

To consider

Chief Executive's Report

Issue

1. Progress on performance against the key aims in the 2009 Business Plan.

Recommendations

2.
 - a. To consider the Chief Executive's Report (paragraphs 5-117 and Annexes A-E).
 - b. To agree that the Equality and Diversity Research Forum should be chaired by a Council member (paragraph 88).
 - c. To agree that the Chair of the Resources Committee should determine any appeal by the Chair of Council in relation to the procedure for dealing with complaints against members (paragraph 114).
 - d. To endorse the appointment of Ann Robinson and Anne Weyman as members of the Audit and Risk Committee; and of Ann Robinson as Chair of the Audit and Risk Committee (paragraphs 115-117).

Further information

3. If you require further information about this paper, please contact us by email: gmc@gmc-uk.org or tel. 0161 923 6602

Background

4. This report brings members up to date on progress since the meeting on 22 October 2009. It is mapped against the key aims in the 2009 Business Plan. Where appropriate, there are cross references to other papers on the agenda. We have adopted an exception reporting approach – except where explained otherwise, progress is on track.

Discussion

Key Aim 1: To develop, promote and assure the quality of all aspects of basic medical education in the UK up to the point of full registration.

Develop and promote basic medical education

5. The Basic Medical Education Fitness to Practise Working Group met for the first time on 30 November 2009. Discussion included its terms of reference, project plan and work streams. The purpose of the working group is to examine fitness to practise issues in undergraduate medical education and foundation year one, with a specific focus on the transition between the two stages, and provide advice to the GMC through its Boards. The formation of the group builds on the GMC's extensive work in student fitness to practise which aims to foster a more consistent approach to decision-making within and between medical schools.

6. Section 10A of the Medical Act 1983 provides for the General Council to determine the content and standard of programmes for provisionally registered doctors (the first year of the Foundation Programme) and the assessment arrangements required before certification of experience can be provided. Council has delegated this power to the Postgraduate Board.

7. The Foundation Programme curriculum, developed by the Academy of Medical Royal Colleges Foundation Programme Committee (AFPC), specifies the content for the two year foundation programme, and the associated assessment system. The former Education Committee approved the current curriculum in December 2006.

8. On 5 November 2009, the Postgraduate Board ratified a revised curriculum and assessment system, following detailed scrutiny and approval at a joint meeting of a Postgraduate Board sub-committee and a PMETB Curriculum and Assessment Approval Panel on 23 October 2009. Conditions of approval were set and members of the Postgraduate Board sub-committee and GMC staff will confirm that the AFPC has met these conditions when a final version is submitted in early December 2009.

9. The new curriculum will come into effect from August 2010 and will be reviewed in 2014.

10. The Postgraduate Board commended the positive approach taken by the sub-committee, staff, PMETB's Approval Panel and the AFPC to a detailed and complex piece of work.

Assess and report on eight medical schools

11. The 2009 QABME programme continued. On 10 November 2009, the Undergraduate Board noted the responses of the medical schools visited as part of the current cycle to their respective report. The reports and responses have been published on our website.

Quality Assurance of the Foundation Programme

12. The 2009 QAFP programme continued. The Postgraduate Board considered the report on the Severn Deanery on 5 November 2009.

Consult and publish a fully revised edition of *Tomorrow's Doctors*

13. On 10 November 2009, the Undergraduate Board considered an evaluation report on the *Tomorrow's Doctors* project. The outcomes from the report will inform future projects and policy development as part of our continuous improvement programme.

Key Aim 2: To promote and develop postgraduate medical education and training in the UK, through joint work with PMETB as the competent authority, in preparation for the merger of PMETB with the GMC.

14. We continued to make good progress in preparation for the merger (paper 6a on the agenda).

15. The draft Order to merge PMETB with the GMC, the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2010, was laid before Parliament on 18 November 2009. The Order will now be debated in both Houses of Parliament. There is as yet no timescale for the debate.

Key Aim 3: To enhance assurance that licensed doctors are up to date and fit to practise by introducing the licence to practise and preparing for revalidation.

16. We continued to make progress on revalidation (paper 5 on the agenda).

17. We successfully introduced the licence to practice on 16 November 2009, with minimal impact on our services. This is the first practical step towards the introduction of revalidation.

