

Minutes of the RCoA Northern Irish Board meeting

Tuesday 12 OCTOBER: 2.30pm – 5.00 pm

MICROSOFT 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
Mrs Judith Tidnam	RCoA Director
Dr Richard Laird	Regional Adviser Anaesthesia
Professor Graham Shorten	Co-opt Member, President, College of Anaesthesiologists of Ireland
Martin McCormack	CEO, College of Anaesthesiologists of Ireland
Dr Neal Beckett	Co-opt Member, Association of Anaesthetists
Dr Mary Molloy	Deputy Head of School and Deputy RAA Anaesthetics
Mrs Mary Lynne Smith	Lay Committee Representative – North West
Dr Cheryl Turkington	Elected Consultant member, Western Trust representative
Dr Sinead McGuirk	Elected Consultant member, Belfast Trust representative
Dr Mike Jamison	Trainee representative
Dr Brendan Haughey	Trainee representative
Lisa Roberts	Committee Secretariat

1. Apologies and declaration of interest

Dr Killian McCourt	Elected Consultant Member, Belfast Trust Representative
Dr Conor Farrell	Regional Advisor, PM
Raymond McKee	Regional Advisor ICM

2. Introduction and Welcome

Dr Will Donaldson welcomed those in attendance. Dr Will Donaldson welcomed Professor Shorten, President, College of Anaesthesiologists of Ireland and congratulated him on his appointment. Dr Will Donaldson also welcomed Professor Will Harrop-Griffiths, RCoA Vice President and Mrs Judith Tidnam, RCoA Director of the People and Operations Team representing the College.

Dr William Donaldson paid tribute to Dr William Campbell who sadly passed away in May 2021. The board NOTED that he would be dearly missed and took a minute to remember him.

3. Minutes of the last meeting on Tuesday 13 April 2021

The board NOTED that the minutes of the meeting held on Tuesday 13 April were approved as a true and accurate record. The board NOTED the updates on the actions from the meeting:

- **Lynne Nadin to provide the board with access to the online dashboard**
The board NOTED that access to the online dashboard had been provided. Discharged
- **Dr Will Donaldson to review ToR and discuss with Rose Murphy and Jono Brüün in which ways transparency could be assured in this process.**
The board NOTED that this action would be carried over to the next meeting. Ongoing
- **Dr Will Donaldson to link in with Dr Brian Kinirons in relation to cross-border transfers.**
GS said that he did not have an update on cross-border transfers at this time. Dr Martin McCormack confirmed that the forum of Colleges had brought this to the attention of the regulator at the Medical Council and assured them that a resolution was being worked on. The board NOTED that they had described an ad hoc arrangement being rolled over on a temporary basis which was not considered satisfactory as this was not ideal in the long term. The board noted that the forum was meeting with the Medical Council in November and that a further update will be provided at that stage. Dr Martin McCormack said that in relation to training there was a recent request from several doctors who would have been based in the UK and had UK citizenship. The board NOTED that they were concerned that they were worried they would be locked out of training opportunities should they seek to do some part of their training in Ireland. Dr Martin McCormack said that they had been assured by the Minister of Health that they would continue to have all the benefits. The board

NOTED that this had been part of a legal review therefore even though the Minister said it was subject to a separate legal review under the Equality legislation. The board clarified that this would also be clarified at the beginning of November. **Ongoing**

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

The board NOTED that Dr Will Donaldson had met with the NI lead and policy advisor of the Royal College in May. The board NOTED that there was information in the committee pack on the 10-point plan which were similar to themes that the other nations had focused on. Dr Will Donaldson said that there was a potential disconnect between the Colleges with regard to tackling the surgical backlog. He noted that the RCoA is focusing on the wellbeing of staff and their retention, and that this should be considered in any plans to tackle the waiting lists. The board NOTED that Dr Will Donaldson had recently attended an NHS Confederation meeting where they had discussed the "take home" messages from COVID. The board NOTED that Dr Will Donaldson would continue to link in with other Colleges and Council going forward. **Discharged**

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

The board NOTED there had been some discussions around organ donation but that no recommendations had been submitted in advance of the consultation closing. **Discharged**

