

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

Minute of a meeting of Council held
in the Library within College on
Tuesday 18 January 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 Anderson, Assistant Honorary Treasurer
Mr R Miller, Honorary Librarian
Dr A Dunk
Dr L McAlpine
Ms S Elgammal
Prof J Connell
Mr G T Sunderland
Prof J McKillop
Dr R D Stevenson
Mr J Bancewicz
Dr J Long
Prof R Sturrock
Dr W Reid
Dr A Zoma

In Attendance

Mr R K Littlejohn, Registrar

Action

Welcome to new Members of Council

The President welcomed Professors Connell and McKillop and Drs Stevenson and Dunk as new members.

1. Apologies for Absence

Mr R Carachi, Prof J R Hayes, Dr P R Mills, Mr R W G Johnson, Mr J A Murie, Mr C G Morran, Dr M M Steven.

2. Minutes of the Meeting of Council of 13 July 2004

These Minutes were approved as a true record of the meeting.

3. Matters Arising from the Minutes

b) Chair of Bicollegiate Quality of Care Committee

The President intimated that Dr Robert Monie had recently stood down as Chair of the Bicollegiate Quality of Care Committee and the post had now passed to the RCPEd. It was also noted that the physician-led audit projects proposed by the BQCC had been funded by the Health Foundation.

c) Proposed Faculty of Travel Medicine

The VP (Medical) reminded Council that there was currently a Diploma in Travel Medicine and College supported exploring the concept of a Faculty of Travel

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Medicine the College. It was thought this would create a number of new members and that there were enough people to become Foundation Fellows. Dr E Walker was preparing a paper which should be available for the next Council meeting.

PVK

d) Possible Faculty of Sports and Exercise Medicine

Prof Sturrock spoke to this item. He had conferred with Prof Stewart Hillis and they had set up a small steering group of Prof Nanette Moutri, and Drs Paul McIntyre, Gordon MacKay and John McLean. They would meet to take forward this proposal in the near future.

RDS

4) West of Scotland Surgical Association Awards Board

The Professional Services Committee had supported siting of an Awards Board in the foyer outside the Small Lecture Theatre. The size and style of the Board had yet to be decided and it would be intimated to the WSSA that the College wished some input into the selection of the winner of this award.

RKL

13) 'Out of College' Activities

The Honorary Secretary reported that prior to setting up the working group intimated in the last minutes, he had circulated all Postgraduate Tutors in the West of Scotland and had had some replies. Dr Reid reported that it would probably be discussed at a Postgraduate Tutors meeting in the near future.

PVK

4. Notes of College Executive Meetings of 16 November, 13 December 2004 & 12 January 2005

These notes were received.

5. Minutes of the Annual Meeting of College of 6 December 2004

These minutes were received.

6. Council Report to College – December 2004

This report was received.

7. President's Report

a) Modernising Medical Careers

The President reported that implementation was due to start in August 2005 and a Scottish Implementation Group, which included himself and Dr Jason Long, was supported by a management group. The shape of Foundation Programmes in Scotland seemed reasonably clear and extra posts in Foundation Year 2 had been funded to allow general practice to become involved. However, extra posts in Foundation Year 1 had been refused and it was noted that this had probably had an effect on the number of Scottish graduates who were unable to obtain a place on the rotations. It was clear that there were many operational issues to be sorted out and a group chaired by Alan Boyter was making some progress with this. There was a feeling that there might require to be some renegotiation of terms and conditions.

The Honorary Secretary gave a brief overview of the College's response to the curriculum for Foundation Year 2. In passing it was noted that the fact that the GMC was responsible for Foundation Year 1, and PMETB for Foundation Year 2 did not make it easy to integrate programmes. The College's response would be rather negative. In particular, the style and content was somewhat difficult to understand

and follow. The largest concern was that the time allowed for assessment was grossly underestimated. Although the need to resource this process was recognised, if this were not done properly the whole mechanism would founder. Other points of detail were noted, including the emphasis on acute care and the confusion between formative and summative assessments. In general discussion it became clear that PMETB would approach College shortly to ask if our assessments were in line with their regulations (which they are). In addition it appeared that there was currently no mechanism for late entry into the system for graduates who had had to retake their finals. The possibility of bringing medical finals forward seemed an ideal solution. It was further noted that a group seemed to have been constituted to re-write the document in March, which would not give a great deal of opportunity for further consultation. Timescales also seemed very short to investigate whether the assessment process could be used to rank F2 doctors into specialist training.

