

To approve

Minutes of the Meeting on 22 October 2009¹

Present

Professor Peter Rubin, Chair

Sir Rodney Brooke
Ms Sally Hawkins
Dr John Jenkins
Ms Ros Levenson
Professor Malcolm Lewis
Mr Robin MacLeod
Professor Rajan Madhok
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

Mr Paul Philip
Acting Chief Executive and Registrar

¹ These Minutes should be read in conjunction with the Council papers for this meeting, which are available on our website at <http://www.gmc-uk.org/>. A transcript is also available on our website.

Chair's Business

1. Apologies for absence were noted from Professor Jane Dacre, Dr Sam Everington, Archy Kirkwood and Dr Johann Malawana.
2. The Chair welcomed members to the first Council meeting held in Cardiff since Council was reconstituted. The Chair noted that the visit had enabled a number of constructive and positive meetings with key interests, including the joint GMC/BMA/Welsh Assembly Government Revalidation event on the previous day.
3. The Chair advised:
 - a. That he had recently attended a series of meetings with key interests in Northern Ireland, including with Michael McGimpsey MP, Northern Ireland Health Minister.
 - b. That the programme of visits around the UK to meet with doctors had begun. Details of the forward programme for 2010 would be circulated and members invited to attend.
 - c. That he had hosted dinners at each of the political party's conferences to engage with key interests on the GMC's priorities.
4. The Chair congratulated Ms Sally Hawkins on her appointment as Chair of the Bar Standards Board's Equality and Diversity Committee.

Minutes of the Meeting held on 10 September 2009

5. Council approved the minutes of the meeting on 10 September 2009 as a true record.

Chief Executive's Report

6. Council considered the Chief Executive's report, noting progress since the meeting on 10 September 2009, mapped against the key aims in the 2009 Business Plan.
7. Council:
 - a. Approved the extension of service of Stephen Thomas by one further year and of Mike Jeans by two further years, as co-opted external members of the Audit and Risk Committee, effective from 1 March 2010.

- b. Noted that progress towards the merger of the Postgraduate Medical Education and Training Board with the GMC was on track; but that approval of the full business case, which would enable access to the required funding, was still pending. The Chief Executive assured Council that discussions with the Department of Health (England) were ongoing and that, in the event that these did not resolve matters shortly, the Chair would make representations at the highest level.
- c. Noted that good progress was being made towards the introduction of licences to practise and that arrangements were in hand to ensure a smooth transition when licensing is introduced on 16 November 2009.
- d. Noted the launch of the GMC's new website on 18 October 2009, and commended its enhanced design, functionality and accessibility.
- e. Received information on performance against delivery of service targets. The Chief Executive explained that the closure and re-location of the Clinical Assessment Centre would have a temporary impact on capacity. However, following the Resources Committee's decision to increase the available resources, members were assured that delivery was expected to return to target by the middle of 2010.
- f. Noted the Chief Executive's invitation to submit nominations for the appointment of the new Chair of the Equality and Diversity Research Forum to the Office.

Department of Health (England) Consultation on the Responsible Officer Guidance and Regulations

8. Council considered the terms of the GMC's response to the DH(E) consultation on Responsible Officer Regulations and Guidance. During the discussion, Council considered that the consultation raised a number of important issues which should be raised in the response, including:
- a. The importance of the RO role in supporting good clinical governance within organisations and in enhancing the links between local healthcare systems and the GMC; as well as contributing to the wider quality agenda within healthcare.
 - b. The importance of establishing the positive nature of the RO's role in supporting doctors and delivering systems that will support good practice.
 - c. The importance of ensuring that the RO function is carried out in a way which is fair to all groups of doctors, and the need for this to be supported by appropriate guidance and quality assurance mechanisms.

d. The importance of ensuring that the RO role is properly valued and resourced; and the GMC's role in engaging with ROs and in identifying and encouraging good standards of practice.

e. The need for further work on how certain groups of doctors will link with an RO, and the GMC's suggestions on how this might be approached in relation to locums, doctors outside managed environments, doctors working in commercial organisations, and the role of the systems regulators.

f. That the requirement for an RO to ensure that doctors have qualifications appropriate to the work to be performed should be expanded to cover qualifications and skills including language proficiency appropriate to the work to be performed.

9. Council:

a. Agreed the terms of the response to the consultation on Responsible Officer Regulations and Guidance.

b. Agreed that the Chair of Council be authorised to finalise the consultation response, in the light of the issues and drafting points made during the discussion.

Revalidation: Progress Report

10. Council considered a progress report on the ongoing revalidation work programme, including progress on each of the 12 workstreams.

11. Council:

a. Noted the work of the UK Revalidation Programme Board, including information about the 'pathfinder' pilot programme in England coordinated by the NHS Revalidation Support Team.

b. Noted the work of the Continued Practice Board in considering revalidation issues, including progress on recertification work.

c. Noted that the consultation on revalidation in early 2010 would address key issues through a single consultation exercise, including the revalidation model, the *Good Medical Practice* Framework, criteria and principles for Multi-Source Feedback as part of revalidation, the role of Continuing Professional Development in revalidation, remediation and proposals for implementation.

d. Noted that, as proposals for the implementation of revalidation are developed, further consideration would be given to:

- i. The role of the RO in revalidation.
- ii. The collection and use of information about doctors' scope of practice.

