Professor Helen Stokes-Lampard PhD FRCGP
Chair of Council

To: All Faculty Boards/ Chairs
Copy to: All Members of Council
Myra Work/John Anderson/Ed Wilson

15 March 2017

Dear Colleagues

Meeting of College Council – Friday 24 February 2017

Firstly a note of explanation as to why I am writing to you instead of the Hon Secretary: unfortunately Prof Nigel Mathers had a heart attack a few days ago, he received excellent care and is recovering well but will be off work from RCGP for a while so I would ask that you bear with us in the short to medium term whilst we try to establish cover and do what we can to ensure business as usual

Council on 24 February saw a remarkably full and busy agenda – so much so that despite my best efforts we over-ran our normal finish time of 4.00pm – so our apologies to those Council members who had to dash to catch their trains and planes. This was partly due to several late breaking urgent items that were added late and the re-arrangement of the Council agenda to take clinical and College matters first in the morning, with policy / strategy items taken later in the afternoon. The next agenda reversal is planned for September Council, after which we shall survey members and evaluate the experiment, and report back to November Council with our findings and conclusions. Thanks to those of you who have already provided feedback.

Council noted that the nomination period for **College President**, and for **nationally-elected Council members (x6)** was now open and would close on 31 March. The nomination period for new Hon. Secretary (i.e. **Assistant Hon. Secretary**) was also now open, with a closing date of 28 April. It was also noted that June pre-Council Workshop would be on International Developments, and the guest speaker would be Prof. Amanda Howe, former officer of RCGP and currently WONCA President. The date of the September pre-Council workshop has been reserved for a valedictory supper for the current President and Hon. Secretary, both of whom will be demitting office in November, after the College AGM.

Members noted, as part of the **Chair of Trustee Board's report** to Council, that comprehensive reviews were currently being planned / undertaken on the College's **MRCGP examination** and the College's **Sponsorship policy**, both of which were now over 10 years old. Members requested and were given an undertaking by the Chair of Trustee Board that they would have the opportunity to comment and input to both reviews before publication and sign-off of the final reports. The first challenge for the Sponsorship policy was to define what is meant by sponsorship. The Ethics committee will also be involved in this process.

As part of the **Chief Executive's management report** to Council, members noted a summary of the **draft Strategic Plan 2017-19** which is due to be finalised imminently.

A very important paper discussed by members was on the future of the **Shape of Training Review / Extended GP Training,** and the College's position in relation to this**.** The College had previously argued that a 3-year training programme for GPs was insufficient to ensure newly-qualified GPs were appropriately skilled and confident for the future challenging work environment they faced in the NHS. The College had previously made and obtained agreement from all 4 UK health administrations of the educational case for extension of training to 4 years. Prof. Greenaway's independent Shape of Training Review, published in October 2013, appeared to support the same conclusion as the College. However earlier this year, the UK Shape of Training Steering Group had issued a letter advising that 4-year training would not be supported. A fourth year spent as a 'Clinical Fellow' would be endorsed, but CCT would remain at the end of the third training year. Council members were concerned that the new proposal would be detrimental to trainees and appeared more about filling current local shortages and service needs, than meeting the educational needs of trainees. Council therefore voted overwhelmingly to reject outright the UK Steering Group's proposal for a 3+1 training programme, while still pursuing the argument for appropriate extended GP training, which was seen as essential.

Council also considered a paper on **"Flexi-MAP**", although noting this was just a working title, and actually had nothing to do with obtaining College membership. It had been recognised that the MAP "cluster" option could be offered to any GP either as an aid to revalidation; to support the developmental needs of GPs in the "amber" category; or as an assessment of a GP's current practice. As such, it could become another income stream for the College. No changes were planned to the standards, content or quality of the MAP programme itself, which would continue to run independently of the new initiative. Members discussed the proposal but opinion was very divided on the issue - some members in support of the initiative, but others strongly opposed. That being the case, it was agreed to take away members' views for further consideration, and to revise the paper accordingly for presentation to a subsequent Council meeting.

