MEETING OF COUNCIL

Minutes of the Meeting of Council held at 9.30 am on Friday, 22 February 2019 at RCGP, 30 Euston Square, London, NW1 2FB

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

Professor Mayur Lakhani
Professor Helen Stokes-Lampard
Dr Steve Mowle
Dr Victoria Tzortziou-Brown / Dr Jonathan Leach (j/s)
Dr Michael Mulholland
Professor Martin Marshall
Dr Mike Holmes
Dr Carey Lunan
Dr Mair Hopkin / Dr Peter Saul (j/s)
Dr Grainne Doran
Professor Simon Gregory

MEMBERS
Alexander, Dr K
Aswani, Dr K
Baldwin, Dr K
Blackadder, Dr J
Blake, Dr S
Caesar, Dr S
Chisholm, Dr J
Christmas, Dr R
Cosgrove, Dr J
Free, Dr M
Forbes, Dr A
Gerada, Prof. C
Gandhi, Dr H
Hall, Janet Dr
Hampton, Dr R
Hardy, Dr H
Hawthorne, Prof K
Hewett, Dr M
Hill, Dr S
Holmes , Dr S
Howsam, Dr G
Irving, Dr G
Jackson, Prof N
Johnson, Dr C
Lea, Dr A
Liston, Dr A
Lyon-Maris, Dr J
McCARTneY, Dr M
Mack, Dr M
Mathers, Prof N
Meeran, Dr I
Mulla, Dr E
Neden, Dr K
O'Reilly, Dr K
Paik, Dr A
Patel-Campbell, Dr T
Patterson, Dr D
Qureshi, Dr B
Reeve, Dr J
Ryan, Dr P
Shackles, Dr D
Simpson, Brig. Dr R
Spooner, Dr A
Tucker, Dr S
Wanninayake, Dr S

DEPUTIES (as notified per meeting)
Anjum, Dr F
Fortune, Dr A
James, Dr A
Kneale, Dr T
Ough, Dr R

IN ATTENDANCE
Allirajah, Duleep
Bowen, Simon
Cheong, John
Clacy, Ben
Foster, Robert
Masters, Graham
Mirner, Chris
Russell, Brenden
Thomas, Mark
Vaughan-Dick, Valerie
Watson, Gillian

OBSERVERS
Graham, Wing.Cdr .Dr D
Jones, Prof R
Lawson, Dr E
McKeown, Dr H
O’Donnell, Prof K
Poole, Dr S
Shah, R (Dr)
Sinha, Dr S
Smith, Col. Dr M

GUESTS
Tonner, Emma
Maru, Devina
Agrawal, Sapna
Baker, Alice
Esan, Matilda
Steen, Rachel
Emanuel, Subo
1. **Chair’s welcome / general announcements**

The Chair welcomed the following new Council Members, Faculty deputy representatives and guest observers to the meeting:

- Ken Aswani, new NE London Faculty rep, replacing Christina Aride;
- Johnny Lyon-Marais, new Wessex Faculty additional rep;
- Faraz Anjum, Leicester Faculty, deputising for Saqib Anwar;
- Alan Fortune, NE England Faculty Provost, deputising for Rob Lambourn;
- Anthony James, NW London Faculty, deputising for Andrew Dharman;
- Tom Kneale, N Wales Faculty, deputising for Sionned Enlli;
- Richard Ough, Beds & Herts Faculty, deputising for Frances Cranfield.

**Guest observers**

- Emma Tonner – final year student/Leeds Univ, and Devina Maru – F2 Essex, Beds & Herts Deanery - RCGP Student Committee Co-Chairs;
- Sapna Agrawal – Midland Faculty AiT Lead rep;
- Alice Baker – ST3 / SE Thames Faculty;
- Matilda Esan – ST2/Midland Faculty;
- Rachel Steen – Leadership Fellow / HEE Yorks.& The Humber;
- Subo Emanuel – SW Thames Faculty / Fellow & GP Partner, with special interest in Ophthalmology.

The Chair also thanked Christina Aride (NE London Faculty), Simon de Lusignan (SW Thames Faculty) and Simon Poole (GPC Observer) all of whom had, or would shortly be leaving Council, for their contributions and work for Council over the years.

The Council’s thanks were also extended to Interim Executive Director for Planning & Resources, Graham Masters, whose contract was now coming to an end, for all his work on behalf of the College.

