-anaesthetic' background. The preferred term is 'Intensivists in training' for those on the CCT programme or portfolio pathway.
- Work is ongoing, following the survey, around the role of advanced critical care practitioner and how they do not relate to the MAPs programme. Following support from the StR, & ACCP sub committee and the FICM Board the ACCP FAQ document has been released.
- Dr Bryden thanked the President for allowing FICM to be involved in the recruitment process to the BoT lay trustee recruitment. The quality of lay applicants was of an extremely high standard.
- Dr Bryden highlighted that both Deans are at present excluded from standing to be Council trustees, to the BoT and are therefore unrepresented. The proposed changes in governance have not yet been taken forward and made the point that a postponement will not be helpful when explaining the lack of representation to FICM members through the BoT.

The President noted that the next set of governance changes are currently delayed, and it is hoped that the matter of the Deans being allowed to stand for the BoT will be brought back for discussion at a Council meeting in the near future. She also pointed out that while she understood the reason for taking this matter forward and was supportive, the membership of the College had voted at AGM to approve a 'non-representative' version of the Board of Trustees.

Faculty of Pain Medicine (FPM) Dean Update

Dr De Gray provided an update to note that:

- She attended a recent meeting with Professor Sir Chris Whitty, in which conversation focused on plans to support a project to upskill the NHS clinical workforce in pain management, in conjunction with the British Pain Society, (BPS).
- The work on credentialing is currently on hold, despite the General Medical Council (GMC), approving the curriculum nearly a year ago. The GMC have now devolved responsibility for credentialing to NHSE but FPM have found that the statutory education bodies will not fund credentialing. Discussions continue with Professor Andy Whallet, Lead Dean for Anaesthesia and the GMC on proposals to look at specialty status instead of credentialing. Dr Chris Carey expressed disappointment in the current outcome and suggested contacting the Academy of Medical Royal Colleges (AoMRC) who could encourage the organisations to re-start that work.
- Dr De Gray thanked the President and the team for involvement in appointing the lay trustees noting the excellent quality of candidates and process delivered by the team.
- It was noted that the Faculty remain anxious to have representation on the BoT going forward and are keen to see that the Dean is allowed to stand for election. There is also a request to review copies of the minutes, following any mention about the Faculty within meetings.

The President noted that minutes of the BoT are not made public, however, suggested notifying the Faculty should discussion involve them.

Mr Jonathan Bruun further outlined that the BoT is not specifically designed to be representative, and he highlighted that members previously voted for the option having an unrepresentative group of trustees who have the broad interests of the College and the Faculties as their primary concern. Alterations to this would therefore represent fundamental changes to the terms of the Board.

ACTION: The President agreed to contact Dr Jeanette Dickson, AoMRC to outline that with both the RCR and RCP (supporting Rural and Remote Medicine) there is encouragement that the GMC restart the work on credentialing.

6. General Updates and Presentations

a) Update on post-EGM (Extraordinary General Meeting) activity: Anaesthesia Associates, Scope of Practice, National Recruitment, and Rotational Training

Mr Russell Ampofo discussed the paper presented at the BoT February meeting to highlight key updates post EGM activity. An appendix to the document included major activities highlighted in a table. Following legal advice, stakeholder engagement continues to discuss the programme of work and includes:

Anaesthesia Associates (AAs)

- The need for legal advice being the main reason for delay in the College's public statements around calling for a pause to the recruitment of new AAs. However, stakeholder engagement and activities that were already within the scope, or part of the College's position, have been taken forward.
- Discussions continue with the Trainer Network to emphasise prioritisation of training opportunities for Anaesthetists in Training (AiTs). Guidance and a framework for AiTs has been produced and this will also support trainers, who need to be made aware of any concerns within the training programme.
- The Lead Dean has asked the Training Committee for a meeting to discuss some concerns around the new guidance.

