



## **Confirmed Minute**

**Meeting of College Council, Tuesday 11 May 2010, 4.10pm, College Hall**

### **Attended:**

Mr I W R Anderson, President	Dr A Brady
Professor P Chiodini, Dean, Faculty of Travel Medicine	Mr G Conn
Dr F Dunn, Vice President (Medical)	Dr H Dobson
Dr E Morrison, Honorary Librarian	Dr A Dunk
Dr R Northcote, Registrar	Mr A D Henry
Mr P Rogers, Treasurer	Dr M McElroy
Dr J Taylor, Honorary Secretary	Mr J R McGregor
	Dr R McKee
	Mr M McKirdy
	Dr R Madhok
	Dr R F Neilson
	Mr J D Watson
	Dr A Wray

### **In attendance:**

Mrs C M Capps  
Mr J Cooper, Chief Operating Officer

### **1) Welcome**

The President welcomed Mr John Cooper, Chief Operating Officer, to his first meeting of Council. Ms Caryn Nicolson, Mrs Kay Rennie and Miss Michelle Wylie were welcomed as observers.

### **2) Apologies for absence**

Apologies had been received from:

- Mr Marc Bransby-Zachary
- Dr Gordon Cook
- Mr David Galloway
- Professor Michael Lewis
- Professor Sandra MacRury
- Ms Jennifer McIlhenny

### **3) Minute of the previous meeting held on 16 March 2010**

The minute of the previous meeting was approved as an accurate record.

### **4) Matters arising from the Minutes not covered elsewhere on the agenda**

#### **(4.1) Chief Executive Officer**

Dr Miller has now signed a compromise agreement with the College.  
Council also noted that Dr Miller has been successful in securing alternative employment.

**(4.2) European Working Time Regulation**

Sir John Temple's report on the European Working Time Regulation is due for publication in the near future.

Responding to a question regarding medical indemnity, the President confirmed that he would seek clarity from the Central Legal Office and report back to Council in July.

**(4.3) Logbook and e-Portfolio development**

Council welcomed the news that the Intercollegiate Memorandum of Understanding for the Logbook and E-portfolio (which has also been supported by the Federation of Surgical Specialty Associations) has now been signed by the Presidents of the four surgical Royal Colleges.

Administration and governance of the Logbook and E-portfolio will be discussed at the intercollegiate meeting of the Planning and Review Group on 28 May 2010.

**(4.4) Faculty of Intensive Care Medicine**

The President confirmed that the Faculty of Intensive Care Medicine has no financial implications for the College. Council noted that Mr William Tullett is the College representative on this Faculty.

**5) Items for discussion**

**(5.1) *Revalidation***

Council noted that revalidation would be a standing agenda item for future meetings of Council on which Dr Northcote would lead.

Dr Northcote informed Council that as a College we appear to have lost direction in the revalidation process. However this will be addressed and rectified. Dr Northcote reported that College has reconstituted its revalidation group, and membership now consists of:

- Dr Robin Northcote, RCPSG Revalidation Lead
- Dr Hilary Dobson
- Mr David Koppel
- Dr John-Paul Leach
- Dr Hazel Scott
- Professor Robin Stevenson

The RCPSG Revalidation Group has recently met with Mr Ian Finlay, Senior Medical Officer, Medical Revalidation, Scottish Government Health Directorate.

There are two imminent meetings - one of the Scottish Academy Revalidation Group, and the second being a meeting with the GMC. Feedback would be provided to Council at its next meeting in July.

College will also be responding to the GMC consultation on revalidation (closing date 4 June 2010).

Dr Northcote indicated that in Scotland, there will be 600 trained appraisers and each appraiser will have a responsibility for appraising twelve individuals (this will be reflected in their job plans), however clarity would be sought regarding "PAs", as there appears to be differences between Scotland and England.

Council noted that Local Responsible Officers will be Directors of Medical Services, however the decision on revalidation rests with the GMC based on the recommendations by appraisers.

During discussion it was noted that whilst the process of revalidation would be a costly exercise for College, it was both a necessary and essential tool and should be the ultimate membership benefit. President reminded Council that the purpose of revalidation was to ensure doctors were "fit for purpose", however the process of revalidation should not detract from patient care and must be kept simple.

