

*To approve*

## Minutes of the Meeting on 5 December 2012<sup>1</sup>

### Members present

Professor Sir Peter Rubin, Chair

Professor Jane Dacre  
Dr Sam Everington  
Dr Sue Davison  
Ms Sally Hawkins  
Dr John Jenkins  
Archy Kirkwood  
Ms Ros Levenson  
Professor Malcolm Lewis  
Mr Robin MacLeod  
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  
Dr Hamish Wilson

Mr Niall Dickson  
Chief Executive and Registrar

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<sup>1</sup> 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 Professor Rajan Madhok, Dr Johann Malawana and Mr Stephen Whittle. It was also noted that Mrs Suzanne McCarthy would be joining the meeting at noon.
2. The Chair congratulated:
  - a. Professor Jane Dacre on winning the Medicine and Healthcare Category for the 2012 Women in the City Woman of Achievement Award.
  - b. Mrs Enid Rowlands on her appointment to the Board of the Solicitors Regulation Authority from January 2013.
3. The Chair reported that positive meetings had been held with Ministers, the Chief Medical Officers, and other key interests in Wales and Northern Ireland in November 2012, as part of a programme to discuss key activities, including revalidation and our new governance arrangements.

## **Minutes of the Meeting on 27 September 2012**

4. Council approved the minutes of the meeting on 27 September 2012 as a true record.

## **Chief Executive's Report**

5. Council considered the Chief Executive's Report, noting:
  - a. The commentary on progress with work programmes since the Council meeting on 27 September 2012.
  - b. An exception report on progress against the 2012 Business Plan.
  - c. A summary of progress against each of the activities in the 2012 Business Plan, including operational performance and volumes of activity for Registration and Professional and Linguistic Assessments Board tests and Fitness to Practise work, and the financial summary to 31 October 2012.
6. Council noted:
  - a. That the Health Select Committee's 2012 annual accountability report on the GMC had been published. The report was very positive, and reflected an important process which enabled the GMC to demonstrate its independence from government and accountability to Parliament.

b. That an internal re-organisation of the management structure had been carried out. The changes were designed to strengthen the executive team to support the new Council and ensure that the GMC was best placed to focus on the delivery of its priorities and engagement with others.

c. That revalidation has been introduced on 3 December 2012. The implementation of revalidation represented one of the foremost achievements of this Council, and was the culmination of many years of hard work across the organisation and by other key partners involved in its delivery. Council acknowledged the work done by Una Lane, Director of Continued Practice and Revalidation, and the Revalidation team and other colleagues, in support of its introduction.

d. That a patient representatives' roundtable meeting had been held on 12 November 2012 to discuss revalidation, which had provided a useful forum for discussion about patient involvement, including feedback on doctors.

e. That the GMC was working closely with the National Commissioning Board to understand the implications that changes to the NHS in England would have on primary care, and its potential impact on some doctors who would revalidate in 2013.

f. That in October 2012 a GMC delegation, including Council members Dr John Jenkins, Professor Malcolm Lewis, and Dr Joan Martin, attended the International Association of Medical Regulatory Authorities Conference in Ottawa, Canada. This provided an important opportunity to present our work in areas such as the review of *Good Medical Practice* and findings from the *State of Medical Education and Practice in the UK* report.

7. During the discussion, Council noted:

a. The importance of continued engagement with patient groups and other key partners on revalidation issues to ensure that its value was understood, and that it continued to be developed with feedback from others.

b. The potential impact to the GMC's income following the introduction of revalidation, caused by some doctors who may decide to relinquish their licence to practise. This had been taken account of in preparing the 2013 Business Plan and Budget, and in forecasting possible future scenarios. Work to survey a sample of doctors to provide a clearer picture of the potential numbers involved had begun.

## **Revalidation Programme Update Report**

8. Council considered a progress report on the delivery of the UK revalidation programme.

9. Council:
- a. Noted that revalidation had begun on 3 December 2012 and that over 230,000 doctors had been assigned dates for revalidation. A significant programme of communications with Responsible Officers and licensed doctors was underway, to ensure that they had the information required to assist them participate in the process. Information had also been made available on the options for doctors without a prescribed connection.
  - b. Noted that work was being done to address the issue of locum doctors without a prescribed connection.
10. During the discussion, it was noted that it would be important to monitor data as revalidation progressed, to analyse its impact and identify any trends emerging. The governance arrangements for the next phase following implementation were being reviewed, and would take into account the need for effective monitoring and audit of data.