- **Dr Will Donaldson to link in with Dr Neal Beckett and Dr Raymond McKee in relation to organ donation. Links in with the action above. Discharged.**
- **Dr Lowry to put Dr Will Donaldson in touch with Sarah Landy re the New Specialist Grade.**
Dr Will Donaldson confirmed that this would be discussed under the chair report. **Discharged**
- **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.**

The board NOTED that this would be discussed under chair report. **Discharged**

- **Dr Will Donaldson to link in with Dr Brian Kinirons and the board in relation to the lay representative vacancy. Jono Brūūn 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.**

The board NOTED that Dr Will Donaldson had asked the other Colleges that attended the Academy Group how they had recruited a LAY Representative and had been provided with a few ideas that he would progress in the coming weeks. **Ongoing**

- **Dr Will Donaldson to chase up Dr Booley to ensure that he was present at the next meeting.**
The board NOTED that Dr Mike Jamison and Dr Brendan Haughey had been appointed as the new trainee representatives. Dr Will Donaldson welcomed them to the meeting and said that their presence and input was important going forward as this was a forum that they could raise issues experienced by trainees. **Discharged.**

4. President's Business

The board NOTED that the full report had been circulated prior to the meeting and the following was highlighted by Professor William Harrop-Griffiths:

Farewell to Ravi

The board NOTED that Professor Ravi Mahajan's term as President of the RCoA officially came to an end on Wednesday September 15th. Professor William Harrop-Griffiths acknowledged the grateful thanks of the members of Council and Board of Trustees for him guiding us so expertly through the most turbulent time in the NHS in modern memory. The board NOTED that his leadership had been invaluable, and he would be much missed, although he would remain on Council and the Board of Trustees until March 2022. Professor William Harrop-Griffiths wished Dr Fiona Donald well in her new presidency.

Exams

Professor William Harrop-Griffiths confirmed that the exams would stay online until at least May next year and had generally been running successfully but there had been incidents in the Primary MCQ on September 7th and the CRQ component of the Final FRCA written exam on September 16th. The board NOTED that due to the issue with the delivery of the CRQ examination (details in full in devolved nations report), the exam result would be based on the MCQ component alone. The board NOTED that the results were set to be released on 25 October with standard setting for the MCQ on 11 October.

Professor William Harrop-Griffiths confirmed that since the incident a series of statements had been released and communications exercises were being conducted with trainees that have received the incorrect results. The board NOTED that the College was working on understanding why this had happened and that internal and external reviews were taking place so that recurrences could be avoided in the future.

GS congratulated the College in terms of how they were handling this and asked as to whether the opinion or review of a regulator had been sought and whether the results were valid or not. Professor William Harrop-Griffiths confirmed that the GMC had been contacted and were closely involved in all decisions.

5. CEO's Business

The board NOTED that the full report had been circulated prior to the meeting and the following was highlighted by Mrs Judith Tidnam:

Strategy Developments for the College - Strategy Retreat

The board NOTED that Council and Trustees held a weekend strategy retreat on Saturday/Sunday September 11th/12th where they discussed the College's new strategy and values, the future of the College and the specialty and the next steps.

Hybrid working

The board NOTED that Churchill House was reopened to staff on 02 August and that the trial period of hybrid working was formally started for a 6-month period with the understanding that we can now all work productively from remote locations. Mrs Judith said that the College acknowledged that the workplace had changed because of the pandemic therefore they were determined to respond in an agile way to ensure that the interests of members and staff were upheld as a priority in the future.

The board NOTED that whilst the Government had withdrawn all mandatory COVID-19 safety measures, it had been left up to individual companies to manage as they saw fit. The board NOTED that the College had retained several safety measures to minimise the risk of exposure to staff. Staff were requested to book desks which enabled the College to monitor and manage occupancy at Churchill House, to minimise risk but, also to enable the College to identify all those who may be exposed in the event of a positive COVID-19 case.

Mrs Mary Lynne Smith asked if staff needed to be in the office daily. Mrs Judith Tidnam said that individuals had different circumstances and it was an opportunity for those in less-than-optimal solutions. The board NOTED that there was lots of variables but that the College had seen an increase in confidence since returning to the office.