**(5.2) *Medical Visualisation Project***

A meeting had taken place between the Office Bearers, Professor Paul Anderson (Director of the Digital Design Studio) and Mr George Gray (who has acted as clinical lead for the project from a College perspective). Council was reminded about the previous major concerns regarding the financial implications of this project.

Council was reminded that College had previously engaged a management consultant to undertake an options appraisal, although this had never been progressed.

Dr Taylor indicated that the time was now right to seek further option appraisals, and reported that management consultants would be approached with a view to completing an options appraisal addressing the following functions:

- (1) Identify the state of three dimensional visualisation technology world-wide
- (2) Look specifically at the commercial viability and identify other potential partners
- (3) Identify partners with potential funding

The President thereafter sought the approval of Council to engage a management consultant to complete an options appraisal.

During a full and frank debate the following points were noted:

- The project has not been managed properly
- Nothing viable appears to have come out of this project
- College has been badly exposed
- Despite what Council has previously been told, the MVP is not a unique project
- Concerns were expressed on the view the auditors would take with regard to the amount of money spent on this project
- Members of Council would have to be persuaded strongly to maintain the funding of this project

The President indicated that the Memorandum of Understanding between RCPSG and GSA did not mention "DDS". As the MoU is now time-barred it is not a legally binding contract,

and a new MoU has not been signed.

President indicated that an update would be provided to the next meeting of Council in July. He also acknowledged that some Council members would be on holiday in July, however there would be enough time for trustees to comment on the MVP.

## 6) **Finance Report**

Mr Rogers reported that the audit process has now commenced and the timetable has been set. The Auditors will be in College for 2 weeks from 7<sup>th</sup> June 2010.

Recommendations for staff salaries had been presented to the Audit and Remuneration Committee. The President suggested that the process of performance related pay should be revisited as this process is divisive and could set staff members against one another. Council would consider the recommendations of the Audit and Remuneration Committee.

## 7) **Board Reports**

### **For information and discussion of exceptional issues only**

#### **(7.1) *Education and Professional Development***

##### **(7.1.1) *Unconfirmed Minute from meeting of EPDB, 11.3.10***

Dr Dunn directed members to agenda item (6) from the above minute and reported that College has been approached to run a Basic Surgical Skills Course in the West Bank.

Council discussed the possible facilities available for teaching and the costs involved for facilitating this course. It also considered the possibility of funding individuals to go and run this course and to provide training. A possibility would be to invite trainees from the West Bank to come to the UK for training. The political and security aspects relating to staff running a course in the West Bank were deliberated and Council was in full agreement that it was too dangerous to send individuals to the West Bank to run a Basic Skills Course.

##### **(7.1.2) *Unconfirmed Minute of Trainees' Committee, 16.3.10***

Noted.

Dr McElroy highlighted the following two issues:

- (i) Evening lectures for junior trainees have been organised. Council members were encouraged to invite trainees to attend. These evenings would provide exposure to different specialties for trainees.
- (ii) Trainee's fee – the JRCPTB had announced a fee increase which has resulted in an outcry from trainees fee. Whilst acknowledging that funding must be sourced from somewhere, the President was sympathetic about the fee increase.

#### **(7.2) *Examinations and Assessment***

Mr McGregor was invited to provide an update to Council from the Examinations and Assessment Board.

Discussion ensued regarding the use of the Golden Jubilee Hospital (GJH) and its continued use as an examination and education centre. Council was also reminded that College has previously undertaken an options appraisal for a standalone clinical skills centre (based at the Southern General site), although this had not progressed due to the costs involved.

Mr McGregor indicated that a fruitful meeting had taken place with the GJH and that the GJH was looking for a non-commercial partner. The President had been impressed with the potential of the GJH site and thereafter sought the approval and support of Council for College to consider this opportunity, acknowledging the potential for partnership in both medium and long term. At the time of writing, the President reported that he did not have a cost for this agreement with the GJH.

Following discussion, Council supported the view to “run” the MRCS from the GJH but that it also has a service level agreement with GJH with regards to running the MRCS.

