

General
Medical
Council

Council Meeting - 8 September 2021

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Council Agenda

Via MS Teams

Wednesday 8 September 2021

15:05 – 16:00

Meeting

15:05– 15:10 <i>5 min</i>	M1	Chair’s business
15:10 – 15:15 <i>5 min</i>	M2	Minutes of the meeting on 9 June 2021
To approve		
15:15– 15:35 <i>20 mins</i>	M3	Conflicts of Interest
To discuss		
15:35 – 15:55 <i>20 mins</i>	M4	GMC Credentials
To discuss		
15:55 – 16:00 <i>5 mins</i>	M5	Any other business
To discuss		
Below-the-line To note	M6	Biannual Section 40A appeals update
Below-the-line To note	M7	Council members’ Register of Interests

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To approve

Minutes of the meeting held on 9 June 2021

Members present – via MS Teams

Clare Marx, Chair

Steve Burnett

Vanessa Davies

Lara Fielden

Philip Hunt

Paul Knight

Anthony Harnden

Carrie MacEwen

Deepa Mann-Kler

Raj Patel

Suzanne Shale

Others present

Charlie Massey, Chief Executive and Registrar

Shaun Gallagher, Director of Strategy and Policy

Una Lane, Director of Registration and Revalidation

Anthony Omo, Director of Fitness to Practise and General Counsel

Paul Reynolds, Director of Strategic Communications and Engagement

Neil Roberts, Director of Resources and Quality Assurance

Colin Melville, Medical Director and Director of Education and Standards

Melanie Wilson, Council Secretary

Chair's business (agenda item M1)

- 1 The Chair welcomed members, the Senior Management Team (SMT) and observers to the meeting.
- 2 Apologies have been received from Alison Wright.
- 3 The Chair noted that some of the papers have been excluded from the board pack for various reasons which were outlined in the pack and will be included in due course.

Minutes of the meeting on 29 April 2021 (agenda item M2)

- 4 Council approved the minutes of the meeting on 25 February 2021 as a true record.

Chief Executive's Report (agenda item M3)

- 5 Council received an update from the Chief Executive outlining developments in business and strategy since the last Council meeting.
- 6 Council noted:
 - a The new temporary Clinical Assessment Centre opens tomorrow to assist with the backlog of cancelled/postponed assessments.
 - b The backlog of investigations and referrals is expected to be cleared by the end of 2022.
 - c The Senior Management Team is still considering the needs of the organisation in relation to post pandemic working and will hope to be in a regular working pattern by the end of October.
 - d The UK advisory fora took place in Northern Ireland, Scotland and Wales recently; themes included Equality, Diversity and Inclusion and regulatory alignment. Feedback from the sessions was positive with actions focused on workforce issues in the sector.
 - e Workforce burnout is an issue for the sector and will impact the levels of medics in the UK, post-pandemic. The Health Select Committee published a report on workforce resilience citing evidence provided by the GMC.
 - f The organisation remains in a good financial position; however two areas of volatility remain: planning income and investment income. These are being

monitored rigorously and contingency plans are in place and should there be a drop in market values.

- g** Additional spend will be required to reduce the workloads in PLAB and Fitness to Practise investigations.

7 During the discussion Council noted:

- a** Expenditure in Quarter 4 was higher than the rest of the year due to a return to normal operations in parts in some areas, however it is too early to say what the regular forecast will be at this stage.
- b** Although the GMC will resume investigations and referrals, consideration has to be given to evidence gathering, some of which comes from doctors and other NHS employees who are still dealing with the pandemic.
- c** A conflict of interest register has been suggested following the Cumberlege report, however further discussion on who will own this register and/or if this is the best option will follow.
- d** Further detail on investment performance would be provided to members in future CEO reports.
- e** Una Lane, as the organisation's patient champion, recently chaired a patient round-table, updating members on how they could become involved in the GMC workstreams and to seek feedback on their concerns. Many of the issues raised were outside the GMC's remit, for example in relation to waiting times.

8 Council:

- a** Considered the Chief Executive's report.
- b** Noted the Performance and the Corporate Opportunities and Risk Register

Equality, Diversity and Inclusion (agenda item M4)

- 9** Council received standing report updating on the GMC's work on equality, diversity and inclusion.

