

To approve

Minutes of the Meeting on 7 February 2013¹

Members present

Peter Rubin, Chair

Shree Datta
Christine Eames
Michael Farthing
Helene Hayman
Ajay Kakkar

Suzi Leather
Jim McKillop
Denise Platt
Enid Rowlands
Hamish Wilson

Others present

Niall Dickson, Chief Executive and Registrar
Paul Philip, Chief Operating Officer
Paul Buckley, Director of Education and Standards
David Pearl, Chair of Medical Practitioners Tribunal Service (item 6)
Christine Payne, Council Secretary

Ben Jones, Director of Strategy and Communication
Neil Roberts, Director of Resources and Quality Assurance

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>

Chair's business

1. Apologies for absence were noted from Deirdre Kelly and Una Lane, Director of Revalidation and Registration.
2. The Chair reported that no declarations of interest had been made.

Minutes of the Meeting on 5 December 2012

3. Council approved the minutes of the meeting on 5 December 2012 as a true record.

Chief Executive's Report

4. Council considered the Chief Executive's Report, noting:
 - a. That the European Parliament had voted on the Recognition of Professional Qualifications Directive, with positive outcomes in relation to the maintenance of basic medical training at five years, giving clear powers to the GMC and other regulators to test the language skills of EU health practitioners, and requiring regulators to circulate information about fitness to practise cases.
 - b. That we would soon be publishing a report on the European Working Time Directive, highlighting issues about pressure on doctors in training and that this would be fed into the *Shape of Training* review.
 - c. Ongoing discussions with the Department of Health (England) about the timetable for legislative reform on key areas of our work. It was noted that there was some concern about the time that some of the proposed reforms would take if the Department decided to delay them until the draft Bill that the Law Commission was planning to produce early in 2014.
 - d. That we were in discussion with the Royal College of General Practitioners about differential pass rates in the RCGP membership examinations.
 - e. That there had been an increase in the number of concerns reported about training environments, from 30 at the start of 2012 to 53 in January 2013. This was considered likely to be due to work to encourage reporting. We had established a Response to Concerns Assessment Team which could act quickly to assess concerns about training environments. It was noted that Council had agreed at its meeting on 5 December 2012 that the GMC should publish all validated concerns identified through our Quality Assurance processes, together with the action plans of the organisations involved. Protocols were being developed to support implementation of the new arrangements, with publication expected by July 2013.
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5. During the discussion, Council noted that the House of Commons Health Select Committee had published its report on the GMC on 3 December 2012. A report would be brought back to Council on the GMC's response to the issues raised in the report.

Chief Operating Officer's Report

6. Council considered the Chief Operating Officer's Report, noting:

a. The commentary on significant issues potentially affecting operational performance.

b. A summary of progress in each Directorate, including our Equality and Diversity work.

c. The Business Plan 2013, 2013 income and expenditure, and operational performance and volumes of activity for fitness to practise, registration and certification work, Professional Linguistic Assessments Board tests, contact centre and reception services, and revalidation.

7. Council noted:

a. That a summary report on income and expenditure would be included in future reports, but that due to the timing of this meeting it had not been possible to complete the detailed analysis for this report. The initial analysis had indicated that at the end of January 2013 we were currently on target in relation to income and £0.5 million under spent on budget.

b. That the start of the roll-out of revalidation had gone well. The introduction of the NHS Commissioning Board and reorganisation of the NHS in England from 1 April 2013 would pose a risk in terms of the approximate 100,000 doctors who would move prescribed connections on that date. Plans were in place to minimise any disruption, and the Chief Executive had written to Ian Dalton, Chief Operating Officer of the NHS Commissioning Board, to seek support in maintaining continuity during this critical period.

c. That there had been a 16% increase between 2011 and 2012 in the number of serious complaints (stream 1 cases) in our fitness to practise procedures. The January 2013 figures were on par to intakes in January 2012. There had not been a corresponding increase in adjudication activity. Additional resources had been put in place to address the increased caseload.

8. During the discussion, Council:

a. Noted the importance of monitoring the impact of unplanned work arising from external factors, such as the Mid Staffordshire NHS Foundation Trust Inquiry Report, and its potential effect on delivery of the Business and Operational Plans.

