



MEETING OF COUNCIL

Minutes of the Meeting of Council held at 9.00am on Saturday, 19 November 2016
At RCGP, 30 Euston Square, London, NW1 2FB

PRESENT:

President
Chair of Council
Honorary Treasurer
Honorary Secretary
Vice-Chair Professional Development
Vice-Chair External Affairs
Chair Scottish Council
Chair Welsh Council
Chair Northern Ireland Council
Chair Committee on Medical Ethics

Dr Terry Kemple
Professor Helen Stokes-Lampard
Dr Steve Mowle
Professor Nigel Mathers
Professor Kamila Hawthorne
Professor Martin Marshall
(Dr Elaine McNaughton in lieu of Miles Mack)
Dr Rebecca Payne
Dr Grainne Doran
Professor Simon Gregory

MEMBERS

Alexander, Dr K
Aride, Dr C
Baker, Dr M
Ballard, Dr T
Bhanot, Dr S
Chisholm, Dr J
Cosgrove, Dr J
Cranfield, Dr F
Enlli, Dr S
Forbes, Dr A
Free, Dr M
Gerada, Prof.C
Gupta, Dr S
Hall, Janet Dr
Hardy, Dr H
Holmes, Dr S
Hopkin, Dr M
Howsam, Dr G
Hunter, Dr C
Irving, Dr G
Jackson, Dr B
Jackson, Prof N
Johnson, Dr C
Lambourn, Dr R

Lakhani, Prof M
Lea, Dr A
Leach, Dr J
McCartney, Dr M
McCullagh, Dr R
McLean, Dr K
McNaughton, Dr E
Martindale, Dr M
Mead, Dr H
Mulholland, Dr M
Neden, Dr K
Patterson, Dr D
Perera, Dr R
Rafi, Dr I
Reeve, Dr J
Shanahan, Dr E
Sheikh, Dr F
Shrewsbury, Dr D
Spooner, Dr A
Stephens, Dr D
Taylor, Dr C
Tucker, Dr S
Tzortziou Brown, Dr V
Vautrey, Dr R
Vijaykumar Dr A
Wanninayake, Dr S
White, Dr J

DEPUTIES (as notified per meeting)

De Lusignan, Dr S

OBSERVERS

Aston, Mrs J
Caesar, Dr S
Jameel, Dr F
Jones, Prof R
Kanneganti, Dr C
Loughrey, Dr C
Poole, Dr S
Shah, R (Dr)

IN ATTENDANCE

Ashmore, Simon
Erasmus, Fiona
Foster, Robert
Hunt, Neil
Reed, Jeremy
Thomas, Mark
Vaughan-Dick Valerie
Watson, Gillian

GUESTS

Langfield, Dr J
Magnus, Dr B
Manek, Dr N
Riaz, Dr C
Ryan, Dr H

1. **Formal Announcements**
Deaths of Members

C/1

The President drew members' attention to the list of names of College members who had died since the last meeting. Members' attention was drawn in particular to the deaths of Dr Ranald "Philip" Hadfield-Jones and Dr Herbert "Perry" Harrison, both senior members of the College and Founder Members. Council observed a minute's silence in remembrance of their colleagues.

2. **Apologies for Absence**

Apologies for absence were received from the following members - Jaspreet Dhillon, Pauline Foreman, Trish Greenhalgh, Euan Lawson, Miles Mack, Kate O'Donnell, David Rose, and Richard Withnall.

Action: Secretariat Manager/Shirley Chinery

3. **Declaration of Interests**

The President reminded Members that if they had any personal or prejudicial (financial) interests, whether direct or indirect, in any item on the agenda, they should declare it here:

- Prof. Simon Gregory – personal interest on item 16 – GP Forward View – as an employee of HEE, responsible for Chapter 2 of the GPFV.
- Prof. Clare Gerada – personal interest in item 16 – GP Forward View – as her work partner Dr Arvind Madan, was the Medical Director in charge of the GPFV at NHSE.
- Dr Andy Spooner – personal interest in item 16 – GP Forward View – as Clinical Lead in South Cheshire & Vale Royal CCG.
- Dr Richard Vautrey – personal interest item 16 – as Deputy Chair, BMA GPC Committee; and item 18 – Quality in General practice – as a negotiator for QOF
- Dr Jonathan Leach – personal interest item 16 – as on local CCG Governing body.
- Dr Ben Jackson – personal interest item 16 – as a local GPFV ambassador
- Dr Michael Mulholland - personal interest item 16 – as a local GPFV ambassador in two different STPs
- Dr Tim Ballard – personal interest in item 18 – Quality in General Practice – as CQC Regional Advisor (London)
- Dr David Stephens – personal interest in item 18 – Quality in General Practice – as a CQC advisor and writer for NICE
- Prof Neil Jackson – personal interest in item 19(b) – Extended GP Training – as Chair TER & Co-Chair GP SAC
- Dr Dom Patterson - personal interest in item 19(b) – Extended GP Training – as a GP Trainer
- Dr Alison Lee - personal interest in item 19(b) – Extended GP Training – as a Trainer & Training Programme Director
- Dr Mair Hopkin - personal interest in item 19(b) – Extended GP Training – as Postgraduate Dean in the Faculty of Education

Action : Hon. Secretary/ Company Secretary/Secretariat Manager

4. Information Governance

The President reminded all Members of the College's policy on Information Governance and Data Security and that they should ensure that all necessary precautions were taken to observe the policies.

Members' attention was also drawn to Council Standing Order 58 regarding the non-disclosure of privileged information received by virtue of Council membership to the Press or media without the specific prior agreement of the Chair of Council or the Hon. Secretary, breach of which was a disciplinary offence under the Members' Code of Conduct.

