MEETING OF COUNCIL

Minutes of the Meeting of Council held at 10.00 am on Friday, 24 February 2017 at RCGP, 30 Euston Square, London, NW1 2FB

PRESENT:

President	Dr Terry Kemple
Chair of Council	Professor Helen Stokes-Lampard
Honorary Treasurer	Dr Steve Mowle
Honorary Secretary	Professor Nigel Mathers
Vice-Chair Professional Development	Professor Kamila Hawthorne
Vice-Chair External Affairs	Professor Martin Marshall
Chair Scottish Council	Dr Miles Mack
Chair Welsh Council	Dr Rebecca Payne
Chair Northern Ireland Council	Dr Grainne Doran
Chair Committee on Medical Ethics	Professor Simon Gregory

MEMBERS

Alexander, Dr K
Aride, Dr C
Baker, Dr M
Bhanot, Dr S
Chisholm, Dr J
Cosgrove, Dr J
Cranfield, Dr F
Dhillon, Dr J
Free, Dr M
Gerada, Prof.C
Gupta, Dr S
Hall, Janet Dr
Hardy, Dr H
Holmes, Dr M
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
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
Shrewsbury, Dr D
Spooner, Dr A
Stephens, Dr D
Taylor, Dr C
Tucker, Dr S
Tzortziou Brown, Dr V
Vaughan, Dr M
Vautrey, Dr R
Wanninayake, Dr S
White, Dr J

DEPUTIES (as notified per meeting)

Baldwin, Dr K
Kelly, Dr S

OBSERVERS

Caesar, Dr S
Foreman, Ms P
Jameel, Dr F
Jones, Prof R
Kumar, Dr S (Fri only)
O'Donnell, Prof K
Poole, Dr S
Shah, R (Dr)

IN ATTENDANCE

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

GUESTS

Barros D'Sa, Dr S
Fortnam, Dr M
Hill, Dr S
Moss Langfield,Dr J

FORMAL / CONSTITUTIONAL ITEMS

1. The Chair of Council welcomed the following members and guests to the February Council meeting :

- Dr Mike Holmes, new Humber & The Ridings Faculty rep, replacing Dr David Rose on Council;
- Dr Kirsty Baldwin, Yorkshire Faculty , substituting for Dr Vijay Kumar;
- Dr Stephen Kelly, Midland Faculty, substituting for Dr Jonathan Leach;
- Prof. Kate O'Donnell – new SAPC Chair
- Dr Sonia Barros D'Sa – GP Wessex Faculty
- Dr Matthew Fortnam - Leadership Fellow HEE (Yorks.& Humber) & Humber & The Ridings Faculty GP trainee
- Dr Susanna Hill – Tamar Faculty Chair & Deputy Faculty Rep to Council
- Dr Jenny Moss Langfield – Vale of Trent Faculty GP trainee

The Chair extended Council's thanks and best wishes to Dr Pauline Foreman, whose last meeting this was before she demitted office as Chief Examiner. It was reported that she would be succeeded as Chief Examiner by Dr. MeiLing Denny, a former member of Council, from 1st April.

Council's congratulations were also extended to the Chief Executive, Neil Hunt, for the recognition and award of an Honorary Doctorate from Bradford University for his role in the national Dementia Care Strategy and the modernisation of GP- led Primary Care Services.

Council's congratulations were also extended to Margaret Burtt, Senior Secretariat & Committee Support Officer and former Officer Support Manager, who was retiring from the College after 27 years of service.

The Chair reminded members that nominations were now open and being accepted for the College positions of President & for nationally-elected Council member (6 places) – closing date 31 March; and also for Assistant Hon. Secretary - closing date 28 April.

Members were also advised that the next pre-Council workshop (23 June) would be on international developments and would be facilitated by Prof. Amanda Howe. The date of the September pre-Council workshop (21 September) had been reserved for a Valedictory Supper for the President & Honorary Secretary, both of whom would be demitting office in November, following the College AGM.

The Chair thanked Dr Helene Irvine for her thought-provoking presentation for the February pre-Council workshop which - despite the best efforts of Storm Doris - had been very well received by those who had been able to attend. In response to queries from Council members as to whether the workshops, and/or Council itself, could be podcast / video-teleconferenced for the benefit of those unable to attend in person in future, the Chair advised that the current Council meeting was being recorded (audio only) - primarily as an *aide-memoire* for the Council co-ordinator - and preliminary investigation was already being undertaken into the possibility of podcasting / videoing the AGM /SGM, and selected Council debates / events, and a more detailed report on the matter would be made to June Council.

Action: Hon. Secretary/Director Enterprises/Director Planning & Resources/

The Chair reminded members live tweeting from Council was now permitted, but only on a non-attributable basis, and using the hashtag #rcgpcouncil. Items excluded from being tweeted were those marked as "Confidential", which were strictly for Council members only. The Chair advised that, along with the changes made to the order of business on the Council agenda, live tweeting etc was part of the experiment with College governance and democracy being undertaken to raise members' awareness and engagement with the College, the findings on which would be reported back shortly to members, and on which their thoughts and input was also invited.

The Chair announced that, following preliminary work undertaken by a Steering Group led by Prof Maureen Baker with the other Royal Colleges and the Academy of Medical Royal Colleges (AoMRC), a new "Faculty of Clinical Informatics" would be formally launched in the Summer. The Chair also announced that she had met recently with the College's Patient & Carers Partnership Group, and had agreed to try and make sure they were used more effectively and extensively across the College's strategic and policy-making work going forward, since patients were at the heart of what it was to be a GP.

