



CONFIRMED

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

Minute of a meeting of Council held in the **Alexandra Room** within College on **Tuesday 8 November 2005**

Present:

Professor G M Teasdale, President	
Dr D T Roberts, Vice-President (Medical)	
Mr J C Ferguson, Vice-President (Surgical)	
Dr W M M Jenkins, Vice-President (Dental)	
Dr P V Knight, Honorary Secretary	
Mr D J Galloway, Honorary Treasurer	
Mr I W R Anderson, Assistant Honorary Treasurer	
Mr R Miller, Honorary Librarian	
Mr J Bancewicz	Mr C G Morran
Professor R Carachi	Mr J A Murie
Dr A Dunk	Dr W Reid
Ms S Elgammal	Dr M M Steven
Mrs A Lannigan	Dr R D Stevenson
Dr L G McAlpine	Professor R D Sturrock
Professor J McKillop	Mr G T Sunderland
Dr P R Mills	Dr A Zoma

In Attendance:

Dr J Miller, Chief Executive
Mr R K Littlejohn, Registrar

The President welcomed Dr Jim Miller, the new Chief Executive, to his first meeting of Council.

1. Apologies

Professor J Connell, Mr J K Drury, Dr J Long, Mr J R McGregor.

2. Minutes of Meeting of Council of 13 September 2005

The minutes of Council of 13 September 2005 were approved.

3. Matters Arising from the Minutes

a) Surgical Care Practitioners

The President said that work on Surgical Care Practitioners was progressing with a symposium organised by Mr Sunderland for 25 November 2005. The Honorary Secretary referred to a recently published curriculum document prepared jointly by

Action

GTS

the DoH in England, the RCPL and the RCGP. No other Colleges appeared to have been involved. He had sought further involvement with the RCPL but as yet none had been forthcoming. The Honorary Secretary and VP (Medical) will be meeting with the President of RCPEd this week to discuss the topic.

PVK/DTR

The Council agreed that developments in the employment of physicians' assistants and other surgical care practitioners were likely and that the College should be involved in this development.

b) Anatomy in Medical Schools

The President had written to the undergraduate Deans in Scotland. Replies had noted his comments and had asked for evidence of concerns. Professor McKillop asked that any detailed concerns be copied to him.

Pres/
Council
Members

c) Faculty of Travel Medicine

Dr Roberts reported that plans for a Faculty were developing and he hoped that it would come into being after the December College meeting.

DTR/RKL

d) Scottish Medical Journal

Dr Roberts reported that negotiations with the Scottish Medical Journal were now complete and it would be sent to all Fellows and Members world-wide. Increasing income from advertising would be investigated. An Educational Sub-editor would be appointed soon so that the Scottish Medical Journal could become an educational medium for the College. Mr Carachi reported that all contributing societies had agreed to the changes. He thanked the College for its support of the Journal. Dr Zoma asked about College representation on the Journal's Board of Management and was advised that this might change at the Board's AGM next March.

e) On-line services

Dr Roberts reported that the College website had been improved with further enhancements to come. He recorded his appreciation for the help and advice from Dr Keith Simpson. Dr Miller said that it was now clear that the College had a powerful tool which offered a potential for more streamlined management processes and exchange of information.

JM

f) Iraqi Training Scheme

Dr Zoma said that the DoH scheme for training 50 clinical teams from Iraq over a 2-year period was too big for a single organisation to undertake. A commercial company, HSL, was leading a bid in consort with the RCPL, RCSEng, Deaneries and Boards in England. He was seeking to ensure that a Scottish contribution to this bid would be recognised.

AAZ

4. Notes of College Executive Meetings of 19 September and 17 October 2005

The notes were received. Dr Steven asked whether the Executive was considering exam centres outwith the Central Belt? The President responded that the value of exam centres in Glasgow was being assessed as part of a wider review. Professor McKillop noted the NES strategy for developing skills training across Scotland.

5. President's Report

The President's report covered:

a) Training and Exams

Dr Mike Watson had prepared a document on Scotland-wide integration of training etc across specialities. The few comments on it had been favourable and the President reported that it was worth taking this proposal forward. There was a hope that more coherent training would lead to improved workforce planning.

The concept of a Scotland-wide 'School' of surgery had emerged from the Intercollegiate Surgical Curriculum Project (ISCP). Mr Morran said that it was unlikely that NES would fund the project but might provide support for financial planning. There was a possibility of some funding from the ISCP for a Scottish pilot and the President advised that such a bid should be prepared for its Steering Group which would next meet in January 2006.

