

MEETING OF COUNCIL

Minutes of the Meeting held on 17 April 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 Felicity Plaat	Dr Simon Howell
Dr Mike Swart	Dr Matthew Davies
Professor Jonathan Thompson	Dr Matthew Tuck
Dr Sri Gummaraju	Ms Jenny Westaway
Dr Ashwini Keshkamat	Dr Dave Selwyn
Dr Ros Bacon	Dr Daphne Varveris
Dr Ramai Santhirapala	Dr Simon Ford
Dr Toni Brunning	Dr Roger Sharpe
Dr Elisa Bertoja	Dr Simon Maguire
Dr Satya Francis	
Dr Sarah Thornton	
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, Mr Jonathan Whale.

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, Dr Daniele Bryden, Dr Sandeep Lakhani, Colonel James Ralph. Dr Rashmi Rebello and Dr Catherine Bernard are currently on maternity leave.

2. Council minutes

The minutes of the meeting held on 13 March 2024 were circulated:

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

- Dr Selwyn asked for an amendment under: Point 4, CEO Update, Lay Trustee Recruitment, for the sentence to read:
 - 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.
- Under point 7, General Board Minutes and Updates, point e), Specialist, Associate Specialist and Specialty Doctors Update Dr Keshkamat, noted that the following sentence:

Four SAS doctors were appointed for the post of affiliate examiner in the recent recruitment round and will support SAS doctors within this educational role, should read:

'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.

- Point 7. General Board Minutes and Updates, point b) Clinical Quality and Research Board (CQR). Dr Ros Bacon agreed to send Mr Jonathan Whale an updated point to add to the minutes relating to the new COPES process.
- Point 7. General Board Minutes and Updates, point d) Membership Media and Development Board (MMD), Dr Ramsay noted that the next BoT meeting will take place in May and not July as stated.

ACTION: Jonathan Whale to update the Council Board with the proposed corrections.

Matters arising:

All matters arising were completed or being reviewed at today's Council meeting.

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 key meetings for Council to attend: The Joint RCoA and Association Council to be held on Friday 26 April and Anaesthesia 2024 to be held in Glasgow from 21 to 23 May.

Council noted the deaths of College members, Professor Habil Gottfried Benad, Dr Charlotte Williamson Dr. Bruce Lindsay Taylor. Council held a minute's silence in reflection.

AoMRC Statement on Abortion

The Royal College of Obstetrics and Gynaecologists (RCOG) has asked if the College would sign up towards a statement from the AoMRC on abortion. The President presented the statement from the Council of the Academy of Medical Royal Colleges (AoMRC) who is opposed to the proposal to reduce the abortion time limit from 24 weeks to 22 weeks, stating that the evidence on viability of babies born at 22 weeks has not improved significantly enough to justify reducing the abortion time limit. It is noted that the proposed change would have a negative impact on women accessing abortion care, particularly on women with a wanted pregnancy who may receive a diagnosis of foetal anomaly.

The Academy states that it is also opposed to attempts to make it illegal for doctors to provide an abortion beyond the 24 week time limit where a diagnosis of Down's syndrome has been made. The proposed sweeping ban does not consider the severity, complexity, and multi-faceted nature of a diagnosis, and could force a woman to continue with a pregnancy and give birth against her wishes.

It was noted that listing conditions to be included or excluded under the criteria of Ground E impedes the ability of doctors to make case by case assessments of their patients and risks other conditions being added to a 'ban list' which creates further unnecessary barriers to care and limits reproductive choice.

The AoMRC will shortly write a statement on politicising medical decisions and medicine in general, which is not thought to be advantageous.

Overall Council was in favour of signing the letter and noted concerns relating to Equality, Diversity, and Inclusivity (EDI), where changes are more likely to cause risk and affect certain groups of women who are already disadvantaged. Council considered further risks in politicising medical decisions and implications around women's autonomy and the legal issues around birth.

Committee Matrix

The President presented the most current version of the College committee matrix, which outlined the committees in which Council members are represented.

ACTION: Natalie Walker agreed to send an updated version of the committee matrix via email.