10 Council noted:

- a** In May, the team published the organisation's targets for ED&I. This was well received by the profession.
- b** Feedback has been received regarding the challenge of meeting these targets and the short timescales, however the teams are confident that the objectives and timelines are appropriately set and will be met.
- c** Discussions with doctor and patient groups have highlighted that the internal work has been well received.
- d** A paper will be brought to Council in February highlighting the impact of this work in the 12-month period.

11 During the discussion Council:

- a** Acknowledged there was a lot of work to do but congratulated the team on the breadth of activity on this.
- b** Noted that KPIs in this area will be reviewed regularly and best practice methods are created and shared with employer organisations via the GMC's outreach teams.

12 Council:

- a** Noted progress against the organisation's ED&I ambitions.

MPTS report to Council (agenda item M5)

13 Council received the annual report of the MPTS Committee prior to it being laid before Parliament.

14 Council noted:

- a** Due to the pandemic the use of the MPTS hearing centre was restricted to hearings that had already begun or needed to begin immediately, otherwise all hearings were conducted virtually.
- b** Hearings in the centre have increased recently, albeit socially distanced, almost to pre-pandemic levels.
- c** The senior management teams of both the GMC and MPTS have been working on a recovery plan to ensure the MPTS has the necessary

infrastructure and resources in place to increase hearings and deliver the plan.

- d** A decision has not yet been made on how hearings would be conducted post-pandemic, however many of the positive aspects of virtual hearings would be considered before a decision is made.
- e** The doctor support service is still being used and has been adapted for virtual hearings with feedback on it all being positive.

15 During the discussion Council:

- a** Noted that virtual hearings have allowed for more hearings to be conducted which will act as a framework to clear the backlog of cases.
- b** Notes that the primary concern of those managing hearings is fairness, ensuring those that have a hearing virtually are not disadvantaged in any way. A detailed quality analysis was created with recommendations implemented to ensure virtual hearings were fair.
- c** A witness experience project has been conducted by the GMC on investigation processes and MPT hearings and have fed back to the MPTS who are using it to improve their services.

Formal proposal for a university-led MLA applied knowledge test in UK medical schools (agenda item M6)

16 Council received the proposal from the Medical Schools Council for the applied knowledge test.

17 Council thanked the MLA team and the Medical Schools Council for the work done to bring this proposal forward.

18 Council noted:

- a** This proposal provides a strong platform for enhancing the common content program.
- b** This is a formal proposal from all medical schools to deliver an applied knowledge test (AKT) to students through a single coordinated approach, to comply with the requirements that the GMC has already set out publicly in March.

- c** The aims of this proposal will introduce an improved focus on readiness for practise, increase the consistency of experience for students in UK medical schools, to reduce variation and to provide an opportunity to attainment gaps and work to eliminate them.
- d** If this approach is approved, the next stage would be testing and piloting which will begin immediately. This stage will be lengthy but necessary to meet the demanding timeline to meet the launch date of 2024.
- e** Approval of the proposal is subject to the following conditions:
 - i** Medical schools will meet the commitments given within the proposal and will comply with the draft directions
 - ii** The AKT is subject to further development, piloting and post-piloting refinement, in line with best practice.
 - iii** All medical schools comply with the AKT requirements.
- f** Delegation of authority to the Registrar has also been requested regarding the management and future reform of the AKT, to ensure a streamlined approval process.
- g** There will be a separation of the AKT for UK medical graduates and the AKT for international medical graduates, further work will be conducted to understand the implications of this.

19 During the discussion Council noted:

- a** Although there will still be segregation between UK medical graduates and international medical graduates, a single content map has been put in place to reduce the impact of this until a more universal process is adopted.
- b** The control of the content map will sit with the GMC. During its development it was focused on a doctor's experience stepping into medical practise on day one, the public/patient perspective was not sought extensively at that stage but will be considered during the review.
- c** The governance and partnership arrangements have been considered in detail and have been approved and confirmed by all parties involved.
- d** All the key stakeholders involved have been in contact with the team regularly and are now fully supportive of the current approach and proposal.