A paper on **GPs with Extended Roles (Dermatology**) was also discussed by Council. This sought agreement to a College-led process of accreditation and registration for GPs with Extended Roles (GPwERs - formerly known as GPwSIs), commencing with Dermatology, and expanding into other specialist areas where there was demonstrable need. The proposal concerned areas of practice undertaken by GPs post-CCT, which were outside the scope of the MRCGP and core general practice service. It was argued it was important the College took the lead on this initiative in order to avoid 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. Council felt it was necessary to proceed cautiously with the proposal, and raised some concerns regarding who the proposal was really intended to benefit – GPs or NHSE/CCGs seeking a form of "pseudo-Consultant". Questions also remained over who would be responsible for holding and maintaining the proposed Register; and on the appraisal / revalidation process proposed by the Dermatology pilot group set out in the report. It was agreed to take away members' views on the proposal and a revised paper would be brought back to next Council.

Another very important paper considered by Council was on **Quality in general practice.** The College had a long pedigree in publishing papers on quality in general practice, but many external bodies, such as the CQC, had previously dictated and defined what was meant by "quality" in general practice, and on how this was operationalised and measured - resulting in

an over-emphasis on “quality-control or quality assurance” rather than “quality or quality improvement.”

The current paper had taken on board members’ views /input from last Council, and set out for final agreement and sign-off the RCGP’s view and definition of “quality” in general practice, linked to the roll-out of its Quality Improvement (QI) toolkit, and which was applicable across all 4 Nations of the UK. Members agreed to endorse and approve the paper as a College Position Statement, and for it to be shared with key stakeholders, Regulators and Commissioners, in order to develop a common understanding and shared definition of quality in general practice and primary care, and to inform the ongoing discussions on how that should be appropriately measured in future.

Council also considered a revised position statement on **Sexual & Reproductive Health services.** Members had for some time been concerned at the reduced uptake in Long-Acting Reversible Contraception (LARC) in primary care and the difficulty of obtaining, and retaining, training qualifications in the provision and fitting of contraceptive devices. Of particular concern was the fact that this service had largely been taken away from GPs, and now lay in the hands of private clinics and providers, along with the funding, while fragmented commissioning pathways and fewer and fewer specialist SHR services in England meant patients were not always able to access the best care for their needs, creating health inequalities. The paper set out a Position Statement on the issue for the College, with recommendations to improve SHR services across the UK. It was intended this would form the basis of further lobbying and campaigning work by the College to ameliorate the positon and help reverse the fragmentation of SHR services caused by the 2012 Health & Social Care Act.

A discussion paper produced by the Ethics Committee (Dr Dennis Cox et al) on **Referral Management** was also considered by Council. Members’ felt that the topic was difficult to grasp because the definition of what was meant by “referral management” was interpreted differently by different people. A starting point would therefore be formulation of a standard working definition based around doctors’ responsibilities and obligations, as set out in the GMC’s “Good Medical Practice”. Members also felt that 2 papers were required - the first on the medical and ethical pros and cons of referral management; the second on use of referral management as a tool. It was also members’ belief that use of referral management should always be linked to the quality of outcome and correct medical pathway to achieve that aim, and not about cost. Members agreed the need for a College Position Statement on the matter, produced jointly by the College’s Ethics Committee and Policy team, for presentation to a subsequent Council.

Council also received two papers setting out the **Clinical and Policy priorities for 2017-18.** Members agreed the 2017 clinical priorities as being: Cancer (to March 2022); Liver Disease (to March 2019); Mental Health (to March 2019); Physical Activity & Lifestyle (to March 2019) and Sepsis (to March 2019). The favoured policy priorities for 2017-18, following the annual consultation with stakeholders, faculties and members, were agreed by Council as: Workforce: recruitment, returners & retention; Workload & fatigue; and the Interface between Primary & Secondary Care.