[NB: It was noted this general prohibition did not include tweeting by members from Council, providing it was carried out in accordance with the agreed College Protocol.]

CONSTITUTIONAL ITEMS

5. Membership of the Council

Tabled

(a) Council Members 2016 – 2017

C/2

The President asked Council to note for information the list of names of the nationally-elected Council Members and Faculty representatives and Deputy faculty representatives appointed to Council for the 2016 - 2017 Council Year (tabled paper C/2 refers).

[NB: These members were appointed by the College AGM the previous day, including the additional Council members under Byelaw 40.]

AGREED: To receive and note the list of names of Members and Faculty representatives to Council for 2016 - 2017.

Action: Secretariat Manager

(b) Additional Council Members (Byelaws 34 & 40) – to note

C/3

The President asked Council to note :

- The appointment of additional Faculty representatives under Byelaw 34 for the College Year 2016 -2017 (shown *in italics* on report C/2);
- The appointment of additional Council members at the AGM under Byelaw 40 for the College Year 2016 -2017:
- Prof. Simon Gregory (Chair Medical Ethics Committee);
- Prof. Kamila Hawthorne (Vice-Chair Professional Development);
- Prof. Neil Jackson (Chair Training, Exams & Revalidation Programme Board);
- Prof. Nigel Mathers (Honorary Secretary);
- Dr Imran Rafi, (Chair Innovation & Research Programme Board).

AGREED: To note and agree the appointments for the 2016 -2017 College year.

Action: Secretariat Manager/Shirley Chinery

6. **Re-confirmation of Chair of Council 2016 – 2017**

oral

The President called for nominations for the position of Chair of Council for the 2016 – 2017 College year.

Prof. Maureen Baker proposed, seconded by Prof. Clare Gerada.....

“That Prof. Helen Stokes-Lampard be re-confirmed as Chair of Council for 2016-17. “

There being no further nominations, the President declared Prof. Helen Stokes-Lampard duly re-confirmed Chair of Council for the 2016-2017 College Year, and invited her to take the Chair for the remainder of the Council meeting.

AGREED: To note and agree accordingly.

Action: Secretariat Manager/Shirley Chinery

7. **Re-confirmation of Vice-Chairs of Council 2016 – 2017**

C/4

The Chair of Council called for nominations for the positions of Vice-Chair (Professional Development) and Vice-Chair (External Affairs).

Prof Kamila Hawthorne was the current Vice-Chair (Professional Development). Dr Tim Ballard, previously Vice-Chair (External Affairs), had demitted office early in order to take up a new role with the CQC. Elections had been held to find a successor, and Prof. Martin Marshall had been successfully elected to the role of Vice-Chair (External Affairs).

There being no further nominations, the Chair declared Prof. Kamila Hawthorne and Prof. Martin Marshall duly re-confirmed as Vice- Chairs for Professional Development and External Affairs respectively, and invited them to take their seats.

AGREED: To note and agree accordingly.

Action: Secretariat Manager/Shirley Chinery

8. **Re-confirmation of other College Officers & Committee/ Board Chairs 2016 – 2017**

C/5

The Chair of Council invited nominations for the other College Officer positions and Committee/ Board Chairs for 2016 – 2017.

There being no further nominations, the Chair asked Council to formally agree the re-confirmation of the other Council Officers, and Committee/ Board Chairs for the 2016 - 2017 College Year - as set out in Council report C/5.

AGREED: To note and agree accordingly.

Action: Secretariat Manager

9. Observers to Council 2016 – 2017 C/6

The Chair asked Council to note and formally agree the list of Observers to Council for the 2016 - 2017 College Year, as set out in Council report C/6.

AGREED: To note and agree accordingly.

Action: Secretariat Manager

10. Council Standing Orders 2016 – 2017 C/7

Council was asked to approve revised Standing Orders for 2016 -2017 (Council report C/7 refers).

AGREED: That Council Standing Orders for 2016 – 2017, as revised and shown in Council paper C/7, be approved.

[Note: The updated Standing Orders will be included in the Members' Information Folder circulated to all Council members in December.]

Action: Hon. Secretary/Company Secretary/Secretariat Manager/Shirley Chinery

Chair's introductory speech

Having dealt with the College constitutional matters, the new Chair of Council, Prof Helen Stokes- Lampard, gave her first speech as Chair, setting out her priorities for 2017 – 2020, and vision for the future direction of the College. Priorities for the future included:

- To continue to take forward to its logical conclusion the College's GP Forward View and Put Patients First campaigns in all 4 Nations, with an initial concentration on helping the Devolved Chairs in Wales and Northern Ireland achieve greater progress with their political administrations;
- To ensure delivery in all 4 nations of hard cash and resources to the front line where it was most needed, along with more GPs and other associated health care professionals;
- To restore dignity and pride to general practice, and support to GPs;
- To improve the College's offer to members and benefits of membership so that the College becomes the organisation its members want it to be;
- To take on difficult clinical and ethical issues;
- To review the MRCGP – now in its 10th year – to ensure it was still relevant and fit for purpose in the 21st Century – but still with the patient at its core;
- To listen to and involve more the patient voice within the College in all of the College's work;
- To modernise the governance and organisation of the College and Council internally, to improve its efficiency and strategic planning;
- To remove with immediate effect the ban on members "live" tweeting from Council – but only if done in accordance with the agreed Council protocol and remembering the rules on non-attribution and confidentiality, where asked for;

- To have a standing information report to Council from the Devolved Chairs to report on significant issues and developments in their local areas; and to rotate the Council agenda every other meeting commencing from February - so that policy matters are taken in the afternoon - on a trial basis.

