



**CONFIRMED**

## ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

Minute of a meeting of Council held in  
the Alexandra Room within College  
on **Tuesday 15 March 2005**

---

### **Present:**

Professor G M Teasdale, President	
Mr J C Ferguson, Vice-President (Surgical)	
Dr D T Roberts, Vice-President (Medical)	
Dr W 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	
Dr A Dunk	
Mr J Bancewicz	Mr J K Drury
Prof. J Connell	Mr J R McGregor
Mr G T Sunderland	Prof R D Sturrock
Mrs A Lannigan	Mr C G Morran
Mr J A Murie	Mr R Carachi

### **In Attendance**

Mrs D Henry (Public Liaison Group)  
Mr R K Littlejohn, Registrar

### **1. Welcome to New Members**

The President welcomed the following new members:

Alison Lannigan (Director of Professional Services)  
John Drury (Director of Surgical Exams)  
John McGregor (Ordinary Member of Council replacing John Ferguson)

and Delia Henry, who was attending as a member of the Public Liaison Group.

### **2. Apologies**

Dr L G McAlpine, Ms S Elgammal, Dr R D Stevenson, Dr J Long, Dr W Reid, Dr A Zoma  
Prof. J McKillop, Professor J R Hayes, Dr P R Mills, Dr W S Nimmo, Dr M M Steven.

### **3. Minutes of Meeting of Council of 18 January 2005**

**Action**

The minutes of 18 January 2005 were confirmed and accepted.

The President noted the death of Dr. John Burton a previous member of Council. Council took a few moments to remember his passing.

**4. Matters Arising from the Minutes**

3b) Bicollegiate Quality of Care Committee

The VP (Medical) noted that this was a joint committee with RCPed with the Chairmanship alternating between the two Colleges. Robert Monie of RCPSG had been the Chairman and this was now Dr. Douglas Mitchell from Edinburgh. Following a meeting of the Medical Executive Committee and the realisation that the Glasgow representative would go on to the RCP London Standards Board, it was thought appropriate that the Glasgow representative should be a Council member. Therefore, to allow an audit trail back to Council, Council agreed to the Medical Executive Committee's suggestion that Dr. Robin Stevenson fulfil this role. The VP (Medical) indicated that Dr. Stevenson was willing and able to do this.

**DTR**

3d) Possible Faculty of Sports & Exercise Medicine

Prof. Sturrock planned to have a paper for the next Council meeting and the President noted that the announcement, by the Minister of Health in England, that Sport & Exercise Medicine would become a speciality in its own right, would bring focus to the forthcoming discussion.

**RDS**

3.13) 'Out of College' Activities

The Honorary Secretary noted that the President now had a presentation entitled "Postgraduate Medical Training from Peter Lowe to PMETB" which the Executive thought might be of interest to take "on tour" and the Honorary Secretary would accordingly contact Postgraduate Tutors with that offer, a question and answer session and College sponsorship of a lunch.

**PVK**

**5. Notes of College Executive Meeting of 8 February 2005**

These were received.

**6. Minutes of College Meeting of 7 March 2005**

These were received.

**7. President's Report**

The President referred to:

1. European Working Time Directive

A number of surveys had now taken place on how it affected training.

2. Modernising Medical Careers

- a) The curriculum had been reviewed although resources for education were still problematic: for example, NES had been given £0.5m in Scotland to decrease the impact on service provision but no extra money had been sequestered to reduce the impact on consultant time. One suggestion for costing which had been made was of 0.25 of a session per

annum for supervising an MMC trainee, which would roughly equate to £2-4,000 per annum for educational support for each trainee. This would be a topic for discussion at the next MMC Group.

- b) The step from foundation to specialist training suggested 3 possible career pathways:
  - i) A straight run through from foundation to CCT, eg general practitioner.
  - ii) To recognise the impossibility of making a selection from FY2 into some aspects of Medicine and thus the need for a probationary year of specialist training, e.g. Surgery. The trainee would be assessed in this year through examination and workplace assessments and at the end of that year would be required to apply in competition depending upon supply and demand. It was possible that the experience gained from this year by candidates, even if unsuccessful, would allow them to move to some other specialty. Although these trainees would not get an NTN, they would gain retrospective recognition but it was clear that Colleges would need to be very specific about their criteria.
  - iii) A generic grouping of specialist training, e.g. acute care.

There was considerable discussion among Council members on this topic, including; a perception that politicians were becoming anxious about the expense of MMC, that the assessment burden on consultant staff might not be as onerous as appeared, with the key being foundation tutors, that the timescale seemed very uncertain in respect of the need to plan rotations and finally the length of training. In other words, only competence - not time - was relevant in a competency-based programme.