20 Council:

- a** approved the proposal for a university-led MLA AKT for students in UK medical schools.
- b** approved the suggested directions.
- c** delegated authority to the Registrar to:
 - i** approve updates to its directions in relation to this proposal (including any new directions that may be required during the development phase);
 - ii** monitor compliance with the directions and the commitments made through the proposal, and
 - iii** approve post-piloting operational refinements to the delivery model unless Council's strategic advice is required

Regulatory reform consultation response (agenda item M7)

21 Council received the draft response to the Regulatory Reform consultation issued by the Department of Health and Social Care.

22 Council noted:

- a** The organisation supports the majority of the proposals set out in the consultation. In some areas we remain neutral and in other areas we have outlined our concerns and wish to have further discussions with the department of Health to understand the intent and rationale.
- b** Stakeholder views have been sought as part of the consultation process and have been included in the formal response.

23 During the discussion Council noted:

- a** A discussion around what a unitary Board will look like for the GMC is taking place at July's Council seminar.
- b** Consensual disposal has been used by all regulators for some time, allowing patients to be protected without the need for a hearing. The PSA's right of appeal is not the only way to protect the public.

- c** The reasons given to reject the proposal that the PSA won't have the right to refer decisions in the consultation response will be review and reworded to make it more robust.
- d** The removal of the "five year rule" will not allow old cases to be reopened but may not impact the cases already in the system during the transition period.

24 Council:

- a** approved the consultation response subject to minor changes to paragraph 62.

Report of the Audit and Risk Committee Council (agenda item M8)

25 Council received the biannual update on the Audit and Risk Committee.

26 Council noted:

- a** Item M9 (2020 annual report and accounts) has already been considered by the Audit and Risk Committee who have given Council assurance on the reports.
- b** The Committee had a high level of assurance on key risk areas. The early Regulatory Reform Programme audit identified areas where governance arrangements could be strengthened, and a subsequent re-audit now indicates that further work had the intended impact and the committee has more assurance on this project.
- c** The Assistant Director, Audit and Risk Assurance has offered a positive view on the flexibility and resilience of the organisation during the pandemic.
- d** The organisation's internal audit partner and external auditor have both commented specifically on how well the GMC has responded to external challenges over the past 15 months.
- e** The internal audit contract with BDO has been extended for a further 12 months, with a full procurement process to begin in 2022.
- f** The Director of Resources has commissioned a project with the Institute of Internal Auditors to undertake a view of the organisation's co-sourcing model to ensure, in its current form, fits our current needs.

- g** After eight years on the Committee, Liz Butler will be stepping down in July as a Co-opted member. The Committee Chair thanked Liz for her valuable contributions to the Committee. A recruitment exercise for her replacement is underway.
- h** The Audit and Risk Committee have scrutinised the annual report and accounts and recommend them for approval.

27 During the discussion Council noted:

- a** A discussion regarding the level of reserves needed will be brought to Council later in the year.
- b** The Assistant Director, Audit and Risk Assurance will refresh our significant event review policy and incorporate Charity Commission guidance on when to report matters to them.
- c** There are several green/amber recommendations in the report, which are due the standards required being slightly higher each year and reviewing areas of the business which have not had an audit done for some time.
- d** The Committee would appreciate being involved in projects at an earlier stage to give the Executive the benefit of the wide range of experience that they have.

28 Council:

- a** Noted the report and the assurance provided by the work of the Committee.

2020 Annual Report and Accounts (agenda item M9)

29 Council received an update on the draft 2020 Annual report and Accounts.

30 Council noted:

- a** The organisation ended the year with free reserves of £42.7 million, the upper level of target range of free reserves.
- b** Covid-19 has continued to impact income and expenditure; however the GMC remains a 'going concern' organisation for the foreseeable future.
- c** Medium term, these reserves will fall to mid-range of the free reserve range.

- d This year the Annual report has included a specific section on the organisation's response to the pandemic.

31 During the discussion Council noted:

- a The target range for free reserves is between £25-£45 million.

32 Council:

- a Approved the Trustees' Annual Report and Accounts 2020
- b Approved the Letter of Representation
- c Authorised the Chair of Council to sign the 2020 Annual Report and Accounts, and the Letter of Representation on behalf of the Trustees.

