

Response to the General Medical Council's consultation document on the structure, constitution and governance of the GMC

The Academy of Medical Sciences ('the Academy') was invited to comment on the Consultation Document ('the Document') circulated by the GMC. The Academy has decided to focus comments primarily on those questions in the Document which are particularly germane to the Academy's interests and mission, and which relate to function rather than governance. For this reason, comments listed below are mainly concerned with the general approach used in the Document and with question 20 (*'How do we ensure that we retain the expertise currently provided by the appointed members?'*). These areas are dealt with first in this response, while brief comments on other questions listed in the Document follow.

General Approach

The Academy's main concern is with ensuring that an appropriate level of expertise is retained within the structure of the GMC and that the role of people with such expertise is given due weight within the organisation. It considers that these conditions must be met if the reformed GMC is to serve the interests of both public and profession effectively - the first objective identified by the Working Group (p2 of the Document). It follows that the Academy must oppose any measure which would appear to fail on the basis of either of these fundamental tests.

It is on this basis that the Academy has to record its grave misgivings about the proposals made by the Working Group and in particular about its preferred model for the reformed GMC (Option E). If the arguments in favour of a more flexible GMC, better able to respond quickly to the issues of the day, are accepted, it may well be that Option C (a Council of 100 members, an Executive Committee of 15-25 and a series of other Committees with authority to determine and implement policies in their particular areas), as outlined in the Document, would repay further study. The same could be said of Option B, which differs from Option C mainly in that it predicates a governing body of about 60 members. Another merit of Option C is that it would provide the kind of structure which would facilitate retention of the expertise which will be essential if the reformed GMC is to have credibility in the eyes of government, the public and the profession.

The responses to detailed questions about the composition or procedures of bodies derived from Option E are therefore subject to the proviso that the Academy does not regard this option as by any means the best available.

It is important that any reforms should command widespread support among the profession. If the GMC appears to offer relatively little other than its judicial and punitive functions, the support of the profession will be lost. Equally, this consideration has important implications for the mechanisms by which changes and reforms are selected for implementation. Little is known, or revealed, about the members of the Working Group which produced the Document; little is known about their areas of expertise or particular interests. The Document also gives remarkably little information about the next step in the consultation procedure, merely alluding to further consideration by the GMC on 4 December. It is unclear how the results of the existing consultation process will be analysed or used or what form the discussions on 4 December will take. The Academy has significant concerns about the adequacy

of the consultation procedure.

Another aspect of this concern is unease over the selection and presentation of the five options identified by the Document. How were these options selected? Are adequate arguments adduced in support of the option recommended by the Document? There are major concerns on these points. As the most radical of the options, the one favoured by the Working Group may be the least likely to command the support of the profession and the one most fraught with risk. Many questions remain unanswered, such as how accountability would operate between the Board, its Committees and the Conference; or whether the Conference would be able to establish itself as a viable and worthwhile entity at all. Rather than produce these options for consultation, would it have been better to consult first about the relationship between the basic requirements of Effectiveness, Inclusiveness and Accountability - and the tensions between them? Might it also be better to seek advice from an independent body, more remote from the day-to-day running of the GMC than members of the Working Group appear to be and perhaps better able to judge the strengths and weaknesses of present performance and operational structures?

Further important general comments include:

1. The Consultation Document gives insufficient attention to Standards, Registration and Education - areas in which the GMC has performed with considerable success and which can provide a model for other GMC activities. The Document omits any discussion of what the government, the public, the profession and the GMC itself wish to achieve in these areas and fails to propose any structure designed to deliver such objectives.

The focus on Fitness to Practice procedures appears to have been excessive and to have distorted the Document and its conclusions. It is suggested that when the proposals are given further consideration, in December, this imbalance is redressed and the interests of these activities are fully represented within the body conducting the review.

2. The Document gives no indication of what policy committees might be set up under the Board, whose creation is central to the preferred option (Option E). The remit, powers and responsibilities of such committees are a matter of fundamental importance and should be clearly set out as part of any proposed structure.

3. The attention given in the Document to the question of how the expertise currently provided by appointed members can be retained (question 20) is entirely inadequate in view of the critical role played by those providing such expertise. Much greater consideration needs to be given to achieving a satisfactory resolution of this question, which is of fundamental importance to the public and to the profession.

4. The proposal that the Board of the GMC should be responsible for 'initiating and defining policy and strategy' (page 14, Chapter 4) appears to confer undue powers on this body and fails to make clear what role if any should be played by the concerns of the government, the public or the profession - or of the Conference.

