MEETING OF COUNCIL

Minutes of the Meeting of Council held at 9.30am on Saturday, 24th November 2018 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
Ahmed, Dr W
Alexander, Dr K
Anwar, Dr S
Aride, Dr C
Blackadder, Dr J
Caesar, Dr S
Chisholm, Dr J
Christmas, Dr R
Cosgrove, Dr J
Cranfield, Dr F
Enlli, Dr S
Free, Dr M
Forbes, Dr A
Gerada, Prof. C
Gandhi, Dr H
Gupta, Dr S
Hall, Janet Dr
Hampton, Dr R
Hardy, Dr H
Hawthorne, Prof K
Hewett, Dr M
Hill, Dr S
Howsam, Dr G
Irving, Dr G
Jackson, Prof N
Johnson, Dr C
Kumar, Dr V
Lambourn, Dr R
Lea, Dr A
Liston, Dr A
McCartney, Dr M
Mack, Dr M
Mathers, Prof N
Meeran, Dr I
Mulla, Dr E
Neden, Dr K
O’Reilly, Dr K
Palk, Dr A
Patel-Campbell, Dr T
Patterson, Dr D
Quinlan, Dr D
Qureshi, Dr B
Reeve, Dr J
Ryan, Dr P
Shackles, Dr D
Simpson, Brig. Dr R
Sinha, Dr N
Spooner, Dr A
Tucker, Dr S
Vaughan, Dr M

DEPUTIES (as notified per meeting)
Bhanot, Dr S
Bharakhada, Dr N
De Lusignan, Dr S
Finnikin, Dr S
Wilson, Dr J

IN ATTENDANCE
Allirajah, Duleep
Bowen, Simon
Cheong John
Foster, Robert
Masters, Graham
Mirner, Chris
Schofield, Martyn
Thomas, Mark
Vaughan-Dick, Valerie (Dr)
Watson, Gillian

OBSERVERS
Aston, Mrs J
Graham Wing Cdr. Dr D
Jones, Prof R
Kanneganti, Dr C
McKeown, Dr H
Poole, Dr S
Shah, R (Dr)

IN ATTENDANCE
Tsukagoshi, Dr S
Nwosu, Dr P
Nathan, Dr S
Muckerjee, Dr A
Smy, Dr L
Drewett, Dr A
Hempenstall, Dr J
Emmerson, Mr O
President’s Welcome  
oral

The President, Prof Mayur Lakhani (in the Chair), welcomed the following to the meeting:

- Amit Paik - new AiT Committee Chair;
- Ebrahim Mulla – new AiT Committee Deputy Chair;
- Susi Caesar – new nationally-elected member;
- Hussain Gandhi – new nationally-elected member;
- Kamila Hawthorne, new nationally-elected member;
- Ashley Liston – new nationally-elected member
- Saqib Anwar, new Leicester faculty rep to Council;
- Waqar Ahmed – new Northern Ireland Faculty rep to Council;
- Rowena Christmas – new SE Wales Faculty rep to Council;
- Alasdair Forbes – new NE Scotland Faculty rep to Council;
- David Shackles - new East Scotland Faculty rep to Council
- Narveshwar Sinha - new NW England Faculty rep to Council
- Karen O’Reilly - new Wessex Faculty rep to Council;
- Shamila Wanninayake – new Thames Valley Faculty rep to Council;
- Sunil Bhanot - Wessex Faculty, deputising for Johnny Lyon-Maris;
- Nilesh Bharakhada - NE London Faculty, deputising for Andrew Dharman;
- Samuel Finnikin – Midland Faculty, deputising for Veronica Wilkie;
- Simon de Lusignan - SW Thames Faculty, deputising for Jaspreet Dhillon;
- Jill Wilson, Severn Faculty, deputising for Steve Holmes

Guest observers
- Sonia Tsukagoshi - RCGP JIC Chair;
- Perpetua Nwosu - Junior GP;
- Siva Nathan - Chair, SE Thames Faculty;
- Amrita Sen Mukherjee - SE Thames AiT Lead;
- Laura Smy - South Yorks. North Trent Faculty First5 Lead;
- Alex Drewett - South London Faculty
- Ollie Emmerson, 4th Year Med Student Birmingham University
- Julia Hempenstall, GP Clinical Leadership Fellow, Wessex LMCs Ltd

1. Deaths of Members  

C/1

The President drew members attention to the list of College members who had died since the last Council meeting. Particular attention was drawn to the recent deaths of Dr Douglas Fleming, former Director of the Research & Surveillance Centre at Birmingham; and more recently (not on the list), of Sir Donald Irvine, former Chair of the College, and former President of the GMC. Tributes were paid to both for their service to the College and to general practice.

The Council stood for one minute in silence in memory.

