

**Minutes from the RCoA Council
Tuesday 10 December 2024
10:00am to 13:30
Churchill House**

Members present:

Elected members:

Dr Claire Shannon, President and Chair
Dr Toni Brunning, Vice President
Dr Chris Carey, Vice President
Dr Fiona Donald
Dr Helgi Johannsson
Professor Mike Grocott
Dr Sarah Ramsay
Dr Felicity Plaat
Dr Michael Swart
Dr Rosalind Bacon
Professor Jonathan Thompson
Dr Ashwini Keshkamat
Dr Ramai Santhirapala
Dr Elisa Bertoja
Professor Andrew Smith
Dr Satya Francis
Dr Sarah Thornton

Dr Matthew Tuck
Dr Jonathan Chambers
Dr Paul Southall
Dr Sophie Jackman
Dr Chris Taylor

Co-opted members:

Dr David Urwin
Dr Daniele Bryden
Dr Daphne Varveris
Dr David Selwyn
Dr Nirmala Soundararajan
Dr Sandeep Lakhani
Dr Tim Meek
Dr Roger Sharpe
Dr Simon Howell
Ms Jenny Westaway
Dr Giles Nordmann

Invited members in attendance:

Dr Sandy Jackson, Dr Melanie Tan, Dr Remi Paramsothy and Dr Daniel King attended for item 6.5.

Staff members in attendance:

Mr Jonathan Brүүn, Ms Sharon Drake, Mr Russell Ampofo, Mr Mark Blaney, Mr Aaron Woods, Ms Rose Murphy, Mrs Natalie Walker, Mr Shaun Lee.

1.1 Welcome, Apologies and Declaration of Interests

The Chair welcomed all members to the Council meeting and noted the apologies for absence received from Dr Sri Gummaraju, Dr Rashmi Rebello, Dr William Donaldson, and Dr Simon Ford.

The Chair thanked the following Council members who would be demitting the day before March 2025 Council: Dr Fiona Donald, Dr Felicity Plaat, Dr Mike Swart, Dr Sunil Kumar and Dr David Urwin.

Council held a moments silence for the passing of Dr William "Bill" Fitch who was a Professor of Anaesthetics at the University of Glasgow until he retired in 1998.

Declarations of interest: The Chair reminded attendees to declare any conflicts of interest and no additional conflicts were received.

2. Administration

2.1 Minutes of the 6 November Council meeting

The minutes of the Council meeting held on 6 November were approved as a true and accurate record. Dr Selwyn raised an observation that the minutes do not necessarily capture the full discussion on items and at present are slightly more outcome focused. Mr Brүүn suggested that this could be reviewed within the governance team to see how discussions can best be captured and a record of the meeting kept for reference.

Action: Mr Brүүn to work with the Governance Team to review how detailed the minutes of Council meetings are and an update to be given at the next meeting.

2.2 Matters Arising/Actions

Council noted the matters arising paper and an outstanding action, not being discussed at today's meeting, was that the SAS Terms of Reference is still under review and will be presented to Council for their approval at a future meeting in 2025.

2.3 Matters decided between meetings

Council noted that since the last meeting Elected Council members had agreed to support a statement from the Royal College of Obstetricians and Gynaecologists (RCOG) regarding abortion law: 'Call for Urgent Action by Parliament to Protect Women's Essential Reproductive Rights'.

3. President's Update

3.1 Stakeholder Engagement Overview

The President highlighted the paper circulated in the pack, which provided an overview of major stakeholder engagement since the September meeting. Notably the HRH Princess Royal, Patron of the College, had attended the Winter Symposium at Churchill House on the 21 November, meeting Officers, anaesthetists in training, NAP7 authors, staff and others.

3.2 Confidentiality and undue access to Council decision-making

The Chair reminded Council of a previous discussion on the College's position on assisted dying. At the November 2024 Council meeting, there had been agreement that the College should move from a 'no stance' position to a 'neutral' position. When communicating the update to the College's position a careful explanation and clear definitions were planned. Council members had discussed timescales for publishing the position and related member survey and agreed to liaise with the Association of Anaesthetists to ensure a joined-up approach.

On 21 November an email had been sent from the President to Council members and Trustees to confirm that due to circumstances beyond the College's control, there had been a decision by the Senior Officers to communicate the updated position on assisted dying to members on Friday 22nd November. The report on the survey by Research by Design would be shared at the same time. This change of plan was due to a member who had been involved in the assisted dying survey informing the College that they planned to leak the College's change in position and survey to other organisations and possibly the press. The Chair shared this with Council for their information and sought Council's views on the situation and any next steps. Council members raised the following points:

- Whether the College had received any legal advice on a member leaking information. Mr Brүүn confirmed that there was no legal position as such, but if the member was an active member of Council or the Board of Trustees, they would be accountable in different ways due to the confidentiality agreed at the time of taking up these positions. Currently the College's Code of Conduct has no rules governing member interactions or engagements that hold them to a standard of confidentiality and as such, there was no direct recourse in this instance.
- It would be sensible to consider in the future a way that members who are involved in pieces of work that are sensitive, controversial or requires careful handling, should be asked to sign up to a Code of Conduct with similar rules an expectation on confidentiality as expected of Council members and the Trustees.
- There has been a breach of confidentiality and although there is no contractual relationship with the individual, there may be a common law position whereby it is expected from that individual that a duty of confidence applies, and that the information cannot normally be disclosed without the information provider's consent. It would be reasonable to make it clear to the individual that threatening to leak this information is unacceptable.

The Chair summarised the discussion from Council.

Action: Council to ensure that the breaches of members and non-members in appointed or elected roles with the College's confidentiality standards be included in the next review of the Code of Conduct.

