

*To approve*

**Minutes of the Meeting on 8 July 2009<sup>1</sup>**

**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  
Dr Johann Malawana  
Dr Joan Martin

Mrs Suzanne McCarthy  
Professor Jim McKillop  
Professor Trudie Roberts  
Mrs Ann Robinson  
Mrs Enid Rowlands  
Dr Mairi Scott  
Professor Iqbal Singh  
Professor Terence Stephenson  
Ms Anne Weyman  
Mr Stephen Whittle  
Dr Hamish Wilson

Finlay Scott  
Chief Executive and Registrar

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<sup>1</sup> 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 Rajan Madhok.
2. The Chair congratulated Mrs Ann Robinson on her appointment to the Engagement and Development Board for the Information Standards.
3. The Chair thanked members for volunteering to join him on the programme of visits planned for the Autumn, as part of engaging with doctors working on the frontline of healthcare. Further dates in 2010 would be circulated.
4. The Chair welcomed the Council for Healthcare Regulatory Excellence's Performance Review Report of the health professional regulators, and its positive assessment of the GMC and citation of many examples of good practice.
5. The Chair advised that he had recently met with Andy Burnham, Secretary of State for Health for England, and had received an assurance of the Government's commitment to revalidation. Similar discussions were scheduled to take place with Ministers in the other three countries.

## **Minutes of the Meeting held on 7 May 2009**

6. Council:
  - a. Noted that the draft minutes circulated to members in advance of the meeting had been updated to incorporate a suggested amendment to paragraph 22a to reflect Council's view that three may be insufficient a number to sit on the Board of the Office of the Health Professions Adjudicator.
  - b. Approved the minutes of the meeting on 7 May 2009 as a true record and they were subsequently signed by the Chair.

## **Chief Executive's Report**

7. Council considered the Chief Executive's report, noting progress since the meeting on 7 May 2009, mapped against the key aims in the 2009 Business Plan.
8. Council:
  - a. Acknowledged, in the context of CHRE's Performance Review Report, the need to ensure that the GMC continues to deliver to the standards expected of it, as well as continuing to be responsive to changing circumstances in society and in health regulation in the future.

- b. Noted further significant progress toward achieving the merger of PMETB with the GMC, including the Department of Health for England's approval of the outline business case and PMETB's decision to serve notice on their office accommodation.
  - c. Agreed the updated membership of the Boards, Committees, Reference Groups and other groups.
  - d. Noted the tabled amendments to the information about fitness to practise panel hearings as reported to Council on 7 May 2009 (Annex C as amended).
9. Council received an update from the Chair of the Review of Standing Orders Working Group. Council noted:
- a. The work underway to develop a new Governance Handbook.
  - b. That members would be invited to review the emerging draft and to contribute to the review as further progress is made over the Summer, and before the Working Group reports to Council with recommendations on 22 October 2009.
  - c. The invitation to feed any reflections on the current governance arrangements back to the Chair of the Working Group or to the Council Secretary, ahead of the planned review in 2010.
10. During the discussion, members noted that the review would include consideration of the style of Council minutes and keeping transcripts.

### **Improving Engagement**

11. Council considered the current programme of engagement and communications activity, together with plans to develop a communications strategy which would support the new corporate strategy.
12. Council noted the outcome of the recent workshop on reviewing communications activity, including:
- a. The identification of revalidation as a top priority.
  - b. The importance of securing a wider understanding of the importance of the relationship between standard-setting through education and what can be achieved through the different stages of medical education, the communication of guidance on professional ethics, and *Good Medical Practice* as a framework for appraisal and assessment.

- c. The role of members as ambassadors for the GMC, and the need to ensure that communications activities undertaken by members were co-ordinated through the Office so as to ensure consistency and to enable the provision of appropriate support for members undertaking this role.
13. During the discussion, members emphasised the importance of a flexible strategy which was sensitive to the different needs of key interest groups and took account of differences in each of the four countries. Members also stressed the need to ensure early engagement and testing of ideas with key interests in the development of policies and the importance of listening and learning from feedback received during the engagement process.
14. Council suggested that further consideration should be given to:
- a. The need for appropriate engagement with external groups contributing to the work of the GMC, including the newly appointed members of the Reference Community.
  - b. The means by which the GMC communicates with the profession, including medical students, and the possibility of further developing the website to support this.
  - c. Using new technologies and media for engaging with key interests.
15. Council:
- a. Endorsed the current work on engagement and communications as an appropriate starting point for developing the communications strategy to support the new corporate strategy.
  - b. Approved the process for the development of a new communications strategy. Work would be undertaken in parallel with the development of the corporate strategy, with the final strategies being submitted for formal approval by Council on 9 December 2009.

### **Outcome of Consultation on Review of *Tomorrow's Doctors***

16. The Chair welcomed Professor Michael Farthing, Vice-Chancellor of the University of Essex and Chair of the *Tomorrow's Doctors* Review Group, to the meeting.

17. The Chair thanked Professor Farthing and the Review Group for their work, and noted that the CHRE's Performance Review Report cited the GMC's revision of the guidance as an area of excellence.

18. Council received a report on the work of the review, including a detailed analysis of the consultation responses, themes arising, and the Review Group's consideration of the issues raised. Council also considered proposals for final publication.

19. Council:

a. Agreed the publication of the revised text of *Tomorrow's Doctors* as proposed.

b. Agreed that medical schools will be required to incorporate changes to their curricula in line with the new edition of *Tomorrow's Doctors* by 2011-2012.