The Chair also advised members that, as evidenced by her many appearances recently on TV and radio, there had been intense media coverage and interest in the College of late and its position on various health topics and issues, reflecting its stance and campaigns regarding *Put Patients First* and on the *GP Forward View*. Of particular note was the stance taken against the Government's pledge of provision of 7 days a week routine care, which was deemed unrealistic and unworkable, with GPs currently struggling to provide safe and comprehensive 5-day routine care and out of hours services. The Chair had clarified with NHSE that 7-day routine care provision did <u>not</u> mean every GP practice had to be open, but that service provision would be based on local demand / needs, and collaborative working.

Members congratulated the Chair on her successful handling of the media, and also on the recent successful and close collaborative working with the GPC, which would hopefully be continued.

2. (a) Members' New Year Honours **C/34**

The Chair drew members attention to the list of College members awarded Honours in the New Year's Honours list. Council's congratulations in particular went to Prof Keri Thomas, former EOLC Clinical Champion on her OBE; and to Prof Kamila Hawthorne, Vice-Chair (Professional Development) on her MBE.

(b) Deaths of Members **C/35**

The President drew members' attention to the list of members who had died since the last meeting, as set out in the Council Agenda, and called for a moment's silence in their memory.

3. <u>Apologies for Absence</u>

Apologies for absence were received from: Jenny Aston, Tim Ballard, Sioned Enlli, Alasdair Forbes, Trisha Greenhalgh, Vijay Kumar, Euan Lawson, Jonathan Leach, Claire Loughrey, Iqbal Meeran, Farrah Sheikh and Richard Withnall.

4. Declaration of Interests & Probity

The Chair reminded members if they had a personal or a prejudicial (i.e. financial) interest in any item on the agenda, they should declare it here or when the appropriate item was reached on the agenda. (Alternatively, members could complete and return to the Secretariat the Conflict of Interests form on their desks after the meeting).

The following declarations of interests were made:

- Prof Simon Gregory – re item 33 HEE proposal as an HEE employee
- Dr Janet Hall – re item30 CQC as a CQC GP advisor
- Dr Andy Spooner – re item 29 GPFV as a Board member of local CCG
- Prof Mayur Lakhani – re item 29 GPFV as a Board member of Local CCG and item 30A Primary Care Home as a GP
- Dr Kirsty Alexander – re item 25 Sexual Health Service & item 29 GPFV as a member of Bristol CCG

The Chair informed members that as part of good governance and transparency, it was intended that all Council members' interests would be published on the new College website in future, with an opt-out facility. In the meantime, the Chair encouraged Council members to make a public declaration of their conflicts of interest by signing up to the website: www. whopaysthisdoc.org

It was pointed out by a Council member that the registration and declaration of interests was not adhered to as standard best administrative practice by all College Faculties. An undertaking was given that all Faculties would be reminded of their obligations in this regard by the Hon. Secretary.

Action: Hon. Secretary/ Company Secretary/ Secretariat Manager

5. Information Governance

Members were reminded of the College's policies on Information Governance and Data Protection and the need to ensure that all necessary precautions were taken to observe them.

6. Council Minutes – 19 November 2016

(a) To approve the Council minutes C/36

AGREED: – Subject to the amendments set out below, to agree the minutes of the Council meeting held on 19 November 2016 as a complete and accurate record.

(b) Matters arising on the minutes

Dr Mair Hopkin : re minute item 3 /Last bullet – Declarations of interest - was an Associate Dean not a Postgraduate Dean.

Prof. Martin Marshall: re minute item 7 – Vice-Chair re-confirmation - Agreed to amend the minute wording to delete the current wording (shown in square brackets) and add :

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

Dr David Stephens re: minute item 11 (b) – Homeopathy report.

By way of preamble, the Chair advised Council that although there had been a technical irregularity in the handling of the closure motion during the September 2016 Council debate on homeopathy – in that the motion "*to proceed to next business*" should have been put to the vote immediately once moved and no further debate on the substantive issue allowed - as now reflected in the revised Council minutes - the Council had made its views on the subject perfectly clear and therefore the debate on homeopathy would not be re-visited or re-opened.

The Chair reminded members that anytime that they successfully move a motion from the floor to proceed to next business, it had the effect of curtailing other Council members' rights to speak in the foregoing substantive debate, so encouraged use of the closure motion sparingly in future. As Dr Stephens had been denied his opportunity earlier to inform Council of his faculty's considered views on homeopathy, she invited him now to address Council as a one-off gesture.

Dr Stephens advised Council that, while he personally did not support homeopathy, nevertheless he had been mandated by his faculty to put forward its views, and in particular, those of a trainer member of his faculty, who was also a member of the Faculty of Homeopathy. She was extremely disappointed that the College was not willing to support those of its members who were also involved in such work - to such an extent that she was reviewing her options, and might choose to resign as a member of the College as a result. The Chair thanked Dr Stephens and noted the comments made.

Dr Rebecca Payne re: minute item 16A 23 September - BJGP "Out of Hours" section - queried whether any progress had been made on renaming this section of the BJGP. The Editor, Prof. Roger Jones, responded that no feedback from members on the issue had been received. Dr Jonathan White offered the suggestion that it be called "After Hours".

Dr Jonathan White re: minute item 16a/p.14 / 2nd bullet – GPFV – noted a typographical error – the Return to Nursing programme was intended to start in January 2017, not 2107, as stated in the minutes.

