

**Minutes from the RCoA Council Meeting  
Wednesday 5 March 2025  
9:30 to 13:00  
Churchill House and via MS Teams**

**Members Present:**

Elected Council Members:

Dr Claire Shannon, President  
Dr Toni Brunning, Vice President  
Dr Sarah Ramsay, Treasurer & Consultant representative  
Dr Rosalind Bacon, Consultant representative  
Dr Catherine Bernard, Anaesthetist in Training representative  
Dr Elisa Bertoja, Consultant representative  
Dr Jonathan Chambers, Consultant representative  
Dr Satya Francis, Consultant representative  
Professor Mike Grocott, Consultant representative  
Dr Sri Gummaraju, Consultant representative - Online  
Dr Sophie Jackman, Anaesthetist in Training representative

Dr Helgi Johannsson, Consultant representative  
Dr Ashwini Keshkamat, SAS Doctor representative  
Dr Kirsty MacLennan, Consultant representative  
Dr Kirstin May, SAS Doctor representative  
Dr Ramai Santhirapala, Consultant representative  
Dr Emily Simpson, Consultant representative  
Professor Andrew Smith, Consultant representative  
Dr Paul Southall, Consultant representative  
Dr Chris Taylor, Consultant representative  
Professor Jonathan Thompson, Consultant representative - Online  
Dr Sarah Thornton, Consultant representative  
Dr Christopher Till, Consultant representative  
Dr Matthew Tuck, Anaesthetist in Training representative

Co-opted Council Members:

Dr Daniele Bryden, Dean of FICM  
Dr Lorraine De Gray, Dean of the FPM  
Dr Simon Ford, Chair of the Welsh Board of the RCoA  
Dr Simon Howell, British Journal of Anaesthesia  
Dr Sandeep Lakhani, Chair of CLAN  
Dr Tim Meek, President Association of Anaesthetists - Online

Dr David Selwyn, representing CPOC  
Dr Roger Sharpe, representing FRCA Examinations  
Dr Nirmala Soundararajan, representing Regional Advisers  
Dr Daphne Varveris, Chair of RCoA Board for Scotland  
Ms Jenny Westaway, representing PatientsVoices@RCoA

**Observers/Invited attendees:**

Peter Kunzmann, Head of Policy and Public Affairs for agenda item 6.1 MP Engagement

**Staff members in attendance:**

Jonathan Brūūn, Chief Executive Officer  
Sharon Drake, Deputy CEO and Director of Clinical Quality and Research  
Mark Blaney, Director of Finance & Resources  
Russell Ampofo, Director of Education, Training and Examinations  
Jud Tidnam, Director of People and Operations - Online

Graham Blair, Director of Membership, Media and Development (MMD)  
Aaron Woods, Director of Technology and Digital Services  
Rose Murphy, Head of Governance - Online  
Natalie Walker, Governance Manager - Online  
Shaun Lee, Governance Manager

**1.1 New Members to Council and ceremonial**

The recently elected Council members Dr Kirsty MacLennan, Dr Emily Simpson, Dr Chris Till and re-elected Council members Dr Helgi Johannsson and Dr Kirstin May all signed the book of declaration to Council.

## **1.2 Welcome, Apologies and Declaration of Interests**

The Chair, Dr Claire Shannon opened the meeting and welcomed all members to Council. In addition to the new Council members, Dr Catherine Bernard was welcomed back to Council following maternity leave.

Peter Kunzman, Head of Policy and Public Affairs was welcomed to the meeting as an observer and agenda item 6.1 MP Engagement.

Council noted the apologies for absence received from

- Dr Chris Carey, Vice President
- Dr Rashmi Rebello, Anaesthetist in Training representative
- Dr William Donaldson, Chair RCoA Northern Ireland Board
- Colonel Giles Nordmann

## **1.3 Declarations of interest:**

The Chair reminded all Council members to check and submit changes to their annual declarations of interest via the Governance Team. Attendees were also reminded to declare interests regarding items on the agenda. For agenda item 7.1.2 (Nominations Committee) Dr Nirmala 'Nimmi' Soundararajan would leave the meeting due to being a nominee.

## **2.1 Council Minutes**

The minutes of the Council meeting held on 10 December 2024 were approved an accurate record.

## **2.2 Matters arising and actions**

Council noted the matters arising paper and outstanding actions.

## **2.3 Matters decided between meetings**

Council had approved changes to the code of conduct via email.

## **3.1 Stakeholder Engagement Overview**

The President highlighted the paper circulated in the pack, which provided an overview of major stakeholder engagement since the December 2024 meeting. The President had been actively engaging with stakeholders, including politicians, those in education and the NHS. These engagements were listed and could be discussed further, though most related to agenda items.

