27 September 2012

Council

To approve

Minutes of the Meeting on 18 July 2012

Members present

Professor Sir Peter Rubin, Chair

Dr Sue Davison
Ms Sally Hawkins
Dr John Jenkins
Archy Kirkwood
Ms Ros Levenson
Professor Malcolm Lewis
Mr Robin MacLeod
Professor Rajan Madhok
Dr Johann Malawana

Dr Joan Martin
Professor Jim McKillop
Mrs Ann Robinson
Dr Mairi Scott
Professor Iqbal Singh
Professor Terence Stephenson
Ms Anne Weyman
Dr Hamish Wilson
Mr Stephen Whittle

Mr Niall Dickson
Chief Executive and Registrar

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1 These Minutes should be read in conjunction with the Council papers for this meeting, which are available on our website at [http://www.gmc-uk.org](http://www.gmc-uk.org)
Chair’s business

1. Apologies for absence were noted from Professor Jane Dacre, Dr Sam Everington, Mrs Suzanne McCarthy, Mrs Enid Rowlands and Professor Trudie Roberts.

2. The Chair:
   a. Advised that his programme of visits around the UK to meet with doctors continued, most recently in County Durham, Harrogate and Walsall.
   b. Congratulated:
      i. Professor Iqbal Singh on the award of his Order of the British Empire.
      ii. Dr Joan Martin on her appointment to the Tribunal Advisory Board of the Council of the Inns of Court.
      iii. Professor Terence Stephenson on his appointment as Chair elect of the Academy of Medical Royal Colleges.
      iv. Mrs Ann Robinson on her appointment as Chair of Ascertiva.
      v. The Chief Executive on his appointment as Chairman of the Leeds Castle Foundation.

Minutes of the Meeting on 17 April 2012

3. Council approved the minutes of the meeting on 17 April 2012 as a true record.

Chief Executive’s Report

4. Council considered the Chief Executive’s Report, noting:
   a. The commentary on progress with work programmes since the Council meeting on 17 April 2012.
   b. An exception report on progress against the 2012 Business Plan.
   c. A summary of progress against each of the activities in the 2012 Business Plan, including operational performance and volumes of activity for Registration and Professional and Linguistic Assessments Board tests and Fitness to Practise work since the last report in April 2012, and the financial summary to 31 June 2012.

5. Council agreed to amend the Statements of Purpose of the GMC/Medical Practitioners Tribunal Service Liaison Group and MPTS to include the following:
Statement of Purpose of GMC/MPTS Liaison Group

a. That meetings would be scheduled to take place quarterly.

b. That the Chair of the Group would identify another member of the Group to chair any meeting in the event that he/she was unable to attend.

c. That agendas and minutes of the Group would be published.

Statement of Purpose of the MPTS (working arrangements)

a. The quorum for meetings of the MPTS Committee is two.

6. The amendments would be incorporated into the Governance Handbook.

7. Council noted:

a. The publication of the Council for Healthcare Regulatory Excellence (CHRE) 2011 annual performance review of the healthcare regulators on 29 June 2012. CHRE’s assessment of the GMC was very positive, stating that the GMC had ‘maintained and in many ways improved its performance as an effective regulator across all of its regulatory functions’. Further consideration would be given to learning from the report.

b. Progress towards readiness to implement revalidation, including ongoing work to establish a prescribed connection between doctors and their designated organisations; and work to engage with the profession on revalidation, which included hosting a breakfast session at the British Medical Association’s Annual Representative Meeting.

c. The outcome of the DH’s consultation on the size of the Councils of the GMC and General Dental Council, confirming the reduction of Council to 12 members and an appointed Chair. The recruitment campaign for the reconstituted Council and Chair had commenced on 1 July 2012. It was expected that the Chair would be appointed in September and members in November 2012.

d. The results of the staff survey, which were overall very positive. Work was being undertaken to take forward areas of improvement. The Chief Executive and Director of Registration and Resources had held a number of staff seminars to hear directly from staff, and a series of focus groups would be established to explore areas where more work was needed.

e. That underpaid bank interest totalling £280k had been detected by the external auditor, which would be reimbursed to the GMC shortly.
f. The successful launch of the Medical Practitioners Tribunal Service on 11 June 2012, which delivered a clear operational separation of our work as an adjudicator from that of investigator and prosecutor in relation to fitness to practise work.

g. The commendable 95% response rate to the annual National Training Survey. For the first time the survey included a question on reporting patient safety concerns. 5% of respondents raised patient safety concerns and an analysis of the issues identified was being undertaken; the themes and learning identified would be reported in the autumn.

h. A sustained increase in the volume of fitness to practise complaints would demand significant increased investment to ensure that performance levels are maintained. The GMC would continue to seek legislative reform of its FtP procedures; and further research would be commissioned in order to better understand the issues around the increasing volume of complaints.