Action: Secretariat Manager

7. Trustee Board - 26 January 2017

(a) Trustee Board Chair's report to Council **oral**

The Chair of the Trustee Board drew members' attention to the following significant items considered at the last meeting of the Trustee Board:

- The College MRCGP examination was now over 10 years old and in line with good administrative practice was being reviewed by an external assessor to ensure it was still “fit for purpose”.
- The College was doing well in the current financial year, and had recently agreed the budget for the next financial year. Notably, there would be no increase in College member subscriptions for the second year running, and the College was also looking at making the fees and charges system simpler for members as part of the improved member experience.
- The Trustees had considered and agreed a draft of the proposed new College Strategy for 2017 – 18. The strategy had already been considered by EMT and the Leadership team, had been through several iterations and would be finalised shortly. The Chief Executive would advise members further on this topic in his management report to Council.
- The Trustee Board had also commenced a review of the College policy on sponsorship. It was10 years since the last review had been undertaken and much had changed since that time. Trustees were concerned the review was not rushed but was undertaken carefully, as there were many issues to resolve, not least firstly determining an agreed definition of “sponsorship”. Other significant factors to evaluate and consider - in addition to pharmaceutical sponsorship of the Annual Conference - included the amount and extent of College income generated from sponsorship from various sources; and the use and impact of sponsorship generally on local Faculty finances.

Members made the following comments on the report:

- The Chair of Ethics Committee reported that the Ethics Committee had reviewed the College’s sponsorship policy in the past, and offered the services of the Ethics Committee again to support of the current Trustee Board review..
- A member requested that, as part of the overall sponsorship review, consideration also be given to the accreditation of the College’s e-learning materials and courses, which also had elements of sponsorship by Pharma.
- Another member suggested the College sponsorship policy be relaxed so that sponsorship by doctors could be accepted, as many GPs ran their own businesses, and might be interested in providing sponsorship for College activities.

With regard to the MRCGP examination review, Council members felt it was important that Council was involved in the review and had the opportunity to debate / input to the final report findings before approval by Trustees.

- Members expressed concern that decisions of significance for the College (eg. MRCGP and Sponsorship reviews) appeared to be being taken by Trustee Board without further reference to Council, or the opportunity for members to input / make their views known.

The Chair of Trustee Board thanked members for their comments and gave an undertaking that the reviews on both the MRCGP and Sponsorship policy would come to Council in due course for debate/ input. He emphasised that the role of the Trustee Board was not about making money, but to ensure due process was followed, and that the risk to the College and its reputation was minimised. He reiterated his invitation for interested Council members to attend and observe Trustee Board in action (2 places per meeting available).

Dr Christine Johnson reminded Council that, alongside the 3 *ex officio* College Officers, she, together with fellow Council members John Chisholm, Ken McLean and Jonathan Leach, represented the views of ordinary Council members on Trustee Board..

Action: Chair of Trustee Board /Hon. Secretary /Company Secretary/ Kate Messent

(b) Trustee Board minutes 26 January 2017 – to note C/37

AGREED – To note the minutes of the Trustee Board held on 26 January 2017

Chief Executive's Report to Council

8. (a) Consolidated Management Report C/38

The Chief Executive spoke to the report and highlighted the following matters:

- New members of staff Luke Bruce, Policy & Campaigns team manager, and Julie Wyeth, Officers Support team manager, were introduced to Council.
- The Faculty of Clinical Informatics – a joint initiative with the RCP and AoMRC, has been awarded substantial funding to support its further development over the next 4 years, and will be formally launched in the Summer.
- Development of the College's high-level Strategic Plan for 2017-18 was well advanced, and a summary draft plan has been tabled for members' information. Any further comments from members should be sent direct to the CEO as time was short for finalisation.
- The GP Practice Resilience service developed by the College would be launched shortly. The new service is derived from the existing practices in special measures support programme, and offered diagnostic and targeted support for practices qualifying for practice resilience funding. Currently the team was negotiating with CCGs in NE London (3), Greater Manchester and Birmingham to provide diagnostic services.
- A series of Faculty Workshops were now firmly established in the College diary, and members were urged to attend their local faculty workshop. The purpose of the workshop was to examine the working of the faculties locally (including the new Faculty finance processes) and how best to embed local / central "one College" working.

Members raised the following points:

- New Faculty finance system - Faculties in the Northern hub area had concerns about the new finance system/ different software platform and had been forced to make a quick decision outside of the normal Faculty Board meeting cycle, meaning discussion on the issue had been limited. 17 faculties had apparently voted in favour of adoption, but it was questioned how many were in fact abstentions, but counted as though in favour?
- GPFV Ambassadors – where on the College website was information regarding the names / locations of the GPFV Ambassadors and information / guidance for the Ambassadors placed?

- A lot of work had been carried out locally in Faculties for the planned faculty workshops, but faculties were now being told it was not required, and the programme would consist mostly of centrally-produced items. This was not seen as conducive to fostering better local / central relationships.

The Hon. Treasurer responded that that the faculty finance review had been ongoing for the last 2 years, and the new system was designed to replace the old Sage software and make things easier for both Faculty Treasurers and Administrators. Full training in use of the new software would be given before the roll-out on 31 March.

The Chief Executive responded that, with regard to the faculty workshops, there had been a strong push from the centre to have a central framework for discussion, particularly around the College strategy, but there was also room in the programme for local faculty input too.

