

Minutes of the RCoA Northern Irish Board meeting

Tuesday 16 APRIL: 3.00pm – 5.30 pm

TEAMS MEETING

Present:

Dr Will Donaldson	NIB Chair, Northern Trust Representative
Dr Darrell Lowry	Head of School of Anaesthesia, NIMDTA
Professor Will Harrop-Griffiths	RCoA Vice President
Mr Jonathan Bruun	RCoA Chief Executive Officer
Mrs Rose Murphy	RCoA Head of Executive Office
Dr Richard Laird	Regional Adviser Anaesthesia
Dr Brian Kinirons	Co-opt Member, President, College of Anaesthesiologists of Ireland
Dr Neal Beckett	Co-opt Member, Association of Anaesthetists
Mrs Mary Lynne Smith	Lay Committee Representative – North West
Dr Cheryl Turkington	Elected Consultant member, Western Trust representative
Dr Raymond McKee	Regional Adviser ICM
Lisa Roberts	Committee Secretariat

1. Apologies

Dr Killian McCourt	Elected Consultant Member, Belfast Trust Representative
Dr Mary Molloy	Deputy Head of School and Deputy RAA Anaesthetics
Dr Conor Farrell	Regional Advisor, PM

2. Introduction and Welcome

Dr Donaldson welcomed all in attendance at the first meeting of 2021. Dr Donaldson paid tribute to Dr Anthony Chisakuta, a respected consultant anaesthetist colleague who sadly passed away on 3rd March 2021. Dr Chisakuta was a highly valued colleague and an inspiration to many anaesthetists and the committee joined WD in a minute's silence to remember him.

3. RCoA Membership Survey: Northern Ireland Results

Dr Donaldson introduced Lynne Nadin, Associate Director for Research by Design who provided an overview on the RCoA Membership Survey: Northern Ireland Results. The online survey was conducted last year in September with the results being from those that participated from Northern Ireland. Committee NOTED that 2,573 fellows and members of the RCoA took part in the survey with the overall response rate being 13%. The key areas highlighted included:

- Perceptions and ratings of the College and the overall rating of RCoA as an organisation
- Value for money: access to benefits and services
- What RCoA membership meant to fellows and members
- The role of the RCoA as an organisation and their future priorities
- Engagement of members with the RCoA and views about the RCoA
- Ways to get involved with and contribute to the RCoA
- Executive summary of the results of the survey

Ms Nadin confirmed that an online dashboard was available and that all heads of teams currently had access to this. Ms Nadin said that she would be happy to provide access to this data if requested.

Action: Lynne Nadin to provide the board with access to the online dashboard.

Dr Donaldson asked how we could further increase the engagement of members to participate in surveys in the future. Ms Nadin said that they had collaboratively worked with the College prior to the survey going out to members to ensure they were aware of how valuable their contribution was. In actively taking part members encouraged those colleagues that did not participate. Dr Donaldson said that there was a role for the board in terms of supporting members to participate in surveys in the future.

4. Minutes of the last meeting

The minutes of the previous meeting held on 20 October 2020 were circulated in advance, the following areas were highlighted:

- Magee Medical School – it was noted that Dr Donaldson had contacted the Dean of the new medical school in relation to the syllabus, giving reassurances that Anaesthesia and Intensive Care are key components of the curriculum.
- Collaboration with BJA & CIA – it was noted the value of funding was 100k (50k per partner).
- Collaborate with Health Research Board – it was noted that the funding was 1 million euros and not 1 million sterling.
- LS referred to the ACSA process and that there was a typo as there had been an involvement for with this process for a number of years.

No further amendments were registered, and the minutes were approved as a true and accurate record.

5. President's Business

Professor William Harrop-Griffiths welcomed Dr Ramai Santhirapala and Dr Ashwini Keshkamat to the College following the results from the Council Election 2021 elections. Professor William Harrop-Griffiths also highlighted the current waiting lists in Northern Ireland (105,000 patients) and the impacts this would have on services going forward. The board NOTED that the College were aware of the pressures on the service in Northern Ireland and would support them where possible.