## **3.2 Deceased members**

Council observed a minute's silence for the following member that the College had been informed had passed away since the last Council meeting:

- Dr. János G. Bakó

## **4. CEO Update**

Jonathan Brүүn, Chief Executive Officer provide a CEO update on matters including:

### **4.1.1 Update on College governance following changes approved at the Annual General Meeting on 27 November 2024**

Council received a verbal update on governance changes approved by voting members at the 2024 Annual General Meeting which took place on 27 November. The resolution was that 'the College's Ordinances be amended and new Ordinances adopted in the form set out in Proposed minor amendments to the Ordinances to improve clarity and align with College practice, subject to such changes as the Privy Council may require and which are agreed by the College.'

The Privy Council, who must ratify changes agreed to the College's Charter and Ordinances, had requested further work on the College's disciplinary policies and processes before they could approve the new documents. This clarification was to be addressed in the coming months, with the proposal returning to the Council and Board of Trustees for adoption before resubmission to the Privy Council. This process was expected to cause a six-month delay in formally implementing the changes in the governing documents.

### **4.1.2 Request to approve minor correction to National Honours committee terms of reference**

Council received a paper setting out a proposal to improve consistency of the number of appointed members of the College's National Honours Committee Terms of Reference. Elected Council members approved the resolution: **To approve a change to the terms of reference of the RCoA National Honours Committee, so that the number of appointed members (7) was written correctly and consistently.**

#### **4.1.3 Request to approve changes to National Honours Committee membership**

Council received a paper requesting changes to the National Honours Committee composition. Elected Council members approved the following resolution as set out in the paper to: **To approve a change to the membership of the National Honours Committee, confirming Professor Julian Bion as Chair, and Professor Tim Cook as a new member.**

#### **4.1.4 Timetable for the election of President and Vice Presidents 2025**

Jonathan Brūūn, Chief Executive Officer updated Council on the procedure and timescales for the next election of President and two Vice-Presidents as set out in the College Regulations. Council noted the update.

### **4.2 Estates Update**

#### **4.2.1 Update on progress**

Council received an update from Dr Toni Brunning on the disposal of Churchill House, which had been completed on 31 January 2025 as discussed at Council and approved by the Board of Trustees. The sale included lease-back arrangements with a peppercorn rent that would allow the College to remain at Churchill House for 18 months, until 31 July 2026. There was an option in the lease for an additional six months but only if offered by Whitbread.

#### **4.2.2 Estate acquisition requirements**

Council received an update of the College's draft requirements for the purchase of a new estate. Members of the Estate Programme Development Group (EPDG) had for several months been evaluating properties based on acquisition requirements that had been discussed over the past year by Council, Trustees and staff, and which were now to be formally agreed. These requirements were based on the original 'Principles' document approved by Council and Board of Trustees in 2024, along with using a red-amber-green rating system, incorporating discussions from various Council meetings, membership and faculty consultations, and staff feedback. They were evaluating properties based on this matrix and welcomed thoughts or discussions on the acquisition requirements. Following this, the governance of the College Estates programme and the expansion of the group looking at acquisitions were to be discussed, ensuring a balance between agility and representation.

The EPDG had used a process for screening properties for acquisition, based on previously agreed principles. They provided agents with RAG criteria to identify suitable properties, focusing on those that fit largely within the 'green' category. Properties with significant deal breakers were ruled out quickly, while others were considered further. The group acknowledged that certain factors were non-negotiable, while others were more flexible.

Topics discussed included:

Costs: A question was raised regarding the financial cash flows, asking if the total estimated price included all legal fees and moving fees. The response clarified that the asking price included in the criteria document was not necessarily the final price. There was room for negotiation, but that the stated objective had always been that the total financial envelope did not exceed the budget. In fact, delivering the project within the financial envelope of the sale was a key criterion for the College and reflected members' feedback on achieving value for money.

Exams: The initial plan was to deliver exams outside the building using purpose-built exam centres. However, after exploring this option further with members and the examinations team, the group was now exploring options for delivering exams within a College owned building, either onsite at a main premises or a separate acquisition.

Location: A Council member raised a concern about the location of the new property, noting divided opinions on whether it should be London-based or not. They suggested further work as part of a location appraisal and to make the decision clear to members. It was noted that membership feedback was split, with some preferring a central London location and others favouring cities like Manchester, Birmingham, Leeds, Liverpool, Sheffield, Milton Keynes, and Oxford. Agents had been asked to research the price per square foot in these cities, with early feedback indicating that prime real estate prices in central locations were comparable to sub-markets in London. The group also considered the impact of location on staff contracts and employment.