Finally, the Chair congratulated the Vice-Chair (Membership & International) Prof Mike Holmes on the award of his Honorary Chair and Professorship.

2. **(a) Deaths of College Members**

C/36
The President presented the list of College members who had died since the last Council meeting for members’ information.

He advised members that he had attended the funeral for Sir Donald Irvine on behalf of the College. A College memorial event to mark Sir Donald’s life, work and death would be held shortly in June.

Council stood for a minute’s silence in memory.

(b) College Members’ New Year Honours Awards

The President introduced the list of College members who received honours in the New Year’s Honours List, and drew members’ attention in particular to Dame Louise Robinson, Professor of Primary care at Newcastle University, and former RCGP Clinical Champion for mental health.

3. Apologies for Absence oral

Apologies for absence received from: Waqar Ahmed, Saqib Anwar, Jenny Aston; Frances Cranfield; Andrew Dharman, Jaspreet Dhillon, Sionned Enlli; Sunil Gupta; Chandra Kanneganti; Rob Lambourn; Carey Lunan (for lateness); Simon de Lusignan; Diarmuid Quinlan; Peter Saul, Narveshwar Sinha and Mark Vaughan.

4. Declaration of Interests & Probity

The Chair reminded Members that if they had a personal or prejudicial (i.e. financial) interest in any item of the Agenda - whether direct or indirect - they should declare it either here or when the item was reached on the agenda. Alternatively, members could complete the Declaration of Conflict of Interest form found on their desks, and return it to the Council Co-ordinator immediately after the meeting.

- Simon Gregory – re: item 11 – Policy Priorities – as Lead of the NHS Wellbeing Commission
- John Chisholm – re: item 12 – Decriminalisation of Abortion – as Chair of the BMA Ethics Committee
- Johnny Lyon-Marais – re: item 16 – GPwER – as a member of the Oversight Group leading the project.
- Susi Caesar – re: item 16 – GPwER - as a member of the Oversight Group leading the project.
- Kamila Hawthorne – re: item 19 – Re-Thinking Medicine – as a Bevan Commission member in Wales

5. Information Governance

The Chair reminded Members of the College’s policies on Information Governance and Data Protection, and that they should ensure that all necessary steps were taken to observe these policies.
6. **Council Minutes – 24 November 2018**

(a) **To approve the Council minutes**

**AGREED**: The minutes of the Council meeting held on 24 November 2018 were agreed as an accurate record.

(b) **Matters arising**

- **Thomas Patel – Campbell** – re: page 16 / item 21 – Sepsis paper. This report was deferred to February Council, but it is not listed on the February agenda. Can we have an oral update on progress?

The Vice-Chair (Professional Development) responded that some further work by the College lead, Simon Stockley, was necessary on the paper, and it would now be coming to June Council.

**Action**: Vice-Chair (Professional Development) / Secretariat Manager

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7. **Trustee Board – 24 January 2019**

(a) **Trustee Board Chair’s report to Council**
The Chair of Trustees, Prof Nigel Mathers, introduced the report. Amongst matters considered by the Board at its last meeting were the following items:

- A new way of working for the Board, with an emphasis on scrutiny of risks at a strategic level and executive decision-making, rather than being involved in operational matters / decision-making;
- The establishment of a SLWG to examine the complexity of the College’s *modus operandi* in order to simplify, streamline and end duplication of working and become more efficient;
- Agreement to increase the capitation fee to Faculties to £9 per head, which had not previously been increased for a number of years;
- Agreement to cease, with immediate effect, any future sponsorship from the producers or providers of formula baby-milk products;
- Re-launch of the consultation on the College’s Sponsorship Policy to include a wider base of stakeholders. Details of the consultation process would be given by the Hon. Secretary later.

Members made the following comments on the Trustee’s Chair’s report:

- Greater clarity on the recent changes and future decision-making role of the Trustee Board would be welcomed;
- With regard to the ban on future sponsorship by formula baby-milk producers /providers, it was felt that current sponsorship contracts needed to be examined with a view to rescinding these contracts as well, rather than just future contracts;
- P.5 of the Trustee Board minutes mentioned an Extraordinary Board meeting having been held, but no details of what was discussed were provided;
- The College appeared to be getting heavily involved in China as a new marketplace with all the dangers re: sponsorship that that entailed;
- With regard to Fellowship, anecdotally many members felt the fee for College Fellowship was too high and should be reduced. In addition, a suggestion to increase overall Fellowship numbers (which were very low) would be to make all College members a Fellow after 7 years;