6. CEO's business

Strategic developments for the College

The board NOTED that the College's current 5-year strategic plan would come to an end in 2021. Mr Bruun said the Council, trustees and senior staff would be working towards consideration of the College's next strategy throughout the course of the year, this being a values and evidence-based strategy. The new strategy was currently expected to begin in 2022, with a 5-year lifespan which would reflect core charitable aims. Mr Bruun confirmed that contribution to that process from the devolved nations would be significant and that a mechanism for doing this would be discussed with RCoA

Long-term financial plan

The board NOTED that a new strategy would be underpinned by a long-term financial plan, which would extend the College's forecasting and budgeting processes from 1-year to 3-years ahead. This process was seen as fundamental to helping the College to confidently plan ahead and invest assets wisely on behalf of members and fellows. Mr Bruun provided an overview on the current financial position of the College which was considered to be healthy but made the board aware of the challenges in the coming year.

Mr Bruun said that the operational surplus the College would be posting this year masked some internal deficit in terms of spending on IT and Infrastructure which would be moved to operational expenditure next year. Mr Bruun said that this would lead to the College to look at ways that they raised and spent its funds. The board NOTED that whilst membership and exams provided the College with a significant income that their expenditure post Covid on a hybrid environment would potentially be financially challenging in the coming years.

Digital Information Hub

Mr Bruun highlighted the importance of membership engagement work and that providing better products and greater benefits to members was a critical priority for the College in the future. The board NOTED that the College still had plans to invest in this but that due to financial constraints it would take some time to put this into place.

Anaesthesia 2021

The board NOTED that 65 delegates had registered and that a further 80-100 had registered interest for the event even though the programme had not yet been launched. Mr Bruun encouraged the board to have a look at the event and to encourage their colleagues to register their interest:

<https://rcoa.ac.uk/events/anaesthesia-2021>

Curriculum Review

The board NOTED that this was ongoing but that more resources were available on the curriculum website. Mr Bruun said that in terms of the undergraduate / foundation element that the national careers fairs had not taken place due to Covid however an undergraduate event would be taking

place on 27th April: <https://www.rcoa.ac.uk/training-careers/training-anaesthesia/2021-anaesthetics-curriculum>

Workforce and Recruitment

Mr Bruun confirmed that the Policy and Public Affairs Team was continuing to finesse the 2-3 years influencing workforce campaign for the RCoA and that this would be delivered in conjunction with relevant members of the Training team.

Examinations

The board NOTED that a substantial number of candidates had been passed through the examinations and that the RCoA had successfully delivered more exams than any of the other medical Royal Colleges in the UK. Mr Bruun said that in terms of the examiner pool the application window was open until the end of May and that so far around 30 applications had been received. The board NOTED that this was much lower than the previous recruitment period in which the College had received over 60 applications. Mr Bruun said that this was a potential opportunity for Northern Ireland colleagues to engage with the College on this.

Guidance

It was confirmed that GPAS 2021 was published on 31 March 2021. This included the new perioperative chapter, which replaced the pre-, intra- and postoperative chapters.

NIAA

It was confirmed that the BOC Chair of Anaesthesia Award interviews took place in January 2021 with the grant awarded to Dr Ben Shelley, Consultant in Anaesthesia and Intensive Care at the Golden Jubilee National Hospital, Glasgow.

Perioperative Care

The board NOTED that the College was producing a green paper "Delivering Patient-centred Care: a perioperative care." The aim of this paper was to change policy and identify policy priorities that would form the basis of CPOC's campaigning agenda for the duration of this UK Parliament and devolved parliaments which would be shared by the College once available.

Governance Review

The board NOTED that the College had agreed to conduct a comprehensive external review of its governance processes and governing documents, to take place over the course of 2021. The review would be completed in two phases, focusing first on the composition and structure of the Board of Trustees, and second on the committee and organisational structure beneath the board. The board NOTED that there would be opportunities for all devolved boards to be involved in this review which would be a significant piece of work.

