

GENERAL MEDICAL COUNCIL

COUNCIL

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Regent's Place, 350 Euston Road, London NW1

PROFESSOR PETER RUBIN in the Chair

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1. Chair's business

THE CHAIR: As you all know this is the last meeting that will be attended by our Chief Executive and it is the 66nd meeting of the Council that Finlay has attended. That may seem not enough for those of you who have got used to meetings as frequently as they are now, but meetings were not always as frequent as this but they were much, much longer than this, normally going into two days.

I have been asked very specifically not to say much at this meeting. Finlay was very keen that I did not say anything last night and that I keep it brief this morning, which I will do, because we have a reception towards the end of the year when we can mark the occasion. I do want to say just one thing: any comment about Finlay's contribution to the GMC would be grossly understating things. It is not that Finlay has made a contribution to the GMC; for much of the last 15 years Finlay has been the GMC and the fact that we now exist as a confident, forward-looking organisation, is in large part the result, Finlay, of your clarity of vision, clarity of analyses and clarity of purpose and, on behalf of the Council, I want to say formally thank you. **[Applause]**

You will not escape lightly; there will be more of that later in the year.

We have brought agenda item 5 forward and the only other point that I want to raise in this agenda item is to seek your formal approval to appoint as Registrar from 1 October 2009 to 1 January 2010 Paul Hillop. Can I have your approval for that recommendation? **[Agreed]**

Secondly, can I have your approval to appoint as Registrar Niall Dickson from 2 January 2010? **[Agreed]**

Thank you very much; that will be duly noted in the minutes.

2. Minutes of the Council Meeting on 8 July 2009

THE CHAIR: It has been pointed out to me that we had Michael Farthing's university incorrectly noted and that will be changed. Are these an accurate reflection of our discussions on 8 July?

*The minutes, as amended, were **approved** as being a correct record.*

3. Chief Executive's Report

MR FINLAY SCOTT: I will make my usual assumption that you have read the report and been riveted by it. I want to do broadly two things: I want to report three items of what I regard as good news which emerged after the report was written. First, congratulations to my colleagues involved in this: we have been placed in the top 50 in the Call Centre Customer Service Award Scheme which

is now in its second year. We do not yet know our final ranking within the 50 but we could get to rather better than being 49 or 50. I have already conveyed my own grateful thanks to colleagues in Manchester. Neil was kind enough to talk about the contact centre which I regard as a real success for us: it is an outward-facing, extremely effective face of the organisation which does a great deal to promote the GMC as a customer-focused organisation. Again, Neil, if you could take back our thanks to those involved.

The second piece of good news is that *Good Medical Practice In Action* has been shortlisted in the British Computer Society, Computing UK IT Industry Awards in the category of internet product of the year. We will know the outcome on 12 November and, again, we will keep members posted.

The third piece of good news is that as part of a continuing programme of ensuring that our internal processes are robust we have been awarded BSI certification ISO27001 for the information security arrangements in the Education and Revalidation Directorate. This is the fourth module of the organisation which has secured the certification so, again, congratulations and thanks to colleagues involved in that. These are public manifestations of the continued progress that colleagues make in building the organisation.

The second thing I would like to do is express my thanks to Hamish for his customary courtesy in giving us advance notice of one or two points that he would like us to clarify or pursue. We have dealt with one or two of them and one or two arise in the context of my report. If it is all right with you, Hamish, rather than you force me to answer the question, can I answer the question before you have asked it? Hamish asked when Council would have an opportunity to consider the almost inexorable rise in fitness to practise costs. At the moment that has been so far looked at by the Fitness to Practise Reference Group and by the Resources Committee and our proposal, Hamish, is that we will bring it as a seminar item to Council for the meeting in Cardiff on 22 October, if that is all right with members. The reason for that timing is because, among other things, it will give you a chance to look at it before you have to wrestle with the budget in December this year.

Hamish also asked us to let you know when you will have an opportunity to consider the report on the pilot on GMC affiliates. The proposal is that that will be in December.

Before I ask Hamish to say something about the meeting on 9 September could I also say that he has asked whether we were in touch with the service regulators in the other countries of the UK. This was in relation to paragraphs 83 to 84 which reported activity with the Care Quality Commission. It would be fair to say that we are in touch with all the service regulators. I am not aware of any programme that corresponds with what we report in 83 and 84 and, as you know, the arrangements in Scotland are slightly different. One of our success stories has been to build and continue to build a relationship with the service regulators because of the importance we attach to the role they will play in connection with revalidation in particular. Hamish, you were going to say something about 9 September.

DR HAMISH WILSON: Yes, the Working Group on Standing Orders which, as I reported last time, has got a broader remit than perhaps the title would suggest from looking at our governance handbook. We met yesterday – thanks to Enid for joining us and also thanks to all the members who commented on the package that was sent out – and took the opportunity to go over those comments and, indeed, to look at some additional papers which were presented to us, including a draft schedule of authority. Thank you, Julia, for helping us through some of those additional papers.

The good news is that you have got yet another opportunity to contribute and in the next ten days or so you will get another package of papers which I hope will let you see the whole content of what is intended as the governance handbook. I would be grateful if you would take the opportunity to have a look at that and let us have any comments. There may be issues that some members want to go back to from the earlier part but also some of the newer parts of what will come out, but there will be a timetable associated with the papers that come out – a fairly strict timetable of course – so that we can come back again as a group and make sure that we present a final package which I hope will be acceptable to members, with some discussion I guess at the October meeting. So the timetable is still as before.

Finally, can I thank Ross and Christine again for all the hard work that they have done in the meantime in helping us put all of that together.

MR FINLAY SCOTT: That was all I wanted to say by way of introductory remarks and expansion but I am, as always, very happy to take questions from members.

MRS SUZANNE McCARTHY: Just a point of clarification: looking at Annex E, the income and expenditure, not unexpectedly investment income has gone down as opposed to what was anticipated in the original budget. In paragraph 2 it mentions at the end of that paragraph that investments are reviewed each month. Obviously that is not by the Resources Committee because I doubt they meet each month, so I wanted to know first of all who was actually doing this review and I cannot recall – you may have mentioned it before – what firm the GMC uses by way of financial advisers and how often their performance is reviewed and evaluated in order to determine whether we should remain with them or if the advice they are giving us needs to be supplemented.

THE CHAIR: Perhaps I could turn to Neil to ask him to respond to the questions. For anyone who is confused, by the way, it is the second paragraph 2 in the paper, not the first.

MR NEIL ROBERTS: Perhaps investment is a misleading term. A number of years ago all the GMC's reserves were turned into cash and therefore we hold

all our reserves as cash and so in terms of a monthly investment review we are simply seeking to ensure that we get the best interest rate that we can on the money we are holding as cash in the bank. We do not hold a range of investments and we do not have an investment manager looking after reserves; the reason being that the purpose of reserves is to be held against unforeseen events and other things and therefore they need to be liquid assets, and so we hold them as cash.