The Chair and College Officers responded on several of the points made:

- The Extraordinary Trustee Board meeting had been called to discuss the “Emma’s Diary” publication. Details had been kept confidential on the advice of the College’s lawyers, pending possible legal action being taken;
- It was a current aspiration to increase the number of College Fellows, and members’ suggestions and comments in this regard were welcomed. The current fellowship process was being examined to see how it could be made more universal and simplified – it was cost-neutral to the College, and thus did not generate any income. On a member’s suggestion, it was agreed for the Hon. Treasurer to publish the actual cost of Fellowship for members’ information and transparency.

**Action: Hon Treasurer**
The rise in capitation fee to £9 this year - up from £6 previously, and £7 last year – did not come with any central directions as to what it should be spent on – that was for local faculties themselves to decide – however, there was a need to see real value for money, as that would determine future funding decisions.

The College’s involvement in China was part of the international Primary Care obligations and commitments under the Alma Ata Agreement, as revised in Astana last year. The relationship was not exploitative, but partners in developmental ventures.

**AGREED:** To note the oral report.

**Action:** Hon Treasurer

**(b)** Trustee Board Draft minutes – 24 January 2019

**AGREED:** to note the Trustee Board minutes.

**Chief Operating Officer’s Report to Council**

8. **Chief Operating Officer’s Consolidated Management Report**

The Chief Operating Officer, Valerie Vaughan-Dick, introduced the management report and drew members attention to the following (inter alia):

- Membership of the College has gone from strength to strength and now stands at 53,090 – compared with 51,910 for the same period last year.
- The College has been working hard to bring a new app - “Membership in your pocket” - to members which will give a more personalised and comprehensive membership experience - including CPD, news feeds, events notification, MyRCGP and the new TeP.
- The College has recently won a significant bid from the Government Office for Equalities to deliver an innovative GP Education programme to support LGBT people access healthcare and improve their patient experience.
- “The RCGP Way” was launched at the Annual Staff Conference on 6 December and was the new set of collegiate values and standards of behaviour which was part of the College’s Culture Change programme. It had been received enthusiastically by staff.

Members made the following comments:

- Whether it was possible for Faculties to get involved in the development of the College app “Membership in your pocket”;
- How did the College propose to help practices train and get access to a clinical pharmacist and social prescriber for every practice.
The COO and Hon. Treasurer thanked members for their comments and responded:

- Faculties were already involved in the development of the College App via the Steering Group;
- Currently, there were no plans for the College to pick up the cost of training Clinical Pharmacists / Social Prescribers due to finances being quite tight at the current time, as membership fees had not been increased over the past 3 years.

**AGREED:** To note the report.

### STRATEGY & POLICY ITEMS

#### 9. Chair’s Strategy/Policy Announcements

The Chair of Council gave her oral policy updates and announcements at this point:

- Two detailed summaries had been tabled for members’ information - the first on the topic of Brexit and the College’s position in relation thereto; the second on the NHS Long-Term Plan (LTP) and its implications for primary care, and including details of the new GP Contract and the GP Indemnity Scheme.
- The RCGP GP Ambassador scheme was being brought to a close, having now served its initial purpose in influencing the direction of travel of newly forming local STPs, as the level of influence was now falling as the GPFV developed, and with the introduction of the new NHS LTP. This did not however affect the programme of GP Advocates in the Devolved Nations.
- The OLE Transgender course had being withdrawn, as the College had wanted to make changes to its content due to the lack of clarity of the role of GPs and Consultants; a clear evidence base; and its links to a website which was not balanced in its views. However, the course provider was unwilling to make any changes - hence the College would be publishing its own material online in the near future. The College had also recently won a significant bid from the Government Office for Equalities to deliver an innovative GP Education programme to support LGBT people access healthcare and improve their patient experience. It was hoped to bring a paper on Transgender patients to Council in June.

**Action:** Vice-Chair (Professional Development) / Secretariat to note

- Proposed changes to the Mental Capacity Act – GPs were to be asked to undertake mental capacity assessments. Clarification had been sought from the Government of what exactly was expected of GPs.