4. CEO Update Operational Update

Mr Mark Blaney provided an update on the College position of the financial year 2023 to 2024, which ends on 30 June 2024. He highlighted the key points:

- Trustees have agreed an exam and event fee increase of 3.9% for 2024 and 2025, which is based upon November 2023, CPI inflation.
- Following discussion and in line with the trustee target for the 2024, 2025 budget will be presented at the April Finance and Resources Board meeting in April and then the May Board of Trustees.
- Proposed designations within the budget will more than double the College's designated funds to address urgent remedial building works, modernisation of the membership categorisation and the offer of the Faculty of Intensive Care Medicine (FICM) disaggregation.
- The proposed revisions to the reserves policy, in line with the designations, will reduce the College's free unrestricted reserve.
- The audit planning for 2023 and 2024 accounts has now commenced. To date there are no reports.

Dr Sri Gummarajaru asked if there was scope to reconsider discussion on the increase in examination fees proposed in accordance with November 2023 CPI. There was agreement to review the options at the next Finance and Resources Board, (F&RB) meeting but noted that any change would influence outturn and projections going forward. The examinations continue to breakeven and will continue to be discussed and reviewed within the examinations review.

Timetable for the election of President and Vice Presidents 2024

Council noted the timetable for the election of the President and Vice Presidents:

The timetable for self-nominations for President opens at 9am on Friday 24 May and close at 5pm the same day. Depending on the number of nominations for President, the timetable outlined dates if there is only one nomination for president, if there is more than one nomination for president and if there are more than two nominations for Vice President (VP).

Council noted that should the election process run to its maximum length, with contested ballots for both the President and VP positions, it would be completed by the first Monday in June.

Elected members will be contacted to confirm the email address they wish to use for the ballot process.

Council reviewed a paper to set out the proposed dates for the Council, Board of Trustees, and the Finance and Resources Board for 2025. The dates follow the order of business for the financial year, to indicate slight changes made from previous years, which aims to improve the flow and transparency of information from the Board of Trustees to Council. Key changes noted:

- The first Council meeting of the year from mid-March into early March in order to be prior to the BoT meeting.
- The second Council meeting will move from April to May, to even out the timings between meetings.

Council noted the changes proposed.

5. Faculty Updates

Faculty of Intensive Care Medicine (FICM) Dean Update

Council noted Dr Daniele Bryden's apologies and welcomed an update at the next meeting.

Faculty of Pain Medicine (FPM) Dean Update

Dr De Gray provided an update to note that:

- The work on credentialing remains on hold, despite the General Medical Council (GMC), approving the curriculum over a year ago. A recent meeting took place with Professor Andy Whallett, Health Education England, (HEE), to discuss issues in uploading data. It was noted that using the College platform is not an option and therefore there has been a request to use 14 Fish or Horus or the General Medical Council, (GMC). Work continues exploring the options.

6. General Updates and Presentations

a) NHSE and Anaesthesia and Peri-operative Care

A presentation by Professor Ramani Moonesinghe, NHSE National Clinical Director for Perioperative and Critical Care, assisted by Dr Judith Hendley, Assistant Director, Elective Recovery, Perioperative Programme lead.

Professor Moonesinghe presented a slide set, to outline the current priorities for perioperative care to include a response to existing pressure and future challenges in healthcare under a new Government, with a focus on digital infrastructure and workforce. Key strategic objectives, as outlined, continue to be the focus for both the College and CPOC. Two key areas outlined in the 2024 and 2025 Priorities for NHSE Planning and Guidance document focus on elective care and cancer, and in delivering or exceeding specific activity targets. Whilst progress has already been made; it is noted that the emphasis on perioperative care going forward will continue to support the drive for improvement going forward.

A key priority will also include sustainability, as part of the 'Green Surgery, reducing the environmental impact of surgical care'. The next major priority will be to decommission nitrous oxide as this will be consistent with the new hospital programme, and the NHS position, however there may be some push back on the endorsement of using total intravenous anaesthesia (TIVA). Council also reviewed a slide, of interest to the College, to outline a new initiative from the NHS on clinical transformation to improve clinical sustainability.

Further key initiatives and priorities outlined for consideration within perioperative care include a considerable amount of work on children and young people's health care pathways, maternal health, and the implementation of Martha's rule.