4. Operational updates

4.1 CEO update

Mr Brүүn provided a brief update on the AGM 2024 and the Council Elections 24/25 results. The following was noted:

- AGM 2024: At the College's Annual General Meeting on the 27 November 2024, there were three resolutions presented for a member vote and all three were carried. The resolutions included approve the minutes of the previous general meeting, subscription fee rates for 2024-2025 and to approve the recommended amendments to the College's Ordinances, as previously presented to Council and the Board of Trustees. The governance team are now working with the College's lawyers to progress the Ordinance changes with the Privy Council.
- Council Elections 24/25: Following the recent election to the RCoA Council, the College was pleased to confirm that the following candidates have been elected, with terms of office commencing in March 2025:

Consultant vacancies

- Dr Helgi Johannsson, Imperial College Healthcare
- Dr Kirsty Maclennan, Manchester University NHS Foundation Trust
- Dr Emily Simpson, Mid and South Essex NHS Trust
- Dr Chris Til, Blackpool Victoria Hospital

The Chair and Mr Brүүn thanked all those involved with running the election and the general meeting.

Action: The Governance Team to work with the Privy Council on getting the changes to the College's Ordinances approved.

4.2 Estates Update

The Chair introduced the item and invited Dr Toni Brunning to provide Council with an update on the development with the estates project since the last Council meeting. Ahead of this, it was highlighted that correspondence has been received from a small number of Senior Fellows and Members who had expressed their concerns with the Board of Trustees decision to dispose of Churchill House and acquire a new home for the College. The Chair invited Council to comment on the correspondence that had been circulated and bring any questions forward. The following points were raised and discussed:

- Concerns were raised that one of the Senior Members and Fellows was able to send an email directly to individual members of Council.
- Dr Johannsson confirmed that in discussion with a Senior Fellow and Member, there was surprise that the Board of Trustees had come to this decision and questioned whether more could be done to ensure that the membership is communicated with more effectively on the progress of this project without lengthening the timeline. Mr Brүүn confirmed that the Senior Fellows and Members received information on this matter at their last two meetings and that it was also presented at the Past Presidents, Deans and Vice Presidents lunch in July 2024. No immediate concerns had been raised at these points and communications were planned with this in mind. Mr Brүүn did confirm that the pace of making this decision has been driven by future financial implications to maintain the College estate in the face of dilapidation of Churchill House and increasing building and environmental regulations.
- It was felt that the financial analysis presented as part of the SFMC members' letter misunderstood and therefore misrepresented the finances of the College, and should not be shared within the public domain.
- The Senior Fellows and Members in correspondence with the College may have an attachment to the building, and many would have been involved in the purchase of Churchill House. However, the main category of members who would see disruptions from the College moving location will be the trainee doctors with a lifetime of College membership ahead of them.
- The critical appraisal of the College finances suggested that the average benchmark from 1999 to 2015 was 33% and since 2019 this has increased to closer to 50%. The cost of this increase, the correspondence claimed, costs £2.4 million in one year, and over the last six-years will have cost £11.7million. Mr Brүүn invited Mr Blaney to address the figures presented in the critical appraisal. Mr Blaney first addressed the benchmark set out in this letter as 33%. There is no financial rules or standards to suggest that this is an accepted accounting ratio for the staffing mix and if the College compared itself to other Royal Colleges, they typically spend around 40 to 60% of their turnover of staff.
- What will the strategy be if the debate with the Senior Fellows and Members developed and if they continued to campaign vigorously about this? The Chair confirmed that the Senior Officers; President and Vice-Presidents, had decided to offer the group a meeting to share with them some more information on the project. The meeting would cover the initial starting point of the project, and the decision-making process that has been followed since then. The meeting might help answer some of the questions that had been raised so far, and attendees will be reminded to treat any information shared as confidential.
- A lot of the concerns that were raised in the correspondence from the Senior Fellows and Members were discussed at the recent Let's Talk meeting on the College's estate held on Tuesday 12 November. It was suggested that the clear points from the Let's Talk should be summarised and published online.
- Further context was provided in support of the increasing staff numbers addressed in the letter. Since 2015, the ETE Directorate had seen a 200% increase in the number of CESR application the College receives. The Chair requested that each Director should produce a summary of changes to the complexity and volume of demands for services from their teams for future reference.

Action: The Director of MM&D, CQ&R and ET&E to produce a summary of changes to the complexity and volume of demands for services from their teams for future reference.

The Chair summarised the view of Council as remaining in support of the decision to dispose of Churchill House, and reassured Council that this message would be relayed to the Board of Trustees at its next meeting.

The Chair invited Dr Brunning to provide a further update on behalf of the Estates Programme Delivery Group. Dr Brunning highlighted that the trustees will be receiving and reviewing advice from the designated advisors at their December meeting on the possible sale of Churchill House. In total the College had received 10 bids. The College had issued member engagement on the vision for the future home of the RCoA and so far, there had been 600+ responses. The survey deadline was 5pm on Friday 17 January 2025, and the results will be presented back to a future Board of Trustees and Council will also be kept updated.

4.3 Trustee, Council and Devolved Nations Boards Member Code of Conduct

Dr Brunning presented an amended code of conduct to Council for approval and highlighted the need to update this document in line with the recent changes to UK legislation. The change to legislation means that the College, as an employer, is now required to protect its staff and volunteers from the risk of sexual misconduct in the workplace. As part of the legislation, it is required to consider the suitability of anyone working or volunteering with the College. The code will have a further review in 2025, but the iteration put before Council will temporarily only be used for trustee, council and devolved nation board member positions as an interim measure until a more detailed code has been worked through in the New Year. The main change presented in the updated version is that signatories had a duty:

- To declare any current professional misconduct investigations by the GMC or any other regulatory body/associated professional organisation/employer or equivalent.
- To declare any previous GMC investigation or any other regulatory body/associated professional organisation/employer or equivalent which resulted in an outcome other than 'no action.'
- To declare any current charges or previous convictions of criminal offences.