### **Report of the Continued Practice, Revalidation and Registration Board**

11. Council considered and approved a report on the work of the Continued Practice, Revalidation and Registration Board between October 2011 and November 2012.
12. Council noted that the function of the Board had ceased at its final meeting on 6 November 2012, and that the work would be taken forward as required in the new governance arrangements to be agreed in 2013 by the reconstituted Council.
13. Professor Malcolm Lewis, Chair of the Continued Practice, Revalidation and Registration Board, expressed his thanks to Board members, particularly those who had chaired external groups which had carried out work on the Board's behalf, and to staff for their work in support of its work.
14. During the discussion, it was noted that all Boards and Committees reporting to Council should explicitly consider and assure themselves and Council that they have met their terms of reference; and of the importance of ensuring that the key issues being taken forward from the Boards and Committees in the new governance arrangements were identified.

### **Comprehensive Review of our Approach to the Quality Assurance of Medical Education and Training: Progress Report**

15. Council received a progress report on the review of our approach to the quality assurance of medical education and training which began earlier in 2012, and which was expected to report at the end of 2013.

16. Council agreed the principle that the GMC should publish all validated concerns identified through our Quality Assurance processes, together with the action plans of the organisation involved. This should be accompanied by details of the GMC's monitoring activities and timely acknowledgement when concerns have been addressed.
17. Council noted that work would be done to develop protocols to support implementation of the new arrangements for publication of validated concerns identified through our Quality Assurance processes.
18. Council also noted progress on reviewing how best to ensure that information derived from our quality assurance work is made more accessible to our key interests.
19. During the discussion, it was noted:
  - a. That transparency can play an important role in driving improvement.
  - b. That it would be important to work together with medical schools, providers and Trusts to ensure that the process was understood, and to respond to any concerns about the new arrangements.
  - c. That consideration should be given to how best to acknowledge and highlight instances of good practice, in order to help drive improvement and increased motivation of those with a role in the delivery of medical education and training.

### **Reviewing the Impact of *Tomorrow's Doctors* (2009)**

20. Council considered the proposed work programme to review the impact of the GMC's guidance, *Tomorrow's Doctors* (2009).
21. Council endorsed the approach proposed for reviewing the impact of *Tomorrow's Doctors* (2009) and the preparedness of recent graduates.
22. Council noted that the review would be informed by research and by information collected through the quality assurance of undergraduate medical education. During the discussion, it was suggested that the review should include consideration of the impact which employing organisations can have on the development of trainee and young doctors.

### **Sub Speciality Approval**

23. Council considered proposals for a moratorium on the approval of new sub specialities by the GMC pending the outcome of the Shape of Training review; on ratifying approval decisions made since the merger of the Postgraduate Medical Education and Training Board with the GMC in 2010; and the delegation of future decisions relating to sub specialities to the Registrar.

24. Council:
- a. Agreed a moratorium on the approval of new sub specialities.
  - b. Agreed to ratify previous approval decisions in relation to the sub specialities of Interventional Radiology, Pre-hospital Emergency Medicine and Congenital Cardiac Surgery.
  - c. Agreed to delegate to the Registrar future approval or decommissioning of sub specialities.

### **Review of Health and Disability in Medical Education and Training**

25. Council considered a report from the Health and Disability in Medical Education and Training Group, which had been established to undertake a review of the position on health and disability in medical education and training, including the challenges that students and trainees with disabilities face during all stages of their education and training.

26. Council:
- a. Received the report of the Health and Disability in Medical Education and Training Group
  - b. Endorsed the recommendation of the Group that we should not, at this time, seek changes to the Medical Act that would lead to a form of restricted registration.
  - c. Agreed that further work should begin in 2013 taking account of the report's findings and proposed outcomes.