2. Apologies for Absence  
oral

Apologies for absence were received from Stuart Blake, MeiLing Denney, Andrew Dharman, Jaspreet Dhillon, Steve Holmes, Euan Lawson, Johnny Lyon-Maris, Kate O’Donnell, Mike Smith, and Veronica Wilkie.
3. Declaration of Interests
Members were reminded that if they had a personal or prejudicial (i.e. financial) interest in any item of the Agenda - direct or indirect - they should declare it here, or when the item was reached on the agenda. Alternatively, members could complete the Conflict of Interest form on their desks, and return to the Council co-ordinator after the meeting. Declarations of Interest were received from:

- **Prof Clare Gerada** – personal interest re: item 17 – OOH & Urgent Care – as practice runs 4 urgent care centres catering for up to 21,000 patients per year.
- **Dr Sian Tucker** – personal interest in item 17 – OOH & Urgent Care – as National Chair of OOH in Scotland and as Expert Consultant in the RQIA review of OOH in Northern Ireland.
- **Dr Helena McKeown** – personal interest in item 24 – Motion on 2nd Brexit Referendum / People’s Vote – as a member of BMA Council and Vice-Chair of its ARM
- **Dr Steve Mowle** – personal interest in item 24 - Motion on 2nd Brexit Referendum / People’s Vote – as Vice-Chair of Citizens UK

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

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<th>FORMAL CONSTITUTIONAL ITEMS</th>
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5. Membership of Council

(a) **Council Members 2018 – 2019**

The President asked members to note the list of names of nationally-elected Council Members, Faculty representatives and Deputy faculty representatives appointed to Council for the 2018 - 2019 College Year (C/2 refers).

[NB: These members were appointed by the College AGM the previous day].

**AGREED:** To note the list of names of Members and Faculty representatives to Council for 2018 - 2019.

**Action:** All/ Secretariat Manager

(b) **Additional Council members 2018- 2019**

The President asked members to note the appointment of additional Council members under Byelaw 40 for the Council year 2018-2019.

[NB: These members were appointed by the College AGM the previous day].

(a) Prof. Simon Gregory - (Chair, Committee on Medical Ethics & College Trustee )
(b) Prof. Neil Jackson - (Co-Chair GP Specialty Advisory Committee).
(c) Dr Victoria Tzortziou-Brown - (Joint Honorary Secretary)
(d) Prof Nigel Mathers - (Chair Trustee Board)
(e) Prof Martin Marshall - (Vice-Chair External Affairs)
AGREED: To note the appointments accordingly.

Action: All/ Secretariat Manager

6. Re-election of the Chair of Council 2018–2019

[It is open for any member on Council to challenge for the Chair’s position, which is re-confirmed on an annual basis (Standing Order 7(2)].

The President called for nominations for the position of Chair of Council for the 2018 – 2019 College year. Dr Susi Caesar proposed, seconded by Dr Mair Hopkin, “That Prof. Helen Stokes-Lampard be re-confirmed as Chair of Council for the 2018-19 College Year”.

There being no further nominations, the President declared Prof. Helen Stokes-Lampard duly re-confirmed Chair of Council for the 2018 - 19 College Year.

AGREED: To note and agree accordingly.

Action: All/ Secretariat Manager

7. Re-election of the Vice-Chairs of Council 2018–2019

[It is open for any Council member to challenge for any of the College Officer positions, which are re-confirmed on an annual basis (Standing Order 7(2)].

The Chair of Council called for nominations for the positions of Vice-Chair External Affairs; Membership & International; & Professional Development. [The current incumbents were Prof Martin Marshall, Dr Mike Holmes; and Dr Michael Mulholland respectively].

There being no other nominations, the Chair confirmed Prof Marshall, and Drs Holmes and Mulholland as duly re-confirmed as Vice Chairs of Council for the 2018 - 2019 College Year.

AGREED: To note and agree accordingly.

Action: All/ Secretariat Manager

8. Re-election of other College Officers, Committee & Board Chairs

[It is open for any Council Member to challenge for any College Officer or Chair position, which are re-confirmed on an annual basis. (Standing Order 7(2)].

The Chair of Council invited nominations for the other College Officer and Committee/ Board Chair positions for 2018 – 2019.

There being no further nominations, the Chair asked Council to formally agree the re-confirmation of the other Council Officers, and Committee/ Board Chairs, for the 2018 - 2019 College Year.
AGREED: To note and agree accordingly.

Action: All/ Secretariat Manager

[The Joint Hon. Secretaries and the Hon Treasurer joined the other Officers]


Council noted a revised report C/6 had been tabled. The Chair asked Council to note and formally agree the list of Observers to Council for the 2018 - 2019 College Year, as set out in report C/6.

AGREED: To note and agree accordingly.

Action: All/ Secretariat Manager


Council noted a revised report C/7 had been tabled. The Chair asked Council to approve Standing Orders for 2018 -19, as set out in report C/7.

AGREED: That Council Standing Orders 2018 – 19, as shown in paper C/7, be approved accordingly.

[NB: The agreed Standing Orders will be included in the Members’ Information Folder circulated to all Council members electronically in December, along with the annual Register of Interests & Probity Declaration forms for updating.]