Council thanked Professor Moonesinghe for her presentation and the opportunity to embed anaesthesia and perioperative care in NHS priorities and the importance of remaining involved. A discussion raised the following points:

- That work continues reducing the current backlog, even though waiting lists include mainly low risk cases. There is a feeling that anaesthetists need to be more involved in pre-assessment in order to escalate concerns about complex patients.
- To date many consultants, continue to have difficulty in finding time to deal with quality improvement initiatives.
- The system remains pressured, particularly in smaller District General Hospitals (DGH) and theatres. There needs to be more emphasis on ensuring work continues to support, planning to cope with the current delayed discharging.
- The Long Term Workforce plan remains a priority to support concern around the gap in workforce planning around specialty training numbers.
- Training in perioperative medicine has grown in the last ten years, which is now positively regarded, there has been a drive to move towards more expert practice and in leading the services forward.
- There is a drive to raise the profile of the National Clinical Director for Perioperative and Critical Care, and to review central funding and commissioning issues.
- There is a suggestion that core trainees are not getting as much independent or supervised work as requested, there is therefore the recommendation that this is defined to support workforce planning.
- As more complex patient cases continue to increase, questions continue around the confidence of AAs and non-medical practitioners training. It is hopeful that the relevant curriculum changes and with specific perioperative care pathways being developed that AiTs will be able to support the gap and provided safety going forward.

Council thanked Professor Moonesinghe for her continued support and for taking time to present the current work on perioperative care and support for anaesthetists.

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

Mr Russell Ampofo provided an overview of the work on the EGM since the last Council meeting to note:

Anaesthesia Associates (AAs)

- Work continues on the ways in which College guidance is produced, signed off and published, and changes have therefore been proposed to the governance of the Scope of Practice Working Group. The changes will introduce a new core writing group which will have elected Council members on it as well as a [newly appointed clinical lead](#) for the development and writing of the scope of practice framework. The final document will be approved by Council. The current scope of practice group will evolve into a broad stakeholder clinical reference group who will provide evidence, feedback, and information into the core writing group to aid the

production of the scope of practice. A copy of the draft terms of reference for the new governance was provided and will be discussed during the RCoA Strategic Retreat.

- Stakeholder meetings have taken place with the GMC, NHSE and Higher Educational Institutions, (HEIs) to keep them informed of the work the College is doing in relation to AAs.
- Whilst the College has called for a pause in recruitment of AAs, 21 trainees have enrolled onto courses across the UK, and therefore the numbers are much reduced from the initial and planned 120 intake that had originally been planned by NHSE as part of the Long-Term Workforce plan.
- The AA membership survey delivered by the College via the services of Research by Design has now been published. [The survey report](#) has been published in full on the website and sent to all RCoA members. Council will discuss the next steps at the Strategic Retreat.
- The [website pages relating to AAs](#) has been updated in order to provide an accurate reflection of the College's current position following the EGM. The new pages now also include a footnote informing members and the public that the pages are subject to change from time to time and to keep pace with the changing nature of our work in this area.
- The ACSA and GPAS standards have been updated in accordance with the papers and proposals made in the December 2023 meeting of Council and with the agreement of the authors. As outlined in the paper, the only change to ACSA is that the GPAS references in the relevant standards have been updated. The changes are now live on the website and ACSA portal and have been signalled in the letter to the Clinical Leaders in Anaesthesia Network (CLAN).

Rotational Training

- The draft proposal outlining the principles and process for flexibility in the delivery of the Stage two and three Stage domains of learning has been updated following consultation with training leads and following feedback from the TCA Committee and COPMED. Work will proceed with exploring the feasibility of these proposals in the context of GMC rules and thresholds for curriculum changes.
- The Education Leads and the Training, Curriculum and Assessment committee recently discussed the lead employer model. There was universal support from both groups for the adoption of the lead employer model, which should add significant weight behind subsequent meetings with NHSE and COPMED. Professor Andy Whallett has agreed to take this issue to the next COPMED meeting to gain support from Deans to move towards this as a model for all training. The GMC leadership also confirmed they would also be supportive of such a model of delivering training.