27. Council noted:
- a. That the review had been informed by a series of engagement and communication activities with key interests, including medical students and trainee doctors with disabilities; and that the Group had received useful feedback throughout the review.
  - b. That there had been a clear mandate from the Group and those who attended the engagement events against any form of restricted registration which would restrict the scope of a doctor's practice according to particular disabilities, and which could provide an exemption from aspects of education and training.

- c. That the report outlined a number of measures which the GMC should take forward, and a number of areas for possible action by others, such as medical schools, deaneries, employers, and the Faculty of Occupational Medicine, which the GMC should work to influence and explore what further work could be done to improve support for disabled students and trainees.
- d. The importance of ensuring greater consistency in the quality and availability of occupational health assessment and advice for disabled students and trainees at all stages of medical education and training.
- e. The important leadership role that the GMC had in promoting and supporting equality and diversity, and the role it could play in promoting good practice and proactively working with others to improve the support available for disabled doctors.

### **Report of the Education and Training Committee 2012**

- 28. Council considered and approved a report on the work of the Education and Training Committee in 2012. It was noted that the Committee had played a key role in considering issues across all stages of education and training.
- 29. Professor Jane Dacre, Chair of the Committee, expressed her thanks to Committee members and staff who had supported its work.

### **Report of the Standards and Ethics Committee 2011-12**

- 30. Council considered and approved a report on the activities of the Standards and Ethics Committee since July 2011, noting that the Committee had completed a number of guidance projects since its last report to Council, and projects which would continue in 2013. It noted that the main focus for the Committee had been the development of the new edition of *Good Medical Practice*, which was due to be published early in 2013.
- 31. Ms Ros Levenson, Chair of the Committee, expressed her thanks to Committee members and to staff who had supported its work.

### **Business Plan and Budget 2013**

- 32. Council considered the 2013 Business Plan, budget, and future fee levels for registration. It was noted that the approach to the development of the 2013 Business Plan had been to consider delivery of the final year of the Corporate Strategy, and the need to complete a number of important projects already underway, as well as a number of internal and external drivers on our work, such as the new governance model, and a rise in the volume of fitness to practise complaints. The Business Plan and budget had also been developed to ensure the continued delivery of business efficiencies and effectiveness across the organisation.

33. Council noted that the 2013 Business Plan had been developed on the basis of four themes as areas of focus and to help prioritise work to be delivered in 2013, which were: promoting professionalism; partnership working; delivering a high quality service; and data and insight.

34. Council:

- a. Approved the 2013 Business Plan.
- b. Approved the 2013 revenue expenditure budget of £96.5 million and the capital programme of £7.7 million.
- c. Agreed to make the revised GMC Registration Fees Regulations, effective from 1 April 2013.
- d. Agreed to increase the threshold for eligibility for the income discount to £31,000, effective from 1 April 2013.
- e. Approved the 2013 income budget of £95.6 million.

35. During the discussion, it was noted that the GMC's role in continuing professional development was reflected in the detailed operational plans which underlie the Business Plan. Further consideration would be given to whether this could be more explicitly referenced in the strategic aims in the 2013 Business Plan.

### **Pension Strategy**

36. Council considered proposals for the closure of the GMC pension scheme to new joiners, and the introduction of a Defined Contribution pension scheme, following a consultation on the issue. Council noted a correction to the recommendation in paragraphs 2b and 12 of the paper in that 'until 30 June 2013' should be substituted with 'until the end of 2013'.

37. Council:

- a. Agreed to close the existing GMC Defined Benefit pension scheme to new joiners from 1 July 2013 and give Trustees the required six months notice of the change
- b. Agreed that existing GMC staff in the NHS pension scheme retain a right to join the GMC Defined Benefit scheme until the end of 2013, subject to the agreement of Pension Scheme Trustees.
- c. Agreed to introduce a Defined Contribution scheme as an option for new joiners from 1 July 2013.

38. Council noted that:

a. Work was underway to finalise the details of the Defined Contribution scheme, which would include consideration of investment options and governance arrangements and equality issues. This work was being carried out with the assistance of specialist external advisors.

b. While the high level strategic recommendations set out in the paper had been agreed, the detail of the proposed new Defined Contribution Scheme would need to be considered by the Pension Trustees and assurance provided to the reconstituted council that the proposals were aligned with the GMC's Values, and represented good value for money.