Action: Secretariat Manager/Shirley Chinery

11. Chair’s Reports oral

The Chair of Council gave the following verbal updates (non-policy) at this point:

- **Death of Dr Julian Tudor-Hart** - a commemorative photograph of Dr Tudor-Hart, pioneer and author of the “Inverse Care Law”, had been unveiled and presented to the College by his family at the College AGM, and would be displayed in the Wales Room.
- **AI & Healthcare** – the College’s position statement on the use and place of AI in healthcare had been published yesterday and was tabled at Council for members’ information.
- **Government announcement of £3.5bn a year for primary & community healthcare** – the Prime Minister’s announcement of plans to inject an extra £3.5bn a year into funding for primary and community healthcare by 2023 / 2024 was welcome. The move was primarily in response to the need to reduce unnecessary hospital stays. The College had relaunched its mini-campaign (#BackGP) to ensure that general practice received at least 11% of the overall NHS budget as part of the ongoing NHS 10-year plan, and that this funding was not diluted or diverted for use elsewhere.
- **Saturday’s Daily Mail headline (24 November)** - 1.4m patients in Kent were receiving OOH care from only 2 FTE GPs. The College had written a response highlighting once again the chronic shortage of doctors in the UK.
- **Breast-Cancer screening debacle** – Capita had once again been named as and shamed for incompetent handling of a huge number of breast-cancer screening results.
- WONCA – the College’s bid to host the WONCA World Conference in 2022 had unfortunately failed in favour of Sydney, Australia. The team in International were nevertheless to be congratulated on their work.
- RCGP “Discover” conferences - these were proving to be highly successful for those students thinking of becoming GPs. Feedback afterwards indicated that 89% of attendees said that they wanted to continue to pursue a career as a GP.
- Prof Chris Salisbury’s James Mackenzie Lecture - given at the College AGM had been inspiring and insightful, and would be published on the College website and in the Chair’s weekly blog shortly.

Governance

12. (a) Minutes – 21 September 2018

The Chair asked whether the minutes of the Council meeting held on 21 September 2018 could be agreed as an accurate record.

AGREED: That the minutes of the meeting held of 21 September 2018 be agreed as an accurate record.

Action: Hon. Secretary/Company Secretary/Secretariat Manager

(b) Matters arising

- P.9 / bullet 10 & p.15/ bullet 5 – some members stated they were not comfortable with the statements made as recorded, as they could be misinterpreted by the public and suggested that they be re-worded.
- The Chair confirmed the statements had actually been made as part of the debate on the item, and unfortunately, the minutes could not be altered retrospectively to suit, despite the disquiet felt by some, so had to stand as a written record of the facts.

13. Trustee Board – 11 October 2018

(a) Trustee Board Chair’s report to Council

The Chair welcomed Prof Nigel Mathers, former Hon Secretary, back to Council as new Chair of the Trustee Board and invited him to speak to the report.

Prof. Mathers as new Chair of Trustees, thanked his predecessor, Dr Colin Hunter, as a hard act to follow. He hoped the relationship between Trustee Board and the Council, would continue to flourish and strengthen going forward, and he was happy to receive feedback, and always willing to discuss and address any concerns that members may have regarding trustee matters.

There were three things he would be putting into motion immediately - viz:

- The need to streamline processes further, and to delegate more to Senior Staff, otherwise the organisation would suffer bureaucratic indigestion;
- The establishment of a SLWG to examine how to tackle the growing complexity of the organisation, which seemed to multiply year on year;
• Separation and promotion of the oversight and scrutiny role of the Trustee Board in future, rather than involvement in the operational work of the College. There would of course still continue to be some overlaps, but that was accepted while new processes bedded in.

Prof Mathers highlighted for Council the main issues of concern for Trustees at their last meeting on 11 October:

• **Second Brexit motion to Council** – the College’s lawyers had advised that, because the motion could be seen as “political”, Trustees needed to take a view prior to it going to Council as to whether it was a matter which fell within the College’s charitable object, and whether there were any significant risks for the College or its reputation.
• **MRCGP Review** – the draft report from the review was being prepared for publication. It was intended that the report would come to Council for a view and comment before it was put in the public domain. (The Chair of Council clarified that the report was in fact on the November Council agenda for members’ information – see report C/26).
• **College’s Sponsorship Policy review** - on initial review, Trustees has felt that the College’s current sponsorship policy should be kept status quo. However, it was clear that there were issues in the current policy that needed to be urgently addressed, and strong arguments made by members that needed to be carefully considered. The policy would therefore be taken back to Trustees in January 2019, with a view to consulting more widely with all relevant voices within College on the matter. The Hon Secretary (VTB) had agreed to lead on the consultation.

A member queried whether Trustees had taken a view as to whether the Council should be discussing the Brexit motion at all under the terms of its charitable object. The Chair of Council responded that Trustees had considered the motion, and the associated risks carefully (after taking legal advice) and had agreed that the matter could proceed to Council. However, as Chair of Council, she took ultimate responsibility for items appearing on the Council agenda. It was open to any Council member who still disagreed with that decision to challenge the decision by way of an emergency motion moved from the floor. However, the Hon. Secretary would give a fuller explanation of the details considered by Trustees when the motion item was reached on the agenda.