7. Recruitment to the Board

Mrs Rose Murphy provided an overview on the discussion paper circulated on recruitment to the board. The board NOTED that historically recruitment to the RCoA devolved boards was currently via election, using the same model as the election to Council. The board NOTED that the contribution of the elected board members continued to be significant and was highly valued. The board NOTED that with the upcoming Governance review there was an opportunity to review the constitution and the terms of reference that was currently in place.

The board DISCUSSED the current election model in place, the recruitment methods, the current constitution of the elected members of the board and the representation from each of the Health and Social Care Trusts in Northern Ireland. Dr Will Donaldson said that there had been good geographical representation previously, but he was inclined to follow the Welsh model as there was representation from each health board / trust. Dr Lowry AGREED that this was a good time to review this as a board and that it would be helpful to have wider representation and a greater engagement from each trust going forward. The board AGREED with the proposal put forward. Mr Bruun acknowledged that this was the time to look at this together as a board and make the relevant improvements needed. The board NOTED that the College had a new contact relationships management system in place which did not currently collate this data but would be able to in the future.

Mrs Rose Murphy asked if the board would be looking for an election model in each trust. Dr Will Donaldson said that he did not feel this was appropriate as he trusted the individual trusts to put forward the appropriate candidate. Professor William Harrop-Griffiths said that from a College

perspective they would be supportive of this but would ask for there to be a transparent process in place to ensure that it was accessible to all. The board NOTED that this could be done through the terms of reference.

Action: Dr Will Donaldson to review ToR and discuss with Rose Murphy and Jono Brunn in which ways transparency could be assured in this process.

8. GMC update: Corporate Strategy 2021-25

Dr Will Donaldson welcomed Jane Kennedy, Head of GMC NI who provided a presentation on the corporate strategy 2021 – 2025. An update was provided on the key issues being frequently asked by doctors in NI and the priorities currently being worked on. Jane Kennedy gave an overview on:

- 4 key priorities set out in the new corporate strategy from 2021-2026
- Equality, Diversity, and Inclusion targets and ambitions in Northern Ireland
- Fair to Refer 2018 report and reasons for disproportionate referrals
- Cross-border healthcare: Mutual Recognition
- Cross-border healthcare: Dual Registration
- Duty of candour consultation: overview on 3 key proposals

The board DISCUSSED the issues related to cross-border healthcare. Dr Brian Kinirons said that he was interested in the issues around cross-border movement of healthcare professionals and the risks in relation to indemnification of practices involved with that. The board recognised that covid was a specific issue and believed that there was an ad hoc arrangement between critical care services in the north and south to allow access to critical care capacity in the south which was agreed in principle. In addition to covid there was ongoing cross border collaborations, and it was AGREED that further clarity was needed on this as indemnifications issues had not yet been resolved therefore a number of doctors probably did not have dual registration.

Mrs Jane Kennedy said that the GMC suggested that doctors practiced with the appropriate indemnity but that they were not responsible for that this what looked like and could not influence how organisations implemented their arrangements. The board NOTED that this would be looked at further in the coming weeks when colleagues raised this with chief executives.

The board NOTED that an MOU had been put in place by the 2 CMOs in December 2020 to facilitate transfers to critical care beds if either jurisdiction needed it which did not happen. Mrs Jane Kennedy confirmed that the doctors engaged in the All-Ireland Paediatric Cardiac Surgery Service all had dual registration, so they were able to grant letters of good standing which was shared with the regulator in the South of Ireland which allowed for quick registrations for doctors in that service with the MCI. The board NOTED that this did not just affect doctors, it affected nurses, and paramedics also. Mrs Jane Kennedy said that she could not give any further clarity on the indemnity issue at this time but would look to update the board as conversations progress in the future. Dr Will Donaldson thanks Mrs Jane Kennedy for her helpful contribution.