### **Human Resources Report 2012**

39. Council received and noted the annual report on Human Resources issues relating to the GMC as an employer.

40. Council noted:

a. That recruitment had been a significant operational activity for the GMC in 2012.

b. That progress continued to be made by the GMC on having a more diverse overall workforce profile. Work would continue to monitor progress, including in the areas of age and ethnicity in relation to appointments made. Valuable information gained from associate recruitment would be used to identify opportunities to improve practice.

c. That the staff survey had provided useful information, which was helping to inform development and work activities across the organisation.

### **GMC Liaison Update**

41. Council considered a report on the work of the Employer Liaison Service and the Regional Liaison Service.

42. Council noted:

a. That the Employer Liaison Service had been fully rolled out across the UK, with Employer Liaison Advisers based locally across England, Scotland, Wales and Northern Ireland. The focus of their work was revalidation and fitness to practise, and good progress was reported in establishing working relationships with Medical Directors and Responsible Officers and their teams.

- b. Progress with roll out of the Regional Liaison Service in England, which would be fully operation in early 2013. Council noted that the focus of their work had been on promotion and explanation of our standards and guidance work, on promotion and explanation of revalidation, and engaging with medical students and trainees, in order to increase understanding of our work and of our key interests and to improve relationships with our key interests.

### **Research Strategy Update Report**

43. Council considered a report on progress on the implementation of the GMC's Research Strategy 2010-13, noting that 13 research projects had been completed over the last two years, that six research projects were underway, and a further eight projects were at various stages of scoping.

44. Council noted that work was underway to consider how the GMC's research programme could be developed to support future work, and to use the information to enhance information on key issues relating to the quality of healthcare and effective medical regulation.

### **Report on the Outcome of the Consultation on the GMC's Records Retention Policy**

45. Council received a report on the outcome of the consultation on proposed changes to the GMC's records retention policy.

46. Council:

- a. Noted the responses to the consultation.
- b. Approved amendments to the GMC's Records Retention Policy and Schedule to reflect the outcome of the consultation.

### **Report of the Remuneration and Member Issues Committee 2012**

47. Council considered and approved a report on the work of the Remuneration and Member Issues Committee in 2012.

48. Council noted the importance of a regular evaluation of Council effectiveness recommended for consideration by the reconstituted Council, and noted that this would be considered by the reconstituted Council in 2013.

49. Mrs Enid Rowlands, Chair of the Committee, expressed her thanks to Committee members and to staff who had supported its work.

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

50. Council considered the report of the Audit and Risk Committee's activities for the period July 2012 to November 2012, together with the 2013 internal audit work plan.

51. Council:

- a. Endorsed the activities of the Audit and Risk Committee.
- b. Noted the suggestions made for the attention of the reconstituted Audit and Risk Committee.

52. Mrs Ann Robinson, Chair of the Committee, expressed her thanks to Committee members, and to staff who had supported its work.

## **Governance Review and Transitional Arrangements Update**

53. Council received a report on ongoing work to review the governance arrangements required to support a smaller Council following reconstitution, including external engagement and transitional issues.

54. Council noted the work undertaken, and in progress, to support transition to the reconstituted Council.

## **Any Other Business**

55. The Chair thanked members for their contributions to Council over the last four years, and noted that the many achievements made and the high regard which the GMC was held in, nationally and internationally, was due in great part to the considerable work they had undertaken in service to the GMC.

56. Professor Malcolm Lewis responded, on behalf of members, to:

- a. Commend the quality and contribution of GMC staff across the organisation for their work in supporting Council.
- b. Express thanks to current Council members demitting office for their contribution and quality of engagement during his final term of office.
- c. Express congratulations to those members who had been appointed to the reconstituted Council.
- d. Wish members of the reconstituted Council well in their future endeavours on behalf of doctors and patients across the UK.

57. Council noted the date of the next meeting on 7 February 2013, which would be held in London.

Confirmed:

Professor Sir Peter Rubin

7 February 2013