MRS SUZANNE McCARTHY: First of all I do not know whether I agree with you – notwithstanding the economic situation and the market and so on, which is going up they say with the FTSE over 5000 – but looking at paragraph 13 (which is the only paragraph 13 in the paper) in the last sentence it talks about the fact that our reserves are going to go up to £17 million should everything go well and fine.

My question is I do not know when or why this decision was made that everything should be in cash but if that was the decision I would suggest that the Resources Committee, if that is the right place to do it, might wish to look at how in fact we deal with our reserves to actually produce the best income result that we can, particularly as we have just looked at a corporate strategy paper that, in a number of places, talked about our constrained income or constrained resources – if I remember the words being used. I do not know where this decision was made or who made it, but I would like a review of whether that decision still stands as being robust and, if it does not still stand, would Council wish to be informed about why it is still the best way for us to maximise the money we have. I recognise that you should have at least three months in the bank so that if you have a problem your reserves are there, but there are other ways of looking at reserves as a way of increasing income, particularly given the economic situation that we ourselves recognise we have going forward in terms of what we want to do against the resources we have.

MR NEIL ROBERTS: Absolutely. The decision was taken by the Resources Committee a few years ago; Standing Orders places responsibility for the management of this to the Resources Committee and it is for the Resources Committee to review the arrangements that we have and either satisfy themselves that they are content with them or amend them. I guess I would look to Robin as the Chair of the Resources Committee to ask us to undertake that work.

MR ROBIN MACLEOD: Clearly if it is being raised we can pick this up. Most of our income comes from our annual retention fee anyway and you will see in the documentation that this also got additional income coming in this year because of the age exemption having disappeared again. So the fact is that we have had more licensing fee money coming in than we expected and with the age retention it has increased considerably. This is certainly an issue we can look at, but that is why there has been a great increase in the amount of money that we have got and, equally, what we have wanted to do is that because there is a degree of uncertainty about what happens next year, after the first year of an

actual licence to practice is concerned, will that revert back to a lower level in the next year. That is why we have said we need to keep a higher level of reserves at this stage, which we will then review to see whether that is still appropriate or not. At this stage it has gone up because of that additional income, which was not really what we were expecting, due to this 95 per cent return of those doctors who wanted to have a licence. I cannot remember what we actually thought it was going to be, but it was about 85 to 90 per cent and it is quite considerably higher. That is why the actual income has come in higher than we expected. We will review that.

MRS SUZANNE McCARTHY: It sounds as though you have taken on board my point that possibly looking at how we deal with “investments” might be something to review again, particularly as the decision was taken a number of years ago.

MR ROBIN MACLEOD: We will have another look at it.

MR FINLAY SCOTT: Even at £17 million it is less than three months of our expenditure. We are an £80 million business and so three months expenditure, roughly speaking, is just £20 million. So it is not that we are sitting on a very large sum of money that may not be required if things got a bit rocky.

The second thing, in relation to Robin’s helpful contribution, is that we have done rather better than expected in terms of doctors choosing to have registration with a licence but that, if I may say, simply offsets the loss of income that we were having to assume, so it is not a bonus it rather reflects less of a reduction in the income that we will have to deal with because of course at the moment everyone who is registered pays the full fee. One should not see it as a larger number opting for registration with a licence; it is rather better to look on it as a smaller number opting for registration only.

MR JOHANN MALAWANA: Under the second bullet point of paragraph 2 in Annex E of the Chief Executive’s report it talks about PLAB fees and the amount going up, saying “*By the end of 2009 we expect PLAB’s income to be X amount above budget.*” Is this an indication of a bigger flow of doctors into the country than we were expecting? I just wanted to find out is this an indicator that we should be aware of in terms of flows of doctors.

MR FINLAY SCOTT: There are two factors – and Neil can speak in more detail. One is that there has been a slight recovery – not a huge recovery back to previous levels – in the number of doctors who want to take the test, but as you will recall we are closing the Clinical Assessment Centre for four months, so in effect what we are doing is bringing tests forward in effect so that doctors are not prevented from gaining employment simply because we cannot offer them the PLAB test. Quite a lot of this is about a rescheduling of income rather than a net income increase. Neil, is there anything you want to add to that?

MR NEIL ROBERTS: It is difficult to distinguish between what is demand brought forward and what is an increase in demand, but there are certainly more doctors taking the PLAB test than we had anticipated. That may be simply, as Finlay says, a function of the fact that the centre is closing for three months.

MR JOHANN MALAWANA: Is it possible to maybe just keep an eye on that to see whether flows of doctors into the country are again increasing – because it has wide implications that would be quite interesting to know about.

MR FINLAY SCOTT: We will do that because among other things, of course, we need to try to project forward to see what the income might be. Just to remind members, we treat the Clinical Assessment Centre and the PLAB test more widely as a cost centre but we do not make a profit from the test, the aim is to match the income and the expenditure taking one year with another, so some of this is about smoothing out flows.

PROFESSOR IQBAL SINGH: Just two points, Finlay. Under 37 you have talked about the Credentialing Steering Group and I know of your very strong interest in this. What is your feeling in terms of the stress on career progression through credentialing being quite a major part of the group's deliberations with credentialing used not just for revalidation but also to look at career progression?

The other point I was going to raise was under 59 and the question of affiliates. I note that we have pilots on that which are going to report but in every discussion we have had about our role as a regulator what we realise is that there are areas and there are issues which are beyond our direct control, and we have to work with organisations and have to work with local institutions – Rajan raised that very well this morning. I do not think we have an option but to look at our local presence, look at local engagements and even if it was not called an affiliate we do need to have long term mechanisms in terms of how we engage locally.

MR FINLAY SCOTT: If I may deal with the second first and then if I can give advance warning I wonder whether John or Malcolm or indeed Trudie might want to say something about their view on the credentialing – there are very strong views about where it needs to go as distinct from what might be possible in the short term.

I think on the affiliates quite a useful technique is to ask yourself if resources were absolutely unlimited, what is it you might want to do, and I am sure that if resources were completely unlimited then something like affiliates, however they are badged, would be seen as a good thing. I do not think that, however, is a realistic way of approaching the issue because everything not only has a cash cost but there is an opportunity cost. I think the issues are likely to be of this kind.

What the affiliates pilots have clearly demonstrated is that we need to engage more effectively than we have traditionally engaged with the NHS and other healthcare providers in a range of ways and in relation to a range of issues – for example, doctors whose practice may be impaired but other things too. The question is not is that increased engagement a good thing – it self-evidently is – but is it affordable and is it most cost-effective to do it in this way. I do not know the answer to that as yet and I think part of the difficulty in the whole regulatory challenge that we face is avoiding the trap of solving yesterday's problem. Yesterday and indeed today one could argue there are no effective local mechanisms in many parts of the NHS and in other healthcare providers, but if you project forward two years or three years and the Government – whatever its colour – has established a network of responsible officers within trusts and has dealt with a number of other issues, then the value that would flow from affiliates as such might not be quite as clear as would appear to be the case today,

I think that, as in other areas, Council will probably need in considering the affiliates pilot report to work its way through as usual the principles of engagement, the principles of encouraging early and effective action in relation to actual and emerging impairment and so on, and then come back to the really difficult question which is, compared to alternatives, is scaling up affiliates the most cost-effective way of doing it.