The Council recognised that a principal aim of these proposals was to retain trainees within Scotland

b) Surgical Curriculum

The President reported that a Surgical Curriculum was now on the ISCP's website and acknowledged the considerable efforts by Dr Ruth McKee in developing it. There was still no agreement on a common log book but the ASGBI and BOA were continuing to negotiate. An agreement had been reached that trainees would own the data stored, with access to it as required by others.

Mr Ferguson and Mr Galloway reported that the ICSP was moving into Exam Board areas of responsibility without due consultation and duplicating functions which were already covered. Council endorsed a College line that this was a step too far.

c) JCHST

There had been some reaction against the introduction of a trainees' fee for JCHST. The JCHST had advised trainees of it, but was now deferring its introduction pending further discussions among the Colleges.

d) PMETB

Assessment had now started of applications under Article 14.

e) Physician Specialty Knowledge Tests

The possible introduction of specialty exams for physicians would be discussed at the forthcoming meeting of the Federation. Dr Roberts said that pilot projects were planned in several specialities for Spring 2006. Professor Sturrock expressed the view that such exams were inevitable and that the general public expected physicians to be assessed on their specialist knowledge. Discussion touched on the surgical experience that the content of USA question banks was not directly suitable for the UK, on PMETB's apparent lack of enthusiasm for exit exams, on whether exams would be formative or summative, and on possible involvement by European Boards. Summing up, the President said that the topic aroused general interest and there was some approval for such exams. However,

CGM

Pres/JCF/
DJG

progress has to take into account the political aspects of the Specialty Associations, Europe and the attitude of the PMETB. He would draw on Council's views at the Federation meeting.

f) Miscellaneous

The President advised that the Sunter Fund had agreed to finance the College's share of a joint surgical research fellowship with the RCSEd.

He thanked Council members for supporting the Triennial Dinner which would have the largest ever attendance of 250. The President also reminded Council members of the forthcoming Admission Ceremony and Dinner.

6. Any Other Competent Business

Dr Stevenson advised Council that the RCPL was undertaking Invited Service Reviews on an independent commercial basis. It was keen to include the RCPEd and the RCPSG in this scheme. Council authorised Dr Stevenson and Dr Miller to enter discussions with the RCPL, but with no commitment to participate.

RDS/JM

7. Balance Sheet as at 31 July 2005 and Income & Expenditure Accounts for year ending 31 July 2005

The Honorary Treasurer introduced the Annual Accounts, noting that there had been a surplus of £124,970 on the year. Most details were in line with expectations and the only theme to which he wished draw attention was that of Organisational Development. He confirmed that this expenditure included sums which had been committed during the year under report but would not be paid out until the 2005/2006 financial year. This would not be a recurring commitment .

Mr Galloway expressed his pleasure at having been Honorary Treasurer and thanked Mr Littlejohn for his support. He wished Mr Anderson well in replacing him as Honorary Treasurer.

The Chief Executive said that these accounts would form the basis for the College budget for 2005/2006.

The Council noted the Accounts which had been approved by the Finance and General Purpose Committee.

8. Move of Accounting Year from July to April from April 2006

The Chief Executive noted that the College's accounting year was out of step with that for the Inland Revenue. He wished to move the year-end to 31 March with effect from 2006. Council approved this change.

JM

9. Operational and Management Boards

By way of introduction the Chief Executive said that he intended each paper presented to Council or a Committee to have a covering sheet as illustrated.

The proposed Operational Board would replace the staff Management Group in overseeing the operational management of the College.

The Management Board would be made up of College Office Bearers with members of the Operational Board. It would meet every second month,

alternating with the College Executive, and would have the power to co-opt members as required. Mr Anderson said that the College must carry out its business in a way which was consistent with active clinical practice, and deal with as much as possible electronically rather than at meetings. The proposed roles and remits of the Boards were endorsed.

JM

10. Proposal for Joint Committee on Assessment

The President said that the paper circulated had been prepared by Mr John Smith, President of the RCSEd. Mr Ferguson and Mr Galloway both commented that much of what was proposed was already in hand, in particular through the ICSP. The JCIE and ICBSE were also collaborating and it would be a huge task for any single group to take on the full responsibilities outlined. Mr Sunderland also questioned whether there should be Deanery involvement. The President agreed that the proposals needed a tighter focus which should be on exams. He had reservations about wider extent of what was proposed. He would reflect Council's views to Mr Smith.