Action: Hon. Secretary/Company Secretary/Secretariat Manager

11. (a) Minutes – 23 September 2016

C/8

The Chair asked whether the minutes of the meeting held on 23 September 2016 could be agreed as a complete and accurate record.

AGREED: To agree the minutes of the meeting held of 23 September 2016 as an accurate record, subject to the corrections / amendments as shown below in “matters arising”.

Action: Hon. Secretary/Company Secretary/Secretariat Manager

(b) Matters arising on the minutes

Dr David Stephens - re: p.21/item 14 – Role of Homeopathy – was disappointed that the debate had been closed down prematurely without a proper debate and vote being taken on the issue. The minute was inaccurate in recording the order of events – viz. the closure motion moved by Dr Richard Vautrey had come before the speech made by Dr Jonathan Leach on behalf of the Midland Faculty. As such, a procedural irregularity had occurred, as the Chair should immediately have moved to a vote on the closure motion and not allowed any further speeches on the substantive motion, apart from a last closure speech from Dr Gary Smyth. Dr Stephens’ grievance was that his faculty (North of Scotland) had also debated the Faculty of Homeopathy’s paper, but unlike Midland faculty, he had been denied the opportunity to put forward his faculty’s view to Council. The minute also stated that the vote on the closure motion was “unanimous” – when in fact, no actual vote or show of hands was taken, only a murmur of consent. At best therefore, the minute should record that the closure motion was agreed by Council “by a majority decision”. Dr.Stephens felt that, in light of the above procedural irregularities, Council should re-debate the issue, all members should be permitted to contribute, and a final vote on the matter taken.

[Footnote]: *The Hon. Secretary and the Secretariat concur that the Council minute was inaccurate in terms of the events described by Dr Stephens above, and should therefore be amended as shown below –*

At this point, Dr Richard Vautrey moved a motion from the floor... “That Council thank Dr Smyth for his interesting paper and presentation, but proceed immediately to next Council business.”...

The Chair permitted one more member to speak in favour of homeopathy before going to a vote on the closure motion. Midland faculty had debated the paper and had invited the local representative of the Faculty of Homeopathy to attend and speak to the Board. While the faculty might have been persuaded to support the call for a neutral stance, there were important caveats – viz.:

- *Homeopathic treatment could lead to a delay in the clinical diagnosis of seriously-ill patients;*
- *Adopting a neutral stance on the issue could be misinterpreted by the public as giving tacit approval to homeopathy.*

Before the closure motion “to proceed immediately to next Council business” was put to the vote, the Chair reminded members that the College already had an agreed position on homeopathy, so they were not being asked to decide anything new on the issue.

For – By majority consent (nem.con)

Against – 0

Abstentions – 0

*The motion “to proceed immediately to next Council business” was declared **CARRIED**. Council then proceeded to consideration of the next item of business on the agenda....*

Dr Rebecca Payne – re: p22/item 16A – BJGP update - query as to whether any progress had been made by the BJGP Editors in finding an alternative name for the “Out of Hours” section of the magazine.

Prof Roger Jones, BJGP Editor, responded that the editorial board had considered the issue recently, but had been unable to come up with a ready alternative. He therefore asked Council to submit suggestions for a suitable alternative title for that section of the Journal.

Action: Secretariat Manager/BJGP Editors/ All Council members

Chair’s Announcements

12.

Chair’s welcome & general announcements

oral

The Chair warmly welcomed the following new Council members for 2016 - 2017

- Grainne Doran, new Chair RCGP Northern Ireland
- Kirsty Alexander, new nationally-elected member
- Greg Irving – new nationally-elected member
- Joanne Reeve – new nationally-elected member
- Margaret McCartney, nationally-elected member (re-elected)

- Dom Patterson, nationally-elected member (re-elected)
- Richard Vautrey , nationally-elected member (re-elected)
- Rob Lambourn, new NE England faculty rep
- Morag Martindale, new East of Scotland faculty rep
- Sian Tucker, new SE Scotland faculty rep
- Duncan Shrewsbury – new AiT Committee Chair;
- Rasitha Perera – new Deputy AiT Committee Chair;
- Farah Jameel – new GPC observer to Council (replacing Mary O’Brian)

The following deputy faculty representatives and guest observers were also warmly welcomed to November Council :

- Simon de Lusignan, SW Thames faculty (deputising for Jaspreet Dhillon)
- Chaudhary Riaz, NW England faculty AiT rep
- Heather Ryan, ST3 Aintree University Hospital
- Belinda Magnus, Clinical Fellow Mental Health
- Nishma Manek, ST2 St Mary’s Hospital, Paddington

The Hon. Secretary also took the opportunity to congratulate the Chair on her recent receipt of Professorship from both the University of Birmingham Medical School (Chair of General Practice) and St George’s Hospital Medical School (Visiting Chair of General Practice).

Governance & Decision-making

13. Chief Executive’s Management Report

C/9

The Chief Executive spoke to his management report and drew Council’s attention to the following items:

- Following the departure of Paul Rees as Executive Director Policy & Communications, the decision had been taken to appoint Mark Thomas to the post as acting interim Executive Director pending formal recruitment to the post in the New Year.
- The College’s push towards digital transformation was proceeding apace, with the new College website, based on feedback and input from members’ focus groups, expected to go live by Spring. This would be a significant shift in the way the College presented itself externally, and the College was working closely with digital transformation experts Blue State to achieve this.
- Dr Pauline Foreman was coming to the end of her term of office as Chief Examiner and would demit office in March 2017. A search was on for a successor with plans to have a short hand-over period following induction of the new appointee.
- The College Strategic Plan was due for review and update and EMT had agreed a first draft, attached as an appendix to the report. Members’ input with regard to College values and priorities for the future would be particularly welcomed.

