To approve

Minutes of the meeting on 17 January 2012

Present

Mrs Gill Bellord
Professor Jane Dacre
Professor Sir Neil Douglas
Professor Derek Gallen
Dr Clare Gerada
Dr Patricia Hamilton
Dr Louise Harding
Dr John Jenkins, Chair
Ms Ros Levenson
Mr Robin MacLeod
Professor Stuart Macpherson (item 4)
Dr Johann Malawana
Professor Malcolm Lewis
Dr Peter Nightingale
Mrs Enid Rowlands
Professor David Sowden
Dr Hamish Wilson
Ms Anne Weyman

Staff Present

Mr Paul Buckley
Miss Frouke de Vries
Mr Mark Dexter
Mr Martin Hart
Mr Nathan Lambert
Ms Jessica Lichtenstein
Mr Richard Marchant
Ms Patricia Morrissey
Dr Vicky Osgood
Ms Susan Redward
Miss Kirsty White
Ms Tara Willmott

Chair’s business

1. Dr Louise Harding attended the meeting on behalf of Dr Ben Molyneux.
2. Professor Malcolm Lewis attended the meeting in his capacity as the UK Scrutiny Group representative.

3. Professor Stuart Macpherson, Chair of the Routes to the GP and Specialist Registers Working Group, attended the meeting for item 4 of the agenda.

4. Apologies were noted from Professor Rajan Madhok and Dr Nanik Vaswani.

Conflicts of interest

5. Members were reminded to declare any interests in the items under discussion.

Minutes of the meeting on 22 November 2011

6. There was an amendment to the minutes at paragraph 2. The revised wording would be:

‘Dr Ben Molyneux was formally welcomed as the new BMA JDC representative on the Board’.

7. Subject to the amendments detailed, the minutes would be signed by the Chair after the meeting.

Matters arising

8. The Board noted:

   a. That the Education Associate recruitment campaign had started on 13 January 2012. The opportunities would support our programme of quality assurance visits to medical schools, deaneries and local education providers. Members were asked to pass on details to colleagues who might be interested in the roles.

   b. Work on establishing the Curriculum Advisory Group (paragraph 15) and the Dual Certificates of Completion of Training Operational Group (paragraph 31) had been delayed pending the appointment of a Head of Approvals.

Report of the Routes to the GP and Specialist Registers working group

9. The Board considered a PowerPoint presentation that summarised the background to the review and outlined the range of problems associated with the application and assessment processes for a Certificate of Eligibility of Specialist Registration (CESR) or a Certificate of Eligibility of GP Registration (CEGPR).
10. The Board noted:
   a. The problems with the current process for CESR/CEGPR applications, which included the burden of documentation, the nature of the evaluation, the process design and use of specialist advice, and the poor perception of CESR/CEGPR among some areas of the profession and employers.
   b. The new model for evaluation which aimed to address the criticisms of the existing process and offer a practical way forward.

11. During discussion, the Board noted that:
   a. The review group had extensive discussions on whether the acclimatisation period (for those that have not worked in the UK) of six months should be specialty specific. The group concluded that the focus of the acclimatisation period would be to allow doctors to familiarise themselves with the UK health service and therefore there was no requirement for this to be specialty specific. This broader approach would also link with our work on moving towards generic outcomes for specialty training.
   b. The period of acclimatisation and evaluation could be within the same six month period.
   c. The review group had been unable to reach agreement on whether a formal test of knowledge should form an essential component of an application. The consultation would provide others with the opportunity to contribute to the debate on this point.
   d. The number of CESR/CEGPR applications was not currently diminishing and that employers needed to fully understand the routes to the register. The GMC would be invited to speak at the Medical Workforce Forum during the consultation period in order to address perception issues.
   e. GP registration (ie being included on the GP Register) is one requirement for entry to a medical performers list without which a doctor cannot practise as a GP. In view of this requirement the provision for acclimatisation in a primary care setting, would present a challenge for doctors applying for a CEGPR.
   f. Further work to refine the model was needed and the public consultation would provide the opportunity to draw out issues and highlight possible solutions.
12. The Board endorsed the conclusions and recommendations of the review. The full written report would be circulated to members for further comment ahead of Council’s consideration of the report at its meeting on 21 February 2012.

13. It was noted that the consultation was expected to commence in March 2012 for a period of three months.

14. The Chair and members of the review group were thanked for their efforts in taking forward this important work. GMC staff were also commended for their valuable contribution to the review.

**Provisional registration**

15. The Board considered a paper outlining the scope of practise for provisionally registered doctors.

16. The Board was reminded that provisionally registered doctors can only practise in approved Foundation Year 1 (F1) posts and that the law does not allow them to undertake any other type of post, including substantive or locum service posts at F1 level.

17. The Board endorsed the position in relation to doctors with provisional registration.

18. During discussion, it was noted that it would be important to ensure that this requirement was effectively embedded within organisational management systems. Given the importance of promoting understanding, NHS Employers agreed to publicise to its members the position regarding the scope of practice available for provisionally registered doctors.