(b) College Strategy 2017 – 2018 **C/39**

Noted late tabled summary paper (C/39) of the College Strategy 2017-18 entitled "Great doctors, great care". Further comments/ observations to be sent to the Chief Executive direct.

EDUCATION & INNOVATION ITEMS

Training, Exams & Revalidation

9. Shape of Training / EGPT – review of College position **C/40**

The Vice-Chair (Professional Development) spoke to the report, which was a follow-up to last Council's report on the letter and proposal from the UK Shape of Training Steering Group (UKSTSG) for a 3+1 training programme. The current paper had taken on board the views of AiTs and First5 members, given their divergent views at last Council regarding extended GP training. It was now clear pre-CCT training centred on quality rather than post-CCT experience was important. However, given the stance of the UKSTSG, it was felt that the mandate for an extended GP training programme for the longer term required renewal from Council, with if Council accepted it, 3+1 in the interim agreed as a temporary measure only.

Members discussed the proposal and made the following comments /observations:

- The proposed 30% cut to the funding of the HEE from April would have a dramatic effect on training and trainees – a point to be re-emphasised emphatically by the Chair when she next met with the Secretary of State.
- It was reported that many young doctors being seen in the NHS Health Service lacked the confidence and competence to deal with the pressures arising in the NHS - the extra year in training was vital for them to be able to cope
- In Scotland, four-year GP trainee places had been cut from 400 to 300, as they were not generally seen as "popular". The Scottish AiT/First 5 Committee however agreed it was the quality of training that was important, not so much the length of time spent in training

- Northern Ireland trainees were similarly supportive of 4 –year quality training, but felt acceptance of 3+1 as an interim measure only served to weaken the case for extended GP training
- The AiT Committee was largely supportive of the paper, and of quality of training over quantity
- First5 were concerned that trainees could be hijacked for local service provision in hospitals or other purposes without adequate assurances on what was being offered in the 4th training year - such as an academic clinical role or time spent in general practice.
- Members agreed the current GP recruitment crisis should not be used to hijack trainees to fill gaps in service provision
- Members felt strongly that Recommendation 2 of the report (accepting 3+1 as an interim measure) should be rejected as it would undermine or weaken the College's longer-term argument for 4 (or even 5) years extended GP training.

- Council was reminded that the College had already made the educational case – as supported by all the Devolved health administrations - for 4 year extended training in 2012, and it had been accepted by Prof Greenaway when he had published the Shape of Training Review in 2013.
- P4 / last bullet – it was felt the wording "out-dated concept" could potentially cause offense to those working in this field and should be re-worded.

Members agreed Recommendations 1 and 3 of the report as supported *nem con.*
It was agreed to put Recommendation 2 (i.e. acceptance of 3+1 as an interim measure) to the vote:

FOR – 3
AGAINST – 53
ABSTENTIONS - 1

The UKSTSG proposal for 3+1 was overwhelmingly rejected by Council as either a long-term or an interim measure .

AGREED :

1. To support the need for an enhanced GP training programme and re-confirm it as the agreed RCGP policy position.

2. To agree a mandate for work to develop a fully revised scope for enhanced GP training that addresses the current and future changes that are happening to the model of General Practice, and which aligns with 'GP 2020'.

Action: Vice-Chair (Professional Development)/Director Professional Development & Standards/Chris Mirner

10. Development of MAP (flexi-MAP/ Cluster model) C/41

The Vice-Chair (Professional Development) introduced the report. It had been recognised that individual modules of the new the MAP "cluster" option could be offered to any GP- including existing members - as an aid to revalidation, to support developmental needs of doctors in the "amber" category, or as an assessment of a doctor's current practice.

Although currently called “Flexi-Map”, this was a working title only and would be changed once the product was developed, as it was utilisation of a membership initiative /process for non-membership purposes and could cause confusion. No changes however had been made to the standards, content or quality of the MAP programme itself, which would continue independently as a route to gaining College membership. It was intended that “Flexi-MAP” would be used as a formative tool, most likely within a wider programme of support co-ordinated by a Deanery or other appropriate body. In addition, through its remediation work stream, the AoMRC was seeking to identify College and faculty resources that could be used to support doctors in remediation, and provide a resource/mechanism for ROs to access these. Subject to Council’s agreement and approval, “Flexi-MAP “ would thus create/enable a new income stream for the College.

Members discussed the report, with opinion on the initiative clearly divided. Comments made included:

- The initiative was strongly supported as useful to members, although if take-up was high, there would be an issue of having sufficient numbers of trained assessors to go round;
- It was seen as a useful educational tool which the College could use in the revalidation in doctors
- Other members felt that it was a stick with which to beat weaker colleagues and would be forced on them by appraisers and ROs
- The title “flexi-MAP” was also very confusing for members, and although it had been explained the initiative was independent of the route to College membership, nevertheless members felt it “tainted” the membership brand, so should be changed.

The Vice-Chair thanked members for their comments/views.

AGREED: – To take away members’ comments/views and the report for further consideration and report back at a subsequent Council.

Action: Vice-Chair (Professional Development)/ Director Professional Development & Standards/Mat Lawson

11. GPs with Extended Roles (Dermatology) – assessments C/42

The Vice-Chair (Professional Development) introduced the report. The paper sought Council’s agreement to a College-led process of accreditation for GPs with Extended Roles (GPwER – formerly known as GPwSI), commencing with Dermatology and potentially expanding into other specialist areas where there was demonstrable need. The proposal concerned only areas of practice undertaken by GPs post-CCT which were outside the scope of the MRCGP examination and core general practice service. It was important for the College to engage early in this area in order to mitigate against the risk of other bodies setting inappropriate standards for care delivered in Primary Care settings, and also to promote opportunities for GPs in Secondary Care. Clarification of the appraisal/ revalidation process was still required – the College proposed that GPwERs were appraised by their normal appraiser, but using a specially designed pro-forma that would demonstrate continuing performance and proficiency. Revalidation (and therefore re-accreditation) would come from the RO in the usual way.