18. The licensing campaign 'It's time to decide' ran throughout much of 2009 and resulted in 97.3% of all registered doctors providing us with their licensing decision, as well as other information about their practice.

19. All 218,153 doctors who requested a licence (as well as the small number who did not respond) have been granted a licence, with 5.6% (12,907) of doctors remaining registered without one.

20. We will now conduct an evaluation of the project, including the communications campaign, to ensure we learn lessons for future work related to revalidation.

Key Aim 4: To encourage and support doctors in the delivery of high quality healthcare by providing accessible up to date guidance on standards and ethics.

Update and reissue guidance, focussing on end of life care, confidentiality and research

21. We re-issued the guidance on *Good Medical Practice* for use in a pandemic. The revised guidance responds to the nature of the pandemic, and removes references to UK Alert Level 3, which had previously been the trigger for the guidance coming into force. As some areas in the UK have much higher levels of infection than others, and some specialties are more affected than others, the guidance now enables doctors to decide when they are no longer able to work normally, and can adopt *Good Medical Practice* for use in a pandemic.

22. The revised guidance includes a new introduction emphasising our expectation that doctors will act responsibly and reasonably in the circumstances they face.

23. We have analysed the responses to the consultations on new guidance on research and on making and using audio and visual recordings of patients. We received 85 responses to both consultations, the majority of which were supportive overall. The Standards and Ethics Reference Group will consider revised draft guidance on 2 February 2010, following which Council will be invited to agree the guidance for publication.

24. Work on the review of our guidance on end of life treatment and care continues.

Develop further learning materials and new ways of promoting our guidance

25. We continued to promote the new guidance on confidentiality, including training for GMC staff and panellists, participating in external events and conferences, and developing case studies for *GMP in Action 4*.

26. We also continued to develop further case studies for publication in 2010 and learning materials on working with patients with learning disabilities.

Engage with key interest groups in the development of guidance

27. Following discussion at the Postgraduate Board on 5 November 2009, we are considering how best to engage with key interests, including the voluntary sector, on promoting and supporting better care for patients with learning disabilities.

Set evaluation criteria to measure the effectiveness of our guidance

28. We are drafting survey questions on doctors' awareness of, and attitudes to, *Good Medical Practice* and its supporting guidance to provide a better understanding of the issues that we need to address and a baseline against which we can evaluate the success of further initiatives.

Key Aim 5: To support high quality healthcare by ensuring a co-ordinated approach to education and training across all phases of a doctor's career.

Support the review led by Lord Patel

29. On 11 November 2009, Lord Patel met John Jenkins, Jim McKillop and Stuart Macpherson (Chair of PMETB) to discuss the emerging themes of the review.

30. A range of key interests, including public members of our Reference Community, met to explore some of the emerging issues in more detail at a seminar on 24 November 2009.

31. In the light of these discussions, and following further work by the review group in December 2009, we will consult publicly on the draft report of the review early in 2010. During the consultation, the Undergraduate, Postgraduate and Continued Practice Boards will consider the draft report.

32. The final report will be submitted to Council and PMETB in March 2010.

Engage effectively with key interests to ensure a strategic approach across the UK

33. In partnership with the King's Fund, the Royal College of Physicians London, the NHS Institute for Innovation and Improvement, the University of Liverpool and Student BMJ, we hosted three further road shows for medical students: in Exeter on 4 November 2009, in Southampton on 10 November 2009, and at the Bart's and London Medical School on 1 December 2009.

34. The purpose of the events is to promote and encourage debate about the concept of professionalism, including engaging with professional regulation, the role of the doctor and professional values. Peter Rubin represented the GMC in Exeter and London and Jim McKillop in Southampton. The final 2009 road show will take place in Edinburgh on 16 December 2009.

35. Feedback from participants at the 2009 road shows has been overwhelmingly positive. Peter Rubin, Jim McKillop, other members of the Undergraduate Board, and Niall Dickson will continue to support the programme in 2010.