b) NHS Education Scotland

The President noted that Dr Mike Watson, currently Dean of Education at RCPEd, would become Medical Director. There had been some debate about the extent to which NES would be a provider or commissioner of education. NES did have some potential flagship projects and these might include some clinical skills facilities, particularly in the West of Scotland.

c) Workforce Planning

The National Committee had agreed that the Chair of the Scottish Academy of Royal Colleges, Prof A Calder, would become a member of the Workforce Numbers Group. There will also be meetings with key members of the Academy.

d) Job Planning

RCSEd had undertaken a similar survey of consultants to our own and the Scottish Royal Colleges had agreed in principle to repeat this in the Summer. The results of the original survey would be presented to the Partnership Group in February.

e) David Kerr Group

'Frontline Fora' for NHS staff had been organised in Glasgow (at Randolph Hall on 25 February at 6pm), in Edinburgh (at Pollok Halls on 28 February at 6pm) and in Aberdeen (at Foresterhill Campus on 1 March at 6pm). It was hoped that there would be strong representation at the meetings. It was clear that there remained a gap between expectation and reality of service provision, which the group might find difficult to bridge.

f) NHS Fair for All

This document was received.

g) SIGN

The President noted that he and fellow Presidents had now signed an agreement to transfer the operation and liability of the SIGN organisation to NHS QIS. Colleges would continue to be involved in the Board of Management.

h) GMC – Revalidation

As Council members were aware, the start date for revalidation had been pushed back. A working party, under Prof Liam Donaldson, was proceeding and clinical governance 'sign off' would be very important.

j) MRCS

The problem of distribution of candidates and the gentlemen's agreement that no College would lose out financially would shortly be dealt with at Senate. A logical outcome would be the creation of a single MRCS office as in MRCP. The President noted that this was the topic on which the institution of the exam had almost foundered.

k) Jordan

The President had recently visited Jordan with Dr. Zoma and the Deputy Registrar. They had made good progress in discussing the provision of clinical experience posts in Scotland, which would be supervised by the Education Committee. He hoped that any agreement would also involve the provision of teaching from the College to Jordan. It was noted that College would have veto on the selection of candidates.

8. AOCB

1. Vacant Positions

There were a number of vacant positions on Council, the first being the Deputy Honorary Secretary. The Honorary Secretary intimated that he was preparing a person specification for this post.

There had been one nomination to fill Mr Ferguson's place as an ordinary Council member. As Mr. Anderson had now become Assistant Honorary Treasurer, there was a vacancy for a mutual representative with the Faculty of A&E Medicine. The Registrar had contacted the Faculty which would make a nomination, which Council could then accept or reject.

PVK/RKL

MAJOR ITEMS

9. College Strategy Update

Council members were referred to circulated documents. In addition, two organisational diagrams were tabled.

The President recapped on the work over the last year. He noted that College faced a potentially diminishing membership, a reduced availability of clinicians and an increased expectation of competition from other Colleges and Faculties. In addition, the initial strategic review had shown that planning was problematic and College had extreme difficulty in responding timeously to consultation. Working groups had been formed and the President was very grateful for all of the efforts that Members, Fellows and staff had put into them. He was particularly impressed by the contributions of trainees. The Project Management Group had distilled output from these groups into a course of action, including 6 linked strings of work.

It was emphasised that the College Council would remain the overall governing body but there would be a different Executive structure and in the interim, this would be progressed by a triumvirate of President, Registrar and 'Strategic Development Director' (which was seen as a short term role).

General discussion followed, particularly on the functions of the various operating areas and the roles of various officers. It was emphasised that the functions of development, communication and marketing, would cross cut through every area. It was felt that advocacy on behalf of the membership should appear under the Executive Services role.

Following discussion, it was clear that Council was in favour of the proposals and after a proposal by Dr Reid, seconded by Dr Zoma, there was unanimous acceptance of the recommendations to:

- a. Progress the 6 priority actions over the next 12 months, recognising that they would progress at differing rates.
- b. Reconfigure executive, management and staffing structures of the College in line with the principles that:
 - i. Decision making and implementation be closely aligned to ensure cohesion and a full flow of information between them.
 - ii. A tighter staff and committee structure be provided.
 - iii. College communications, development and marketing be seen as cross-service functions.
- c. Resource these actions, including the appointment of a 'Strategic Development Director'.
- d. Continue strategic development under the direction of the PMG.
- e. Set a target date of 31 December 2005 for full implementation of changes.

10. Proposals for Scottish Academy

The President explained the role of the Scottish Academy, which had no formal status but was well recognised by the Scottish Executive. The proposal that the Scottish Academy should become an individual member body and obtain premises of its own was not supported. It was felt that the status quo was preferable.