Members commented / asked the following questions on the oral updates:

- Regarding the NHS LTP and the new GP Contract, while welcomed as a step in the right direction, the true impact would not be felt until the big issues, such as workforce, were fully nailed down. While there appeared a lot in the new contract to help GPs, there were still many uncertainties - such as how to get to the Cluster model, or how funding would flow within Partnerships - and clarity was needed over responsibility for staff etc in Primary Care Networks.
• It was felt it would be helpful if the College could produce some guidance for GPs on how to move on now from the GPFV to embracing the NHS LTP;
• Regarding Brexit, to what extent had the College sought to ensure other Royal Colleges followed the RCGP lead;
• Some faculties felt unhappiness with the decision to withdraw funding for the local GP Ambassador scheme – to the extent that Yorkshire Faculty was contemplating self-funding its local Ambassadors so as not to lose traction locally with the CCG / STP;
• Work in the transgender area was very sensitive and complex, and was not solely about prescribing, but also about mental health, and other personal / social issues as well. There were also major concerns about lack of an appropriate evidence base, and worries about how the new OLE material would be edited and published.

The Chair acknowledged members’ various concerns and questions, which would be considered and addressed.

At this point, the Devolved Council Chairs were asked to give Council a brief oral update on strategic and policy developments in their local areas:

NI
• Still no NI Assembly to work with, but nevertheless progress has continued to be made in improving relationships with the NI Department of Health.
• Work has concentrated on distilling down information for members on the new GP Contract, so that the changes can be easily understood – eg. on the workforce - which has seen the University of Ulster and Queen’s Belfast working closely together.
• Regarding Brexit – it would be very costly for NI if there was a “no deal” – eg. over 50% of the computer staff live in the ROI, but from 29 March, none had been rostered to work, meaning that all their work would need to be covered by the remaining existing staff in NI.

Wales
• It was pleasing to see the launch of the #BackGP paper being quoted by the Welsh health minister.
• Major changes to the IT system in Wales was causing considerable stress in practices at present;
• The new GP Contract negotiations were currently in progress and hopefully would be concluded soon;
• It was also hoped that progress in negotiations for up to 200 new training places would also be concluded successfully soon.

Scotland
• There was a current problem in Scotland over a lack of Clinical Pharmacists - an essential element of the new GP Contract - which was having a knock-on effect. A meeting with the new Scottish Health Minister had finally been arranged, and he was keen to sort out the issues – which was a positive sign.
• RCGP Scotland was working collaboratively with other local healthcare organisations so that patients and the public were being represented to Government by one voice;
• There were significant challenges regarding the recruitment and retention of GPs – with some 20% less fewer trainees than last year. This was a significant worry.
AGREED: To note the various oral updates.

Action: All to note

Policy, Campaigns & Workforce

“General Practice for the Future” – final iteration

The Chair of Council introduced the report – over 3,100 responses had been received, with over 50+ comments made from last Council. These had all been looked at and considered, but not all the changes requested could be incorporated and taken on board. The vision document now presented to Council was still a work in progress rather than a finalised document. and was intended to represent the College’s view of the “what”, but not the “how” – which had yet to be finalised. The section labelled “Enablers” was intended to signpost the “how” to achieve the vision, which would emerge later this year as more detailed “roadmaps”. What was sought at the current time was members’ endorsement of the overall direction of travel and principles, as outlined in the revised version of the report.

Members congratulated the Chair on the current iteration of her vision document, which was much improved over previous versions, but made the following additional comments:

