To: All Faculty Chairs & Faculty Administrators

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        Myra Work/John Anderson/Ed Wilson

Please note that this letter can be distributed to all faculty members

13 March 2019

Dear Colleagues

Meeting of College Council – Friday, 22 February 2019

We had another full, but very interesting, Council meeting on 22 February.

The meeting began with recognition of those colleagues who had died since the last meeting. It was noted that a memorial event to celebrate the life and work of the late Sir Donald Irvine (NE England Faculty), former Council Chair and President of the GMC, would take place on Friday 21 June. We also noted those who had been awarded honours in the New Year’s Honours List - including inter alia, Dame Louise Robinson (NE England Faculty), Professor of Primary Care, Newcastle University, and former RCGP Clinical Champion for Mental Health.

Council also received an oral report from Prof Nigel Mathers, Chair of the Trustee Board. Highlights included increased scrutiny of strategic risks and executive decision-making; work to achieve a reduction in the complexity of the College; and an unconditional uplift in the capitation fee to all Faculties this year to £9, which was gratefully welcomed by members.

Council also noted a report from the Chief Operating Officer – in particular that membership of the College now stood at 53,090 members – up from 51,910 the same period last year; the successful launch of “The RCGP Way” and its core values of Teamwork, Excellence, Care & Leadership at the annual Staff Conference in December 2018; the successful bid to the Government Office for Equalities to deliver an innovative GP Education programme to support LGBT people access healthcare and improve their patient experience; and a progress update on development of the member app “Membership in your pocket”, which would give a more personalised and comprehensive membership experience to members - including access to CPD, news feeds, events notifications, the new TeP, and My RCGP.

The Chair of Council tabled two detailed summaries for members’ information – the first on Brexit, the College’s position, and activity with the political parties and others relating thereto – with the emphasis always being on the safety of patients, whether in a deal or no-deal situation; the second on the NHS Long-Term Plan (LTP) and the new GP Contract, and the implications for GPs arising from these developments, along with the new GP Indemnity Scheme. A less detailed version of the briefing notes will be made available for faculties by the College policy team shortly.

The Chair also announced two important developments – the first being the closure of the local GP Ambassadors programme in England; the second being the withdrawal of the Online Education Transgender module and training course. It had reluctantly been decided to close the GP Ambassadors programme in England - which had served its initial purpose in local STPs in the light of the introduction of the new NHS LTP. (Members noted however that the programme of GP Advocates in the Devolved Nations would remain unaffected by...
Council also received for discussion a last iteration of the Chair’s “General Practice for the Future” (not final title) vision document. This was a whole-College Four Nations document, and incorporated feedback gathered from Council members and other stakeholders. The revised document set out the “what” of the vision, but implementation of the “how” remained to evolve as more detailed road-maps eventually. Members welcomed the revised document as more aspirational than previously and added further to the content. The Chair stated she was pleased to receive any further thoughts from members direct at: Chair-RCGP@rcgp.org.uk. It was hoped to produce a final version of the vision document for a public launch in April.

The Hon Secretary presented to Council the results of the consultation with the membership on the Decriminalisation of Abortion. 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. Having discussed the results of the consultation and debated the issue, the Chair put the matter to the vote, with the result being For – 45; Against – 2; Abstentions – 9. Members felt it was important the College should respect and be supportive of those of its members who were “conscientious objectors” for ethical or strongly-held religious views. The special position of the NI faculty was also noted - including its request for exemption from any active political campaigning on the matter. In the light of Council’s vote, it was agreed to now work with others such as the BMA, RCGP, FSRH, RCN and RCM to have the law on abortion changed across the UK as a whole.

Members also discussed the Policy & Campaign priorities for 2019. These had been agreed as: Wellbeing: supporting GPs with workload; Restoring the status and attractiveness of general practice as a career; and the interface between Primary, Secondary and Social Care. It was also agreed to amend the process of consultation to shift to a 3-yearly programme, which would coincide with an incoming Chair of Council’s term of office. It was proposed 3 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 the Devolved Nation Chairs would also be free to set their own local priority, alongside that of the UK Council Chair.

Council also considered a revised final paper on Out Of Hours (OOH) & Urgent Care. Members noted the paper had been challenging to produce, as OOH services differed greatly between the 4- Nations. Some key questions remained to be resolved – such as the number of hours that should be spent in training; and whether adequate supervision and training could be carried out remotely. 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. These issues aside, members agreed to approve the final position statement for publication and implementation.

The Vice-Chair (Professional Development) presented two update papers to Council – the first on the CPD Strategy; the second on the GPwER project. Members noted 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 in the Professional Development and Professional Training Programme Boards, 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 was 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 report and approved the overall direction of travel for 2019.

Regarding the GPwER project, members noted that there was considerable interest both from GPs and others in developing the pilot study and working 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. The introduction of any new accreditations was however subject to review of the pilot project in Dermatology currently running in conjunction with the British Association of Dermatology (BAD), which was due to complete in June 2019. Council agreed accordingly continued support for the development of the College’s extended clinical skills accreditation programme.

The Vice-Chair (External Affairs) also presented two papers to Council – the first on the Government’s review of Partnerships as a model in General Practice; the second on Re-Thinking medicine. In January 2018, the Secretary of State had announced a review of the partnership model in general practice with a view to rejuvenating it. 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 related to the new GP Contract. The conclusion of the review was that the Partnership model was important and had a place in the operational model of General Practice. It was emphasised that the report was externally produced by Government and not written by the College, so could not be amended. Members accordingly agreed to note the report, with their comments on the report being fed back to the review chair, Nigel Watson.

Regarding Re-Thinking Medicine - the Vice-Chair (External Affairs) explained that while the benefits of using traditional disease-based medical models within clinical practice were clear, there was a growing critique as to their usefulness in treating and addressing many of the complex health-related challenges facing GPs today. GPs were beginning to voice concerns 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 RCGP Over-Diagnosis Group. 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 evidence of some isolated activity in this area taking place in Northern Ireland. The main themes common to all the UK initiatives were: 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 initiative as long over-due, and agreed to contribute to the ongoing Re-Thinking Medicine initiative in England. There was already much learning and evidence from the Welsh and Scottish earlier initiatives, which could be utilised to reform English medical practice.

The Chair of the Trustee Board and the Honorary Secretary updated Council on the re-launch of the consultation on Sponsorship and on the Trustee Board’s decision to amend the policy so that no infant formula industry sponsorship is accepted. The Honorary secretary confirmed that the sponsorship policy has been amended to that effect and has been published on the RCGP website. The Honorary Secretary will be convening a short-life working group to consider the content and process of the sponsorship consultation, which will inform a more comprehensive review of the policy. Council also received the usual internal business reports, including proposed nominations for Fellowships and Awards;
notification of the timetable and arrangements for the 2019 Presidential election & Annual National Council Member ballot (6 places to fill); as well as the arrangements and timetable for the Chair of Council Election 2019. These elections had been advertised in the BJGP, in the Chair’s blog, on the College website, and published on Social Media. Interested members were invited to make nominations (online form only accepted) at the following dedicated websites:

President & National Council member – www.ersvotes.com/rcgp19
Chair of Council – https://nom.ukevote.uk/rcgp-chair

With best wishes

Dr Victoria Tzortziou Brown &
Dr Jonathan Leach

RCGP Joint Honorary Secretaries