Council was invited to comment on the updated code and the following points were raised:

- If past investigations, that hadn't led to a conviction were needed to be reported to the Chief Executive at the point of applying for a role at the college. Dr Carey highlighted the GMC policy on referrals whereby they initially have a preliminary process to decide whether a formal investigation should go ahead, and many cases do not go further. If a formal investigation does go ahead, then it would be reasonable for the College to be informed during the application process. Dr Brunning suggested amending the code to read 'current investigations and previous convictions.'
- Adding DRB checks to the process of appointment was discussed, as well as a reference from their CEO or Chief Medical Officer which could help pick up any concerns within their organisation. GMC referrals are quite common and may not be the best tool to use for highlighting any issues with individuals applying for roles within the college. Dr Selwyn suggested that screening of social media could be a suitable aspect to add to this process.
- Whether or not adding examiners to this iteration would be suitable. Dr Brunning confirmed that the examiners already had a code of conduct, similar to the document circulated to Council. In the future, all volunteers will be included in one code of conduct.
- Dr Bryden suggested reviewing the GMC Fitness to Practice sanctions and ensure that this is detailed in the code to reflect exactly what the College would like to see being reported at the point of applying.

Dr Brunning informed Council that the next stage of this piece of work is to create a wider membership and staff code of conduct. This interim document is hoping to bridge the gap between the current code and ensuring that some type of screening process is undertaken when members are applying for the more senior College positions.

The Chair requested that further discussion of this item should be taken offline, and that the current version be updated in line with Council's comments. The Chair concluded the discussion by asking Council to consider the other motion in the paper, to approve the process detailed in the paper which would be used if potential candidate is unable to sign the code of conduct if successfully appointed/ elected.

Council approved the motion: To approve the process detailed in this paper which will be used if a potential candidate is unable to sign the code of conduct if successfully appointed/elected.

<p>Action: Dr Brunning to amend the Code of Conduct to reflect the discussions at Council in December. The updated version to be circulated to Council for their approval.</p>

4.4 Annual Accounts Overview

Dr Ramsay pointed out that the finance team are planning to increase the visibility of the financial structures of the college and use the Council and Board of Trustees meetings to directly report on this. Dr Ramsay requested for those members who were unable to attend the Annual General Meeting in November 2024 to watch the recording where the annual accounts were discussed and presented. In March 2025, the finance team would aim to offer a short presentation to support the new Council members' induction process and offer a reminder to other Council members of the College's financial situation.

4.5 Management Accounts P04

Mr Blaney provided a short overview of the P04 management accounts that are presented to trustees and the finance and resources Board.

5. Faculty Updates

5.1 Faculty of Intensive Care Medicine (FICM)

Dr Bryden presented the draft minutes of the last FICM Board meeting held on the 23 October 2024. A verbal update on this was given at the November Council meeting. Since the last meeting the IIT subcommittee RCoA Council

appointed a new IMG IIT Representative, Dr Taqua Dahab an acute medicine ICM dual trainee who will be joining in January 2025.

5.2 Faculty of Pain Medicine (FPM)

Dr de Gray provided a verbal update on the last FPM Board meeting held on the 6th December. The following points were raised:

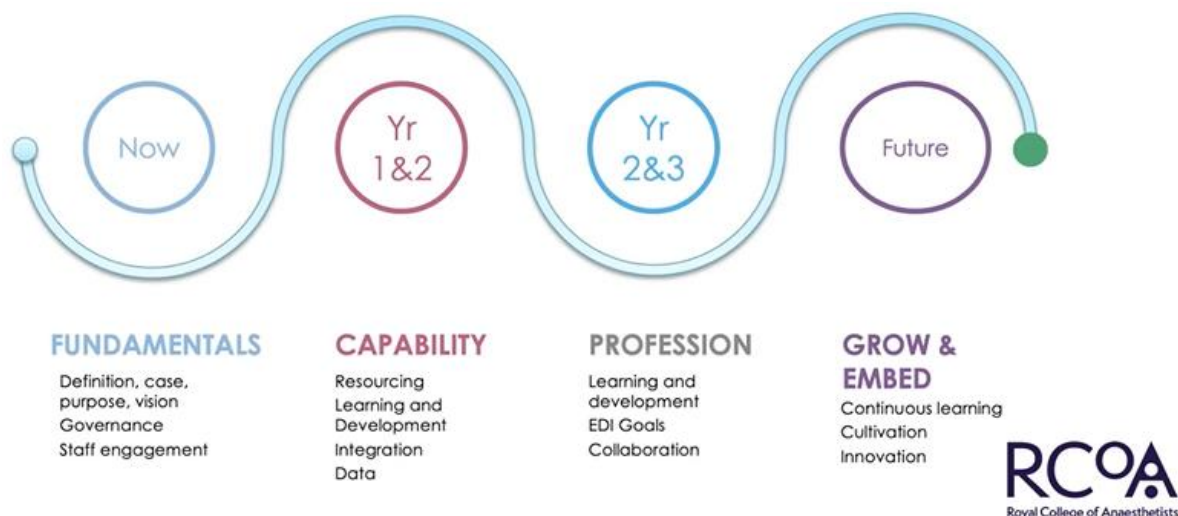
- FPM had published 'Opioid Optimisation Guidance for Pain Medicine Specialists' in November 2024. The document provides educational and supportive guidance to physicians practising as Pain Medicine Specialists required for opioid optimisation.
- FPM had published a position statement 'Opioid optimisation. Concerns over opioid reduction practices.'
- The MHRA had shared a document that they intended to publish by the end of the year, which will be taking perioperative use of prolonged opiates out of drug information sheets. Once this has been published, the legal standard would be that any use of perioperative long-acting opioids would be out of license. FPM are not allowed to share the document until it has been published, but Dr de Gray agreed to share the document with Council as soon as possible.