THE CHAIR: I wonder if I could intervene before we get too far into credentialing. I am conscious that credentialing took me by surprise last time when we spent a long time talking about it because so many members were coming to it for the first time. I am anxious not to have a long unstructured discussion about credentialing this morning. We need to have a seminar on PMETB and everything it does – and this is PMETB territory – so I could suggest that we do not get into credentialing, please, but that we do at an early stage – and this may already be in the calendar, Christine – have a seminar on PMETB and everything to do with PMETB so that members are in a structured way brought up to date with what is happening. Would that be okay with you, Iqbal?

PROFESSOR IQBAL SINGH: That is fine.

THE CHAIR: That would be much more helpful I think. Anne, do you want to come back on what Finlay just said?

MS ANNE WEYMAN: I wanted to say something about the affiliates. I accept what Finlay says about the fact that things will change over time but I would think that there is going to be, for quite a long time, a need for a much greater link between the GMC and local areas because there is such inconsistency and I think responsible officers are going to need that sort of contact to assist them in the work that they are going to be doing.

When we were talking about the evaluation of the affiliates project, one of the questions it seemed to me was that in that evaluation no attempt was going to be

made – and it may be too difficult to do it – to discover the potential financial savings to the NHS from having an effective system where people locally can relate to the GMC, there is earlier intervention in situations, better support and better approaches, because I would think that that could be something that is hugely beneficial to the health service. It would be beneficial to the GMC in terms of achieving our overall objectives, but we would not get necessarily much financial benefit from it. Of course, the question will come up of who is going to pay for it if we were going to go ahead with it, and it did seem to me that if the evaluation shows that the model is a good one – Department is not going to give us the money, I think that is absolutely clear – it might be that there were possibilities to build relationships with strategic health authorities where we could, perhaps, in some areas get them to buy into this programme as being beneficial to them and to the work that they have to do to ensure consistency in raising standards locally.

MR FINLAY SCOTT: I absolutely agree with that. All our experience is that even to talk about “the NHS” is itself misleading. Not only do we have four countries but even within each country progress varies, and that is particularly true of England. I share Anne’s view that there is not going to be a magic wand waved and everything will be fine; I think the issue is about resources and it is not that you cannot justify affiliates it is what are the alternatives? Before I came to the GMC I was a civil servant and the classic civil service game is to argue in what used to be called the public expenditure round – I do not know if it still is – we know we are looking at four or five years but if you give me this big sum of money now I absolutely assure you that when we get to year 5 you will save three times as much.” That was the classic, and of course it never happened.

THE CHAIR: It is still around.

MR FINLAY SCOTT: The same game is played. That is the reality of it because what you are talking about is in the nature of an investment; if we invest in affiliates will it produce a payback in three, five or ten years time? Undoubtedly it will but there is a tension between that and saying of our £80 million we already spend £42-£43 million on fitness to practise; where will the resource come from to do even more while at the same time trying to invest? As I say, in a world of infinite resource or indeed an alternative funding source, I am sure affiliates would be a winner. That is not, however, going to be the choice that faces the Council.

Where Anne is absolutely right is that we must be imaginative in looking for ways of enabling those who benefit from this to contribute.

THE CHAIR: We are going to be discussing affiliates at the last meeting of the year so we will have another bite at the cherry then. I have got Joan and Archy who wanted to come in and, Ann, you wanted to come in on this specific point?

MRS ANN ROBINSON: I think we are in a bit of a chicken and egg situation here. I want to bring together the comments that we want to make as part of the consultation on responsible officers with where we may go on affiliates. I was going to email Una on this point, but it will save me an email because I think it does come together.

We must not miss the opportunity, in commenting on responsible officers, to identify the kind of assistance that Anne has been talking about and what support is going to be needed to make it happen. What we ought to do is to try and draw on some of the stuff we already have through working with affiliates, the good stuff, identify it, demonstrate how it can help responsible officers and use it to identify this need for assistance, because once we have got that logged at this stage in an appropriate way it will be very difficult – particularly if people in the Department of Health begin to realise that the issue we are addressing here is not so much changing regulation but getting good local systems. It is really important that we identify very clearly what is going to be required to make those local systems work so that that is covered.

I think it is really important not to miss the opportunity; otherwise if we wait until the end of the year we have lost a chance to make exactly this point in the way in which we want to make it.

THE CHAIR: Thank you very much indeed. Joan?

DR JOAN MARTIN: If I said what I was going to say we would be backtracking and Robin also said what I was going to say.

THE CHAIR: Thank you. Archy.

ARCHY KIRKWOOD: Could I play the role of shop steward just for 30 seconds in regard to the Chief Executive's report, Annex C, the money at paragraph 4, and seek some comfort on the fact that we are running 38 permanent vacancies which remain to be filled. That seems like a high number to me and while there is an obvious churn in any labour market situation and there may be an explanation for that, it has been high for a while. It is all very well imposing on staff on a temporary basis for overtime and all the rest of it but I do not think you can do it for too long safely, particularly against the background of what is happening in the labour market externally in the rest of the country. 38 vacancies seems to me to be quite high, so could I have some comfort on that and, just while I am at it, is there an occupational health service available to staff and do we have an absence rate due to sickness that is higher than anybody would expect? If I could have comfort on both those things I would be happier.

MR FINLAY SCOTT: If I could take them in reverse order, our sickness absence is lower than average, we consistently monitor that. That was not true about 12 years ago but we embarked on a programme designed to bring it down

and it has been very successful, so our average sickness absence, rather like our staff turnover, is below averages in comparable organisations. Staff do have access to a support service and that has been place about five years; it is used by those who need it – it is not a large scale use but it is readily available and we promote its availability.

I guess, Peter, you might want us to do it in the Resources Committee – and that is not to deny Archy the opportunity here to pursue it – and we are happy to look at the vacancies. Actually, the terms we have secured for temporary staff mean that the consequence of not yet having filled the permanent vacancy is not that we are paying outrageous amounts of money for temporary staff to cover the vacancy, and of course because it is not the same vacancy that remains vacant, as it were, it is not overtime over a long period for any individual – the need for the overtime shifts around the organisation, following the vacancies as they arise. I think in an organisation of 500 plus staff this is a vacancy rate that is tolerable and one could only probably bring it down, given the excellent service provided by Andrew Brown and his colleagues in HR, who work to very strict timetables when we fill vacancies, if we in effect carried staff that we do not yet need in order to deploy them to the vacancies when they arise.

THE CHAIR: Thank you very much. Malcolm.

DR MALCOLM LEWIS: I do not want to get into a debate about responsible officers but just to add a PS to Ann's virtual email to Una, I think we ought not to tie the success of the role of the responsible officer to the existence of affiliates. We need to look at the two independently in our response otherwise we might be hostages to fortune, not least because in different parts of the UK there will be a different view on the role of responsible officers – as we know in Scotland already – and their link to clinical governance and also the role and existence maybe of affiliates. I think, therefore, that we ought to concentrate largely on the basis upon which responsible officers are able to make a positive recommendation to the GMC in line with good clinical governance and appraisal.

