

30 September 2015

**Council**

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*To approve*

**Minutes of the Meeting on 2 June 2015\***

**Members present**

Terence Stephenson, Chair

Shree Datta  
Christine Eames  
Helene Hayman  
Deirdre Kelly

Jim McKillop  
Denise Platt  
Enid Rowlands

**Others present**

Niall Dickson, Chief Executive and Registrar  
Susan Goldsmith, Chief Operating Officer  
Paul Buckley, Director of Strategy and Communication  
Judith Hulf, Senior Medical Adviser and Responsible Officer  
Una Lane, Director of Registration and Revalidation

Anthony Omo, Director of Fitness to Practise  
Vicky Osgood, Director of Education and Standards  
Christine Payne, Council Secretary  
David Pearl, Chair of the Medical Practitioners Tribunal Service (item 7)  
Neil Roberts, Director of Resources and Quality Assurance

\*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>

## Chair's Business

- 1 It was noted that apologies for absence had been received from Ajay Kakkar, Michael Farthing, Suzi Leather and Julian Lee.
- 2 The Chair reported that Council had agreed, on action taken between meetings, the appointment of Jason Britton and Tim Scholefield as external co-opted members of the Investment Sub-Committee.

## Minutes of the meeting on 23 April 2015

- 3 Council approved the minutes of the meeting on 23 April 2015 as a true record.

## Chief Executive's Report

- 4 Council considered the Chief Executive's Report, noting developments in the external environment and progress on our strategy and key outcomes of note from the Strategy and Policy Board meeting on 21 May 2015.
- 5 Council approved amendments to the Governance Handbook relating to:
  - a The implementation of the statutory overarching objective and the overriding duty.
  - b The Investment Sub-Committee.
- 6 During the discussion, Council noted that:
  - a It was disappointing that no timetable had yet been agreed for the Law Commissions' Bill, and that the GMC continued to explore options for securing legislative reform as soon as parliamentary time allows.
  - b The Implementing Regulation on the European Professional Card had been adopted, despite concern about the Regulation which will limit the powers of the GMC to decide who is registered under the temporary and occasional registration arrangements when the card is extended to the medical profession in 2018.
  - c Details of the legislation that will be introduced to the UK Parliament in 2015 which is of relevance to the work of the GMC would be circulated to members for information after the meeting.

## Chief Operating Officer's Report

- 7** Council considered the Chief Operating Officer's Report, noting:
- a** The commentary on operational performance, including an update on the review of performance data reporting.
  - b** Key outcomes of note from the Performance and Resources Board meeting on 14 April 2015.
  - c** Operational performance and volumes of activity for fitness to practise, registration and certification work, Professional and Linguistic Assessments Board tests, Contact Centre and reception services, and revalidation.
  - d** Summary information on current judicial reviews and appeals.
  - e** Income and expenditure to the end of April 2015.
- 8** Council noted that the current format of performance reporting would be replaced with a revised format reporting on operational key performance indicators and Council priorities in the Chief Operating Officer's report for meetings from September 2015 onwards.

## Trustees' Annual Report and Accounts 2014

- 9** Council considered the Trustees' Annual Report and Accounts for the year ended 31 December 2014, noting that they had been reviewed by the Performance and Resources Board and the Audit and Risk Committee, and prepared in accordance with the Charities Act 2011 and the Statement of Recommended Practice for Accounting and Reporting by Charities. Council noted the statement of accounts, which represented a summary of financial activity for the year ended 31 December 2014. This had been reviewed by the external auditors, Crowe Clark Whitehill, who were content that the financial statements represented a true and fair view of the GMC's financial position, and that there were no matters of exception which required reporting.
- 10** Council:
- a** Approved the Trustees' Annual Report and Accounts for 2014.
  - b** Approved the Letter of Representation.
  - c** Authorised the Chair of Council to sign the Annual Report and Accounts for 2014, and the Letter of Representation, on its behalf.