Another member raised the MRCGP Review and the finding that the College’s exam was fair and did reflect right results, and that there was no single characteristic that was responsible for the differences in performance between UK and overseas/IMGs. It was felt important that this aspect of the review needed to be highlighted when the review was published.

Another member welcomed the Sponsorship policy re-consideration by Trustees. She reported that she had seen a prominent sign on the College stand at the October RCGP Conference from Danone, a key supplier / provider of breast milk alternatives, from whom the College should not be accepting sponsorship or advocating their product placement.
The Chair of Trustees thanked members for their comments, all of which would be taken up by the respective appropriate forums.

**Action: Chair of Trustees/Company Secretary/Kate Messent**

**Action: COO**

(b) **Trustee Board Draft minutes - 11 October 2018**

**AGREED**: To note the minutes of the Trustee Board meeting held on 11 October 2018.

(c) **Sponsorship Policy – oral update**

(as per above discussion)

14. **Chief Operating Officer – Consolidated Management Report**

The Chief Operating Officer’s (COO) report was noted. Questions on the report from members included:

- **International**, while it was heartening to see the growing number of countries in which the College worked, it was felt that the College should be doing more – particularly in poorer countries – to work in partnership with those members already undertaking voluntary work in these areas. It was suggested the College put out a call to these members to see if they would be interested in helping. The idea received wide support from members. Dr Caesar informed Council that there was also a pro-bono appraisal service for those members who were going to work overseas.

- **P.13 / 2nd bullet** – members queried what was meant by the “Culinary medicine” course attended by 25 AiTs – as the term was not familiar. It was explained that this was part of the Doctors’ Well-Being initiatives.

- **P.13 / point 5.4** – it was pointed out the national GP Mentoring scheme should be linked up with the GP Scholarship scheme partnered with the SAPC.

- **RCGP Conference** - while the RCGP Conference was hugely enthusing and inspiring, it was felt that better planning needed to be done for the First5 / AiTs, who ran out of food at one social event. The appropriateness of the Volvo car on the RCGP stand was also queried – it was not apparent what this had to do with General Practice – except from advertising for Volvo.

The COO thanked members for their comments/feedback, all of which would be looked into and taken into consideration by the appropriate forums.
15. **Chair’s Policy updates**

The Chair gave the following policy updates:

- **NHS Long-term Plan (England only)** – the College had re-launched its campaign (#BackGP) to ensure the share of NHS funding for General Practice was at least 11% of the overall NHS budget.

- **Matt Hancock MP, new Secretary of State** - the College had begun to develop a constructive relationship with the new Secretary of State, who was determined to make his mark on the NHS while in office. The College’s fringe event at the Conservative Party Conference was the only one from a medical Royal College he had participated in while at the Party Conference.

- **GPFV** – the demand for 11% of the NHS budget for general practice will require much more robust discussions with Government and officials, and stronger social media campaigns/statements. It was not clear how the £3.5bn “extra funding” recently announced for primary and “community healthcare” by 2023/24 would be divided up or allocated.

- **Workforce figures (England)** – showed just a marginal increase (0.1%) in the right direction. However the number of GP providers was dropping.

- **GP Indemnity Scheme** – The DH had made clear in its press release that the GP Indemnity would now need to be entirely funded from GPs existing resources (i.e. there would be no new money available), which had caused considerable anger among GPs, as this seemed to be back-tracking on previous assurances given by Government.

- **AI & new technology** – the College’s position statement on AI and its use/application in healthcare had just been published – copies were tabled for Council members’ information. A conference/seminar was being planned for later in the year.

Members made the following comments:

- Re: Long-term NHS funding and the revived campaign for 11% of the NHS budget for general practice, the College should consider working more closely and collaboratively with the GPC;

- Re: Indemnity, the College should signal its support the LMCs campaign that funding for the new indemnity scheme should come from new money and not from GPs existing resources. There was concern the College had not immediately responded on the issue;

- There was concern over the new SoS’s advocacy of health screening as a way of reducing costs. It was felt screening should not be used indiscriminately as there was the real danger of over-diagnosis and over-medication, not to mention the unintended consequence of increased pressure on GPs because of demand/poorly-understood results.
There was similar concern over the indiscriminate use of AI, which was not a panacea for the national shortage of GPs, and which only served to increase health inequalities for those who could not use, or were without access, to the technology (estimated to be c. 25% of the population) – mostly the vulnerable and elderly.

Re: GPFV, the College needed to say clearly that the promised funding was not flowing to GPs; or if it was flowing, it was not coming in a correct or predictable way, nor to those areas where it was needed most.

The Chair thanked members for their comments, which would be taken on board, and reassured Council that RCGP and the GPC already had a strong working relationship, with regular constructive dialogue.

