

Chair's Summary

RCoA Welsh Board Meeting – 9 April 2019

Reference in minutes	1. Matters decided by the Committee:
13	<p><i>"Committee noted that recently an email had been received confirming that there was no funding available for allergy testing for other health boards in Cardiff & Vale health board. Committee agreed that this was a significant issue and that a letter needed to be written to the CMO Frank Atherton and the Health Minister Vaughan Gething as it was an essential service."</i></p>
18 III	<ul style="list-style-type: none"> • This does not include the once a month unfunded anaesthetic allergy clinic in Cardiff, which is still open to patients from all over Wales. • I have asked for this service to be included in the tertiary services review in order to obtain funding and await the outcome of this before taking the matter up with the CMO and the Minister. <p><i>"Dental Sedation in Wales: Committee noted that the paper had been circulated in advance of the meeting. Committee noted that this had been discussed with the CMO and it had been agreed for AT to write to the CMO and the Chief Dental Officer in relation to this."</i></p> <ul style="list-style-type: none"> • The correspondence was sent, I have received confirmation of receipt, but no response yet
18 I	<p>2. Matters requiring a decision by Council/Motions to Council:</p> <p><i>"All Wales Airway Group: Committee noted that AT had received a request from the All Wales Airway Group to become a corresponding member and committee agreed that they had no objection to this."</i></p> <ul style="list-style-type: none"> • I would therefore would like to ask permission from Council to amend the ToR to reflect this.
5	<p>3. Chair's comments:</p> <p>Maternity Vision Strategic Document & Report: Review of Maternity Services at Cwm Taf Health Board:</p> <ul style="list-style-type: none"> • Launch of the Maternity Vision Document, 3 July 2019 • Met with Dr Frank Atherton (CMO) and Prof Jean White (CNO), 11 June 2019 to discuss how anaesthetics can contribute • Written to Mick Giannasi, Chair of Independent Maternity Services Oversight Panel, requesting anaesthetic representation on the panel and have since been invited to meet in person • Two Anaesthetic stakeholders on Healthcare Inspectorate Wales National Review of Maternity Services across Wales Stakeholders Group

Date of next meeting: 22 October 2019

**Royal College of Anaesthetist's Advisory Board in Wales
National Specialty Advisory Group Committee Meeting**

**Tuesday 9th April 2019
Willow Room, Friary Postgraduate Centre, Royal Gwent Hospital**

MINUTES

Welcome

The Chair welcomed all members to the meeting including Dr Ravi Mahajan, President of the RCoA and Tom Grinyer, Chief Executive Officer of the RCoA. Committee NOTED that Declan Maloney was in attendance via VC from North Wales.

Present

Abrie Theron (AT)	Chair
Tom Morgan-Jones (TMJ)	Vice Chair
Professor Ravi Mahajan	RCoA President
Tom Grinyer (TG)	RCoA Chief Executive Officer
Sarah Harries (SH)	RCoA Regional Advisor – Anaesthesia (Wales)
Paul Clyburn (PC)	Past - President of the AAGBI
Declan Maloney (DM)	Betsi Cadwaladr Health Board Representative (VC)
Tessa Bailey (TB)	Cardiff & Vale Health Board Representative
Alun Thomas (AT)	Hywel Dda Health Board Representative
Jane Tanaka (JT)	Aneurin Health Board Representative
Kath Eggers (KE)	Princess of Wales Hospital Representative
Christine Range	Swansea Bay Health Board Representative
Kevin Draper (KD)	SAS Representative
Isra Hassan (IH)	Welsh School Trainee Representative
Seema Sindhakar (SS)	Clinical Directors Representative
Lisa Roberts (LR)	RCoA Committee Administrator

Apologies

Adrian Mason	RCoA Lay Group Representative
Judith Hall	Academic Advisor
Sonia Pierce	Regional Advisor Pain Medicine
Dom Hurford	Cwm Taf Morgannwg Health Board Representative
Matthew Dallison	Regional Advisor ICM

3) To receive and approve unconfirmed minutes of previous meeting held on 16 October 2018

It was agreed that the minutes were a true and accurate record of the last meeting.