- The RCPCH had also produced a vision document, but theirs went much further than the College’s – up to 2040!
- It was felt greater clarity was still needed regarding the values of GPs in the future – eg. holistic practice, tackling health inequalities etc - in the document;
- Clarity was also needed over the vision document’s intended audience – was this written for Government, GPs or patients?;
- It was felt the summary section was insufficiently strong in its asks – it needed to be much more specific of the future changes required;
- “Enablers” was not a helpful term – it was felt there should be a series of specific recommendations which should be actionable;
- It was felt the document should be much bolder and more radical in its vision – eg. a 15 minute consultation was likely to be the minimum time spent with a patient, and longer should be the norm;
- It was good to see a correlation publicly stated of pressures on GPs leading to higher patient mortality rates;
- A focus and emphasis on the practice of “family medicine” was lacking in the document – although this was a key GP role;
- There was discussion about reducing health inequalities in the document, but no clear specifics of how that would be achieved;
- The issue of the status of salaried doctors needed to be addressed by the College and a position formulated;
- There was some concern over the description of the “Role of the GP” of the future – eg. no mention was made of GPs leadership role, their academic role, their clinical lead role or their generalist role - and it was important these were elaborated and signposted for future young entrants to general practice;
- The role of the GP in the future multi-disciplinary team needed developing and scoping further – eg. whether as a leader or as a collaborating partner;
- There was concern about a shift of emphasis from being the Royal College of General Practitioners to becoming the Royal College of General Practice;
• Significant improvements in the interaction and communication between Primary, Secondary and Social Care were likely to be key future requirements;
• More was needed on OOH provision. The view that there would be no distinction between in-hours and out-of-hours care (p12) was perhaps wishful thinking – should not promise what can’t actually be delivered;
• The use or prevalence of AI as tools in the future could not substitute for strong GP consultation skills or replace patients seeing GPs face to face for diagnosis;
• More emphasis was needed about good consultation technique, and good generalist/medical skills, which together, were what made a good GP;
• Future consultations are more likely to be “co-consultations” in partnership with patients;
• There was a need to recognise that patient demand will not reduce in future, but patient expectations of what could be offered will need to be managed;
• A much stronger evidence base was needed for ideas not yet proven to work – eg.”Wellbeing-hubs” or use of AI – where was the evidence?
• “Continuity of care” – the definition and how exactly this will be delivered in future needed greater clarification;
• The document needed to be more inspirational for future young entrants to the profession – at present it was rather too conservative.

The Chair of Council thanked members for their comments, which would help inform the final report and the development of the eventual “roadmaps”. The current document was for use in informing and negotiating with Government, as well as a reference for the profession. The document would be further revised in the light of members’ comments for a proposed public launch in April. Any further thoughts on the document could be sent direct to Chair-RCGP@rcgp.org.uk.

AGREED: To agree the core content of the report, for launch in April 2019.

Action: Chair of Council/Executive Director Policy & Campaigns

11. Policy & Campaign Priorities 2019 – results of consultation C/42

The Chair of Council introduced the report. The result of the consultation with faculties over the priorities chosen for 2019 were:

• Wellbeing: supporting GPs with workload;
• Restoring the status and attractiveness of general practice as a career;
• Interface between Primary, Secondary and Social Care.

The Chair also drew attention to a proposal to alter the process of consultation with faculties and other stakeholders over the determination of future policy priorities. It was proposed to shift to a 3-yearly consultation and programme, which would also coincide with an incoming Chair of Council’s term of office. Three priorities would be adopted – two voted on from the membership, and one determined by the Chair of Council. All three policies would be of 4–Nation coverage, but in addition, the Devolved Nation Chairs would be free to set their own local priority, alongside that of the UK Council Chair. This change would allow more time for greater research, commissioning and development; offer greater potential for policy impact; and be a more cost-effective use of limited College resources.
Members noted the report and proposed changes as outlined, and commented:

- “GP Wellbeing” was a very significant and important topic for the profession at the present time, but was concerned with more than just mindfulness and meditation - it concerned a GP’s workload, stress, and personal mental and physical health in dealing with these issues.
- Regarding the status and attractiveness of General Practice as a career, it was emphasised that it was important that the role played by academic GPs was strengthened and not overlooked, as was often the case.

**AGREED:**

1. To agree the proposed change in process for establishing policy & campaign priorities in future (i.e. from annual to 3-yearly);
2. To agree the priorities for 2019, as voted for by the membership and Faculties:

    **Action: Chair of Council / Executive Director of Policy & Campaigns**

12. **Decriminalisation of Abortion – consultation findings C/43**

The Hon. Secretary, Victoria Tzortziou-Brown, spoke to the report. The Council had earlier agreed to hold a consultation with its faculties and membership on the issue of the decriminalisation of abortion, and had approved the process and content of the consultation.

Some 4429 responses had been received – of which 62% felt that the College should support the decriminalisation of abortion; 19% felt that the College should oppose decriminalisation; 15% felt that the College should have a neutral position; and 4% abstained from making any decision on the issue. Of the 21 faculties that responded, none were opposed to decriminalisation, 11 felt the College should support decriminalisation; 2 felt that the College should be neutral; and 8 abstained from making any decision on the issue.