This was different from what the Dermatology pilot group (which included GPs) had recommended to Council in the report– their proposal was for a specialist appraisal, which was then bolted on to the appraisal process. The proposal that it should form part of the normal appraisal process was informed by guidance from the GMC. It was also unclear which body would hold the formal Register for GPwERs – the Trustee Board was categorical it should not be the College. The GMC had indicated they might be able do so, but only once Credentialing had been introduced successfully, which could be sometime further off. An interim solution to the Register problem was also therefore required.

Members discussed the report and commented:

- Support for the proposal was cautious. There was a risk of further chipping away at general practice, and adding another layer of bureaucracy to already over-burdened GPs.
- It was questioned whether grass-roots GPs really wanted this initiative or whether it was NHSE / CCGs seeking a cheap way of establishing "pseudo-consultants".
- Concern was expressed whether a Register was actually needed and over who it was for – CCGs or Hospitals?
- Concern was also expressed over the partnership with BAD for the first accreditation, as they were known to be anti GP involvement in Dermatology.
- 15% of GP referrals concerned dermatological problems and it was questioned whether the current curriculum should actually have more input on this topic.
- There were also various facets /types of dermatology, and it was unclear which was being proposed for accreditation
- It was felt that a pilot scheme should be undertaken first and evaluated.

AGREED: To note and take away members' comments, with a revised paper to be brought back to next Council.

Action: Vice-Chair (Professional Development)/Director Professional Development & Standards/Mat Lawson

Quality

12. Quality in General Practice – final position statement C/43

The Vice Chair (Professional Development) introduced the paper, which was a final version of the College's position statement on quality in general practice. The paper included the feedback and comments made by members at last Council, and was presented for members' sign-off and implementation..

AGREED:

1. To approve the College position statement on quality for publication ;
2. To agree for it to be shared openly with relevant stakeholders, commissioners and regulators to inform discussions about the measurement of quality in general practice in the UK.

Action: Vice-Chairs (Professional Development) & (External Affairs)/ Director Professional Development & Standards

Medical Ethics

13. Referral Management – discussion paper ***C/44***

The Hon. Secretary introduced the paper, which was for discussion, and designed to elicit views from members' as to what (if any) guidance and support the College could or should provide to its members on this issue.

Prof. Simon Gregory, Chair of the College's Ethics Committee, credited the author of the report as being Dr Denis Cox. The paper was deliberately neutral - neither for nor against referral management as a concept - but merely stated the various forms referral management took, and how it operated. He personally was not in favour of referral management because there was no evidence of any usefulness; it interfered with and disrupted the doctor / patient relationship; and it undermined the advocacy role of GPs towards patients. He felt referral management should not be about the filtering of patient referrals *per se*, but more about GPs' using skills in the practice to ensure that what was being done was the correct outcome pathway for patients.

Members discussed the issue generally, and made the following comments:

- Discussion at faculty level had been quite confused, as "referral management" meant and was interpreted in different ways by different people;
- A standard working definition of what was meant by "referral management" needed to be formulated;
- It was suggested the paper needed to be discussed in the context of doctors' obligations as set out in the GMC's "Good Medical Practice " guidelines;
- It was suggested that 2 papers on the topic were required – the first on the medical and ethical arguments against referral management; the second on whether referral management as a tool was necessary (cf: King's Fund study 2010);
- There was no evidence that delaying referrals actually saved money – however there was counter- evidence of facilities, specialists and consultants in Secondary Care being left under-employed as a result;
- Referral management was already part of the healthcare "system" – nurses / receptionists triaging patients; GPs involvement in telephone triage, etc;
- The paper failed to mention the gaming of the current system that GPs had to resort to / undertake to get patients' referrals;
- It was suggested that referral management should be part of the GPFV campaign considerations - certainly with regard to CCGs, which did not have the budget resources to meet patients' demands;
- There was a danger, unless the reasons were communicated clearly to patients, of a conflict and backlash between the role of GPs as "patient advocates" and the role of GPs as the "gate-keepers";
- There was concern that, increasingly, decisions on referrals were being made by non-medical personnel and private companies;
- It was felt the use of referral management should be linked to the quality of outcome and the correct pathway to achieve that, and not about cost;
- If referral management as a tool was to be of use, both Primary and Secondary Care needed to work closely together on the issue, with proper analysis of the cost /benefits/ harms.

AGREED:

1. To note members' comments and call for a College position statement on the topic;
2. To take away the paper for revision and re-presentation to a later Council;
3. Further comments from members to be sent to the Chair Ethics Committee direct for consideration / inclusion.

Action: Chair Ethics Committee/

Innovation & Research

14. (a) Clinical Priorities 2017 – 2020 – to approve **C/45**

Noted the need for the College to adhere to the Over-Diagnosis Group's "5 tests" agreed by Council for its policy and clinical priorities.