Develop the three boards themed around the main phases of a doctor's career

36. The Postgraduate Board met on 5 November 2009. Discussion included the work we undertake with the Deaneries in fitness to practise cases, and how we might promote and support better care for patients with learning disabilities during 2010.

37. The Undergraduate Board met on 10 November 2009. Discussion included developing QABME and the review of the *Gateways* guidance.

38. We updated the Undergraduate and Postgraduate Boards on the work by the Medical Schools Council, commissioned by the Department of Health (England) to lead a Steering Group, to carry out an option appraisal for the best approach for selection of applicants into the UK Foundation Programme and allocation to foundation schools.

39. We also informed the Undergraduate and Postgraduate Boards about a review by DH(E) of multi-professional education and training funding in England.

Key Aim 6: To safeguard patients by ensuring the integrity and accessibility of the List of Registered Medical Practitioners.

Ensure that we provide comprehensive LRMP information in an effective manner

40. The programme of work to develop the register agreed by the Registration Reference Group in October 2009 continued. We have developed programme initiation documentation to define the scope, approach and controls of the work, including governance arrangements, risk management, deliverables and milestones.

41. A project team has been established and will meet in December 2009 to consider and endorse the documentation, after which the detailed programme of work will commence.

Develop the register to reflect the introduction of licensing

42. In October 2009, teams from across the organisation continued to prepare for the introduction of the licence to practise, ensuring that all their documentation was up-to-date and that the new licensing processes were fully tested and ready for implementation on 16 November 2009.

43. The LRMP was updated successfully to support the introduction of the licence to practise on 16 November 2009, reflecting the new status of all doctors on the register.

Agree with the profession and the departments of health in the four countries of the UK, additional information about doctors that we should hold and make available

44. We will engage with key interests as we take forward the work programme agreed by the Registration Reference Group to develop the register.

Credentialing

45. On 27 October 2009, the Continued Practice Board and the GMC Credentialing Working Group (comprising GMC and external interests) held a preliminary discussion on credentialing. They agreed that a short position paper on credentialing be prepared for wider circulation and discussion with key external audiences.

46. The Continued Practice Board and the Postgraduate Board will discuss the paper in early 2010 to help inform our emerging views.

Performance against targets

47. Key operational statistics are at Annex A.

48. In October 2009, we narrowly missed the targets for responding to letters and e-mails (99% against a target of 100%).

49. We exceeded all other targets, despite an increase in calls to the Contact Centre due to last minute enquiries from doctors about their licensing status, and increases in the number of applications for registration from EEA and IMG doctors. EEA applications levels were close to the levels experienced during the summer peak.

Key Aim 7: To enhance patient safety by dealing fairly and effectively with doctors whose fitness to practise may be impaired.

Deal firmly and fairly with fitness to practise concerns

50. The Safeguarding Vulnerable Groups Act 2006 (the Act) provides the framework for a new scheme that requires the registration of all those who wish to work with children and vulnerable adults in England, Wales and Northern Ireland. The Act imposes a statutory duty on the GMC (and other regulators) to share information with the Independent Safeguarding Authority, the organisation established to administer the scheme, in prescribed circumstances. This statutory duty came into effect on 12 October 2009.

51. We continue to work with officials at ISA to agree the criteria for referral to ISA. We met with officials from the Department of Health (England), ISA and other regulators on 10 November 2009. At that meeting, it was agreed that DH(E) would host a workshop for healthcare regulators in mid-January 2010 to resolve ongoing issues. For health regulators, the intention is that the key output from the workshop will be a set of principles that clarify the types of cases healthcare regulators should refer to ISA and the trigger point for such referrals.

52. I have also had a conversation with Adrian McAllister, the Chief Executive of ISA and he has expressed his confidence that matters will be resolved through scheduled meetings and workshops in the coming months. I wrote to him on 2 December 2009 to set out our verbal understanding of the principles relating to our making referrals in the interregnum until we have a formal agreement in place.

53. On 1 December 2009, we published a virtual hearing room on our website to allow witnesses, doctors and others attending hearings to see in advance what a hearing centre looks like, the facilities available and those who will be present. It is linked to the witness support project and work is underway to produce information to help doctors (particularly those who are unrepresented) to understand how a hearing runs and what is involved. The aim is to reduce the amount of wasted time at hearings.