Scope of Practice

- The Scope of Practice Working Group was recently established, and the first meeting focussed on agreed ways of working and initial thoughts on how the scope of practice should be framed. Meetings are also being held with the FPA/RCP and RCSEng to share approaches and definitions for scope of practice.
- A core guidance working group will shortly be established to strengthen the ownership, decision making and accountability around the work. The Clinical Reference group will provide support to the writing group.
- A recent literature review process was scoped via the Cochrane centre. This will be funded in the usual way through funds provided by NHSE.
- RA thanked the Communications team for providing a detailed overview of activities and communications associated with AA activity, the plan is reviewed by the AA communications group on a fortnightly basis and will help plan member communications.
- The following areas of GPAS have been updated and reflected in the ACSA standards, the Good Department recommendation 2.44, Perioperative Chapter recommendation 6.4 and the ophthalmic chapter intro to AA's in section one.
- A discussion on AAs will take place at the Strategic Retreat in April 2024.

Rotational Training

- Membership of the Rotational Training Working Group has been expanded to involve representation from key stakeholders, to include; a Regional Adviser, AiTs, and individuals with experience of being a Head of School and a Training Programme Director, as well as representation from FICM. Planning for the first meeting will include a review and finalising the guidance, principles for Regional Advisers and Training Programme Directors on how to minimise rotational training.
- Members of the Group met recently with the leadership of NHSE WTE, to discuss expansion of anaesthetic numbers and the issues associated with rotational training. Further discussions will focus on how capacity for training can be increased.
- The leadership of the Training Curriculum and Assessment committee met recently to develop a programme of work streams that will enable the College to address themes associated with the EGM motions and wider aspects of work to improve training and support for AiTs. Discussion focussed on having a lead employer to support training programmes, which has been supported by NHSE.
- Stakeholders have reviewed a draft proposal outlining the process for flexibility in the delivery of the stage two and three domains of learning, the feedback received will inform final proposal.

National Recruitment

- In early January 2024, the team met with Dr Richard Marks as the proposer for the recruitment resolutions to gain a greater understanding of the background and aims of the motions. The meeting focussed on the meaning behind the issue of keeping accurate records and for Dr Marks to understand the work the Recruitment committee are doing to improve recruitment.
- The team including the President and Vice President, Dr Helgi Johannsson met with MDRS co-chairs to raise all the issues following the EGM. Following this, MDRS agreed to write to the College to explain the delay in publishing the report and agreed to work on exploring how the aspirations of Dr Marks might be met from either a regional or national model of recruitment. MDRS further

agreed to take forward the issues of improving communications and greater use of the ANRO and MDRS webpages.

- The President sent a letter to NHSE relating to understaffing in ANRO, following a response from NHSE, Mr Ampofo will be making contact to monitor whether the posts have been advertised internally.
- A regular weekly operational meeting with the ANRO management and coordination team has been established to monitor and deliver the current round of recruitment.
- The discussion and debate around regional and national recruitment will be taken via the AoMRC. A meeting will take place with the Directors of all the education, training and exams directors from Colleges and Faculties to discuss this before taking it forward to the Joint Academy Training and Assessment Forum or Council

Dr Daphne Varveris and Dr Simon Ford, highlighted that NES and the Devolved Nations should be part of the stakeholder engagement plan going forward.

Mr Ampofo highlighted that the Professional Standards Committee, will work on the means of providing evidence for professional standards around revalidation and Continuing Professional Development (CPD).

b) Examinations update

Dr Roger Sharpe provided a short update to note that:

- The Primary OSCE examination is currently oversubscribed, with 418 candidates applying to date for an examination which can accommodate up to 380. The prioritisation process may need to be implemented. There will also be a request for examiners to volunteer to examine on Saturday to support the oversubscription.
- Pass rates for the recent examinations remain within normal ranges.
- 28 examiners will be appointed during the next academic year, to be confirmed shortly.
- Shortlisting is taking place for the new role of affiliate examiner; the 24 appointments will support examiners by contributing to writing examination material and by allowing examiners to focus on examination development.

c) Breaking the Silence – Update from the Working Party for Sexual Misconduct in Theatres (WPSMS)

Dr Sarah Thornton, a member of the WPSMS, described to Council how it was set up by a group of female surgeons, following reports on sexual misconduct received by the Royal College of Surgeons (RCS). Following this, WPSMS surveyed surgeons, anaesthetists and allied health professionals and feedback indicated a high volume of incidents within Trusts, including, unreported rapes and sexual harassment. Following collection of results a roundtable meeting was held at the GMC in May 2023, attended by key stakeholders to discuss, and explore the actions required to tackle the problem. The meeting led to the 'Breaking the Silence' report.