Dr Morrison reported that facilitating PACES at the Southern General site was proving increasingly difficult and therefore supported the views to use the GJH. Referring to the PACES examination, it was suggested that consideration should be given to local patients who attend the various examination centres (Glasgow hospitals), and some felt that the GJH was not ideally located for them. Whilst sympathising with these views Mr McGregor reminded the meeting that College had a duty to consider the various other examinations it offered, ie, MRCS, MFDS, Travel Medicine, and urged Council to consider the potential of the GJH site, not just from an examinations perspective. Dr Dunn reminded the meeting that in one year’s time, there will be no acute services at Stobhill Hospital, and supported the proposal to facilitate the use of the GJH for PACES.

Concerns have been expressed by trainers that there were not enough PACES places, due to lack of clinical space to facilitate the PACES examination along with difficulty in securing hosts.

The President outlined the issues regarding recruitment for examiners, and reminded the meeting that assessments were becoming more complicated. Given that PACES is a major source of revenue for College it was felt that using the GJH as a PACES centre would be a feasible solution.

Council also discussed the possibility of Glasgow University hosting the PACES exam, however, coupled with the expense, the examination diets coincided with university term time so this was not a viable option.

Feedback from meetings with the GJH will be provided to Council in July.

#### ***Update from ICBSE meeting***

ICBSE met in RCPSG on Friday 30th April. A major item on the agenda was suggested new methods of delivery of the Part B MRCS OSCE Examination. Candidates enter this examination on a Collegiate basis and if successful affiliate with the same College. RCPSG's share of the market is currently small (although various initiatives are afoot to try and address this) and as an illustration of this we have to date included all of our applicants in a

single examination day. In contrast, RCSEd and RCSEng are struggling to cope with their numbers, with the English College in particular recently having to extend into a second week of examining. Extending into a second week causes particular difficulties with examiner recruitment.

To date the Intercollegiate agreement has been for three diets of the OSCE per annum. Both RCS Edinburgh and RCS England have indicated a wish to increase the number of diets each year, potentially up to a maximum of five. An increase to five diets would, however, place a heavy load on the OSCE question bank manager and broad content area executive leads, let alone the Colleges' Examination Departments.

The RCPSG team argued a compromise whereby the OSCE frequency increased to four diets per annum, to take place over a fixed number of days within a single week, but in addition there should be candidate movement between the Colleges to maximum the resource efficiency (financial and human) on an Intercollegiate basis. The proposal was that candidates would apply to the College of their first choice but if/when all OSCE places at that College were taken up, they would then be allocated a place at another College so that the examination load was shared out. The ASiT representative on ICBSE was happy with this proposal on the basis that candidates believed it was more important to get an OSCE place than where the examination took place. There was some precedence for this model in that in May 2009 excess candidates from London were accommodated at the Golden Jubilee, a move that found favour with London examiners, who travelled to assist, and candidates alike. It was further pointed out that there already exists an ICBSE agreement whereby 25% of examiners at any OSCE sitting should be from other Colleges so we should be looking at delivery on more of an Intercollegiate basis.

It was calculated that if all three Colleges were to run the OSCE for 3.5 days on each of four diets per annum (the first 1/2 day being for examiner training) demand would be satisfied. The Royal College of Surgeons of England wholeheartedly supported this proposal and although there were some dissenting voices from the representatives of the Edinburgh College, ICBSE carried this forward as the preferred option and referred it to the Heads of Exams Group for implementation.

While it is accepted that this change in exam delivery would not immediately result in new Members for RCPSG (candidates would still affiliate to their 1st choice College) it was a move in the right direction that could only enhance the profile of RCPSG. Furthermore, it would considerably improve the financial viability of the Glasgow OSCE exam - setting up for 3-4 days costs no more than for one day.

It was agreed that:

1. Mr Cooper would establish a small working party (including both medical and surgical representatives) to examine how well the GJH meets the needs of RCPSG
2. Mr John McGregor to provide management input

**(7.3) Membership Services**

**(7.2.1) Unconfirmed Minute from meeting of the MSB, 25.2.10**

Dr Taylor provided the following update:

- (i) An “SAS” doctor now sits on the Membership Services Board
- (ii) Mentoring Programme: approximately ten individuals attended this course
- (iii) The LAB “Question Time” event was a success and there are plans to run a similar event next year.

**(7.2.2) Unconfirmed Minute of meeting of the Lachlan McNeill Scholarship in Ophthalmology, 2.3.10**

Noted.