54. Details of performance against service targets and open caseloads are at Annex B.

55. We have met the adjudication service target (90% of panel hearings to begin within nine months of referral) this month. However, continuing high referral rates together with a further increase in the predicted average hearing length is putting sustained pressure on our ability to meet this target. We have increased our hearing capacity (to 16 hearing rooms from October 2009) in response to this but expect to continue to struggle to meet the service target through the early part of next year. We will be looking at a number of measures to help us to manage the caseload further and anticipate an improvement in performance during the later part of 2010. The Fitness to Practise Reference Group will discuss our ongoing response to this issue at its meetings on 15 December 2009 and 2 February 2010.

56. We met or exceeded all targets, save for the target for completing 90% of the investigation process within six months (87%), although we continue to meet the 12 month target. We continue to achieve against our productivity targets in the Investigation Team, and performance against service target needs to be seen in the light of an increase in enquiries received this year as well as an increase in those cases assessed as Stream 1 (those cases at the more serious end of the spectrum)..

57. The Interim Orders Panel sat for 29 days in October 2009. 406 interim orders were in place at the end of October 2009 (401 at the end of October 2008). A detailed breakdown of panel sitting days in October 2009, compared with the same period in 2008, is at Annex C.

58. In October 2009, hearing room utilisation was 73% (against a target of 80%). This was due to the last minute cancellation of one case. However, average utilisation for the period January-October 2009 exceeds target (87%).

59. There have been no new applications in the High Court challenging an IOP decision. Table 1 summarises appeals and judicial reviews as of 1 December 2009. Additional information is at Annex D.

Table 1:

	Cases carried forward since last report	New cases	Concluded cases	Outstanding cases
Appeals	20	7 ¹	6	21
Judicial Reviews	11	3	1	13

60. Of the six appeals which concluded, three were withdrawn and three dismissed (with costs awarded to the GMC in one case).

61. The judicial review concluded with permission being refused.

62. There have been no new referrals by CHRE to the High Court under Section 29.

63. We continue to deal with a range of other litigation, including cases before the Employment Tribunal and the Employment Appeals Tribunal.

Work with healthcare providers on the identification of problems and remedies

64. We replied to DH(E)'s consultation on the framework for responsible officers and their duties relating to the medical profession, taking into account the discussion at the Council meeting on 22 October 2009.

Prepare for the Office of the Health Professions Adjudicator

65. The management of the OHPA project has now passed from DH(E) to the OHPA Transition Team. The newly constituted Programme Board met for the first time on 18 November 2009 and agreed its terms of reference, as well as proposals around wider governance arrangements.

66. We have had preliminary discussions with the OHPA Transition Team on developing a Memorandum of Understanding, in which we will agree the terms of engagement between the GMC and OHPA, as well as the key assumptions around issues such as funding, the approach to transferring staff, the process for recruiting panellists, the location of OHPA, and the process for transferring cases to OHPA.

67. We continue to keep adjudication staff and panellists aware of developments through monthly staff meetings and panellist training events. Walter Merricks, OHPA's Chair, will attend a panellist forum meeting on 7 December 2009 and the Fitness to Practise Reference Group meeting on 15 December 2009. We are arranging for Mr Merricks to meet Council members in February 2010.

¹ Includes one new case in the Court of Appeal.

Assess the affiliate pilot studies on GMC affiliates and agree a way forward

68. We received KPMG's final report of their independent evaluation of the Affiliates pilot. The report is very positive about the quality of the pilots and the impact of the Affiliates in the pilot areas. It makes clear that there will be substantial cost implications in rolling out the pilot model nationally and discusses a range of options for delivering some form of national Affiliates scheme.

69. The report will be considered by the Fitness to Practise Reference Group on 15 December 2009, and by Council on 16 February 2010.

Deliver research findings on the over-representation of IMGs

70. The projects we have commissioned through the Economic and Social Research Council (ESRC) are on track to complete by the end of 2009. Findings will be made available to Council and the public as soon as practicable after peer review by the ESRC.

Key Aim 8: To ensure that medical regulation is responsive, targeted and evidence-based by enhancing and developing a comprehensive research programme.