Dr Sarah Thornton, outlined the importance of the report, to highlight recommendations and to note that:

- All healthcare, educational bodies and professional associations have a specific and clear code of conduct, which includes sexual behaviour.
- NHSE recently launched a 'Charter on Sexual Safety in Healthcare', and asked organisations to sign up to and commit to working towards the principles and actions being in place by June 2024.
- The General Medical Council (GMC) recently included new questions in the 2023 National Training Survey, asking trainees about any discriminatory behaviour.
- Work continues with organisations dealing with sexual misconduct and in addressing female members.

Two surgical trainees recently set up 'Surviving in Scrubs', which provides an anonymous reporting service. Recent data highlighted several harrowing survivor stories and outlined the demographics of the perpetrators. The report also outlines actions and recommendations to ensure a safe environment in which to work and steps in which to change perception. The following priorities include work on changing the culture in the workplace, and within Trusts. The initiative has also been highlighted at two recent events, the: BMA Ending Sexism in Medicine, promoting the BMA pledge, in February 2024 and WPSMS Round Table event, held at the Royal College of Surgeons (RCS) in February, attended by the President.

Dr Elisa Bertoja, reported that the EDI committee continues to highlight the priorities to include having clear, safe and accessible reporting mechanisms and in working on enabling the tools to create a

supportive culture. Training will be made available for examiners who support the College and there is recommendation to develop supportive champions within schools to provide support to trainees. A Safety Day will take place at the College on 14 March, with talks by Dr Tamzin Cumming to champion the campaign and to highlight the initiative.

Council thanked Dr Thornton for her presentation and were supportive of the initiative. Key comments noted the need to move from the surgical only field and be more supportive to the entire healthcare community. To continue to encourage open discussion and support in creating an open space for people to feel safe to speak up. Council also welcomed the possibility of lobbying NHS employers to raise the profile to ensure the message applies to the whole workforce.

Dr Simon Ford noted the current AoMRC Wales work on 'Misogyny in Medicine' led Dr Hilary Williams and the opportunities to link into this piece of work. Ms Sharon Drake also highlighted the need to explore awareness of the Sexual Safety Policy, and to review the NHS Staff Survey data, to be included in the ACSA wellbeing section of the review, by encouraging open conversations. There was also encouragement to include updates at the forthcoming College Tutors Meetings, with a view to discussing the issues with trainees during their induction. Mrs Jenny Westaway asked that when developing a reporting mechanism, to think about impact on health professionals and impact on patients.

Dr Sarah Thornton thanked Council for their comments and agreed to continue her work as a member of the working party and to continue discussions with the EDI committee, working to bring information to the many College forums and in ensuring a presence within the profession.

ACTION: Dr Sarah Thornton to write a short report on current work and to update on progress.

d) Anaesthetists in Training (AiT) update

Dr Matthew Tuck provided an update to note the current work of AiTs:

- He welcomed Dr Sophie Jackman and Dr David Urwin as new members of Council. He noted that Dr Rashmi Rebello, will return from maternity leave in May 2024 and Dr Catherine Bernard, currently remains on maternity leave.
- Welcomed discussions continue with the FICM trainee chair, who is also the Chair of the AoMRC Trainee Doctors committee.
- AiTs recently discussed issues on interview slots and the current format of the interview procedure.
- AiTs reported issues on change to the foundation programme level, in relation to how people are placed in foundation programmes. There will be future discussion on how people interact, with a focus on the how the systems to recruit are used, and priorities on how people will be placed going forward.
- Following the EGM outputs, two colleagues were appointed to the Scope of Practice working group. AiTs will also be allocated to new College Boards in the coming months and all Chairs will be notified of the changes.

e) Specialist, Associate Specialist and Specialty Doctors Update

Dr Ashwini Keshkamat provided an update on the current work:

- Dr Keshkamat thanked Dr Jon Chambers, Dr Sarah Thornton, members of the SAS committee and AoMRC committee who supported publication of the well-received 'Best Practice for Educational Support for SAS, LED and MTIs'. The document will hopefully bring about change to support career progression for SAS and LED doctors.
- Some SAS doctors were appointed for the post of affiliate examiner in the recent recruitment round and will support SAS doctors within this educational role', as there was no indication yet of the number.
- The College wrote to the BJA editors, following the article published on 'Modelling the Economic Constraints and Consequences of AAs Expansion in the UK NHS'. The letter disagreed with the statement suggesting that AAs are akin to SAS doctors without autonomous practice status and who require constant supervision.
- The SAS committee will next meet on 25 April with the Association and Academy SAS meetings taking place in late March and April.

