

8 July 2009

Council

**General
Medical
Council**

Regulating doctors
Ensuring good medical practice

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To approve

Minutes of the Meeting on 7 May 2009¹

Present

Professor Peter Rubin, 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
Dr Mairi Scott
Professor Iqbal Singh
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 Mrs Enid Rowlands and Professor Terence Stephenson.
2. The Chair outlined plans to undertake a review to develop further the communications strategy, and invited members to contact the Office if they wished to contribute to this work.
3. The Chair advised that, as part of engaging with doctors working on the frontline of healthcare, he was planning to undertake a series of visits across the UK in the Autumn. It would be useful if he was joined on each visit by two or three members. Further details would be circulated.

Minutes of the Meeting held on 26 March 2009

4. Council approved the minutes of the meeting on 26 March 2009 as a true record and they were signed by the Chair.

Chief Executive's Report

5. Council considered the Chief Executive's report, noting progress since the meeting on 26 March 2009, mapped against the key aims in the 2009 Business Plan.
6. Council noted the publication of the revised Indicative Sanctions Guidance, following the outcome of consultation at the end of 2008 and a review of relevant court judgments. As the guidance is a dynamic document, which is kept under continual review, the Fitness to Practise Reference Group would be invited to consider any further revisions that may be necessary and to report to Council with recommendations.

Licences to Practise: Preliminary Analysis of the Consultation

7. Council considered a preliminary analysis of the consultation on the introduction of licences to practise.
8. Council
 - a. Noted that the preliminary analysis suggested a good level of support for the proposals on the introduction of licensing.
 - b. Noted that some consultation responses indicated an appetite for further information about the implementation of revalidation, in particular from non-standard groups of doctors. This confirmed the already identified need to ensure effective communications about revalidation, which would be led by the Revalidation Communications Forum and addressed through guidance to doctors.

c. Noted that a more detailed analysis of the consultation responses would be undertaken. Members agreed that this was particularly important in terms of enabling a better understanding of those issues where there was less support or where uncertainty was expressed.

9. The draft regulations and guidance for doctors would be amended in the light of the consultation responses; and Council invited to agree the final consultation report, the regulations and guidance on 8 July 2009.

Revalidation: Progress Report

10. Council considered a progress report on the ongoing programme of work on revalidation.

11. Council:

a. Noted the appointment of Mr Keith Pearson as Chair of the UK Revalidation Programme Board, following Sir Michael Pitt's departure.

b. Noted that Professor Rajan Madhok and Ms Anne Weyman had been appointed as Council member representatives on the UKRPB, and that Dr Malcolm Lewis would also attend the meetings in his capacity as Chair of the Continued Practice Board.

12. Council noted the outcome of the second meeting of the UK Revalidation Programme Board and progress on the development of a draft high level implementation plan.

13. Council welcomed the establishment of the Revalidation Communications Forum. During the discussion, members emphasised the importance of:

a. The role of the communications strategy in raising public awareness of the benefits that revalidation would bring in terms of improving standards and enhancing the quality of patient care.

b. The GMC leading communications on revalidation, including the provision of authoritative information about planning, implementation and timescales.

c. Ensuring that revalidation was seen to be delivered in the most cost effective way possible, built, as far as practicable, on effective systems of appraisal and local clinical governance and with the minimum of additional burden.

14. Council considered progress on each of the 12 work streams. There would be an opportunity for a more detailed overview of the individual projects, and on the expected outcomes as well as processes, on 8 July 2009. The Chair invited members to contact the Office if they wished to suggest specific issues for discussion.

15. Council agreed that opportunities for collaboration on additional pilots and projects should be explored. Further work was planned on embedding *Good Medical Practice: the Working Framework for Appraisal and Assessment* and on working with the Academy of Medical Royal Colleges to develop guidance for doctors on the supporting information required for appraisal.

16. Further consideration would be given to the role of Council, the UKRPB and the Continued Practice Board, in terms of their respective responsibilities for taking the revalidation work forward.

Confidentiality Guidance

17. Council recorded declarations of interest from:

- a. Ros Levenson who is a member of the Ethics and Confidentiality Committee of the National Information Governance Board.
- b. Rodney Brooke who is a member of the National Information Governance Board.
- c. Stephen Whittle who has a background and interest in issues relating to privacy, probity and the public interest.

18. Council considered the revised draft guidance on confidentiality, together with proposals for its promotion and implementation. The revised publication would be supported by supplementary guidance which set out more detailed advice on issues of particular concern to doctors.