Action: Dr de Gray to share the MHRA's document on the perioperative use of prolonged opiates once published.

6. General Updates and Presentations

6.1 Equality, Diversity and Inclusion (EDI) Benchmarking project

As agreed by Council in November 2024, Dr Bertoja presented a further update on the EDI Benchmarking project for Council to discuss and sought approval for the EDI development roadmap as illustrated within the presentation. The EDI committee has since met with a number of stakeholders to help frame the direction of travel for EDI within the College. The presentation provided insights on the College's progress on EDI to date. The GMC and other Royal Colleges have published EDI policies and as an example the Royal College of Surgeons of England's policy has resulted in great engagement from the membership and resulted in a positive success on the public and patients. In the past year the College have developed, led and collaborated on fantastic EDI initiatives and to move forward there needs to be a framework. A clear outcome from reviewing the College's current position is that this needs clear goals and dedicated resources. The plan of action outlined in the road map is:



If approved by Council, this would be presented to the Board of Trustees to approve the roadmap and funding. The EDI Committee will then create a detailed project plan, and the staff team will begin to embed the work within the operational planning for 2025/26.

Council approved the motion: To approve the EDI development roadmap as detailed in the presentation which the EDI Committee will then take forward to the Board of Trustees in December for further approval.

6.2 EGM Update on Recruitment

Mr Ampofo presented a written report on current activities in response to the EGM resolutions 5 & 6. As a reminder, following the EGM in October 2023, a project group was established to attend to the resolutions relating to recruitment. This work included engagement with MDRS, NHSE, AITs and the AoMRC. The work undertaken explored the current form of recruitment, whether recruitment could be better delivered via a regional format, and what improvements could be made to the recruitment process. As requested by Council, this work has been collated into a report that the College will aim to publish to the membership in due course. The report detailed a summary of recommendations for both the College, and those with direct responsibility for the management and delivery of national recruitment. The top-level recommendations were:

1. NHSE and MDRS should continue working with the College to improve recruitment through collaboration and engagement.
2. NHSE, MDRS and the West Midlands Deanery collaborate to ensure that vacant administrative posts within the ANRO team are recruited to improve operational delivery of recruitment and ensuring that standards around communication are maintained through busy periods.
3. Ensure there is more visible accountability for the recruitment process for applicants- ensuring that the terms of reference and the governance structure for national recruitment accountability is openly published.
4. The College should consider sending key information and updates on the recruitment process out to the RCoA training networks on a regular basis before and during a recruitment process to support the cascading of information. To ensure that reviews are undertaken of recruitment communications channels to ensure that essential information is available, accessible and communicated ahead of the recruitment process including:
 - Number of posts available for the given recruitment round updated and correct forms are available
 - Removing old forms from the website and online searches
 - Websites are updated with the correct information
5. Recruitment teams should undertake a review of the ORIEL guidance and consider how best to integrate this guidance into the system itself.

The report will be taken forward to publication and there may need to be some further engagement with MDRS so that they can adopt some of the recommendations outlined.

The Chair invited questions and comments, and the following points were raised:

- When the final report is out, if the wording could be revised so that the recommendations do not make it seem the College is instructing itself.
- The AIT Committee would be meeting in January, and this may be a good opportunity to sense check the report and its recommendations.

Council thanked Mr Ampofo for the comprehensive report and all his work on progressing the outcomes of Resolution 5 & 6.

Action: Mr Ampofo to share the EGM outcomes report with Dr Jackman for her to take to the AIT Committee meeting in January and feedback any comments ahead of publishing.

5.3 Anaesthesia Associates

Dr Chambers started by thanking Dr Donald for her leadership on this project. The final draft of the Scope of Practice was presented to Council for discussion and approval.

5.3.1 Scope of Practice

Dr Chambers notified Council that following consultation on the draft Scope of Practice (SoP) 2024, responses from the member survey and feedback from organisations and individuals have been considered and discussed by the Clinical Reference Group (CRG) and Core Writing Group (CWG). Changes have been made to the AA SoP where appropriate with input from the CRG and CWG. The bulk of these concern Phase 3 and the transition arrangements. To ensure clarity and transparency a change log will also be published as part of a new, accompanying document that describes how the AA SoP is intended to be implemented.

Council approval and subsequent approval from the Board of Trustees was sought to allow publication of the AA Scope of Practice 2024 along with accompanying implementation guidance. It would be published as an interim document whilst the College awaits the outcome of the Leng review of AA and PA professions.

5.3.1.1 Final Draft AA Scope of Practice

Dr Chambers presented the confidential final draft of the AA Scope of Practice for approval.

The Chair invited questions or comments, and the following points were raised:

- Dr Plaat questioned why there was a disparity in the level of supervision required for insertion of central venous lines and spinal anaesthesia when she considered the insertion of central venous lines to be more hazardous. Dr Chambers confirmed that the level of detail surrounding supervision of AAs was taken from the responses received by the membership consultation.
- Dr Meek confirmed that the Association of Anaesthetists had discussed and approved the final draft AA SoP at their last Board meeting. Dr Shannon thanked Dr Meek and the Association of Anaesthetists for their support.
- Dr Donald confirmed that this SoP is an interim document until the governments independent Leng review of physician associate and anaesthesia associate professions has concluded, and future recommendations are known. Once the review has concluded, the College will review the SoP further.
- Dr Donald reported that due to changes to regional anaesthesia within the SoP, the College will likely write to the GMC to ask them to approve changes to the curriculum which is currently in draft form. The anaesthesia associate registration assessment (AARA) Board and

GMC were understood to be unsupportive of this approach. Dr Donald confirmed that she had written also written to the Association of Anaesthesia Associates to let them know of these proposed changes.

