Department of Health consultation on the General Medical Council and General Dental Council (Constitution) (Amendment) Orders

1. I write with regard to the Department of Health consultation on the General Medical Council and General Dental Council (Constitution) (Amendment) Orders.

2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 44,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with enormous expertise in patient–centred generalist clinical care. Through our General Practice Foundation, established by the RCGP in 2009, we maintain close links with other professionals working in General Practice, such as practice managers, nurses and physician assistants.

3. The College welcomes the opportunity to respond to this consultation. We note that we have responded to similar consultations in the past, and our current view remains largely in agreement with those previous responses. In particular, in response to a consultation on the General Medical Council (Constitution) Order 2008 (see appendix for our full response), we argued:-
Yes, the reduction in the total number of members on the committee and the parity between lay and professional members is a positive step. A balance must be achieved between the need to maintain public trust through the inclusion of lay members and the need to maintain the support of the profession.

4. The balance alluded to above remains at the core of our concerns on this occasion. Overall, we believe that the current proposals put this balance at risk. The GMC regulates the profession in the interests of patients and the public – but to do this it does need to retain the confidence and respect of the profession. We are not convinced that this can be assured under these proposals. We have addressed the specific consultation questions below, with particular reference to the role of the General Medical Council:-

Question 1

Do you agree that with smaller councils it should still be possible to ensure that the necessary expertise in organisational governance is secured?

The GMC is a very large organisation, with a considerable membership and a diverse range of represented specialties and member groups. Whilst conceding that the large Council of the past was cumbersome and may have prevented the GMC from operating in a businesslike way, we do not believe that a very small board on the scale suggested could demonstrate the knowledge, understanding and awareness appropriate for governance of this kind of organisation, nor would it be likely to retain the confidence of the medical membership.

We understand that the board is not intended to be strictly representative of the profession – indeed the 50% lay membership should ensure this – but the board as a whole must have an understanding of the complexities of the issues surrounding all medical practitioners working in the UK. A board of 8-12 members would be unlikely, for example, sufficiently to represent or understand the issues of general practice (accounting for by far the largest part of the GMC’s membership).

Further, with the UK health systems currently diverging, it is especially important for all the countries of the UK to be represented – under the proposed board-size and quorum, it is quite conceivable that there would on occasion be no English (or no devolved country) medical representative at a GMC Council meeting.
Arguably, with such a small Council as proposed, more care than at present would be needed to ensure that sections of the medical profession were represented – there ought to be consideration to gender, ethnicity, country of qualification, etc.

For all these reasons, we do not believe that a Council on this scale would be successful at retaining the confidence of the GMC’s membership. The GMC already faces perceptions of being out of touch from some doctors – reducing the Council to something that might be seen as a clique or cabal would be likely to intensify this perception.

Question 2

Do you agree that we should move to a system of appointed chairs rather than elected chairs for both the GMC and the GDC?

Views are somewhat divided on this, though none of the members who contributed to this response had any enthusiasm for the suggestion. Much as above, an appointed chair would be less likely to retain the confidence of the profession, and there would be a danger of any appointment by the Privy Council being seen as politically motivated.

That said, if the Council were to be reduced to 8-12 members as proposed, an appointed chair might be a necessary concomitant to this, to ensure the necessary expertise for such an important post.

Question 3

Do you agree that the size of the governing council of the GMC and the GDC should be between 8 and 12 members?

No, we do not agree, for reasons rehearsed in our answer to Question 1. The GMC is not a business, and the preference for small boards that may be true of businesses does not necessarily apply. It is our view that the range of functions over which the GMC Council is required to take strategic oversight, and the range of interest groups which it needs to represent or at least whose confidence it needs to retain, make such a small Council undesirable.

Question 4

Do you agree that it makes most sense to reduce the GMC and GDC governing councils to 8 which is the lowest point in this range? If not, what size do you believe the governing council of the GMC and GDC should be and why?
No, we do not agree. Our preference would be to retain the current size of the GMC Council, as providing a reasonable balance between professional and lay input and ensuring a diversity of voices.

**Question 5**

**Do you agree that the quorum of a council should be 50% of the total + 1?**

Views are divided on this, with some of our contributors having a preference to retain the current quorum structure of 50% + 2. However, we would be very clear that a 50% + 1 quorum would not, in our view, be appropriate were the size of the Council to be reduced to 8 members as proposed. Under these circumstances, and with an appointed chair not necessarily being of a medical background, it is quite conceivable that a Council with no medically trained members present (let alone GPs, or representatives of devolved countries), could make decisions of critical importance for the whole profession. It is very likely that, in such a circumstance, the Council would struggle to retain the confidence of the profession.

**Question 6**

**Do you think there are any additional equalities issues that need to be considered?**

It is our view that a very small GMC Council will struggle adequately to reflect the equality issues for such a diverse profession. There is a danger, more so than at present, that it will lose the confidence of its membership if, for example, the Council does not reflect at all the ethnic, gender or professional (i.e. GPs and other specialties) diversity of GMC membership.

