

To approve

Minutes of the Meeting on 25 February 2009¹

Present

Professor Sir Graeme Catto, Chair

Sir Rodney Brooke
Professor Jane Dacre
Dr Sam Everington
Ms Sally Hawkins
Dr John Jenkins
Archy Kirkwood
Ms Ros Levenson
Dr Malcolm Lewis
Mr Robin MacLeod
Professor Rajan Madhok
Dr Johann Malawana

Dr Joan Martin
Mrs Suzanne McCarthy
Professor Jim McKillop
Professor Trudie Roberts
Mrs Ann Robinson
Mrs Enid Rowlands
Professor Peter Rubin
Dr Mairi Scott
Ms Anne Weyman
Mr Stephen Whittle
Dr Hamish Wilson

Finlay Scott
Chief Executive and Registrar

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/>. A transcript is also available on our website.

Chair's Business

1. Apologies for absence were noted from Professor Singh and Professor Stephenson, and the Chief Medical Officers for England, Northern Ireland, Scotland and Wales.
2. The Chair congratulated the following members on their appointment as Chairs:
 - a. Professor Jim McKillop: Chair of the Undergraduate Board.
 - b. Dr John Jenkins: Chair of the Postgraduate Board.
 - c. Dr Malcolm Lewis: Chair of the Continued Practice Board.
 - d. Sir Rodney Brooke: Chair of the Audit and Risk Committee.
 - e. Mrs Enid Rowlands: Chair of the Remuneration Committee.
 - f. Mr Robin MacLeod: Chair of the Resources Committee.

Minutes of the Meeting held on 27 January 2009

3. Council approved the minutes of the meeting on 27 January 2009 as a true record, and they were signed by the Chair.

Chief Executive's Report

4. Council:
 - a. Considered the Chief Executive's report, noting progress since the meeting on 27 January 2009, mapped against the key aims in the 2009 Business Plan.
 - b. Agreed that the person appointed by the Appointments Commission to replace the Chair as a Council member when the Chair ceases to hold office will, as far as practicable, be treated as a Council member during the transitional period defined in Article 9 of The General Medical Council (Constitution) Order 2008.
 - c. Agreed to delegate to the Registrar the power to designate Approved Practice Settings under Section 44D of the Medical Act 1983.
 - d. Noted that it would receive further information on the strategy for handling financial and other resources and achieving cost savings in the context of the current market conditions, following consideration by the Resources Committee.

5. During the discussion, the Chief Executive responded to a number of members' questions. He undertook to review how Council members can be engaged early in the development of standards and ethics guidance.

End of Life Care: Consultation

6. Council considered the draft guidance developed by the Working Group on End of Life Decision Making, *End of Life Treatment and Care: Good Practice in Decision Making*, and the plans for consultation.

7. Council:

a. Endorsed the draft guidance as the basis for consultation, subject to a number of redrafting proposals made during discussion.

b. Authorised the Chair of the Council and the Convenor of the Standards and Ethics Reference Group to approve any necessary amendments to the consultation draft.

c. Endorsed the proposals for conducting the consultation.

8. During the discussion, members emphasised the importance of ensuring that the guidance was accessible for different audiences, and noted how interactive case studies might be developed to supplement the guidance.

9. It was agreed that an informal session on the guidance on Personal Beliefs and Medical Practice should be held later in 2009.

Specialist Register: Scheme for Existing Specialists

10. Council considered the draft scheme for determining whether to enter existing specialists in the Specialist Register, developed following the reinstatement of a route to the Specialist Register for those doctors who were appointed as consultants in the NHS or the Armed Forces prior to 1 January 1997.

11. Council:

a. Noted the outcome of the consultation on the proposed scheme.

b. Approved the scheme for determining whether to enter existing specialists in the Specialist Register.

Fitness to Practise: Hearings Management: Proposed Consultation

12. Council considered a report from the Case Management Working Group outlining proposals for enhancing GMC case management and hearing arrangements.

13. Council:
- a. Agreed to consult on the Case Management Working Group's recommendations and on how to ensure the effective management of complex cases.
 - b. Invited the Fitness to Practise Reference Group to oversee the consultation and to report the results, with recommendations.

Fitness to Practise: Consensual Disposal

14. Council considered proposals for expanding the category of cases that can be concluded through consensual disposal at the Investigation Stage of the fitness to practise procedures.

15. Council:
- a. Agreed in principle that the use of consensual disposal and of undertakings should be extended in appropriate circumstances.
 - b. Invited the Fitness to Practise Reference Group to oversee further work on consensual disposal, including appropriate engagement and consultation, and to report the results, with recommendations.

Amendments to the Fitness to Practise Rules: Consultation

16. Council noted the proposed consultation on further changes to the GMC (Fitness to Practise) Rules 2004.

Publication of Information about the Work of the Three Boards

17. Council considered whether to make information about the work of the Undergraduate Board, Postgraduate Board and Continued Practice Board publicly available.

18. Council agreed to publish under the GMC's Publication Scheme the purpose, membership, agendas, papers and minutes of the three Boards.

19. During the discussion, members agreed that there should be a review of the communications strategy, of which the Publication Scheme is only one element, in about six to eight months' time.

External Membership of the Three Boards

20. Council considered the principles and process to be applied to the appointment of external members to the Undergraduate Board, Postgraduate Board and Continued Practice Board.
21. Council:
 - a. Noted progress on developing proposals for external membership of the three Boards.
 - b. Agreed the process for bringing proposals about external membership of the Boards to Council for approval, with each Board aiming to make progress where it was possible to do so.
 - c. Agreed that, in principle, Council members should be in a majority on each of the Boards.
22. A number of helpful suggestions emerged during the discussion, including:
 - a. The importance of continuing to use a range of mechanisms for consultation and engagement, in addition to that provided through external members.
 - b. That Council members on each Board should have an opportunity to discuss proposals for external membership in the context of what each needed to achieve in terms of its purpose and work programme.

Any other business

23. Council agreed that for future meetings Council papers should include reference to corresponding key aims in the Business Plan.