Dr Jon Chambers highlighted that the guidance available for SAS doctors on educational supervision would fit well within the good department guide during future ACSA visits. Dr Keshkamat noted that this would be appreciated.

Dr Simon Howell noted that the BJA editors have discussed the response to the original published article and will respond shortly.

7. General Board Minutes and Updates

a) Education, Training and Examinations (ETE) Board

Dr Chris Carey circulated minutes of the ETE Board from 23rd January 2024 and highlighted the following points made at the meeting:

- The committee identified the top three risks on the register which included failure to cope with CESR application review demand, the Life Long Learning (LLP) failure and the external supplier failure in the FRCA examination. It was noted that the Director of Digital and Technology will provide support on the risks outlined with the external suppliers.
- A study group has been set up for the CT1 cohort study. Unfortunately, NHSE are not able to provide any funding and they will not be part of the project at this stage. Dr Carey noted therefore that he would need to ask for administrative support from the College to support this.
- There have been more than 3600 applicants for Core Training, with approximately 550 places, which is another significant increase. The challenges will focus on shortlisting and controversies around the use of the MSRA. In the future it would be helpful to be able to identify applicants with commitment to the speciality.

The President noted that due to budget constraints the College support the CT1 cohort study would have to be carefully considered.

In relation to foundation post allocation, there was a 4% of increase of potential foundation doctors who received their first choice allocation and 0.36% received their last choice, there remain complications related to the process, particularly with doctors being sent to places where they have no wish to be and no support network.

b) Clinical Quality and Research Board (CQR)

Dr Elisa Bertoja presented the minutes of the meeting held on 21 February to note that:

- The Board did not endorse the position statement on spinal gowns, from the RCoA Environmental Group that proposed "the routine use of sterile gowns when undertaking single shot spinal anaesthesia is not required and should be considered on a case-by-case basis". The Board agreed that rather than endorse, they acknowledge paucity of evidence, and note that some people have changed their practice. There was further discussion about whether to work with NHSE to widen the debate and advocate for having trials and more evidence.
- In order to support consistency of practice and to simplify the process Council was asked to review and approve amendments to the endorsement policy, COPES process and College Representative process. In relation to the COPES process, the CQR Board approved changes to the endorsement policy to remove any confusion around the difference between endorsement and support, to streamline decision-making and reduce workload. They voted for a one-tier policy based on content. Council will therefore have the binary decision of whether to endorse, or not endorse and Stakeholders will be encouraged to seek College involvement from the outset.
- For documents where endorsement has been requested, the CQ&R Business Coordinator, with the support of the Clinical Quality Advisor, will assign two Council members in rotation to lead the response and make a recommendation to the rest of Council on whether the College should endorse or support. All Council members will have the opportunity to comment, but the two selected Council members will have the responsibility to lead. Where appropriate leads will be assigned based on their sub-specialty while accepting that a generalist view is more often sought.
- The inclusion of a threshold to determine when a decision can be considered as made, will be a simple majority decision of respondents to include at least one officer, by the set deadline.

Council noted the high volume of workload involved in the process and suggested replying only to Council leads rather than thread of replies.

Ms Sharon Drake noted that work is being undertaken to investigate improving feeding back and on the impact and work involved in responding to specific consultations, and making the work more visible to the membership.

MOTION Approved: Council approved the amendments to the endorsement policy, COPES process and College representative process as part of a one year trial.

c) Principles for How Health Care Professionals Should Introduce Themselves

Further to the advisory motion passed at the EGM relating to the need for AAs to identify their role and status to patients, the Ethics Committee considered whether this should also extend to other members of the anaesthesia team. While it is important that patients are made fully aware of the role of AAs and the fact that they are not doctors, the committee agreed that a similar situation must exist for others providing care as part of the anaesthesia team. They advised that the guiding principles set out in a paper to Council, be observed when members of the anaesthesia team introduce themselves to patients. The Patients Voices Team agreed that from a patient perspective there is a request that patients know who key members of the team are, and who is supervising them. The committee also advised that principles should be observed when members of the anaesthesia team introduce themselves to patients and noted the option of using recently published guidance from the Royal College of Physicians (RCP), in which a short statement is made during the introduction. Council noted the difficulties within the medical profession when introducing trainees and agreed on having wider discussion.