#### **4.2.3 College Estates Programme – ongoing Council input**

Council received a proposal which aimed to help ensure ongoing Council input into the College Estates Programme by including Board Chairs and the Council Sustainability Lead on the working group for this project.

Council was invited to discuss and agree this proposal, before it was presented to the Board of Trustees for final approval. **Council members agreed to the resolution: Council Sustainability Lead, and the Board Chairs for Clinical Quality and Research, Education, Training and Examinations, and Membership, Media and Development, or their deputies if required, and a representative from each Faculty are invited to join the College Estate Programme Delivery Group, subject to approval from the Board of Trustees.**

#### 4.3 Management accounts

Council received Management Accounts for period 7 of the financial year. Council noted that this would be a standing item on Council agendas going forward. The update included the operational budget, cash flow, financial movements, and balance sheet strength. The update also covered the ongoing financial recovery plan and the focus on income generation.

Financial movements: In addition to the projected operational surplus, this section reported other financial movements such as designated funds, unrealised gains and restricted fund movements. A significant change for 2024-25 was the inclusion of the Realised Gains line for the disposal of Churchill House. This figure was made up of the proceeds value (£24.5m) less the carrying value of Churchill House in the College Accounts (£12.6m).

Balance sheet strength: The balance sheet value had increased due to the recognition of the surplus on the disposal of Churchill House. The College creates substantial deferred income liabilities each April caused by the April subscription collection where three quarters of the collection related to a future financial year and so needed to be deferred. Deferred income recognition takes place on the first accounting day after year end, when the liability was released to College income.

Financial Recovery Plan (FRP): The structural deficit of £600k identified in 2021 had been eliminated due to the success of the Financial Recovery Plan. Trustees had agreed to the next steps in the plan which switched the emphasis from cost reduction to income generation to deliver the '£1m swing' taking the current breakeven budget to a c£400k surplus budget over time. Plans would be presented to the trustees as part of the business planning for 2025-26 and future years.

Fire safety works: A Council member queried where the fire safety works were shown in the accounts. It was explained that the works were not considered capital because they were part of maintaining the building. They were recorded under a designated fund for critical works created by the Board of Trustees in May 2024. The cost of these particular works was going to be around £350,000, with the Trustees creating a fund of £2.3 million for that and other works. Over time, this designated fund would focus more on the purchase fund for the new building.

### 5. Faculties Updates

#### 5.1 Faculty of Intensive Care Medicine (FICM)

Dr Daniele Bryden, Dean of FICM provided updates from the Faculty of Intensive Care Medicine, including the Vice Dean's upcoming lecture, the launch of a sustainability toolkit, and the impact of the MRCP exam issue on the faculty.

- FICM Vice Dean's upcoming lecture: Vice Dean, Dr Jack Parry-Jones, had been invited to give the Royal College of Physicians Fitzpatrick Lecture on College Day in April on the topic of intensive care medicine and their journey to forming a college. This was seen as positive for member engagement with other colleges, and congratulations were extended to Dr Parry-Jones.
- Launch of a sustainability toolkit: FICM, in conjunction with the University of Brighton, the Intensive Care Society, and the British Association of Critical Care Nurses had launched a sustainability toolkit focused on sustainable practices in intensive care, hosted on the FICM website.
- MRCP Exams: MRCP exams errors had three areas of impact on the faculty and members. The first area involved individuals who had been told they passed the exam and entered higher specialty training. They used MRCP as an entry qualification for higher specialty training, and the federation was helpful in addressing concerns. They identified that no one in higher training on triple CCT was impacted, removing that concern. The second area concerned recruitment, as MRCP was required for entry into specialty recruitment. Legal advice indicated that those who had not passed the exam were removed from recruitment but guaranteed an interview slot in the next round if they subsequently passed. This impacted applicants for ICM training. The third area involved the MTI scheme, where possession of MRCP was a qualifying exam for the FFICM exam. They were still

identifying if anyone was impacted and unable to sit the FFICM exam. MRCP was not being removed from the shortlisting criteria but impacted individuals would be offered an interview slot in the next round. There was also an issue of individuals who were told they had failed but then had in fact passed, impacting their recruitment. The federation recognised the fees paid by these individuals and planned to reimburse them and waive future fees. Additional exam sittings were scheduled in May and July 2025 to accommodate those affected. The ramifications were still unfolding and were considerable.