**Action: Chair of Council/ Director of Policy & Engagement**

**Policy, Campaigns & Workforce**


The Chair spoke to the report. The paper presented to Council was confidential at this stage, although intended for sharing with Faculty Boards, but not more widely. This was the latest interim version of her “Vision for General Practice 2030” document (not the final name), and set out some of the “what” gathered from consultation with stakeholders, Council members and others, but was not yet finalised. Council were reminded that the “how” part of the vision would be achieved later in the form of a series of “Roadmaps” drawn from the Vision. It was hoped that the final report, including research work commissioned from the King’s Fund, would be presented to members at February 2019 Council. The Chair asked members for their constructive criticism of the document so far, particularly on the questions of:

- Was the Vision sufficiently aspirational?
- Were there any significant omissions?
- Did members strongly agree / disagree with any elements or outcomes in the Vision, and why?

Members welcomed the Vision document, but made the following comments / observations on it:

- It was felt that the document lacked excitement and was not aspirational enough – a lot of what was written as a vision for 2030 was already taking place currently in general practice - eg. new models of care, vanguard projects, etc.
- It was felt the tone of the document was too out of touch, and it was too focused on complexity rather than the holistic approach of medicine;
- The target audience appeared muddled and confused - was the Vision being written for new medical students, for older GPs, or for patients? It would benefit from getting a clear patient perspective and input;
• There should be a clear evidence –base and academic input. It was also felt there was a lack of defining of terms used so there was common understanding; describing what would be at scale in the future; which business models worked (and which did not); embracing of new models of service – eg. salaried GPs rather than traditional partnerships;
• The Vision appeared to be still too pedestrian – it needed to be more visionary and take a much bolder view of the environment, support, funding for 2030 practices and premises, diagnostic treatments and facilities, IT, forms of consultation, and links to Public Health;
• The concepts of 2018 are not appropriate to 2030 - so while still advocating the continuing Doctor/Patient relationship, the Vision should also develop more the Doctor/Community relationship, with shared resources and integrated working with Secondary care and Social Care;
• 20 minute consultations should be the norm to deal with increasing numbers of multi-condition patients; multi-disciplinary care teams will be the norm in the future; and more input was needed on OOH care and training as there was no differentiation by patients between in-hours and OOH care;
• There should be more training for GPs in IT included, particularly new technology / applications; a system of mentors / mentees; and protected time and funding, so there was adequate support;
• Genomics was likely to play a big part in medicine in 2030 - but there was a dichotomy, as it would only be useful for the young at the expense of the old;
• Disagreement with the view of “reinventing ourselves” (p.9) – the current concept was correct, but was broken due to lack of funding and too much workload – this needed resolving;
• Discussion about workforce should talk about specific FTEs rather than generic “headcount”
• It was felt that the document should be shared with colleagues in the BMA/GPC for their views / input, so that objectives sought were held in common and coincided;

The Chair thanked members for their input and comments, which would be taken on board in the final iteration of the Vision document which would be brought back to February Council for sign-off.

**Action: Chair of Council/ Director of Policy & Engagement**

**17. OOH & Urgent Care – policy statement for discussion C/12**

The Vice-Chair (External Affairs) spoke to the report. The last position statement on OOH care was published in 2015. The current paper sets out a new position statement for 2018, and reflects key points made by June Council, and the ongoing work of the Urgent Care & OOH Working Group. The paper sets out the key issues and developments affecting the sector; presents a set of policy principles which the College believes should underpin future models of OOH care services; and identifies a number of key recommendations for policymakers and the College to take forward. The paper had been quite challenging to produce, as OOH care differed between the Four Nations, and some educators differed in their views from OOH providers. The three key issues yet to resolve were:
- The number of hours that should be spent in training;
- Whether non-doctors could act as Supervisors;
- Whether adequate supervision could be carried out remotely.

Members welcomed the paper, which was very topical in the light of recent COGPED announcements. Members commented:

- OOH training was key – a minimum number of hours was necessary to gain the competencies required for OOH doctors. It was also necessary to factor in experiential hours as well as formal training. OOH was not a popular career choice due to the unsocial hours worked, but it was an essential part of primary healthcare, as that was what patients wanted and expected to be provided. It might no longer be a contractual responsibility for GPs, but it was an essential service for patients’ health and well-being.
- Another member felt that OOH work was in fact easier than in-hours work, because although the patients seen might be more acutely sick, there was better and quicker access to whole systems of diagnostic support and facilities not readily available in-hours.
- It was pointed out that not just GPs were involved in OOH care, but other doctors, pharmacists, nurses etc. The use of technology was also important, whether it was online video consultations or access to GP records etc.
- One member felt all GPs should undertake OOH work as part of the GP role. Others however felt that it should be a flexible option for GPs, not a mandatory requirement.
- It was felt that there needed to be a link to the extended hours service, in order to provide a seamless service to patients.
- It was reported that in NI 50% of OOH was provided by Partners in practices, which remained a specialist skill. However, OOH trainers required protected time.
- It was reported that in Wales, 72 hours was regarded as the amount of hours appropriate for competency in OOH. Remote supervision was not permitted, but cover by other professions was allowed within their own competency.
- AiTs were concerned at the huge variation in OOH training across the UK – the quality and consistency of training was most important for them - but also formal guidance on the minimum number of hours training required to achieve the competency was required.
- It was reported that within the new Junior Doctors contracts, OOH training was included within their 40-hour shifts.