9. Chairman's Business

BMA: Rest, recover, restore: Getting UK health services back on track

Dr Will Donaldson brought the recently published document to the attention of the board which was included in the papers from the BMA. The board NOTED that this was relevant to the speciality, specifically the backlog of the current waiting list which the Health Secretary recently said could take up to 10 years to clear in NI. The board NOTED that there were a number of recommendations and that the public needed to be aware of what was possible in the future.

Cross-border patient transfers – update to the board

Dr Will Donaldson referred to an update provided by the GMC and acknowledged that both governments were aware that there is cross border work taking place. The board NOTED that Dr Will Donaldson had written to the CMO regarding the issues and had also expressed his concerns at College Council. The board acknowledged that the problem would be solved through time at a governmental level but that COVID had led to an effective MOU being put into place. The board NOTED that Dr Brian Kinirons had a meeting with the Medical Council of Ireland about the issues that had not been addressed and that Dr Will Donaldson in his capacity as Chair of the Board was also happy to provide further support around this issue.

Action: Dr Will Donaldson to link in with Dr Brian Kinirons in relation to cross-border transfers.

Academy of Medical Royal Colleges: Cross-College group NI

The board NOTED that the Academy of Medical Royal College was endeavouring to set up a cross College working group in NI. The board NOTED that the aim of this forum was for Colleges to share information and concerns across specialities and to set up a group which the Department of Health and CMO could engage with. The board NOTED that Dr Will Donaldson has a meeting planned with the NI lead of the Royal College of Surgeons and his policy advisor and would provide feedback at the next meeting.

Action: Dr Will Donaldson to update the board on his meeting with the NI lead and policy advisor of the Royal College of Surgeons.

Public Consultation document on the introduction of a statutory opt-out system for organ donation in Northern Ireland.

The board NOTED that the Minister for Health had set out a plan to consult on soft opt-out organ donation policy in NI, noting that it has one of the highest rates of living organ donation but a low deceased organ donation rate. The board NOTED that whilst 80% of NI residents supported organ donation, only 48% had signed the organ donation register. Dr Will Donaldson said that the aim was to increase the consent on organ donation and that even though the deadline had passed the Department of Health was still keen to hear from Royal Colleges. The board NOTED that Dr Will Donaldson would circulate questions to them on this to have a broad opinion.

Action: Dr Will Donaldson to circulate questions to the board on the consultation related to organ donation for a broader opinion.

Dr Neal Beckett said that he had worked within the transplant area so had knowledge of this and that it would be helpful to raise this to the NI Ethics Forum for their view. Dr Will Donaldson said that he would discuss the position on this further with Dr Neal Beckett and Dr Raymond McKee outside of the meeting. The board NOTED that the College would not get involved with decisions made by devolved governments but would actively support the decision made.

Action: Dr Will Donaldson to link in with Dr Neal Beckett and Dr Raymond McKee in relation to organ donation.

Perioperative Nursing Careers steering group.

Dr Will Donaldson confirmed that the Chief Nursing Officer had set up a group to look at perioperative careers in nursing which would follow a number of key principles and that there was a new recruitment process across a number of trusts. Dr Will Donaldson provided an overview on definitions of what defined different grades.

New Specialist Grade

Dr Will Donaldson confirmed that this was for information purposes as this was just applicable in England at the moment. An overview on the role was provided along with the criteria that needed to be met. Dr Will Donaldson said that this had not yet been considered in NI but that he planned to speak to the BMA and the Academy about this. Dr Lowry confirmed that the Southern Trust had produced a local Associate Specialist Grade a few years ago and that he would put Sarah Landy in touch with Dr Will Donaldson.

Action: Dr Lowry to put Dr Will Donaldson in touch with Sarah Landy re the New Specialist Grade.

SAS Board Representative

Dr Will Donaldson highlighted the vacancy and asked the board as to how this would be advertised as he had already received an expression of interest. It was AGREED that a process needed to be in place to ensure there was transparency and that this process needed to be within the revised Terms of Reference for the board in time for the next meeting in October 2021. The board DISCUSSED the process of recruiting someone into the vacancy and NOTED that Dr Lowry would put Dr Donaldson in touch with the SAS BMA lead as it would be beneficial to go through each clinical director. Professor William Harrop-Griffiths said that if every effort had been made to contact SAS doctors that a temporary appointment could be made in advance of the pending agreement of the Terms of Reference later in the year. The board NOTED that Dr Will Donaldson would raise the process at Council.