National Recruitment

- Russell Ampofo discussed the issue of more personalised or more regional recruitment to the AoMRC Education Leads meeting of fellow Directors and Heads of Training. The proposal was viewed positively by five College representatives. It was agreed that an informal meeting with the College representatives will take place shortly to help tease out what more personalised recruitment practices might look like, ahead of another meeting with the Medical, Dental, Recruitment and Selection (MDRS). It is anticipated that the proposals from the informal working group could be shared with Dr Richard Marks and MDRS with a view to exploring whether they could be delivered within the current model and format of recruitment or a more regionalised approach.
- Follow-up communications have been sent to MDRS to push for a written statement on the delay to the publication of the serious incident reports. Work continues to use formal and informal means of encouraging MDRS representatives to respond to this request. The ET&E Board will discuss potential next steps that could be taken to address this aspect of the resolution.
- The President has led on advocating and pushing for more clarity on the timetable for the recruitment of the remaining roles within the Anaesthetics National Recruitment Office (ANRO) regional team. The current action is now with Mr Alan Ryan, Deputy Chief Operating Officer, for implementation.
- A further informal meeting has been held with the GMC to explore the ways in which the GMC standards related to the maintenance of HR and finance records can be interpreted and enforced, if required.

The President noted that following appointment of a Clinical Lead, the Clinical Reference Group propose to complete writing the Scope of Practice by late summer 2024.

Mr Ampofo noted that work continues communicating information to trainees, about the work following the EGM. The College is looking into ways of ensuring they are kept up to date during these challenging times. A podcast will be released soon.

Dr Selwyn noted that under the Terms of Reference the Director's name needed to be included within the document on Scope of Practice and there was agreement to include Mr Russell Ampofo. There was further clarification to ensure all costs are outlined with the document.

Council was interested to find out what concerns were raised regarding the locally employed model and Mr Ampofo agreed to review comments made and discuss this with the Conference of Postgraduate Medical Deans, (COPMeD). Overall Council was happy with the progression of the work at this stage.

c) Examinations update

Dr Roger Sharpe provided a short update to note that:

- There continues to be demand for the May Primary examination, with 609 candidates currently due to sit. Accommodating the OSCE examination remains difficult as it only provides 360 places over a five day week (four rounds per day, with 18 stations).
- To date the team has been able to accommodate 409 candidates, during the five day week, as some candidates are due only to sit the Structured Oral Examination (SoE).
- With support from 25 to 30 volunteer examiners, there is now an opportunity to host additional days in July 2024 which will accommodate up to 70 places.
- There are currently 128 applicants that are unable to sit at the May primary examination, which includes several international candidates who hold a temporary examinations eligibility certificate.
- The team will conduct an options appraisal which will support an increase in capacity, prior to the new format examination which commences in 2027. This will investigate increasing the number of examination days and managing the demand.
- There will be further review into the prioritisation policy, to ensure that it is being conducted in the correct order and a review of moving the application windows, which will ensure there are no surges in demand for the exam.
- The team will also investigate changes in the way the examination is delivered, to scope external venues as additional means.

Dr Sharpe noted that Examinations Committee will review the options appraisal at their next meeting, and he will update at the July Council meeting.

The President thanked the examinations team for their current work and for supporting the capacity issues.

d) Anaesthetists in Training (AiT) update

Dr Matthew Tuck provided an update to note the current work of AiTs and noted that the committee and reference group have not met since the last Council meeting.

- Dr Tuck indicated that trainees have raised concerns regarding progressions and examinations, and he has contacted a selection of trainees to discuss the prioritisation policy and how the membership classification defines candidates between various stages of training. There is also further discussion on examination capacity.

Dr Carey noted that work continues with ETE on the prioritisation work, addressing concerns that it remains consistent. There are also continuing discussions on long term additional examination capacity.

e) Specialist, Associate Specialist and Specialty Doctors Update

Dr Ashwini Keshkamat provided an update on the current work to note that:

- A response to the BJA article has now been published.
- The AoMRC committee met on 15 April to which all College's discussed opportunities to support SAS doctors. This involved reviewing support roles for SAS doctors to include representation at various College committees, including Council, opportunities for educational roles and a review of support systems to include support with wellbeing at work.
- The President will attend the RCP and Surgeons of Glasgow, SAS conference taking place on 7 June.