Members discussed the report and made the following observations:

- The language used in the proposed Strategic plan was very “management-speak” with terminology not easily understood by GPs.
- Under “College priorities”, mention should be made of providing medical leadership, which was very important, especially at the current time. It was necessary for the College to think about how it could exert leadership at all levels, and provide the vision to achieve this.
- There was concern regarding the future of the GP Forward View and the PPF campaign. Clarity on the direction of travel for both was required.
- The revised strategic plan should seek to involve comment and input from College Faculties rather than being centrally-led, with sufficient time given for local discussion and debate.
- Concern was raised regarding the increasing inaccessibility of members to 30 ES – a building they owned and that their membership subscriptions had paid for. It was felt in particular that the cost of room hire was too expensive, as was the cost of the catering provided by Searcys. It was felt strongly that College members (as opposed to other external users of the venue) should be given a much better deal – i.e. reduced costs / better discount.

The Chief Executive acknowledged the concerns by members - especially regarding use of 30 ES – which would need to be put to Trustees for their consideration. Regarding the Strategic plan itself, it was hoped to finalise this no later than by mid –December, so there was not a long time for consultation with Faculties, but any comments/ input from Faculties would be very welcome.

Action: Chief Executive/ Director of Development /Hon. Treasurer

14. Trustee Board – 13 October 2016

(a) Trustee Board Chair’s report

oral

The Chair of the Trustee Board reported on matters arising from the last meeting of the Trustee Board, including the following :

- Changes to the composition of the Trustee Board – Prof Maureen Baker having demitting office as Chair of Council, she was replaced by Prof Helen Stokes-Lampard while Dr Steve Mowle her place as Hon. Treasurer on the Trustee Board. Both positons were *ex officio*.
- Arrangements for finding a new Lay Trustee to replace Dr Robina Shah - following open advertisement, 7 applications had been received from the public, which had been short-listed to 4 possible candidates.by the Nominations Sub-Committee Interviews of these candidates by an Appointments Panel were due to be held on 21 November. As this would be after November Council (Council being the formal appointing body), it was proposed that the Chair of Council be delegated authority to agree appointment of the successful candidate on Council’s behalf. This was to avoid the appointee having to wait until after the February Council meeting before they could formally become a College Trustee, and so could contribute to meetings of the Trustee Board, the first of which was scheduled to be held in January 2017.

Members demurred granting the Chair further delegated powers, as part of the arrangements in establishing the Trustee Board was retention by Council of control over Trustee Board appointments. Delegation of powers to appoint members to the Chair could undermine the key principle of Council control.

A proposed alternative (for which there was previous established precedent) was for details of the appointment to be circulated to all Council members for their approval. (It was clarified that this would take the form of brief biographical details of the candidates, together with the Appointment Panel's findings and recommendation on each.). As this was an acceptable alternative to Council members, it was **AGREED** accordingly.

Action: Hon. Secretary/Secretariat Manager

- College finances – these were now in relatively good shape, and as cash held at the bank was currently earning little by way of interest, it had been decided that some should be transferred to the College's reserves and to the investment portfolio.
- HS2 – although still a risk, the proposed HS2 line put the College's building at the centre of London's newest main transport hub. The College and developers were now working more closely together, with an agreement in place to cover any potential disruption or loss to the exam caused by noise /building works.
- MRCGP - the College exam was now a decade old and was being reviewed to ensure it was still relevant and fit for purpose, in line with GMC requirements.
- Member experience – the College would be working hard over the next year to improve the member experience, and ensure that members received good value for money for their membership subscription.

Members thanked the Chair of Trustees for his report, and made the following observations:

- Members were concerned about how (apart from those Council members on the Trustee Board) the views of Council *et al* were gathered and reported to Trustees on issues of significance / importance to members – e.g. on the College exam; on use of 30 ES; and on sponsorship at the Annual Conference. It was felt that the current channels of communication were either poor or not working, and should be reviewed accordingly.

The Chair of Council advised that both she, the Hon. Secretary and Hon. Treasurer sat on the Trustee Board *ex officio*, alongside 4 elected Council members. While currently the minutes of the two bodies were exchanged, she was proposing in future to feed back to the Trustee Board on Council issues in the same way as the Chair of Trustees did at Council, in order to help improve understanding and communication. It was conceded however that a more robust review of overall communication between the two bodies might need to be carried out for the future.

Action: Chair Trustee Board/ Chief Executive

- A member requested that the outcome of the review into College sponsorship, currently being undertaken for the Trustee Board, should also come to Council for information / input, as the issue was of great concern to members. It was stated that some members felt strongly that the College's annual Conference should be "not for profit" and Pharma sponsorship or advertising should not be accepted under any circumstances.

Action: Chair Trustee Board/ Director of Development

- Another member suggested the College could better engage with new members by offering them better value for their £500 joining fee – eg. by provision of free CPD, and/or free access to the College Conference.

The Hon. Treasurer and the Chair of Trustees responded to the above queries by stating that the concerns were noted and would be taken on board in the various reviews being carried out on the different issues. However, members were reminded that College finance was a complex area, and a careful balance had to be sought between stopping or doing something for one group, and not being able to do something else for another group as a result, because of the need to balance the College's budget. Council members were reminded they were welcome to attend and observe Trustee Board meetings, with two places on offer for guest Council observers at every meeting.