### 3. Assessment

The Academy of Royal Colleges had held a workshop with the American Board. The latter seemed to be well ahead on IT based assessments but well behind the UK on workplace assessments. To try and bring together best practice from the various Royal Colleges, a Partnership Board chaired by Prof. Neil Douglas of RCPEd was to be convened. The RCPSCG would have a representative, yet to be nominated. It was noted that consultant assessment need not follow the same pattern as that for trainees.

### 4. CPD

The President noted that College had confirmed the mandatory aspects of CPD. The Federation had re-assessed its position on adherence to CPD requirements being a criterion for retaining Fellowship in good standing. However, it had decided to survey how many physicians were formally recording mechanism.

### 5. Accident & Emergency Medicine College

This had been discussed at the Federation meeting after a presentation by Mr Alistair McGowan. The Federation expressed sympathy and understanding for A & E's position but had concerns about Acute Medicine. A letter had now gone from Prof. Black to Mr McGowan asking if these concerns could be recognised in some formal way during the setting up of the A & E College.

### 6. Workforce Planning

Representatives of the Scottish Academy and Mr Mark Butler of the Workforce Unit had been meeting around this topic and the Honorary Secretary had been trying to gather what information there was from specialties about their own workforce plans, to pass on to Dr. Denise Coia.

#### 7. Job Plans

Job plans had been discussed at the partnership meeting of the BMA and the Scottish Executive Health Department. The College survey had noted that one third of people felt that there was likely to be a reduction in time for education purposes and this was similar to a survey carried out by RCSEd. It was decided this survey would be repeated in the summer once people had experience of working their new job plans.

Pres

#### 8. The Kerr Group

Frontline fora had taken place in Glasgow and Edinburgh and some Council members had attended. The group was due to report in May, the final publication date having been postponed from March.

#### 9. Joint Council Meeting with RCSEd

The President had written to Mr John Smith regarding this joint meeting and Mr Smith had accepted a proposal that this be a limited number of people. The date and time had yet to be agreed.

RKL

#### 10. College Website

Those Council members who had replied to the survey by James Beaton on this topic had given it their 100% approval. The service would be extended to Fellows & Members.

### 8. **Any Other Competent Business**

None.

### 9. **College Strategy Update**

The leaders of the various working groups reported to Council on their individual responsibilities:

(a) The VP (Medical) reported on membership services. A small group consisting of Kay Whittle, Alison Lannigan and James Beaton would take forward a number of priority areas which could be processed in a relatively short period of time, for instance simplifying the process of election, a possible new members' financial package, i.e. reduced membership rate, different categories of membership and other attractions such as CPD, using the assistance of the Scottish Medical Journal.

(b) The President reported on behalf of Dr. Graham Sunderland, who had not arrived at the meeting by this point, regarding education and noted that educational priorities were being worked out and would probably need some resourcing.

(c) The VP (Surgical) reminded Council of the difficulties of holding exams in non-purpose built facilities and attracting examiners. The Examinations Group was currently working on a “shopping list” which might then be met by collaborative working with GGHB and the University. A “benefits package” for examiners was also being worked on.

(d) The Honorary Treasurer (chairing the Finance group) noted that:

- i. IT systems needed some updating of software but money was needed to do this and staff training was also required.
- ii. There was a requirement to bring financial accountability to the proposed functional groupings, more data was required.
- iii. Standing Financial Instructions and corporate governance would be needed. Areas that would be enacted quickly were around fundraising, eg legacy policy, and cost control eg a review of the fees for Investment Managers which run to many thousands of pounds per year.

The Honorary Treasurer also noted that unfortunately our current Accountant, Mrs Moira Moore, had tendered her resignation.

#### Honorary Secretary

The staff development day held in St. Margaret’s had resulted in much constructive staff debate around the review. The general thrust had been warmly welcomed by the vast majority of the staff and they now had the opportunity to review fairly extensive documentation available on the College intranet. Feedback had been welcomed and a process of team briefing had been initiated.

Initial functional groupings had been reassessed with the aim of reducing their number. Present thoughts were to reduce to 3 (Exams, Assessment and Training Standards, Membership Services, Education and Training) plus Corporate Services.

Corporate services functional grouping needed some refinement as to which of the functions within it might report direct to the Chief Executive.

A limited staff skills audit would be conducted as quickly as possible. This would continue to inform the structure and the Project Management Group intended to finalise the high level jobs during their Away Day on 7/8 April.

It was felt important to have a Chief Executive in post sooner than had been previously considered, before appointing Heads of functional groupings.

Affordability in these jobs and the rest of the structure would need to become more overt.

The clinical input into the functional groupings was also being reconsidered and would be discussed at Council. This expert clinical input might be appointed rather than elected. In addition, College meetings might usefully be reduced to an AGM.