Fitness to Practise Annual Statistics Report 2020 (agenda item M10)

33 Council received an update of the Fitness to Practise Annual Statistics Report 2020.

Compliments and Complaints Report (agenda item M11)

34 Council received the biannual Compliments and Complaints report.

35 Council noted:

- a Previous reports to Council contained complaints only, following Councils request it now includes compliments.

36 During the discussion Council:

- a Requested, in future reports, more analysis of the nature of the complaints.

Any other Business (agenda item M12)

37 Council noted that the next scheduled meeting will be the Away day on 29 and 30 September 2021.

Education Reform: Enabling Flexibility update (agenda item M13)

38 Council noted this below the line item.

Confirmed:

Council meeting, 8 September 2021

Agenda item M2 – Minutes of the meeting on 9 June 2021

Carrie MacEwen, Acting Chair

8 September 2021

Action	To discuss
Purpose	To update Council on our position on Conflicts of Interest (COI) following publication of the Independent Medicines and Medical Devices Safety Review (IMMDSR) in July 2020, and to discuss how we can support the implementation of the Government’s response to the review, published in July 2021.
Decision trail	<p>We first discussed COI with Council in seminar in July 2020 in advance of the publication of the IMMDSR.</p> <p>There was further brief discussion at the Council meeting in June 2021 when we committed to bringing a paper on this issue to the September meeting.</p>
Recommendation	To note our proposed actions for supporting the Government’s implementation of recommendation 8 of the IMMDSR and consider if there are further steps that we should take.
Annexes	None
Author contacts	<p>Thomas Jones, Head of Regulation Policy Thomas.Jones@gmc-uk.org</p> <p>Richard Marchant, Assistant Director Richard.Marchant@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	<p>Shaun Gallagher, Director – Strategy and Policy Shaun.Gallagher@gmc-uk.org</p>

Background

1 The Independent Medicines and Medical Devices Safety Review (IMMDSR) was established by Jeremy Hunt in 2018. The aim was to examine how the health system in England responds to reports from patients about side effects from treatments. The review was led by Baroness Julia Cumberlege and followed patient led campaigns into the safe use of three clinical interventions:

- hormone pregnancy tests (specifically Primodos)
- the use of sodium valproate (and other valproate medications) for women of childbearing age
- the use of synthetic mesh for use in abdominal and vaginal pelvic mesh procedures.

2 The final IMMDSR report, *First Do No Harm*, was published in July 2020 and contained nine recommendations as well as a series of 'actions for improvement'. This paper is concerned with recommendation 8 of the report, which states:

Transparency of payments made to clinicians needs to improve. The register of the General Medical Council (GMC) should be expanded to include a list of financial and non-pecuniary interests for all doctors, as well as doctors' particular clinical interests and their recognised and accredited specialisms. In addition, there should be mandatory reporting for pharmaceutical and medical device industries of payments made to teaching hospitals, research institutions and individual clinicians

3 The Government's [response](#) to the report was published on 21 July 2021. It rejected the idea of a central, GMC held register of doctors' conflicts of interest (COIs). Instead, it proposed an employer-led approach to the management and publication of interests, underpinned by professional regulatory requirements and monitored through system level oversight mechanisms. We support this position.

4 While we agree that current arrangements to register COIs fall short of delivering transparency and assurance for patients, we do not believe that a central register provides an effective or proportionate response for addressing this particular problem. Nevertheless, we are committed to supporting the Government in the implementation of a locally led model. This paper discusses how we propose to do that.

Government response to IMMDSR report

- 5 The Government accepts the need for greater transparency in the declaration of doctors' interests. It has set out a number of actions for achieving this:
 - creating a new (professional) regulatory requirement for all healthcare professionals to declare relevant interests to employers, contractors and organisations where they provide their services (with this communicated to registrants through appropriate channels). DHSC also propose to work with the PSA to ensure that all regulators develop and promote guidance in this area
 - requiring professional regulators to review their existing [joint statement](#) on conflicts of interest
 - introducing a new set of mandated requirements for registers of interests to be managed and published locally by employers, contractors and organisations where professionals provide services, underpinned by strengthened existing [guidance](#) from NHSE/I (disseminated to the Independent Sector via the Independent Healthcare Providers Network) and monitored by CQC through their programme of inspection
 - strengthening requirements for the Pharmaceutical and Medical Device Industry to report any payment made to individual clinicians.
- 6 Progress in implementing these actions will be addressed in 12 months' time through a formal Government update. We understand from DHSC that a four-country working group will also be established to support implementation, as well as a separate working group with providers and employers to review the NHSEI guidance and how it could apply to different settings.