Action: Dr Lowry to put Dr Will Donaldson in contact with the SAS BMA lead. Dr Will Donaldson to raise this at Council in April 2021.

LAY Representation

The board NOTED that it had been difficult to secure a lay rep for this board over the years and acknowledged the support provided by lay reps from other boards. Dr Will Donaldson asked for suggestions as to how this could be changed. The board DISCUSSED the options in relation to expressions of interest, placing the vacancy in the public domain and through different groups to source lay members. The board NOTED that Dr Will Donaldson would link in with Dr Brian Kinirons in relation to this. The board NOTED that it had remained a challenging position and that Mrs Lynne Smith was continuing to work on a broader recruitment strategy to support the geographical landscape. The board NOTED that Lynne Smith and Ann Shearer would continue to support the board in the interim. Mrs Lynne Smith referred to the paper submitted by Mrs Rose Murphy on the recruitment to the board which had highlighted that you could choose a lay representative from anywhere you want which offered more flexibility. The board NOTED that there were a number of options available, and that Dr Will Donaldson would link in with board members to discuss this further. Mr Brunn said that he would link in with Mrs Rose Murphy and would send Dr Will Donaldson some options in terms of recruiting a lay representative and SAS Representative. Lynne Smith asked to be copied into suggestions made related to the recruitment of a lay representative.

Action: Dr Will Donaldson to link in with Dr Brian Kinirons and the board in relation to the lay representative vacancy. Jono Brunn and Rose Murphy to send Dr Will Donaldson some recruitment options for the lay representative and SAS representative. Mrs Lynne Smith to be copied into correspondence related to the lay representative.

WhatsApp Group

The board NOTED that Dr Will Donaldson had suggested setting up a WhatsApp group as a point of contact for board members to share information and advice. Dr Will Donaldson acknowledged the concerns raised about data sharing, but the board NOTED that NI were currently exempt from this. Professor William Harrop-Griffiths said that he had no objections but suggested that it may be beneficial to set up 2 groups, with one being for official purposes and one being for the social aspect.

10. Advisers' business

Regional Advisor for Anaesthetics: The following update was provided by Dr Laird:

- Dr Laird thanked all the trainees for their hard work, dedication and flexibility during the last year. Trainee anaesthetists have been the bedrock of patient care during the pandemic.
- There have been no recent appointments to the Northern Ireland trainer group.
- Manpower: there had been a few gaps in the programme from February 2021 due to sick leave and maternity leave. There was one ACCS resignation from Antrim. Four trainees CCT'd in February 2021. There will be potentially one POG in August, but this may change. *We currently have 11 LTFTs. There were 14 trainees on maternity leave. Recent consultant job approvals and appointments for NISTAR (1 post) and RJMH (1 post). There was one locum post available in Altnagelvin and potentially 2 in the Ulster Hospital
- ST3 recruitment: The board NOTED that this was planned for Tuesday 20th April. Issue around interviewing candidates who would also be applying to ICM. Potentially interviewing 4 candidates who would not take up anaesthesia posts should they be successful in ICM. This was because ICM has moved their recruitment from 9th April to 26th April. The School would offer 15 posts initially. These interviews would follow the same process as the autumn, with the Portfolio score being added to the total score following the online interviews.
- CT1 recruitment: Following the CT1 interviews in January 2021 38 candidates were interviewed. We will be offering 11 CT1s and 4 ACCS anaesthesia. There were no major issues with the virtual format of the recruitment.
- Exam results: We continue to have encouraging results. No issues with the online process.
- Courses: The Primary Courses and Primary FRCA courses have been held via Zoom. Thanks had been conveyed to the Clinical Tutors in organising these. The Core trainee obstetric day ran recently and had received good feedback. The primary revision course had finished for this year but there are plans to run online viva practice. The Flying Solo course had been put on hold as it is impossible to socially distance due to the numbers. Hopefully trainees are getting some simulation training in their own units.
- ARCP panels: Last years' ARCPs worked well and were no issues with LLP. Planned for June 2021. We are still planning how we are going to run this. We may not be able to offer everyone an appointment. Short virtual meetings may also be an option.