The Senior Management Team of President, Honorary Secretary and Registrar had started to meet taking day-to-day decisions to progress the strategy and the College’s business as usual. The SMT interacted with the management team of College staff, and the Project Management Group, which was the SMT plus Mrs Ann Campbell and Dr Elizabeth Robertson.

There was some discussion about the usefulness of the quarterly College meetings, which embarrassingly small numbers of Fellows & Members attended. Historically they had not been useful for decision making. Council also supported the proposal of having appointed clinical experts in the functional clinical groupings rather than elected VPs. It was noted by some

members that if we were to go to one AGM per year then that should be mixed with some other event in the College to make a whole day attendance worthwhile. It was agreed that this would be brought back to the next meeting of Council in a more formal outline.

#### 10. **Scottish Medical Journal**

The VP (Medical) reminded Council that College was a major sponsor of the SMJ along with a number of Scottish specialist societies. He also alluded to the fact that RCPSG was alone in not having a formal CPD journal. He noted that the College outlays some £10,000 per year on the College Bulletin. *Correction by Registrar, the figure should be £20,000 per year.*

The current editor of SMJ, Robert Carachi, reported on a very useful meeting between College representatives and members of the Editorial Board of SMJ about the creation of a history of medicine section, edited by David Hamilton, and also an educational editor who might be appointed by College. He was keen that SMJ would not lose its independence and all Council members agreed how much the journal had improved over the last year.

There was some discussion around the proposal that SMJ could replace College Bulletin and become a CME/CPD vehicle for Fellows & Members of the College. This did not meet with universal enthusiasm as some members of Council felt that the Bulletin was "a taste of home" for those furth of Scotland and others felt that it might be difficult consistently to produce CPD through SMJ.

There was enthusiasm amongst Council members for further work in collaboration with SMJ.

DTR

#### 11. **Proposed Faculty of Travel Medicine**

The VP (Medical) outlined that currently there were 4 faculties aligned to Colleges: Occupational Health; Public Health; Accident & Emergency Medicine; and Pharmaceutical Medicine.

Council members were aware that College had a very successful Diploma in Travel Medicine and that several who gained the Diploma went on to further study for an MPhil degree from St. Andrews University. Many of the DTM diplomates are non-medical and this had initially caused concern in terms of a move to a faculty. However, it was felt that the creation of foundation Fellows of the Faculty of Travel Medicine would still be appropriate. There were specifics yet to be decided and thereafter an all embracing multi-disciplinary membership of the Faculty of Travel Medicine by examination would also be appropriate. It would be a first step in the College towards multi-disciplinarity which should be applauded. The Registrar noted that this would require to go to College in June and September for implementation in Autumn.

RKL

#### 12. **Minutes of Council Committees**

Minutes received and comments made

a) Advisory Committee in Ophthalmology, 2 November 2004

It was thought that the FRCS Ophthalmology might be a valuable assessment for applicants to the Specialist Register under Article 14.

b) Trainees' Committee, 9 December 2004

None.

c) Education Management Group, 19 January 2005

Dr. Sunderland noted a useful meeting with Dr Mike Watson the new Medical Director of NES who was supportive of joint working.

d) Scholarship Committee, 20 January 2005

e) Professional Services Committee, 24 January 2005

Mrs Lannigan reported that plans for a debate on ethical issues in association with the PLG, perhaps around transplantation, were progressing and a question and answer style debate on 16 June 2005, once the Kerr Report had been received, was also progressing.

**13. Notes on the Public Liaison Group Meeting of 16 February 2005**

Mrs Henry, present from PLG, informed Council of the PLG's desire to formalise their group processes and this was proceeding. A private member's Bill to the Scottish Parliament, regarding dying with dignity, which had been discussed at the PLG, would be circulated by the Honorary Secretary to Council members for their comment.

PVK

**14. PLG – Proposal for Development**

The Honorary Registrar reported that Document O had been redrafted by the Registrar and the Chairman of the PLG. This was approved by Council. He also alluded to the fact that there had been discussion with Edinburgh Colleges and RCGP in Scotland to try and amalgamate the various lay groups. The intention was to try and recruit and involve around 50 people who would provide a pool of people who could perhaps be invited to become involved in things like PMETB visits and consultations. A formal paper would be provided for the next meeting.

**15. Minutes of Scottish Royal Colleges Meeting 12 January 2005**

The President reported that unfortunately BUPA funding of some £25,000, which had been thought to be available for the Simulator Project, was now not going to be forthcoming. There was some urgency that we would require to apply for this funding via the BUPA Foundation.