**11** During the discussion, Council noted that:

- a** While the Annual Report and Accounts was required to fulfil a statutory obligation, efforts had been made to make it more reader-friendly and engaging for key interests and members of the public.
- b** In future years it was planned to produce an impact report with the aim of focussing on the impact of the GMC relevant to different audiences. This would include consideration of presenting information relevant to the context in each of the four UK countries.
- c** Consideration would be given to how best to coordinate timing of the publication of the impact report, the GMC's priorities leaflet and the *State of medical education and practice* report as part of the work to develop the Communications and Engagement Strategy; and to how the GMC's communications might be better used to facilitate improved engagement and understanding of the GMC's role with patients and the public.

**Fitness to Practise Annual Statistics Report 2014****12** Council considered the Fitness to Practise Annual Statistics Report 2014.**13** Council:

- a** Noted the key figures and trends identified in fitness to practise activity in 2014.
- b** Approved the Fitness to Practise Annual Statistics Report 2014, to be submitted to the Privy Council for laying before the Houses of Parliament.

**14** During the discussion, Council noted that:

- a** The current primary legislation requires the GMC to consider every complaint referred, which accounts for the high number of fitness to practise enquiries.
- b** The GMC's case examiners have a critical role in the investigation stage. Consideration would be given to scheduling a seminar for members on the work of case examiners.
- c** The time taken to complete an investigation can be impacted upon by external factors such as a police investigation or the ill health of the doctor under investigation. Council noted that those cases taking a significant length of time were monitored regularly on an individual basis as well as being subject to an annual review by external legal advisers.

- d Consideration of how to make better use of local systems, including Responsible Officers, in the complaints process would be included for discussion at the Council awayday in July 2015.

### **Report of the Chair of the Medical Practitioners Tribunal Service**

- 15 Council considered a report on the activities of the Medical Practitioners Tribunal Service and its work and performance since the previous report to Council in December 2014.
- 16 During the discussion, Council noted that diversity figures for current panellists, following recent appointments, were very positive.

### **Report of the Audit and Risk Committee**

- 17 Council considered the report of the Audit and Risk Committee's activities since its last report on 10 December 2014.
- 18 Council approved the reappointment of John Morley as a co-opted member of the Audit and Risk Committee for a further period of four years, effective from 1 September 2015.
- 19 During the discussion, Council noted that:
  - a The Audit and Risk Committee had reviewed an analysis of significant event reviews and that follow up work by internal audit had indicated actions were being implemented appropriately. This included a review of the response to concerns at the Aberdeen Royal Infirmary.
  - b A procurement exercise would shortly be undertaken to appoint external auditors for a new three-year period.

### **New medical education and training standards**

- 20 Council considered the new medical education and training standards, *Promoting excellence: Standards for medical education and training*, which had been developed following a public consultation that closed on 24 March 2015.
- 21 Council:
  - a Noted the themes from the consultation responses.

- b** Approved the new medical education and training standards, *Promoting excellence: Standards for medical education and training*, to come into force on 1 January 2016.

**22** During the discussion, Council noted:

- a** The purpose of the new standards was to simplify, reduce and focus expectations for the quality of medical education and training. Council noted that the GMC would continue to work closely with Local Education and Training Boards (LETBs) and deaneries to monitor standards and ensure that doctors in training were placed in environments that were appropriately meeting those standards.
- b** Plans to conduct a survey of trainers in 2016, which would be similar to that already in place for doctors in training as the National Training Survey.
- c** Its thanks to the Director of Education and Standards and her team for their work in the development of the new education and training standards.

### **Taking forward work on a UK licensing assessment**

**23** Council considered a report on the development of proposals for a UK medical licensing assessment, including an initial outline business case setting out provisional conclusions on key issues, following its approval in principle at the Council meeting on 25 September 2014.

**24** Council:

- a** Noted the initial outline business case and the completion of the preliminary phase of work.
- b** Agreed that the GMC should continue to develop proposals, seeking the views and support of a wide range of experts and partners, with the intention of reporting back to Council within 12 months with a worked up model for consideration prior to formal consultation.