4) Matters arising / actions from previous meeting:

Committee to email AT their experiences in relation to Paediatric level 2 transfers in their health boards. AT to then contact Dr Tuthill (RCPCH) to discuss the current situation. Committee NOTED that AT had not received any emails but had held some informal conversations in relation to this since the last meeting. Committee NOTED that evidence was needed to take the action further with Dr Tuthill. **Action Ongoing**

AT to follow-up contact with Rachel Barlow who wants to meet with up. AT to find / email relevant documents. Committee NOTED that AT had held several meetings with Rachel Barlow and that a stakeholder meeting had recently taken place in Cardiff to progress this further. **Action Discharged**

AT & SH to invite Medical Director of HEIW to a future meeting. **Action Discharged**

KS to send bespoke report for members in Wales to AT once initial results had been shared, AT to include in the next Wales newsletter. **Action Discharged**

Impact of lack of Critical Care resource to be raised with CMO. This has been raised. **Action Discharged**

Health board representatives to submit reports for future meetings. **Action Discharged**

All Wales Airway Group to write to the WAB in relation to becoming a corresponding member. Committee NOTED this would be discussed under correspondence. **Action Discharged**

DH to write an article on NOF in the next newsletter. **Action Discharged**

AT to communicate the significant decrease in hospital beds to the Medical Committee and the Critical Care Task & Finish Group in the first instance prior to raising it to the Health Minister. DM to circulate the relevant links to the committee. Committee NOTED that this had been raised and had also been discussed with the CMO. **Action Discharged**
Committee to consider the position for vice chair prior to the next meeting

5) Chair Report

Critical Care Task & Finish Group:

Committee NOTED that the final workstream reports / recommendations were submitted early April and that a meeting would be taking place on Tuesday 30 April to decide as to how the £15 million would be allocated. Committee NOTED that there was a possibility of providing WG with a report saying how much it would cost to implement all the changes that the group thought would benefit the capacity of Critical Care in Wales.

Academy of Medical Royal Colleges Wales:

Committee NOTED that 2 meetings had taken place (5/12 & 22/3) and were well attended. Committee NOTED the joint open letter to Andrew Goodall, initiated by the Royal College of Physicians, asking for the NHS in Wales to look favourably on requests for professional leave from everybody working in the NHS, in particular trainees. Committee NOTED that at the last meeting there was a trainee representative from the Faculty of Medical Leadership and Management and AT asked as to whether they were a member of the Academy in the UK. Committee NOTED that they were not currently a member of AMRCW, but were going to apply to become a member in the near future.

Welsh Medical Committee:

Committee NOTED that a workshop with Public Health with feedback on Obesity strategy (23/11) had taken place. Committee NOTED that a new project had been launched looking into Prudent Healthcare and the reasons for slow uptake by health boards and how to change this. Committee NOTED that there would be another round of recruitment and that AT wanted to use the board to disseminate and advertise information related to this.

Freedom to Speak Up:

Committee NOTED that a meeting took place on 24/1, organised by BMA Wales, and was attended by AT on behalf of the Academy. Committee NOTED that this matter had previously been raised with the Minister for Health and Social Care, CMO and Health Inspectorate Wales (HIW). Committee NOTED that Henrietta Hughes, the National Guardian for England was invited to talk and this was followed by a discussion on how to move this forward. Committee NOTED that stakeholders from HIW, Health Education Improvement Wales (HEIW), the NHS Employers and Welsh Government were present and that a follow-up meeting between BMA, HIW and NHS Employers was planned. Committee NOTED AT was optimistic that this issue may move forward in Wales in 2019, but needed to be monitored.

Prehab for Cancer:

Committee NOTED that the lead was Rachel Barlow (Dietician and previous Colorectal ERAS lead) and that several anaesthetists in Cardiff were involved in this. Committee NOTED that the aim for this was to become all Wales and expand to all surgeries. Committee NOTED that the following had taken place: multidisciplinary meeting 11 February and Stakeholders meeting 22 March with CEO Len Richards – for which we provided a statement. Richard Davies attended and described it as “very positive”.