The Vice-Chair thanked members for their views /comments. He had heard strong support for raising the issue of OOH work, and had heard strong arguments for the gaining of practical experience of doing OOH work, but not mandatory for all GPs, only as a flexible option. The document wording would be tidied up and members’ comments taken on board, a draft statement would be made public as quickly as possible to guide further discussions across the profession and a final statement would be brought back to next Council in February for formal ratification.

Action: V/Chair (External Affairs)/ Director of Policy & Engagement
18. **Partnership Review interim report**

This paper (which was largely an external one) was not discussed because of lack of time due to preceding items of business. The Chair of Council asked that comments from Council on the report to be sent to the Chair of the Review as quickly as possible, copied to Chair-RCGP@rcgp.org.uk, so that the College Policy team could be kept updated on members’ views.

**Action: V/C External Affairs / Director Policy & Engagement**

19. **Feedback from the 2018 RCGP Annual Conference & details of 2019 Conference**

The Vice-Chair (Professional Development) gave an oral update on the RCGP Annual Conference held in Glasgow in October. The Conference had been highly successful, with a record 1,330 delegates attending - up from 1,305 in 2017. Some 25% of attendees were medical students, which was very encouraging, and 95% of attendees said in feedback that they had achieved their expectations in attending. There was more work necessary to be done for First5 members’ attendance however, and the CMG was listening to all the feedback and complaints to make the annual conference even better for all College members.

A member asked whether holding the Conference somewhere in the South could be considered, due to the difficulty of travelling to the North for those members based in the South / South West regions. The Chair of Council responded that the Conference venues were decided up to three years in advance for booking purposes, and the difficulty was in finding appropriate venues that were suitable and large enough to accommodate the College Conference and all its fringe events. However, consideration would be given to the request by CMG.

**Action: V/Chair (Professional Development)/ CMG**

20. **Interim Review of GPs with Extended Roles Project – update**

The Vice-Chair (Professional Development) gave a brief update of progress on the pilot scheme. Council had previously agreed a definition for GPs with Extended Roles (GPwER) in 2014, and in 2017 had agreed the underlying principles that would inform the College’s generic extended roles framework. Council had also agreed to a 1-year pilot study in Dermatology & Skin Surgery to develop the accreditation framework in collaboration with the British Association of Dermatologists (BAD) and the Primary Care Dermatology Society (PCDS). The pilot study had commenced in June 2018, having taken longer than anticipated to set up, and was progressing well, but it was far too early to provide any analysis or evaluation. However, it had generated a significant amount of interest from other stakeholders – and particularly NHSE – who were interested in developing extended roles in several other speciality areas. It was anticipated
that a further progress / update report would be made to Council in February 2019.

**AGREED:**

1. To note the update on the ‘Dermatology and Skin Surgery’ extended role accreditation pilot, and the significant level of interest in developing GPwER accreditation frameworks in other clinical areas;
2. That a further paper be provided to February 2019 Council, proposing an approach and timescale for the development of a new College Extended Role programme.

**Action:** V/Chair (Professional Development)/ Director of Professional Development & Standards

21. **Sepsis Paper—Discussion**

[Noted that this report had been deferred to February Council]

**Action:** V/Chair (Professional Development)/ Secretariat Manager

22. **Innovation Research Board**

The SAPC-RCGP GP Scholarship Programme

The Vice-Chair (External Affairs) spoke to the report. The GP Scholarship programme was a joint initiative between the College and the SAPC. The College wanted to be in a position where it valued primary care academics and their work. The aim of the programme was to champion and cultivate the distinct intellectual expertise at the heart of the pragmatic wisdom of general practice by encouraging clinical excellence; supporting the development of scholarship skills for extended portfolios in modern general practice; and by recognising and taking pride in the intellectual challenge and excitement of general practice as a specialty. In particular, it was necessary to rebut the commonly-held perception among medical students of general practice as not being intellectually demanding and challenging, and to rebut Lord Moran’s quip that “GPs are those who fell off the career ladder”…

Members welcomed the joint initiative and the paper and made the following additional comments:

- While supporting the initiative generally, it was felt it might be difficult to market, as it would take a paradigm shift to counter the adverse views and perceptions about general practice currently held in medical schools/Deaneries.
- The title “The wise GP” was questioned, as this implied age, but the target audience was students at the start of their careers.
- There was concern about potential unintended consequences / misinterpretations – eg. sGP could be taken to mean simple GP etc.
The Vice-Chair (External Affairs) thanked members for their comments and asked that any further feedback be sent to either himself or Dr Joanne Reeve. The positive support was taken as permission to push on with the implementation of the work.