President

11. Ministerial Response to Kerr Report

Dr Miller said that the Minister had highlighted points being taken forward from the Kerr Report, and had indicated key actions with deadlines. The Royal Colleges had been mentioned rarely but their roles had been confirmed by both the Minister and the Chief Executive of the NHS in Scotland. These were principally in the areas of Remote and Rural Medicine and Quality Assurance of medical education and training for all staff. Professor Teasdale noted that there had been a lack of strong press interest in the response to the Report. It had placed emphasis on locality, on reducing calls on the NHS by anticipatory care, and by avoiding long term hospital stays. It sought processing improvements so that patients moved faster around the system. Remote and Rural care would be tackled by GPs with special interests, and by a tele-health unit. A group would investigate the links between volume and outcome. Finally, a national tariff had been proposed which would lead to greater involvement from the independent sector.

12. Clinical Committee Structure Update

The Honorary Secretary gave a summary of the work done to date. He identified the current problems of a large number of disparate groups with poor communication. He also stressed the need for clearer roles for Office Bearers and Council members in the light of new charities legislation. The Clinical Input Group had presented three proposals for continuing its work and invited Council to choose between two options for the future of the Medical and Surgical Executives. Discussion recognised that these two Executives had been much less effective than the Dental Council. Issues in medicine and surgery frequently required quicker responses than the Executives could give, and it could be important to get specialty-specific input to discussions. The Council asked the Clinical Input Group to take forward its second option: namely to produce detailed proposals for abolishing the Medical and Surgical Executives linked with specific responsibilities for the Vice Presidents to engage with representatives on external bodies and specialty organisations.

PVK

Dr Stevenson suggested that it would be opportune to investigate options for amalgamation among the Scottish Royal Colleges. Council empowered the President to open informal discussions on this with his fellow Presidents.

President

13. Regulations Update

The Registrar stated there were 4 main aims in redrawing the Regulations and Bye-Laws which were to:

1. Reduce College meetings to once per year
2. Introduce the Faculty of Travel Medicine
3. Introduce Associate status for those holding College diplomas
4. Simplify the language

Regulations

Chapter II

Item 5

The Registrar wished Council to be clear that the Travel Medicine Faculty would bring in non-medical/dental Fellows and Members to College. This was accepted.

It was noted that the qualification for election to Membership of the Faculty of Travel Medicine would be an MPhil, PhD or MSc in the subject, until the College had established a membership examination in Travel Medicine.

Chapter IV

Council believed that the responsibilities of Fellows and Members should include a requirement to adhere to the principles of the GMC's Good Medical Practice. It also decided that the rights of Members and Fellows outside the UK should remain unchanged.

Item 5

The proposed privileges of Fellows and Members of the Faculty of Travel Medicine were discussed at some length. It was decided that, for the time being, these should not include the rights to nominate and vote for office bearers of College (Paragraph 5C).

Chapter V

It was agreed that Dental Fellows should have the right to propose for Honorary Fellowship not only dentists but also physicians and surgeons. It was also agreed to retain the use and practice of FRCP(Glasg) or FRCS(Glasg) *ad eundem* as opposed to FRCPS (Glasg).

Chapter VI

It was noted that Charities Law will require amendment of councillor responsibilities and further discussion about this and other topics reminded Council that it may be necessary to have an Extraordinary General Meeting to discuss Regulations at some point early in the New Year.

It was recognised that there was an imbalance in the availability of Fellows and Members to match the current geographical distribution of Regional Councillors. We would adjust the spread based on Health Boards to achieve a better balance. The power to co-opt onto Council would be stated in the Regulations and it was noted that the Dean of the Faculty of Travel Medicine would be *ex officio* on Council. The Registrar noted that Bye-Laws and Regulations were not currently consistent in a number of areas and he would propose amendments to rectify this. It was also decided to leave unchanged the maximum period of office for office bearers.

Further agreement was reached that casual Council vacancies should be filled

through Council identifying an appropriate person and co-opting. This would not exclude the possibility of an election.

Chapter VIII

The Regulations needed to make clear that Council was the governing body of College; mention should also be made of the new Management and Operational Boards.