- New Curriculum: The GMC and HEE have approved the New Curriculum for August 2021. Dr Mary Molloy and David Lee have been appointed as leads to help disseminate information. The School hopes to have study day in June for more discussion about this.

Regional Advisor for Intensive Care Medicine: The following update was provided by Dr McKee:

- Dr McKee also thanked the anaesthetic and intensive care trainees for all their hard work and dedication over past 12 months.
- All trainee committees had been moved to virtual meetings and to date there have been no significant issues in running them on a virtual basis.
- ICU educational programme had a hiatus of around 6 months in the middle of last year and then started again and stopped again in October due to the second wave. The board NOTED initial feedback since starting up in February / March this year had been positive and that there had been an increase in attendees due to being able to access this virtually.
- ARCPs: from an ICM perspective Dr McKee confirmed that there was a greater number of trainees in the now therefore due to this there some ARCPs that would be separate to the anaesthetics due at the end of June
- In terms of recruitment, it was confirmed that there had been approval for a few consultant roles, 2 in the Northern Trust and 2 in the Belfast Trust. A recently CCTd Trainee had also started a role in Craigavon Hospital. The board NOTED that from a recruitment point of view the ICM recruitment went to Plan B and was entirely conducted on a self-scoring basis and there were no face-face or virtual interviews but what they did have was validation of the self-scoring from those trainers that were involved in the process.
- The board NOTED there were 23 trainees in the ICM programme now with 16 being dual with anaesthesia and 2 dual with internal medicine, 1 being dual with respiratory and 1 being single CCT ICM trainee. Dr McKee confirmed that at the moment there were 4 trainees that were due to CCT in the programme in the next 12 months, all those being dual anaesthesia ICM.
- Exams: 4 candidates in the region sat the exam in October 2020. In February 2021 there was 4 candidates that sat and passed the MCQ component of the exam and there had been a further virtual process in March which had 160 candidates in total. Dr McKee said that he had 3 local candidates in for this, 3 trainees and 1 specialty trainee. From an exam perspective Dr McKee said that they hoped that they could return to a face-face format next year.
- The new ICM curriculum had been approved by the GCM and was due to come into force on 4th August. The board NOTED that there was not a significant change, the main difference being that the structure was now similar to the anaesthetic curriculum.

Dr Will Donaldson asked how the issue of someone getting a post in the anaesthesia training scheme and then taking on an ICM post would be resolved. Dr Laird said that they were offered both but were only allowed to take up one in that interview period.

Pain Medicine

The board NOTED that Dr Connor Farrell was not present and had not provided a report therefore an update would be provided at the next meeting.

11. College of Anaesthesiologists of Ireland

Dr Will Donaldson welcomed Dr Brian Kinirons, the President of the College of Anaesthesiologists to his last meeting after serving a 3-year term. Dr Will Donaldson thanked him for his participation and contribution to the board, as well as his commitment to the link between the NI board and the CAI. Dr Brian Kinirons updated the Board on college activity to highlight that:

- Council elections would be taking place in the coming weeks, with 3 positions available. Dr Kinirons also confirmed that in the meeting in May there would be an election for President
- Overview provided on the matrix in place for covid and how it had affected the College. In terms of examinations, again, they had been delivered online since the start of covid with the online exams proving to be very successful with the examinees. The board NOTED that a commitment to the online process would continue this year irrespective of covid with face-face examinations taking place from 2022.
- In terms of the College the board NOTED that they had been open after heavily investing in a digital studio which had enabled the College to effectively deliver education to the trainees and fellows and had allowed the general annual meeting to go ahead virtually. Dr Kinirons acknowledged the commitment of the trainees throughout covid with the provision of online exams to ensure that they could continue their career progression through this

period. Dr Kirirons referred to burden of scheduled care and the huge challenges ahead due to the accommodating additional covid and non-covid pathways.