Members discussed the outcome of the consultation:

- It was noted that decriminalisation did not mean no regulation – it meant that abortion would be treated like any other medical procedure under the medical regulatory frameworks, rather than under the criminal justice system;
- It was felt the College should be supportive of those of its members who were “conscientious objectors” for ethical or strongly-held religious reasons;
- While none of the faculties across the 4 Nations had actively opposed decriminalisation, the relatively high number of those abstaining from making a decision on the issue was noted;
- The special position of the NI faculty was noted, including the request for exemption from any active political campaigning on the issue;
- The call to work with others such as the BMA, RCOG, FSRH, RCN and RCM to have the law on abortion changed across the whole UK was noted.
Having discussed the issue and the outcome of the consultation, the Chair put the matter to Council for a vote:

FOR – 45
AGAINST – 2
ABSTENTIONS – 9

The motion to support the decriminalisation of abortion was declared **CARRIED**

**AGREED:** That, in line with the indicated preferences of its membership, RCGP Council supports the decriminalisation of abortion, and believes that the procedure should in future be governed by the medical regulatory frameworks and not the criminal justice system.

**Action:** Chair of Council/ Executive Director of Policy & Campaigns

13. **OOH & Urgent Care – final position statement** C/44

The Vice-Chair (External Affairs), Prof Martin Marshall, spoke to the report. The paper was a revision of the earlier iteration seen by November Council, and now incorporated most of the points and comments raised by members last time. Some issues had remained unresolved – the number of hours of training required and the question of remote training and supervision.

Members had made strong counter-arguments on the numbers of hours of training required, and in discussion with the Deans and OOH providers, it had been agreed that, whilst citing a minimum number of hours in training had real advantages, it also carried some risks. For this reason, the issue called for some flexibility and rigorous evaluation.

On the question of remote training and supervision, it was felt a more pragmatic approach was required – support for it in certain instances and as a way of stretching trainees towards the end of their training, but also recognising face to face training was important for trainees in the early stages of training, and where remote training was used, clear guidance was provided to optimise safety.

Members welcomed the paper and commented:

- While generally the paper was applicable to all 4 Nations, Welsh trainees were on different contracts to England, which required them to undertake 72 hours;
- There was an important difference between trainees’ competency-based training, as opposed to the hours-based training advocated in the paper.

**AGREED:** To approve the final updated position statement.

**Action:** Vice Chair (External Affairs)/ Executive Director Policy & Campaigns
The Vice-Chair (External Affairs) Prof Martin Marshall, spoke to the report. In January 2018, the Secretary of State had announced a review of the partnership model used in general practice, and to look at ways of rejuvenating it. Following initial consultation, an interim report was published in October 2018, followed by another round of consultation, and the development of recommendations, leading to the publication of this final report.

The College had been involved in influencing and framing the review and recommendations, some of which are referenced or linked to the NHS Long-Term Plan (LTP) and/or relate to the new GP Contract. The conclusion was that the partnership model was important and had a place in the operational model of General Practice. The Vice-Chair also emphasised that the report was external and had not been produced by the College, but by Government, so could not be amended.

Members discussed the paper, and commented:

- Surveys had shown that very few young doctors could / would go straight into partnerships – training for AiTs as preparation for partnerships should be provided;
- The question of GP pensions and tax was very troublesome – many GPs had had to reduce their sessions to lessen their tax burden;
- It was felt there should be more opportunities to trial new partnerships, but not at cost to GPs;
- There was enthusiasm for the opportunity for sessional leads to lead practices, as an alternative to the traditional partnership model;
- It was questioned whether there was any financial support for the cost of purchasing partnerships, or any financial incentives for current partners remaining in practice;
- It was questioned whether there was any funding for later career doctors providing mentoring / coaching to colleagues, or for GPs facing burn-out.

The Vice-Chair (External Affairs) thanked members for their comments / feedback, which would be taken back to the Review Chair, Nigel Watson, for consideration.

**AGREED:** To note the final report published by the Independent Review of the Partnership Model in General Practice.

**Action:** Vice-Chair (External Affairs)/ Executive Director Policy & Campaigns

**PROFESSIONAL DEVELOPMENT & TRAINING ITEMS**

**15. CPD Strategy - update**

The Vice-Chair (Professional Development) Dr Michael Mulholland, spoke to the report. The CPD Strategy had been developing over a period of time since first presented to Council in 2017. Work on ideas and the provision of services had been discussed in detail at core leadership and within the professional development team, and with the Clinical Champion Prof Chantal Simon, and Clinical Education lead member Dr Dirk Pilat.
Engaging with faculties in the provision of CPD training and delivery is a key element of the proposed new strategy, but improved IT and communications networks nationally were also pre-requisites for delivery, as well as the use of College quality assured external providers, to ensure overall success.

