To approve

Minutes of the Meeting on 10 December 2015*

Members present

Terence Stephenson, Chair

Shree Datta
Christine Eames
Michael Farthing
Helene Hayman
Deirdre Kelly

Suzi Leather
Julian Lee
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, interim Director of Education and Standards, Senior Medical Adviser and Responsible Officer
Una Lane, Director of Registration and Revalidation
Anthony Omo, General Counsel and Director of Fitness to Practise
Christine Payne, Council Secretary
David Pearl, Chair of the Medical Practitioners Tribunal Service (item 5)
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.

2 The Chair reported that Council had agreed the appointment of Deirdre Kelly as an employer nominated member of the Board of Pension Trustees for the GMC’s Staff Superannuation Scheme with effect from 1 January 2016.

3 It was noted that this appointment followed Enid Rowlands standing down as an employer nominated member of the Board of Pension Trustees for the GMC’s Staff Superannuation Scheme. Council noted its thanks to Enid for her contribution to the work of the Board.

4 The Chair reported that Council had approved, on action taken between meetings, the appointment of David Pearl, Richard Davies, Tim Howard, Patricia Moultrie and Judith Worthington as members of the Medical Practitioners Tribunal Service Committee with effect from 31 December 2015.

5 The Chair reported that Jason Britton had stood down as a co-opted external member of the Investment Sub-Committee, with immediate effect.

6 The Chair noted declarations of interest in relation to the agenda item on the Pensions Statement of Investment Principles from Jim McKillop and Enid Rowlands as Trustees, and from Deirdre Kelly as a prospective employer nominated Trustee member of the Board of Pension Trustees.

Minutes of the meeting on 30 September 2015

7 Council approved the minutes of the meeting on 30 September 2015 as a true record.

Matters arising

8 Council noted, in relation to paragraph 28 of the minutes, that following the meeting on 30 September 2015 a factual error was identified in the paper on The scope of regulation: physician associates. The paper was subsequently updated to remove the statement that the Physician Associate Managed Voluntary Register was ‘overseen by the Professional Standards Authority’ as this was incorrect.

9 Council noted, in relation to paragraphs 20 and 21 of the minutes, that following the meeting on 30 September 2015 it was discovered that page 2 of Annex D of the Council paper on Income generation – non Annual Retention Fee fees had inadvertently been omitted from the version sent to members and published on the external website. Council noted that nothing material to the issues under consideration was omitted and that it had all the relevant information needed to make decisions on the proposals in the paper. The omission had been reported to
Council on email circulation following the meeting and an updated paper had been published on the external website.

Chief Executive’s Report

10 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 meetings on 6 October and 1 December 2015.

11 Council noted that amendments were required to the General Medical Council (Form and Content of the Registers) Regulations and to the Governance Handbook arising from changes to the Medical Act to establish the Medical Practitioners Tribunal Service in statute. Council approved:

a Amendments to the General Medical Council (Form and Content of the Registers) Regulations, to rename Interim Orders Panels and Fitness to Practise Panels to Medical Practitioners Tribunals and Interim Orders Tribunals.

b Amendments to the Governance Handbook required as a result of the changes to the Medical Act 1983 (as amended) and Rules to establish the Medical Practitioners Tribunal Service in statute.

12 During the discussion, Council noted that:

a The British Medical Association (BMA) had sought a High Court injunction to stop the GMC publishing a statement before the BMA had sent out ballot papers in relation to proposed industrial action by doctors in training in England. The High Court found in the GMC’s favour and awarded costs. The GMC’s statement was sent by email to every doctor in training in England on 4 November 2015.

b The GMC continued to call for a full evaluation of the European Professional Card, which would be introduced for nurses and pharmacists in early 2016, before being rolled out to other healthcare professions including doctors after January 2018.

c A number of changes would shortly be made to the List of Registered Medical Practitioners, which would include to make it clear if a doctor was currently in an approved training programme; if a doctor was a recognised General Practice trainer; and for doctors with a licence to practise, inclusion of the name of their Responsible Officer or designated body/Suitable Person.

d The GMC had launched a consultation on its Confidentiality guidance on 25 November 2015 which included strengthened guidance for doctors on reporting concerns about a patient’s fitness to drive to the DVLA or DVA.
e The GMC had written to the Independent Inquiry into child sexual abuse chaired by Hon. Lowell Goddard to offer any assistance that may be required during its review.