Assess research findings from the ESRC partnership

71. Once complete and signed off by the ESRC, the findings from the projects and fellowship commissioned through the collaborative research programme with the ESRC, under the auspices of their Public Services Programme, will be reported to Council. The Research Reference Group has agreed plans for presenting the projects to Council in February 2010.

72. We have agreed to contribute to the ESRC's Public Services Programme evaluation plan, which starts in October 2010. In conjunction with the Research Reference Group, we are beginning to consider the possibility of undertaking an internal audit-style review of the research programme.

Build on our collaborative programme with the ESRC

73. We have started to discuss further collaboration with the ESRC and we continued establishing contact with organisations, such as the Medical Research Council and the Wellcome Trust, to investigate the opportunities for collaborative research going forward.

Appoint a research fellow

74. The Research Reference Group has considered a draft brief and will consider the detailed specification and timing of the Fellowship, with input from the Equality and Diversity Reference Group, in the light of the development of the research strategy in Q1 2010 and following Council's agreement of the Corporate Strategy (paper 4a on the agenda).

Other research

75. As part of our wider research programme we commissioned a project investigating the prevalence and causes of prescribing errors in secondary care, with a specific focus on whether F1 doctors make more errors than others, and whether educational interventions may reduce errors.

76. The project broadly concluded that errors are made by prescribers at all levels; that F1 doctors do not make the most errors, and that an increase in educational interventions (such as the teaching of pharmacology) alone would not reduce errors. It also highlighted a number of operational safeguards in hospitals which ensure that errors do not reach patients. All recommendations supported the developments made in the new draft of *Tomorrows Doctors*.

77. The project recently concluded and will be published on our research webpage on 2 December 2009. We will also hold a media launch in collaboration with the Science Media Centre on the 2 December 2009, and an article will be published in the next edition of *GMCtoday*.

78. In order to understand the levels of errors across all areas of medical practice, we are commissioning a complementary project to investigate the prevalence and causes of prescribing errors in general practice. Tendering for this project began on the 21 November 2009 and we anticipate awarding the project by the middle of December 2009.

Key Aim 9: To develop further and implement our strategy for valuing diversity and promoting equality in all aspects of our work.

Produce a comprehensive equality and diversity strategy that provides appropriate profile, impact and consistency to equality and diversity across the GMC, bringing together our internal policies and practices with our external engagement in a coherent way

79. Andrea Callender, Head of Diversity, joined the GMC on 2 November 2009 and is responsible for leading the process of further developing an equality and diversity strategy that gives greater profile, impact, and consistency to equality and diversity across the GMC, ensuring it is delivered at the heart of policy development and decision-making.

80. Work continues to deliver the activities as part of our equality and diversity work programme. In Q1 2010 we will begin work to create a general resource for key data on equality and diversity. This will provide useful information on different diversity groups across all aspects of our work and will help the information gathering process for equality impact assessments.

81. On 22 September 2009, the Equality and Diversity Reference Group discussed a proposal to join the six employer-focused diversity organisations linked to the key strands of diversity: Race for Opportunity, Opportunity Now, the Employers Forum on Disability, the Employers Forum on Age, the Employers Forum on Belief and Stonewall (Diversity Champions Programme).

82. These organisations fulfil a unique function and purpose and are the only organisations in the UK that deliver a broad range of specialist services to employers within their respective strand of diversity. They will give access to benchmarking data which will be crucial in moving forward our equality and diversity work.

83. Since 22 September 2009, a full review of these organisations has been undertaken and we concluded that membership will not lead to any actual or presentational risks. We have, therefore, proceeded with our plan to join the six organisations.

Ensure that our equality and diversity strategy supports us in delivering independent, accountable regulation that promotes fairness and quality and values diversity

84. The E&DRG will meet on 3 December 2009 and discussion will include GMC and PMETB continued joint working on equality and diversity, the Equality Scheme action plan for 2010, the Corporate Strategy and evaluation of the *Gateways* guidance.

Deliver Equality Impact Assessments, ensuring that they are undertaken at a sufficiently early stage in the policy development process

85. We continue to deliver our Equality Impact Assessment plan for 2009; and are developing our equality impact assessment plan for 2010.