Action: Chair of Trustee Board/ Hon. Treasurer

(b) **Trustee Board - minutes 13 October 2016**

C/10

AGREED: That the Trustee Board minutes 13 October 2016 be noted..

Action: Chair Trustee Board/Company Secretary/Kate Messent

**STRATEGY & POLICY ITEMS
(by Programme Board)**

15. **Chair's Strategy & Policy oral updates**

Oral

The Chair gave brief oral details on various strategy/ policy issues including the following:

- Scottish Council were congratulated on their highly successful and high-profile local campaign which had resulted in the First Minister announcing that 11% of future NHS Scotland funding would be invested in general practice and healthcare. This was tempered by the Cabinet Secretary for Health & Sport subsequently stating that the money was intended for the wider primary care, resulting in development of a “Charter for saving general practice” which called for the funding to be specifically directed to general practice, along with other measures to safeguard GP services.
- The Chair and former Chair had met recently with the Secretary of State for Health, Jeremy Hunt MP. The meeting had discussed a variety of topics, in particular the new STP’s, and what Government could do to ensure that the resources being allocated to them were spent on general practice.
- The Chair and former Chair had also had a meeting with the No.10 Policy Unit and had discussed a range of issues facing the profession, including recruitment. The meeting had been productive, and she had come away reassured by their desire to work with the College on the difficulties facing general practice.
- The recent Retention Workshop was felt to have been highly successful, with the problems/difficulties of recruitment and retention discussed and various ideas tested out. The ThinkGP video had been well-received, and had been viewed over 40,000 times.
- Length of GP training – the College has for many years felt that 3 years was not long enough a period for GPs to attain their full skills from training, and when the Shape of Training review was undertaken by Prof. Greenaway, made the educational case for a 4-year training period. This was accepted by all four Devolved health administrations and the Government appeared also to accept the argument. However, a letter received recently from the UK Shape of Training Steering Group has stated that they will not now support a 4-year training programme, but will support CCT after 3 years, with a further year spent as a Clinical Fellow. (A report later on the agenda on this topic (C/18) sets out the full details for members’ discussion and debate.)

Action: All to note

16. (a) **Policy, Campaigns & Workforce / GP Forward View**
PPF campaign (England) & GP Forward View update **C/11**
 [NOTE: The Chair specifically asked members not to tweet discussion on this item, as it contained information confidential to Council only.]

The paper was an update of College activity around the *GP Forward View* (which was England only) in the areas of monitoring, influencing, engagement and delivery. An update on the College's Regional Ambassador programme was also provided, as well as an assessment of the implementation of the *GP Forward View* to date. The conclusion reached was that implementation of short-term pledges made in the GPFV was not fully on track in all areas, and there also risks identified to the longer-term delivery of the *GP Forward View*. Based on this assessment, the paper set out a number of proposed actions which would be taken by the College to increase the accountability of the Government and the agencies responsible for delivering the *GP Forward View* – viz.:

- Publishing an interim assessment of the *GP Forward View* in the near future;
- Stepping up engagement with CCGs and STPs;
- Expanding relationships with key stakeholders, particularly the HEE;
- Continuing with plans to publish an annual assessment

Members welcomed the report and during debate, commented :

- It was necessary for the College to work closely with the BMA/GPC to ensure both bodies were saying the same thing to Government, especially regarding the financial figures cited in the report - which were notoriously difficult to pin down / calculate. Any difference between the two bodies would be ruthlessly exploited by Government.

**Action: Chair of Council/Director Policy & Engagement/Asst. Director
GP Forward View**

- There were 3 elements in the report that required amendment – firstly, p6 / 1st bullet point should read “salary supplement” not “bursary”; secondly, p7 / return to nursing programme while correct, was a matter of timing. Some £405,000 had been committed to the programme up to March 2018, and the programme itself was intended to start in January 2107; thirdly, p7/ “medical assistants” delay in introduction was down to differences in definition of the role they would play – whether patient or GP facing. GPs favoured enhanced existing staff able to assist them taking on the role; while “Physician Assistants” were still being piloted in NE & Central London and Yorks & Humber. If successful, the pilots would be developed further for subsequent roll-out.
- Concerns were raised regarding the STPs and their finance plans (due to be published in the next 2 weeks), most of which seemed focussed on reducing deficits in their areas, rather than on funding general practice.
- There appeared to be a significant communication lacuna within CCGs / STPs regarding the GPFV in local areas, and in particular where the money allocated to them should be spent/ re-directed. Strong advisory guidance from NHSE (to local STPs in particular) was welcome, and could be followed up by the College's ambassadors.

- It was felt it would be useful if the finance figures in the report could be shown in greater depth on a geographical basis, as initiatives such as return to practice nursing only really benefitted those with access to centres of learning (usually urban areas), meaning that rural areas constantly missed out.
- Rurality was in fact a significant problem – population dispersal and density; remoteness from secondary / tertiary care; smallness of practices; isolation etc, all meant that there was less scope for achieving economies of scale.
- Concern was expressed about the lack of reference to core GP services in STP plans, and key questions regarding what was expected to change or was going to change in hospital services. Most STP plans appeared to be based on treatment of diseases, not patients..
- The £16m extra investment in specialist mental health services (currently shown as “amber”) and £112m practice-based pharmacist (currently shown as “green”) should both really be shown as “red”, given the current uncertainty about the future of these services. It was felt local ambassadors should be canvassed for the view of service provision in local areas - most of which were likely to be “red”;
- It was reported that LMCs/GPC had taken a more nuanced view than that expressed in the report of whether funding would get urgently to frontline services. Transformation was expected to take at least 10 years to accomplish.
- A concern was expressed about the amount of resources the College was putting into GPFV (which was for England only) despite there being 4 different healthcare system across the UK. A call was for equality of resource across all four areas was made – e.g. Welsh “ambassadors” for their local STP equivalents.
- Concern over inconsistent statements/ changes by Government were noted – e.g. How FTE’s were calculated; “New“ models of care , rather than “Better” models of care, etc.
- It was pointed out the graph on p18 of the report was meaningless, as the “x” axis just stated “£ billions, ” with no actual figures given.