**Chief Operating Officer’s Report**

**13** Council considered the Chief Operating Officer’s Report, noting:

a The commentary on operational performance, including the addition of a new key performance indicator relating to the GMC’s engagement activity with external key interests.

b Operational performance against key performance indicators and progress on Council’s priorities, including work on the Section 60 Order operational update which was on track for delivery.

c That the target of responding to 90% of ethical/standards enquiries within 21 days had been missed in July 2015. This was due to staff resourcing issues and action had since been taken to ensure sufficient resources were in place.

d Key outcomes of note from the Performance and Resources Board meetings on 22 September and 17 November 2015.

e Summary information on current judicial reviews and appeals.

f Income and expenditure to the end of September 2015, and that expenditure was 5.5% under budget at that time.

g Progress on the pilot to establish provisional enquiries in Fitness to Practise proceedings, including that the initial results had seen a significant improvement in the median duration of cases with a provisional enquiry to 63 days, compared to the median time of 245 days for a Stream 1 investigation. The initial pilot would also be extended to single clinical incident cases.

h An update on changes to the Internal Market Information system resulting from the revised directive on the Recognition of Professional Qualifications, which would require European healthcare regulators to share information by an alert system from January 2016 when a professional registered in their country is restricted from practise or has falsified evidence of professional qualifications. Council noted the risks arising from the revision in relation to the potential impact on business processes.
i That the Professional Standards Authority had published a revised dataset required for the performance review process but it had not yet confirmed the performance review timescales as they would apply to the regulators for 2015/16.

j That following a tender process and rigorous evaluation, the Investment Sub-Committee had appointed CCLA for the fund management of £10 million in line with the Investment Policy as agreed by Council.

Report of the Chair of the Medical Practitioners Tribunal Service

14 Council considered a report on the activities of the Medical Practitioners Tribunal Service (MPTS) and its work and performance since the previous report to Council in June 2015.

15 During the discussion, Council noted:

a That changes required due to the Section 60 Order were on track to be delivered by 31 December 2015, including:

i The power for the GMC to appeal a MPTS panel decision if it believes it does not adequately protect patients and the public.

ii Stronger case management powers for the MPTS including the power to award costs, which would contribute to the reduction in the average cost and length, currently averaging eight days, of hearings

iii The ability for the MPTS to use legally qualified chairs in some cases and to conduct review hearings on the papers where both parties agree on the desired outcome.

b That the number of fitness to practise outcomes remained similar to previous years at around 230, with approximately 30% of cases resulting in the erasure of the doctor from the Register.

c The telephone information service offered by the MPTS, and supported by Manchester-based law students, to self-represented doctors would continue in 2016.

d That of the 280 MPTS panellists, 18% identified themselves as having a black or minority ethnic background, compared to 6% of decision makers in UK Courts and 14% in UK tribunals. Council noted that while figures related to other characteristics such as age and gender were not currently reported, consideration would be given to their inclusion in future reports as may be appropriate.
e  That the review of doctors who had committed suicide while subject to fitness to practise proceedings had indicated some cases were at an investigation stage.

f  Information on the outcomes of fitness to practise panel hearings for those doctors who were self-represented would be provided to Council members on email circulation following the meeting.

GMC Change Programme

16 Council considered a report on the GMC Change programme and the decisions made in principle by Council in closed session on 11 November 2015 relating to staff, accommodation and pensions reform.

17 Council noted that the Board of Trustees of the GMC Staff Superannuation Scheme had met on 3 December 2015 and would be considering the proposals related to pensions reform in detail in 2016.