Deliver our Equality Scheme Action Plan

86. The action plan to the Equality Scheme will be reviewed by the E&DRG at its meeting on 3 December 2009. We will publish our plan for 2010 on our website in January 2010.

87. As part of the Equality Duty, we are required to conduct a major review of our Equality Scheme every three years. The Scheme last underwent a significant review at the end of 2007. Work to set our equality objectives, and the steps we will undertake to achieve them, will be undertaken alongside the development of the Corporate Strategy. The outcome of this review will be considered by the E&DRG on 11 February 2010.

Engage with key interests through our Equality and Diversity Research Forum

88. In my report on 22 October 2009 I referred to the need to appoint a new chair of the Equality and Diversity Research Forum which is due to hold its next meeting in Q1 2010. Following further discussion with the Chair of Council we propose that the Forum should be chaired by a Council member. Subject to Council's agreement to this, we will invite expressions of interest from Council members in accordance with the usual procedure.

Recommendation: To agree that the Equality and Diversity Research Forum should be chaired by a Council member

Key Aim 10: To enhance our economy, efficiency and effectiveness.

89. Details of income and expenditure are at Annex E.

Develop the in house legal team to reduce the cost of legal services by £1.2 million

90. The recent recruitment processes have proved successful. As a result, we are making offers of employment to four new legal staff; two solicitors and two paralegals. Further recruitment is planned to recruit a specialist policy lawyer and to fill a vacant management position.

91. The continued expansion of the team has enabled us to manage in-house the complex and resource intensive fitness to practise cases alongside the majority of the litigation. We continue to progress well with our plans to reduce the overall cost of our legal services further. In year savings are estimated to be in the order of £2.4m against the 2009 budget.

Save £750,000 in the procurement of goods and services

92. As at 10 November 2009, we had recorded some £889,500 in the year to date Savings Log. The main source of savings continues to be from rail ticketing, currently some £237,000.

93. During August and September 2009, we tendered for solicitors. Following due process we retained the current, and appointed a second, solicitors firm.

94. Other notable procurement activity included tenders for telephony infrastructure and print services, including the production of *GMCToday*.

Complete the third phase of the Strategic Applications Project

95. We successfully implemented SAP Phase 3 on 16 November 2009, with the introduction of the new Agresso system to support finance, billing, payroll, HR and procurement, and revisions to the existing Siebel system to support the introduction of the licence to practise.

Implement a competence and performance based pay-and-reward system

96. We have continued to make significant progress on developing our pay and reward systems. We have successfully deployed our new HR system, Agresso; and our online learning management system is playing an increasing role in delivering training.

97. The Resources Committee received a report on pay in November 2009; and a series of staff seminars is planned for December 2009 to provide an opportunity to consult on developing our pay arrangements.

Relocate our Manchester staff to modern, long-term, accommodation

98. The fit out of the new office in Manchester, which began on 17 August 2009, proceeds on schedule. Practical completion and handover of the office accommodation is scheduled for 4 December 2009 and of the Clinical Assessment Centre on 18 December 2009.

99. The Manchester Office move IT projects, including installing a new wide area network, a new telephone system, and the relocation of the GMC's primary computer centre, proceed to plan.

100. Relocation consultants and a physical move supplier have been engaged to plan the physical move of 350 staff from St James's Buildings to the new accommodation, and the Clinical Assessment Centre from London to Manchester.

101. The relocation of Manchester-based staff is planned for January 2010.

Other efficiency and effectiveness

102. We continually look to improve the efficiency and effectiveness of our processes and procedures. We have 38 active continuous improvement projects across our Registration and Fitness to Practise Teams, 23 of which are underway.

103. The Corporate Strategy and 2010 business planning processes continued (papers 4a and 4b on the agenda). We have commenced the commissioning of opinion research to set a benchmark for some of our evaluation work on the new Corporate Strategy. This will build on previous surveys of patients' and doctors' perceptions of the GMC and how doctors are regulated, as well as the issues that they think should be of importance to us as a regulator. We have asked members of the group which previously worked with our Communications Directorate on the Communications Strategy to provide input to this work, which we aim to complete in Q1 2010.