5. It appears entirely inappropriate for the Document to suggest that the well-accepted arrangements on Education will be dropped, at a time when the government is showing particular interest in this area of activity and when the NHS Plan proposals place additional demands on it.

6. While accepting the principle that medical members of the Board should be

subject to election, the question of how the democratic process can guarantee professional leadership in the specialist areas of Standards, Registration and Education needs to be addressed.

Question 20

Under the Working Group's preferred option of a Board and a Conference, the concerns of academic medicine would be relegated to the relatively powerless Conference, which would only meet twice a year, the meetings being held in public and possibly involving 'discussions with external audiences to promote understanding and debate'. While recognising the importance of engagement with the public, of promoting understanding and debate, the Academy does not believe that a forum designed primarily with these objectives in mind is appropriate for dealing with issues of academic medicine. It is essential that a more appropriate structure should be put in place, capable of retaining and enhancing the level of expertise currently provided by the appointed members and of ensuring that the voice of those providing this expertise plays a full part in the deliberations of the GMC.

The suggestion that 'up to ten designated seats could be used, at the discretion of Conference, to fill any obvious gaps in the medical (or lay) membership' is a profoundly inadequate response to what the Document itself describes as "grave anxieties' over the effect of replacing the present system of 'appointed members' from universities, Royal Colleges and other licensing bodies, with a medical membership based exclusively on geographical constituencies (paras 103 / 104).

Other questions posed in the Document

Question 7

The Academy takes the view that, in order to ensure adequate representation, the higher figure (25) is preferable.

Question 8

The Academy agrees that a three-year renewable term is appropriate.

Question 9

The Academy agrees with the two-term time limit (three for senior office holders).

Question 10

The Academy supports the proposed balance between lay and medical Board members (40:60).

Question 11

Members of the Board should be required to attend a minimum of seven meetings out of a yearly total of ten, except in exceptional circumstances (eg illness, bereavement).

Question 12

The Academy agrees that the President should be elected by the Council (or, should Option E be adopted, by the Board).

Question 13

The Academy agrees that the President should be a doctor. This is essential if the confidence of the public is to be retained.

Question 15

The Academy agrees that a three-year renewable term is appropriate for the President.

Question 16

The Academy agrees that there should be a two-term limit on the President's tenure of office.

Question 23

As outlined above, the Academy regards the proposal for optional limited co-option as wholly inappropriate and inadequate and incapable of delivering the desired result. Should such proposals be adopted nonetheless, at the very least they should be adapted in such a way as to guarantee adequate representation of those members currently appointed to the Council by academic bodies. Moreover, in those circumstances, consideration should be given to mechanisms for ensuring similar representation at Board level, eg by introducing some non-geographical constituencies or, if that fails, extending the power to co-opt to the Board as well as to the Conference. Another alternative would be to set aside one or two places on the Board on an *ex officio* basis.

Question 27

The Academy strongly supports the proposal to separate Fitness to Practice functions (ie 'prosecuting' and 'determining'). See also the response to Question 28 below.

Question 28

The Academy looks forward to a more concerted study of the appropriate mechanisms for Fitness to Practise. This complex subject needs very detailed study. It may be appropriate to make further divisions in the handling of these issues, eg between 'conduct' and 'performance', 'health' and 'care'. Specific legal advice may be needed to assist in reaching decisions on such issues. It may be more appropriate that the GMC should perform the 'prosecutor' role, when its standards have been breached, with some form of tribunal to ensure a consistent approach. A degree of lay involvement would be valuable at all times and could help to increase public confidence in procedures.

About the Academy of Medical Sciences

The Academy of Medical Sciences was established in 1998. It is an independent body with an elected Fellowship of 550, drawn from all the major disciplines in medical science. Its remit is to promote:

- Excellence in medical sciences
- The transfer of new research findings to the practice of medicine

- Public understanding of the medical sciences and their impact on society
- Assessment of, and advice on, issues of public concern in medical sciences

Method of Working

A very tight deadline was given for delivery of this response to the GMC Consultation Document and as a result only limited consultation within the Academy was possible. The assembling of views and writing of the response was supervised by Sir Alexander Macara, drawing on contributions from Professor Graeme Catto, Dame Fiona Caldicott and Dr Jim Smith, with additional material supplied by Dr Jolyon Oxley.

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