Maternity Vision Strategic Document:

Committee NOTED that this had been circulated to HB reps regarding Sarah Bell's frustration / call for support. Committee NOTED that questions had been raised regarding TOR and governance of the group and document and the lack of medical engagement and input. Committee NOTED that Steve Morris and Sarah Bell had attended the Obstetric NSAG and that a group of obstetricians had been put together to help write the section on Complex Medical Care. Committee NOTED that the document will be circulated and following this consideration would be given as to how this will be supported by the board.

Welsh Government Guidance on Provision of Health Care Services for 16 & 17 Year Olds, and Handover of Health Care from Children's to Adult Services:

Committee NOTED that a meeting took place on 22 February and that Chris Gildersleve provided comments to the document. Committee NOTED that AT had circulated to PAGW.

Meeting with MD HEIW 9 April 2019 Agenda:

Committee NOTED that the following had been discussed with the MD HEIW:

- Trainee numbers and predicted workforce needs
- Effects of the new curriculum on training
- Centre for Peri-Operative Care
- The CESR route in Wales and Associate Specialist grade
- IMT programme
- Physician Assistant (Anaesthesia) - PA(A)
- Advance Critical Care Practitioners – ACCP

Meeting with CMO 9 April 2019 Agenda:

Committee NOTED that the following had been discussed with the CMO:

- Prehabilitation and Pre-operative assessment in Wales
- Centre for Peri-Operative Care
- RCoA Sustainability Strategy
- Dental Sedation in Wales
- Reduction in numbers of beds in HB's in Wales and DeTOC's
- South and North Wales Contract vs HB contracts
- Effect of pension and tax changes on workforce
- Maternity Vision
- National Clinical Plan

6) RCoA President Report

Committee NOTED the following report from the President RM:

- Council elections had taken place and that there were 3 new members: Felicity Platt, Mike Swart and Sarah Muldune.
- Committee NOTED that the College Strategy had recently undergone a slight revision with the centre of Perioperative Care being included within the live document
- Committee NOTED that in England a lot of time was being spent on the NHS long-term plan, specifically 2 key issues, these being workforce and integrated services
- Centre of Perioperative Care: Committee NOTED that the perioperative medicine agenda was launched by JP in 2014. Committee NOTED that there was engagement, support and participation from the Colleges of Surgeons, GPs, Physicians, Nurses and AAGBI. Committee NOTED that the main agenda was to look at care pathways and practice-based guidelines for patients with diabetes and cancer. Committee DISCUSSED the centre and an overview was provided by RM on the structure of personnel that would be supporting the centre.
- External Engagements: Committee NOTED that the College had recently met with a number of individuals on behalf of members including Secretary of State, Medical Director of NHS, Faculty of Public Health and Lancet Commission essentially highlighting the workforce strategy
- Committee NOTED that in recent meetings the key issues that had been DISCUSSED were around perioperative medicine, workforce strategy and patient services.

7) RCoA Director Report

- Committee NOTED that the College was now in the final year of investing £2.5 million in the College's technology which included a new website. Committee NOTED that the College had worked with clinicians, patients and the Lay Committee to improve the user experience.
- Committee NOTED that the Lifelong Learning Platform went live in August 2018. Committee NOTED that there had been a high level of interactions and that this would be work in progress until the end of next year.
- Committee NOTED that SS asked the College if they had a committee of external experts who could comment on a report on a complaint. Committee NOTED that the contact was Sharon Drake in Professional Standards and that AT would send SS the contact details.

Action: AT to provide SS with the contact details for Sharon Drake

8) RCoA Welsh Membership Survey

Committee NOTED the overview provided by TG on the membership survey that the College conducted in 2018, the key areas of the survey being:

- Background of survey
- Perceptions of the RCoA
- RCoA Membership
- RCoA's role as an organisation
- Engagement with the RCoA
- RCoA services and benefits
- Executive summary

Committee DISCUSSED the key findings of the survey and NOTED that LR would circulate the slides following the meeting.

Action: LR to circulate the membership survey to the committee following the meeting.

9) **RA Anaesthesia Report / School Report**

Personnel: Committee NOTED that Drs Butcher & Hall recently completed their second terms as College Tutors in Prince Charles Hospital, Merthyr and University Hospital of Wales, Cardiff. The STC thanked them for their contributions and SH confirmed that Dr Matthew Williams and Dr Mari Roberts had been nominated as successors.