Business Plan and Budget 2016

18 Council considered the Business Plan and Budget for 2016, and fee levels.

19 Council:

a  Approved the priorities identified for the 2016 work programme.

b  Approved the budget implications of the work programme.

c  Approved an increase of £5 in the full registration fee and annual retention fee with a licence to practise, and an increase of £2 in the annual retention fee without a licence to practise, which represented an increase of 1.3% in line with inflation forecasts for 2016.

d  Agreed to delegate authority to the Chair of Council to make the revised GMC Registration Fees Regulations, effective from 1 April 2016.

e  Agreed to withhold publication of the Council paper until 14 December 2015, to enable communication of the changes to fee levels to key interests.

20 During the discussion, Council noted that:

a  An annual retention fee discount of 50% would continue to be available for doctors was below a certain level, which was currently £32,000.

b  Council members had a duty as trustees to act prudently in relation to the GMC’s resources and to ensure it was financially sustainable for the long-term.
c Further work would be carried out to assess the detailed implications of the Change Programme on individual directorate budgets and any budget reallocations, within the overall budget approved by Council, would be reported to Council in early 2016.

d The planned work programme for 2016 would be kept under review to make sure that the GMC had the required capacity for its delivery while undergoing the planned Change Programme.

Update on Review of Corporate Complaints including Independent Assessor

21 Council considered an update on progress made to date on the GMC's response to the recommendations of the internal review of the GMC's corporate complaints management which had been undertaken by Sarndrah Horsfall.

22 Council:

a Noted the progress made under the Corporate Complaints Handling Project including the work to be done before final accreditation for ISO 10002 of the process in January 2016.

b Agreed that an external organisation or individual would be engaged to conduct an independent review/audit to examine a sample of complaints and consider what would be escalated to an independent reviewer, including to advise on the potential cost, time, workload and who would be best placed to consider escalated complaints.

23 During the discussion, Council noted that:

a Sarndrah Horsfall’s review had considered corporate complaints only, not fitness to practise complaints about doctors.

b While it was not a requirement of achieving ISO 10002 accreditation, commissioning an independent organisation or individual to consider escalated complaints would help provide assurance that the GMC's complaints handling process was fair and fit for purpose.

c Consideration would be given to what could be learnt from other organisations’ use of independent complaints assessors, such as the Financial Ombudsman Service and the Solicitors Regulation Authority.
Report of the Audit and Risk Committee
24 Council considered the report of the Audit and Risk Committee’s activities since its last report in June 2015.

Report of the Remuneration Committee 2015
25 Council considered the report on the work of the Remuneration Committee in 2015.
26 Council approved amendments to the Remuneration Committee’s Statement of Purpose to clarify the role and extent of the Committee’s responsibilities within its remit.
27 Council noted that the Remuneration Committee had considered an update on succession planning and talent management in relation to the senior management team and that this would be kept under review, including in the context of any developments arising from the GMC Change Programme.

Council forward work programme 2016
28 Council considered and agreed its forward work programme for 2016.
29 During the discussion, Council noted that:

   a The priorities as listed represented aspects of the GMC’s Corporate Strategy in terms of strategic aims which applied across its work as well as specific workstreams arising from the Business Plan and operational plans, and which Council would be mindful of in considering issues over the course of the year.

   b The system for Council member appraisal would be amended to remove the requirement for a rating level.

   c It had found the opportunity for private session discussion in 2015 helpful, and this would continue in 2016 as may be required.

Pensions Statement of Investment Principles
30 Council noted the proposed Statement of Investment Principles which set out the GMC Staff Superannuation Scheme’s overall approach to investment strategy, and which would be agreed by the Scheme’s Trustees.

Report of the Performance and Resources Board 2015
31 Council noted a report on the work of the Performance and Resources Board in 2015.
32 Council noted that the Performance and Resources Board had considered a paper on email circulation in December 2015 on the guideline rates to be used in cases where the Medical Practitioners Tribunal Service fitness to practise tribunals decide to award costs following the introduction of powers under the recent Section 60 changes. The Board had agreed that the guideline rates should be based on the Manchester advocacy rates.


Any other business
34 Council noted that the next meeting would be on 25 February 2016, in London.

Confirmed:

Terence Stephenson, Chair 25 February 2016