## **5.2 Faculty of Pain Medicine (FPM)**

Council received an update and minutes from the FPM Board meeting from 6 December 2024. Matters discussed included:

Approval of GIRFT for Pain: NHS England had approved GIRFT for pain management, with implementation starting from 4 April of the next financial year. A clinical lead and two deputies were appointed, with the faculty involved in the appointment process. Standards for pain services across the country were set through GIRFT. A directory of services across the country had been completed, including primary, secondary, tertiary care, alternative providers and social prescribing. NHS England had requested details of the directory.

Credentialing Rollout: NHS England had approved the rollout of credentialing. Credentialing would be awarded at ARCP for those who completed SIA in chronic pain, starting in April 2025. The current curriculum would be amended to include credentialing. There was uncertainty about the process for individuals who completed SIA in chronic pain but did not pursue credentialing, as credentialing included an exam. There was a question about the contrast between NHS England and GMC regarding credentialing and its impact on devolved nations. GMC stated that credentialing would be rolled out across the four nations, but each statutory body would decide its relevance to their territory. NHS England had agreed to the rollout, but other statutory bodies were still to do so.

## **6.1 MP Engagement**

Peter Kunzmann, Head of Policy and Public Affairs presented an item on MP engagement. The College's Policy and Public Affairs (PPA) team, President and Vice Presidents, and devolved nation leads had been engaging with MPs, Lords and other politicians across the UK and devolved nations to push for more anaesthetic training places and expanded perioperative care. The goal was to raise awareness and use these MPs to encourage Wes Streeting and other ministers in the Department of Health and Social Care, as well as their equivalents in the devolved nations, to take this issue seriously. The PPA team encouraged council members to write to their own MPs and offered to support with the process. An email from the President regarding this matter had been circulated to Council members inviting them to identify their MPs, and nine members had responded so far. More members were invited to respond to provide their details, and the email could be recirculated if needed. They were also trialling this with members of PatientVoices@RCoA.

Topics discussed included:

Timing of the initiative: A Council member asked about the timing of the initiative, wondering if it should be a coordinated effort for maximum impact. However, it was noted that a staged approach due to the difficulty of coordinating everyone at the same time was preferred. They aimed to influence the next iteration of the Long-Term Workforce Plan and mentioned that the 10-year plan would be published first, with spring being the expected timeframe.

Involvement of Chief Executives of Trusts: A Council member suggested that MPs would often visit hospitals in their constituency to understand local healthcare issues before discussing them with higher authorities. There was a suggestion that letters to MPs could be copied to the chief executive of their local trust to ensure they were aware of potential visits from an MP. However, it was also noted that the approach depended on the specific request and how it was framed. There was a preference to not increase the burden on an already stretched provider system, however there was a willingness to discuss individual cases.

Association of Anaesthetists' MP engagement programme: Dr Tim Meek noted the difficulty in getting MPs' attention on topics not of direct interest to them. He highlighted the Association of Anaesthetists' well-developed MP engagement programme and offered to work jointly on the topic if beneficial.

Devolved Nations: Questions were raised about targeting MPs in Scotland and Wales, especially with upcoming elections. Peter Kunzmann mentioned the potential targets and the ongoing influencing efforts, including launching Scottish and Welsh manifestos.

## **6.2 Equality, diversity and inclusion: next steps on external benchmarking**

Russell Ampofo, Director of Education, Training and Examinations provided an update on next steps to benchmark equality, diversity and inclusion (EDI) at the College. The Science Council framework had been identified as an openly available framework for benchmarking activities. The College had self-assessed against it and engaged in discussions with the Science Council to create a bespoke pilot programme. This programme would allow the organisation to become affiliate members and fully engage with the benchmarking process. The proposal included submitting self-assessment documents, gaining access to their EDI forums, and receiving a final report with actions for the subsequent year. Council was invited to approve continued engagement with the Science Council, with a proposed cost of £2,000 for affiliation, to be taken from the existing EDI budget. Questions were raised regarding the fee for the pilot period and potential ongoing fees. It was clarified that the fee was for the pilot period, and ongoing fees were still under discussion. Council was also informed that no agreement had been signed and no payment had been made to date. Elected Council members approved the following resolution: **Approve the ongoing engagement in the Science Council benchmarking by accepting and engaging with this proposal.**

## **7.1 Membership, Media and Development**

### **7.1.1 Membership, Media and Development Board**

Dr Jon Chambers provided an update from the Membership, Media & Development (MMD) Board meeting held on 5 February 2025. Topics discussed included:

Social media platform X: The Board had undertaken a robust discussion about the implications of continuing to post items on X as a platform. Concerns had been raised about ethical issues increasingly associated with it. MMD members recognised that there would be a broad range of views amongst the membership. They discussed that X was just one platform in a wide group of social media platforms that the College engaged with. If they took an ethical issue on one platform, they needed to consider ethical issues on all platforms the College engaged with. Council agreed with the MMD proposal to bring this issue to the Ethics Committee of the College to look at further guidance on how to interact with social media. They suggested in the meantime to cross-posting on all major platforms, including Threads, Instagram, and Bluesky, to avoid being in an echo chamber of particular views. Dr Tim Meek reassured Council that similar conversations were taking place at the Association of Anaesthetists, and their conclusion was that it was better to stay on X for now as it helped reach lots of people.