THE CHAIR: Thank you, Malcolm. Sam.

DR SAM EVERINGTON: I was just going to take up the point about responsible officers. I see them as potentially a fantastic free resource for the GMC and so my question is about the next stage. Have we looked at our relationship, what support, what joint training we might do with them, how they connect in with the various parts of the organisation.

THE CHAIR: We can pick this up in Cardiff, can we not, Una, because our draft response will be coming to the Cardiff meeting, so we will have every opportunity to raise just these issues, Sam, at that meeting and incorporate them into our response.

Thank you very much indeed. Thank you, Finlay.

Governance

5a Evaluating the GMC's Performance

MR SIMON HIGDON: Thank you very much, Peter. I will keep this as brief as I can. The purpose of the paper is to report progress on the results of the four pilots that we have undertaken in order to test whether our approach to evaluation works. You will recall that in March we brought you an embryonic framework which was an attempt to respond to the challenge of going beyond operational service targets and developing a comprehensive picture of where we are being successful and where we are not being successful in contributing to the patient safety agenda.

Paragraph 9 of the paper reminds you in brief of the rationale, that in the absence of a single or obvious measure we need to look at organisational performance from a range of perspectives, and we have suggested a hierarchy of four. As you know, there has been quite a bit of interest in this work that we have been developing from other regulators and, indeed, CHRE are keen to follow up later in the year.

Endorsing the framework in March, the response from members was broadly "that seems fine, why don't you get on with it and see if it works", so that is what we have done in conducting the four pilots and the paper reports progress to date. In each of the four areas under scrutiny we have embedded it within the day-to-day planning and reporting and the annexes to the paper report are interim valuations of performance based on information to date.

As Peter says, colleagues with responsibility for these areas will be able to answer any detailed questions that you have, but from my perspective what we are asking you to do really is to endorse the results of the pilots as evidence that the framework will be appropriate and will work in the context of your earlier discussions on the corporate strategy and, indeed, in taking forward the 2010 business plan and budget.

It is worth mentioning that it does help us clarify some of the points that were raised this morning in the context of the corporate strategy: ensuring that we have clear outcomes for everything we do; establishing a range of tangible measures including, for example, those that Terence mentioned earlier, surveys, efficiency savings, rates and costs, that kind of thing, and it also includes outcomes relating to standards, which Sally and others picked up on this morning.

Finally, this is a sort of adjunct to the ends and means debate and I think Suzanne mentioned this morning that we talk in the corporate strategy discussion around ends and means and this is a third and very important component of that.

In summary, there is no doubt that this has helped us bring some greater clarity to the projects and activities that we have been undertaking, particularly at the planning stage, in terms of communicating the benefits that we envisage. The first recommendation invites you to endorse the results of the four pilots,

THE CHAIR: Are members content with that or do you have any questions for Simon or colleagues? It is a pretty comprehensive piece of work and I think it is very clearly presented. Enid, sorry.

MRS ENID ROWLANDS: I just would like some assurance in that given that earlier on this morning in the discussion on ethics we were looking at a team-based approach, we are not missing in the evaluation process the opportunity to link evaluation across other regulatory bodies in the spirit of the team approach, and whether there is a way of ensuring that the joined-upness that we seek is actually going to be there. I am very content that the evaluation is there in terms of the streams of work, it looks extremely thorough, but I am looking for something that links things up across as well to ensure that we add value that way.

THE CHAIR: Shall we take a number of questions and you can pick them up. Suzanne, did you have a question and then Ros.

MRS SUZANNE McCARTHY: It is possibly a very minor point, but I will throw it in. I was not clear in the annex you have with the pilots where you put the chart together, you have a heading which is *“How will we know if we have been successful?”* I was not sure if this is going to be a standard sort of format but if it is going to be the standard sort of format I found that heading not really relevant to the sub-headings below because they were about what we are doing and what we plan to do, it did not say whether or not that would prove that we have been successful or not. I think it is language possibly but you have got *“Are we on track to achieve our outcome?”* and maybe you need another column which says *“To what extent did we achieve what we were aiming to do?”* I hope it is not too minor but I just wanted clarification.

MS ROS LEVESON: My point is rather similar to Suzanne’s because it seems to me that it is the word “evaluation” that is a little difficult in this context because it is trying to encompass two different things. One is a kind of performance management thing, are we doing what we say we will do, and the other is about impact, does it get us where we want to be? They are both very important but somehow subsuming them both under the broad heading “Evaluation” makes it quite difficult to keep them both in mind at once and they are both very important.

The other point I wanted to make is that going to the second of those, whether we have the desired impact on the various areas that we are working on, perception is as important as reality and therefore it is very good and very

heartening that in a lot of cases it is qualitative assessment that is taken into account. It is very important in this kind of evaluational framework that we look at what is significant and not just what is measurable. Some of the indices of success here are quite subtle and quite hard to capture in objective, quantitative terms, but the qualitative approach is really, really important.

SIR RODNEY BROOKE: Following up Ros's point, on the issue of perception what baseline surveys do we have against which we can measure the success of the operations?

THE CHAIR: If we could answer the questions we have had so far.

MR SIMON HIGDON: Thank you very much, they are very helpful. Going back to Enid's point about other regulatory bodies, I think you are right that we need to be more explicit within the framework. In terms of sharing this with other regulatory bodies, clearly as I said a number of bodies are interested in piggybacking on this framework. We have been talking to them and we have also been speaking with CHRE and are contributing to a CHRE best practice series of seminars that others will be present at, so we have already generated that interest and it is a case of learning from others as well as disseminating what we have done as it were. We will certainly do that.

I completely agree with Suzanne about the language. Just to reassure you, although these annexes seem quite detailed there is actually more of this behind the scenes as it were and this is an attempt to summarise that and we will certainly be looking at the language and terminology when we look at the business plan because that is where this actually comes into effect, during the 2010 business planning round where we spell this out for all the projects and activities that we are doing.

Thirdly, I think the issue of perception – Ros's point and indeed Rodney's point as well – goes to the heart of what this is about. We looked at operational service targets to start with so that is clearly not enough and therefore what do we need to do in order to evaluate performance on a more generic and meaningful level? The obvious conclusion was that we need to do both qualitative and quantitative and bring those together within a framework looking at a range of perspectives, including I should add, proxy measures where there are no distinct measurables – Jane can talk particularly around some of the standards work about proxy measures for doing that. I very much agree with that.

In terms of baseline surveys, that is something where we could do more. We had an initial look at some new evaluation frameworks used by other organisations but we need to continue to do that.

