To approve

Minutes of the meeting on 23 February 2017*

Members present

Terence Stephenson, Chair

Steven Burnett  Helene Hayman
Shree Datta  Paul Knight
Christine Eames  Suzi Leather
Michael Farthing  Denise Platt
Anthony Harnden  Amerdeep Somal

Others present

Charlie Massey, Chief Executive and Registrar
Susan Goldsmith, Chief Operating Officer
Paul Buckley, Director of Strategy and Communication
Una Lane, Director of Registration and Revalidation
Colin Melville, Director of Education and Standards
Patricia Morrissey, Council Secretary
Anthony Omo, General Counsel and Director of Fitness to Practise

* 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 Deirdre Kelly and Neil Roberts.

2. The Chair welcomed Steven Burnett, Anthony Harnden, Paul Knight and Amerdeep Somal following their appointment as Council members on 1 January 2017.

3. The Chair welcomed Colin Melville, who joined the GMC as Director of Education and Standards on 1 January 2017.

4. Council noted its congratulations to Paul Knight who had been awarded an OBE in the 2017 New Year Honours for services to geriatric health care.

Minutes of the meeting on 14 December 2016

5. Council approved the minutes of the meeting on 14 December 2016 as a true record.

Chief Executive’s Report


7. During the discussion, Council noted that:

   a. It was expected that the Department of Health would consult imminently on plans for the UK-wide reform of professional regulation and separately on the statutory regulation of Physician Associates.

   b. The GMC had launched its consultation on the establishment of a UK Medical Licensing Assessment on 31 January 2017. The consultation would be open until the end of April 2017.

   c. The GMC was finalising its report to Ministers in the four countries of the UK on making training pathways more flexible for doctors in training.

   d. The Chief Executive would attend the House of Commons Health Committee inquiry into Brexit to give oral evidence on the implications for health and social care.

Chief Operating Officer’s Report

8. Council considered the Chief Operating Officer’s Report and noted:

   a. The commentary on operational performance.
b Operational performance against key performance indicators (KPI) and progress on Council’s priorities, including that:

i Council priority 5 ‘credentialing’ was rated red due to limited available resources within the Education and Standards Directorate. Plans were already in place to secure the required resource level and it was expected that the forecast for the next reporting period would be amber.

ii The operational KPI of ‘2015/16 income and expenditure (% variance)’ was rated amber due to an operational surplus of £3,416k compared to a budgeted surplus for the reported period of £334K.

c Income and expenditure to the end of 2016, and that income was in line with budget and expenditure was 3% under budget.

d Summary information on current judicial reviews and appeals.

e Key outcomes of note from the Performance and Resources Board meeting on 24 January 2017.

f The Chief Operating Officer had been appointed as ‘Member at Large’ of International Association of Medical Regulatory Authorities.

9 During the discussion, Council:

a Noted the capital expenditure in relation to a wide range of IT projects identified as necessary to deliver our priorities, including on the core data system underpinning delivery of core regulatory functions. Further information on the projects would be provided to Council members if required.

b Queried whether there was any data on the number of EU doctors currently practising in the UK who were considering leaving the UK due to Brexit. It was noted that the British Medical Association (BMA) had published a survey that indicated a figure of 40%. The GMC had started its own survey which was not yet complete, although other factors aside from Brexit would also influence a doctor’s decision to leave. It was noted that no new trends had been identified in doctors applying for certificates of good standing or certificates of current professional status, which could be expected to provide an indication.

Human Resources Report 2016

10 Council considered the annual report on Human Resources for 2016 relating to the GMC as an employer, the diversity report for 2016 and in particular the analysis of the GMC’s recruitment process in relation to ethnicity.

11 During the discussion, Council noted that:
Despite significant change in the organisation during the implementation of the Change Programme, the underlying employment trends were stable and employee relations were constructive. There were plans to conduct the staff engagement survey annually, rather than every two years, which would enable management to better monitor staff morale across the organisation.

The learning and development programme had continued on a business as usual basis during implementation of the Change Programme and induction processes had been put in place to facilitate knowledge transfer where required.

Progress had been made with the appointment to IT roles which had proved more challenging to recruit.

There were currently no plans to introduce a volunteering scheme for staff. However, this would be reviewed in the next year.

Learning and development opportunities for Council members were managed as part of the Council member appraisal process.

Initiatives such as flexible working and scheduled home working had had a positive impact of increasing the number of female managers, with the majority of level 4 managers now female.