Access to the RCoA Bulletin: MMD had noted concern that members were not frequently accessing the Bulletin. It was acknowledged that numerous discussions had taken place regarding this matter, however MMD Board felt that the college had lost a degree of connectivity since the Bulletin stopped being printed and sent out directly to members. It was suggested that the College should reconsider how it publishes and shares information with its membership. This could involve limited publication of a printed document or other electronic formats. The digital lead echoed these comments, advocating for a digital solution that combined all current platforms and improved accessibility for members. The importance of reading the bulletin was emphasised and Council welcomed the continuing focus on this issue at MMD board.

### **7.1.2 Nominations Committee**

*Dr Nirmala 'Nimmi' Soundararajan left the meeting for this agenda item.*

Dr Sarah Thornton provided an update from the Nominations Committee meeting held on 9 January 2025 including a resolution to ratify a number of awards recommended by the committee. Council requested that future award approvals to include additional background information regarding awardees.

**Action: Future awards proposed by Nominations Committee for Council approval to include additional background information on nominees.**

**Elected Council Members approved the resolutions to ratify the following decisions made by the Nominations Committee:**

- **Patient Voices Award: To not award the original Silver Prize winner at this time due to possible reputational damage to the College**
- **Gold Prize: To award Guys and St Thomas's NHS Trust**
- **Silver Prize: To award Dr EAMing**

- **Bronze Prizes:** To award to both Wythenshawe Hospital Manchester Foundation NHS Trust and Bradford Royal Infirmary
- **President's Commendation:** To award Dr Omar Jundi
- **President's Commendation:** To award Dr Sophie Bishop
- **College Medal:** To award Dr Nirmala 'Nimmi' Soundararajan
- **Joint RCoA/RCSEng Webb Johnson Oration:** To put Professor Derek Alderson forward for the award
- **The Frederick Hewitt Lectureship:** To award Professor Helen Higham
- **Fellow ad Eundem application:** Dr Fatma Mohamed Farid Ibrahim Lahloub the Fellowship ad Eundem

## 7.2 Education Training and Examinations

### 7.2.1 Education Training and Examinations Board

Sarah Thornton provided an update from the Education Training and Examinations Board held on 28 January 2025. Highlights included:

**New examiners:** The Board of Trustees approved the addition of 16 new examiners. There was significant work to organise exams for the next six months. Development work was completed for test week, and a cohort study was initiated for new Anaesthetist in Training members. A questionnaire was distributed to everyone who started in August 2023, with 62% agreeing to complete it throughout their training. This provided data on training progress, challenges, and career pathways. Data was already gathered from this cohort of trainees.

**MSRA as a recruitment tool:** A study was conducted on the validity of the MSRA as a recruitment tool, matching MSRA scores with recruitment and successful programme entry, followed by ARCP outcomes and exam results. This aimed to determine if the MSRA was a useful recruitment tool, as requested by College members, and whether it should continue to be used as a shortlisting tool.

**Career progression:** A focus for Education, Training and Examinations Board this year was career progression, particularly for anaesthetists outside formal training programmes. Efforts were made to recognise more training outside formal programmes to enable quicker progression through training. Work was done with SAS doctor colleagues to encourage progression to specialist training by providing evidence of autonomous practice and progression into specialist training.

### 7.2.2 Anaesthesia Associates:

Russell Ampofo, Director of Education, Training and Examinations provided an update regarding Anaesthesia Associates, the ongoing Leng Review, the publication of the scope of practice, and the alignment of the AA curriculum with the new scope of practice. He also mentioned the need for a Council representative to take the AA clinical lead role. The following matters were discussed:

**Leng Review:** The Leng Review was ongoing, with round table meetings attended by Dr Claire Shannon. Attempts to secure an individual meeting with Dr Leng had so far been unsuccessful. The review sought evidence bases for an evidence review. Submissions included the Member survey, EGM resolutions, Cochrane Review scope of practice, and other relevant documents. Engagements with the Leng Review process were being catalogued. A round table meeting with college presidents was scheduled, with Dr Shannon representing.