Committee NOTED that Dr Tom Lawson had been appointed as the new Postgraduate Dean, within HEIW. He is a Consultant Rheumatologist in Cardiff and Vale UHB, with recent experience as Head of School for Medicine and Interim Deputy Dean. Committee NOTED that SH had met with him to discuss priorities which included trainees moving over to have a single lead employer by August 2020 and the centralisation of the study leave budget for trainees. The current interim HoSS posts would be advertised and appointed as substantive roles soon.

Committee NOTED that since Health Education and Improvement Wales (HEIW) became operational from 1st October 2018, business continuity in postgraduate medical education and training was the declared the aim of the first 6 months. An early stated proposal from the HEIW Medical Director is to encourage and possibly financially support SAS grade doctors to seek equivalence and entry to the specialist register. Further information on these plans was explored with the HEIW Medical Director, prior to the RCoA Wales Advisory Board meeting.

Committee NOTED that a workforce strategy plan for Anaesthesia in Wales was being drawn up based on information from HEIW and the recent RCoA CD network survey. A business plan had been submitted for additional ST training posts from August 2020 in preparation for the new curriculum, and to meet the current shortfall in CCT holders to meet expected retirements from 2025 and increased demands for anaesthesia services.

Differential attainment: Committee NOTED the School was working through recruitment data to identify trainees who may need focussed exam support based on interview scores closer to the appointment threshold, their ethnicity and place of medical qualification; as identified within the GMC outlier report. Committee NOTED that Anaesthesia and ICM in Wales appointed very few EEA PMQ and IMG doctors, unlike medicine, psychiatry and GP VTS. As a School, we are supporting HEIW with ideas to improve the overall induction package offered to all doctors who are new to the UK and NHS Wales, in a similar manner to the RCoA MTI induction day. Committee NOTED the GMC were keen to support this and that SH would communicate this.

Committee NOTED a process to quality assure and provide formal feedback to all ESs on the content of their ES reports started in January 2019 and would continue for the summer ARCPs. Committee NOTED the overview provided by SH on the process for this.

Committee NOTED a RCoA and FICM invited external review of critical care services in Cardiff was conducted in January 2019. Committee NOTED there had been longstanding concerns relating to critical care capacity in Cardiff, with consequent working difficulties between anaesthesia and CC, which repeatedly affected the quality of anaesthesia training delivered in CEPD emergency theatre work. Trainees had voiced their concerns at RCoA Presidents listening event, Deanery and School visits, GMC surveys etc. Committee NOTED that the report and action plan for the CEO and Medical Director was awaited.

10) **RA Pain Report**

Higher pain training: Committee NOTED that there were increasing numbers of trainees in Wales who wished to undertake the optional higher training module in pain medicine, with a view to

develop an interest in acute / inpatient pain medicine. Committee NOTED the FPM had recently produced an advice document, outlining curriculum learning outcomes for higher pain training for trainees in anaesthesia intending to lead an inpatient pain service and for post CCT anaesthetists taking on this role. Link to guidance on Higher Pain Training for Inpatient Pain Medicine: <https://www.rcoa.ac.uk/system/files/FPM-HPT-Guidance-Inpatient.pdf>

Trainees: Since Summer 2018, 4 trainees had successfully completed Advanced Training in Pain Medicine across Wales. 3 had passed the FPMRCA exam at the first attempt. Congratulations to Dr Sangram Patel who received a letter of commendation from the Chair of Examiners.

Quality Assurance: We are continually looking to improve and enhance pain training at all levels of training across centres in the Wales. The Welsh Anaesthesia visited Aneurin Bevan Health Board on 1st November 2018. A series of recommendations following the visit were made and had been actioned. There are plans to visit other pain training centres in Wales in due course.

11) RA Critical Care Report

Committee NOTED that MD was not in attendance and a report had not been submitted.

12) Academic Report

Committee NOTED that JH was not in attendance and a report had not been submitted.