Some other papers received and considered by Council included a paper on the **CQC consultation on fees and the new regulatory model (primary care);** a paper on the **new Models of Care – Primary Care Home;** and a discussion paper from the President on **Review of the Fellowship process.** Members noted March 2017 would mark the end of the 1st cycle of regulation by CQC of GP practices and OOH services, and despite criticism of the cost and administrative burden it imposed on GP practices, the ratings given had in general been very positive, with the majority (83%) rated as “good”, and only 3% rated as inadequate. The current consultation by CQC gave the College the opportunity to input and shape the new regulatory

approach from October 2017 and gain some redress for its previous legitimate criticism of the process.

With regard to the **New Models of Care- Primary Care Home**, it was acknowledged that many GPs were already working as part of PCHs or other similar models of integrated population-based care (particularly in the 15 pilot areas since 2016), and the College was supportive in principle of the development of these new models of care. However, members felt that caution in proceeding was required, as a risk of working at scale, such as proposed in the PCH model, was potential loss of continuity of care, which was very important to patients. Clarification of the legal basis and how the structure would be formed was also required, and whether the funding of £1 per capita was recurrent/ non-recurrent and whether it applied to just registered or non-registered patients as well. It was agreed in the light of these concerns to work collaboratively (but not collude) with NHSE on the PCH roll-out proposals, but not to endorse this as the sole MCP model.

A paper from the President on the **Review of the Fellowship process** was intended to start a discussion with members on ways to open up the process to make it easier and more accessible for members to apply for Fellowship, and to encourage greater diversity and equality. At present, just 14% of eligible College members were Fellows – and of those, the over-whelming majority (c.75%) were men. Women and BME members were disproportionately under-represented as College Fellows, and this deficit needed to be remedied urgently. It was also felt that members would benefit from a more structured College career pathway, post-Fellowship. It was proposed that a virtual Short-Life Working Group (SLWG) under the auspices of the College's Fellowship & Awards Committee and chaired by the President be established to examine suggestions and options for amelioration, and was unanimously agreed by Council.

Council also considered reports on the progress made, firstly in the Devolved Nations on their individual ***Put Patients First*** **campaigns** - which was achieving both media and political success in all three Countries - and secondly, an **interim assessment report of the *GP Forward View*** in England and progress made on implementation as reported by the local RCGP Ambassadors. In this respect, the main concern form members was that promised resources were not reaching the frontline quickly enough - particularly in those STPs with failing Hospital Trusts / large deficits - which were failing to pass on resources intended for the community. The interim assessment report had been well received, and made 10 specific recommendations for the Government, NHSE, HEE, STPs and CCGs, which if accepted, would ensure the promised changes set out in the GP Forward View were delivered in full.

Finally, Members are reminded that, except for confidential items, the Council agenda, reports and minutes are now published on a dedicated server restricted to RCGP members. Members can also follow the Council's proceedings live on the day by using the Twitter hashtag **#rcgpcouncil.** Members might also be interested to learn that from February, we are recording (audio only) the Council meetings - primarily to as an *aide memoire* for the Council co-ordinator - and are also investigating the possibility of videoing or podcasting some of the Council debates, so they are more widely available for members. A report on this move to greater transparency will be made to June Council.

PS: I have attached a **short survey** on the circulation / usefulness of the pre and post- Council letters on behalf of the Hon Secretary and would appreciate your help in completing and returning the survey. Thanks in advance for your assistance.

With best wishes

Professor Helen Stokes-Lampard PhD FRCGP
Chair of Council

SURVEY ON THE HON. SECRETARY'S PRE & POST-COUNCIL LETTERS

1. Are the **Pre & Post- Council letters** circulated :

    - To Faculty Chairs/Officers ? y/n
    - To Faculty Board members ? y/n
    - To all Faculty members? y/n
    - Not at all? y/n

2. Are the Pre & Post- Council letters put on **Faculty Board agenda** for information? y/n

3. Are the Pre-and Post Council letters circulated in **Faculty newsletters**? y/n

4. How are **Council decisions** disseminated within your Faculty? Please describe

5. On a scale from 1-10, **how useful** do you find the Pre- & Post- Council letters?

6. If you have given a score of < 5 to the above question, please state your reasons below.

7. Do you have any suggestions for betterment of the system?. If so, please state below.

[Please complete and return this form to **jcheong@rcgp.org.uk** by 31 March 2017]