To: All Faculty Chairs & Faculty Administrators

Copy to: All Members of Council
       Myra Work/John Anderson/Ed Wilson

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

04 January 2019

Dear Colleagues – and Happy New Year!

Meeting of College Council – Saturday 24 November 2018

Council had a very full agenda on 24 November. The meeting began with the annual re-election and re-constitution of the College Officers and the College Committees and Boards. We also paid tribute to College members Sir Donald Irvine, former Chair of Council and President of the GMC; and Dr Douglas Fleming, former Director of the Research & Surveillance Centre, whose recent deaths we noted with great sadness. Council also gratefully received a commemorative photograph from the family of Dr Julian Tudor-Hart, author of the “Inverse Care Law”, which will be permanently displayed in the Wales Heritage Room in the College.

Members welcomed back to Council Prof Nigel Mathers as new Chair of the Trustee Board, taking over from Dr Colin Hunter. Priorities for Trustees in 2019 would be to streamline further governance and administrative processes; delegate more to Senior College staff; establish a working group to examine the ever-growing complexity of the College and how to deal with it; and separation and promotion of the oversight and scrutiny role of the Trustee Board with less involvement in the operational work of the College.

Members also received oral updates from the Chair on various matters, including (inter alia) the reinstatement of the #BackGP campaign to ensure Government keeps its promise that at least 11% of the overall NHS budget goes to General Practice; the robust social media campaigning / statements from the College asking for clarity on how the £3.5bn extra funding announced for “primary and community care” in the NHS long-term plan (England) would be allocated; the announcement by DHSC that the cost of the promised GP Indemnity Scheme would now have to be entirely funded from within GP’s existing finances, which was the opposite of previous statements and the cause of considerable concern among members; and the new Secretary of State’s support for artificial intelligence and other new healthcare technology as one of the solutions to the national GP shortage. This latter was a cause for considerable concern due to increased GP workloads arising from poorly understood / interpreted test results, and from increases in health inequalities – especially the vulnerable and elderly- who may not have easy access to new technology.

Other brief reports and updates considered by members included an oral report from the Trustee Board Chair on the College Sponsorship policy. The results of the initial consultation exercise had been reported to Trustees, who were not sufficiently convinced, from that limited evidence, of the need to alter the existing College policy. The Trustee Board Chair had therefore decided to propose a more extensive consultation exercise to encompass a wider field of viewpoints from College members and other stakeholders as some members had made strong arguments in favour of a comprehensive review of the policy. The sponsorship consultation would be led by the Hon. Secretary and would be rolled out in the New Year.
The Vice-Chair (Professional Development) updated Council on the CPD Strategy. The process of CPD had been comprehensively reviewed internally and had recently been changed to become a whole-College Strategy. A working group was currently looking at the different options of delivering CPD in future and a further update will be brought to Council in due course.

Council received for discussion a further interim version of the Chair’s “Vision for General Practice 2030” document. This was intended as a whole-College Four Nations document, and the current version set out the feedback gathered from a recent consultation with stakeholders and Council members. Members welcomed the draft document and commented on how to make this more inspirational and aspirational as well as evidence based as much as possible. The implementation part of the vision was yet to be determined and would emerge as a series of “roadmaps” arising from the finalised vision. In addition, The King’s Fund had been commissioned to undertake some independent research on the subject. Members noted that a final Vision document would be presented to Council in February 2019 for sign-off.

Council also considered and discussed a revised policy paper on GP Out Of Hours (OOH) & Urgent Care. The last College policy statement had been published in 2015. The current paper set out key developments and issues for the sector, a set of policy principles which the College felt should underpin future OOH care services; and a number of recommendations for policymakers and the College to take forward. Members noted the paper had been challenging to produce, as OOH services differed greatly between the Four Nations, and some Educators differed in their views from OOH Providers. Key questions remained to be resolved – such as the number of hours that should be spent in training; whether non-doctors could act as supervisors; and whether adequate supervision could be carried out remotely. It was envisaged that a final position statement would be brought back to Council in February for formal ratification.

Members also spent considerable time debating a member motion on Brexit / The People’s Vote submitted by Dr John Chisholm (South London faculty) and Dr Margaret McCartney (West Scotland faculty). It was explained that the motion had been reviewed by the College’s lawyers and according to their advice its risks with regards to the College’s charitable object were discussed at the Trustee Board in October who decided that the motion could proceed for debate at Council. Council members had a long and intense debate on the motion, with strong views expressed from both sides of the argument. A procedural motion from the floor…”To proceed to the next business”… was voted on and defeated. The substantive motion was eventually put to the vote and was agreed carried by a clear majority vote.

[Note: The full wording of the motion agreed is attached to this letter as Appendix 1]

Members also discussed an interim paper giving a brief update of progress on the pilot scheme for GPs with Extended Roles (GPwER). Council had previously agreed a definition for 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 run a pilot study in Dermatology & Skin Surgery in association with the British Association of Dermatologists (BAD) and the Primary care Dermatology Society (PCDS). The pilot had commenced in June 2018 and was progressing well but it was still too early to provide any analysis or evaluation. However, the pilot had generated a considerable amount of interest from other stakeholders – particularly NHSE – who were interested in developing extended roles in several other speciality areas.. A further report to Council on this development was anticipated for February 2019 Council.

Council also considered a paper on the RCGP-SAPC GP Scholarship Programme, which was a joint initiative between the College and the SAPC. The aim of the programme was to champion and cultivate the distinct intellectual expertise at the heart of general practice (“pragmatic wisdom”) by encouraging clinical excellence; supporting the development of scholarship skills for extended portfolios in modern general practice; recognising the intellectual challenge and taking pride in general practice as a specialty.
Council also received the Hon. Secretary business papers, which included proposed nominations for Fellowships and Awards; and notification of the forthcoming arrangements and timetable for the 2019 Annual National Council Member ballot (6 places to fill), as well as the arrangements and timetable for the College President Election 2019 (2 year term of office). Both elections will be advertised to members in the January & February editions of the BJGP, along with details of how interested members may make nominations.

Members can also follow the Council’s debates live on the day using the hashtag #RCGPCouncil.

With best wishes for 2019

Dr Victoria Tzortziou Brown &
Dr Jonathan Leach

RCGP Joint Honorary Secretary
Appendix 1

Brexit 2nd Referendum / People’s Vote

Proposed: Dr John Chisholm  
Seconded: Dr Margaret McCartney

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 radio-isotopes, 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.