Chapter IX

After some discussion it was agreed that the Vice-Dean of the Dental Faculty would serve for 2 years. In the last year prior of a Dean's term, there would be an election of a Dean Elect.

Chapter XI

To be removed.

Chapter XII

It was agreed to convert Associates in Dental Surgery to remove confusion between Associates in Dental Surgery and other Associates.

Bye-Laws

A brief résumé of the Bye-Laws was considered. It was agreed that changes needed to be made to the Declaration which members take on joining. It was agreed that the Library Committee numbers would stay the same, that the Professional Conduct item needed to be updated and that from now on, the duties and title of the Registrar, which were outlined at the last College meeting, would be combined with those of the Honorary Secretary. This was in keeping with other Royal Medical Colleges.

RKL

14. Intercollegiate Issues

14.1 BeST

The RCSI had approached the College about a link from our website to BeST. This would involve funding, and provision of faculty and content. It would give College an online learning facility. Mr Ferguson noted that contributors to BeST were paid which would raise the issue of payment for other college activities. However, it would be strategically right for the college to become involved. We would need a portal for learning if there were to be a School of Surgery.

JCF/GTS

14.2 Behind the Medical Headlines

The Chief Executive said that the "Behind the Medical Headlines" scheme was operated by the Edinburgh Colleges. It posted online articles for clinicians and general public elaborating on medical topics in the news. He believed that it would be beneficial for the College to become involved as enhancing public knowledge scores strongly with the Office of the Scottish Charities Regulator. Dr Roberts said that he had not found the current articles to be very impressive. Nevertheless, Council considered that the project was worth investigating further.

JM

15. SISS Guidelines on MRSA

Professor McKillop reported that earlier comments had resulted in a better second draft of the document. A symposium was planned for March 2006 to launch the guidelines and he recommended that the College be associated with them. This was agreed.

JMcK

16. Regulations from JCIE

Mr Galloway reported that the JCIE was introducing new exams from 2007. These would be open to those not in UK training programmes, e.g. applicants for the Specialist Register under Article 14. The regulations were currently with the lawyers but the JCIE was undecided on its position for 2006, whether to open the current exam to those who would become eligible in 2007. It sought to balance the impact on those in UK training programmes against the possible reaction of the wider applicants if they were denied access. The Council endorsed the principles of the new regulations but took no decision on a recommended time-line for introduction.

17. MMC

The President advised that the circulated document came from the English MMC group. Problems were seen in the right hand boxes in the diagram which related to service posts. These were not wanted in Scotland and the CMO's Advisory Group sought to minimise them. He suggested that Council should discuss more fully the issues surrounding MMC, either in a specific workshop or as a major item at a future Council meeting. Council supported this suggestion.

PVK/JM

18. Minutes of Council Committees

- a. Professional Services, 29 August 2005
- b. Geriatric Advisory Committee, 6 September 2005
- c. International Committee, 21 September 2005
- d. Symposium Committee, 27 September 2005
- e. Education Management Group, 28 September 2005
- f. Surgical Executive, 28 September 2005
- g. Paediatric Advisory Committee, 3 October 2005
- h. Dental Council, 13 October 2005
- i. Finance & General Purposes Committee, 28 October 2005
- j. Fellowship Committee, 7 October 2005

The Council accepted the proposals from the Fellowship Committee for streamlining the process of elections and elevations to the Fellowship.

The circulated minutes were received. Council endorsed the decision of the Finance & General Purposes Committee to award a cost of living salary increase of 3% for admin, secretarial and clerical staff and 3.9% for domestic staff, back dated to 1 August 2005.

JM

19. Vellore Christian Medical School

Discussion on this topic was deferred.

20. Video-Link System

Mr Sunderland said that there had been problems with recent video links. He proposed that funds from the Pfizer grant be used to improve the facility and this was agreed.

GTS

Council also authorised investigation into the purchase of an electronic voting system for the lecture theatres.