ACTION: CQR agreed to seek further comments from Council, which would be collated and added to the document for further discussion.

d) Membership Media and Development Board (MMD)

Dr Ramai Santhirapala reported on the Board held in December 2023.

- For sponsorship packages at Anaesthesia 2024, a discussion took place around the pros and cons of a sponsored session within the main programme at Anaesthesia and the Board agreed that the proposal should proceed with caution. The Chair emphasised that the MMD Board need to ensure a close watch on developments, especially in terms of choice of commercial sponsorship, to ensure reputational integrity and due diligence for the College.
- A Fellow in Training vs Fellow by Examination category change issue was brought to the membership team's attention, with some members questioning their membership category following a rise in membership fees, in which they had been charged the cost of Fellow by Examination rate rather than the correct Fellow in Training Rate. Following this the Board agreed to approve the suggested change to the policy.
- Concerns were raised about how consultation leads would be fairly allocated, given the large amount of work some members of Council undertook already including the President, VPs, Trustees & Board Chairs.
- The first Bulletin Editorial Board in person meeting in January, following a request from Board members, to enable a much more proactive creative process of how the bulletin is delivered.
- There were 18K views for the digital bulletin in 2024, which is currently on target.
- Anaesthesia 2024 is behind on registrants to date. Council was asked to promote the event taking place on the 21, 22 and 23 May.
- Podcasts are being well received, with 13,168K listens to date in 2024. Podcast subjects include International Women's Day, Hypnotherapy and Anaesthesia.
- Discussions continue on the interaction with CPOC, agreeing outputs to include support to evergreen posts in social media, having one article in the College bulletin relating to perioperative care and promoting the CPOC newsletter.
- At April Council Dr Santhirapala will report on the social media policy.

Ms Sharon Drake reported that in relation to the governance of fundraising, that Mr Justin Pledger, Head of Fundraising, has updated the December 2020 copy of the Working of Industry Guidelines and will take it to the BoT for ratification in May 2024.

e) Scottish Board

Dr Varveris circulated minutes of the Scottish Board from 6 February and highlighted the following points:

- The Board welcomed Simon Heaney to his first meeting as a newly elected member of the Scottish Board, Dr Heaney agreed to represent the Board on the Anaesthesia Associates group.
- Work will take place shortly to recruit two elected members and an elected trainee member.
- The Board recently wrote to Mr Neil Gray, Minister for Health, who recently replaced Mr Michael Matheson.
- Dr Varveris met with the Chief Medical Officer, Dr Gregor Smith, who noted that work started by Mr Matheson is likely to continue given the degree of alignment between him and the new minister.

- Scotland supported ANRO with the recent recruitment round, thus increasing the capacity of interviews taking place.
- Dr Claire Shannon recently wrote to the MAPs programme board set up by the Scottish Government, to question why there was not more medical representation and specifically no anaesthetic representation.
- The Scottish Academy held a meeting on 12 March, chaired by Mr Scott Wood, and with representation from the Deputy CMO for Scotland. Discussion focussed on scope of practice and the minutes will shortly be available to review.
- There continues to be concern around the increase in medical student places in Scotland, by approximately 100 per year, given the lack of increase in postgraduate training places.
- The senior leadership group which has involvement of the Scottish Board, via the Scottish Academy, are attempting to look across the board and review the challenges of obesity.

Dr Dave Selwyn noted a correction in the Scottish Board minutes that stated that a representative of the CPOC Advisory Group, was required to pay a £2500 joining fee, he noted that this was not the case.

Mr Russell Ampofo noted that the Training committee, received a presentation on the workforce plan in Scotland and there is a request on how the College can support slot sharing, to increase capacity. The team will put together a short report to present at the next Academy meeting.

f) Welsh Board

Dr Ford noted he will present the minutes and report for the Welsh Board being held on 20 March at April Council.

g) Northern Ireland Board

Dr William Donaldson sent apologies for March Council. In his absence the President notified Council that Dr Donaldson would be standing down as Chair of the NI Board at the next meeting on 19 April. Council was asked to approve the motion that at the NI Board there would be a request for expressions of interest for position of Chair, should there be more than one person who expressed interest then they would take a vote at the meeting.