Supporting implementation of the Government's response

- 7 We have publicly welcomed the Government's proposed approach and signalled our commitment to working with Government to implement it.
- 8 We have also suggested, in our response, that the Government give further consideration to the following points (and we stand ready to contribute to discussions on these):
 - whether the local templates and forms used to collect and declare information on COI are fit for purpose and consistently used. We believe this

should be looked at as part of the proposed review of the NHSEI guidance in this area, which already sets out template COI forms and template registers

- whether there are opportunities to link the declaration of interests process more prominently to the RO regulations and local clinical governance systems including the annual appraisal process (building on the current probity declaration) to ensure that conflicts of interest have been managed and declared appropriately. This could, for example, involve a requirement for doctors to submit their relevant interests at the same time as signing the annual probity declaration form.
- 9 To further support this approach, we may also want to use our influence to push for changes to both the Responsible Officer (RO) Regulations and the statutory guidance that sits underneath these, so as to emphasise the following:
- that RO's play a more prominent role in reviewing COI information. This would require ROs to create processes for recording COIs and considering this, alongside other clinical governance information, when making revalidation recommendations (with the potential for this to be reviewed through the programme of Higher-Level RO quality assurance visits)
 - that recruitment processes focus more prominently on COIs.

Clarifying what needs to be declared

- 10 *Good Medical Practice* and our explanatory guidance, *Financial and commercial arrangements and conflicts of interest* already require doctors to declare any competing or potentially competing interest to patients. Within our explanatory guidance, we also say that registrants should declare interests in line with the policies of their employer or the organisation contracting their services. Although this meets the requirements of the Government's response, it is likely that that some registrants may need further support to understand when an interest is potentially brought into conflict and should be declared.
- 11 Therefore, we propose to use our review of *Good Medical Practice*, and the proposed review of the joint statement on COIs, to consider how we can reinforce our expectations in this area. We will also consider whether there is a need for further guidance or illustrative examples.

- 12 In looking at whether we need to strengthen our guidance it will be important that the focus on declaring interests in line with local policies does not detract from the core requirement for registrants to be open with patients about their interests during individual consultations and decision making.

Communicating our requirements

- 13 In addition to the planned implementation programme for the revised edition of *Good Medical Practice* and relevant explanatory guidance, we will also consider:
- reinforcing our existing guidance requirements through our outreach teams and other appropriate channels (emphasising the importance too of considering COIs in pre-employment checks, appraisals and job planning meetings)
 - updating our website to provide additional signposting to country specific guidance on conflicts of interest (following any review and updating during the 12-month implementation period) and signposting to NHSE appraisal forms and probity declaration forms and country specific equivalents through our online appraiser hub and RO hub.

Ensuring this approach works for all cohorts of doctors and across all four countries

- 14 As the Government acknowledges in its response, there remain a number of challenges to ensuring the effective implementation of its approach. These include considering how it would apply to particular cohorts of doctor who may not have a fixed employer or provider (temporary staff, single handed practitioners and those with practising privileges) and how it can be applied consistently across the four countries of the UK. The Government has confirmed that it will continue to work closely with the Devolved Administrations on the implementation of the proposed approach.

Stakeholder reaction and engagement

- 15 At the time of drafting this paper, we have not received any feedback from stakeholders on the Government's response to recommendation 8. We will update in the meeting on any further feedback we receive, including any that follows the publication of our own response. However, we know that members of the review panel are continuing to push for the full enactment of recommendation 8.

- 16** While a majority of medical royal colleges support the development of a mandatory and public register of interests, they are more neutral on whether this should be held by the GMC, recognising that any such register should be multi-professional in scope.
- 17** It remains a possibility that Baroness Cumberlege or another member of the All-Party Parliamentary Group, First Do No Harm (established to promote the full implementation of the recommendations) view the Health and Care Bill as an opportunity to implement recommendation 8 in full. We will monitor the progress of the Bill and any implications for our current policy position.
- 18** We will continue to engage key stakeholders on recommendation 8 over the coming months, and the DHSC working groups where appropriate, focusing explicitly on how we might work collectively to support the implementation of the Government's response.