13) Clinical Directors Network Report

Committee NOTED that a regional Clinical Directors Meeting would be taking place on 29th April in Cardiff and an overview of the programme was provided which would include a talk from the GMC structured judgement case reviews and governance variations, medical examiners, invited review - being assessed and assessing, workforce issues, education and training challenges.

Committee NOTED that recently an email had been received confirming that there was no funding available for allergy testing for other health boards in Cardiff & Vale health board. Committee AGREED that this was a significant issue and that a letter needed to be written to the CMO Frank Atherton and the Health Minister Vaughan Gething as it was an essential service.

Action: AT to write to CMO Frank Atherton and the Health Minister Vaughan Gething in relation to funding for allergy testing.

Committee NOTED that there was now a new attendance at work policy which focused on the health and wellbeing of employees. Committee NOTED that this provided a better structure for managing individuals and that SS would be receiving training on the policy shortly. Committee NOTED the request from AT for the link to be circulated to the CD network on the new policy.

Action: SS to circulate the link on the new attendance at work policy to the CD network.

Committee NOTED the new policy from WG on consent in anaesthesia. Committee NOTED that there was a paragraph on anaesthetics which would clearly have service implications as it adopted the Montgomery principle where consent had to be taken well in advance and not on the day. Committee DISCUSSED this and NOTED that Sharon Drake from Professional Standards would be able to offer advice and that PC would also link in with SS in relation to the guidance.

Action: SS to link in with PC and Sharon Drake from the RCoA in relation to consent in anaesthesia.

14) Specialty Doctor Report

Committee NOTED that SAS doctors were increasingly recognised for their contribution to the NHS workforce. Committee NOTED that a number of things were taking place that would improve morale.

Committee NOTED that KD attended the RCoA SAS Committee meeting on 14th March where the following areas were discussed:

New Document: 'Maximising the Potential: essential measures to support SAS doctors, HEE and NHS Improvement' February 2019, it published 11 key points:

1. Develop an improved data set about SAS doctors
2. Support implementation of the SAS charter created 3 - 4 years ago for each nation
3. Raise awareness of guidance for the induction and revalidation of SAS doctors
4. Ensure SAS doctors are offered development opportunities

5. Credentialing
6. E-portfolios for SAS doctors
7. Better support for SAS doctors to return to training
8. Become more involved with the education process: Educational and Clinical Supervisors
9. The role would be supported, developed and promoted as a viable alternative to training and consultant grade roles.
10. SAS doctors will have a clear role to play in workforce transformation and planning.
11. Consistency of funding via SAS tutors and associate deans.

https://www.hee.nhs.uk/sites/default/files/documents/SAS_Report_Web.pdf

SAS ARCPs: Many SAS doctors have requested an ARCP. This would allow easier transition back into training for those that wish to consider this option. Committee NOTED that if the HEIW set up a dedicated team or department for SAS doctors that this potentially be part of their remit.

SAS Senior contract: RCOA published a statement in support of the reintroduction of the Associate Specialist Contract. Health secretary Matt Hancock agreed in principle to the re-opening of the AS grade. BMA Wales SASC would join negotiations about the new contract. Committee NOTED there were 3 scoping events in England and one in Wales on 1st April which was attended by KD. Committee NOTED there would be a new contract by April 2020.

CESR: A topic some SAS are keen to explore as there seems to be inconsistent advice given to SAS doctors. Advice should be taken from TPDs and regional advisors, but the college would also answer specific questions. Unfortunately, it was not currently possible for SAS doctors to gain their higher units of training experience within Wales. HEIW are actively looking for doctors applying for CESR and are offering support to those finding it difficult to access top-up training. Committee NOTED there were options in Wales and that SH was happy to advise SAS doctors

Additional Roles for SAS doctors: Additional roles that are traditionally advertised only to consultants should be open for application by appropriate SAS doctors. There are many examples of roles that SAS doctors can fulfil so please bear this staff group in mind.

New Document: 'What we know about SAS doctors, GMC, March 2019

Committee NOTED the new document published in relation to SAS doctors.