MR HAMISH WILSON: Just a word of caution. I think the approach is right, there is just a touch of a danger of an industry developing here. This is

a process which has looked at four areas and has looked at those in some depth. There is an issue of costs and benefits here – there is a cost to the organisation in doing this and there is a cost of not doing it, so it is the level to which you do it – a kind of obvious statement. We do need to be careful as a Council in being clear about what we need as a council to assure ourselves that (a) there is a process in place and that it is being followed through, and (b) we need to be clear about which bits of information we need and maybe the boards and the committees et cetera need to be clear about what they need. A whole lot of this is fundamentally for the organisation internally to satisfy itself that progress is being made, and it is just a word of caution about being careful. I have seen this so often, where we head down a path and it almost takes on a life of its own without necessarily proving of sufficient benefit in relation to the cost. The approach is right and we have the opportunity to consider this again when we ally the overall approach to the strategic direction and the business plan later on in the year.

THE CHAIR: That leads in to the next part of the paper, Simon, which is getting the views of members on the direction of travel.

MR SIMON HIGDON: I think that is right and I agree very much with Hamish. As I said earlier, there is a lot more detail behind this and it has been incredibly useful for the internal perspective to put some more rigour around the work we do in planning work and deploying resources, but clearly what Council needs is the next stage as it were. The paper in paragraph 41 suggests what we might do; two basic things. One is to identify some really high level indicators which we might monitor on a less frequent basis, perhaps an annual basis, to say we have this thing called a corporate strategy over the medium term, are we broadly on track, but at the same time to identify outcomes and measures around the business plan aims that we could report to Council quarterly. Clearly we are in your hands on these points.

THE CHAIR: Hamish, can I come back to you? If we were to do what is in paragraph 41a. and b. would that meet your requirement of not going over the top on it but doing something that a responsible organisation would be wanting to do?

MR HAMISH WILSON: Yes.

MRS ANN ROBINSON: I was going to make much the same points that Hamish has made, but can I just add one extra bit that I think is important in terms of the next steps? Ros is right; some of this is actually about monitoring whether we are on track and a little bit about outcomes. Right now where we are with our strategic plan and our business plan and the major things we have to achieve over the next few years, we have to also make sure that we keep an eye on the major milestones in terms of what it is that we need to do, so I think what we need to do, the key stage of the processes, and the involvement of other people

are going to be really important if we are going to have a vehicle which will enable us to ensure that we are on track. At the minute, although the outcomes are important – and there will be outcomes – right now what we need more than anything else is a document that helps us make sure that we are doing the right things at the right time and we are properly monitoring the development, rather than going OTT on performance indicators or whatever. We have a set of performance indicators for our core business – that is great, we need those – but for this I am not sure that chasing after performance indicators is the right approach. What we actually need is something that says, yes, we have done that, we have made that link, we have developed that or whatever.

THE CHAIR: The point you were making, Hamish, was that it has got to be proportionate basically and dealing with the high level stuff will be appropriate and proportionate. Will Council agree with the recommendation as to the direction of travel, that we pick on some high level indicators and then leave it to the rest of the organisation to deal with the more detailed stuff? [**Agreed**]

MRS SUZANNE McCARTHY: If I could come back on what Ann has just said, I think her point is very well made, that in addition to the key performance indicators, if I have understood you correctly, what you are asking is that each of these major projects actually has a project plan and we should be monitoring that as well. If that is what I have understood then I would certainly endorse that very strongly.

THE CHAIR: That is what we are saying. Simon, thank you again for breaking into your holiday and thank you again for what you have done for the GMC.

Licensing and Revalidation

4a Revalidation: Progress Report

MRS UNA LANE: I will keep my introduction to this paper fairly short for two reasons: one, I appear to be destined this morning to speak just before coffee break or just before lunch break! Secondly, members are probably pretty familiar with the structure of the paper and the structure of the report as it currently stands.

We can probably do this in two brief parts. I would like to just draw members' attention to a couple of points in relation to the report and then I would like to hand over to Malcolm because there was a meeting of the Continued Practice Board since the drafting of this paper which took place on Monday of this week. Although this paper is relatively short and the report is relatively short it belies a huge amount of work that is going on behind the scenes, particularly at the Continued Practice Board, and Malcolm would like to pick that up in relation to a number of projects.

I would just remind members, of course, that the UK Revalidation Programme Board has not met since Council last met which is one of the reasons why the paper is relatively short. The Revalidation Programme Board is due to meet again on 14 October so we will be bringing you rather a lengthier report back to Council on 22 October.

Turning very briefly to the annex, which is really the meat of what is happening in relation to the ten key projects, I was going to make a number of comments in relation to Project 6, which is around responsible officers, and in relation to Project 7 which is around affiliates. As it happens I think both topics have been picked up pretty much at length in other discussions that members have had this morning, but I would remind members once again that the draft response to the consultation on responsible officers will be brought to Council on 22 October and in relation to the affiliates point we are expecting the KPMG report in November. We will in turn bring that to Council for members to look at and discuss in November, and I guess that is likely to be again in two parts: one is a review of the work that has been done on the affiliates pilot to date and, secondly, a wider review of where we are going with affiliates, not only about tackling concerns locally and increased engagement but also in terms of revalidation – what if any role does an individual called a GMC affiliate have to play in relation to revalidation.

I just want to make one last point which is in relation to Project 9 around quality assurance, and this again picks up Hamish's point in relation to the Chief Executive's Report and the work that is going on with systems regulators and quality bodies in each of the four countries. Again, it is really to provide reassurance that we are very alive to the need to work very closely with systems regulators around this agenda in particular, revalidation, but in relation to a whole range of other areas, and in fact Peter picked up a number of points when he met with the chair and chief executive of CQC about the important role that they need to play.

I suppose, just to make two points in relation to the revalidation agenda, one is that the systems regulators quality bodies have established a working group around this whole agenda on revalidation. They met for the first time in May; we attend that group and they are very anxious to be involved in the development of both standards that organisation will need to apply and really also ensuring that we as the regulator of the profession and the systems regulator as regulators of organisations are facing in the same direction and requiring the same things of organisations rather than facing in two separate directions.

I think that is probably all that I intended to say in relation to the report, but I know that Malcolm wants to pick this up.

DR MALCOLM LEWIS: Thank you very much. At a glance you will know that I am not the sort of person to delay lunch, so I will be brief! Just to pick up on a couple of the other projects that were discussed at the Continued Practice Board, which met only for the second time on Monday of this week, in relation to Project 4 which is the MSF tools the Academy GMC Group has put together

some draft principles for MSF and these were essentially approved by the Continued Practice Board in September.

It is worth mentioning the GMC's work through John Campbell in Peninsula in conjunction with CFEB, particularly in the context of literature reviews, and Professor Lockyear from Calgary was commissioned by the RCGP to look at the best tools out there for purposes of patient and colleague feedback in the context of revalidation. Her conclusions really were that the GMC's tool is by far the best tool currently available and I think that we do need to now be thinking about how the Continued Practice Board and/or Council approve tools for the delivery of patient and colleague feedback for the purposes of revalidation. We also need to consider how we think about potential providers for delivering these tools and what the principles are for useful providers that will be able to deliver security, be able to deliver adequate feedback and retain the confidence of the profession in this context, so that is a piece of work that we are going to be working on in the near future.