- If any provisions for preventing possible coercion by departments of individuals wanting to become clinical supervisors had been considered. If there was to be another version of the SoP that this be considered under item 2.8. Dr Chambers confirmed that the original wording in relation to people choosing not to be supervisor was strongly challenged by the GMC as they felt it did not fit with good medical practice.
- Dr Bacon confirmed that she was a part of the SoP writing group and given the constraints that the group were working under, this was the best version to move forward with.
- Dr Jackman questioned how the results of the review would affect the SoP. Dr Chambers confirmed that the College are hoping the Leng review brings more evidence to this topic that can be reviewed in line with the SoP. The Chair confirmed that there are concerns about evidence and although the College commissioned the Cochrane review to support with gaining more insight, the Leng review will have the opportunity to look at hospital data, outcome data and reporting mechanisms that the College were not able to access.
- Dr Swart expressed concerns that by moving forward in this way, it will set back the concept of physician anaesthetists and potentially in the future being seen to inhibit patient care.

Council echoed their thanks to Dr Donald and Dr Chambers for all their hard work on delivering an updated AA SoP.

5.3.1.2 Explanatory notes

Dr Chambers requested that Council note the explanatory notes that accompany the interim 2024 Anaesthesia Associate Scope of Practice. The document included a change log for the 2024 SoP in response to feedback from the consultation. This was discussed as part of the wider debate under item 6.3.1.

5.3.1.3 Association of Paediatric Anaesthetists of Great Britain and Ireland Response

Council was presented with a response from a range of organisations on the consultation on the draft AA Scope of Practice. The document circulated to Council provided background into the challenges facing paediatric anaesthesia which provided context for the current feeling of those who responded. In summary, it was the view that the anaesthetic workforce has a considerable ongoing challenge addressing the needs of trainee anaesthetists and new consultant to deliver anaesthesia to children safely. Consequently, it was the view that paediatrics should remain outside of the AA Scope of Practice. There is also an element of protecting those training to be an AA from being placed in vulnerable positions.

The organisations were also specifically asked to consider the scenario where a child is added to a list that a consultant is delivering with an AA. In this case, it would seem counter-productive to expect the AA to leave the list. The opportunity to observe and learn basic airway techniques in children in all health care workers is always a positive event. So, it seems reasonable for the AA to remain with the consultant who is delivering anaesthesia, while not preventing anaesthetic trainees from accessing learning opportunities in such situations. This is not dissimilar to the training currently offered to anyone learning about children and anaesthesia.

It was recognised that the situation with respect to AAs would evolve and that this position would therefore need to be revisited over time.

5.3.1.4 Confidential summary of legal opinion related to SoP implementation

Mr Bruun highlighted the confidential note circulated to Council that summarised the legal assessment provided for the College on potential legal risks related to the Interim Scope of Practice, if agreed and published.

The College had taken legal advice from leading barristers to ensure it has a clear and expert understanding of its positions, specifically:

- Jason Beer KC on potential private and public law claims (following on from his previous advice to the RCoA on this topic following the EGM of 17 October 2023); and
- Betsan Criddle KC on potential employment law and Equality Act 2010 claims.

In summary, the legal risks to the College of publishing the Interim Scope of Practice are relatively low. Consequently, the financial exposure to the College of legal claims is also relatively low.

In considering all of the discussions taken under item 6.3.1, the Chair put the motion of approval of the Scope of Practice to Council.

Council approved the motion with one abstention: RCoA Council to approve the interim AA Scope of Practice 2024 and implementation guidance for publication on the College website.

5.3.2 College's Position on AAs

The Chair reminded Council that following the EGM on 17 October 2024, the College requested that the Clinical Directors network paused recruitment of AAs until the proposed RCoA survey and consultation were complete and the impact on doctors in training had been assessed and reviewed. Since then, the General Medical Council (GMC) has announced that it will begin regulating physician associates (PAs) and anaesthesia associates (AAs) from Friday 13 December. Once Council approves the Interim AA SoP it will be published, and departments will be asked to follow it. In light of the decision, announced recently, to establish a national review (the 'Leng Review'), Council should consider its position on whether or not to continue with the pause on recruitment of new student AAs.

Council approved the motion with five abstentions: RCoA Council to continue the request for a pause on the recruitment of AAs until the outcomes of the Leng Review are known.

6.4 PatientsVoices@RCoA

Ms Westaway presented a proposal on how the PatientsVoices@RCoA could better support the College. This work has drawn on the input from the Patient Voices at an away day in February 2024 and the survey of Patients Voices carried out in May 2023. The eight proposals as set out before Council were:

1. In order to help existing and new Patient Voices, PatientsVoices@RCoA propose one or two committee chairs work with one or two Patient Voices and College staff (in particular the PPI champions) on a good practice guide for involving Patient Voices meaningfully in committee work. This would be a single page document, with tips for chairs and Patient Voices to enable Patient Voices to make contributions effective and to understand where their contribution has made a difference.
2. PatientsVoices@RCoA recommends that the College considers how it can make more use of fora other than committees (e.g. focus groups, surveys, collaborative position papers).
3. We also propose that whenever a committee revises its TOR or a new Committee is created with a need for a Patient Voice member, the lead member of staff and/or chair should discuss with the College's PPI lead to explore how patient voice can most best support the activities and effectiveness of the committee.
4. The College is preparing to re-launch its Shadowing Anaesthetists scheme for staff, which provides a framework to enable non-clinical staff to have short (normally one-day) observation placements with willing clinicians and hospitals. The scheme has steps to allow important considerations such as confidentiality, safety etc to be appropriately handled. PatientsVoices@RCoA propose that once that is re-established and running, it is extended to Patient Voices.
5. We would like to get more involved in communicating, explaining and promoting what we do in the College and outside. PatientsVoices@RCoA propose earlier engagement between the College and the patient voice chairs and vice chairs during planning for the year ahead. This would encourage discussion of proposed themes and planning for patient voice involvement in communicating about these themes.
6. PatientsVoices@RCoA also proposes that the College includes a section in its next annual report on the impact Patient Voices have had through the year.
7. PatientsVoices@RCoA propose a short task and finish group to look at how the College might extend its reach to hear a wider range of patient voices. As part of this work, the group could survey the activity of other Royal Colleges to gather examples of good practice and benchmark the RCoA. The group would bring cost effective options back to CQRB and Council.
8. PatientsVoices@RCoA proposes that adjustments are made to the expenses system to give options so that Patient Voices do not have to pay for significant value items up front.

The Chair thanked Ms Westaway for the presentation and invited Council members to make any comments or ask any questions on the proposal. The following points were raised:

- Shadowing Clinicians could be done through simulation or educational videos, so that there needed to be no interface with patients undergoing an anaesthetic. Some patients may feel uncomfortable with this.
- Ms Drake confirmed that the College are looking to reestablish the shadowing an anaesthetist scheme and this has been through many iterations and considers safeguarding within the guidelines set out in the scheme. Previously volunteers including the CPOC Patient representative, has observed the College's clinical leads in their hospitals and have found this opportunity extremely valuable.
- Using the PatientsVoices@RCoA group when writing the SoP was extremely helpful and this group needs to be utilised more. It is important that these volunteers feel valued, and Council should be supporting them to feel like that in any way they can.

Generally Council members were extremely supportive of PatientVoices@RCoA shadowing an anaesthetist for the purposed of them being able to fulfil their volunteer role at the College with a better understanding of the pressures and role of an anaesthetist within the medical workforce.

Council approved the motion: To consider and approve the eight proposals set out by the PatientVoices@RCoA.

6.5 Digital Strategy

The Chair welcomed the College's digital, technology and data representatives Dr Sandy Jackson, Dr Melanie Tan, Dr Remi Paramsothy, and Dr Daniel King to Council. Dr Jackson started the presentation by introducing each representative and providing a short summary of their backgrounds.

Dr Jackson reminded Council of the country's rapidly ageing population and increasing rise in healthcare spending. The Darzi report had highlighted that the NHS has many challenges as a result of the pandemic, and waiting times for hospital procedures have ballooned. Dr Jackson referred to a point made by Lord Darzi in the report, that productivity is too low, and clinicians' efforts are wasted on solving process problems. The digital representatives believe that technology has the potential to help clinicians with that productivity issue. The State of the Nation 2024 report published by the College also highlighted the rising supply and demand mismatch and the growing role of the anaesthetist outside and inside of theatres. The elective recovery plan and Lord Darzi's report both suggest that digital technology has a part to play in helping deliver services in a new way that is more efficient and meets the needs of both the patients and staff.

The digital representatives believe this presents the College with an opportunity and have looked closely at the RCoA's five-year commitment and strategic aims and values. The four key areas of focus within the presentation are:

- Being data driven
- AI: Guiding the future
- Digital education and innovation
- Digital safety, clinical risk, sociotechnical issues and ethics.

Dr Tan explained that for an organisation to be data driven this means that data is placed front and centre of the work being done, utilising data effectively and generate insights and drive change, innovate new products and acquire more customers. There is an opportunity to increase the volume of low complexity cases to work through the backlog which would require careful case selection in order to make it a safe process. Dr Tan referenced a paper on High-intensity theatre (HIT) lists to tackle the elective surgery backlog¹ that suggests HIT lists are an efficient and effective measure to tackle elective surgery backlogs without compromising outcomes and safety compared with traditional elective lists.

The frontline medical workforce spends a huge amount of time retrieving records from other hospitals, so NHS England is really focused on helping paper-based organisations level up and join up and develop interoperability and platforms that will help share that information. Dr Tan advocated for the College to support this initiative and promote the idea of anaesthetic records to be shared in the same way. The digital representatives are also collaborating with the Healthcare Quality Improvement Partnership and there are a large number of project underway including National Emergency Laparotomy Audit (NELA) and the Perioperative Quality Improvement Programme (PQIP). The digital reps believe that the College can go even further.

In summary, the College's data strategy needs to be inclusive, and we need to understand the current data ecosystems and future requirements to pull it all together.

Dr Jackson presented on AI and how it is guiding the future. In Lord Darzi's report he notes that according to the Royal College of Radiologists, 54% of trusts are already using AI tools with radiology. The use of AI is growing within the anaesthetic speciality and can be used at all levels including predicting workforce demands, theatres scheduling rota management and clinical coding, clinicians having notes summarised, assisted prescribing and automated form-filing. AI will also help the perioperative journey, from enhanced digital screening and triage at pre-op, computer vision to aid regional anaesthesia at intra-op and smart triage and supported discharge post-op.