GMC Credentials

Paper to follow after meeting

Section 40A update – for the purposes of data protection, the update for Council has been removed from this pack.

Action	To note
Purpose	<p>In accordance with best practice, members of Council (and indeed the Senior Management Team) are asked to update their Register of Interests biannually, and whenever a material change is required. This register is published on the GMC's website.</p> <p>In order to enhance this practice and to maintain awareness of each other's interests and areas of expertise, the Register of Council Members' Interests is included below. This will continue to be presented to Council to note on an annual basis. SMT interests continue to be published on the website, but Council members, as the Charity's trustees, will also have their register noted by Council.</p>
Recommendation	Council is asked to note the Register of Members' Interests.
Author contacts	<p>Melanie Wilson, Head of Corporate Governance and Council Secretary Melanie.Wilson@gmc-uk.org, 0161 240 8331</p>

Background

- 1 In accordance with best practice, members of Council (and indeed the Senior Management Team) are asked to update their Register of Interests biannually, and whenever a material change is required. This register is published on the GMC's website.
- 2 In order to enhance this practice and to maintain awareness of each other's interests and areas of expertise, the Register of Council Members' Interests is included below. This will continue to be presented to Council to note on an annual basis. SMT interests continue to be published on the website, but Council members, as the Charity's trustees, will also have their register noted by Council.
- 3 The Corporate Governance team is available for advice and support on any matter in relation to the register of interests. There may be rare occasions where a declared interest is not published on the website, but this is managed on a case by case basis depending on assessed risk and the potential for a conflict to arise, by the Corporate Governance team.

The Register of Interests

- 4 The Register of Interests is published on the GMC website at the following address: <https://www.gmc-uk.org/about/how-we-work/governance/council/council-member-register-of-interests>
- 5 The current Register of Interests is published as follows for each Council member:

Professor Dame Carrie MacEwen (GMC Ref No: 2553610) Acting Chair

Organisation	Position
NHS Tayside	Consultant Ophthalmologist
University of Dundee	Honorary Professor
Royal College of Ophthalmologists	Fellow (Past President)
Royal College of Surgeons (Edinburgh)	Fellow
Royal College Surgeons and Physicians of Glasgow	Honorary Fellow
Royal College of General Practitioners	Honorary Fellow

Royal College of Pathologists	Honorary Fellow
Faculty of Sport and Exercise Medicine	Honorary Fellow
College of Optometrists	Honorary Fellow
British and Irish Orthoptic Society	Honorary Fellow
Royal College of Physicians of Edinburgh	Honorary Fellow
The Faculty of Public Health	Honorary Fellow
Faculty of Medical Leadership and Management	Senior Fellow
Scottish CMO	Specialty Advisor
Scottish Government	Clinical leader National Eyecare Workstream
Moorfields Eye Charity	Trustee
Exeter University	Member of Council
Healthcare Quality Improvement Partnership (HQIP)	Chair
Oxford Ophthalmological Congress	Member of Council
The Worshipful Company of Barbers of London	Honorary Freeman
Eye (Nature group)	Associate Editor
MDDUS	Member
BMA	Member
Academy of Medical Royal Colleges	Past Chair
Faculty of Public Health	Honorary Fellow

Mr Steven Burnett

Organisation	Position
Golden Charter	Non-Executive Director
Theatr Clwyd North Wales	Voluntary Board Member
Government Internal Audit Agency	Chair
Institute of Actuaries	Fellow
GMC Pension scheme	Trustee

Dr Vanessa Davies

Organisation	Position
Quality Assurance Agency for Higher Education UK	Non-exec Board member; Chair of its Advisory Committee on Degree Awarding Powers
House of Lords Conduct Committee	Lay member
Law for Life	Trustee
Crown Office and Procurator Fiscal	Non exec Director, member of Audit and Risk Committee
Honourable Society of the Inner Temple	Governing Bencher
GMC Pension scheme	Trustee
Occasional consultancy for professional regulators and for the Good Law Project.	
Family connections to King’s College London and Newcastle University.	