11. Public Liaison Group

The Honorary Secretary outlined the purpose of the PLG and the increasing need for lay people to be nominated by College onto various organisations. The group had been in existence for some 4 years but had as yet no formal constitution. Proposals from Prof Suckling, the Vice Principal of Strathclyde University and Chair of the PLG, were felt to be a reasonable way forward with some caveats, which had been suggested by the Executive.

PVK

12. Online Services Strategy

The VP (Medical) outlined the background to the closure and migration of components of the Cyber Medical College to the main College website. The Cyber Medical College would now be wound up at the end of May and two other sections which had connections with it (Royal Medical Chirurgical Society and West of Scotland Surgical Association) were to be provided with separate domains. The VP (Medical) also noted that we currently had email addresses for roughly 58% of the membership and that it was obviously vital to increase this proportion to promote further online services.

13. Mandatory CPD Proposal

Dr R Baxter attended for this item and spoke to a tabled paper. Other UK Colleges considered that they should have a more prominent role in the 'fitness to practise' responsibilities, which currently rested with the GMC. This would be on the basis that if Fellows and Members did not complete CPD, they would no longer be considered to be in good standing and, therefore, could have their Fellowship or Membership removed. The word 'mandatory' had, since 2001, appeared in the documentation related to CPD for physicians. However, Council considered that it was impracticable to entertain removal of Fellowship solely for physicians; all Fellows of the College should be treated equally. Council believed that College should emphasise its ability to assist with CPD rather than what might be done if Fellows and Members did not participate. The practical difficulties and resource required to police this were not to be underestimated and would be open to legal challenge. The position for the RCPSG was further complicated by the decision, in 2003, to cease central recording of CPD for surgeons.

Council concluded that there should be an endorsement of the previously stated principle on the mandatory status of CPD recording for physicians practising in the UK. However, no additional steps, eg instituting a process to withdraw Fellowships, should be taken at this stage.

14. Director of Surgical Examinations

The person specification was tabled and approved, although it was noted that no sessional commitment was mentioned. Council agreed to delegate the appointment to the Surgical Executive.

JCF

15. Collegiality in Surgery

The Honorary Treasurer intimated that several issues had been explored during meetings with the RCSEd:

- a. The use of joint BUPA funds for a simulation centre (see below).
- b. A joint Journal - the Edinburgh College had now progressed this with the RCSI.
- c. A joint Council Meeting with RCSEd – the Executive had considered this at its last meeting and felt that a meeting of a smaller number of Council and Executive members would be a more appropriate way forward and the President would write in that respect.

Pres

The President noted that the President of the RCSEd had permission from his College Council to progress the possibility of a single Great Britain and Ireland College of Surgeons. This would be discussed at the Senate of Surgery and the Specialty Associations were likely to be in favour.

The President indicated that as Chair of Senate, he would be recommending that Senate accept an offer from Andrew Cubie to lead an external review of it. He had discussed this in some detail with two members of our PLG who sit on the Senate, Mr Borthwick and Prof Suckling.

16. Proposal for A&E College

The Honorary Deputy Treasurer spoke to a letter, which had been received from the President of the Faculty of A&E Medicine. He outlined the growth of the specialty, the different routes of entry and the recent generation of its own examination. The President noted that it was our understanding that currently surgical colleges were generally in favour of the creation of a new College of A&E Medicine but physician colleges were not.

After some considerable discussion, it was clear that the nature of this college would preclude either wholehearted approval or rejection and a middle ground would be necessary. Council recognised that the creation of a new college appeared to be a logical development for the specialty of A&E Medicine. However, it was equally clear that such a college should not affect the development of the specialty of Acute Medicine, particularly in terms of qualifications, curriculum and CPD. It was hoped that if a College of A&E Medicine were developed, good communications would be ensured and an input into training and CPD mechanisms.

17. BUPA Funding

College had received, along with the other two Scottish Colleges, £50,000 every 3 years from BUPA. However, RCPSG had taken this in two £25,000 aliquots. RCPEd and RCSEd had agreed to dedicate their £50,000 from BUPA to a simulation centre research project. RCPSG wished to do the same but this was complicated because BUPA had decided to channel future funding through the BUPA Foundation and it was not clear whether this

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would affect the second £25,000 which BUPA had agreed to give. The President was writing to BUPA to seek clarification.