**Scope of Practice:** The AA Scope of Practice had been published on 19 December. A web form was available for members and the public to submit comments or questions. These were reviewed weekly by the scope of practice writing group. No major concerns had arisen, but comments were being considered for inclusion in an FAQ on the website.

**AA Curriculum:** The AA curriculum had been updated and was being submitted to the GMC. The new curriculum was aligned with the Scope of Practice, and domains and higher learning outcomes were mapped to good medical practice.

**Governance Issues:** Committees feeding into the AA Evaluation and Decision Group and Council were reviewed. The Clinical Reference Group and Core Writing Group might be reactivated after the Leng Review published its findings.

AA Committee: The AA Committee, formerly the founding board, held its first meeting at the end of January 2025. A member had resigned, feeling the direction of AA work and the college were not aligned with their perspectives. A new qualified AA representative was being identified.

Clinical Lead: Discussions with Council and the Finance and Resources Board about identifying a clinical lead for AA were put on hold. A Council representative would take the AA clinical lead role.

Future Work: The Leng Review was expected to report in late spring or summer 2025. Policies around AA recruitment and other related matters would be considered. Dr Chris Carey would chair the committee, with Dr Helgi Johannsson as the College representative.

## **7.2.2 NHS England - Review of Postgraduate Training**

Russell Ampofo provided an update on the NHS England Review of Postgraduate Training, led by Professors Chris Whitty and Stephen Powis, and commissioned by the Department of Health and Social Care. The review began with evidence gathering and consultation in March and April 2025, with a report due in Summer 2025. The review aimed to address significant changes in medical training, including patient demographics, doctor demographics, and resident doctor expectations. Council agreed to engage with the process, and highlighted concerns about consultation, potential impacts on training programs, assessment systems, and exams, and the need to include financial implications for colleges and the patient voice.

Concerns were raised about the timing of the RCP exam problem, coinciding with trainee events and this did not allow trainees time to respond to critical emails. It was felt that trainee groups should provide early feedback, highlighting both positive and negative issues. Dr Tim Meek mentioned the Association of Anaesthetists' contact with the review team and a prompt reply from Chris Whitty, inviting them to meet.

A question was raised about the consultation process. It was emphasised that this would entail targeting resident doctor views through regional events and engagements and encouraged all organisations to participate in the open call for evidence. The importance of providing training opportunities to a broader group, including SAS doctors and LEDs, was highlighted.

The review aimed to demonstrate advanced thinking within the specialty, recognising deviations from a direct course from core training to consultant as normal and offering maximum flexibility for individuals. The work would be brought together into a package allowing career progression for all, regardless of training or non-training posts, and eliminating the term "non-training posts." Council stressed the need to implement easy wins, like the lead employer model, without delay and suggested incorporating good aspects of the portfolio pathway into the official pathway for better training and flexibility.

## **7.2.3 Anaesthetists in Training Committee**

Dr Sophie Jackman provided an update from Anaesthetists in Training Committee who met virtually on 8 January 2025. The EGM report on training had been presented and well received, with no obstacles or concerns about its publication. An update was provided on the short Life Working Group on run-through training, which was considered equally important. The committee discussed the name of the committee, focusing on the terminology used for anaesthetist training versus resident doctor anaesthetist. The discussion highlighted the importance of terminology and the need to avoid terms like "junior doctor," which they felt could be perceived as infantilising. It was decided that the terminology could be left up to individual regions for their documentation, but at the Council level, terms like Anaesthetists in Training (AIT), resident anaesthetist, or resident doctor were acceptable. Consequently, the committee decided not to change its name and would remain the Anaesthetists in Training Committee for the time being.

Outside the committee, they had another round of recruitment, adding Dr Gabrielle Grounds from the Anaesthetists in Training Representative Group (ATRG) as a representative. They hoped to fill more gaps in committees and groups by April.

The ongoing work involved engaging with the review, with forthcoming meetings with Shane McLeod and Chris Whitty. Concerns were raised about the limited time to achieve meaningful outcomes by August, given the differences in postgraduate training across colleges. They appreciated the Association's response and planned to involve resident anaesthetist members for their input, aiming to provide robust and enthusiastic guidance.

## **7.3 Clinical Quality and Research**

### **7.3.1 Clinical Quality and Research Board**



Dr Elisa Bertoja provided an update from the Clinical Quality and Research Board from their meeting on 3 February 2025. The Royal College of Surgeons had approached Council regarding an invited review for a spinal case. Council had identified that the review was outside the remit of the charity and Council therefore decided not to take it on. However, Dr Chris Carey agreed to take part in the review as a consultant due to his interest in this specialty.