AGREED: – To note and approve the Clinical Priorities for 2017 – 2020:

- Cancer (to March 2022)
- Liver Disease (to March 2019)
- Mental Health (to March 2019)
- Physical Activity and Lifestyle (to March 2019)
- Sepsis (to March 2019)

Action: Chair CIRC/Matt Legg/Lauren Harding

(b) Collaborative Care & Support Planning – final report **C/46**

AGREED: To note and continue to support the CC&SP programme, including the proposed work-streams for the continuation of the programme.

Action: Hon. Secretary/Director of Professional Development & Standards/ Alison Marsh

HON.SECRETARY'S BUSINESS

Governance & Decision-Making

15. College President & Nationally-Elected Council Member ballot & timetable 2017 **C/47**

AGREED: – To note the proposed timetable for the Presidential and nationally-elected Council member ballots 2017.

Action: All to note

16. Assistant Hon. Secretary Ballot & timetable 2017 **C/48**

AGREED: – To note the proposed election timetable for the post of Asst. Hon. Secretary 2017-2021.

Action: All to note

17. Vacancies on College Committees & other bodies **C/49**

In addition to the current vacancies on College and Council Committees outlined in the report, the Hon. Secretary advised members there was still a vacancy for an interested Council member on the Conference Management Group (CMG) organising the RCGP Annual Conference.

AGREED: – To note the current vacancies on College Committees.

Action: All to note

18. SGM Notice 2017 **C/50**

AGREED: – To note the Notice for the Spring General Meeting 2017.

Action: Hon Secretary/ Kate Messent

OTHER COUNCIL BUSINESS

Membership Experience

19. Nominations for Fellowships & Awards **C/51**
Tabled

AGREED:– To agree the list of nominations for Fellowships, as set out in the report.

Action: President/ Kate Messent/ Laura Summers

20. Review of Fellowship process **C/52**

The President introduced the paper, the object of which was to begin discussion on two main issues, viz – how to improve the process of award of College Fellowship; and suggestions for improving the pathway for members' career–development post-Fellowship.

Members discussed the proposals outlined in the paper and commented:

- Faculties with low fellowship take-up were largely concerned with the high cost of fellowship and lack of a structured career path post-registration as something to aim for.
- Some faculties had very high take up of fellowship, while others were very low. "Best practice" from one to the other needed to be discussed and shared.
- The new College website should make online application for fellowship easy.
- The fellowship award ceremonies were very collegiate and uplifting, but the cost of the dinner afterwards was quite expensive, and the College could possibly look at subsidising
- The concept of a structured career path post-fellowship was worth examining, but not use of the term "adept".
- A route to College fellowship for currently non-College members should also be examined

AGREED: –

1. To note the proposals set out in this report;
2. To agree the establishment of a virtual Short-Life Working Group (SLWG) under the auspices of the Awards & Fellowship Committee to discuss and examine the proposals in greater detail ;
3. To agree a report back to Council on the SLWG's findings and recommendations by September 2017.

Action: President/ Kate Messent/ Laura Summers

MOTIONS TO COUNCIL

Motions from Faculties

21. *None received by the deadline*

22. **Motions from Members**

None received by the deadline

STRATEGY & POLICY ITEMS

Policy, Campaigns & Workforce

23. **Chair's Strategy / Policy Updates (if any)** **Oral**

- The Chair of Council reported on the Government's pledge of 7–day routine care being provided by GPs. This had been decried as unrealistic and unworkable, given the current situation while GPs were struggling to provide safe and comprehensive 5-day routine care, and safe and comprehensive out of hours care. This rejection was supported by Dr Sarah Wollaston MP, who was becoming a close ally of the College, and a recently-published National Audit Office (NAO) report which demonstrated that providing out of hours routine care cost 50% more than providing in-hours routine care. The Chair had also clarified with NHSE that the Government's pledge did not mean every GP practice would have to open, nor that every GP would be involved - routine provision would be based on local demand/need and by collaborative working within local practices.
- Members were reminded that the new NHS GP Health Service , a free, confidential self-referral service provided by Prof. Clare Gerada's Hurley Clinic, was now up and running to provide access and support to GPs and trainees throughout England who may be suffering from ill-health, mental-health or addiction issues. This was part of the commitment in the GP Forward View to help retain a healthy and resilient workforce, and to support and help GPs and trainees return to clinical practice after a period of ill-health.

24. **College Policy Priorities 2017 - consultation results** **C/53**

The Chair of Council introduced the report outlining the College's policy and

campaign priorities 2017-18. Each year faculties and other stakeholders were consulted on the College's policy and campaign priorities for the forthcoming year, the top-three of which would be delivered alongside the on-going main campaigns of *Put Patients First* and the GP Forward View. The results of the consultation revealed that the top 3 priorities for 2017-18 , as voted for by members, were:

- Workforce: Recruitment, returners & retention;
- Workload & fatigue
- Interface between Primary & Secondary care

AGREED:

1. To note the outcome of the consultation on the College's policy and campaign priorities for 2017/18 and the resourcing requirements of the *Put Patients First: Back General Practice* campaign;
2. To agree the three additional top-ranked policy priority areas as:

    - Workforce: Recruitment, Returners, Retention
    - Workload & fatigue
    - Interface between Primary & Secondary care

Action: Chair of Council/Director of Policy & Communications/ Head of Policy & Campaigns

25. Sexual Health Services – final report **C/54**

Noted members' concerns regarding LARC and the call for collaboration with the FSRH to continue this work. It was also noted that reimbursement for contraception provision (including LARC) may be forthcoming from the Better Care Fund.

AGREED: –

1. To approve the paper and the issues identified;
2. To accept the recommendations on SRH as a basis for future campaigning work.