**Question 7**

**Do you have views or evidence as to the likely effect on costs or the administrative burden of the proposed changes?**

It is likely that there will be a cost saving in having a reduced Council – though this will be in part offset by the need for an even more rigorous and transparent election/selection process for the members and Chair. Further, those members retained will likely be subject to a greatly increased workload burden, which will have some cost implications. The workload of the GMC Council is only likely to increase in future, and the administrative burden will increase accordingly.
Question 8

Do you think there are any benefits that are not already discussed relating to the proposed changes?

No.

Question 9

Do you have any comments on the draft order itself?

No.

5. We gratefully acknowledge the contributions of members of the College’s Council and our Scottish Council in formulating this response.

Yours sincerely

Professor Amanda Howe MA Med MD FRCGP
Honorary Secretary of Council
1. The College welcomes the opportunity to respond to the Department of Health’s consultation on The General Medical Council (Constitution) Order 2008.

2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. It aims to encourage and maintain the highest standards of general medical practice and to act as the ‘voice’ of GPs on issues concerned with education, training, research, and clinical standards. Founded in 1952, the RCGP has over 33,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline.

3. We believe that these are reasonable proposals and that maintaining professional and public confidence in the GMC should be of paramount importance.

Answers to specific questions in the document:

Q1: Do you agree that the GMC should consist of 12 registrant members and 12 lay members?

4. Yes, the reduction in the total number of members on the committee and the parity between lay and professional members is a positive step. A balance must be achieved between the need to maintain public trust through the inclusion of lay members and the need to maintain the support of the profession.

Q2: Do you agree that the Privy Council should determine the duration of the term of office of each GMC member, on appointment?

5. Yes. The process should be transparent and that specific time frames should be used e.g. three years.

Q3: Do you agree that no member should hold office for more than an aggregate of 8 years during any period of 20 years?

6. A balance needs to be achieved between experience of council members (achieved by being a member for a substantial length of time) and ensuring that no one is a member for too long and that there is opportunity for reasonable turnover. A concern is held by some respondents that eight years is insufficient and could lead to the loss of experience, continuity and special expertise in the council. The eight year membership limit could also prevent the election of an experienced member as a Chair.
Q4: Do you agree that service as a member since 1st January 2005 should be included in aggregating a council member’s service?

7. For the purpose of continuity, there are benefits in having some members of the previous council on the new council. However, many previous members will have served for a long period of time already, and potentially allowing them four further years on the new council could result in them serving for a longer period of time than is desirable. An alternative to aggregating a council member’s service since January 2005 would be to allow a maximum number of years, aggregating both old and new councils. For example, someone who had been on the previous council for six years could only be on the new council for two years (using the eight year model). This would help to ensure that existing members are not all reappointed for four years.

Q5: Do you agree that the GMC should have the flexibility to make arrangements for the provision of education and training of Council members with another body?

8. Yes

Q6: Do you agree with the reasons for disqualifying a person from appointment as a member of the GMC? If not, please specify which reasons you disagree with and explain why.

9. Yes, but it is not clear whether similar disqualifications exist for non-medical members who might be regulated by another body.

Q7: Do you agree with the reasons given for removing or suspending members from office? If not, please specify which reasons you disagree with and explain why.

10. Yes, but Article 6-1(a) implies that resignation is the same as ‘removal from office by the Privy Council.’ One is usually voluntary, the other not necessarily so. We suggest that this is rephrased. It should be made explicit that Articles 6-1(e) and 6-1(f) and 7-1(c) and 7-1(d) apply to non-medical members who are subject to regulation by other regulatory bodies.

Q8: Do you agree that the Chair of the GMC should be elected from among the members of the council?

11. Yes

Q9: Do you agree that the term of office of the Chair should be determined by the GMC?

12. Yes, although some College members suggest it would be better to have fixed terms, possibly with the option to stand for one additional term.
Q10: Do you agree with the reasons why a member should cease to be chair?

13. Yes, although it might be a good idea to specify the majority e.g. a two thirds majority.

Q11: Do you agree with the transitional arrangements in respect of the first chair of the GMC in 2009?

14. Yes, but the Order should stipulate that the current President can only serve as Chair for six months only.

Q12: Do you agree with the deputising arrangements in respect of the Chair?

15. Yes, although an alternative option would be to have a fixed Deputy Chair to ensure continuity. A possible option would be to have one registrant and one lay person in the Chair/Vice Chair relationship.

Q13: Do you agree that the quorum of the GMC should be 14?

16. Yes, and one option would be to make the quorum a minimum of seven registrant and seven lay members. One member suggested that a quorum of 16 would be more appropriate.

Q14: Do you agree with the provisions that prevent GMC proceedings being invalidated?

17. Yes, but there may be cases where a defect in appointment or similar affects the outcome of a vote – it is unclear whether such a member will be entitled to vote or will be immediately removed.

18. I acknowledge the contributions of Dr Andrew Spooner, Dr Clare Gerada, Dr Janice Allister, Dr Simon Gregory, Dr Bill Reith, Mrs Ailsa Donnelly, Dr John Grenville and Mrs Eileen Hutton towards the above comments. While contributing to this response, it cannot be assumed that those named all necessarily agree with all of the above comments.

Yours sincerely

Dr Maureen Baker

Honorary Secretary of Council