GTS

21. Admissions in absentia

Fellow qua Physician

Fawzeya Mohamed Ali, **Abu Al Asad**, MB BCh 01/07/1975 Ain Shams
Avdhesh, **Bansal**, MB BS 01/09/1977 Delhi
Batool Salman, **Hassan**, MB ChB 01/07/1989 Glasgow
Pik Shan, **Kong**, MB ChB 10/12/1992 Chinese University of Hong Kong
Arvind, **Kumar**, MB BS 01/07/1975 Rajasthan
Ti Bian, **Lim**, MB BS 01/01/1978 Mysore
Ashok Anant, **Mahashur**, MD 01/11/1976 Mumbai
Mohamed Tahir Hassan, **Obeid**, MB BS 01/09/1971 Khartoum
Wing Yee, **So**, MB ChB 10/12/1992 Chinese University of Hong Kong

Fellow qua Surgeon

Faruque Daudbhai, **Ghanchi**, MB BS 01/01/1986
Rajesh Bahadur, **Jain**, MB BS 01/07/1968 Maulana Azad
Mohammad Younas, **Khan**, MB BS 01/07/1984 Khyber Med Coll, Peshawar

Member qua Surgeon

Lesley, **Brown**, MB ChB 01/01/2002 Aberdeen
Sarah, **Krishnanandan**, MB BS 01/06/2000 St George's Hospital
Cyril, **Mauffrey**, MD 12/07/2002 Turin
Lisa Helen, **Moyes**, MB ChB 05/07/2002 Glasgow
Juian Roy, **Northover**, BM 26/06/1997 SOUTHAMPTON
Alistair Scott Wilson, **Parker**, MB ChB 01/06/2000 Glasgow
Iain McWilliam, **Stevenson**, MB ChB 01/11/2001 Glasgow

Member of the Faculty of Dental Surgery

Saleem, **Mulla**, BDS 11/12/2000 Karnataka

Member

Edward, **Barden**, MB BS 01/07/2000 London
Elisabeth Beresford, **Burnett**, MB ChB 14/07/1992 Glasgow
Mark, **Fish**, BSc 01/08/1994 London
Daniel Gerard, **Healy**, MB BCh 01/06/1997 N U Ireland
Henry Ying Lung, **Kok**, MB BS 01/05/2002 Australia
Kali Blackburn, **Perrow**, MB ChB 12/07/1999 Glasgow
Muhammad Naeem, **Raza**, MB BS 02/11/1988 Punjab
Edward Christopher, **Thomas**, MB BCh 01/07/1999 Wales

22. Forthcoming Events

The President reminded Council that the Cathedral Service would be held on Sunday 11 December 2005, followed by a lunch hosted by himself in the College.

23. Membership of Council

The Registrar advised Council that the nominations for Council posts which had been received. Where there had been no nominations, proposals could be made at the College meeting and, if necessary, a vote for any post would be taken at

that time.

24. Date of Council Meeting for 2006

17th January 2006
 21st March 2006
 2nd May 2006
 4th July 2006
 19th September 2006
 14th November 2006

25. Responses to Consultation Documents

Requesting Organisation	Name and Reference Number of Document	Nominees Suggested to Comment	Reply sent to Organisation
NCDDP Support Team	Allied Health Professions Core Data Standards for NHS Scotland (NCDDP)	Dr P V Knight	14.09.05
MHRA	Consultation on Amendments to the Medicines for Human Use (Clinical Trials) Regulations 2004 (S.I. 2004/1031)	Dr K R Paterson Prof D J Stott	19.10.05
GMC	Education Committee Consultation 'Strategic Options for Undergraduate Medical Education'	Prof J Mckillop	18.10.05
Scottish Executive	Redrawing NHS Boundaries in NHS Argyll & Clyde Consultation	Mr J C Ferguson Dr D T Roberts	22.09.05
FSA	Draft Guidelines on Allergen Control and Consumer Information	Dr P V Knight	14.09.05
NAAP	What is a Surgical Care Practitioner	PLG D Henry Prof Suckling President Mr J C Ferguson	30.09.05
FSA	SDAP Review Stage 2 NHS	Dr P V Knight	30.09.05
NHS	National Generic Data Standards	Dr P V Knight	18.10.05
MHRA	Proposals for Amendments to the Medicines (Administration of Radioactive Substances) Regulations 1978 (MARS) and the Prescription Only Medicines (Human Use) Order 1997	Dr P V Knight	14.10.05
NHS	Cardiac Rehabilitation Dataset	Dr P V Knight	18.10.05
GMC	Review of Good Medical Practice	Dr P V Knight	19.10.05
MHRS	Proposal for amendments to medicines legislation to allow supply and administration of medicines by members of mountain rescue teams	Dr P V Knight	27.10.05
NHS	A & E Core Data Standards and the Injury Dataset Consultation	Dr J Long Mr I Anderson	02.11.05