12. During the discussion members emphasised:

- a. The importance of consideration of the equality implications as part of the consultation exercise, and at all stages in moving towards implementation.
- b. The importance of ensuring that communications by delivery partners about the 'costs' of revalidation distinguish between the actual marginal cost directly attributable, which it is envisaged will be small, and the necessary investment required to strengthen appraisal and clinical governance as part of the quality agenda within healthcare.

13. Members noted that there would be an opportunity to consider the issues further, including on the role of the GMC in Continuing Professional Development, on 9 December 2009.

Fitness to Practise Hearings Management: Outcome of Consultation

14. Council considered an analysis of the outcome of the consultation on fitness to practise hearings management.

15. Council:

- a. Noted the responses to the consultation.
- b. Agreed the proposed programme of work to be taken forward in the short and medium terms, including:
 - i. A review of the current case review process with a view to consideration of greater use of independent case managers.
 - ii. Consideration of more flexible use of case management telephone conferences.
 - iii. Consideration of greater use of video conferencing for witnesses.
 - iv. How to make better use of experts' meetings.
 - v. Greater use of release of parties during panel deliberations.

vi. Monitoring the impact of any changes on unrepresented doctors and modifying the process as necessary.

vii. The need to discuss with the Shadow Board of the Office of the Health Professions Adjudicator the benefit of undertaking comparative research into the factors that contribute to the length of GMC hearings; the use of reserved determinations and the merits of introducing cost provisions.

16. Council noted ongoing liaison with the new Chair of OHPA on the change programme and transitional arrangements, and agreed that he should be invited to attend a future Council meeting in due course.

Fitness to Practise Consensual Disposal: Outcome of Consultation

17. Council considered an analysis of the outcome of the consultation on proposals to extend the category of cases which can be concluded with undertakings at the investigation stage of the fitness to practise procedures, and proposals to amend the procedure for agreeing voluntary erasure when there are outstanding fitness to practise issues.

18. Council:

- a. Noted the responses to the consultation.
- b. Approved the revised guidance on consensual disposal.
- c. Agreed to amend the procedure for considering applications for voluntary erasure when there are outstanding fitness to practise issues.

Merger of PMETB with the GMC: Consultation on Draft Rules and Regulations

19. Council considered and approved, as the basis for consultation, draft Rules and Regulations for the assimilation of the functions of the Postgraduate Medical Education and Training Board into the GMC in relation to:

- a. The draft General Medical Council (Award of Certificate) Rules 2010.
- b. The draft General Medical Council (Applications for General Practice or Specialist Registration) Regulations Order of Council 2010 (amended as tabled).
- c. The draft General Medical Council (Registration Appeals Panel Procedure) Rules Order of Council 2010.

- d. The draft General Medical Council (Constitution of Panels and Investigation Committee (Amendment) Rules Order of Council 2010.

Joint Co-ordination Group: Progress Report

20. Council received a report from the Joint Co-ordination Group on progress towards the merger of PMETB with the GMC, including:
 - a. That confirmation of approval of the full business case and DH(E) funding was still pending.
 - b. An update on progress on preparation of and the timetable for the legislation required to effect the transfer of PMETB's functions to the GMC. Members noted that this remains a significant risk to achieving the legal transfer of functions by 1 April 2010. However, it was noted that the organisational merger of PMETB with the GMC will proceed in accordance with the agreed timetable even if there is some minor slippage in the timetable for transfer of PMETB's functions.
 - c. An update on the ongoing work to prepare for the integration in terms of the governance structures, accommodation, finance, information systems, human resources, business integration, and communication activities.

21. Council endorsed the assurance provided by the Joint Co-ordination Group that the project to merge PMETB with the GMC is on track, including that key risks associated with the legislation and co-location are being managed and mitigated appropriately, subject to noting that some significant risks outwith the GMC's control remain.

Report of Working Group: Review of Standing Orders

22. Council received the report of the Standing Orders Review Working Group.
23. Council:
 - a. Agreed that oversight for the Professional Linguistics Board should be undertaken by the Registration Reference Group.
 - b. Agreed the Working Group's recommendations that:
 - i. The trigger for concern about a member's attendance should be failure, without good cause, to attend, in any 12 month period, at least 75% of the meetings of boards, committees and reference groups to which they belong.

- ii. The practice of taking a verbatim transcript of Council meetings is no longer required.
 - iii. That if there is more than one candidate for the role of chair of a Board or committee, or convenor of a reference group, there should be an election among the members of the group in question.
- c. Approved the Governance Handbook (Annex A), subject to paragraph 23b and:
- i. Amendment of paragraph 29 on page A53 in relation to the description of approval of the risk management arrangements by the Audit and Risk Committee on Council's behalf.
 - ii. Removal of the drafting note in paragraph 56 on page A56 to confirm that approval of write off of debts of more than £25,000 will be referred to the Resources Committee for approval.
 - iii. Removal of the drafting note in paragraph 3 on page A49 to confirm that in exceptional circumstances, the Chair of Council, in consultation with the Chair of the Resources Committee, may if necessary waive the requirements of Financial Regulations temporarily.
 - iv. A further review by the Working Group of the part of the procedure for dealing with complaints about members in relation to any appeal by the Chair of the Council.

24. Dr John Jenkins and Dr Joan Martin dissented from Council's decision to cease the practice of taking a verbatim transcript of Council meeting.

25. Members noted that the Governance Handbook would be updated in the light of the outcome of the review of member appraisal; and to reflect the governance changes following the merger of PMETB with the GMC.

Any Other Business

26. Council noted the date of the next meeting on 9 December 2009.