8. During the discussion, Council noted:

a. A suggestion that the executive should consider the approach taken by the Legal Services Board regarding the collection and publication of diversity data in its data collection work.

b. That the GMC’s conference ‘Being fair: challenges and opportunities’ would be held on 12 September 2012. Given that the Resources Committee was scheduled to meet on the same day, it was agreed that the executive would investigate the possibility of re-scheduling the Resources Committee meeting to enable members of the Resources Committee the opportunity to attend the conference.

**Revalidation: GMC Readiness**

9. Council considered a report assessing the GMC’s readiness to commence revalidation, and agreed that the GMC is ready to support the introduction of revalidation in December 2012.

10. During the discussion, Council noted:

a. The programme update report, including that the GMC Delivery Board had concluded that the GMC would be operationally ready to support the introduction of revalidation in December 2012. It was agreed that timescales for further work in the project status template should be included in future progress reports to Council.

b. That there was ongoing work to ensure that the processes for revalidation are fair. The Equality and Diversity Committee would receive an update at its meeting on 18 October 2012 on E&D issues, including an update on the equality impact analysis undertaken thus far and plans to monitor and evaluate the impact of revalidation once introduced.
c. A UK-wide assessment of readiness would be considered by Council at its meeting on 27 September 2012.

d. Its appreciation of the work by staff for their efforts to ensure that the GMC would be ready to support the introduction of revalidation in December 2012.

**Revalidation: Licence to Practise and Revalidation Regulations, Consultation Report and Guide for Doctors**

11. Council considered a report on the outcome of the consultation on the Licence to Practise and Revalidation Regulations, which would be required to implement revalidation.

12. Council:

   a. Endorsed the report of the consultation on the Licence to Practise and Revalidation Regulations.

   b. Approved the General Medical Council (Licence to Practise and Revalidation) Regulations 2012, on the basis that should any minor drafting changes be identified following the Council meeting, that the Chair of Council should be authorised to approve such changes provided that they did not affect the agreed policy intentions behind the Regulations.

   c. Authorised the Chair of Council to make the Regulations following the autumn assessment of readiness for revalidation to begin.

   d. Approved the guide for doctors.

13. During the discussion, Council noted:

   a. Ongoing discussion with DH(E) to clarify a number of drafting points in the Regulations. If any issues arose which affected the agreed policy intentions, the Regulations would be re-submitted to Council for approval.

   b. Feedback on the outcome of the consultation would be made generally available and respondents would be able to see how their comments had been addressed.

   c. The process of revalidation would offer all doctors a route to appraisal and continued professional development which was not currently the case.

   d. The GMC would continue to engage both formally, via its response to the DH(E) consultation on the Responsible Officer Regulations, and informally, to ensure that structural changes in the NHS take account of the role of Responsible Officers, the importance of clinical governance and management of the performers list.
Report of the Fitness to Practise Committee 2011/2012

14. Council considered and approved the report of the work of the Fitness to Practise Committee, which covered the work of the Committee since its last report to Council in July 2011.

15. Council noted:

   a. That despite a 25% increase in the rate of fitness to practise enquiries in 2012 compared with 2011, service targets continued to be met and in some cases exceeded.

   b. Ongoing work to reduce the number and length of hearings, including the development of pilots for meetings with doctors to encourage the early exchange of information and support consensual disposal, and meetings with complainants to ensure understanding of their concerns at the outset of the case and again at the end of a case to explain the outcome. The pilots would begin in September 2012.

   c. Work to support doctors in the GMC’s fitness to practise procedures, including the development of a pilot service to provide emotional support to doctors, provided on our behalf by BMA Doctors for Doctors, and the launch of a microsite ‘Your health matters’ to provide information to doctors about our health procedures.

Developing an Induction Programme for Doctors

16. Council received an update on progress with the development of the induction programme for doctors new to UK practice, including plans for piloting elements of the programme in late 2012.

17. Council endorsed the proposal to pilot elements of the induction programme which would promote a better understanding and application of Good Medical Practice for doctors new to UK practice.