### **7.3.2 Intercollegiate Advisory Committee on Conscious Sedation in Dentistry (IACSD) guidelines**

Dr Helgi Johannsson provided an update to Council on IACSD Guidelines and to seek endorsement. The discussion was about the long-term cooperation with dentists to improve their monitoring and compliance with sedation guidelines. The newly drafted guidelines were thought to be a significant improvement on the 2015 version, removing ambiguity and tightening standards that would improve patient safety. Feedback from the College had been incorporated into the final version to reach a compromise position.

However, there was one area of note where a complete consensus had not been reached which related to fasting instructions. The current draft of the IACSD guidance did not require fasting for patients who were receiving midazolam as a single agent, which was the current practice in dentistry. The dose of midazolam would need to fall within the accepted BNF range for conscious sedation. This had been discussed with them extensively and there was significant resistance to changing this. It was noted that most patients could not eat directly after dental procedures. The robust guidelines and evidence provided by the dentists suggested that it was safe to allow this practice. Council therefore agreed to endorse the guidelines to maintain cooperation with the dentists.

Council raised a concern about the use of propofol, which should only be administered by an anaesthetist. Legal advice was being sought to address this as a potential claim from dental practices that might be affected by this guideline.

**Council agreed to the resolution to endorse the guidelines subject to legal advice being undertaken regarding the use of propofol.**

### **7.3.3 Update on the Ethics Committee and discussion on future topics**

Sharon Drake provided an update regarding Ethics Committee. Council was invited to submit topics for Ethics Committee to discuss.

## **7.4 Devolved Nations Boards**

### **7.4.1 Devolved Nations Boards Election**

The governance team had worked with the Chair and the Scottish Board to amend the terms of reference to allow for a slight increase in elected Board member numbers. This would allow more individuals to stand and with the aim to increase the coverage the Scottish Board had in terms of its representation of Scotland. As part of the next review of the terms of reference, the number of co-opted members would be reviewed to ensure there was a balance between elected roles and co-opted.

Council approved the resolution **to approve updated RCoA Scottish Board terms of reference.**

### **7.4.2 RCoA Scottish Board**

Dr Daphne Varveris provided an update from the RCoA Scottish Board meeting held on 11 February 2025.

- The meeting with Neil Grey, the Health Minister of Scotland, was scheduled for this month. The main topic of conversation was workforce and perioperative care.
- The College Tutor meeting was delayed from January to November due to storm UN.
- Efforts were being made to put together manifesto requirements for the Scottish Government elections next May, with Peter Kunzmann's involvement.
- The Board had successfully engaged with a patient voices representative from Edinburgh to join them in June.

### **7.4.3 RCoA Welsh Board**

Dr Simon Ford provided an update from RCoA Welsh Board. A meeting with Jeremy Miles, the new Cabinet Secretary for Health in Wales had taken place. A new CMO Prof Oliver was taking over and there were plans to meet her in October. The General Medical Council (GMC) had appointed Professor Pushpinder Mangat to be its next Medical Director and Director of Education and Standards. Professor Mangat would work closely with the current Director, Professor Colin Melville, who would retire in June 2025.

#### 7.4.4 RCoA Northern Irish Board

Will Donaldson had sent apologies and there was no update for this agenda item.

### 8.1 Centre for Perioperative Care

Dr Dave Selwyn provided an update from the last CPOC Board meeting on 27 January. Highlights from the meeting included:

- The rehabilitation and discharge workstream had been presented and approved. The project aimed to facilitate earlier discharge planning to encourage patients to be well prepared and actively involved in their own recovery. This had been identified as a major missing piece of the pathway.
- A bid for the national clinical audit perioperative care had been submitted with the help of many individuals. Unfortunately, this bid excluded Wales. Sharon Drake had drafted an email to highlight the shortsightedness of this exclusion, and it was suggested that the college continued to push this issue with colleagues across the border. The outcome of the bid was expected in a couple of months, and efforts were being made to change the decision from the Welsh Government.
- Meetings were held with NHS England regarding the perioperative care curriculum. The curriculum was signed off by NHS England, but no further funding was provided for the next steps. The next steps involved developing training resources and operationalising the curriculum into the workforce. This fed into the earlier discussion about training and the evolving role of NHS England. An internal meeting within CPOC was planned to consider the next steps and options. Council would be kept updated, and Dr Chris Carey was expected to represent the College.
- A new webpage and guidance around Sip Til Send had been launched. This guidance had not been developed by CPOC but was being promoted.
- Various reviews of major pieces of work were conducted, and refreshed guidelines were expected to go through CPOC Board shortly.