Members welcomed the paper and update as a significant improvement, and made the following comments:

- For members, the main purpose of RCGP CPD was to obtain information which could not be found anywhere else – e.g. on social prescribing, ethics, primary care networks etc;
- Good IT support was vital in delivering training for AiTs, but it was not yet consistent in all faculty areas – the improvements in remote/rural areas was welcomed;
- CPD was usually undertaken in members’ own time – but for the strategy to be fully successful in future required “protected time” for training /study;
- There was still a risk to the College over assessment and accreditation of CPD events in local areas
- CPD should not be restricted to clinical matters only;

The Vice-Chair (Professional Development) thanked members for their comments / input, which would be considered / taken on board.

**AGREED:** To note and approve the priorities and direction of travel for 2019.

**Action:** Vice Chair (Professional Development)/ Executive Director Professional Development & Standards

16. **GPwER Project development - update**

The Vice-Chair (Professional Development) Dr Michael Mulholland, spoke to the report. The paper sought Council’s continued support for the development of the College’s extended clinical skills accreditation programme. The introduction of new accreditations was subject to review of a pilot project in Dermatology currently running in conjunction with the British Association of Dermatologists (BAD) which was due to complete in June 2019. There was considerable interest both from GPs and others in developing the pilot study and work in extended roles - eg. the RCOG had already worked up some detailed extended role projects, and NHSE were also keen to support a project as a pilot.

Members commented:

- It was now apparent that GPwER was a clear policy direction for many. GPs should be the leaders in the field – still as GPs, but with expert specialist skills, rather than as Consultants;
- There was growing evidence most young / newly qualified GPs would like to undertake extended roles. The College should support and facilitate this;
- The paper was about GP career progression, and growing general practice by increasing in-depth knowledge and skills;
There were some concerns in Scotland over GPwER and credentialing — it was possible there could be unintended consequences, and an over-development of the role of the GP;
Accreditation should be cost-neutral rather than income-generating.

The Vice-Chair (Professional Development) thanked members for their comments

**AGREED:**

1. To support the continued development of the College’s extended clinical skills accreditation programme using the criteria and method described in this paper;
2. To delegate the process of agreeing accreditations to be developed to the Professional Development and Quality Programme Board, who will be informed by the expert input of the College’s GP with Extended Roles (GPwER) internal working group, and guided by RCGP Leadership group.
3. To make regular update reports to Council on the progress of the programme.

**Action: Vice Chair (Professional Development)/ Executive Director Professional Development & Standards**

17. **Safeguarding Project (UK-Wide) — update**  
   Deferred to June Council  
   C/48

18. **Mandatory & Statutory Training — discussion paper**  
   Deferred to June Council  
   C/49

**INNOVATION & RESEARCH ITEMS**

19. **Innovation, Research & Medical Ethics**  
   **Re-Thinking Medicine**  
   C/50

The Vice-Chair (External Affairs) Prof Martin Marshall, spoke to the report. While the benefits of using traditional disease-based medical models within clinical practice are clear, there is a growing critique as to their usefulness in treating and addressing many of the complex health-related challenges facing GPs today.

GPs have been voicing concerns for some time about the harm and waste of resources resulting from the over-medicalisation of health — particularly in those patients with complex healthcare issues — and the effectiveness of such treatments. In the College, this work has been led by the Over-Diagnosis Group.

As a result of this, several initiatives had emerged across the UK which sought to stimulate debate, generate new ideas, and formulate new ways of working to better meet the health challenges posed in modern society. These included Prudent Healthcare in Wales; Realistic Medicine in Scotland; and latterly, Re-Thinking Medicine in England. There was also some isolated activity in this area taking place in Northern Ireland.
The main themes common to all the UK initiatives are: taking a personalised approach to health; shared decision-making; reducing harm and waste; focussing resources on those with greatest need; reducing unnecessary variations in practice and outcomes; managing risk; and promoting service improvement and innovation.