6. Chair's Business

i. Post-Ockenden report review in Northern Ireland

The board NOTED that this review on maternity services was taking part in the devolved nations also. well. Dr Will Donaldson said that a group had been set up in Northern Ireland and he had since managed to get the ToR for the group which had been sent to Sharon Drake. Dr Will Donaldson said that the Chair of the group had confirmed that they wanted the RCoA to sit on the group and proposed for Dr Sinead McGuirk to represent the College. The board AGREED for Dr McGuirk to represent them on the group and NOTED she would update them at future meetings

ii. NI representative for the RCoA Anaesthetic Curriculum Development and Assurance Group

The board NOTED that an email in relation to this had been included in the committee pack. Dr Will Donaldson said that since the new curriculum had received GMC approval that a group had been set up to monitor the curriculum and programme of assessment and any further improvements. Dr Will Donaldson asked the board who should sit on the group as a Northern Ireland representative and suggested Dr Daryll Lowry, Dr Mary Molloy or Dr Richard Laird. Those suggested AGREED that it would be helpful to discuss this further offline through the WhatsApp group.

Action: NI representative for the RCoA Anaesthetic Curriculum Development and Assurance Group to be discussed and agreed offline.

iii. RCS England 10-point plan and call for Summit to tackle healthcare issues in NI

The board NOTED that information on this had been included in the committee pack. Dr Will Donaldson highlighted the summits that had been held by other nations but had received

confirmation that a healthcare summit would not take place in Northern Ireland. Dr Will Donaldson DISCUSSED this with the board and said that more clinical input needed to occur and that clinicians needed to push this agenda in line with what was happening in the rest of the UK. Dr Will Donaldson said that he was seeking advice and looking at other opportunities. The board NOTED that Professor William Harrop-Griffiths would link in with senior officers at the College to support the asks and take this forward.

Action: Professor William Harrop-Griffiths link in with senior officers at the College to support the asks and take forward the call for a summit to tackle healthcare issues in NI.

iv. GMC call for engagement on PAA framework

The board NOTED that this was in the pack, and it was just to signpost that the GMC were looking for people to go online and give their thoughts on the PAA framework.

v. SAS NI board representative (rolled over from Actions in 3)

The board NOTED that this had been raised in the actions from the previous meeting. Dr Will Donaldson said that he would link in with the College as he recognised that it was important to have a voice for the SAS doctors. The board NOTED that there was an individual interested but that there needed to be a transparent process. Dr Will Donaldson said that he wanted someone in post for next meeting in April 2022.

7. Advisers' business

Regional Advisor for Anaesthetics

The following update was provided by Dr Laird:

- Dr Laird thanked all the trainees again for all their hard work, dedication and flexibility during the last year. The board NOTED that trainee anaesthetists had been the backbone of patient care during the pandemic. Departments continue to experience heavy workloads related to COVID and the ramifications of the pandemic.

Appointments

- The board NOTED that there had been no recent appointments to the Northern Ireland trainer group.

Manpower

- The board NOTED that there was generally good trainee cover. There were two resignations in August 2021, and they had two "period of grace" posts. The board NOTED that there was currently 17 LTFTs and there were 13 trainees on maternity leave.
- There had been recent consultant job approvals and appointments in the Belfast Trust (1 chronic pain post), the Southern Trust (1 ICU post) and the South Eastern Trust (1 post). The board NOTED that consultant jobs were very competitive now.

ICM Recruitment

- The board NOTED that there was no increase in funded places to ICM this recruitment year. The board NOTED that there were three new appointees: 2 x anaesthesia, 1 x EM. It is envisaged that 4 trainees will CCT in the next 6 months (all dual with anaesthesia). 1 is planning to take up a post abroad.

ST3 recruitment

- The board NOTED that ST3 recruitment was planned for Tuesday 13th October 2021 and candidates will be interviewed for potentially 6 posts. The format will be one panel via Zoom. ST4 recruitment will take place in February 2022.

CT1 recruitment

- The board NOTED that CT1 interviews had been provisionally planned for the dates of 8th and 9th March 2022.