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

RCGP Scotland

26. (a) Scotland PPF campaign – progress update **C/55**
(b) Chair's information report /other updates **C/56**
Noted report by the Chair RCGP Scotland.

RCGP Wales

27. (a) Wales PPF campaign – progress update **C/57**
(b) Chair's information report /other updates **C/58**
Noted report by the Chair RCGP Wales.

RCGP Northern Ireland

28. (a) Northern Ireland PPF campaign – progress update **C/59**
(b) Chair's information report /other updates **C/60**
Noted report by the Chair RCGP Northern Ireland

RCGP England

29. GP Forward View implementation - Interim report C/61

The Chair of Council spoke to the report. The GP Forward View and Policy teams were thanked for their considerable efforts in producing the GPFV Interim Assessment report, which the College had published at the end of January. This had revealed that while progress in delivering the GP Forward View was being made at a national level in terms of delivering many of the short-term commitments, much more needed to be done more quickly to ensure GPs on the front-line received the support they needed and had been promised. Many GPs were frustrated that they had yet to see any significant increase locally in either finance or resources.

Some key successes under the GP Forward View had been short-term action to counteract rises in the cost of indemnity for both routine and out of hours care; changes to the GP Induction and Refresher Scheme to make it easier and simpler for retuning doctors; and the launch of the GP Health Service offering counselling and specialist support for GPs and trainees with psychological and mental health issues, including addiction. However, areas of concern were the considerable underspend (£2.5m out of £16m allocated) on the Practice Resilience Scheme - which was disappointing given its importance as a potential lifeline for struggling practices - and which the College was pressing NHSE to roll over the underspend to the next financial year; and the poor development of local Sustainability & Transformation Plans (STPs) , many of which were failing to cover the GPFV in any detail or even mention it at all. Many STPs also appeared to be largely driven by the need to tackle large deficits built up by Hospital Trusts in their areas, and general practice was treated as a solution to the problems in Secondary Care and/or relegated to second place.

Members discussed the report and commented:

- The GPC were also monitoring implementation of the GPFV and shared the College's finding of frustration by GPs at the slow pace of resources reaching the front-line. It was for the College and GPC to work collaboratively together at national and local level to put pressure on CCGs to ensure resources were allocated quickly and appropriately;
- There were residual concerns about potential conflicts of interests with the College's GPFV Ambassadors who also held senior positions on CCGs responsible for allocating resources to general practice;
- It was suggested that potential GPFV Ambassadors should exclude those with CCG responsibilities to avoid such conflicts;
- It was felt the more successful areas GPFV Ambassadors should share tips with the less successful in order to strengthen operational effectiveness in localities;
- With the new and increased emphasis on integration and continuity of care in the community, a discussion was needed on the exact meaning of "primary care" in the modern day

The Chair thanked members for their input, which was noted..

AGREED: That work to hold local and national decision-makers to account for the delivery of the GPFV to continue, culminating in the publication of the first Annual Report later in the year.

Action: Chair of Council/ Director of Policy & Communications/ Director GP Forward View / Matthew Case

30. CQC - Consultation on fees & new regulatory model (Primary Care) C/62

The Vice-Chair (External Affairs) introduced the report. The end of March 2017 would mark the end of the first cycle of regulation of GP practices and out of hours services by the CQC , and while there had been much criticism of the cost and administrative burden of the regulation process to practices, the ratings given had in general been positive (4% of practices rated as outstanding; 83% rated as good; 10% rated as requiring improvement; and only 3% rated as inadequate).

The CQC were now in the process of consulting on revisions to be made to the regulatory process, and there was therefore an opportunity for the College to influence the new CQC regulatory approach for general practice (expected in April 2017), and gain redress for some of its previous legitimate criticisms - viz;

- Unreasonable fee increases;
- Lack of evidence the current regulation model added any value beyond identifying very poor practice in a small number of areas;;
- Lack of demonstration of value for money;
- Unacceptable variation in how the assessment framework was applied locally;
- Too much focus on elements that did not reflect the role or priorities of general practice, or the doctor-patient relationship;
- Administratively costly and burdensome for already under-resourced and hard-pressed practices.

The Vice-Chair reported that it was expected the new process and methodology for general practice would be introduced by October 2017 and implemented incrementally.

Members discussed the report and made the following comments:

- It was felt the regulatory regime was still not fit for purpose and that many of the items covered could be carried out by reflection not by inspection;
- The registration process was still disproportionate and burdensome;
- It should be recognised the traditional GP model was changing – eg. digital prescribing/ tele-medicine/ etc. - and the doctor / patient relationship was no longer exclusively face-to-face in practices;
- The RCGP & GPC together should collaborate to provide professional leadership and engagement, but should not be seen to collude with the CQC.

The Vice-Chair thanked members for their input and mandate to continue engagement over the regulatory process with CQC, but to proceed with caution.

AGREED:

1. To continue to work with CQC to influence decisions about the future shape of regulation, and engage with politicians and decision makers more widely in the longer term to re-examine the role of CQC in the wider health system.