The Chair of Council thanked those members who were local GPFV ambassadors and Council members for their input which would be taken on board and used in production of an interim report to a future Council.

AGREED:

1. to note the report;
2. To await and consider an interim report at a future Council meeting;
3. To agree the proposed strategy to increase accountability for the future (para.49) and anticipated outcomes (App.2).

**Action: Chair of Council/Director Policy & Engagement/ Asst. Director
GPFV/Matthew Case**

- | | |
|--|-------------|
| (b) PPF campaign – Scotland | C/12 |
| <i>(Incorporated in Information Report C/26 - starred)</i> | |
| (c) PPF campaign – Wales | C/13 |
| <i>(Incorporated in Information Report C/27 - starred)</i> | |
| (d) PPF campaign – Northern Ireland | C/14 |
| <i>(Incorporated in Information Report C/28 - starred)</i> | |
| 17. Sexual Health Services – update | C/15 |

The Chair of Council introduced the report. In 2014, a RCGP position paper on sexual and reproductive healthcare (SRH) highlighted the risks to the system in England caused by the Health and Social Care Act 2012. Reduced availability of LARC in Primary Care, and the difficulty of retaining training qualifications were both highlighted as significant issues at that time. On review again in October 2016, it is clear that the previous concerns have been realised - with the situation in England in particular so serious, that SRH provision as a whole was at risk of collapse. Although issues of concern with SRH were found across the whole UK, funding and commissioning issues were most concentrated in England; while training issues were found to affect all four Nations.

The current position statement sought to identify the main issues and concerns in SRH across the UK, and set out recommendations to improve SRH services to Government and Commissioners. It was intended the paper would form the basis of RCGP lobbying work on this issue.

Members welcomed the position statement and commented:

- Trainees in particular had difficulty in accessing training in sexual and reproductive health services, and it was queried whether more could be done to remove the barriers to access;
- It was queried whether the College should work more closely on the issue with the Faculty of Sexual & Reproductive Health (although it was also recognised they had input into the position statement);
- The paper needed updating to recognise there were now many online services regarding sexual health;
- The service had been removed from GP practices and given over largely to private providers because of cuts in public health budgets;
- The question of appropriate levels of funding was key to the adequate provision of future SRH services.

- To note there was significant demand for coil insertion/LARC services in Northern Ireland.

The Chair thanked members for their input, which would be taken on board. The paper would be revised accordingly and brought back for information to a future Council meeting.

AGREED:

1. To note the report;
2. Subject to tweaking / the amendments identified above, to revise the position statement appropriately and bring back to February Council for adoption.

Action: Chair of Council/Director Policy & Engagement/ Eleanor Thompson

Quality Programme

18. Quality in General Practice – position statement

C/16

The Chair asked the Vice-Chair (Professional Development) to introduce the report. The Council had considered a draft version of the report in June, when members' comments/ input had been requested, and this had been taken on board in the revised version of the report now presented to Council. The College had a long pedigree of publishing papers on quality in general practice, but for far too long, external bodies - such as the CQC - had dictated what was meant by "quality" in general practice and how this was operationalised and measured, resulting in an over-emphasis on "quality- control". The current paper sought to set out the RCGP's view and definition of quality, linked to its Quality Improvement toolkit, and was applicable across the four Nations. If Council approved and endorsed the report, it was the ultimate aim to work with other stakeholders to formulate a single shared definition of quality which could be used in common by all.

Members welcomed the report and made the following observations:

- "Quality" was not about regulation or accountability – there were other mechanisms by which that could be achieved – but about an individual doctor's continuous professional development and the delivery of "hands-on" medicine;
- "Quality" was also dependent on the environment being worked in at the time;
- A key definition of quality – as defined by Don Berwick – was a focus on patients and carers, and examining the person / problem, rather than the person / disease should be emphasised, alongside separating patient's needs from patient's wants.
- It was felt the paper concentrated too much on the present, and needed to look forward/ take into account future developments/ changes – e.g. take on board the technological innovations that were happening in medicine;

- The paper also needed to be pragmatic, totally honest and grounded in reality – e.g. “continuity of care” was an aspiration that could not be delivered due to lack of adequate resources/ funding.
- The SAPC welcomed the shift in emphasis from quality control to quality improvement, and evidence from workshops showed learning / scholarship was important to achieving quality outcomes;
- There was a case to be made for moving to “evidence-informed” rather than “evidence-based” medicine ;
- P.9 paragraph referring to Wales should be removed until ongoing discussion in Wales was completed regarding the regulatory framework for standards;
- External bodies (e.g. CQC) were also moving at attempting a common definition of “quality”, and the College needed to move quickly to finalise and operationalise its definition before June 2017;

AGREED::

1. To endorse the paper and its focus on Quality Improvement, so that QPB can progress ways in which quality in General Practice can be acknowledged, rewarded and continuously improved;.
2. To agree that the College should work with stakeholders including patient groups, GP Providers, Commissioners of Services, Regulators, and other professional bodies, to develop a shared view of quality in General Practice and Primary Care
3. That a revised paper incorporating members’ comments be brought back to February Council for final sign-off.

Action: V/Chair Professional Development/ Director Professional Development & Standards/ ?