7. General Board Minutes and Updates

a) Education, Training and Examinations (ETE) Board

Dr Jonathan Chambers provided an update on the work of the Training Committee, to note:

- The College Tutors meeting will take place on 13 and 14 June in Logan Hall in London, the programme is currently being formalised.
- At the College Tutors in March, Professor Andy Whallett presented a guidance document on COPMED, on acceleration of CCT dates, which will outline advancement of the dates.
- Professor Tom Gale also presented some research on trainee wellbeing, to highlight the impact on work life balance on trainees.
- The President recently wrote to Dr Colin Melville to highlight the concerns the rules on slot sharing in Scotland is having on the current training programme, with a view that they will review how it is run in the future.
- Recognition for CESR programmes is now live, to date there have been three applications from CESR programmes around the UK seeking College recognition.
- The guidance for SAS locally employed doctors was well received, conversations are taking place with the Anaesthesia Clinical Services Accreditation (ACSA) programme to ensure it is embedded within GPAS, to highlight how departments are run.
- Dr Sarah Thornton continues to run the 'difference in attainment' master class, to help those struggling with examinations and in ensuring progress. To date this has been well received.
- April 17 is ST4 offer day, the final numbers will be confirmed shortly.
- The GMC has now confirmed it has approved and recognized all parts of the new curriculum.
- Following current industrial action and the impact on training, Dr Carey noted that advice has been given to schools to be pragmatic about recognition of attainment in the training programme.

b) Clinical Quality and Research Board (CQR)

Dr Elisa Bertoja noted the minutes of the meeting held on 21 February were discussed at the March Council meeting and there has been no meeting since then. Key updates included:

- The topic of NAP8 is confirmed and there will be complications of regional anaesthesia peripheral blocks and central neuraxial blockade and other neurological complications of anaesthesia.
- The new National Emergency Laparotomy Audit (NELA) platform is currently delayed due to bugs within the system. Working continues to resolve the issues and it should be released shortly.
- Following approval by Council of the amendments to the endorsement policy, COPES process and College representative process as part of a one year trial, Dr David Selwyn asked if CQ&R had considered the impact on other organisations and how they provide endorsement. Ms Sharon Drake agreed to engage with CPOC and SALG to discuss the endorsement policy, prior to implementation, with a view to following suit. There is also a discussion to be had with Board Chairs of the Devolved Nations as they currently have their own processes.

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 Ethics Committee proposed that a similar situation must exist for others providing care as part of the anaesthesia team. Council noted the difficulties within the medical profession when introducing trainees and agreed that a wider discussion was needed.

Council was invited to provide comments on the draft paper discussed at March Council, and reviewed a summary of feedback received and specific questions to guide the discussion at Council and inform the next iteration of the guidance to include:

- **Whether Council agree that Anaesthesia Associates should include the fact that they are not doctors as part of their explanation and support the below form of words?** For example: *"Hello, my name is X, and I am an Anaesthesia Associate. I am not a doctor. I will be helping to look after you as part of your anaesthetic team supervised by Dr Y. I'll be [brief description of main task today]."*

And

- **Should there be encouragement that anaesthetists use the prefix 'Doctor' to help patients understand the background of the clinician involved in their care?**
- **If the clinician is not autonomously practising, should they also include who they are being supervised by, working with?**

- **While it is obviously important that patients are made fully aware of the role of Anaesthesia Associates and the fact that they are not doctors, should a similar ask be made of others providing care as part of the anaesthesia team, and in particular doctors in training?**

Council discussed the questions in detail and made the following suggestions:

- To ensure that Council follows the request made at the EGM, to ensure clarity on who is looking after the patient, as the members requested differentiation, and for people to identify themselves.
- To ensure clarity that when AAs introduce themselves, to state that they are not doctors.
- To think about re-wording the introduction, so as not to use a negative affirmation, therefore, you do not state who you are not.
- To use the word doctor to provide clarity and ensure that there is clarity of differentiation from levels of experience within the team.
- As this falls under the Good Medical Practice, to be mindful of other specialties, to simplify the process that the anaesthetic team introduce themselves and clarify that certain people's roles are defined as medical or non-medical. There is also a request to be mindful that you cannot expect all patients to understand the distinction between medical or non-medical.
- The option of having several short scripts as an aid to support the guidance in introducing different colleagues.
- To accept responsibility by ensuring that information is available to patients about who is involved in their care plan.
- Having an option of a patient information sheet or video explaining to patients about the team and to cover the pre-operative assessment.
- The option of AAs introducing themselves by their first name, to say '*I am a practitioner who works with doctors*' etc.