Exam results

- The board NOTED that results continued to be encouraging within the province and that Dr Shiva Arava had been appointed as an examiner.

Courses

- The Primary and Final FRCA courses had been held via zoom. Thanks had been conveyed to the Clinical Tutors in organising these.
- The CT1 introductory course ran successfully at the beginning of September.

- A new NISTAR transfer course was being planned by Dr Andrew Topping which would apparently be run twice per year. The IPAD course, a trainee paediatric anaesthesia course, is to run in the Northern Trust this year. This course was directed at trainees going onto the second on call rotas. The return-to-work course also ran recently and was well received.
- The Flying Solo course was put on hold as it was impossible to socially distance due to the numbers. It was hoped that trainees were getting some simulation training in their own units.
- SPA time was currently available for senior trainees and going forward this was to be rolled out to all trainees.

ARCP panels

- The board NOTED that last year's ARCPs worked well and there were no issues with the LLP or the virtual communication. It is planned for to hold these again in late June 2022. It is planned to run these meetings virtually although this may change.

New Curriculum

- ST6 and ST7s remain on the old curriculum. All CT1 and 2 had been moved to the new curriculum. ST3 to 5 are a mix of old and new. The board NOTED that a pragmatic approach was being taken in terms of when the trainees moved over. There had been some Lifelong Learning Platform issues with the move to the new curriculum and Dr David Lee had worked hard to solve the issues.

Regional Advisor for Intensive Care Medicine

The board NOTED that Dr Raymond Mackee was not present but had provided an update:

- The trainee representative on the ICM Training Committee is now Dr Graham McCracken.

Education Programme

The board NOTED that this continued with online delivered sessions, delivered by all units with responsibility for training in ICM. The online format continued, and this had improved overall accessibility. The result was likely that this would continue as part of the presentation format into the future.

Recruitment

Three trainees had been recruited, via National Recruitment coordinated by West Midlands Deanery. Two would dual with anaesthesia, one with EM. They commenced dual training from August 2021. The recruitment process for 2022 intake had begun. There were no plans at present to increase total numbers of trainees in ICM. Total number of trainees is 26.

ARCPs

All done virtually this year. One covid-related outcome (10.2). No further trainees had completed training since the last update.

Training

There was a total of 26 now training for ICM:

- 18 dual anaesthesia/ICM
- 4 dual EM/ICM
- 2 dual AIM/ICM
- 1 dual respiratory/ICM
- 1 single CCT ICM

Between now and August 2022, there were currently four trainees with predicted to CCT (all dual ICM/Anaesthesia).

Consultant positions

Numbers of Consultant positions is positive.

In the last 6 months, several positions have been approved:

- 1 in Northern Trust
- 1 in SE Trust
- 2 in Belfast Trust
- 1 in Western Trust

Exam

- At the last sitting of the FFICM MCQ examination, one candidate sat, and passed. He would now move to the OSCE/SOE.
- At the last sitting of the OSCE/SOE, one trainee sat this, and was successful in the OSCE component. The next sitting of the OSCE/SOE is w/c 18.10.21; numbers were expected to be increased. This would be via Zoom, as the previous 2 sittings. The Faculty were still hopeful that next Spring's exam would have a face-to-face format.

New Curriculum

- The board NOTED this had been launched, along with the move from e-Portfolio to LLP. The move to the new assessment system was still being progressed. There had been some initial issues with trainers being unable to access the portfolio. This remained a work in progress. The Faculty remained supportive to both trainees and trainers in terms of resolving issues.
- There had been questions regarding module recognition for those moving to Stage 2 of the anaesthetic curriculum, in that competencies required for Stage 2 ICM still required completion after all aspects of training in Stage 1 ICM completed. This had centred around cardiothoracic and neurosurgery/ICM. These specialties, along with paediatrics, were still required specifically as part of Stage 2 ICM, even if completed in Stage 1 anaesthesia. This only affected a small number of trainees, however.