Dr Paramsothy presented on digital education and innovation, specifically digital literacy. In 2016, NHSE looked into digital literacy and focused on existing resources, challenges and solutions. From this review they created resources for both the personal and organisational level, training programs to upskill the workforce digitally and external collaboration that transcends into the devolved nations. The Alan Turing Institute found that 25% of doctors are already using AI, 30% do not understand the risk associated with AI in healthcare and 70% felt that they were not adequately trained in using the AI systems. Other Royal Colleges are beginning to create resources to upskill their members digital literacy so that they can engage in digital healthcare. The College has an opportunity to provide research in digital anaesthesia, collaborate and create a resource hub, organise workshops/ training programs and an annual digital healthcare symposium.

Dr King presented on digital safety, clinical risk, socio-technical issues and ethics. As a speciality, anaesthetists are very risk aware and have always been at the forefront of patient safety, resulting in several important safety advances over the last century. The College can ensure patient safety by working with key stakeholders to ensure high standards are maintained around the development of technology within anaesthesia. Currently NHSE issues standards around the development and manufacture of health IT and MHRA on medical devices. As technology proliferates within anaesthesia, intensive care, pain and perioperative medicine, the College must be confident that these developing standards are robust enough for the speciality and patients.

The College must strive for equity of access. The risk with technology is that not everyone has equal access to digital tools necessary for engaging with health IT systems. There is a significant variation in digital literacy across different demographic groups. There is a growing divide between institutions with access to cutting edge technologies and those without. The College should champion standardised digital requirements to overcome the healthcare digital divide. While automation and AI tools can improve efficiency, they also risk reducing the human aspect of healthcare. Automated systems that interact with patients, such as chatbots, can make patients feel like they are not receiving the personal care and attention that they need.

¹ High-intensity theatre (HIT) lists to tackle the elective surgery backlog by Marc A. Furrer, Imran Ahmad, Jonathan Noel Kariem El-Boghadadly & Ben Chalacombe, Nature Reviews Urology
RCoA Council

Dr Jackson noted that Dr James Bowness (UCL/UCLH) is leading on an AI priority setting partnership, and this is being actively considered by the Association of Anaesthetists too. A priority setting partnership essentially brings together key stakeholders to identify priorities in each area. The plan for this is to start in the Summer of 2025 and run for 12-months. Dr Bowness is keen for them to be an annual symposium, bringing those key stakeholders together in person to stimulate discussion. Once the priority setting partnership has been completed, it will help promote the implementation of those priorities.

In summary, change is essential and inevitable, and the College should be part of the clinical leadership driving the change. As next steps the digital reps summarised that:

1. The College should agree to work with the Association of Anaesthetists and Dr Bowness to guide the AI priority setting partnership
2. The reps will draft a paper for Council to formally consider in 2025 that touches upon the areas as set out in the presentation
3. The reps will continue to horizon scan and build networks in this area
4. If any of the workflows throughout the College require any input from the representatives, they would love to help.

The Chair thanked the digital representatives for their thought-provoking presentation and opened the opportunity for Council members to ask questions. The following points were raised:

- Dr Howell requested that if this was something the College Council are keen to pursue, as Chair of the BJA, felt it could be brought to the RCoA and BJA Liaison group for discussion on how the two partners can work best in this area. Dr Howell supported the initiative and recommended that the Centre of Perioperative Care and PatientsVoices@RCoA also carefully consider the College's objectives.
- Dr Bryden confirmed that the Faculty of Intensive Care Medicine has its own professional affairs committee and AI lead. The faculty has plans to publish a position statement on medical AI and has an AI strategy on how they would like to move forward.
- Ms Westaway agreed that the College has an important part to play particularly around standard setting and guidance. A prioritisation exercise seems like the best place to start, and Ms Westaway requested that the PatientsVoices@RCoA was included in that initial work.
- Dr Varveris highlighted the fact that data sharing between the devolved nations isn't very straightforward and the financial impacts of innovation solely in England need to be considered as this moves forward.
- Mr Woods as Interim Director of Digital and Technology offered his support if the representatives needed to discuss clinician adoption of digital processes.
- Dr Urwin questioned whether the digital reps had experienced any reluctance from departments with regards to AI implementation and if they had any advice on how to promote the use of AI and digital processes to more reluctant departments and clinicians. Dr Jackson advised that if the tool helps the clinician or makes the patient's life better than it is far more likely to be adopted.

Council was fully supportive of the proposals and aims as set out in the presentation. The Chair highlighted that a more detailed presentation would be presented to Council in 2025.

Action: The College's digital representatives to be invited back to a future Council to present more detailed proposals for Council to consider.

7. College Boards Minutes and Updates

7.1 Clinical Quality & Research Board

Council received the draft minutes of the Clinical Quality & Research Board's meeting on Wednesday 6 November. The Chair, Dr Elisa Bertoja highlighted the following points from the Board meeting:

- The board approved proposals to evolve and strengthen the way that Patients' Voices feed into the RCoA and this was presented to Council under item 6.4.
- The board approved proposed changes for the CR&I leadership structure in the allocation of PAs.
- The board approved the continuation of work to appoint a new IT provider for the research data collection web tool platform and noted there may be a potential resource request.
- The board launched the Patient's Voices Award Scheme
- The board submitted evidence on Dr Penny Dash's review of the Care Quality Commission urging for the inclusion of metrics that could help promote perioperative care and highlighted that CQC reviews do not take into account relevant outcomes.

7.2 Membership, Media and Development Board

Council received the draft minutes from the Membership, Media and Development (MMD) Board's last meeting on Wednesday 20 November. The Chair, Dr Jon Chambers highlighted the following points:

- The board approved the idea in principle and agreed that a clinician should be involved with the procurement process for the Learning Management System (LMS). A budget bid is to be worked up to take to the Board of Trustees for approval.

- The board approved a proposal to change the Events and Professional Development Committee (EPDC) from a formal committee to an active working group to provide timely and active input into the programming.
- The board agreed that there was broad support for the proposal to introduce a digital content Fellow and asked for a full job description to come back to the board for discussion.