It will of course be for the employers to commission the use of MSF tools and it may well be that the GMC will find itself approving several different providers and that we will not want to create a monopoly position on this, but the main thing that we will want to ensure is that there is consistency of approach. Then when we are looking through the eyes of the regulators, the Care Quality Commission and others across the UK at what MSF means in the context of appraisal and the GMC's template for assessments and appraisal against *Good Medical Practice*, we know that there is a consistency of approach, so that is a piece of work that we are putting together.

Equally in terms of the specialty specific standards for the recertification component of revalidation that are being drawn together by the college, again mapped to the *Good Medical Practice* and the four domains for appraisal and assessment, the academy will be the filter if you like for these applications for the GMC to approve them. What we are going to do at the Continued Practice Board is to set up a sub-group that will look at submissions, but we do want to ensure that they have been through the academy scrutiny en route from the colleges and faculties before we see them and ultimately give them approval through the Continued Practice Board. The mechanism for that we are working on at the moment.

In terms of revalidation models, clinical governance and appraisal, the project that we ran over about a 15-month period with several of the health boards in Wales has come to a conclusion and it does two things. It describes the readiness of those organisations for delivering on appraisal, and the good news is that they are not too far away from it, but it also goes to the detail of what clinical governance and appraisal systems ought to look like if they are going to satisfy what the GMC and again, I guess, the Care Quality Commission and others and in England the revalidation support team might consider to be good systems for clinical governance and appraisal. That information is going to be disseminated within the next week to various key stakeholders in the UK and it is worth complimenting Rhian Williams in particular from the GMC for the work that she has put into this under Una's guidance.

We are going to review the GMC's guidance on CPD which was published in 2004. CPD fits, obviously, very importantly, into the revalidation agenda. The guidance – and those of you who are quick at maths will have guessed that it is now five years old – needs an update, and we are going to look at that and bring something to Council, hopefully early into the new year, and we will of course be consulting with the academy on that because the academy's directors of CPD have done quite a lot of work on principles of CPD. Our emphasis on CPD will be that it needs to be something that is of course reflective and progressively effective, if I can make up a new phrase, which means that reflection is not the past tense, it is about how you implement reflection in your future learning and work. Also, it should wherever possible be outcomes-based rather than time spent-based in terms of measuring the value of CPD. Those are some of the things that we will be writing into that document and we will bring it to Council in due course.

The GMC will be consulting on various issues around revalidation and the work-up of that consultation paper will come to Council in February of next year for approval and amendment.

THE CHAIR: Thank you very much indeed. It is fair to say that the work of your board will escalate significantly in the coming months, will it not?

DR MALCOLM LEWIS: Absolutely.

THE CHAIR: Thank you. Mairi and then John.

DR MAIRI SCOTT: It is really for Malcolm and it is not so much questions as areas and funnily enough the two points that you brought up for us were the two that I had flagged as being really important.

The first is Project 4, the multi-source feedback, which I think is an area of increasing concern to practitioners but also to the service because of the implications for resources that we have talked about earlier. It was around the timeline that you had flagged up of John Campbell's work; John actually presented at the Society of Academic Primary Care in July and the interim presentation that he did of his research actually threw up some really interesting questions which I think would be of great use to us in Council. It was around the areas of what multi-source work did provide in terms of information and what in fact it did not and what other work would need to be looked at if that was something that we did want to find out about. I wonder if maybe we could ask John if he would be prepared to let us see some of that at Council level for information to help in structuring our decisions about it.

The second is around Project 8. I am delighted to hear about the progress in an area which is always of concern to me which is about the opportunities to ensure that the different specialties come up with some sort of system that is equitable and appropriate, for themselves but for us as well, so I am pleased to hear that

you are going to do a piece of work to look at that. Again, it is about possibly having early sight of that so that we can also in our discussions, back in the academy, joint group or whatever be able to speak with one voice around that.

My third point really is around the way that that will relate to CPD. I still have concerns in terms of the way the colleges are approaching CPD – the gap is really very wide. There is no real evidence to support how we should do this anyway; the way professionals learn is, as we know, incredibly complicated and I am very concerned still that if we get this wrong the profession will be very unhappy about it, quite disenfranchised with the whole process, and I think that is one of the areas of biggest risk. Any help that we can give to the Continuing Practice Board to do that, I think we should try and think about a little bit more rather than just leaving them to get on with it – which is tempting, but probably not really fair.

THE CHAIR: I am a bit hesitant about having information like from John Campbell coming direct to Council; my personal preference is that it should go through the Continued Practice Board first and come with your analysis and recommendations, if Council would be content with that, rather than us trying to handle it. The principle I absolutely agree with, Mairi, that we need to understand and endorse – or not endorse – at the end of the day because we carry the responsibility. John.

DR JOHN JENKINS: My comments tie in with what Mairi was saying and are building again on what Malcolm has outlined, because this is an extremely important piece of work and pretty good progress to date. In relation to continuing professional development it does give us an opportunity to build that third phase which we really need to go get into, and revalidation again is the key for us to do that. All I wanted to do was to link that back to discussions we have had about professionalism, good medical practice and the standards and, as part of this work, we need to provide doctors with the tools that they can use to present evidence to the processors of revalidation of their activity and their continuing development in those areas of practice as well as in their specialist areas. I know that the questionnaire that has been developed already moves into that area but there probably is an opportunity for something more to be done, and whatever high level standards we will set as being required, as Malcolm has described them, I think will need to take account of that area.

PROFESSOR IQBAL SINGH: Just a point about 4, the multi-source feedback; I think there is a vacuum in terms of the information and in terms of what exists for MSF at the moment. NHS trusts may be in the process of investing in systems for multi-source feedback but I think it would be useful maybe to realise later that this was not what was being looked at as part of revalidation. It would be useful for maybe Malcolm to have a report go to the Programme Board and therefore communicate through the Programme Board in terms of where we are in the GMC in terms of the MSF so that at least there is awareness on this issue.

MS SALLY HAWKINS: At other meetings we have talked about the need to be sure that the tools are used equitably and I would just like to know more about the extent to which we are going to be able to interrogate the data we get at this pilot stage to find out whether they are being applied equitably.

THE CHAIR: Malcolm, would you like to answer those questions?

DR MALCOLM LEWIS: To go to the MSF first of all, the completion date that we have in here of 2011, I am sure that there will be more – the outcome of all research is that more research is required, but we all know that, and this will be a tool that will develop over time. But we have to start somewhere and I think we have got some good evidence from Calgary that we have a tool that we can kick off with, and in relation to Iqbal's point about the NHS we had the opportunity last night at dinner, very helpfully, to have conversations with Keith Pearson who chairs the UK Programme Board, and he is very much in favour of getting the message out to the NHS UK that this is a tool that, if they use it now, they will probably not waste their investment. What we do not have at the moment is a method of delivering that tool and that comes back to the second piece about approving providers and hopefully, maybe, even by the end of the year we can start to look at that. We have quite a few people who are interested in providing but we have also got people who are interested in using their own tools, which have not been well-tested in this context, and we need to be careful of on the one hand not showing favour to any one organisation but, on the other, making sure that the tools that are used are fit for this purpose and therefore that they are not too disparate.