External advice would be procured to help understand the data on the number of applicants who identified themselves as Black and Minority Ethnic (BME) in relation to the number of BME candidates who received employment offers. It would be important to understand if the competency based selection process and testing methods were impacting on the diversity of the GMC's workforce and to learn how other comparable organisations addressed diversity issues. It was noted that unconscious bias training had been delivered and this would be offered to new staff.

Developing the UK medical register

Council considered the report on the results of our consultation on the List of Registered Medical Practitioners (LRMP) and the final report Developing the UK medical register.

Council agreed that, in light of the consultation feedback, to limit further development of the register at the present time to:

Enhancing its functionality in relation to the information it already contained.

Exploring with the Academy of Medical Royal Colleges the desirability and feasibility of collecting and recording information about doctors’ scope of practise.

During the discussion, Council noted that:
a The GMC had consulted a wide range of stakeholders as part of the review and had received an unusually large number of responses, particularly from individuals. The timing of the consultation, which took place during the industrial dispute with doctors in training in England, may have contributed to some of the negative feedback.

b The approach taken indicated to doctors that the GMC was listening to the concerns raised during the consultation period.

c An evaluation would take place on the GMC's process for this consultation. In addition, a more fundamental review of GMC consultation processes would take place. Points to be considered as part of the review, included:

i How best to balance feedback from individuals compared to organisations when analysing responses.

ii How best to obtain the patient and public voice.

iii How to balance qualitative and quantitative data.

iv How we could learn from other organisations in adopting more innovative approaches to future consultations.

d The report on the results of the consultation had been published alongside the Council papers on the GMC website on 21 February 2017. Council noted communication plans to support its publication.

Report of the Investment Sub-Committee

15 Council considered the report of the Investment Sub-Committee, which outlined its work since its last report on 19 April 2016.

16 Council agreed the amendments to the Investment Sub-Committee’s Statement of Purpose as follows:

a To remove reference to the Chief Operating Officer in the membership of the Investment Sub-Committee, following her appointment as a director of the GMC’s new trading subsidiary, GMC Services International Limited.

b To increase the membership of the Investment Sub-Committee from four members of Council to five to allow a Council member with experience of working with charities with trading subsidiaries to join the Investment Sub-Committee. In light of her relevant experience, it was agreed that Denise Platt should join the Investment Sub-Committee.

17 Council noted:
a That an independent review/health-check of the investment arrangements to date would take place in 2017, as per the Investment Sub-Committee Statement of Purpose.

b An update on the performance to date of managed funds which had been placed in investments in October 2016. A dashboard report on the performance of the investments would in future be included in the Chief Operating Officer’s report.

c A joint seminar on the governance arrangements for GMC Services International had been arranged with the Audit and Risk Committee and was scheduled to take place on 9 March 2017.

Council forward work programme 2017

18 Council agreed the Council forward work programme 2017.

19 During the discussion, Council noted that:

a The Council work programme would be subject to change given the potential for developments or changes in the external environment which could impact on the GMC’s priorities during 2017.

b The four nation dimension to Council’s work would be added to the list of priorities. Given the developments in the GMC’s strategic communications function, Council would have a further opportunity to consider the engagement strategy.

c Priority 2g, Pressure on the NHS and understanding the context in which doctors practise, should include ‘influencing’ in addition to understanding the context in which doctors practise.

d The list of priority areas for Council consideration in 2017 included in the report had not been listed in order of priority and this would be made explicit in future versions of the report.

e Private session meetings could to be arranged between the Council and the Chief Executive if required, but should be held for a specified purpose rather than as routine.

Review of Committee membership

20 Council noted the Review of Committee membership report which had been approved on circulation in January 2017.

21 It was noted that Council had approved the:

a Chairs and membership of the Audit and Risk Committee, Remuneration Committee and the Investment Sub-Committee.
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b Two members of Council who would sit on the Board of the GMC’s new trading subsidiary GMC Services International Limited (GMCSI).

c Employer nominated Trustees of the GMC Staff Superannuation Scheme, including the continuation of Jim McKillop as a Trustee for a further three years.


22 Council noted the report of the activities of the Strategy and Policy Board during 2016.

Report of the Performance and Resources Board 2016

23 Council noted the report of the activities of the Performance and Resources Board during 2016.

2018 Meeting Schedule

24 Council agreed the 2018 meeting schedule which included proposed dates of Council, Committees and UK Advisory Forum meetings in 2018.

Any other business

25 Council noted the date of its next meeting would be 26 April 2017, in London.

Confirmed:

Denise Platt, Deputy Chair 26 April 2017