<https://www.gmc-uk.org/-/media/documents/insight-paper---sas-and-leds.pdf>

15) Trainee Issues

Committee NOTED the following trainee issues:

- Committee NOTED the issues experienced by trainees specifically that they felt that patient care was sometimes compromised due to prolonged times spent in A&E and recovery. Committee NOTED that an external review had taken place in Cardiff. Committee NOTED that feedback had not yet been received back. Trainees felt that things had changed slightly and that there was a higher turnover and ITU consultants come in and are more proactive in getting patients out of recovery and A&E. Committee NOTED there was still an ongoing issue in terms of out of hours cover with ITU.
- Committee NOTED that feedback had been positive from the foundation programme doctors and that they felt well supported.
- Committee NOTED that the course preparation for the interview from the foundation programme to a core speciality was well received as well as the study days.

16) Matters from Health Board Representatives

Committee NOTED that the health board representatives had circulated their respective reports in advance of the meeting which outlined the key updates and issues within their health boards. Committee NOTED that due to the circulation of the reports only the actions identified would be included in the minutes:

Action: LR to circulate the Betsi Cadwaladr report following the meeting

Action: AT to write to the Health Minister in relation to the tax issues and the implications in Wales

Action: The lack of rest facilities for trainees in the new Grange University Hospital to be raised with the BMA.

17) Matters from corresponding members (WPS, SAW, WICS & PAGW)

- Committee NOTED that SAW asked to highlight the Autumn Meeting at the Vale Hotel, Hensol, 17-18 October. It is a joint meeting with the obstetric anaesthetists.
- Committee NOTED that nothing was highlighted by PAGW
- Committee NOTED that WPS had highlighted the persistent pain document which was now in the final stage of preparation. Committee NOTED the concerns raised in relation to very few trainees going through advanced training as there was now an aging population of clinicians, many of whom would be retiring in the next 5 years.
- Committee NOTED that WICS had highlighted the potential impact of the tapered allowance on ICU consultant sessions (including on-call)

18) AAGBI Report

- Committee NOTED that this would be PC's last meeting and AT and the College thanked him for his contribution whilst in post.
- Committee NOTED the nominations for the election to the board had now been closed and that in terms of the 3 elected representatives, 1 would be held for a SAS member. Committee NOTED that 9 nominations had been received for 3 places of which 4 or 5 were SAS members.
- Committee NOTED that the membership survey would be closing at the end of the month and PC encouraged colleagues to take part in completing it.
- Committee NOTED that the go live date for the new membership database was 30 May
- Committee NOTED that the Association Trainee Conference would be taking place from 3-5 July in Telford and PC encouraged colleagues to attend.

19) Lay Representative Report

Committee NOTED that AM had provided apologies and a report had not been submitted.

18) Correspondence

- I. **All Wales Airway Group:** Committee NOTED that AT had received a request from the All Wales Airway Group to become a corresponding member and committee AGREED that they had no objection to this. Committee NOTED that AT would ask Council to amend the ToR to reflect this

Action: AT to ask Council to change the ToR to include the All Wales Airway Group as a corresponding member.

- II. **Welsh Perioperative Conference in Wales:** Committee NOTED that a Welsh Perioperative Medicine Society had been launched and that a conference was taking place in June. Committee NOTED that tickets were available through Event bright and the request from IH to promote the event to their colleagues.

Action: Committee to promote the Welsh Perioperative Conference in June to colleagues

- III. **Dental Sedation in Wales:** Committee NOTED that the paper had been circulated in advance of the meeting. Committee NOTED that this had been discussed with the CMO and it had been AGREED for AT to write to the CMO and the Chief Dental Officer in relation to this.

Action: AT to write to the CMO and Chief Dental Officer re: Dental Sedation in Wales

19) Re-appointment of chair / Election of Vice Chair

Committee NOTED that AT had not received any nominations to take over the vice chair position from TMJ. Committee NOTED that AT would stand as chair for another year, but that we need to actively seek a VC to take over from the chair next year.

- 20) AOB and Date of Next Meeting:** Committee NOTED that KE was a co-opted member but it was AGREED that the College was happy for KE to remain on the board until the next round of HB rep elections. Committee NOTED that the date of the next meeting would be circulated by LR once confirmed by the College.

Action: LR to circulate the details of the next meeting once confirmed by the College.