That comes, I suppose, to the intellectual property or the copyright property of the GMC tool which, although it is being used by Peninsula and CFEB in terms of the research, we have commissioned that research and it is our copyright. We need to get some advice on how to use that without people feeling that we are not allowing them opportunity. For the profession I think the message will be that this could probably be the cheapest tool because the GMC has no intention of making any profit from it; it will be given to whoever we approve to use it – at least, that is the way we see it at the moment. That message to the NHS is something that we will hopefully be able to get out through Keith fairly soon.

The equity piece, I think we are putting in several layers here in order to ensure that the colleges are not having a vast range of standards and the academy will be, if you like, the initial assessment of that. The template that will be used is the template that was put together by John and others over the last couple of years, and it is *Good Medical Practice*, in the four domains to be used for appraisal and assessment. It does rely on local information, it relies on MSF and it relies on specialty standards set by the various colleges, so individual colleges will be developing those and some of the high level principles do relate to equity, they relate to consultation within that aspect of the profession, so there will be a bottom-up feed into the development of it. They will then come to the academy that will have a group that will look at the applications to ensure that there is consistency and that they have met all of the standards set up on the high level principles. Ultimately they will come into the GMC, to the Continued Practice

Board sub-group and eventually to the Continued Practice Board for approval. I do not know if that answers it.

MS SALLY HAWKINS: My point was more that it should be equitable between individual doctors. For example, we know that a group of doctors at the BMA I understand were consulted – Indian-origin doctors – and they were very worried about revalidation and the impact it might have differentially on them as a group of doctors. I am concerned that at this stage of testing we are finding out whether there are discriminatory outcomes in effect.

DR MALCOLM LEWIS: Absolutely, it is a feature that we would want to build in and it probably is within one of the high level principles that we have that there are no discriminatory issues against any individual or groups of doctors.

MS SALLY HAWKINS: The principle is fine; it is knowing how it works in practice.

DR MALCOLM LEWIS: Sure.

MRS UNA LANE: Perhaps I could come in; I thought that you were referring simply to the MSF2 rather than the whole revalidation process. Obviously when we go to consult next year in relation to the whole range of proposals and how revalidation will work it is really crucially important that we undertake a thorough impact assessment, both in relation to equality and diversity and, more broadly, the fairness and consistency point so that we can present that as a part of our consultation. During the testing, both of MSF tools and every other product that we will undertake, that will clearly be a hugely important issue that we will need to address.

THE CHAIR: We as an organisation are very aware; Una and I have had meetings with representatives of some of the groups concerned and we are very, very alert to the concerns that are out there.

PROFESSOR RAJAN MADHOK: This may be premature and I hope it will be unnecessary, but if the financial pressure carries on the way it is and push comes to shove, are we prepared to compromise on any of these? The reason I ask that is that whilst we will hold the line that these are all the costs that are already in the system and this should be a by-product of a good clinical governance system which the service should be investing in, there are additional costs and so MSF will be an additional cost, for example. Can we have a view on that or is it too premature or unnecessary?

THE CHAIR: My view is no compromise, for a number of reasons, one of which is that bad appraisal will cost just as much as a really first class appraisal and we have to be very clear about that. No compromise, that is my view.

MRS ANNE WEYMAN: I just wanted to make a comment about the meeting that we had with some members of the reference community to discuss revalidation, which I think was extremely helpful. We were discussing how we can communicate effectively and one of the concerns I have had, being on the board, is that it is all very much about professional issues – and obviously quite a lot of that is necessarily so because it is a process delivered by a profession, but we have not really focused very much on issues around the public and how the public is going to be informed about this and engaged with the process. The meeting was focusing a lot on that and it was very helpful – lay members of the reference community had very useful and imaginative suggestions about how we might do that and we had a lot of discussion about the language and the approach, so I think that that should be helpful for us as we take forward communications around this.

THE CHAIR: Thank you, that is very helpful. Malcolm and Una, thank you very much indeed, Una to you and your team particularly. When I go around the place talking to people I know that your group here commands enormous confidence and respect, and that is so important to us as an organisation. Thank you very much indeed.

The next agenda item is Licences to Practise and Associated Regulations. We have to make specific recommendations; if Richard Marchant will take us through as painlessly as possible.

4b Licences to Practice and Associated Regulations

MR RICHARD MARCHANT: This paper falls into the category of dull and geeky but quite important. It is important I guess for two reasons; one is that the making of these Licence to Practise Regulations really represents the last piece in the legislative jigsaw that we need to put in place before we can introduce licensing – we cannot introduce licensing without these regulations. The second reason it is important is that of course it is another significant milestone on the road to the introduction of revalidation.

It is worth remembering, I guess, that these regulations were initially brought before Council at the back end of last year, in November of last year, when Council approved draft regulations as the basis for consultation. We subsequently conducted a wide-ranging public consultation at the first part of this year and the outcome of that consultation exercise was really quite considerable support for the approach that we were taking in relation to the introduction of licensing generally, and also the way in which we drafted the regulations. Again you will recall that Council received and endorsed our report of the outcome of that consultation at its meeting in July of this year.

What you have before you in terms of regulations pretty much reflects the outcome of that process. We have made some relatively minor adjustments to the regulations – that partly reflects the consultation feedback, it also reflects some of the drafting advice that we had from Department of Health lawyers with whom we have been working on these things. The principal changes that we have made in relation to the regulations are actually described in the paper at paragraphs 11 through to 23, so I do not propose to wade through all of those in detail but I am happy to try and field any questions you may have in relation to the points in there. That might be a point at which I stop since that is the licence to practise bit.

THE CHAIR: We are hoping very much that you do not have any questions, but if you do then Richard is just the man to answer them, not the Chair.

MR RICHARD MARCHANT: That makes me sound terribly sad!

THE CHAIR: There are no questions. We have to ask Council formally to make the General Medical Council Licence to Practise Regulations 2009; can I have your affirmation of that? *[Agreed]*.

MR RICHARD MARCHANT: The second bit relates to the Fees Regulations; of course we need to amend our Fees Regulations to reflect the new licensing regime that we are bringing in, and the approach that is described in the regulations here was one endorsed by the Resources Committee. Again, I am happy to try and field any questions you may have in relation to changes to the Fees Regulations, though if it gets too technical I might have to exercise my right to “phone-a-friend” who is more familiar with the details of our financial arrangements. I will pause there.

THE CHAIR: Are there any questions for Richard? *[There were no questions]*. We are asked to make the revised GMC Registration Fees Regulations effective from 16 November 2009. *[Agreed]*

MR RICHARD MARCHANT: The final suite of rules, regulations and procedures that are in the bundle before you really represent minor tidying-up of administrative glitches, pieces of obsolete text and so forth that were in a range of different regulations and procedures that we have simply taken the opportunity to tidy up on this occasion.