**(7.2.3) Unconfirmed Minute of meeting of Scholarship Committee, 28.1.10**

Noted.

**(7.4) Dental Council**

Minutes of the recent meeting of Dental Council will be available at the next meeting of Council.

Dr Wray reported that the Dental Faculty was undertaking review of dental examinations, with the view focussing on the UK market.

An exclusive new deal will be re-negotiated with “Dental Update Journal”. The October issue of the “Dental Update Journal” is focussing specifically on RCPSG, ie all articles in the October edition are being prepared by fellows and members of RCPSG.

**(7.5) Faculty of Travel Medicine**

Professor Chiodini directed Councillors to document “G”, “Unconfirmed Minute of the meeting of the Faculty of Travel Medicine Executive Board”, and drew particular attention to the following issues:

- (i) Negotiations are currently underway between Health Protection Scotland and RCPSG with the aim of RCPSG taking ownership of the Diploma in Travel Medicine course. Professor Chiodini reported that the course organiser would need to be brought in should RCPSG gain total ownership.
- (ii) Professor Chiodini updated Council on potential overseas involvement with Ireland and Scandinavia.
- (iii) Professor Chiodini reported that the foundation course in Travel Medicine will be a huge initiative.
- (iv) Republic of Ireland – this will be addressed via the health association in Ireland.
- (v) Membership examination is still work in process. Professor Chiodini stated that aggressive marketing would be required for this examination.
- (vi) Faculty extension in Kenya: a fellow of the FTM has enquired about the possibility of establishing a centre dedicated to travel medicine in Kenya. Professor Chiodini would provide feedback to Council in July.

**(7.6) Audit and Remuneration Committee**

(7.6.1) *Confirmed Meeting from ARC meeting, 11.9.10*  
Noted

(7.6.2) *Unconfirmed Meeting of the ARC meeting, 16.3.10*  
Noted

The Travel Policy has been discussed at Management Board in February and has now been reviewed.

**(7.7) Management Board**

Mr Steven Kettlewell delivered a website proposal to Management Board at its meeting on April 27<sup>th</sup> 2010.

Mr Cooper will undertake a review of the IT situation in College. Council was in agreement that the in-house IT system and RCPSG website should be improved as a matter of urgency.

**(7.8) Academy of Medical Royal Colleges**

Noted.

**8) Any other business**

**(8.1) *Medical Training Initiative/Overseas doctors scheme***

Mr Graeme Conn was invited to lead on this agenda item. He reported that there was an interesting article in the BMJ about the Medical Training Initiative, <http://careers.bmj.com/careers/advice/view-article.html?id=20000927>, which is increasingly being seen as an important process both for the education of overseas doctors, maintaining junior staff levels to allow EWTR compliance and also maintaining links with overseas colleagues and departments.

Mr Conn described his previous difficulties with the College in progressing an overseas doctor through this process. After eight months of trying, Mr Conn eventually went to the Edinburgh College who processed the application in less than 3 months. Mr Conn felt that RCPSG should be more proactive in this process and sought comments from Council.

The President reported that the Medical Training Initiative had been discussed at the Academy of Medical Royal Colleges. The President was of a view to reaffirm with NES/deanery.




Council was reminded that this matter has previously been explored which resulted in RCPSG abandoning the process. The President was of the view that the role and responsibility of College would be to work with NES and to place these individuals in deanery approved posts. These individuals would follow due process, ie be interviewed, PLAB tested, homeland training. It was suggested that the same GMC registration process should be applied to overseas trainees that applies to UK trainees.

On closing the discussion, Mr Conn expressed his disappointment that despite approaching Dr Jim Miller for help with sponsoring trainees from abroad, no progress was made. President apologised for this and indicated his support for exploring the Medical Training Initiative.

**(8.2) *Medical Visualisation Project***

The President confirmed that a paper on the MVP would be prepared and circulated to members of Council for comments, in advance of the July meeting of Council.

**9) Date of future meetings**

-  Tuesday 13 July 2010 (Trustees and Advisory Co-optees)
-  Tuesday 14 September 2010 (Trustees only)
-  Tuesday 16 November 2010 (Trustees and Advisory Co-optees)