The President thanked Council for highlighting their points and referred the feedback to CQR for further discussion, with a view to revamping the offering and producing a new set of proposals for discussion at July Council.

d) RCoA Conflict Policy

The RCoA has previously made public statements concerning humanitarian disasters associated with conflict. In late 2023 the College was asked by several members to comment on the conflict in Gaza. The opinion of Council members was divided. Some were of the view that the deaths of civilians on such a scale warranted a response referencing the previous year's College statement on Ukraine. A significant minority thought that the College should not comment, pointing out that the conflict was only one of many in which civilians are being killed. Reasons suggested for not commenting included the fact that this was only one of many conflicts around the world and that intervention would do little, if any good, and because the geopolitical situation was so complex any response might lead to criticism that it was unbalanced in nature. In January a statement entitled 'Middle East Crisis Resources' was posted on the College website, containing details of organisations providing aid as well as wellbeing resources for members affected by the conflict. The Ethics Committee was subsequently asked by trustees and Council to draw up guidelines to help the College to decide whether and how to respond to humanitarian crises and other contentious issues and to requests to make a response.

There was suggestion that the policy could be representative for all contentious issues and therefore would not have to separate out conflict and other issues. Council agreed that going forward the document would dictate how the College would respond.

Dr Matthew Davies noted that the Association are going to discuss a policy at their next Board meeting and will not provide a statement but following any crisis, will refer to a policy as outlined on the AoA website.

Council noted that under point one: Key comments 'it was noted that the protection of healthcare workers attempting to carry out their duties is at stake', would apply to all conflict in any circumstance. Council noted the timescales that a response may be required and agreed that there should be more consistency, and by having a plan in place would be more supportive. There was a further suggestion on thinking about which groups the policy would influence and how this would channel through the various College teams. There was also a suggestion to review its intended purpose and how this would be achieved and how going forward it could be used as a guide to support in providing consistency on what the specific areas of conflict the College would comment on.

Ms Sharon Drake noted that there would be an opportunity to share the policy with the membership as this would be helpful in outlining why the College is not making a statement.

The President suggested that CQR discuss the policy with the reference group to review and make recommendations to Council and the BoT going forward.

e) Membership Media and Development Board (MMD)

Dr Ramai Santhirapala reported on the Board held in February 2024 to note that:

- A draft Social Media Policy paper was presented to the Board, the policy is designed to align with the new guidance from the Charity Commission and to incorporate an update of the College's existing social media guidelines. The Board agreed that some wording around the etiquette of how people should behave on WhatsApp be added to the paper.
- Discussion took place around Membership Engagement and Feedback and the Board agreed that work should begin on "what are we trying to achieve" and a possible workshop was suggested.
- The Board discussed the article 'Charge Waivers for BJA Open' and agreed that the proposal sounded more complicated than had been originally thought, however, agreed to discuss this item at the full day Face to Face BJA, RCoA Liaison Group meeting planned on 10 April where the proposal could be discussed in more detail.
- The Events and Professional Development Committee (EPDC) recommended that the College go to an open application process for e-LA Clinical Lead. The Board agreed with this decision and asked for some amendments to the paper before it is presented at the next Finance and Resources Board.
- From July 2023 to the present, the digital bulletin has increased in views by 39%, with 4456 views to date.
- Dr Santhirapala encouraged Council to promote Anaesthesia 2024 on their social media which currently has 872 registered to attend.
- Dr Santhirapala thanked the communications team for their support with the Practitioners Health Issue which provided the opportunity for members to see that the College was responsive.
- Communications have been completed for the CPOC manifesto.
- Work is also taking place to support the Health Service Journal (HSJ).
- The Research by Design AA survey results provided a small amount of feedback.

Dr Simon Howell noted that BJA Open remains keen to support the reporting of quality improvement activity of service improvement. They are aware that article fee processing can contribute to a barrier in publication, therefore continue to discuss with the publishers on negotiation regarding fee processing waivers.

f) Nominations Committee

Dr Sarah Thornton presented the minutes of the previous committee held on 27 March. Council ratified the following motions agreed at the meeting.