GTS

**16. Minutes of Joint Surgical Colleges Meeting 24 January 2005**

The President reported that there had been sympathy but no practical help for our loss of income through the MRCS examination. This would continue to be discussed at the next meeting in April. The continuing problem for Glasgow was in attracting candidates. A central exam office might help some of this but that had not been met with any great enthusiasm by other Surgical Colleges. It was noted that Glasgow had opened two English examination centres to try and counteract the recruitment problem.

**17. Minutes of Senate of Surgery Meeting 25 January 2005**

The President reported that the proposal for Andrew Cubie to review Senate workings had been rejected by RCS England Council and this was a matter of some disappointment.

**18. Minutes of Federation of RCPs Meeting 24 February 2005**

It was noted that the Federation had decided to defer further consideration of obtaining legal status.

**ROUTINE ITEMS**

- 1) Proposal to elect Mr John Smith, President RCS Ed, as FRCS(Glasg) *ad eundem*, was passed for presentation to College. RKL
- 2) The President reported that the Executive had considered the Director of International Affairs post which was coming up for renewal. It was felt given the current restructuring within the College that it would be wise to extend the current period of office of Dr. Zoma for one year and this was accepted by Council. PVK
- 3) The Triennial Dinner would take place in the Bute Hall on 11 November 2005 and would be open to Fellows, members and their guests. The President asked Council members to ensure that there was an excellent turnout. All

**19. Report of a meeting held in RCPEd on 11 February 2005 – Scottish Intercollegiate Group on Alcohol**

Council confirmed monetary support for this body of around £200 - £300 per annum.

**20. Report of a meeting of the United Examining Board – 21 February 2005**

This was received.

**21. Forthcoming Events**

Wed 23 March Admission Ceremony, Bute Hall 5pm  
Council Meeting 17 May 2005

**22. Admissions in Absentia**

There were 8 admissions in absentia.

**Fellows qua Physicians**

Wai Ming William **Chung**, MBBS 1983 Hong Kong, MRCP(UK) 1987  
On- Hing **Kwok**, MBBS 1991 Hong Kong, MRCP(UK) 1995  
Wai Cheong **Yip**, MBBS 1988 Hong Kong, MRCP(UK) 1993

**Members qua Surgeon**

Nawsheen Humaaira **Alam**, MBBS 1999, Dhaka  
Hasan Karin **Khan**, MBBS, Pakistan  
Imran **Liaquat**, MB ChB 2002, Glasgow  
Catherine Mary Gavan **McLaran**, MB ChB 1999, Aberdeen  
Nadeem **Shaida**, MBBS 2000, London

The President also reported to Council that he had received a letter from Dr. Harry Mohan, a Fellow of India, who had received the “Padma Bushan” which is apparently the Indian equivalent of a KBE. He asked Council to join him in congratulating Dr. Mohan.

**23. Responses to Consultation Documents**

Requesting Organisation	Name and Reference Number of Document	Nominees Suggested to Comment	Reply sent to Organisation
MHRA	Licence Fees for Medicinal Products for Human Use only – Proposals for April 2005	Dr P V Knight	19.01.05
MHRA	Advertising and Promotion of Medicine in the UK Revision of MHRA Guidance Note No. 23 – The Blue	Dr P V Knight	19.01.05

	Guide		
MHRA	MLX 311. Introduction of new offences relating to information submitted in support of an application for the grant, renewal or variation of a marketing authorisation.....	Dr P V Knight	19.01.05
Academy of Royal Colleges	MMC – Curriculum for the Foundation Years in Postgraduate Education and Training	Dr J McCaul Mr A J McKay Dr DAS Marshall Dr C Semple Dr M Roberts	21.01.05
Scottish Executive	Consultation on expert advice about the limited relaxation of restrictions on Hepatitis B infected health care workers	Dr I Symington Dr J Morris	27.01.05
NHS Quality Improvement Scotland	Clinical Governance Draft Framework Consultation	Dr P V Knight	27.01.05
Scottish Executive	21 <sup>st</sup> Century Social Work Review – Call for Contributions on the Role of the Social Worker	Dr P V Knight	28.01.05
MHRA	Review of the code of practice of interests to apply to the chairmen and members of the advisory bodies laid down in the medicines act 1968	Dr W Nimmo Dr K Beard Dr K R Paterson PLG Members	10.02.05
NHS Greater Glasgow	Partnership for Care – Next Steps	R Stevenson Prof J Connell Prof J McKillop	11.02.05
PMETB	Consultation on the content of the main rules governing the operations of the Postgraduate Medical Education and Training Board	Prof K Cochran Mr J C Ferguson	18.02.05
Medicines & Healthcare products	Changeover from British Approved Names (BANs) to recommended international non-proprietary names (rINNs) for substances used in medicine	Dr P V Knight	22.02.05
Greater Glasgow NHS Board	Acquired Brain Injury Strategic Framework 2004-2014	Dr P V Knight	22.02.05