19. Council received a report on the development of the draft guidance and consultation process, the work undertaken by the Confidentiality Review Working Group, and noted the issues which generated most debate and comment during the consultation.

20. Council:

- a. Agreed that the guidance on the public interest test struck the right balance between the interests of society and of the individual, subject to a number of redrafting proposals made during discussion.

- b. Agreed that the guidance provided sufficient advice on judging when it is 'practicable' to seek patients' consent to disclosure or to anonymise records for use in research or for other secondary purposes, subject to a number of redrafting proposals made during discussion.
- c. Agreed to include reference to safe havens in the guidance, subject to redrafting to clarify the current status of safe havens in each of the four UK countries.
- d. Agreed, in relation to the supplementary guidance on *Reporting Gunshot and Knife Wounds*, that the guidance struck the right balance between the need to provide a confidential health service to those in need of immediate medical care, and the need to ensure the police are able to protect the community and prevent or detect serious crime.
- e. Authorised the Chair of the Council to approve the draft guidance for publication, subject to the amendments proposed during discussion.
- f. Approved the proposals for promoting and implementing the guidance, including the development of case studies and Q&As to support the guidance. The Chair invited members to contact the Office if they had any further ideas for communicating the guidance.

Response to the Department of Health (England) Consultation on the Office of the Health Professions Adjudicator Regulations 2009

21. Council considered the terms of the response to DH(E)'s consultation on the Office of the Health Professions Adjudicator Regulations 2009.

22. Council:

- a. Agreed to propose to DH(E) that the suggested initial size of OHPA's Board may be insufficient, and that it approaches this issue by first considering the size of Board that may be required when OHPA is fully operational; and then whether it should be different during the set-up phase, taking into account the volume of work and the model required. During the discussion, members agreed the general principle should be that, when OHPA is fully operational, the Board should be as small as is consistent with good governance.
- b. Agreed the proposed limit on the terms of office of those appointed as Chair and non-executive members of the OHPA Board. Members suggested that DH(E) should be invited to consider whether the initial appointments should be staggered, in the interests of continuity and stability.

- c. Agreed the proposals for disqualification of certain categories of individuals from appointment to the OHPA Board.
- d. Authorised the Chair of the Council to finalise the terms of the response, subject to the comments made during the discussion.

Fitness to Practise Annual Statistics for 2008

- 23. Council considered the report on fitness to practise activity and outcomes for 2008.
- 24. Council:
 - a. Agreed the publication of the Fitness to Practise annual statistics report for 2008.
 - b. Invited the Fitness to Practise Reference Group to oversee a review of the format of the annual fitness to practise statistics. The review should include consideration of providing additional information about the source of complaints and trends, and commentary about the resource implications of the fitness to practise operations. It was important to communicate clearly the GMC's commitment to fully discharging its duty to protect, promote and maintain the health and safety of the public while continuing to bear down on the costs of hearings.

Report of the Audit and Risk Committee

- 25. Council received a summary of the Audit and Risk Committee's activities for the period December 2008 to April 2009, together with details of the internal audit programme and risk management arrangements.
- 26. Council:
 - a. Received assurance on the systems of internal control and governance in operation during 2008.
 - b. Received assurance on the risk management arrangements in place.
 - c. Endorsed the activities of the Audit and Risk Committee.

Trustees' Annual Report and Accounts for the Year ended 31 December 2008

27. Council considered the trustees' Annual Report and Accounts for 2008, 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.

28. Council:

a. Approved the Annual Report and Accounts for 2008 and the Letter of Representation.

b. Authorised the Chair of the Council and the Chair of the Resources Committee to sign the Annual Report and Accounts for 2008; and to authorise the Chair of the Resources Committee to sign the Letter of Representation, on behalf of the trustees.

Further Development of Contingency Plans for a National Emergency

29. Council received a report outlining contingency planning arrangements in the event of a national emergency, and considered how they might be developed further.

30. Council:

a. Noted that discussion was underway with DH(E) on possible amendments to the legislation for deployment in a national emergency, and on operational issues that arise from the GMC's powers to grant temporary registration.

b. Noted that further work would be undertaken to develop guidance for the Registrar on the grant of temporary registration under Section 18A of the Medical Act 1983 as amended.

31. During the discussion, members suggested that it might be helpful to draw on the experiences of other organisations.

Any Other Business

32. An outline of the arrangements for staff training and member appraisal was provided in response to members' questions.