- b. Suggested that consideration should be given to how best to report outcomes and the impact of work undertaken as part of the Business and Operational Plans in future reports on progress against Business Plan activities; and that more detailed budget summaries within Directorates should be included in future financial summaries.
- c. Noted that planned expenditure on research was included in the Strategy and Communication Directorate's budget, and that around £1.5 million was included in the budget for professional fees related to research in 2013.
- d. Noted that there were many reasons for the increase in the number of fitness to practise complaints. These were likely to include increased awareness of our role due to high profile initiatives such as revalidation and the roll-out of the Employer Liaison Service. A number of initiatives were underway to seek to improve the efficiency of existing processes.
- e. Noted that research had been commissioned into fitness to practise referrals, including in relation to doctors ethnicity. A number of initiatives were underway as part of our equality and diversity work to explore the fairness issues inherent in our work. Council recognised the importance of continuing to demonstrate and measure progress in this area, and to address adverse perceptions.
- f. Noted the importance of ensuring that medical students are engaged in a positive relationship with the GMC from the beginning of their education, and that a programme of work was in place to enhance engagement.

Governance Model and Committee Membership

- 9. Council considered proposals for a revised governance model in the light of the reconstitution of Council; proposals for committee membership; and Council's 2013 work programme and its ways of working.
- 10. Council:
 - a. Agreed the revised governance model, including:
 - i. The role of Council and the governance committees as described in Annex A to the item.
 - ii. The summary of the model, including the approach to executive governance, equality and diversity, and external engagement as described in Annex B to the item.
 - b. Approved the proposed chair and membership of the Audit and Risk Committee and the appointment of a second co-opted external member.

- c. Approved the proposed chair and membership of the Remuneration Committee.
 - d. Approved the appointment of the two Council members proposed to the Board of Trustees of the GMC's Staff Superannuation Scheme, and the continuation of the Board's current Chair for a further two years.
 - e. Approved Council's proposed 2013 work programme and related ways of working. It was noted that the work programme would be kept under review and updated as required.
11. During the discussion, Council:
- a. Agreed that the governance model and ways of working should be reviewed at the end of a year in operation.
 - b. Noted that during the transition to the new governance arrangements, the executive had an important role in ensuring that work was reported to Council so that it could fulfil its oversight responsibilities effectively. The Audit and Risk Committee also had an important role in assessing whether there were any significant gaps in control.
 - c. Noted progress on development of the UK advisory fora, including that they would be expected to meet twice a year in each of the four countries, and that members would be invited to attend. It was agreed that information about the differences in the political and health services structures in the four countries would be included in the briefing to be provided to Council members as part of their induction.
 - d. Noted that the Revalidation Implementation Advisory Board was yet to meet, but that its work would be reported to Council in due course. It was noted to have an important role in providing insight and advice on issues relating to the implementation of revalidation.
 - e. Noted that work was underway to develop proposals for the governance of the new Defined Contribution staff pension scheme. A process to select the new provider had started. Proposals for the governance of the new scheme would be brought to Council for consideration in May 2013.

Report of the Chair of the Medical Practitioners Tribunal Service 2012

12. Council considered a report of the Chair of the Medical Practitioners Tribunal Service (MPTS) on the work and performance of the MPTS since 11 June 2012.
13. Council noted:
- a. That the MPTS had been set up to deliver an independent adjudication service, separate from the GMC's fitness to practise investigation work, and that this separation had been achieved.

b. That the ambition of the Chair of the MPTS was to create a modern, efficient adjudication service, and that a programme of reform was underway to help achieve this. Subject to Privy Council approval, rule changes were expected to come into force in May 2013, which would start to deliver improvements to the adjudication service. This work would continue throughout 2013.

c. An acknowledgment by the Chair of the MPTS of the hard work and support given by the MPTS Committee and Mr Howard Matthews, Tribunal Clerk.

14. During discussion, Council noted that:

a. The establishment of the MPTS was a significant and leading development in the field of medical regulation.

b. The quality and diversity of panellists and legal assessors was crucially important for the credibility of the service. The MPTS had appointed 57 new medical panellists from over 400 applications, over half of whom were from black and minority ethnic backgrounds.

c. A Quality Assurance Group regularly reviewed panel decisions. The Group identified examples of good practice to share as well as areas of concern. Feedback was provided to panellists and legal assessors, as well as to the GMC when any issues about the prosecution of cases heard were raised.

d. There had been four reversals of Interim Order Panel decisions following appeals in recent months, in which the courts had criticised the panels for failure to give clear and sufficient reasons, and for delays in bringing the cases to a full hearing. The Quality Assurance Group had taken action to provide guidance to panellists to address the issues raised.

e. The cost of running a fitness to practise hearing was estimated to average between £6000 to £8000 a day.

f. Information about the GMC's fitness to practise work and the MPTS would be included in the briefing to be provided to Council members as part of their induction.

GMC Response to the Shape of Training Review *Call for Ideas and Evidence*

15. Council noted the terms of the GMC's response to the Shape of Training Review *Call for Ideas and Evidence*.

Any Other Business

16. Council noted that it would meet in seminar mode on 28 March 2013, and that the next meeting would be on 23 April 2013, which would be held in London.

Confirmed:

Peter Rubin, Chair

23 April 2013