Training, Exams & Revalidation

19. (a) MAP v5 – update

C/17

The Vice-Chair (Professional Development) spoke to the report. Council in February 2016 had agreed that work be undertaken on a proposal to allow candidates for MAP to complete the process over a 5-year period, to coincide with the revalidation cycle. A suitable business case was prepared for Trustee Board in the interim and this was agreed and endorsed by the Trustee Board in October. It is expected that the new-look MAP will be launched in April 2017. It is important to note that, apart from the extension of the time-limit for completion, there was no change to the standard, content or quality of the MAP programme.

The paper to Council in February also highlighted the potential for the new ‘cluster’ model of MAP to be utilised to support GPs with development needs, or those who wanted to demonstrate attainment of a higher standard in a specific area. This idea will continue to be developed, with a view to submitting a proposal to next Council in February 2017. The concept (flexi-MAP) has been explored with a focus group of responsible officers and deanery representatives in July 2016, and has received considerable support.

Members discussed the report and made the following comments:

- The 5-year period for undertaking the new MAP was designed to link in to the appraisal / revalidation cycle. However, each of the 13 criteria needed to be completed within the year they were started, rather than being stretched over 5 years;
- The MAP trainers should also be refreshed along with the programme.
- Although it looked daunting at first, those who had undertaken the MAP route had found it very rewarding, and it dovetailed well with appraisal/ revalidation;
- Consideration should be given to a different approach or mechanism for non-members to skip taking MAP, yet still become Fellows;
- It was explained that the cost to the College of running the new MAP programme would be off-set by the income to be gained from new members joining the College;

AGREED:

1. To note and agree the report;
2. To support the further development of MAP (flexi-MAP), taking on board members' comments, with a proposal to be submitted to February 2017 Council.

**Action: Vice-Chair (Professional Development)/Susi Caesar/Mat Lawson
/Karen Bollen**

(b) Shape of Training & extended GP training

C/18

The Vice-Chair (Professional Development) introduced the report. The College had argued previously that the 3-year training programme currently provided for GPs was not long enough to ensure that newly qualified GPs were sufficiently professionally-skilled and confident enough for the future challenging working environment they faced. This view was supported by the independent report ('Aspiring to Excellence: the final report of the Independent Inquiry into Modernising Medical Careers'). compiled by Prof Sir John Tooke in 2008. The College and others believed that a 5-year training programme would be more appropriate. However, as such a significant extension would be difficult to achieve, the College made the formal educational case for extension to 4 years. This was supported by the Devolved Nations' administrations, and presented to Medical Education England (MEE) in September 2012, where the educational case for change was accepted.

In October 2013, the findings of the Shape of Training review (Greenaway Review) were published, which had looked at the structures of Postgraduate medical training and how medical specialists could be more broadly trained in order to provide the more flexible and responsive care the changing needs of the population and health service required in future. As a result, work to extend GP training was subsumed within Shape of Training, rather than pursued as a separate activity. The College continued however to make the case for an extension of GP training to 4 years.

In September 2016, the UK Shape of Training Steering Group (UKSTSG), chaired by Prof Ian Finlay, met to discuss the proposed GP training programme and subsequently met to discuss it with the College. The College has now received a formal letter from UKSTSG, in which they have advised that a 4-year GP training programme will no longer be supported. They state that they will endorse an additional fourth year spent as a Clinical Fellow, but with CCT clearly remaining at the end of the third year of training. They have explained that they do not think that an integrated 4-year training programme will meet the requirements of the Shape of Training Review, as in their opinion, it will not increase flexibility for trainees, nor will it be tailored to local service needs.

Members discussed the UKSTSG letter and proposal and made the following comments :

- The letter appeared to be more concerned with local service needs, rather than the educational needs of trainees, and should be rejected on that basis;
- Younger members (AiTs /First5) generally supported the CCT + 1 proposal, and queried whether extending to 4 years would actually provide better training – it was felt that the current 3 year programme should be reviewed and the training gaps addressed. However, a year as a Clinical Fellow post-CCT was supported;
- Older members (post-First5 / GP Trainers etc) generally felt that 4- year training should continue to be pursued - CCT + 1 was seen as an interim measure only;
- Concern was expressed that GPs currently had the shortest training period, yet the broadest curriculum to cover. The curriculum had been constantly increased, and now required a 4-year envelope at least;
- Anecdotal evidence from the Republic of Ireland - which had moved to 4- year training 10 years ago- showed that trainees appreciated and benefitted from the additional year;
- There appeared to be a correlation between “quality” and the length of medical training;
- GPs had to deal with increasingly complex disorders / multi-morbidity cases rather than single disease issues – the curriculum needed to be changed accordingly, and the College needed to be clear what it wanted to achieve from GP training;
- Trainees had different competencies obtaining CCT – some could manage it in less than 3 years, others required 4 years. The curriculum needed review for what was useful / relevant now.
- The issue was also a 4-Nation issue and should be a policy priority for the College / in the College Strategic Plan 2017-2020;

- The CCT +1 proposal should be acknowledged, but not supported; the educational case for 4 year training should be reviewed and re-evaluated and a new case worked up.

The Vice-Chair and Chair of Council thanked members for their input, which would be taken on board.

AGREED :

1. To acknowledge the 3+1 training proposal suggested by UKSTSG, but not to support it;
2. To review the College's 4- year training proposal in the light of changed patient medical needs/ curriculum content /skills required / relevance of 4th year content;
3. To consult with and gather input from AiTs as an interested stakeholder;
4. To ensure 4-Nation coverage, as the issue applied to all trainees;
5. To include in the College priorities list/ Strategic Plan 2017-2020
6. To report back on progress to a future Council meeting, and have further debate on the issues raised and the options that could be pursued..