18. Director of Professional Services

Dr J Taylor's term as Director of Professional Services had ended. The policy was for such posts to be appointed from Council but, if that were not possible, to appoint another Fellow and co-opt him or her onto Council. The Executive considered that such posts should be advertised, as for the Director of Surgical Examinations. However, given the effect that the strategic review might have on professional services, it seemed pragmatic to approach the current Secretary of the Professional Services Committee, Mrs Alison Lannigan, to take up this post. It was felt sensible that this should be for 1 year in the first instance. Council approved this course of action.

PVK

TO RECEIVE

19. Minutes of Council Committees

- a) Scholarship Committee, 28 October 2004
- b) Fellowship Committee, 10 November 2004
- c) Professional Services Committee, 22 November 2004

These minutes were received.

- d) Dental Council, 2 December 2004

The minutes attracted some attention. It was noted that the start up costs for the PASS proposal were minimal and the ongoing costs would be recouped fairly quickly. The President noted, with interest, that GPs with a special interest were being suggested by the Chief Dental Officer in England. How they were to be accredited was not clear.

- e) Symposium Committee, 7 December 2004
- f) Ethicon Committee, 14 December 2004

These minutes were received.

20. Notes on the Public Liaison Group meeting of 7 December 2004

These notes were received.

21. Report from Specialty Advisory Board in Podiatry

The report was noted and it was generally agreed that it seemed to contain a reasonable way forward

22. Report from Scottish Intercollegiate Group on Alcohol

Council agreed that College should support this group.

23. ROUTINE ITEMS

Declarations of Interest

These were circulated to members to complete.

Attendance Record 2004

This was circulated to members and it was agreed that this item would be published on the

Confirmed

members' area of the College website.

RKL

24. Forthcoming Events

The President wished to record his thanks to all Council members who had attended the Cathedral Service. The increased numbers over last year had improved the event.

Council Meeting, 15th March 2005

Admissions Ceremony, 23rd March 2005

25. Admissions in Absentia

None.

26. Letters of Thanks

A letter from Dr. Allan W. Reid regarding College House Dinner was noted.

27. Responses to Consultation Documents

Requesting Organisation	Name and Reference Number of Document	Nominees Suggested to Comment	Reply sent to Organisation
Council for healthcare regulatory excellence	Consultation on the procedure for giving regulatory bodies instructions to make or change rules under Section 27 of the National Health Service Reform and Health Care Professions Act 2002	Mr A J McKay Dr D T Roberts Prof MacDonald Mr J Bancewicz Prof J Hayes Prof R Sturrock Ms A Timoney	03.11.04
RPS of GB	Royal Pharmaceutical Society of GB Development Review Group		10.11.04
MHRA	Proposals for Amendment to the Prescription Only Medicine (Human Use) Order 1997		10.11.04
Dept of Health	New Medical Specialty: Sport and Exercise Medicine		12.11.04
GMC	GMC: Licensing and Revalidation Regulations and Guidance	Dr D A S Marshall	24.11.04
Sandyford Initiative	Consultation on proposals to expand the services of the Sandyford Initiative	Dr K R Paterson	02.12.04
FSA	Consultation on Draft Regulations Implementing European Parliament and Council Directive 2003/115/EC amending Directive 94/35/EC on Sweeteners for use in Foodstuffs and Commission Directive 2004/46/EC Amending Directive 95/31/EC	Prof L Weaver	02.12.04
Scottish Intercollegiate Group	Scottish Intercollegiate Group on Alcohol	Executive Committee	03.12.04
Academy of Medical Sciences	Academy of Medical Sciences Study on the Use of Patient Data in Research	Prof Sturrock Prof Gillis	10.12.04
FSA	Public Consultation Exercise Guidance Notes on Legislation Implementing Directive 2002/46/EC on Food Supplements	Dr J Jay	No comments required
Scottish Executive	A consultation on emergency care for ill and injured children and young people in Scotland	Mr R Carachi	22.12.04
FSA	The Draft Food Labelling Amendment (Scotland) Regulations 2005		24.12.04
FSA	Guidelines for the development of national voluntary guides to good hygiene practice and the application of HACCP Principles		24.12.04
MHRA	Regulation of Tissue Engineered Products	Dr P V Knight	06.01.05
MMC	Academic Careers Sub-Committee of Modernising Medical Careers and the Clinical Research Collaboration	Prof J McKillop Prof T Cooke	12.01.05
STA	Consultation on Draft PMETB Appeals Rules	Prof K Cochran Mr A J McKay	13.01.05
MHRA	Proposal for amendments to medicines legislation to allow supply of water for injection by people employed in needle exchange schemes	Dr J Jay	13.01.05