**25** During the discussion, Council noted that:

- a** The UK licensing assessment would now be known as the UK medical licensing assessment (UKMLA).
- b** No decision was required to be made at this point relating to the structure or timing of the assessment, as these issues would be considered after a period of engagement with experts and partners, and following a public consultation on the proposed models.

- c** In the development of the initial outline business case, consideration had been given to the approach taken by other professions including accountancy, pharmacy and legal. The medical profession had its own unique profile which any national assessment would need to take into account of in designing possible models. Some considerations were also unique to the UK, such as medical education and training standards, revalidation, the ethical framework, how the NHS functions, working in multidisciplinary teams and the legal framework within which doctors work.
- d** It was the GMC's strong aspiration that a UK medical licensing assessment would apply to all doctors wishing to practice in the UK, whether from the UK, within the EU or elsewhere internationally.
- e** Medical students might view a licensing assessment very differently than to doctors who had already qualified, and care would be taken to thoroughly engage with different groups to understand their views.
- f** Alongside the development of potential models for a licensing assessment, issues related to cost, the level at which it would take place, where assessments would occur, and what would happen to those that failed an assessment would need to be considered.

### **Consultation on publication and disclosure policy**

- 26** Council considered an update on proposals to hold a public consultation on possible changes to the policy on what is published and disclosed about fitness to practise and interim orders panel decisions.
- 27** Council approved the draft consultation document on the GMC's publication and disclosure policy.
- 28** During the discussion, Council noted that the current policy on publication and disclosure had been in place for over six years, and that the review was intended to make sure the policy remains proportionate and improves transparency as well as ensuring it was brought up to date.

### **Consultation on cosmetic interventions guidance**

- 29** Council considered draft guidance for doctors who offer cosmetic interventions, which had been developed by an expert Task and Finish Group following a recommendation by the Keogh Review, and proposals to hold a public consultation for a period of 12 weeks.

**30 Council:**

- a** Agreed to hold a public consultation on the draft guidance for doctors who offer cosmetic interventions.
- b** Noted the draft *Guidance for all doctors who offer cosmetic interventions*.

**31** During the discussion, Council noted that:

- a** The draft guidance had been developed in collaboration with the Royal College of Surgeons of England, and draft wording which it presented to the Task and Finish group had been incorporated into the draft guidance in so far as it is applicable to all doctors. This included a definition of cosmetic interventions, which may be surgical or non-surgical.
- b** Other organisations, such as the Care Quality Commission and General Dental Council, would also have an interest in the work given their regulatory responsibilities related to other professionals practising cosmetic interventions.

**Draft consultation on Generic Professional Capabilities framework****32** Council considered an update on plans to launch, with the Academy of Medical Royal Colleges, a public consultation on a framework for generic professional capabilities.**33** Council agreed that:

- a** The GMC would proceed, jointly with the Academy of Medical Royal Colleges, with a 12 week consultation on a framework for generic professional capabilities from 1 July 2015.
- b** The Strategy and Policy Board would review the consultation results, agree the final content of the framework for Council's review and agree an implementation plan.
- c** It should have an opportunity to consider a report on the outcome of the consultation prior to completion and approval of the final framework for implementation.

**34** During the discussion, Council noted that:

- a** In finalising the framework, consideration would be given to:
  - i** Including more about respect, listening, and care of the dying, and a doctor's responsibility as well as their accountability as an employee.

- ii** Including more about the professional responsibility to the patient and for continuity of care, and having the insight of when to ask for help.
  - iii** Use of more appropriate phrasing to describe people with different conditions, such as 'people or learners who have disabilities' rather than 'those with learning disabilities'.
- b** Separate work was being undertaken to explore how assessment of generic professional capabilities might be undertaken.

### **Any other business**

**35** Council noted that consideration would be given to options for how members could continue to engage with staff and to better understand work in different teams, including when Council held its next meeting in Manchester in 2016.

**36** Council noted that the next meeting would be on 30 September 2015, in London.

Confirmed:

Terence Stephenson, Chair

30 September 2015