### 8.2 Association of Anaesthetists

Dr Tim Meek provided a verbal update from the Association of Anaesthetists. Several of the items on the planned update had been covered earlier on the agenda. Fasting guidelines were expected to be released soon. These guidelines would likely include the Sip Til Send policy. Dr. Jannicke Mellin-Olsen, a Norwegian anaesthetist known for her contributions to international work and patient safety had recently passed away. She was a former president of the World Federation of Societies of Anaesthesiologists and received honorary membership in 2018. She had been scheduled to speak at the residents' conference this summer.

### 9.3 BJA and RCoA Liaison Group

Dr Simon Howell provided an update on ongoing BJA and RCoA Liaison Group activities. Matters discussed included:

Publications: The initial paper from the SNAP3 (Sprint National Anaesthesia Project 3) study had been published in the BJA. Additional papers from SNAP3 were progressing through the publication process in both BJA and BJA Open. Work was ongoing to publish the review of Anaesthetic Associates commissioned by the RCoA.

BJA contributions to RCoA Events: The February Updates meeting included a BJA session focusing on perioperative hypotension. The BJA was delighted to be participating in Anaesthesia 2025, with a BJA session on Day 2 of the meeting.

2025 Mapleson Lecture: The 2025 Mapleson Lecture, supported by a legacy from the late Professor Bill Mapleson, would be presented at Anaesthesia 2025. The Mapleson Lectureship, administered by the BJA, was designed to support UK-based non-professorial researchers (both clinicians and scientists) who showed exceptional promise in academic anaesthesia. Applications were currently under review by a panel that included Sharon Drake representing the RCoA.

Upcoming Meetings: A business meeting of the RCoA-BJA Liaison Group was scheduled for March 2025 to discuss ongoing collaborations and strategic priorities. A meeting involving the Liaison Group and BJA editors was planned for early July 2025 to explore opportunities for shared content and other collaborations between the groups. It was noted that the BJA had indicated that it highly valued its collaboration with the RCoA and appreciated the opportunities to work with the RCoA on events, publications and initiatives.

### 8.4 Examinations Update

Dr Roger Sharpe provided an examinations update, which included the following topics:

Pass rates: The results of the December final and the January primary were within the expected ranges of pass rates.

Exam venues: Council noted plans for exam venues, which had been communicated to members and set out on the College's website. In the short term, the May primary would be held at the Royal College of General Practitioners, and the June final at the Royal College of Surgeons. In the medium term, exams would move back to Churchill House for the academic year 2025-26, with hopes to expand into level 5 to increase capacity, which would be a requirement for an exams venue in the future. In the long term, the exams team produced a list of requirements.

Exam results error: There had been discussion regarding preventative measures regarding the MRCP exam results which had been prompted by the error experience by the Federation. The RCoA was not aware of any its members that had been directly affected by this occurrence. Council was assured that the RCoA's processes had been reviewed to minimise error, particularly regarding human error. To help mitigate this risk, results had a two-week pause for rigorous checking of exam results and a moderation meeting with examiners and the exams team to look at unexpected or irregular results. Challenges to the exams, particularly during the COVID era, had led to an external review and implementation of changes, making it unlikely to need to look back at past results.

### **8.5 Clinical Leaders in Anaesthesia Network (CLAN)**

Dr Sandeep highlighted the following points:

- There had been a very successful recruitment for new members on CLAN Executive Committee.
- A joint webinar with the RAAs was scheduled for 13 March. They had had good registrations for the event.
- An update Terms of Reference for the Clan Executive Committee was attached to the report.

**Council approved the resolution to approve the CLAN terms of reference with no amendments.**

### **9.1 Current Consultations- COPES update**

Sharon Drake introduced COPES to new Council members who would start to receive emails from COPES. She emphasised the importance of contributing to consultations and that the COPES team would be available to assist with any queries.

### **9.2 New Associate Fellows, Members and Associate Members**

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

### **9.3 Regional Adviser Anaesthesia**

Council members approved the following regional advisors.

#### Regional Advisor Anaesthesia

Severn

Dr Tom Simpson in succession to Dr Ted Rees

#### Deputy Regional Adviser Anaesthesia

Yorkshire and Humber School- North and East

Dr James Edward Stevenson in succession to Dr Ehsan Hossenbaccus

South West School of Anaesthesia

Dr Thomas Bradley – newly appointed

Northern Ireland Medical & Dental Training Agency

Dr Tim Bennet in succession to Dr Mary Molloy

### **10. Any other business**

None was raised.

The next Council meeting would be held on Wednesday 14 May 2025.

**END OF MEETING**