104. The majority of the GMC is now within the scope of the British Standards Institute's ISO 27001. We were assessed by BSI on 22 October 2009 in London and on 12 and 13 November 2009 in Manchester. Once again, we successfully demonstrated the high standard of information security and information security awareness required by ISO 27001 and our certification has been validated for another year.

105. In particular, BSI were particularly impressed by:

- a. High levels of information security awareness throughout the GMC.
- b. An effective clear desk and clear screen policy to ensure that all sensitive material is secured overnight and that screens are locked when colleagues step away from their desks.
- c. An excellent Information Security Management System.

106. On 4 November 2009, the Council for Healthcare Regulatory Excellence published its report and recommendations on its review, commissioned by the Secretary of State for Health, of the General Social Care Council's conduct function. In the light of this, and in particular the recommendations on the oversight and governance of the GSCC's conduct function, we are undertaking an internal audit review of the integrity of our fitness to practise performance information to ensure that we are satisfied as to our own processes in this respect.

Commanding confidence and support

107. We sought the views of public members of the Reference Community on the draft of a new information leaflet for patients and the public, *Understanding a doctor's registration*.

108. Several doctor members of the Reference Community contributed to the development of the next group of case studies for *GMP in Action*.

109. We asked public and doctor members of the Reference Community for views on the issues to be considered as part of our review of our guidance *Management for Doctors*.

110. We held a Parliamentary Surgery on 10 November 2009 to help Members of both Houses of Parliament and parliamentary staff find out more about our role and what revalidation means for doctors and the public.

111. On 16 November 2009, I gave evidence regarding Directive 2005/36/EC on the recognition of professional qualifications at a public hearing organised by the Internal Market and Consumer Protection Committee of the European Parliament. In giving evidence I presented our view that the European Commission should rebalance the EU freedom of movement framework with better safeguards for patients and effective medical regulation. The Committee's hearing will feed into the European Commission's revision of the Directive planned for 2012.

112. On 2 December 2009, Archy Kirkwood will speak at a Healthcare Professionals Crossing Border reception in the European Parliament to discuss the importance of healthcare regulation in Europe for patient safety. The event will also provide an opportunity to present the findings of the HPCB's survey on the implementation of the Portugal Agreement and information sharing across competent authorities in Europe to MEPs and stakeholders in Brussels.

113. We will also present the survey's findings at the next meeting of the Conseil Européen des Ordres des Médecins on 4 December 2009.

Recommendation: To consider the Chief Executive's report.

Governance

Governance Handbook

114. Council approved the Governance Handbook on 22 October 2009 subject to minor drafting amendments (paper 2 on the agenda, minutes of the meeting on 22 October 2009). It was also agreed that the Working Group on the Review of Standing Orders should consider further the arrangements for dealing with any appeal by the Chair of Council in relation to the procedure for dealing with complaints against members. Following further consideration, the Working Group recommends that any appeal by the Chair should be considered by the Chair of the Resources Committee.

Recommendation: To agree that the Chair of the Resources Committee should determine any appeal by the Chair of Council in relation to the procedure for dealing with complaints against members.

Appointments to the Audit and Risk Committee

115. Discussions are underway with the Appointments Commission about the process and timetable for the appointment of a new lay Council member to fill the vacancy arising from Sir Rodney Brooke's resignation.

116. The vacancies on the Undergraduate Board and the Education and Training Reference Group will be filled by the new member upon appointment. Following discussion with the Chair of Council, and in consultation with the members of the Audit and Risk Committee, it was agreed that the vacancy on the Audit and Risk Committee should be filled as soon as practicable from within Council's current membership.

117. Following a nomination process and in consultation with the Chair of Council and members of the Audit and Risk Committee, it was agreed that both nominees, Ann Robinson and Anne Weyman should be appointed to the Audit and Risk Committee. Following this, the process for appointing the new Committee Chair was undertaken, and Ann Robinson was nominated unopposed.

Recommendation: To endorse the appointment of Ann Robinson and Anne Weyman as members of the Audit and Risk Committee; and of Ann Robinson as Chair of the Audit and Risk Committee.

Resource implications

118. None.

Equality

119. None.