Professor Anthony Harnden (GMC Ref No: 2807869)

Organisation	Position
Morland House Surgery, Wheatley, Oxfordshire	Partner
University of Oxford	Professor of Primary Care
St Hugh's College, University of Oxford	Governing Body fellow
Royal College of General Practitioners	Fellow
Medical Defence Union	Member
Joint Committee on Vaccination and Immunisation	Deputy Chairman
British Medical Association	Paid Member
Morland House Healthcare Ltd	Director
GMC Services International Ltd	Board member
Daughter is a doctor on the Yorkshire Rheumatology training programme.	

Lord Hunt of Kings Heath

Organisation	Position
House of Lords	Labour Member
Privy Council	Counsellor
British Fluoridation Society	President
Health Care Supply Association	President
Hospital Caterers Association	President
Royal College of Ophthalmologists	Trustee

Foundation for Liver Research	Trustee
Royal College of Physicians	Honorary Fellow
Royal College of GPs	Honorary Fellow
Faculty of Public Health	Honorary Fellow
Faculty of Dental Surgery, Royal College of Surgeons	Honorary Fellow
GS1 UK	President
Philip Hunt Consultancy	Self-employed consultant
Eden & Partners	Consultant and trainer
SweatCo Ltd	Advisory Board Member
Octopus TenXHealth	Advisory Board Chair
Brother-in-law owns Happy Computers, which also trades as Happy ltd, and has undertaken training for some GMC staff up to 2015.	
Step daughter-in-law undertakes market research/business intelligence for market research agencies on behalf of pharmaceutical companies.	
Philip Hunt was appointed a non-executive director of the Heart of England NHS Trust in October 2010 and subsequently became Chairman in April 2011 serving until July 2014. [Surgeon Mr Ian Paterson was excluded from practice at the trust in May 2011. The Independent Review led by Sir Ian Kennedy was commissioned and reported under his Chairmanship].	
Philip was Health Minister from 1999-2003 and in 2007 which involved some responsibilities in relation to the matters reviewed by the Gosport Independent Panel and also in relation to the matters being reviewed by the Infected Blood Inquiry.	

Professor Paul Knight OBE (GMC Ref No: 2343239)

Organisation	Position
Social Security Scotland	Head of Clinical Operations
Glasgow University Medical School	Honorary Professor
Royal College of Physicians Edinburgh	Fellow
Royal College of Physicians and Surgeons of Glasgow	Fellow
Royal College of Physicians in Ireland	Fellow
Royal College of Physicians in London	Fellow
British Geriatrics Society	Past President / Member
European Union Geriatric Medicine Society	Past President
Glasgow City Health and Social Care Partnership	Consultant Geriatrician and older people's adviser
Swedish Research Council review panel for Clinical Therapy Research	Member
Chief Medical Officer for Scotland's Professional Advisory Group	Member

Professor Deepa Mann-Kler

Organisation	Position
Equality Commission NI	Commissioner
Public Health Agency NI	Non-Executive Director
Registers of Scotland	Non-Executive Director
Neon*	Chief Executive

Ulster University	Visiting Professor in Immersive Futures
DHSC Public Appointments Unit	Independent Panel Member

* Neon creates virtual and augmented reality apps and experiences, often focussing on health and wellbeing, by facilitating and working directly with consumers and patients.

Dr Raj Patel MBE (GMC Ref No: 3103487)

Organisation	Position
NHS England and NHS Improvement	Deputy Medical Director for Primary Care
Royal College of General Practitioners	Fellow
British Medical Association	Member
Medical Defence Union	Member
GMC Pension scheme	Trustee
Raj is listed as a director in his partner’s retail company. The business has no links with healthcare.	

Dr Suzanne Shale

Organisation	Position
Independent Reconfiguration Panel	Member
Oxleas NHS Foundation Trust	Non-Executive Director
The Ethicist Ltd	Director
Suzanne was previously a GMC Education Associate, prior to being appointed as a Council member.	

Miss Alison Wright (GMC Ref No: 3498288)

Organisation	Position
NHS England and NHS Improvement	National Speciality Adviser for personalised care in Obstetrics
HCA Hospitals	Vice Chair, Medical Advisory Committee, Portland Hospital
Royal Free London NHS Foundation Trust	Consultant Obstetrician and Gynaecologist
GMC Services International Ltd	Board member