**Action:** V/Chair (External Affairs)/Director Professional Development & Standards/CIRC

**MOTIONS TO COUNCIL**

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<th>23.</th>
<th>Motions from Faculties</th>
<th>C/18</th>
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<td></td>
<td>[None submitted by the deadline]</td>
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<th>24.</th>
<th>Motions from Members</th>
<th>C/19</th>
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<tr>
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<td>Brexit 2nd Referendum / People’s Vote</td>
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The Chair advised that since September Council’s vote to support the Midland Faculty motion that the College should align itself with other bodies who were opposed to Brexit, the College, along with the other Medical Royal Colleges, had sought assurances from the Government that there would be no dilution of support for the NHS and healthcare in the scenario of a no deal Brexit and its consequent effects.

The Hon Secretary advised the reason a second motion on Brexit was being brought to Council now was because in September, the College’s lawyers had advised that the College Trustees needed to take a view firstly, as to whether the motion could be deemed so “political” as to breach the terms of the College’s charitable object; and secondly, whether there was a risk to the College or its reputation. Trustees at their October Board meeting had considered carefully both of these aspects, and had determined that the motion was competent in terms of the College’s charitable object, and therefore should proceed for debate by November Council.

The Chair of Council advised that the motion, at the suggestion of RCGP Wales Council, and with the agreement of the proposer and seconder, had been split into two constituent parts, each of which would be voted on separately. The preamble to the motion applied to both parts. Discussion on the motion would be taken in closed session (so tweeting by members was not permitted) until a vote had been taken on both parts of the motion, at which point, a College press statement would be released on the result, and members would be free to tweet in accordance with the agreed protocol.

The Chair called on the proposer and seconder to move and second their motion.
Part 1

Recognising that leaving the European Union may damage the recruitment and retention of the healthcare professional workforce in the United Kingdom;

Recognising that leaving the European Union may potentially damage the mutual recognition of the qualifications of healthcare professionals between the European Union and the United Kingdom;

Recognising that leaving the European Union may damage recruitment to, and retention of, the social care workforce;

Recognising that leaving the European Union may damage cross-border arrangements for healthcare between Northern Ireland and the Republic of Ireland;

Recognising that leaving the European Union may damage reciprocal healthcare arrangements between the European Union and the United Kingdom, including eligibility for the European Health Insurance Card;

Recognising that leaving the European Union may damage public health in the United Kingdom and international cooperation on public health;

Recognising that leaving the European Union may damage the United Kingdom’s access to medicines, devices and radioisotopes;

Recognising that leaving the European Union may damage scientific collaboration, scientific and medical research programmes, participation in international clinical trials - including pharmaceutical research studies; free movement of scientists, including medical researchers; and collaboration between universities in the United Kingdom and the European Union;

Recognising the need for the facts about the damage to the UK healthcare professional workforce, public health, access to medicines, devices and radioisotopes, and damage to the National Health Service, science, research and universities to be put before the citizens of the United Kingdom;

The Council of the Royal College of General Practitioners believes that the objective, non-partisan, evidence in relation to the deleterious effects of Brexit on health and healthcare means that the College should oppose Brexit, because the object for which the College is incorporated is ‘to encourage, foster and maintain the highest possible standards in general medical practice’; because the College is obliged ‘to take or join with others in taking any steps consistent with the charitable nature of that object’; and that object would be grievously undermined by Brexit.

Part 2 (with same preamble as above)

The Council of the Royal College of General Practitioners believes that the public should have a final say on the Brexit deal, including the options of accepting the deal, rejecting the deal, and remaining within the European Union.
Dr Chisholm, speaking to the motion, drew members’ attention to the following:

- The issues raised in the preamble to the motion had been discussed at length at September Council, which had voted to support the Midland faculty call for the College to join with others in opposing Brexit;
- The “health related” consequences that would flow from Brexit related largely to vital medical supplies and healthcare personnel;
- As the political context for Brexit was changing rapidly day by day, four concerned doctor MPs had tabled a cross-party amendment in Parliament;
- Although Charities did not normally take a “political” stance, there were rare circumstances where it would be irresponsible not to do so, and Brexit was one such issue because of its potential drastic effects on healthcare;
- The College had a “duty of care” to speak out;
- The RCN, RCM, and BMA had all already firmly voiced their opposition to Brexit – and the College should join them.

Members debated the motion, with strong views expressed for both sides of the issue. Comments included:

- Some faculties had felt strongly that this was not an issue the College could determine or take a view on;
- Other faculties felt that, while they could support Part 1 of the proposed motion, they could not support Part 2;
- Others felt Council should not be debating the matter at all due to the risk it brought to the College as an organisation and because it was so divisive – over 52% of the population had voted to leave, and they were members’ patients;
- Others felt that Brexit presented a clear and present danger, and the public should have a right to vote on the detail, as well as on the concept, of Brexit;
- Some felt that the motion should be supported in whole (i.e. both parts), as the initial Brexit referendum had been flawed by the provision of misleading information to the public and mis-funding of the campaigns;
- NI members were overwhelmingly anti-Brexit, but looked at what the College might gain / lose from taking a stance. It was felt that if the College supported the motion, it would lose its standing for objectivity;
- Yet others felt there should be a public vote on Brexit, and democracy should be allowed to change its mind.