- To approve the proposed Patient Voices@RCoA Award, more details will be provided by the Nominations committee in due course.
- To award Professor Peter Mahoney the College Medal for his academic work whilst Defence Professor of Anaesthesia and Critical Care and for his work in being a founding member of the NIAA.
- To award Dr Lutful Aziz an Honorary Fellowship for his sustained work in the development of Anaesthesia in Bangladesh.
- To award Dr J Bernard (Bernie) Liban the Dudley Buxton prize for his meritorious work in delivering high quality educational events over a sustained period of time to the benefit of thousands of UK anaesthetists.
- To award Dr Mark Dirnhuber the President's Commendation for his outstanding support to trainees over several years.
- To award Dr Marie Nixon the Dudley Buxton prize as the College has greatly benefitted from her contribution.
- To award Dr Jo Budd the College Medal for her clear and significant contribution to the College.
- To award Dr Syed Rehan Haider Naqvi, the Fellowship ad Eundem.
- To award Dr Chima Alexander Oti the Fellowship ad Eundem.
- To award Dr Baber Zaheer the Fellowship ad Eundem.
- To award Dr Dennis Keabena Barnes the Fellowship ad Eundem.

Council suggested that the item could include more detail about the nominations process for Council's decision and the President agreed that as part of the governance for the committee there centres more discussion about criteria for awarding honours and awards going forward.

g) Scottish Board

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

- The Board received a response from the new Scottish Minister who is keen to meet soon to discuss CPOC and perioperative care.
- Dr Varveris attended a recent Medical Associate Professions (MAP) Advisory Group; concerns highlighted the work currently being implemented despite the Scope of Practice. It was noted that National Education for Scotland (NES) is responsible for the budget, curriculum development and control of new training posts.
- A programme Board, chaired by NES and the Scottish Government, is taking place shortly, the Board requested an invite but this was declined.

h) Welsh Board

Dr Ford will provide an update on the Welsh Board activities at the July Council meeting.

i) Northern Ireland Board

Dr Donaldson was absent from the meeting. The next NI board will take place on Friday 19 April.

Mr Russell Ampofo requested that all devolved nations provide comment or feedback on workforce issues in order to support the Workforce Committee as they put together the workforce census in 2025.

8. Co-opted member reports

a) Centre for Perioperative Care (CPOC) Board

Dr Dave Selwyn provided an update on the work of the CPOC Board to highlight the following points:

- The next CPOC Board meeting is taking place on 18 April.
- Interviews will shortly take place for the 2024, 2025 CPOC Fellow, to date there are six applicants.
- The curriculum project is ongoing and being drafted, the document will be going out for public consultation in April and May.
- CPOC executed social media presence for the national no smoking day on 13 March 2024. A new [webpage dedicated to stopping smoking](#) resources was launched, along with an [infographic](#) about smoking cessation and the perioperative benefits. A patient-facing resource is now in discussions to add as part of the resource.
- The CPOC manifesto was recently released, and generated interest from the Daily Mail.

b) GIRFT and POM update

Council reviewed a written update on the current work, provided by Dr Mike Swart.

c) BJA & RCoA Liaison Group Report

Dr Howell provided a short update to note that:

- A positive meeting took place on 10 April to include the BJA Directors, RCoA members and the editors in chief. Discussion focused on common areas of interest to highlight the type of material and content produced to support both the specialty and patients.

d) PatientsVoices@RCoA Update to Council

Ms Jenny Westaway did not have anything to update at this meeting.

e) Clinical Leaders in Anaesthesia report

Dr Sandeep Lakhani sent apologies for the meeting.

f) Association of Anaesthetists report

Dr Matthew Davies noted that he is looking forward to inviting members to have meaningful discussion at the Joint RCoA and Association meeting to be held on Friday 26 April, in Portland Place.

Dr Davies would like to take further discussion on nomenclature in the future.

g) Lead Regional Advisor for the RCoA

Dr Simon Maguire provided a verbal update to make Council aware of the implications of the NHSE budget, which is affecting staff time around the Annual Review of Competency Progressions (ARCPs),

and causing increased pressure on time towards senior trainers and Training Programme Directors (TPDs). As a result, and in certain regions there remains difficulty in seeing trainees annually.

Dr Chris Carey agreed to send the President a short overview of the existing problems and the risk to administrative schools, following the recruitment freeze and how they have not yet met staffing costs in the reduction to date.

ACTION: Dr Chris Carey to provide a precis of the concerns regarding the NHSE budget, to take the AoMRC for further discussion.

9. Matters for information

a) New Associate Fellows, Members and Associate Members

Council noted that the information for March 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:

Deputy Regional Advisers Anaesthesia, in the Northern region, Dr Elke Kothman and Dr Nicola Hirschauer and from the Welsh region, Dr Valerie Hilton to succeed Dr Haitem Maghur.

END OF MEETING