Action: Chair of Council/ Vice-Chair (Professional Development)/ Chief Executive / Director Professional Development & Standards /Director Policy & Engagement.

(c) Annual Conference feedback & theme /venue for 2017

Oral

The Vice-Chair (Professional Development) advised Council of feedback received from this year's RCGP Annual Conference in Harrogate. Some 1643 delegates had attended the Conference , with 85% stating that the Conference had met their expectations and objectives. The Harrogate venue would not however be used again for the Conference as it had now become too small to host the event. The theme for the 2017 Conference was "Forward Together", and the Conference Management Group (CMG) would shortly be writing to members seeking ideas for plenaries and sessions. Following feedback, it was proposed that there would be a change to process with no fixed places for groups – all applications would be considered individually by the CMG and awarded on merit/best match to the theme. In addition, it would in future be mandatory for all speaker delegates to have a slide / statement setting out their conflicts of interests. An annual review was also shortly to be undertaken by the Trustee Board of the College's policy on sponsorship, looking particular at Pharma, which although already meeting fully the ABPI guidelines, was an issue of concern to members. It was also announced that the CMG itself had been reviewed and one additional place on the Group was available. Any interested parties would need to make a competitive bid for the position, which would be considered and decided by the Group

Members welcomed the feedback and made one additional comment:

- A member commented that the administration of the Conference by Haymarket Publications had been a shambles, with poor organisation and control. It was felt that CMG should consider carefully whether to use Haymarket again, due to the severe reputational risk to the College.

AGREED: –

1. To note the feedback from members and take to CMG for their consideration and action as appropriate;
2. To note the invitation to Council for an additional place on the CMG from interested parties.

Action: Vice-Chair (Professional Development) / Managing Director RCGP Enterprises

20.. MOTIONS TO COUNCIL

- (a) **Motions from Faculties** **C/19**
(None notified by the deadline)
- (b) **Motions from Members**
(None notified by the deadline)

HON. SECRETARY'S BUSINESS

- 21. Feedback from College AGM** **oral**

Noted the Hon. Secretary's oral report and a successful AGM.

- 22. Governance & Decision-Making**
College Code on Canvassing – revision **C/20**

It was noted the Code on canvassing had been revised and updated to make it fit for purpose. Revisions included an overall relaxation of prohibitions on canvassing to take account of the widespread use of social media as a means of instant communication; and a limit on expenditure for canvassing of £500. While the limit itself was arbitrary, the principle of a cap on expenditure was important, and it was expected that candidates would respect this.

AGREED: To note the revised College Code on Canvassing for implementation from the forthcoming Presidential and national Council Member ballot 2017.

Action: Hon. Secretary/Company Secretary/Secretariat Manager

- 23. Annual National Council Member & Biennial Presidential elections 2017 - notice** **C/21**

AGREED:

1. To note advance notice of the Presidential and National Council Member elections due to be held in early 2017;
2. To note the changes proposed to the Presidential election process in order to encourage greater member engagement and democracy.

Action: Hon. Secretary/Company Secretary/Secretariat Manager

24. Appointments & Vacancies on College Committees C/22

The Hon. Secretary drew members' attention to the list of current vacancies as set out in the report – currently Awards & Fellowship Committee (x 2 places and must be Fellows); Heritage Committee (x 1 place); and Patient & Carers Partnership Group (x 1 place).

In addition, there was a vacancy for a Council member on the RCGP Enterprises Board (contact Jeremy Reed, Director of Development); and a place for an interested Council stakeholder member on the Conference Management Group (applications to the Chair, Prof. Kamila Hawthorne).

AGREED: To note the current vacancies and the closing date for expressions of interest (17 December) .

Action: Hon. Secretary/Company Secretary/Secretariat Manager

25. ~~New Lay Trustee Appointment~~ C/23
(see item 14 (a) above)

OTHER COUNCIL BUSINESS

**26. Innovation & Research
Appointment of new Chair of the Scientific Foundation Board C/24**
Tabled

AGREED: To note and approve the appointment of Prof Carolyn Chew-Graham as the new Chair of the Scientific Foundation Board, for an initial term of office of 3 years, commencing immediately.

Action: CIRC Chair/ Secretariat Manager

**27. Membership
Nominations for Fellowships & Awards C/25**
Tabled

AGREED:

1. To agree the list of members nominated for College Fellowship;
2. To agree the list of those nominated for receipt of College Awards.

Action: President /Company Secretary/ Kate Messent/ Laura Summers

INFORMATION ITEMS

[Not for discussion unless starred **]

**28 ** Devolved Council reports
RCGP Scotland – for information ** ** C/26**
AGREED: To note the information report:

29. RCGP Wales – for information ** ** C/27**
AGREED: To note the information report

30. RCGP Northern Ireland – for information ** ** C/28**
AGREED: To note the information report

31. Chair of Council's report - for information C/29

- | | | |
|--------------------------------------|---|-------------|
| 32. | President's report - for information | C/30 |
| <u>External organisations</u> | | |
| 33. | (i) Academy of Medical Royal Colleges: summary of activities | C/31 |
| | (ii) Joint RCGP/GPC Liaison Committee – minutes of the meeting held on xxxx 2016 | C/32 |
| | (iii) BMA General Practitioners Committee – summary of activities | C/33 |
| 34. | Any other business | |
| 35. | Date, time and place of next Council meeting | |

The next Meeting of Council will be held on **Friday, 24 February 2017** at **10.00 am.** at **30 Euston Square, London, NW1 2FB.**