**The review of Good Medical Practice**

19. The Board considered the consultation draft of *Good Medical Practice*.

20. The Board:

   a. Supported guidance directed at all doctors with additional case studies and other learning materials targeted at doctors in training. The learning materials would be critical to ensuring that trainees understand how the principles in *GMP* apply to their practise, particularly as they might not be familiar with the longer version currently in use.

   b. Agreed that the guidance on the role of doctors in teaching and training should be strengthened.
c. Suggested that the new edition of GMP should give more prominence to the important role of doctors’ role in education and training and that this might be achieved by including references to education and training across the four domains. There was support for maintaining the four domain model which had been used in the framework for appraisal and assessment.

d. Agreed that it would be appropriate for the GMC to encourage doctors to consider mentoring and that draft guidance on mentoring was helpful. However, the current wording at paragraph 45 appeared too prescriptive and should be further refined and clarified. It was suggested that a professional mentor who had undertaken training and was willing to act as a mentor was what was envisaged. It was also suggested that the implicit reference to being a role model at paragraph 47 should be made explicit in recognition of the fact trainees model their behaviour on more senior colleagues.

e. It was suggested that seeking a mentor post Certificate of Completion of Training (CCT) should also be encouraged.

21. The Board would receive the draft scenarios and case studies for consideration at a future meeting in 2012.

Annual review of competence progression outcomes

22. The Board considered the analysis of national progression outcomes for trainees.

23. The Board:
   a. noted the summary of the 2010/11 ARCP data project
   b. agreed to the collection of equality and diversity data in relation to ethnicity and disability in 2012 through the national training survey.

24. During discussion, the Board noted that work with the deaneries on data quality issues would continue and that an analysis of the data at transition points would be undertaken.

National Health Service Litigation Authority levels of supervision

25. The Board considered a paper outlining the NHS Litigation Authority (NHSLA) levels of supervision and the proposed processes for 2012/13 and beyond.

26. The Board agreed:
27. During discussion, the Board noted that the NHSLA risk management system and the GMC’s annual contribution of levels of compliance with the NHSLA’s Risk Management Standard 2.4 (Supervision of Medical Staff in Training) had a number of failings. However, given that the GMC was not responsible for the overall system design our efforts to improve the process by moving to a more iterative and transparent process were welcomed. Given that patient safety was paramount and the potential risk to the GMC, the Board would consider the process, methodology and learning from the 2012 award cycle at its meeting on 20 November 2012.

28. It was suggested that the Board’s discussion of GMC information systems scheduled for the meeting on 17 May 2012 might usefully include a broader discussion about the transparency of our information.

Responses to Concerns

29. Mr Robin Macleod declared an interest in the item under discussion in relation to his role at a hospital detailed in the report.

30. Professor David Sowden declared a potential conflict of interest as one of the concerns reported related to his deanery.

31. In light of their positions at the Wales Deanery, Professor Derek Gallen and Professor Malcolm Lewis also declared an interest in the item under discussion.

32. The Board received a report of quality assurance activity under the Responses to Concerns Process.

33. The Board noted summary report of all current concerns attached at Annex A.

34. During discussion, the Board noted that:

   a. Deans should be consulted on rota arrangements but that this was not always the case and had resulted in inappropriate rostering of trainees at a number of sites. An audit of rotas within Emergency Departments would be undertaken and the Board would be provided with an update at its meeting on 17 May 2012.
b. Responses to Concerns activity was increasing although it was noted that this could be due to better reporting mechanisms. A piece of work to look at common themes would be presented at the Board meeting on 17 May 2012 to enable better discussion with the public regarding the tension between service delivery and protected time for education and training.

**Postgraduate Board work programme**

35. The Board considered its planned work programme to support the regulation of postgraduate medical education and training.

36. The Board noted:

   a. its provisional outline work programme detailed in Annex A

   b. that updates on progress against the Education Directorate operational plan would be delivered through the Operational Report at each Board meeting in 2012.

37. The Board received an update on the Shape of Training Review which had been jointly sponsored the Departments of Health across the UK, the Academy of Medical Royal Colleges, the Medical Schools Council and the GMC. An independent Chair would be appointed shortly.

38. The Board noted the recent publication of *Liberating the NHS: Developing the Healthcare Workforce* and the *NHS Future Forum* report on education and training.

**Operational report**

39. The Board noted a paper describing operational activity since November 2011.

40. The Board agreed that in future any valid passes in national professional examinations could be counted towards a CCT – even if obtained outside approved training – provided that the candidate enters, or where appropriate, re-enters, approved training within seven years of the examination pass.

41. The Board noted:

   a. the six key objectives in the Operational Plan for 2012

   b. that the glossary for education and training for our internal use was in the process of being finalised and would be made available on our website.
42. The Board received an update on the preparations for the 2012 National Training Survey. The survey would be much shorter in 2012, academic input had been sought on the questions used and the questions relating to the working time regulations had been removed in light of on-going research into the impact of the WTR. The medical royal colleges were thanked for their work around the specialty questions.

43. It was suggested that the removal of the question relating to probity would reflect negatively on the GMC and that further consideration should be given to its inclusion.

**Any other business**

44. The Board noted the COPMed and MSC agreed principles on joint working between Undergraduate and Postgraduate Deans, and the Academy of Medical Royal Colleges statement on its principles and vision for postgraduate medical education and training. Copies of both documents would be made available on request.

45. The Board noted the date and time of its next meeting at 9:30 on Thursday, 17 May 2012.

Confirmed:

17 May 2012 Dr John Jenkins Chair