Motion Approved: Council approved the process for appointing a new chair at the next NI Board meeting.

8. Co-opted member reports

a) Centre for Perioperative Care (CPOC) Board

Dr Dave Selwyn circulated minutes of the CPOC Board held on 25 January and highlighted the following points:

- 13 March is national no smoking day and world dementia day and highlighted the various resources that CPOC have available on their website.
- A nutrition guide will shortly be released in conjunction with various partners.
- The Royal College of Surgeons of Edinburgh RCE has recently been accepted as a Board partner.
- The curriculum project is ongoing and currently being drafted, comments are currently being received and reviewed by the working groups and the drafts have been circulated.
- In 2023, CPOC strengthened its patient representation with the addition of Mr Bob Evans, Ms Fran Pitt and Ms Christine Waters, who joined with Mr Lawrence Mudford to develop and reinforce the patient voice within the Centre. Christine Waters recently stepped down from her role in December 2023.
- CPOC continues to engage in various conferences, presenting over 100 talks in the last 18 months.

b) GIRFT and POM update

Dr Swart noted that he would provide an update at the April Council meeting.

c) BJA & RCoA Liaison Group Report

Dr Howell provided a short update to note that:

- The working relationship with the College, via the liaison group is working well and work continues to strengthen this going forward.
- A meeting will take place on 17 April with the editors in chief and liaison group to discuss identifying areas where the BJA can publish material of mutual interest to both the College and the journal. Dr Howell will provide an update at April Council.

d) PatientsVoices@RCoA Update to Council

Ms Jenny Westaway provided a short report to note that:

- The PatientsVoices@RCoA away day took place on March 5, topics included how they can better communicate with and work with the College and how to improve their own internal communications and collaboration within the group and understand the wider needs of patients.

The President thanked PatientsVoices@RCoA for their work and engagement with both patients and the public.

e) Clinical Leaders in Anaesthesia report

Dr Sandeep Lakhani provided an update to note that:

- Following the letter about AAs from the College, CLAN noted that they are keen to continue to work with the College in supporting trusts.
- The joint webinar with the RAAs took place on 11 March and was well attended.
- The next webinar will take place on 24 June with a face to face meeting planned in November 2024.
- Dr Lakhani noted that he will include the topic of sexual misconduct at the next webinar meeting.
- Dr Rob Fleming recently left his role as Association representative of CLAN. Dr Abrie Theron will also be leaving CLAN shortly. Recruitment to replace them will take place in due course.

f) Association of Anaesthetists report

Council reviewed a report sent by Dr Matthew Davies to outline the work of the Association of Anaesthetists.

g) Lead Regional Advisor for the RCoA

Dr Simon Maguire provided a verbal update to note that:

- Dr Sarah Thornton provided a talk on the new registration of CESR programmes at the joint RAA and CLAN meeting held on Monday 11 March. Following the meeting comments posted online noted the development of new parallel pathways, noting that regions were beginning to set up CESR programmes for stage one training. Dr Carey noted that the College welcomes appropriate training and provides the curriculum template programme and modes of assessment, which any department within the country is welcome to use.

h) Defence Report

Colonel James Ralph reported on the following areas:

- Dr Ralph highlighted that defence anaesthetists, consultants and trainees are employed by the Ministry of Defence (MoD) and are therefore unable to strike or appear to strike break and must take a neutral stance.
- Discussions via the Defence Medical Leadership Team continue highlighting the outcome of the Defence Medical Services (DMS) Check 1 (similar to NHS Check) and outlined the high instance of common mental disorder, suicide, excess alcohol use, similar to NHS figures and numbers. Investigation continues to review the fact that large numbers are not seeking help via the normal systems and to review the alternative outcomes of support.

9. Matters for information

a) New Associate Fellows, Members and Associate Members

Council noted that the information for February has been circulated electronically.

b) 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.

c) Current College Consultations

Council reviewed the list of current consultations.

d) Regional Advisers Anaesthesia (RAA)

Council noted and approved the following changes:

- Dr Haitem Maghur in succession to Dr Simon Ford as Regional Adviser Anaesthesia for Wales.

- Dr Elsbeth Dyson to succeed Dr Jonathan Chambers as Regional Adviser for Wessex.

END OF MEETING