Action: Vice-Chair (External Affairs)/Director of Policy & Communication /Helen Gracie

30A New Models of Care – Primary Care Home (Confidential) C/62A

The Chair of Council introduced the report. The National Association of Primary Care (NAPC) and NHS England (NHSE) had since 2016 been working with 15 local sites to pilot the Primary Care Home (PCH) model as part of NHSE's New Models of Care programme. The PCH model is a population health based model designed to deliver person-centred care to a defined population of c.30-50,000 through multidisciplinary working and collective deployment of resources. NHSE are now seeking the College's support on the expansion of the PCH model, and have recently advised a plan to support the national roll-out of the model by the end of 2018/19. A prospectus will be published in the coming weeks setting out an offer of support, including funding equivalent to £1 per head of population, available to local sites across England who wish to opt-in to the scheme. Many GPs are already working as part of PCHs or other, similar models of integrated, population-based care, and the College has been supportive of the development of these new models of care.. The paper sought Council's views on the principles of the PCH model, and on the proposals for testing NHSE's plan for a national roll-out.

Members discussed the paper and urged caution in proceeding :

- It was felt that the PCH proposal was a return to the locality commissioning groups of yesteryear, apart from the funding offer of £1 per capita; .
- The risk when working at scale such as proposed with the PCH model was the loss of continuity of care, which was very important to patients;
- Clarification was necessary on how the structure would be formed (legal basis); whether the funding offered was recurrent or non-recurrent; and whether the £1 per capita related just to registered patients;
- It was felt that localities should have the freedom under MCP to choose a model that worked best for them
- The concept was described in very abstract language, when specific examples were required by way of illustration;
- It was felt that the College should again collaborate but not collude with NHSE.

AGREED:

1. To work collaboratively with NHSE on its PCH proposal, but not to endorse it as the sole MCP model;
2. To approve the College's principles for testing NHSE's plan for a national roll-out of the PCH model.

Action: Chair of Council/ Director of Policy & Communication/ Head of Policy & Campaigns/ Ellie Bullard

INFORMATION ITEMS
[** Not for discussion unless starred **]

30B **Primodos: Sky News Investigation (Confidential report)** **C/62B**

AGREED:

1. To note the College's response to Sky's enquiry;
2. To note that the content policy for the College's unrestricted archive was being reviewed following discussion at Trustee Board.

Action: Hon. Secretary /Director of Policy & Communications

Training, Exams & Revalidation

31. **Differential Attainment in the MRCGP – E&D Annual report** **** **C/63**

The Vice-Chair (Professional Development) spoke to this item. The College had a Public Sector Equality Duty (PSED) in respect of the development and delivery of the MRCGP. Work to monitor and address differential attainment in the examination between sub groups of candidates with different protected characteristics was part of the compliance with the PSED. Since the Judicial Review in 2014, the College has taken a number of steps to support IMG's and others taking the MRCGP examination. This has included:

- Joint working between the RCGP and the AoMRC to produce relevant guidance for trainers and assessors;
- Joint working between the RCGP and other Colleges and Faculties to develop cross- specialty training resources to support educational supervisors to have 'difficult' conversations with trainees about cultural issues;
- Joint working between the RCGP and BAPIO and BIDA to support IMG trainees;
- Continued RCGP development of resources and educational events to support trainers and trainees in their AKT and CSA preparation;
- Specific MRCGP actions;
- Ongoing further research and development.

Albeit small, there is now evidence of sustained improvement in the pass rates for those groups previously with differential attainment in the examination as a result of these initiatives, and further research and development work on the issue will continue.

AGREED: – To note the actions undertaken to address differential attainment in the MRCGP as outlined in the report.

Action: Vice-Chair (professional Development/ Chief Examiner/ Director of Professional Development & Standards

32. **External Review of MRCGP exam – update paper** **C/64**

Noted report and the timetable for review of the College's MRCGP examination under the GMC's Standards for Curriculum & Assessments Review (SCAR), and that a specialist external reviewer be appointed following tender.

Action: Vice-Chair (Professional Development)/ Chief Examiner/ Director of Professional Development & Standards

33 ** HEE proposal on GP Targeted Training – for information / update ** ** C/65

[**NB**: As time at the Council meeting was limited for detailed discussion, it was agreed that the report be re-circulated to all members for a further opportunity to comment and input to the College's response to HEE. Council members were advised they could also comment direct to HEE on the proposals on their own volition.]

AGREED:– To receive and note the report on Health Education England's (HEE) proposal for a targeted GP training programme.

Action: Vice-Chair (Professional Development)/ Director of Professional Development & Standards/ Chris Mirner

Ethics

34. **Ethics Committee - annual report of activities to Council ** ** C/66**

The Chair of Council advised members that she had requested the Chairs of each of the Council Standing Committees to produce an annual report of their activities for Council's information. The next report would be that of the Patient & Carers Partnership Group to June Council .

AGREED: – To note the report.

Action: Chair PCPG/Rachel Kitchen

Innovation & Research

35. Role of GPs in Maternity Care – final position statement C/67

[**NB**: As time at the Council meeting was limited for detailed discussion, it was agreed that the report be re-circulated to all members for a further opportunity to comment and input. A revised final report would be taken to June Council for endorsement and approval.]

AGREED:– To receive and note the report.

Action: Hon. Secretary/?

36. Chair's Diary/Press Releases (external meetings/engagements) - for information C/68

37.. President's Diary (external meetings/engagements) - for information C/69

External organisations

~~**38. (i) Joint RCGP / GPC Liaison Meeting – summary minutes C/70**~~

(ii) Academy of Medical Royal Colleges: summary minutes - 15 November 2016 C/71

(iii) BMA General Practitioners Committee – summary of activities C/72

39. Any other business

40. Date, time and place of next Council meeting

The next Meeting of Council will be held on **Saturday, 24 June 2017** at **9.00 am**. at **30 Euston Square, London, NW1 2FB.**