Dr Christine Johnson proposed, seconded by Dr Robin Simpson, a procedural motion “…That Council proceeds to the next business”.

The procedural motion was put to the vote immediately:

FOR – 28
AGAINST – 31
ABSTENTIONS – 2

The procedural motion was declared LOST. Debate on the original motion continued.
Members made the following additional comments / observations:

- It was not for the College to tell patients what they should do – they should be free to make their own choices;
- If members felt that Brexit posed a significant threat to patients health, they had a duty to speak out - there was a greater risk in staying silent;
- A vote for Part 1 of the motion would not present any difficulty, but a vote for Part 2 of the motion would compromise the College’s neutrality;
- The College needed to be courageous – there were times / issues when it was necessary to speak out;
- The College had spoken out forcibly in the past on certain issues, and had not lost any standing as an organisation – on the contrary, it had gained in respect.

The Chair thanked members for their comments and proceeded to put the substantive motion to the vote:

**Part 1**

FOR – 46  
AGAINST – 11  
ABSTENTIONS – 6

Part 1 of the motion was declared **CARRIED**.

**Part 2**

FOR – 38  
AGAINST – 18  
ABSTENTIONS – 7

Part 2 of the motion was declared **CARRIED**.

**AGREED**: That the substantive motion, as set out above, be agreed.

**Action**: Chair of Council/ Director of Policy &n Engagement/Press & PR

**OTHER COUNCIL BUSINESS**

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<td><strong>25.</strong> Local Functions Conversations – Discussion Paper</td>
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<tr>
<td><strong>AGREED</strong>: To note the summary report and approve the formation of a Task Group.</td>
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<td><strong>Action</strong>: V/Chair (Membership &amp; International)/Executive Director Membership</td>
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<tr>
<td><strong>26.</strong> Membership Survey Highlights</td>
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<tr>
<td><strong>AGREED</strong>: To note the highlights from the 2018 annual member survey.</td>
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<tr>
<td><strong>Action</strong>: V/Chair (Membership &amp; International)/Executive Director Membership</td>
</tr>
</tbody>
</table>
27. Nominations for Fellowships & Awards  
C/22  
Tabled

**AGREED:**

1. To note and approve the nominations made for Fellowships and Awards;
2. To approve the proposed Memberships under Ordinance 4[2];
3. To agree the proposed changes to the criteria for award of the President’s medal.

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

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**HON.SECRETARY’S BUSINESS**

28. Governance  
Annual National Council Member Election 2019 – notification & arrangements  
C/23

**AGREED:** To note the report, timetable and proposals to enhance member engagement and participation in the annual National Council Member Election / Ballot 2019.

**Action:** Hon. Secretary/Company Secretary/ Secretariat Manager

29. Biennial College President Election 2019 – notification & arrangements  
C/24

**AGREED:** To note the report, timetable and process for the national Presidential Election / Ballot 2019.

**Action:** Hon. Secretary/Company Secretary/Secretariat Manager

30. Vacancies on College Committees  
C/25

**AGREED:**

1. To note the current vacancies on College Committees;
2. To submit expressions of interest from Council members by the closing date (21 December 2018).

**Action:** Hon. Secretary/Company Secretary/Secretariat Manager

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**INFORMATION ITEMS**

[** Not for discussion unless starred **]

31. Professional Training  
MRCGP Review – draft document ( Confidential item )  
C/26

Noted this was a confidential item for Council’s information only.

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

**Action:** V/Chair (Professional Development)/Director of Professional Development & Standards
32.** Professional Development & Quality  
CPD Strategy – information update **  
** C/27

The Vice-Chair (Professional Development), Dr Michael Mulholland, spoke to the report. The process had recently changed to a whole-College CPD Strategy, and a working group was looking at how best to deliver this – it could be through online learning for example, but there were different alternative methods, and these were being investigated and assessed for feasibility.

Members made the following comments:

- Local Faculties were vital in the delivery of any CPD Strategy and needed to be involved in any decisions made;
- The strategy had been mooted in Council almost one year ago and Faculties were keen to see some progress made;
- A note of caution was sounded about outsourcing accreditation for non-GPs.

**AGREED:** To note the report

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

33. International Developments – update paper C/28

34. Rural Forum – information report C/29

35.** RCGP Scotland – Update & information** **C/30

**AGREED:** To note the Chair’s oral report.

36.** RCGP Wales – Update & information** **C/31

**AGREED:** To note the Chair’s oral report.

37.** RCGP Northern Ireland – Update & information** **C/32

**AGREED:** To note the Chair’s oral report.

38. Chair of Council’s Engagements - for information C/33

39. President’s Engagements - for information C/34

External Organisations

40. BMA General Practitioners Committee – summary of activities C/35

41. Any other business

42. Date, time and place of next Council meeting

The next Meeting of Council will be held on Friday, 22 February 2019 at 9.30 am. at 30 Euston Square, London, NW1 2FB.