Members welcomed the paper and commented:

- The Bevan Commission in Wales had been working on this issue since 2013, and its initiatives could be adopted nationally, as an exemplar in improving patient’s lives and outcomes;
- There was already much learning and evidence from the Welsh and Scottish initiatives, which could be utilised to reform English medical practice;
- There was a feeling that healthcare had become over-medicalised to the detriment, rather than betterment, of patients; however it was also felt that the bio-medical model was not broken, it was the way it was misused that was the issue;
- There was growing evidence that social interventions worked – the problem was how to get these to patients without resources being diverted from others;
- Shared decision-making with patients was the key to future improvement;
- The safety of patients was paramount – “do no harm”.

The Vice-Chair (External Affairs) thanked members for their input. There had not been any voices against participation in the Re-thinking Medicine initiative, and most members were enthusiastic to support it.

On that basis, the College would continue to contribute to the development of the initiative, which was provisionally under the leadership of the AoMRC and National Voices.

**AGREED:** To note the report and agree that the College should contribute to the Re-Thinking Medicine initiative.

**Action:** Vice-Chair (External Affairs)/ Executive Director Policy & Campaigns

### MOTIONS TO COUNCIL

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<th>MOTIONS FROM FACULTIES</th>
<th>MOTIONS FROM MEMBERS</th>
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<tr>
<td><strong>20.</strong> None received</td>
<td><strong>21.</strong> None received</td>
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### OTHER COUNCIL BUSINESS

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<td><strong>22.</strong> Membership Strategy - update</td>
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**AGREED:** To note progress on implementation and delivery of the Membership Strategy 2018 - 2021.
23. Nominations for Fellowships & Awards C/54

The President introduced the nominations for Fellowship report. At present, of those College members who were eligible, only some 15% were Fellows. There was also a clear deficit of BAME candidates being put forward for Fellowship.

The President urged all Faculties to ensure the current system of promotion of Fellowship to members worked much better in future, as it was in the College’s and members’ own interest.

On a member’s request, it was agreed to provide information on the gender and ethnic breakdown of those chosen for the award of College Lectures.

**AGREED:** To note and agree the nominations for College Fellowships, as set out in the report

**Action:** President/ Kate Messent /Laura Summers

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**HON.SECRETARY’S BUSINESS**


The Chair of Trustees advised members that a paper had been brought to Trustee Board by the Hon Secretary, Dr Victoria Tzortziou Brown, proposing that the College sponsorship policy was amended with immediate effect to cease any future formula milk industry related sponsorship, and to re-launch the consultation on the sponsorship policy in order to broaden membership input and engagement. The Trustee Board discussed in detail the proposed changes, and had approved these.

The Hon. Secretary confirmed the above, and informed Council that the amended sponsorship policy had now been uploaded to the College’s website. She added that any existing contracts with the formula milk industry were being reviewed to assess whether it was possible to rescind them. In addition, a Short-Life Working Group (SLWG) was being drawn up to work on the content and process of the sponsorship review, with the aim that a paper on the sponsorship consultation will be brought to Council in June or September 2019.

On a suggestion from a member, it was also agreed to contact those organisations who did not accept any form of sponsorship to ascertain how they managed to finance and produce their internal and external events, as a College “no-sponsorship” policy would pose a serious problem for putting on the Annual Conference in the future.

**AGREED:** To note the oral report.

**Action:** Hon. Secretary/ All to note

25. Chair of Council Election 2019 – arrangements/ timetable C/56

**AGREED:** To note the report and election timetable.

**Action:** Hon.Secretary/ All to note
26. **Presidential & Annual National Council Member Election 2019 – arrangements/ timetable**

**AGREED:** To note the report and election timetable.

**Action:** Hon.Secretary/ All to note

27. **Appointments & Vacancies on College Committees**

The Hon Secretary drew attention to several vacancies on College Committees, as set out in the Council report, and called for members’ expressions of interest.

**AGREED:**
1. To note the appointment of Dr Narveshwar Sinha as a Council member representative on the Governance & Nominations Committees;
2. To note the list of current vacancies on College Committees, and the deadline for the submission of expressions of interest (22 March).

**Action:** Secretariat Manager

28. **SGM Notice 2019**

**AGREED:** To note the SGM Notice and the report.

**Action:** Hon. Secretary/ Kate Messent/Mayuri Patel

### INFORMATION ITEMS

[** Not for discussion unless starred  **]

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<td>The next Meeting of Council will be held on <strong>Saturday, 22 June 2019</strong> at <strong>9.30 am. at RCGP, 30 Euston Square, London, NW1 2FB.</strong></td>
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