7.3 Anaesthetists in Training Committee

Council received an update from the Anaesthetists in Training Committee. The Deputy Chair, Dr Jackman reported that the next meeting is in March and the minutes of that meeting, and any updated will come back to the next Council meeting.

7.4 RCoA Scottish Board

Council received an update from Dr Varveris on the newly updated terms of reference document. The review of the terms of reference was in line with the recent updates made to the Welsh and Northern Irish terms of reference ahead of the election opening in early January 2025. The updates including giving the power to the board to approve their Board minutes and including an annual review to ensure they are kept updated. The process of making appointments to the Board has been added and provides the Chair more power to determining a suitable process with support from the governance team and with Council's approval.

Council approved the motion: To approve the new terms of reference for the RCoA Scottish Board.

7.5 RCoA Welsh Board

Council noted an update from the RCoA Welsh Board meeting held on 22 October 2024. In the Chair, Dr Simon Ford's absence Council noted that since the approval of the new terms of reference, Dr Claire Dunstan as Chair of the newly established Perioperative Medicine Clinical Implementation Network, would be invited to join the board as a corresponding member.

7.6 RCoA Northern Irish Board

Council noted an update from the RCoA Northern Irish Board meeting held on 8 October 2024. In the Chair, Dr Will Donaldson's absence Council noted that since the approval of the new terms of reference, they would be including the vacancies for Consultant members and an SAS representative in the next Devolved Nation Board elections.

7.7 Devolved Nations Board Election

Mr Brūn presented a paper setting out the key dates and process for the next election/ appointment to the Devolved Nation Boards. The vacancies for each board will be advertised and promoted at the same time, mirroring a similar approach to previous years. Mr Brūn highlighted that subject to changes to the Code of Conduct as agreed earlier in the Council meeting, would be used in this election process.

Council approved the motion: That Council approve the proposed timetable and process for the Devolved Nation Board's 2024 election/ appointment.

8. Co-Opted Member Reports

8.1 Association of Anaesthetists

Dr Tim Meek, updated Council on matters since the last meeting and the following points were noted:

- The Association endorsed the Interim AA scope of practice.
- The Association adopted a neutral position on assisted dying and released a statement that recognised the evidence in the RCoA's survey.
- The Association is currently undergoing a governance review and changes to the internal structures will be presented to the RCoA in due course.
- The Association's Training Committee has changed its name to Resident Doctors committee and likewise the trainee conference will be renamed to mirror that.

8.2 BJA and RCoA Liaison Group

The BJA and RCoA Liaison Group had not met since the last Council meeting and an update will follow in due course.

8.3 Centre for Perioperative Care Board (CPOC)

Council received an update from Dr Selwyn and the following points were noted:

- At the October CPOC Board, a paper was presented proposing changes to the terms of reference to clarify the RCoA's leadership role on the Board by strengthening the Senior Leadership Team governance and relationship to the CPOC hosting organisation.
- NHS England via their commissioners HQIP have recently published a tender for the National Clinical Audit of Perioperative Care. CPOC and the RCoA have begun working on our submission which is due 10 January 2025. Dr Selwyn requested that Council members treat this update as confidential.
- The CPOC operational plan is now within the Decision Time software, machining for more efficient reporting.
- Work has commenced on succession planning and recruitment next year for the CPOC Director, Vice-Chair and Patient Lead roles.

8.4 Examinations Update

Council received an update from Dr Sharpe on the examinations, including reflections and learning from the exam sittings that has taken place since the last Council meeting. Council was previously apprised of the circumstances surrounding the production of the September 2023 Primary Written examinations results, in particular the treatment of the Standard Error or Measurement adjustment that is made. During this time, the GMC were approached for approval to cease this practice as described in the Examinations Review Report, however this request was declined, and the College was asked to go through a full CAG process. This was not in line with the expectations of the examiners.

Following the announcement of the temporary closure of Churchill House for a period of two months in 2025, the exams team have been scoping external venues to deliver College and Faculty examinations. The team have had to consider whether to move the May Primary exam the beginning of June and after checking with the examiner's availability, the exam will be able to run the first week in June. It is also likely that the College will be able to deliver the increase in capacity, which was the other challenge that the College were facing with the use of external venues. There will soon be consideration on external venues for the academic year 2025/26.

8.5 Clinical Leaders in Anaesthesia Network (CLAN)

Council received an update from Dr Lakhani following the annual CLAN meeting on the 19th November 2025. The following points were noted:

- The Annual CLAN meeting was held at the College on the 19th November and it was very well attended and received.
- The CLAN Executive Committee currently has 6 members and there is an advert for new members to join currently open.
- There has been a planning meeting for a joint webinar with the RAAs which will be held on the 13th March and he will be approaching Council members to support with potential talks.
- Use of the CLAN Teams channel is increasing, and it is developing into a very useful resource for peer support. The number of leads on the CLAN database has continued to increase as well.

9. Matters for Information

9.1 Current Consultations- COPES update

Council noted the update and were invited to feedback via the COPES mechanism.

9.2 New Associate Fellows, Members and Associate Members

Council noted the update and approved the new Associate Fellows, Members and Associate Members as set out in the report.

10. Any other business

NCIA Awards

Professor Thompson highlighted that with the National Clinical Impact Award programme opening in early 2025, himself and Professor Smith have been working with Rose Murphy on a draft email to all Fellows detailing updates to the scheme and the process of submitting an application. Once the timetable has been released, the email will be scheduled for sending as soon as the call for applications opens.

The next Council meeting will be held on Wednesday 5 March 2025.

END OF MEETING