- Dr Kinirons highlighted the national picture having just emerged from a 3-month national lockdown and there has been nationally about 220 beds occupied by covid patients. Now less than 60 patients in ICUs. Exposed our ICU critical care capacity deficit and there had been significant commitments by the government to increase this in Ireland which was positive.
- Long COVID was highlighted as an ongoing issue and a map of potential long covid clinics across the republic was provided
- Dr Brian Kinirons recently attended an Association Council meeting where they highlighted the manpower crisis that was happening across the devolved nations. Dr Kinirons provided an overview on the manpower issues within Ireland in relation to the UK and comparative countries including Australia and New Zealand. The Association had estimated that there would be a requirement for over 1000 consultant posts in anaesthesia in the next year in the UK alone. In terms of the number of non-consultant hospital doctors per 100,000 of the population, Ireland certainly had more NCHDs than any other devolved nations or comparator countries. One of the main manpower challenges was a cohort of non-trainee doctors. The board NOTED that Ireland was heavily reliant on doctors providing a service who were not on training schemes. A survey last year confirmed that approximately 50% of non-consultant community were in non-training positions. Dr Kirirons also highlighted that Ireland had less consultants per 100,000 population than any other country therefore the challenge in terms of manpower was a deficit of consultant positions not trainee numbers.
- In terms of sustainability there was now a sustainable agenda and strategy within the College and were now providing doctors with an additional year after completion of specialist training. The board NOTED that this was a 6-year programme and was the first sustainability fellowship in Peri-operative Medicine offered in Ireland.
- Irish Perioperative Medicine Society: The board NOTED that there was a generation of young doctors who were graduates of the UCL School of Perioperative Medicine. The first inaugural webinar of the society took place in March this year.
- BJA: The board NOTED that the BJA was an official journal in NI and that Dr Kirirons had recently attended a BJA meeting. The volume and submissions of quality was such that there was space to have an open access journal on the market which would be out soon. As mentioned previously the BJA and CI grant for 100K for collaborative research between Ireland and the UK would be available soon.
- Lessons learnt from the global pandemic: The board NOTED that this global seminar would be hosted by the RCoA from 15-17th June.
- Annual Congress of Anaesthesiology: virtual event from 20-21st May.
- Safety As We Watch: Anaesthesia in Ireland 1847-1998: The board NOTED that this was in relation to the History of the College and Specialty and the collaboration between the North and South.

12. Association of Anaesthetists business: Dr Neal Beckett left meeting

The board NOTED that Dr Beckett had left the meeting. Dr Will Donaldson highlighted that the association had been focusing on the Fight Fatigue campaign and had also been consulted on Health & Social Care Committee 'Burnout Inquiry'.

11. Lay Committee Representative

Mrs Mary Lynne Smith confirmed that the lay committee was now chaired by Paula Elliott who was a nurse by background but had also extensively worked with the parliamentary ombudsman. The board NOTED that the future approach of the committee would be more strategic which would feed into the review being conducted within the College. Mrs Smith highlighted the importance of recruitment and that this was important for NI to ensure that there was a diverse group in place. Dr Will Donaldson thanked Mrs Smith for her continued support.

12. Trainee Issues

The board NOTED that the trainee representative was not present and had not submitted a report. Dr Will Donaldson said that he would chase up Dr Booley to ensure that he was present at the next meeting.

Action: Dr Will Donaldson to chase up Dr Booley to ensure that he was present at the next meeting.

13. Any other business

The board NOTED that there was no further business to discuss.

14. Date of the next meeting

It was proposed that the next meeting will be held on **12 October 2021 from 2pm-5pm**. The board NOTED that it was unknown as to whether this would be held in person or virtually. Dr Will Donaldson thanked the board for attending and for their contributions.