Regional Advisor for Pain Medicine

The board NOTED that Dr Connor Farrell was not present but had provided the following update:

- The board NOTED that there was a significant downturn in services across the region due to COVID and activity was starting to return to normal. Services had seen changes of various degrees. The board NOTED the very significant evolution of the Belfast trust pain service while other units were still limited by staff redeployment. This had an obvious impact on training and a pragmatic approach had to be taken in achieving competencies. There have been no reports of discontent from trainers/trainees which was positive. The board NOTED that this also impacted on the pain fellow who had some limitation in exposure to differing working practices. Despite this adversity he completed his exam and fellowship successfully.
- The board NOTED that this also corresponded with the arrival of the new curriculum and that the teething issues had been well reported. From a pain perspective the curriculum seemed less prescriptive in what was needed, and some colleagues had concerns this may dilute training as trainees are shifted to places of more pressing clinical/ service need. The more cynical feel this may signal the death knell of chronic pain training as most trainees could establish competency through acute pain and therefore required only a very light touch of chronic. The board NOTED that this was a work in progress and locally, they were very lucky to have Darryl/Mary/David/Richard to head the school as they have so far been very supportive of pain training and the fellowship.
- The board NOTED that in terms of training they had filled the pain fellowship post for the last few years. All fellows had completed the examination successfully, achieved college recognition and were keen to pursue a career in pain medicine. Consequently, and contrary to colleagues in other devolved nations, there was a surplus of qualified trainees. The board NOTED that they had another fellow this year so that scenario was likely to continue for now.
- The surplus of vacant pain posts in other regions had brought into focus the aim for the faculty to achieve credential status in pain. A pain service would undoubtedly be best served with an MDT approach. The board NOTED that Dr Connor Farrell had lobbied his CE to support the college stance. The board NOTED that thankfully this was less of a pressing issue here in Northern Ireland with a surplus of qualified trainees and currently one advertised pain job. The board NOTED that this of course did not necessarily accurately reflect the need for additional qualified pain clinicians.

8. College of Anaesthesiologists of Ireland

Dr Will Donaldson welcomed Professor Graham Shorten, the President of the College of Anaesthesiologists to the board. Prof Shorten updated the Board on the following college activity:

The Forum of PG Medical Training Bodies in Ireland had completed "A Strategic Framework for Postgraduate Medical Training in Ireland 2021-2030 which contained 5 primary initiatives. These are:

1. Accelerated, targeted improvements in training for trainees and trainers in providing high quality medical care
2. Greater collaboration to support more effective teamwork and use of technology to serve patient needs
3. Collection and use of data to measure training & develop actionable insights to improve training and patient safety
4. Greater alignment between future healthcare planning and developments within postgraduate training in Ireland
5. Provide oversight to a programme of strategic investment in Postgraduate Education and Training.

The board NOTED that the CAI would take the lead on initiative 3, including the development of a National Learning Analytics Unit for Health Professionals in Ireland.

- A call for applications to the BJA/RCoA/ CAI grant for €100K for collaborative research between Ireland and the UK had been advertised (closing date September 24, 2021) and administered through NIAA. The grants are intended to support collaborative research projects in Anaesthesia, Critical Care or Pain Management between BJA/RCoA and CAI and may be for salaries or for the purchase of items of equipment. The CAI have established a webpage to support expressions of interest in collaborative research from ROI and Great Britain and Northern Ireland. The board NOTED that Professor Graham Shorten expected to see results from this in December 2021.
- CAI will host the National Anaesthesia Patient Safety Conference on November 12, 2021. Themes include neonatal and maternal safety around childbirth; teamwork, simulation, artificial intelligence, and design-based safety planning. The Keynote Lecturer is Dr Jannicke Mellin-Olsen, President, World Federation of Societies of Anaesthesiologists who will speak on Patient Safety in Anaesthesia - What Can We Do Better?
- The board NOTED that CAI Council had approved a set of 4 principles in relation to non - Training Scheme doctors, which was intended to facilitate engagement with HSE to improve the professional options to them. The Forum of PG Training Bodies was considering adopting this set of principles. The principles included the need to support the Medical Council of Ireland in its credentialling of applicant for entry to the Register of Medical Specialists and the need to provide access to NTSDs to educational and professional supports.
- Heritage Book: Safety As We Watch: Anaesthesia in Ireland 1847-1998 is due to be launched in December 2021. The authors are Joseph Tracey, Declan Warde and John Cahill.
- Dr Martin McCormack said that in terms of Pain Medicine that they were at the advanced stages of preparing a submission which would be sent to Medical Council. The board NOTED that Pain Medicine was recognised as a specialty in 2014 by the Minister of Health but there had to be agreement on a proposed framework for service delivery with a multidisciplinary team aspect. The board NOTED that there was now agreement in principle on the proposed model, therefore it would be submitted following their Council review in November with a review for it to be accredited next year which would result in a 2-year fellowship programme.
- The board NOTED that in addition to engagement with the Forum of PG Medical Training Bodies and cross border transfers, the CAI was also engaged with the status of assessors which was raised by the Royal College of Surgeons. The board NOTED that the CAI would feedback on these 3 areas at the next meeting.