18. During the discussion, Council noted:

   a. That it would be important to clearly communicate that the induction programme for doctors new to practice in the UK was:

      i. Separate from the shadowing period for junior doctors due to be introduced in England in August 2012.

      ii. About understanding standards of medical professionalism in the UK context and not about the workings of the NHS, although the two were clearly linked.

   b. That detailed costs for the programme would be developed as the components of the pilot are further defined.
Recognising and Approving Trainers

19. Council considered the outcome of the consultation on proposals to introduce a framework to recognise and approve trainers.

20. Council:
   a. Noted the analysis of the consultation response, including proposals for further action.
   b. Endorsed the draft implementation plan, subject to ensuring that terms used in the document reflected the four UK countries context.

21. Council noted:
   a. That implementation had originally been planned for 2013 but in response to concerns raised during the consultation process, a phased approach would be adopted with implementation to be complete by 2016.
   b. A number of possible areas for future development of the framework, including the approval of non-GP trainers and enhancements to the medical register to reflect approved trainer status.

22. During the discussion, Council noted that the response rate to the consultation from Local Education Providers (LEPS) had been low, and noted that further consideration would be given to preparing a guide to medical education for LEPS as part of a strategy to raise awareness of the importance of training and education within the service.

Credentialing Pilots

23. Council considered a report on the outcome of three pilot studies undertaken in areas of practice where there was no formal specialty recognition leading to a Certificate of Completion of Training, and the feasibility of developing the credentialing concept further.

24. Council agreed in principle that a regulatory framework for credentialing would be established, subject to the outcome of further developmental work.

25. During the discussion, Council noted:
   a. Linkages with the work being undertaken by the Shape of Training Review and that the two pieces of work would run in parallel.
   b. That credentialing provided value in recognising areas of practice for which there is no formal speciality recognition, but that the importance of medical generalism in the future should not be overlooked.
Trustees’ Annual Report and Accounts for the Year Ended 31 December 2011

26. Council considered the Trustees’ Annual Report and Accounts for the year ended 31 December 2011, noting that they had been reviewed by the Resources Committee and the Audit and Risk Committee, and prepared in accordance with the Charities (Accounts and Reports) Regulations 2008 and the Statement of Recommended Practice for Accounting and Reporting by Charities.

24. Council noted that the total annualised efficiency gains of £8.7 million made in 2011 had enabled the GMC to reduce the annual retention fees paid by doctors.

25. Council:
   b. Authorised the Chair of Council and the Chair of the Resources Committee to sign the Annual Report and Accounts for 2011; and authorised the Chair of the Resources Committee to sign the Letter of Representation.

27. During the discussion, Council:
   a. Noted that the final Report would be subject to final proof-reading before being finalised for publication.
   b. Agreed that Council member attendance information at Council, Boards and Committees meetings should be included in future reports.

Report of the Audit and Risk Committee 2011/2012

28. Council considered the report of the Audit and Risk Committee’s activities since its last report to Council in December 2011, together with the annual Internal Audit Report 2011.

27. Council:
   a. Received assurance on the systems of internal control and risk management in operation during 2011.
   b. Noted the work in hand to assess assurance needs on behalf of the existing and future governance arrangements.
   c. Endorsed the activities of the Audit and Risk Committee.
Amendment to the Governance Handbook: Incorporating a Decision-Making Framework

29. Council considered proposals to establish a general decision-making framework to support Council and the executive in undertaking their duties on behalf of the GMC.

30. Council:
   a. Agreed the draft decision-making framework.
   b. Agreed to incorporate the decision-making framework in the Governance Handbook.

Report on Appointments Process and Requirements for a Reconstituted Council

31. Council received a report on the final arrangements for the appointments process and requirements for a reconstituted Council.

32. Council:
   a. Noted the update on the development of the appointments process and the requirements for the reconstituted Council.
   b. Noted the final arrangements for the appointments process and requirements for a reconstituted Council.
   c. Noted that Professor Rajan Madhok and Dr Johann Malawana dissented from the decision to increase the level of remuneration paid to the Chair and members of the reconstituted Council, and the process by which that decision was taken.

33. During the discussion, Council noted that the timescale for the appointments campaign had been challenging. A minority of members felt that this meant that the process for finalising the arrangements for the appointments process and the requirements for a reconstituted Council had not been as effective as it could have been - they would have preferred all discussions and approvals to have been held in Council meetings, rather than via email correspondence. Although Council was satisfied by the outcome, it was agreed that the GMC would consider the learning points from this process for issues being considered by circulation and the value, where possible, of discussions in person rather than email correspondence.
Any Other Business

34. Council noted the date of the next meeting on 27 September 2012, which would be held in London.

Confirmed:

Professor Sir Peter Rubin, Chair

27 September 2012