THE CHAIR: We are asked to make the rules and regulations and agree the procedures at Annex C, paragraphs 26 to 27. *[Agreed]* Richard, to you and your colleagues, thank you so much.

Governance

5b Merger of PMETB with the GMC: Progress Report

MR PAUL BUCKLEY: This is by way of an interim report. The Joint Co-Ordination Group which brings together PMETB and GMC members will be meeting next week and there will be a report to Council next month of the outcome of that meeting.

Three or four brief points in relation to where we are in terms of progress. The section 60 consultation closed at the end of August and the preliminary analysis of responses which the Department of Health England has undertaken indicates overwhelming support for the merger and for the approach as set out in the consultation document, and to give members a flavour of that there were some six or seven questions in the consultation and, taking the first one, "*Do you support the proposed approach ...*" there were 28 responses with 27 supporting and then one "*Don't know*". I guess there always is one "don't know" whatever the question. That is fairly typical actually of the response across the board and it does indicate very high levels of support from our key interests for what is taking place, and obviously one thing that we want to do is to make sure that we retain that confidence and support as we go forward.

Some other markers of progress: the tender document to achieve a fit-out of the space on the first floor following closure of the Clinical Assessment Centre at the beginning of December was issued yesterday and we remain very much on track for that work to begin on time which will permit co-location in March of next year.

The full business case which the paper refers to is with the Department of Health. We have responded to all of the queries which the Department raised which were of a fairly anorak rather than fundamental nature. We are meeting with the Department next week and we are fairly confident that the Department will be approving the case pretty shortly.

Finally and I think very importantly, the new chief executive of PMETB, Graham Smith, began work last week and it is fair to say that with his arrival there is an appetite to look at the project plan and to look behind to see if there are areas within the project plan that we can begin to bring forward, and a number of us have had extremely productive discussions with Graham about how we can ensure that we are making progress as rapidly as possible. In the light of that picture the recommendation is to invite you to agree that the project is on track, but just to reassure you that the JCG will be looking at this in detail next week and will come back to you in October. I am very happy, obviously, to answer any questions that members may have.

THE CHAIR: Thank you very much, Paul. Although the paper is brief there is a huge amount of work going on behind the scenes as you can well imagine, in which I am involved as well, but things are on track. Does anyone have any questions? [*There were no questions*]. Thank you very much Paul.

5c. 2010 Schedule of Meetings

MR ROSS HUTCHISON: I am about as keen as Malcolm to delay us from our lunch. It is my duty to present the draft schedule of meetings proposed for Council and the standing component of our governance framework for 2010. In doing so I would perhaps just say three things. Firstly, although the schedule is contained on two sides of one sheet of A4 it represents a very considerable amount of behind the scenes work and liaison and I am very grateful to my secretariat colleagues and to members and others for their consideration and collaboration in trying to pull something together that is inevitably somewhat complex, both in terms of the scale and in terms of the demands that it makes on various constraints.

The second point to make is that we have tried in so far as possible to sequence meetings of the boards and Council so that matters that fall to be considered by the boards have an opportunity to be so considered before coming to Council. If we were claiming an achievement rate it would be slightly less than 100 per cent, but that has certainly been our aspiration and quite an important component of the design of this sequence of meetings.

The third thing to say is that we have, where possible, sought to avoid major religious holidays and the peak holiday seasons, and also in line with GMC tradition avoid calling people for meetings on Mondays or Fridays in terms of travel arrangements. Again our achievement rate has been slightly less than 100 per cent given the complexity and diversity of, for example, school holiday arrangements across the four countries, but following circulation of this list to members a couple of members raised specific issues with us about a couple of the groups and one of the boards. One of those sets of issues is now all but resolved and the other we are taking away and liaising directly with the secretaries of the group and board in question to ensure that, if possible, we accommodate the particular members' requirements on that.

Subject to those two points you are invited to agree the schedule of meetings before us.

MRS SUZANNE McCARTHY: One question which is that in paragraph 10 of the paper you refer to the matter that "*Council will meet elsewhere ...*" which I am perfectly happy to support, I think that is a good idea, but it would be useful to have a long notice of when we are going to be in Manchester or Belfast – both cities I would love to visit – because people like me have to make arrangements to get there and that means changing office arrangements and so on. If we could have notice of that it would be quite helpful.

THE CHAIR: I am sure we can do that, Ross, can we not?

MR ROSS HUTCHISON: We can certainly do that. The Manchester issue obviously is that we are planning to wait until we have moved into the new office

and the Belfast meeting we will reflect and let you know just as soon as possible. It is a good point.

THE CHAIR: It is important for us to plan ahead too because when we do go to Cardiff or Belfast or wherever we want to do more than simply have the Council meeting there, we want to engage with people. It is important that we plan ahead too so we will do that.

SIR RODNEY BROOKE: I wonder, Chair, if we could have a work plan both for Council and for the individual committees as clearly the secretariat and indeed you have in mind which issues are going to go to which Committee some way ahead and it would be quite useful to get a sense of direction generally.

THE CHAIR: Christine has had no warning of this question but we discussed this a while ago and I think Hamish's group may be discussing this as well. Where are we with this?

MS CHRISTINE PAYNE: We have a forward agenda planning programme in place in relation to Council and we do more work on that as the business plan develops. The committees, boards and reference groups have, I believe, all looked at their work programmes for the year ahead.

THE CHAIR: To be more specific when do you think it would be likely that Council could be shown an outline of the probable agenda items for the meetings through 2010?

MS CHRISTINE PAYNE: I think that is more likely towards the end of this year in conjunction with the business plan.

MR ROSS HUTCHISON: Could I just add, Chairman, that clearly there is a sense in which that work plan is an evolving document and certainly for our internal purposes we update it regularly and routinely after each Council meeting to make sure that any issues that have come up can be reflected in the forward agenda.

We are also in the process of pulling together on a regular basis an integrated forward planner for Council and the boards on the basis that they are in a sense the two strongest components that actually process business with, in the case of the boards, delegated authority. I am sure we could circulate a version of that.

THE CHAIR: The reason I was so interested in this and raised it with Christine initially was that I wanted Council to know what was and was not coming up so that if there was something that was not coming up that you thought should be

coming up you could pick it up. Just to reassure you, I am very keen to see this happening and it is being worked upon. Hamish and then Archy.

DR HAMISH WILSON: It would be helpful to see the work plans of all of the components because we spoke earlier on about the inter-relationship and the importance of the inter-relationship between the various strands of work. I think the work programmes can help do that and indeed give an opportunity for others to say, "Yes, I see where that bit links into the work I am involved in in this other group." I think it would have some real benefit.

THE CHAIR: That is a good point. Archy.

ARCHY KIRKWOOD: I would like strongly to suggest that Rodney's Audit and Risk Committee that is scheduled for Thursday, 6 May should be provided with sleeping bags because the political risks may be different on 7 May!

THE CHAIR: Thank you so much for that. If there are no other questions; thank you all very much indeed; lunch awaits.

The Chair brought the meeting to a close at 1.15 p.m.