Action: CAI to update the board on engagement with the Forum of PG Medical Training Bodies, cross border transfers and the status of assessors at the next meeting.

Dr Daryll Lowry requested for the link to the heritage book being published.

Action: Professor Shorten to send a link to Dr Lowry on the Heritage Book being published.

9. Lay Committee Business

Mrs Mary Lynne Smith said that the LAY Committee continued to actively engage and support various groups. The board NOTED that reference had been made to the strategy review and Mrs Mary Lynne Smith said that the LAY Committee's review was due around the same time but was

postponed as they wanted to know what the direction of the College's was to ensure that there was a clear alignment.

The board NOTED that in the interim the chair of the committee had talked to senior individuals within the College to find out what they wanted from the committee and the people that sat on it. The board NOTED that there were different levels of activity from different people involved. Mrs Mary Lynne Smith said that one of the issues that came back from the College was the lack of diversity, ethnicity, and age within the group and this was discussed further in detail.

The board NOTED that at the previous meeting that Mrs Mary Lynne Smith had mentioned that there would be a required recruitment round for LAY Committee members. Mrs Mary Lynne Smith said that she had worked with colleagues to effectively change how they recruit and the extensive communication networks that needed to be utilised going forward. The board NOTED that the language would be tweaked in relation to experience required to enable recruitment locally.

Dr Will Donaldson mentioned other organisations using online campaigns as recruitment platforms for LAY Representatives and that this could be considered also.

10. Trainee Representative Business

Dr Will Donaldson thanked Dr Booley for his contributions at previous meetings and welcomed Dr Mike Jamison and Dr Brendan Haughey as the new trainee representatives. Dr Mike Jamison highlighted the issues with the CRQ and outlined the general feedback from trainees and how it had affected their morale. Dr Mike Jamison and Dr Brendan Haughey thanked the College for their communications and said that the trainees were appreciative of their response. Dr Will Donaldson said that if there was anything further that could be done to support their colleagues to contact him.

11. SAS Representative Business

The board NOTED that Dr Will Donaldson would link in with College directly to progress this and hoped that a representative could be recruited prior to the next meeting.

12. Association of Anaesthetists Business

Dr Neal Beckett said that the association had written to the Minister of Health in relation to the recruitment problems across the board for trainees due to the new curriculum.

13. Any Other Business

Dr Will Donaldson referred to the elections taking place in Northern Ireland in May 2022. Dr Will Donaldson said that the other devolved nations had produced a local manifesto and that Northern Ireland should follow the same process. The board NOTED that Dr Will Donaldson would link in with the College in relation to the manifesto and would discuss and approve it at the next meeting.

Action: Dr Will Donaldson to link in with the College to produce a manifesto for Northern Ireland in advance of the elections in May 2022. Dr Will Donaldson to circulate a draft for agreement at the next meeting.

14. Date of the next meeting

It was proposed that the next meeting would be held on **Tuesday 12 April 2022 from 2.30pm-5.00pm**. The board NOTED that this would be a face-to-face meeting at the Hilton Hotel, Belfast. Dr Will Donaldson thanked the board for attending and for their contributions. Following that the next meeting would be either Tuesday 11 October or Tuesday 19 October.