20. During the discussion, members acknowledged the importance of the role of *Tomorrow's Doctors* in setting standards and outcomes, while recognising the inter-dependencies with medical schools, the NHS and other healthcare providers in terms of implementation and delivery. It was noted that discussions would be held with the Care Quality Commission about the role it may have in reviewing facilities for education in the health service in England.

21. The Undergraduate Board would consider issues arising from the review in the context of its work programme and would report to Council with proposals as required.

### **Licences to Practise: Consultation Report and Approval of Draft Guidance for Doctors**

22. On 7 May 2009 Council considered a preliminary analysis of the outcome of the consultation on the introduction of licences to practise. Since then, a full analysis had been completed and Council received a report recording the responses received and proposals on the way forward in the light of the consultation.

23. Council:

a. Considered the report of consultation responses.

b. Endorsed the conclusions in respect of the report and for the introduction of licences to practise.

c. Approved the licence to practise guidance for doctors.

24. Council noted that the responses to the consultation had been helpful in identifying questions about revalidation which would inform the Frequently Asked Questions which had been developed to assist doctors.

## **Fees Framework**

25. Council considered the arrangements for fee levels that will apply from 1 April 2010 for those activities currently undertaken by PMETB, in the context of the impending merger of PMETB with the GMC.
26. Council:
  - a. Noted that the Resources Committee had considered a range of interim arrangements and had concluded that in the short term it would be prudent to leave the PMETB fees structure unchanged while a new fees framework is developed.
  - b. Noted that savings from economies of scale were expected and that transitional funding had been secured, which enables the current fee structure to remain in place.
  - c. Endorsed interim arrangements to fix the 2010-2011 fees for Certificates of Completion of Training, Certificates of Eligibility for Specialist Training and Certificates of Eligibility for General Practice Registration at the existing 2009-2010 levels.

## **Merger of PMETB with the GMC: Consultation on Legislation**

27. Council considered the terms of the response to the Department of Health for England's consultation on the draft legislation that will merge PMETB with the GMC.
28. Council approved the terms of the response to the seven consultation questions as proposed in the paper.
29. During the discussion, members noted the importance of ensuring that, in merging PMETB's statutory functions with those of the GMC, the GMC should have the flexibility to determine the structures it needs to deliver its functions, and that those issues were under consideration in partnership with PMETB.

## **Joint Co-ordination Group: Progress Report**

30. Council received a progress report from the Joint Co-ordination Group on preparations for the merger of PMETB with the GMC, including the agreed areas of joint work.
31. Council endorsed the assurance given by the Joint Co-ordination Group that the project to merge PMETB with the GMC is on track.

32. Council welcomed the ongoing programme of activities which supported external communications to key interest groups about the merger, and emphasised the importance of regular communication and support for staff.

33. Council noted the areas of joint work on credentialing and quality assurance, and agreed the importance of considering how they could be developed with particular regard to Staff and Associate Specialist doctors, and in the context of the Review on Regulating Medical Education and Training.

34. It was agreed that an informal session on the work of PMETB in the context of preparing for the transfer of responsibilities post merger should be held by the end of 2009.

### **Fitness to Practise Rules: Outcome of Consultation and Approval of Draft Amendment Order and Rules**

35. Council received a report on the response to the consultation on proposed changes to the Fitness to Practise Rules, and proposals on the way forward in the light of the consultation. The Fitness to Practise Reference Group had reviewed the responses to the consultation in advance of the report to Council.

36. Council:

a. Considered the responses to the consultation on proposed changes to the Fitness to Practise Rules. The majority of responses were generally supportive of the proposed amendments and that, in areas where questions or concern had been raised, due consideration had been given to ensuring that the procedures continue to be fair, objective, transparent and free from unlawful discrimination.

b. Agreed to make the Fitness to Practise Rules.

c. Approved the Amendment Order required to bring the rule changes into force.

37. Council noted that work would be undertaken to develop criteria for dealing with vexatious complaints, and which would be considered by the Equality and Diversity Reference Group and the Fitness to Practise Reference Group.

38. Council noted the importance of continuing to keep the costs associated with fitness to practise hearings under review, whilst ensuring the effective discharge of the GMC's duty to protect promote and maintain the health and safety of the public.

## Revalidation: Progress Report

39. Council considered a progress report on the ongoing revalidation work programme.
40. Council:
- a. Considered progress on each of the 12 work streams.
  - b. Noted the outcome of the meeting of the UK Revalidation Programme Board on 10 June 2009, including the UKRPB's consideration of the process by which an assessment of readiness for implementation is made.
  - c. Agreed that the Continued Practice Board should develop standards on clinical governance and appraisal for use by the Delivery Boards in their assessment of readiness. It was noted that the CPB would draw upon work being undertaken by the GMC and the School of Postgraduate Medical and Dental Education in Wales, the NHS Revalidation Support Team in England, the UK Departments of Health, and the Academy of Medical Royal Colleges.
  - d. Endorsed the UK-wide readiness plan.
41. During the discussion, Council:
- a. Emphasised the importance of proactive and effective communications about revalidation to key interests, and in particular that it was seen as building on systems created for the purpose of supporting doctors in the delivery of high quality health care and with the minimum of additional burden.
  - b. Noted that a series of meetings had been arranged with key interests to discuss progress on the work programme and to agree how the communications around revalidation should be taken forward.
  - c. Recognised that further work would be done on how Council could be assured that the local systems on which delivery is dependent are effective, and noted that this would involve engagement with the system regulators in each of the four countries.